**Table A1. Insurance coverage month of cancer diagnosis, based on APCD, 2012-2017, N=91,874**

|  |  |
| --- | --- |
| **Insurance coverage month of diagnosis** | **N (%)** |
| All plans |  |
| Medical only | 23,211 (25.26) |
| Medical + pharmacy | 64,413 (70.11) |
| Pharmacy only | 4,250 (4.63) |
|  |  |
| Traditional Medicare (N=33,806, 36.80%) |  |
| Traditional Part A and/or B, no supplement | 18,746 (55.45) |
| Traditional Part A and/or B, supplement | 4,817 (14.25) |
| Traditional Part A and/or B, D1 | 10,243 (30.30) |
|  |  |
| Medicare Advantage plan | 21,424 (23.32) |
|  |  |
| Medicaid only | 15,688 (17.08) |
|  |  |
| Medicaid + Medicare (Duals) | 2,892 (3.15) |
|  |  |
| Private (N=18,064, 19.66%) |  |
| Medical only | 2803 (15.52) |
| Medical and pharmacy | 15,170 (83.98) |
| Pharmacy only | 91 (0.50) |
|  |  |
| Single private plan | 17,886 (99.01) |
| Two or more private plans | 178 (0.99) |
|  |  |
| Fee-for-service | 8,026 (44.43) |
| Managed care | 6,635 (36.73) |
| Self-funded or unknown | 3,403 (18.84) |
|  |  |
| Primary plan agreement in the CCCR2 (N=77,710) | 53,736 (69.15) |
|  |  |
| Among survivors: |  |
| Less than 3 months of coverage after month of diagnosis (N=80,855, 88.01%) | 2,207 (2.73) |
| Less than 6 months of coverage after month of diagnosis (N=76,424, 83.18%) | 3,887 (5.09) |
|  |  |
| Changed insurance within 12 months of diagnosis (N=63,976, 69.63%) | 3,388 (5.30) |

Notes: Data presented as number of patients and (percentage). Abbreviations: APCD, all-payer claims database; CCCR=Colorado Central Cancer Registry. APCD is considered the gold standard for assessing insurance characteristics. Patients who enrolled in dental plans only were excluded (n=9). Survivors were determined from the CCCR vital status for 3- and 6-months following diagnosis. Percent who changed insurance is based on 12 months of continuous enrollment in the APCD following the month of diagnosis. Percent who changed insurance is based on 12 months of continuous enrollment in the APCD following the month of diagnosis.

1 Medicare traditional Part A and or B, D with or without supplement.

2 Agreement was based on aggregated insurance types (Traditional Medicare, Medicare Advantage, Medicaid, duals, private insurance) from CCCR and APCD. We only used the primary insurance information at the month of diagnosis in APCD for the agreement comparison and the sample size was 80,632. To calculate agreement, we excluded plans reported in CCCR but were not captured in APCD, such as uninsured (cannot be evaluated), military plans, Indian Health Services, and other unspecified insurance (N=2,922).