

EmblemHealth – Women’s Preventive Services Frequently Asked Questions

Q. What is the Women’s Preventive Care Services Provision (the “Provision”)?

A. As part of the ongoing implementation of the health reform law, the Department of Health and Human Services (DHHS) released new health plan coverage guidelines that will require health insurance plans to cover women’s preventive services such as well woman visits, domestic violence screening and U.S. Food and Drug Administration (FDA)-approved contraception without charging a copayment, coinsurance or a deductible. Effective Aug. 1, 2012, new and renewing plans and health insurance issuers are required to provide expanded coverage for women’s preventive care services for eight additional services when received from an in-network provider.

Q. Which EmblemHealth plans are affected?

The Provision applies to members with commercial coverage in both the Small Group community rated and Large Group experience rated markets. The Provision does not apply to members enrolled in government health plans (Medicare/Medicaid), nor does it apply to members enrolled in City of New York, New York Bridge Plan or groups who have a grandfathered status.

Q. What types of services are included in the Women’s Preventive Services Provision?

A. The expanded coverage of preventive services that must be covered without charging a copayment, coinsurance or a deductible includes:

- Well-woman visits
- Screening for gestational diabetes for all pregnant women
- Human papilloma virus DNA testing for all women ages 30 and older
- Annual sexually transmitted infection counseling for all sexually active women
- Annual counseling and screening for HIV for all sexually active women
- FDA-approved contraception methods, sterilization procedures and contraceptive counseling
- Breastfeeding support, supplies and counseling, including costs for renting breastfeeding equipment
- Domestic violence screening and counseling

A full list is available at: <http://www.healthcare.gov/law/resources/regulations/index.html> under Other Regulations and Guidance.

Q. Are these women’s preventive care services different than the previously released Preventive Care Services Provision? How do the new coverage guidelines differ from the Preventive Care Services Provision of 2010?

A. Women’s preventive care services are a part of the Health Care Reform Preventive Services Provision which was initiated in 2010. Beginning in August 2012, the Women’s Health Care Provision greatly expands the requirements related specifically to covered women’s preventive services. Previously, a number of the services included in the provision were covered as a preventive service only for women at risk or upon referral by a physician.

	Expanded Women's Preventive Services	September 23, 2010 Preventive Service Provision
Gestational Diabetes Screening	All pregnant women (24-28 weeks); and those at high risk during the first prenatal visit are screened	Pregnant women at risk
HPV DNA testing for women 30 years and older	All women age 30+ every 3 years	Not mandated as preventive
Sexually transmitted infections counseling	All sexually active women	Women at risk (teens, pregnant women, lifestyle)
HIV screening and counseling	All sexually active women	Women at risk (pregnant women, lifestyle)
Domestic violence screening and counseling	All women	Women at risk
FDA-approved contraception methods and counseling	All methods, all women	Not mandated as preventive
Breast-feeding counseling and payment of rental equipment and supplies	Part of pre-/post-natal counseling for pregnant women, coverage for rental of breast-feeding equipment	Coverage for counseling only
Well-woman exams	As many as necessary to obtain specified preventive services	Yearly

Q. When and how will the Women's Preventive Care Provision be implemented for members covered by applicable EmblemHealth benefit plans?

A. The medical benefit impacted by the Provision will take effect upon plan renewals on or after Aug. 1, 2012. For many larger employers, this is typically January 1, while smaller employers renew their coverage throughout the year. Given that, the benefit changes will take effect on August 1, 2012 for all Emblem Health community rated small groups.

Some provisions do not apply to "grandfathered" plans, while others do. Therefore, this information is only a general guide.

Coverage	Fully Insured	ASO
Medical	Large and Small Group New business and renewal effective dates on or after Aug. 1, 2012 Existing community rated small group on Aug 1, 2012	New business and renewal effective dates on or after Aug. 1, 2012
Pharmacy	Aug. 1, 2012 regardless of renewal date or group size	New business and renewal effective dates on or after Aug. 1, 2012

Q. How will Emblem Health outline these updated provisions in its coverage policies?

A. The changes in coverage will be reflected in members' Explanations of Benefits (EOBs) and Summaries of Benefits and Coverage (SBCs) that will be available to current and prospective members.

Q. How will Emblem Health provide coverage of women's services that are not part of the Women's Preventive Services Provision list?

A. Plans can provide coverage for services that are additional to the recommended preventive services and

impose cost-sharing requirements for these additional services

Q. Are cost-sharing obligations prohibited for women's preventive care services?

A. Yes. Health plans and issuers are prohibited from imposing cost-sharing requirements for the recommended preventive services when those services are rendered by in-network providers. Plans and issuers are not required to cover preventive services provided by out-of-network providers. If such out-of-network services are covered, a plan or issuer may impose cost-sharing requirements for recommended services delivered by the out-of-network providers.

Q. What does Emblem Health consider to be a well-woman visit?

A. Emblem Health has determined that under the health reform law, well-woman visits include well-woman preventive care visits to obtain the recommended preventive services, including preconception and prenatal care. Today, many women's preventive health care services, including mammograms, screenings for cervical cancer, and immunizations, are covered with no cost-sharing by EmblemHealth for qualifying health plans. The new coverage for well-woman visits under the health care reform law will require multiple preventive visits in the same year for a woman to receive all recommended services, including prenatal care.

Prenatal services covered with no cost-sharing include:

- ☐ Routine prenatal obstetrical office visits
- ☐ All lab services explicitly identified in the health reform law
- ☐ Tobacco cessation counseling specific to pregnant women
- ☐ Immunizations recommended by the Advisory Committee on Immunization Practices

Prenatal services not covered under the women's preventive coverage include, but are not limited to:

- ☐ Radiology services not specified in the health reform law (i.e. obstetrical ultrasounds)
- ☐ Delivery services
- ☐ High-risk prenatal services

Q. Will all services performed before delivery be considered preventive care?

A. No, not all services performed before delivery will be considered preventive care. Examples of services that will not be considered part of the preventive care services include:

- ☐ Obstetric radiology services
- ☐ High-risk prenatal services
- ☐ Delivery services

Q. What happens if symptoms requiring further diagnostic testing are discovered during a preventive service?

A. Any diagnostic testing service would be adjudicated under the diagnostic benefit rather than the preventive benefit.

Q. Will breast-feeding equipment be covered by EmblemHealth under the Women's Preventive Care Services Provision?

A. In conjunction with each pregnancy, Emblem will cover breastfeeding counseling and support during pregnancy and the postpartum period. The costs for renting and buying breastfeeding equipment will also be covered.

Q. What types of contraception products will be covered under the Provision?

A. As a part of this mandate EH shall cover Federal Drug Administration (FDA) approved multi-source and single source generic oral contraceptive drugs and FDA-approved single source brand name oral contraceptive drugs that do not have a generic equivalent in full when dispensed by a participating retail pharmacy or a participating mail order or participating maintenance drug provider. These services shall be provided to all groups with RX benefits on August 1, 2012

Major categories include:

1. Barrier – diaphragms
2. Hormonal
3. Emergency Contraceptive

4. Implanted Devices

The health reform law specifically states that the contraception and contraceptive counseling recommendations as part of the expanded women's preventive benefit do not include "abortifacient drugs." Abortion is not part of women's expanded preventive services under the health reform law. The guidelines do require coverage of emergency contraceptive methods as prescribed. Accordingly, certain "morning after" pills, such as Plan B® One-Step and ella®, which are FDA-approved emergency contraception, will be covered as prescribed.

Vasectomies are not part of the expanded women's preventive health care benefit and standard/current benefits apply. The new requirement covers prescribed contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity. (Condoms and spermicidal agents are not covered under the health reform law because they are available without a prescription.)

The complete list of current recommendations that are required to be covered under the Interim Final Regulations (IFR) and the date on which the recommendation is effective can be found at:
www.healthCare.gov/center/regulations/prevention.html