

Improving the Health of Women, Children and Men: A Primer on Preventive Services Covered Under the Affordable Care



Ask the Expert Webinar
October 25, 2016

Webinar Agenda



I. Review Objectives

II. Opening Remarks,

Juliann DeStefano

**III. Women's Preventive
Services Presentation,**

Jan Figart

V. Q & A and Closing

Webinar Objectives

- **Identify the preventive health services for women (Part 1), children (Part 2), and men (Part 3) available with no co-pay and deductible.**
- **Describe access points for the service (Part 1-3).**
- **Identify models of payments related to these services and how it might affect access and payment for the services (Part 3).**
- **Define barriers created by some states/insurers to reduce access to some services (Part 3).**

Healthy Start Benchmarks

Benchmarks:

Increase the proportion of Healthy Start women and child participants with health insurance to 90% (reduce uninsured to less than 10%)

Increase proportion Healthy Start women and child participants who have a usual source of medical care to 80%.

Increase proportion of Healthy Start women participants that receive a well-woman visit to 80%.



Women's Preventive Health Services



Jan Figart, DHA, RN

Tulsa Healthy Start, Community Service Council &

Little Dixie Healthy Start

The Affordable Care Act

Anyone can access the insurance market place and determine coverage for their state, to compare options from the insurers on the marketplace, and enroll. It is located at www.healthcare.gov/screener/

To determine services for Medicaid eligible of your state, please contact the state Medicaid provider or if you accessed the insurance marketplace, they will send the information to your state Medicaid agency for follow-up.

All insurance marketplace insurers and Medicaid-expansion states offer preventive health services at no co-pay, and no deductible.

Most employer health insurance plans offer the preventive health services at no co-pay, and no deductible. A few employers have exemptions for their current plans. Self-insured plans do not have to comply fully but may support lifestyle improvement programs.



[Get Coverage](#)[Change or Update Your Plan](#)[Get Answers](#)[See Topics ▾](#)[SEARCH](#)

First time applying? Get a preview & checklist

Take a few easy steps now. Enroll in a 2017 plan as soon as November 1



STILL NEED A HEALTH PLAN FOR THE REST OF 2016?

SEE IF YOU CAN STILL ENROLL



DATES & DEADLINES

SEE NOW



WILL YOU SAVE?

FIND OUT FAST



UNDER 30?

GET A CUSTOM GUIDE



HAVE A 2016 PLAN?

GET READY FOR 2017

Essential Health Benefits

Insurance policies must cover these benefits in order to be certified and offered in the insurance marketplace and Medicaid expansion states to newly eligible for Medicaid.

Outpatient care

Emergency room visits

Inpatient hospital treatment

Prenatal and postnatal care

Mental health and substance abuse disorder services

Prescription drugs

Lab tests

Services and devices that assist in injury or recovery.

Preventive services including counseling, screening, vaccines, and care for managing a chronic disease.

Pediatric services including dental and car and vision care for children.

Benefits may vary by state and even within the same state. Use the compare plans on the insurance marketplace website.

Source: Healthcare.gov (2016). Essential health benefits. Retrieved from <https://www.healthcare.gov/glossary/essential-health-benefits/>



Preventive Service for Women

[Breast cancer genetic test counseling \(BRCA\)](#) for women at higher risk

[Breast cancer mammography screenings](#) every 1 to 2 years for women over 40

[Breast cancer chemoprevention counseling](#) for women at higher risk

[Cervical cancer screening](#) for sexually active women

[Chlamydia infection screening](#) for younger women and other women at higher risk

[Domestic and interpersonal violence screening and counseling](#) for all women

[Gonorrhea screening](#) for all women at higher risk

[HIV screening and counseling](#) for sexually active women

[Human Papillomavirus \(HPV\) DNA test](#) every 3 years for women with normal cytology results who are 30 or older

[Osteoporosis screening](#) for women over age 60 depending on risk factors

[Rh incompatibility screening](#) follow-up testing for women at higher risk

[Sexually transmitted infections counseling](#) for sexually active women

[Syphilis screening](#) for women at increased risk

[Tobacco use screening and interventions](#)

[Well-woman visits](#) to get recommended services for women under 65



Services for Pregnant or May Become Pregnant Women

[Anemia screening](#) on a routine basis

[Breastfeeding comprehensive support and counseling](#) from trained providers, and access to breastfeeding supplies, for pregnant and nursing women

[Contraception](#): Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.” [Learn more about contraceptive coverage.](#)

[Folic acid](#) supplements for women who may become pregnant

[Gestational diabetes screening](#) for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

[Gonorrhea screening](#) for all women at higher risk

[Hepatitis B screening](#) for pregnant women at their first prenatal visit

[Rh Incompatibility screening](#) for all pregnant women and follow-up testing for women at higher risk

[Syphilis screening](#)

[Expanded tobacco intervention and counseling](#) for pregnant tobacco users

[Urinary tract or other infection screening](#)



Contraception

Covered contraceptive methods on the insurance marketplace and Medicaid.

[FDA-approved contraceptive methods](#) prescribed by a woman's doctor are covered, including:

Barrier methods, like diaphragms and sponges

Hormonal methods, like birth control pills and vaginal rings

Implanted devices, like intrauterine devices (IUDs)

Emergency contraception, like Plan B® and ella®

Sterilization procedures

Patient education and counseling

Plans aren't required to cover drugs to induce abortions and services for male reproductive capacity, like vasectomies.

Birth control benefits rules for employer-provided coverage

If you work for a religious employer

Health plans sponsored by certain exempt religious employers, like churches and other houses of worship, don't have to cover contraceptive methods and counseling.

If you work for an exempt religious employer and use contraceptive services, you may have to pay for them out-of-pocket. Contact your employer or benefits administrator for more information.

If you work for a non-profit religious organization

Some non-profit religious organizations — like non-profit religious hospitals and institutions of higher education that certify they have religious objections to contraceptive coverage — don't have to contract, arrange, pay, or refer for contraceptive coverage.

If your health plan is sponsored or arranged by this type of organization, an insurer or third party administrator will make separate payments for contraceptive services that you use.

You'll have access to contraceptive services without a copayment, coinsurance, or deductible when they are provided by an in-network provider.



Types of Contraceptives Covered

Types of Medicines and Devices for Birth Control

Permanent Sterilization like tubal ligation

Long-Acting Reversible Contraceptives (LARC) like intrauterine devices (IUDs)

Contraceptive Injection like Depo

Short-Acting Hormonal Methods like birth control pills and vaginal rings

Barrier Methods like diaphragms and sponges

Other Contraception

Emergency Contraception like Plan B© and ella©

TIP

To be sure if a specific method is covered by your plan, check your plan's materials or ask your employer or benefits administrator.

Breastfeeding Support

Breastfeeding support

Most Marketplace plans must provide breastfeeding equipment and counseling for pregnant and nursing women.

You may be able to get help with breastfeeding at no cost.

Health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breastfeeding. These services may be provided before and after birth.

This applies to Marketplace plans and all other health insurance plans, except for [grandfathered plans](#).

Coverage of breast pumps:

Your health insurance plan must cover the cost of a breast pump. It may be either a rental unit or a new one you'll keep. Your plan may have guidelines on whether the covered pump is manual or electric, the length of the rental, and when you'll receive it (before or after birth).

Your doctor's breastfeeding recommendations

Your insurance plan will often follow your doctor's recommendations on what's medically appropriate. Some insurance plans may require pre-authorization from your doctor.



Questions?



Wrap Up and Reminders

Upcoming Events:

November 3: Conversations with the Division

November 22: Healthy Start Benchmarks and Screening Tools:
Care Coordination, Quality Improvement, and Program Evaluation

December 1: Creative Tools for Recruitment and Retention –
A Tale of Two Programs

EPIC Center website: <http://www.healthystartepic.org>

- Includes all recorded webinars, transcripts, and slide presentations

