



Health Care Reform

★★★ INFORMATION UPDATE

October 2010

ACA Mandates First Dollar Coverage for Preventive Services

The Affordable Care Act (ACA) mandates that, effective for Plan Years beginning on or after September 23, 2010, certain group and individual health plans must provide coverage for preventive services with no member cost share when provided by in-network clinicians.

Wellmark will provide first dollar coverage for preventive services when they are provided by in-network providers (benefit coverage and cost sharing will apply for out-of-network services as specified in the coverage document). This coverage is applicable to certain group and individual health plans, as indicated below, and is effective for plan years beginning on or after September 23, 2010,

Plans that are Required to Provide Preventive Coverage with No Member Cost Share

- All *non-grandfathered* fully insured and self-funded plans, including those that do not currently cover preventive services.

Plans that are NOT Required to Provide Preventive Coverage

- *Grandfathered* group and individual plans (coverage not required until 2014)
- *Grandfathered* plans that already provide preventive coverage are allowed to maintain member cost share

How Preventive Care Services Are Defined:

Preventive services are defined under the ACA as those immunizations, screenings, and other services that are listed as recommended by *the United States Preventive Services Task Force (USPSTF)*,* *the Health Resources Services Administration (HRSA)*, and *the federal Centers for Disease Control (CDC)*.*

Important Note: The services identified are *recommendations* by ACA to clinicians, not mandated services. It is up to the clinician to decide which services to provide.

Preventive Health Services List

Below is a representative list of the preventive health services that are required to be covered, with no member cost-share, by non-grandfathered plans effective with plan years beginning on or after September 23, 2010. This list is based on information available online at the federal government's Health Care Reform Site: <http://www.healthcare.gov/law/provisions/preventive/index.html>.

Preventive Health Services Covered Under the Affordable Care Act (ACA)

This list is not all-inclusive and benefits are not guaranteed. Please see the Notes section below.

For Adults	For Pregnant Women
Abdominal Aortic Aneurysm screening for men aged 65-75	Asymptomatic bacteriuria screening (UTI)
Adult immunizations (<i>provided in a physician's office or at a pharmacy</i>)	Rh (D) incompatibility screening
Alcohol misuse screening & behavioral counseling interventions	Daily folic acid supplements for women capable of becoming pregnant (<i>prescription required for full coverage</i>)
Aspirin for the prevention of cardiovascular disease in men and women of certain ages (<i>prescription required for full coverage</i>)	Hepatitis B virus infection screening
Bone density (osteoporosis screening) for women	Iron deficiency anemia screening
Breast and ovarian cancer susceptibility & genetic risk assessment and BRCA mutation testing for at-risk women	Primary care Interventions to promote breastfeeding
Breast cancer screening (including mammography)	Sexually transmitted infections counseling
Cervical cancer screening	STD testing based on risk (other than Chlamydia & HIV)
Chlamydia screening for women and pregnant women	Syphilis infection screening for those at higher risk
Colorectal cancer screening - colonoscopy, sigmoidoscopy, laboratory & pathology	For Newborns/Children
Depression screening for adults	Congenital hypothyroidism screening for newborns
Diabetes screening for adults	Dental caries screening for preschool children
Diet & behavioral counseling in primary care to promote a healthy diet	Fluoride treatment for children (<i>prescription required for full coverage</i>)
Gonorrhea screening for women, including pregnant women, at higher risk	Major depressive disorder screening for children and adolescents
High blood pressure screening	Gonorrhea, prophylactic medication for newborns (<i>prescription required for full coverage</i>)
HIV screening	Hearing loss screening for newborns
Lipid screening	Immunizations (provided in a physician's office or at a pharmacy)
Obesity screening	Iron supplements for at risk infants 6 -12 months (<i>prescription required for full coverage</i>)
Osteoporosis screening for post-menopausal women	Phenylketonuria screening for newborns
Sexually transmitted infections & counseling for at risk populations	Screening and interventions for childhood obesity
Syphilis infection screening for at risk populations	Sickle Cell disease screening for newborns
Tobacco use screening and counseling	Tuberculosis screening for at risk children
	Visual impairment screening for children younger than age 5



Additional Information:

- Depending on the benefit plan, many of the recommended services are already covered under existing Wellmark plans when claims are coded as preventive or routine services. For additional information, visit the federal Health Care Reform (link above) or the USPSTF website: <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>.
- Members of Wellmark Health Plan of Iowa will still be required to receive most preventive services from their designated primary care practitioners.
- Prior authorization policies for selected services will remain in place.
- Claims for covered immunizations, whether submitted and paid under a Blue Rx plan when received at pharmacies that contract for immunizations, or under a health plan, when received in a doctor office setting, will be paid with no member cost share when they are provided by in-network providers.
- Periodic physicals and OB/GYN exams received from in-network clinicians will be provided with no member cost share.
- Per the USPSTF and HRSA guidelines, some screenings and services may be recommended based on day or visit limits, or certain time intervals.

Notes:

- **The list above is not all-inclusive and benefits are not guaranteed.** Age and gender limitations may apply. For more information on required preventive services, go to the federal government's Health Care Reform site <http://www.healthcare.gov/law/about/provisions/services/lists.html>.
- Only preventive services received from a network provider will be covered at 100% with no member cost share.
- Wellmark will apply its standard medical management policies and procedures, as specifically mentioned and allowed under the Affordable Care Act.
- The list of preventive services included in the law are recommended by the USPSTF, the HRSA, and the CDC. Please note that there are differences between preventive screenings, exams and services vs. treatment for specific diseases and illnesses.
- The following is a link to the recommended immunizations schedules: <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.

* Section 2713 of the ACA references recommendations by the USPSTF, the HRSA, and the CDC.

- **The United States Preventive Services Task Force** is a federal agency that makes its recommendations on the basis of explicit criteria. Recommendations issued by the USPSTF are intended for use in the primary care setting. The Task Force recommendation statements present health care providers with information about the evidence behind each recommendation, allowing clinicians to make informed decisions about implementation. Wellmark consults with the Task Force regularly to determine how preventive services may be covered.
- **The Health Resources and Services Administration (HRSA)**, an agency of the U.S. Department of Health and Human Services, (HHS) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
- **The Centers for Disease Control and Prevention:** one of the major operating components of the Department of Health and Human Services, CDC's Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act ("ACA") and Mental Health Parity and Addiction Equity Act ("MHPAEA"). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services ("HHS") and/or other agencies. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of ACA or MHPAEA. Any questions about Wellmark's approach to the ACA or MHPAEA may be referred to your Wellmark account representative.