



Women's Health and the Affordable Care Act

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Host



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Agenda

Webinar materials
can be found at
[Enroll-NE.org/EEG](https://enroll-ne.org/EEG)

- Enroll Nebraska Overview
- Women's Health and the ACA
- Outreach & Resources
- Questions & Answers



Enroll Nebraska

Enroll Nebraska is a statewide network of community organizations, enrollment assisters, health care providers and advocacy groups.

- **Website**

- EnrollNebraska.org
 - Enrollment Assister Map
 - Events Calendar
 - Resources

- **Social Media**

- [Facebook.com/EnrollNebraska](https://www.facebook.com/EnrollNebraska)
- [@EnrollNebraska](https://twitter.com/EnrollNebraska)



EEG Group Overview

- The **Education and Engagement Group** is the
 - Awareness
 - Outreach
 - Referral

branch of Enroll Nebraska

- Webinars occur every month, archived at EnrollNebraska.org/EEG
- Low time investment, high impact



ACA & Women's Health

- Impact of ACA on Insured Rates
- Rate Setting Pre-ACA and Post-ACA
- Essential Health Benefits
 - Maternity Coverage
 - Preventive Services
 - Contraceptives Preventive Service



Impact of ACA on Insured Rates

- 2011 – national uninsured rate – 15.1%
- 2016 – national uninsured rate – 9.1%
- As of 2015, number of uninsured women decreased by 7.7%
 - 5.5 million women between ages 18-44 covered during first 2 years of ACA
- More people covered under a different kind of coverage



Rate Setting Pre-ACA

- ACA significantly alters premium setting by insurance companies
- Rate Setting Pre-ACA
 - 90% of individual plans gender rated
 - Women paid 30% more than men for same coverage
 - Total - \$1B more/year in premiums than men



Rate Setting Post-ACA

- Now, premiums based on **only** 4 factors:
 - Household size
 - Geographic Area
 - Age
 - Tobacco Use
 - No other factors considered
 - No denials for preexisting conditions, including current/past pregnancy
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Essential Health Benefits

- ACA changes type of coverage offered
- All Qualified Health Plans (QHPs) must offer the EHBs
 - Individual plans that count as “minimum essential coverage”
- EHBs: set of 10 benefits that form basis for individual health coverage



EHBs

- Ambulatory patient care services
- Emergency services
- Hospitalization
- **Maternity and newborn care**
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Pediatric services, including vision and dental care
- **Preventive wellness services and chronic disease management**



EHBs – Maternity Coverage

- Maternity Coverage - Pre- ACA
 - 6% of plans available to 30 y/o women on individual market provided maternity care
- Now, maternity and childbirth services covered
 - Summary of Benefits and Coverage Document
- Breastfeeding services, supplies, counseling covered as preventive service



EHBs – Preventive Services

- Certain preventive services covered without cost sharing, including:
 - Immunizations
 - Annual well-women visits
 - Breast & cervical cancer screenings
 - Contraceptive methods & counseling
 - Breastfeeding supplies & counseling
 - Domestic violence screening & counseling



Contraceptive Coverage as EHB

- Certain contraceptives covered without cost sharing
 - Also no cost sharing on patient education, counseling, clinical services
 - 1 of each of 18 methods included in FDA Birth Control Guide
 - US DHHS - 55 million women benefit from access to contraceptives without cost sharing
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Contraceptive Coverage as EHB

- Plans may use “reasonable management techniques” to control costs
- BUT must have “easily accessible, transparent, sufficiently expedient exceptions process”
 - Example: provider determines name brand pill medically necessary but insurance only covers generic.



Big Takeaways

- ACA huge impact on both insured rates and quality of coverage offered
- Maternity coverage & preventive services EHBs
- Consumers need to know what their plans cover and what they should cover



Resources

What You Need to Know About Birth Control Coverage Under the ACA

1. The ACA requires all new plans to cover birth control for free.

All new plans must cover certain preventive services without cost sharing, meaning you can't be charged a copayment or have the cost applied to your deductible. Birth control is a preventive service, so it must be covered without cost sharing.

If your plan is "grandfathered," meaning it existed before the ACA, it may not have to follow this rule. You can find out if your plan is grandfathered by contacting your insurance company. Eventually no plans will be grandfathered, and all plans will have to follow this rule.

2. Your insurance plan must cover all FDA-approved methods of birth control.

Your plan must cover all 18 FDA-approved distinct birth control methods. These methods include birth control pills, sterilization surgery, IUDs, diaphragms, implants, cervical caps, sponges, shots/injections, patches, vaginal rings, and emergency contraception.

But, how this actually works may be a little trickier than it sounds. Plans only have to cover *one form of each method* of birth control without cost sharing and may use what are known as "reasonable medical management techniques" in determining what to cover. For example, a plan could only cover one type of birth control patch without cost sharing or use a formulary (limited list of treatments) for pills, as long as they are covering a patch and the required kinds of pills. Plans could also just cover generic products, not name brands, without cost sharing. Unless your plan is "grandfathered" -- if it existed before the ACA -- it has to cover the EHBs. Most plans aren't grandfathered, and eventually all plans will have to follow these rules. You can find out if your plan is grandfathered by contacting your insurance company.

3. If your doctor prescribes a method your insurance company won't cover without cost sharing, there must be a "waiver process" for you to get what your doctor prescribed without cost sharing.

If your doctor determines it's medically necessary for you to use a method not covered without cost sharing, your plan must have an easily accessible and sufficiently fast "waiver process" that you can go through to get that method without cost sharing. The plan must defer to your doctor's decision that a method is medically necessary for you. If after this process your plan still charges you cost sharing, you can go through your insurance company's appeal process to have them review the charges.

4. Insurance plans must cover services related to birth control without cost sharing.

To get on birth control, you often have to do things besides just getting a prescription. For example, you might have counseling with your doctor or follow up visits to manage side effects. Or, if you're prescribed an IUD, you may need it removed at some point. Services like these related to birth control must be covered without cost sharing, just like the birth control itself.

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Frequently Asked Questions about Women's Health & the Affordable Care Act

How does the Affordable Care Act (ACA) change health insurance coverage for women?

Insurance companies can't make you pay higher premiums just because you're a woman. Also, all new plans must cover the 10 [essential health benefits](#) (EHBs)--the types of services that must be covered under each plan. Many of the EHBs are especially great for women.

What are the EHBs my insurance plan must cover?

- Ambulatory Patient Services* - care you get without being admitted to a hospital
- Emergency Services* - services in the ER
- Hospitalization* - when you have to stay overnight at hospital
- Maternity and Newborn Care* - care before and after your baby is born
- Mental Health & Substance Use Disorder Services* - services like treatment for alcohol abuse or depression
- Prescription Drugs* - medicines prescribed by your doctor
- Rehabilitative and Habilitative Services* - services to help people gain or recover skills, such as physical or speech therapy
- Laboratory Services* - blood tests
- Pediatric Services (including dental and vision)* - like check ups, immunizations, teeth cleanings, glasses
- Preventive Wellness Services & Chronic Disease Management* - services like birth control, flu shots, well-woman check

Unless your plan is "grandfathered" -- if it existed before the ACA -- it has to cover the EHBs. Most plans aren't grandfathered, and eventually all plans will have to follow these rules. You can find out if your plan is grandfathered by contacting your insurance company.

What preventive services does my insurance plan have to cover without cost sharing?

All new plans must cover certain preventive services -- services to keep you healthy and from getting sick -- without cost sharing. This means you can get the services without a copay or having costs applied to your deductible. Some preventive services are:

- Well women visits and gynecological exams (pap smears)
- Breastfeeding support, supplies, and counseling
- Birth control and counseling
- STI counseling
- Various screenings and tests Vaccinations, including shots for the flu, HPV, and Hepatitis
- Programs to help you quit smoking



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Recap and Plug

- **Past Webinars** (all can be found at [EnrollNebraska.org/EEG](https://enrollnebraska.org/EEG))
 - ACA 101
 - Nebraska Medicaid 101
 - SHOP Marketplace for Small Businesses
 - Marketplace Coverage & Taxes
 - Exemptions
 - Immigrant Eligibility
- **Who do you know who might benefit from knowing more?**
 - Coalitions
 - Businesses
 - Parents and Students
 - Faith Groups



Questions? (please post in chat box)

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Next Webinar

- **Medicaid 201 & the Coverage Gap**
 - Thursday, July 21, 12 – 1 pm Central
 - Register at [EnrollNebraska.org/EEG](https://enrollnebraska.org/EEG)

