



Navigating Health Care Reform



Health Alliance



# What Health Reform Preventive Care Changes Mean to You

March 11, 2011

*Information contained herein is subject to change as regulations are issued and interpretation evolves. This information should not be considered legal guidance regarding preventive care or its potential impact.*

# Outline

- Federal Affordable Care Act (ACA) Requirements for Preventive Care
- Be Healthy—Using Your Preventive Care Benefits
- Impact on Grandfathered Plans
- Cost of Preventive Care
- Future of Preventive Care
- Questions

# ACA Requirements for Preventive Care

- Effective for years beginning on or after September 23, 2010
- Applies to group health plans (self-funded or fully insured) or individual coverage
- Must provide preventive coverage without cost-sharing
  - No copayment, coinsurance or deductible

# Requirements continued ...

## What Must be Covered

- Evidence-based or evidence-informed items with A or B ratings from the U.S. Preventive Services Task Force (USPSTF)
- Immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention
- For infants, children and adolescents
  - Preventive care and screenings in guidelines supported by the Health Resources and Services Administration (HRSA)
- For women
  - Preventive care and screenings in guidelines supported by HRSA, and not otherwise addressed by USPSTF (under development)

# Requirements continued ...

**These categories include a broad selection of preventive services including, but not limited to, the following.**

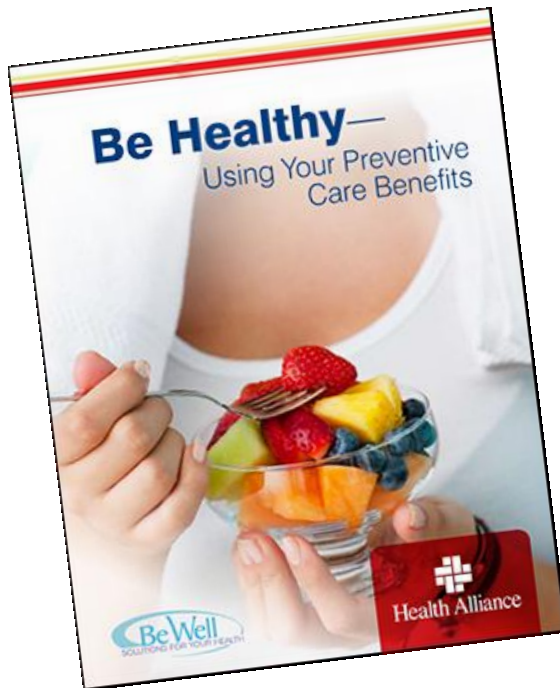
- Immunizations
- Blood pressure and cholesterol screenings
- Diabetes screening for hypertensive patients
- Various cancer and sexually transmitted infection screenings
- Genetic testing for the BRCA gene
- Depression screening
- Tobacco cessation
- Obesity screening and counseling

You can find recommendations and coverage guidelines at <http://www.HealthCare.gov/center/regulations/prevention.html>.

# Requirements continued ...

- Health plans have used the USPSTF and ACIP for guidance on appropriate clinical preventive services and immunization recommendations for years.
- Health Alliance has provided preventive services coverage long before health care reform.
  - The ACA reinforces our adoption of evidence-based medicine and of increasing access to evidence-based clinical preventive services.

# Be Healthy—Using Your Preventive Care Benefits



### Helping You Stay Healthy

Health Alliance empowers prevention through comprehensive wellness coverage. We support members throughout their lives, not just through the course of a disease or medical condition.

We cover preventive services and tests, when medically appropriate, even when you are healthy, when in a partial list of the services included in your standard, comprehensive wellness benefit.

- **One wellness exam**, per member in age limitations, per plan year
- **One visit to a Women's Principal Health Care Provider**, per year. Office Visit (copayment or coinsurance may apply and/or be applied to a deductible)
- **Well-child care** (frequency based on American Association of Pediatrics (AAP) recommendations)
- **The screenings, procedures and immunizations** listed below, within the applicable wellness benefit.
  - Blood sugar screening (including a basic metabolic panel and comprehensive metabolic panel)
  - Cervical cancer screening (Pap smear)
  - Colorectal cancer screening (ages 50-75)
  - Childhood immunizations (according to AAP guidelines)
  - Chlamydia screening
  - Cholesterol screening
  - Colorectal cancer screening\* (flexible sigmoidoscopy, screening colonoscopy, fecal occult blood test)

A detailed listing of covered services and the codes your doctor uses to submit claims follows.

\* Colonoscopies are covered for eligible members age 50 and over. Colonoscopies for high-risk members are covered based on current national guidelines.

Immunizations	ICD-9-CM	ICD-10-CM
MM2	86.99	Z00.00
MM3	86.99	Z00.01
MM4	86.99	Z00.02
MM5	86.99	Z00.03
MM6	86.99	Z00.04
MM7	86.99	Z00.05
MM8	86.99	Z00.06
MM9	86.99	Z00.07
MM10	86.99	Z00.08
MM11	86.99	Z00.09
MM12	86.99	Z00.10
MM13	86.99	Z00.11
MM14	86.99	Z00.12
MM15	86.99	Z00.13
MM16	86.99	Z00.14
MM17	86.99	Z00.15
MM18	86.99	Z00.16
MM19	86.99	Z00.17
MM20	86.99	Z00.18
MM21	86.99	Z00.19
MM22	86.99	Z00.20
MM23	86.99	Z00.21
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MM42	86.99	Z00.40
MM43	86.99	Z00.41
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MM46	86.99	Z00.44
MM47	86.99	Z00.45
MM48	86.99	Z00.46
MM49	86.99	Z00.47
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MM52	86.99	Z00.50
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MM62	86.99	Z00.60
MM63	86.99	Z00.61
MM64	86.99	Z00.62
MM65	86.99	Z00.63
MM66	86.99	Z00.64
MM67	86.99	Z00.65
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MM101	86.99	Z00.99
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MM343	86.99	Z03.41
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# Impact on Grandfathered (GF) Plans

- GF plans are not required to provide preventive care coverage.
- GF plans can provide the ACA required preventive coverage and not risk loss of GF status as long as all other GF requirements are met.

# What's the Cost of Preventive Coverage?

- Based on government and industry estimates coverage may result in cost increases of approximately 1.5 percent – 2 percent.
- Costs may be lower if a plan currently covers a majority of these services.
- Costs will be mitigated by medical management.
  - Use of reasonable medical management techniques are allowed to determine coverage limitations if a recommendation or guideline for a preventive service does not specify the frequency, method, treatment or setting for the provision of that service.
    - Right Care, from the Right Place, at the Right Time
  - Many preventive services are age and/or gender based and still rely on a physician to determine if the service is necessary for the individual.

# Future of Preventive Care

- Preventive guidelines will change periodically.
- As new preventive guidelines are added, non-GF plans are required to provide coverage without cost-sharing in the first plan year on or after the effective date of the recommendation.
- Non-GF plans are not required to provide coverage or waive cost-sharing requirements for any item or service that ceases to be a recommended preventive service.

# Future of Preventive Care continued ...

- Value-Based Insurance Design
  - The Department of Health and Human Services (HHS) will be developing additional guidelines for preventive benefits for value-based insurance designs.
  - HHS seeks comments on how guidelines should be developed to promote consumer choice of providers or services that offer the best value and quality, and ensure access to critical, evidence-based preventive services.

# Future of Preventive Care continued ...

- R<sub>x</sub>tra is an example of a Value-Based Insurance Design.
  - Health Alliance made agreements with pharmacies to help members save money and stay healthy.
- Members save by accessing three categories of pharmacies.
  - **Primary**—When you visit these pharmacies, you pay the standard copayment for your plan.
  - **Preferred**—When you use Preferred pharmacies, you'll pay nothing out-of-pocket on some of the most commonly prescribed medications.
  - **Preferred Plus**—In addition to the discounts of Preferred pharmacies, you also pay nothing for certain cholesterol and asthma medications to help keep you healthy.

Learn more about R<sub>x</sub>tra and find a list of pharmacies and medications at  
<https://healthalliance.org/rxtra/rxtra.html>.

# Future of Preventive Care continued ...

- The ACA establishes wellness grants for employers (with <100 employees who work  $\geq 25$  hours a week) that did not offer wellness programs when the ACA went in to effect on March 23, 2010.
- Employers can apply for the grants directly through HHS.
- HHS has yet to issue guidance.
- To qualify, wellness programs must include the following.
  - Health awareness initiatives such as health education, screenings and Health Risk Assessments.
  - Efforts to expand employee engagement and encourage participation.
  - Initiatives to change unhealthy behaviors and lifestyle choices.
  - Workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity and improved mental health.



Navigating Health Care Reform



Health Alliance



# Questions?

You can also email questions to  
[hcranswers@healthalliance.org](mailto:hcranswers@healthalliance.org).