

National Family Planning and Reproductive Health Association

ACA Implementation: Health Insurance Exchanges

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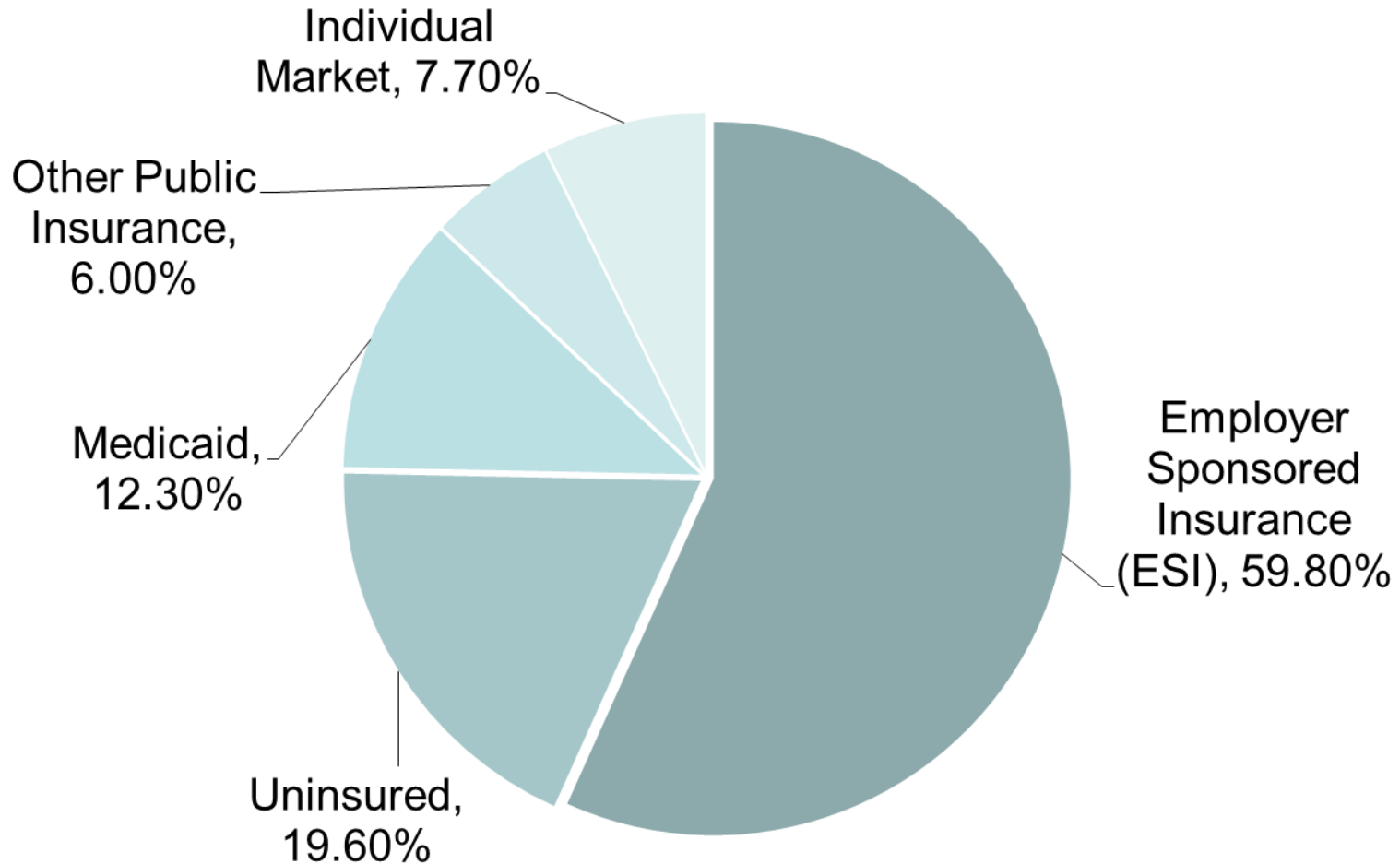


Why This Is Important

- In 2008, one in four women reported going without health care because they could not afford it
- Women make more than 80% of healthcare decisions
- Only 13% of plans sold in the individual market included maternity
- Women in majority of states are charged more for health insurance than men

Where Do Women Get Their Health Coverage?

Women's Health Insurance Coverage in 2011



Source: National Women's Law Center analysis of 2011 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) 2011 Annual Social and Economic (ASEC) Supplements

State Decisions

- Deadlines to Declare:
 - State Based Exchanges: December 14, 2012
 - Partnership Exchange: February 15, 2013
- Build off of federal floors:
 - Networks
 - Rating
 - Benefits

Networks and Essential Community Providers

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Essential Community Providers (ECPs)

- QHP: Qualified Health Plans (plans offering coverage in Exchange) must contract with “essential community providers”
- Health care providers defined as part of 340B discount drug program and
- Safety net facilities or entities eligible for Medicaid nominal pricing under 1927(c) of SSA

ECPs and Network Adequacy

- Issuer must ensure provider network of each QHP:
 - Includes essential community providers
 - Maintains a network that is “sufficient in number and types of providers [...] to assure that all services will be accessible without unreasonable delay.”
- This requirement is a floor
- HHS intends to monitor effectiveness and may modify in future

Network Adequacy and ECPs: Roles for States

- Build on standards in final exchange regulation
- QHPs should contract with all willing ECPs
- QHPs should contract with independent women's clinics not included in ACA definition of ECPs

Market Rules and Rating

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Turning to Fairness

- Annually, gender rating could cost women approximately \$1 billion
- Gender rating is prevalent throughout the country
 - In states that allow, 92% of plans gender rate
 - Only 14 states have banned or limited gender rating on the individual market
 - 25-year-old women were charged as much as 85% more for coverage
- Wide variations across and within states raise questions about the arbitrariness of gender rating, undercutting insurance industry defense
- Maternity coverage does not explain the difference

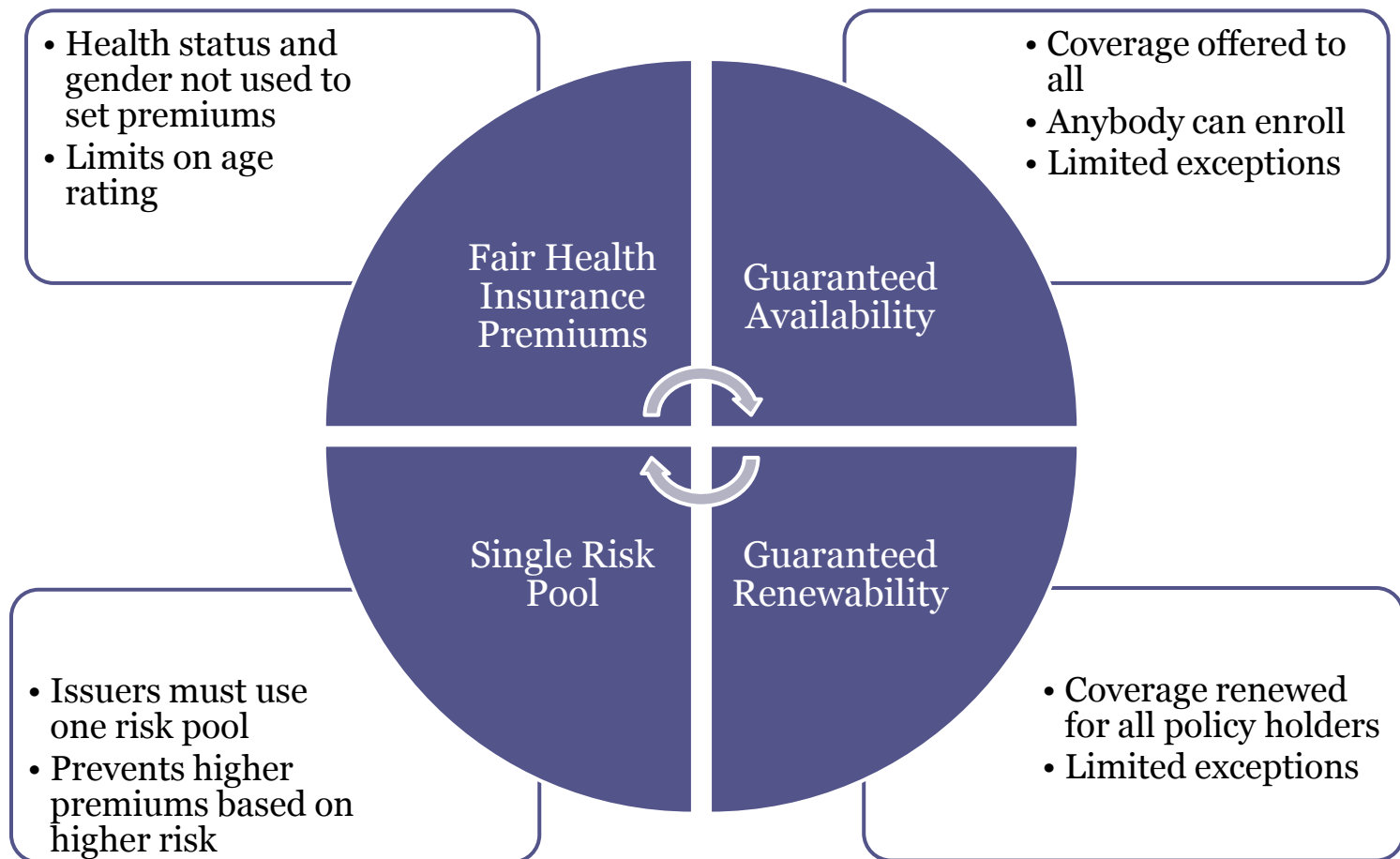


**BEING A WOMAN IS NOT A
PRE-EXISTING CONDITION**

NATIONAL WOMEN'S LAW CENTER

Market Rating Rules

Applies to new plans January 1, 2014



Essential Health Benefits

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Essential Health Benefits

- In 2014, all plans offered in the individual or small group market must cover the Essential Health Benefits (EHB)
- Includes plans offered on Exchanges
- Represents a floor and not a ceiling
- Statute includes 10 categories that must be included

Essential Health Benefits

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

Initial Takeaways from Proposed Rule

- Preventive Services (2713) are included
- Plans must provide maternity coverage to dependents
- Benchmark plans will allow for substitution within categories
- Substitutions must be actuarially equivalent
- Prescription drugs must
 - cover as many drugs in each category or class as the benchmark,
 - cover at least one drug per category or class
 - have procedures in place to ensure access to “clinically appropriate drugs” prescribed by provider
- Reevaluated for 2016 and beyond

Essential Health Benefits: Stay Tuned

- HHS seeks comment on approaches to prohibiting discriminatory benefit design
- HHS seeks comment on the process HHS should use to update EHB over time
- Medicaid Expansion and Basic Health Program will have separate benchmark process

Preventive Services

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Preventive Services in the ACA

- Applies to new health plans
- No cost sharing allowed on:
 - ‘A’ or ‘B’ rating by US Preventive Services Task Force
 - Immunizations recommended by the CDC
 - Pediatric services
 - Women’s preventive services

Full list of covered preventive services:

<http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>

USPSTF Recommendations

- Mammograms for women over 40
- Cervical cancer screening
- Smoking and alcohol cessation programs
- Prenatal screening and tests
- Diabetes screening and counseling
- Blood pressure screening and counseling
- Depression screening for adolescents and adults
- And more...

<http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>

Women's Preventive Services

- Breastfeeding support, supplies, and counseling
- Screening and counseling for interpersonal and domestic violence
- Screening for gestational diabetes
- DNA testing for high-risk strains of HPV
- Counseling regarding sexually transmitted infections, including HIV
- Screening for HIV
- All FDA approved contraceptive methods, sterilization and counseling
- Well Woman Visits

<http://www.hrsa.gov/womensguidelines/>

Outstanding Issues on Preventive Services

- Further guidance is needed on:
 - Definition of “reasonable medical management” techniques
 - Scope of Services
 - Evaluation, enforcement and updating

Let us know what you're seeing:

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All preventive services – contraception and other
services

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