

The Affordable Care Act: Preventive Services at 100%



Preventive Care Services Covered Without Cost-sharing — Without Copay, Coinsurance or Deductible

The Affordable Care Act (ACA) requires non-grandfathered health plans and policies to provide coverage for “preventive care services”¹ without cost-sharing (such as coinsurance, deductible or copayment), when the member uses a network provider. Services include certain screenings, immunizations, and other types of care, as recommended by the federal government.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is committed to implementing coverage changes to meet ACA requirements as well as the needs and expectations of our members.

General Highlights of Preventive Services Coverage under ACA

- Applies to group health plans including insured and self-insured plans, as well as individual and family policies.
- Preventive services are to be covered without any cost-sharing when using a network provider. Cost-sharing can still be required when using a provider that is not in the BCBSOK provider network.
- New recommendations can be issued at any time. As new or updated preventive care recommendations or guidelines are issued, employers and insurers have at least one year to implement the new guidelines unless otherwise specified by the government.²
- Plans that cover preventive services in addition to those required under ACA may apply cost-sharing requirements for the additional services.
- The regulation references preventive care services with an A or B rating as outlined by the United States Preventive Services Task Force (USPSTF).¹ They are listed in this fact sheet and can be found at:
<http://www.uspreventiveservicestaskforce.org/recommendations.htm>
- BCBSIL may apply reasonable medical management techniques to preventive services benefits that may impact frequency, method, treatment or setting for coverage.

Preventive Care Services to Be Offered Without Copay, Coinsurance or Deductible

Evidence-based preventive services: The list of ACA required preventive services includes those that are recommended and rated “A” or “B” by the USPSTF.

Routine vaccinations: A list of immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are considered routine for use with children, adolescents and adults, and range from childhood immunizations to periodic tetanus shots for adults.

Prevention for children: Preventive care guidelines for children from birth to age 21 developed by the Health Resources and Services Administration with the American Academy of Pediatrics. Services include regular pediatrician visits, developmental assessments, immunizations, and screening and counseling to address obesity.

Plans that are “grandfathered,” meaning plans that had at least one individual enrolled on March 23, 2010 and have not made certain changes since that date to cause a loss of grandfathered status, are not required to implement some of the new requirements of the Affordable Care Act, including the requirement to cover preventive services with no cost-sharing.

For more information visit this BCBSIL web site: <http://bcbsok.com>

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Prevention for women: The regulation mandates coverage for certain preventive care measures for women. These recommendations include annual well-woman visits and all FDA-approved methods of contraception, among other things.²

Billing and Office Visits

- If a recommended preventive service or item is billed separately from an office visit, then cost-sharing may be applied to the office visit.
- If a recommended preventive item or service is not billed separately from an office visit and the primary purpose is preventive care, then cost-sharing requirements may not be imposed with respect to the office visit.
- If a recommended preventive item or service is not billed separately from an office visit and the primary purpose of the office visit is not preventive care, then cost-sharing may be applied to the office visit.

Covered Preventive Care Services¹

Depending on the particular health plan, coverage may be provided for the following preventive services without cost-sharing.¹ This list may not include all of a particular plan's covered services. BCBSOK members can call Customer Service at the number on their member ID card for details on how these benefits apply to their coverage and the most up-to-date list of covered preventive services, including those paid without any cost-sharing.

Children and Adolescents

Well-child exam

Examples of services included as part of a well-child exam include history and physical exam, measurements of height, weight and body mass index (BMI), hearing screening⁴, iron supplementation for those at risk of anemia, vision acuity test⁵, developmental and behavioral assessments, prescription of fluoride if water source is deficient in fluoride (see dental caries prevention below), evaluation of need for a dentist visit, counseling about health risks such as sexually transmitted infections, and obesity counseling and tobacco use intervention and cessation counseling.

Immunizations

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenzae type B
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Inactivated Poliovirus
- Rotavirus
- Tetanus, diphtheria, & acellular pertussis⁴
- Varicella (Chickenpox)

BCBSOK's Focus on Prevention

Laying the groundwork for a healthy tomorrow means disease prevention and early detection.

Many chronic diseases and conditions can be prevented and/or managed through early detection. Preventive screenings are an important way to track your health and avoid chronic conditions before they become more serious.

BCBSOK encourages you to take full advantage of your preventive care benefits and other available wellness resources. After completing a health screening, take appropriate steps to improve your health. Talk with your physician about ways to improve your health. There is no better time than now to get started – and head off potential health problems before they begin.

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Screening tests

- Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin screening
- Obesity screening and counseling
- Lead screening
- Dyslipidemia screening for children at higher risk of lipid disorder
- Tuberculin testing
- Depression screening
- Screening for sexually transmitted infections (STIs)
- HIV screening
- Cervical dysplasia screening
- Skin cancer behavioral counseling
- Dental Caries Prevention – fluoride varnish for all infants and children starting at age of primary tooth eruption; oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient

Preventive treatments

- Gonorrhea preventive medication for eyes of all newborns

Adults

Preventive exam

Examples of services included as part of a preventive exam include history and physical exam, measurements of height, weight and body mass index (BMI).

Immunizations

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Haemophilus influenzae type b (Hib)
- Influenza (Flu)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella (chickenpox)
- Zoster

Screening tests

- Abdominal Aortic Aneurysm screening
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screenings using fecal occult blood testing, sigmoidoscopy or colonoscopy³
- Depression screening
- Diabetes screening for adults with high blood pressure



- Falls prevention for adults age 65+ in community dwellings, including physical therapy and Vitamin D supplementation for this purpose
- Hepatitis B screening
- Hepatitis C infection screening
- HIV screening and counseling
- Lung cancer screening
- Obesity screening
- Sexually transmitted infection (STI) screenings (chlamydia, gonorrhea, syphilis)

Health Counseling

- Alcohol misuse screening and counseling
- Healthy diet
- Obesity
- Prevention of sexually transmitted infections (STIs)
- Tobacco use cessation (Includes Prescription – One or more products within the categories approved by the FDA for use in smoking cessation)
- Use of aspirin to prevent cardiovascular disease
- Use of folic acid
- Skin cancer behavioral counseling for young adults (up to age 24)

Women Only

- Annual well woman visit
- Breast cancer prevention medication
- Breast cancer screening/ Screening mammography
- Cervical cancer screening including Pap smear
- Osteoporosis screening
- Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk
- Human Papillomavirus (HPV) DNA test
- Counseling related to chemoprevention of breast cancer
- Breastfeeding⁹
- Intimate partner violence counseling and screening
- Contraception⁶

Specifically for Pregnant Women

- Alcohol misuse screening and counseling
- Anemia screening
- Bacteriuria screening
- Rh Incompatibility screening Note: this test is to be repeated
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening
- Screenings for Sexually Transmitted Infections (STIs) including chlamydia, gonorrhea, and syphilis
- Tobacco use and cessation counseling
- Venipuncture for pregnancy required labs

Contraception⁶

The following contraceptive items and services are generally covered without cost-sharing when provided by a health care provider in the BCBSOK network.

- Prescription⁷ – One or more products within each of the categories approved by the FDA for use as a method of contraception
- Over-the-counter – Contraceptives available approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization⁸ including tubal ligation



Footnotes

- ¹ ACA requires non-grandfathered health plans and policies to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. This includes preventive care services as follows:
- Evidence-based items/services rated A or B in the current recommendations of the U.S. Preventive Services Task Force
 - Routine immunizations for children, adolescents and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease control and prevention
 - Evidence-informed preventive care and screenings for infants, children, and adolescents in the comprehensive guidelines of the Health Resources and Services Administrations
 - Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration
- ² New recommendations can be issued at any time. A new recommendation must be covered beginning on the first plan or policy year that is one year after the recommendation is issued. Non-grandfathered plans/policies are required to cover these services beginning with plan/policy years starting on or after Aug. 1, 2012.
- ³ Anesthesia also covered as preventive
- ⁴ Further evaluation recommended as a result of a hearing screening test is not considered preventive and may not be covered at 100%.
- ⁵ Vision acuity test to detect amblyopia (lazy eye), strabismus (cross eye), and defects in visual acuity in children younger than age 5 years. Normal vision screening and further evaluation recommended as a result of an acuity test are not considered preventive and may not be covered as preventive.
- ⁶ ACA regulations provide for an exemption from the requirement to cover contraceptive services for certain group health plans established or maintained by organizations that qualify as religious employers. Also, federal regulatory agencies have established an accommodation for religious affiliated eligible organizations, in which case separate payment may be available for certain contraceptive services.
- ⁷ Prescription coverage for contraception may vary according to the terms and conditions of your health plan's pharmacy benefit. Please call the customer service number on the member ID card for coverage details.
- ⁸ Certain restrictions may apply; copay, coinsurance or deductibles may be required. Call the number on the back of the member ID card for more information. Hysterectomies are not considered part of the women's preventive care benefit.
- ⁹ Breastfeeding
- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in your provider network
 - Breastfeeding support and counseling by a trained in-network provider while you are pregnant and/or after you've given birth
 - Breast pumps (manual, electric and hospital grade)*

The Blue Cross and Blue Shield (BCBS) implementation of preventive services without cost-sharing under the Affordable Care Act (ACA) previously covered manual breast pumps only. Effective April 15, 2013, BCBS expanded its coverage to include electric and hospital grade breast pumps. This coverage applies to non-grandfathered plans and policies and expands the breastfeeding support options available to members without cost-sharing (some limitations or restrictions may apply).

As of May 1, 2014, breastfeeding supplies (electric and hospital grade breast pumps) will be covered when obtained through an out-of-network provider, where coverage was previously excluded. Coverage may not be at 100% no cost share. Some limitations and restrictions may apply based on the group coverage for preventive services.

Contact a BCBS representative or call the number located on the back of the member ID card for more information.

This material is provided for informational purposes only and is not intended to be a substitute for the sound independent medical judgment of health care practitioners. Health care providers are instructed to exercise their independent medical judgment based on the patient's individual medical circumstances including, but not limited to symptoms, history, family history and other factors. The final decision about whether a particular service or treatment should be rendered is between the health care provider and the member.

The fact that a particular medical service is listed in this document is not a guarantee that benefits are available for such service. The member is instructed to refer to their health benefits document or certificate of coverage to determine what benefits are available for the particular medical service.