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Women's Preventive Services — Update

Under the Affordable Care Act, certain designated women's preventive health care services — such as mammograms and screenings for cervical cancer — are already covered with no cost-sharing for health plans that have adopted the Patient Protection and Affordable Care Act's preventive care service guidelines.

The Department of Health and Human Services (HHS) directed the Institute of Medicine (IOM) to conduct a scientific review and provide recommendations on preventive measures that meet women's health needs and help keep them healthy. HHS used the IOM report issued July 19, 2011, when developing an expanded list of women's preventive care services.

You can read more information about the guidelines at the U.S. Department of Health and Human Services website: www.hrsa.gov/womensguidelines/ or at www.HealthCare.gov.

WHAT IS CHANGING ABOUT WOMEN'S PREVENTIVE SERVICES REQUIREMENTS?

The HHS is expanding the list of women's preventive services that plans must cover with no cost-sharing as part of the Affordable Care Act.

On August 1, 2012, the additional guidelines for women's preventive services include:

- **Well-woman visits** — Annual well-woman preventive care visit for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.
- **Screen for gestational diabetes** — Pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for women identified to be at high risk.
- **Human papilloma virus (HPV) testing** — High-risk HPV testing in women with normal cytology results.
- **Counseling for sexually transmitted infections**
- **Counseling and screening for HIV**
- **Contraceptive methods and counseling** — All FDA approved contraceptive methods, sterilization procedures, and patient education and counseling as prescribed.
- **Breast-feeding support, supplies, and counseling** — Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breast-feeding equipment.
- **Screening and counseling for interpersonal and domestic violence**

This communication is not intended to provide either legal or tax advice. Please consult with your legal counsel or professional advisors to determine the effects of the statutes and regulations regarding health care reform on you and your plan members.

Affordable Care Act Implementation Alert

The Affordable Care Act and your self-funded health plan

WHEN DOES THE EXPANDED LIST OF SERVICES TAKE EFFECT?

Beginning August 1, 2012, most new and renewing health plans must comply with the new requirements.

Nonprofit employers who, based on religious beliefs, do not currently provide contraceptive coverage in their insurance plan will be provided an additional year, until August 1, 2013, to comply with the new law. Employers wishing to take advantage of the additional year must certify that they qualify for the delayed implementation.

WHO MUST COMPLY?

The requirement applies to non-grandfathered plans and to grandfathered plans that chose to adopt the Preventive Care provision of the Affordable Care Act.

OUR SERVICES

Independence Administrators is ready to implement the expanded list of services when processing your plan members' preventive care claims starting on the date the new requirements apply to your plan.

To learn more about how IA can support you in complying with the requirements of the Affordable Care Act, or if you have questions about your plan, **please contact your Independence Administrators Account Representative.**

