

Women's Preventive Services-Renewal Forms and Procedures

Producer Communication #579

Updated May 28, 2014

Message

For plan years beginning on or after August 1, 2012, the Patient Protection and Affordable Care Act (PPACA) requires women's preventive care be covered with no member cost share. For some benefits, such as breast pumps and contraceptives, we are only required to provide one alternative at no member cost share. This provision applies to both medical and prescription drug plans with the exception of SeniorBlue HMO and SeniorBlue PPO. Among the services required to be covered at no member cost share are well-woman visits, screening for gestational diabetes, HPV testing, STD counseling, HIV counseling and screening, contraceptive methods and counseling, and breast feeding support and counseling.

Depending on the circumstances of the group (such as grandfathered status, not currently covering contraceptives, Rx carve-out, and religious employers) the group may be able to renew as is or may require a requote. While the variations seem complex, the renewal process can be simplified as follows:

- A group can renew "as is" if they are:
 - Grandfathered and do not make any changes.
 - Non-grandfathered and do not have any special exemptions.
- A group needs to be requoted if they are:
 - Grandfathered and decide to implement the new women's preventive benefit changes.
 - Non-grandfathered and qualify for an exemption from providing contraceptive services as detailed below. Note: groups exempt from covering contraceptives must implement the other requirements of the women's preventive service mandate.

Details

Renewals released for contract periods beginning August 1, 2012, included women's preventive care (both medical and prescription drug) covered at no member cost share. Among the services required to be covered at no member cost share are well-woman visits, screening for gestational diabetes, HPV testing, STD counseling, HIV counseling and screening, contraceptive methods and counseling, and breast feeding support and counseling.

Depending on the circumstances of the group (such as grandfathered status, not currently covering contraceptives, Rx carve-out, and religious employers) special considerations may apply as follows.

Grandfathered Status

1. **Grandfathered** – Groups are exempt from having to comply with covering women's preventive care mandated under PPACA as long as they currently have and maintain their Grandfathered status. Renewals for Grandfathered groups will be generated reflecting current plan design.

Contraceptives not currently covered – A number of group customers do not currently cover contraceptives or cover contraceptives for medical necessity only. Renewals for Grandfathered groups in this situation will be released with their current plan design. For Grandfathered groups wishing to add the mandated services to their plan as stipulated under PPACA, a quote will need to be requested through the Account Executive for revised rates to add the coverage with no member cost share.

Rx Carve-out – For Grandfathered groups that carve-out prescription drug coverage, a Certification of Prescription Drug Coverage form (Attachment A) will need to be completed and submitted with renewal sales paperwork. For Grandfathered groups, this form is not a provision of PPACA, but is a Capital requirement due to state mandated drug coverage required for diabetes and autism. As such, the group will only need to check the first box on *Attachment A*. This form is included in the group's renewal.

2. **Non-grandfathered** – Renewals will automatically include the addition of the required women's preventive services, including coverage of contraceptives. The addition of the mandated benefits at no member cost share will be factored into the renewal rates.

Contraceptives not currently covered – A number of group customers do not currently cover contraceptives or cover contraceptives for medical necessity only. Because of the mandated changes, coverage of contraceptives at no member cost share will be added at the group's renewal for Non-grandfathered groups.

A group may be exempt from the contraceptives coverage requirement only if they consider themselves to be a religious employer or qualify for a one year safe harbor deferment. Refer to the "Exemption and Deferment" section below for procedures.

Rx Carve-out – For Non-grandfathered groups that carve-out prescription drug coverage, a Certification of Prescription Drug Coverage form (Attachment A) will need to be completed and submitted with renewal sales paperwork. Through this form, non-grandfathered groups certify that they provide state mandated coverage as well as coverage for female contraceptives, which is typically a prescription benefit. The group will need to check both boxes on *Attachment A*. This form is included in the group's renewal.

Contraceptive Coverage Exemptions and Accommodations

Groups requesting either an exemption or accommodation from providing contraceptive services must provide a minimum of 45 days notice prior to their effective date in order for CBC to process and meet the requirements of the mandate. Regulations allow for two instances for a Non-grandfathered group to be exempt from providing coverage for women's contraceptive services:

1. **Religious Employers** – Religious employers may be exempt from the requirement to cover contraceptive services. A religious employer is one that:

1. Is a non-profit organization; and
2. Is an organization as described in section 6033(a)(1) and section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code.

Groups meeting these criteria who want to be granted an exemption for covering contraceptives will need to complete and submit the Religious Employer Exemption Certification form (Attachment B). A quote will need to be requested through the Account Executive for revised rates to remove the coverage for contraceptives (provided the group meets the established Federal criteria for religious employers.)

Religious employers can be small and large groups, both fully insured and ASO. A signed Religious Employer Exemption Certification form will be required from the group. A request to quote will need to be coordinated through the Account Executive.

Members in groups that elected the religious employer exemption will not be provided contraceptive benefits.

2. **Eligible Organization Accommodation** – If a group does not qualify as a Religious Employer, they may qualify for relief from implementing the mandated benefit changes under the eligible organization accommodation. Group health plans must meet the following four criteria to qualify for eligible organization exemption:
 1. Organized and operates as a non-profit entity.
 2. The organization holds itself out as a religious organization.
 3. On account of religious objections, they oppose providing coverage for some or all contraceptive services. And
 4. The organization self-certifies – via a certification form signed by an authorized organizational representative – that it satisfies the above criteria.

Groups meeting these criteria who want to be granted an accommodation from providing women's contraceptive services will need to complete and submit the *Eligible Organization Accommodation Certification form (Attachment C)*. A quote will need to be requested through the Account Executive for revised rates to remove the coverage for contraceptives (provided the group meets the established Federal criteria for eligible organizations.)

Eligible organizations include small and large groups, both fully insured and ASO. A signed *Eligible Organization Accommodation Certification Form (Attachment C)* will be required from the group. A request to quote will need to be coordinated through the Account Executive.

Contraceptive coverage for members of Eligible Organizations

Capital BlueCross is required to pay for women's contraceptive services, at no cost to the group or member, when a group elects the eligible organization accommodation under PPACA. Capital will provide payment for contraceptive services when a signed eligible organization accommodation form is received.

Payment for the contraceptive benefits will be provided to the member through their existing member ID card. Members will receive supplemental information informing them of the availability of separate payments for women's contraceptive services by Capital BlueCross.

Attachments

- **Attachment A** – Certification of Prescription Drug Coverage
- **Attachment B** – Religious Employer Exemption Certification
- **Attachment C** – Eligible Organization Religious Accommodation Self-Certification

Questions

Contact your Preferred Agency with any questions. Thank you.

Certification of Prescription Drug Coverage

Group Name: _____

Group Number(s): _____

To: Capital BlueCross, Capital Advantage Insurance Company[®], Capital Advantage Assurance Company[®] and/or
Keystone Health Plan[®] Central

The Group certifies that the following coverage is provided to all of its members through other insurance identified below:

- The diabetic prescription drug benefits mandated by Pennsylvania Act 98 of 1998, the drug coverage related to autism as mandated by Pennsylvania Act 62 of 2008, and
- If non-grandfathered, the preventive prescription drugs and pharmacy supplies mandated by the Patient Protection and Affordable Care Act effective August 1, 2012.

Insurer's Name: _____

Effective Date of Policy: _____

Further, the Group acknowledges that, for purposes of complying with current and future state and federal laws, Capital BlueCross, Capital Advantage Insurance Company, Capital Advantage Assurance Company and/or Keystone Health Plan Central will rely upon the *representations of other coverage set forth above*. The Group agrees to indemnify and hold Capital BlueCross, Capital Advantage Insurance Company, Capital Advantage Assurance Company and/or Keystone Health Plan Central harmless against any claims by any member or provider relating to the benefits that are, or should be, available through the group's prescription drug plan.

Intending to be legally bound, the Group hereby executes this certification.

Name of Policymaker or Other Authorized Representative (Please print or type)

Date

Signature

Please return this completed form to your Account Executive or Producer.



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Religious Employer Exemption Certification

Under the Patient Protection and Affordable Care Act (PPACA), group health plans established or maintained by certain organizations may qualify for the religious employer exemption as described in Section 2713 of the Public Health Services Act, as amended, the Final Rules related to that Section, 45 CFR 147.130(a), as amended, and the HRSA Guidelines pertaining to coverage of FDA-approved contraceptive services for women without cost-sharing.

I, _____, hereby certify on behalf of _____ (the "Group"), that I am a duly authorized representative of the Group and that the Group is a religious employer pursuant to the requirements of 45 CFR 147.130(a), as amended, which states that a religious employer is one that meets the following criteria:

1. Is a nonprofit organization; and
2. Is an organization as described in section 6033(a)(1) and section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code.

The Group requests that Capital BlueCross, Capital Advantage Assurance Company[®], Capital Advantage Insurance Company[®] and/or Keystone Health Plan[®] Central (collectively, "Capital"), refrain from implementing coverage of all contraceptive services as mandated under PPACA because the Group is claiming a religious exemption. The Group acknowledges that this certification will result in Capital not including the mandated contraceptive services in the Group's health plan coverage.

Further, the Group acknowledges that, for purposes of complying with current and future state and federal laws, Capital will rely upon the **representation of religious employer status set forth above**. The Group also acknowledges that this religious exemption certification does not apply to any other requirements of PPACA other than those related to contraceptive services coverage. The Group understands that it must comply with PPACA, and other laws, as applicable. The Group agrees to indemnify and hold Capital harmless against any claims by any member or provider relating to the benefits that are, or should be, available, and for any fines, costs (including attorney fees), expenses, liabilities, or financial penalties that may be imposed upon Capital as a result of its reliance on this Certification.

Intending to be legally bound, the Group hereby executes this certification.

Group Name: _____

Group Number(s): _____

Name of Policymaker or Other Authorized Representative (Please print or type.)

Date

Signature

Please return this completed form to your Account Executive or Producer.



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Eligible Organization Religious Accommodation Self-Certification
(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least six years following the end of the last applicable plan year.

Name of the organization:	
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization:	
Mailing and email addresses and phone number for the individual listed above:	

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131[a]) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A[a]; 29 CFR 2590.715-2713A[a]; 45 CFR 147.131[b]), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52[a] or [b] of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third-party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third-Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third-party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third-party administrator that:

- (1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and
- (2) Obligations of the third-party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please return this completed form to your Account Executive or Producer.