Affordable Care Act (ACA) coverage for preventive services

The ACA mandates that all non-grandfathered group and individual health plans must provide coverage for preventive services with no member cost share when provided by in-network providers. In accordance with this ACA requirement, Wellmark provides coverage for preventive services when they are provided by in-network providers.

Benefit coverage and cost sharing will still apply for out-of-network services as specified by member coverage manuals. Additionally, health plans may apply cost sharing to out-of-network preventive care and use reasonable medical management techniques to help control costs and promote efficient delivery of care.

How preventive services are defined

Preventive services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the federal Centers for Disease Control (CDC).

The services identified by the ACA to clinicians are recommendations, not mandated services. Clinicians are best able to determine which services to provide.
Preventive services covered under the ACA

This list is not all-inclusive, and benefits are not guaranteed. It outlines benefits with zero cost share. All information is dependent upon the terms of your coverage. Please refer to your coverage manual for information about your benefits. This document was last updated in September 2016 and will be updated bi-annually. Information is subject to change.

**ADULTS**

- Annual wellness examination
- Immunizations: Hepatitis A; Hepatitis B; Herpes Zoster; Human Papillomavirus (HPV); Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Tetanus, Diphtheria, Pertussis; Varicella (based on the Center of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) please refer to the National Immunization Program Website)
- Alcohol misuse screening and behavioral counseling interventions
- Aspirin for the prevention of cardiovascular disease in men and women of certain ages (prescription required)
- Colorectal cancer screening
- Depression screening
- Diabetes: abnormal blood glucose and Type 2 diabetes mellitus screening
- Healthy diet and physical activity counseling for cardiovascular disease prevention in adults with cardiovascular risk factors
- Hepatitis C: screening for those at high risk for infection and one-time screening for adults born between 1945 and 1965
- High blood-pressure screening*
- HIV: screening for all adults through age 65 and older adults who are at increased risk
- Lipid disorder screening (cholesterol, dyslipidemia) for adults
- Obesity screening for all adults. Clinicians should refer patients with BMI of 30 kg/m2 or higher to intensive, multicomponent behavior interventions, will be limited to 12 visits annually
- Sexually transmitted infections (STI) behavior counseling for adults who are at increased risk for STI
- Hepatitis B screening: in persons at high risk for infections
- Lung cancer screening — annual computed tomography (CT) scan for at risk adults age 55—80 with a 30 pack-year history and currently smoking or have quit smoking within the past 15 years
- Syphilis infection screening for non-pregnant adult at increased for infection
- Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation medications (prescription required), counseling will be limited to 8 visits annually
- Vitamin D supplements in adults 65 years and older (prescription required)
- Skin cancer counseling young adults through 24 years of age about minimizing exposure to ultraviolet radiation to reduce risk of skin cancer*

**WOMEN ONLY**

- Breast cancer medication for risk counseling for those who are at increased risk for breast cancer
- Mammography: breast cancer screening annually for women age 35 and older
- Breast cancer preventive medications for women age 35 and older who are at increased risk for breast cancer and at low risk for adverse medication effects (prescription required)
- Contraception and contraceptive counseling: this applies to FDA-approved contraceptive methods for female of all ages
- Intimate partner violence screening and provide or refer women who screen positive to interventional services*
- HPV DNA test: women age 30 and older may receive high-risk HPV screening every three years, regardless of pap test results
- Osteoporosis screening in women aged 65 years and older and in younger women who fracture risk is equal to or greater than that of a 65 year old female who has no additional risk factors
- STI and HIV screening and counseling: annual counseling on HIV and STIs for sexually active women
- Well-woman visits, including annual well-woman preventive care office visits
- BRCA Related Cancer: Risk assessment, genetic counseling and genetic testing for women who have family members with breast, ovarian, tubal or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 and BRCA2). Women with positive screening results should receive genetic counseling and if indicated after counseling, BRCA testing
- Cervical cancer screening annually for women age 21—65
- Chlamydia screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- Gonorrhea screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection

**PREGNANT WOMEN**

- Asymptomatic bacteriuria screening
- Breast feeding support and counseling from trained providers during pregnancy and/or during the postpartum period and breast feeding supplies (manual breast pumps)
- Chlamydia screening
- Daily folic acid supplements for women capable of becoming pregnant (prescription required)
- Gestational diabetes screening in asymptomatic pregnant women
- Gonorrhea screening
- Hepatitis B virus infection screening at first prenatal visit
- HIV screening
- Iron deficiency anemia screening

**MEN ONLY**

- Abdominal Aortic Aneurysm: one-time screening with ultrasonography for men age 65—75 who have ever smoked

*Services marked with an asterisk indicate those services that may be delivered and billed within wellness exam or well-child exam from an in-network provider.
• Rh (D) blood typing and antibody testing for incompatibility screening
• Syphilis infection screening
• Tobacco use screening and provide behavioral interventions for cessation

NEWBORN/CHILDREN/ADOLESCENTS
• Annual well-child examination
• Alcohol and drug use assessment for adolescents* 
• Autism screening for children through age 2 years
• Behavioral assessments for children* 
• Blood pressure screening* 
• Cervical dysplasia screening for sexually active females
• Dental Caries in children from birth through age 5 screening
• Depression: Major depressive disorder screening for adolescents age 12–18 years 
• Developmental screening for children under age 3, and surveillance* throughout childhood
• Dyslipidemia screening for those at higher risk of lipid disorders age 1 through 17 years
• Gonorrhea, prophylactic medication for newborns
• Fluoride treatment for children under the age of 5 years (prescription required)
• Hearing screening for newborns and children, birth through age 10
• Height, weight and body mass index measurements* 
• Hematocrit or hemoglobin screening through age 17 years
• Hemoglobinopathies screening: sickle cell screening for newborns, birth through 28 days
• Hepatitis B screening for adolescents at high risk, age 11 through 17 years
• HIV screening for adolescents age 15 and older, and younger adolescents who are at increased risk 
• Hypothyroidism screening for newborns, birth through 28 days
• Immunizations: Diphtheria, Tetanus, Pertussis; Haemophilus influenza type b; Hepatitis A; Hepatitis B; Human Papillomavirus; Inactive Poliovirus; Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Rotavirus; Varicella. Varicella (based on the Center of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) please refer to the National Immunization Program Website.
• Iron supplements for at risk infants 6–12 months (prescription required for full coverage)
• Lead screening for children at risk to exposure, birth through 6 years
• Medical history for all children throughout development* 
• Oral health risk assessment* 
• Phenylketonuria (PKU) screening for newborns, birth through 28 days
• Obesity screening in children and adolescents age 6 through 17 years
• STI behavioral counseling for all sexually active adolescents who are at increased risk for STIs.
• Skin cancer counseling children and adolescents aged 10 through age 17 about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer*
• Syphilis screening in adolescents who are at increased risk for infection
• Tobacco use interventions includes education and brief counseling to prevent the initiation of tobacco use among school aged children and adolescents
• Tuberculin testing for children at higher risk of Tuberculosis, birth through age 17 years
• Visual acuity screening in children and adolescents, age 3 through 16 years

ADDITIONAL INFORMATION:
• Routine preventive services are routine healthcare services that prevent illness, disease or other health problems before symptoms occur.
• For those preventive services listed above that indicate “high risk” or “increased risk,” the member should consult with their attending physician to determine if applicable.
• For transgender individuals, sex-specific preventive care services are covered when considered medically appropriate by the attending physician.
• Age, gender and visit limitations may apply.
• Wellmark will apply its standard medical management policies and procedures as specifically mentioned and allowed under the ACA.
• Prior authorization policies for selected services will remain in place.
• Members of Wellmark Health Plan of Iowa, Wellmark Synergy Health and Wellmark Value Health Plan are required to receive most preventive services from their designated primary care practitioners.
• Claims for covered immunizations, whether submitted and paid under a Blue Rx plan or health plan, are covered with no member cost share.
• Benefits are contingent upon accurate claims submission by the provider, including diagnosis and procedure codes.
• Self-funded groups may have selected different benefits. Always consult your coverage manual for specific coverage details.

FOR MORE INFORMATION SEE:
The United States Preventive Services Task Force is a federal agency that makes its recommendations on the basis of explicit criteria. Recommendations issued by the USPSTF are intended for use in the primary care setting. The Task Force recommendation statements present health care providers with information about the evidence behind each recommendation, allowing clinicians to make informed decisions about implementation. Wellmark consults with the Task Force regularly to determine how preventive services may be covered.

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services, (HHS) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

The Centers for Disease Control and Prevention is one of the major operating components of the Department of Health and Human Services, CDC’s Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health — through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

*Services marked with an asterisk indicate those services that may be delivered and billed within wellness exam or well-child exam from an in-network provider.
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Wellmark does not provide any legal advice with regard to compliance with the requirements of the Affordable Care Act (ACA) or the Mental Health Parity Addiction Equity Act (MHPAEA). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services (HHS) and/or other agencies. The information provided reflects Wellmark’s understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan’s rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan’s grandfathered status or interpretation or implementation of any other provisions of ACA. Any questions about Wellmark’s approach to the ACA or MHPAEA may be referred to your Wellmark account representative. Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan’s grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an “Employer Administered Funding Arrangement” is an arrangement administered by an employer in which the employer contributes toward the member’s share of benefit costs (such as the member’s deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administered Funding Arrangement does not include the employer’s contribution to health insurance premiums or rates.

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