



**Supporting WIC Clients:  
The Affordable Care Act and WIC Families**

**National WIC Association Leadership Conference  
March 2<sup>nd</sup> 2014**

# Presentation

Quick overview of the Affordable Care Act

1. Coverage, benefits, preventive services
2. Breastfeeding support and supplies
3. Supporting WIC Clients

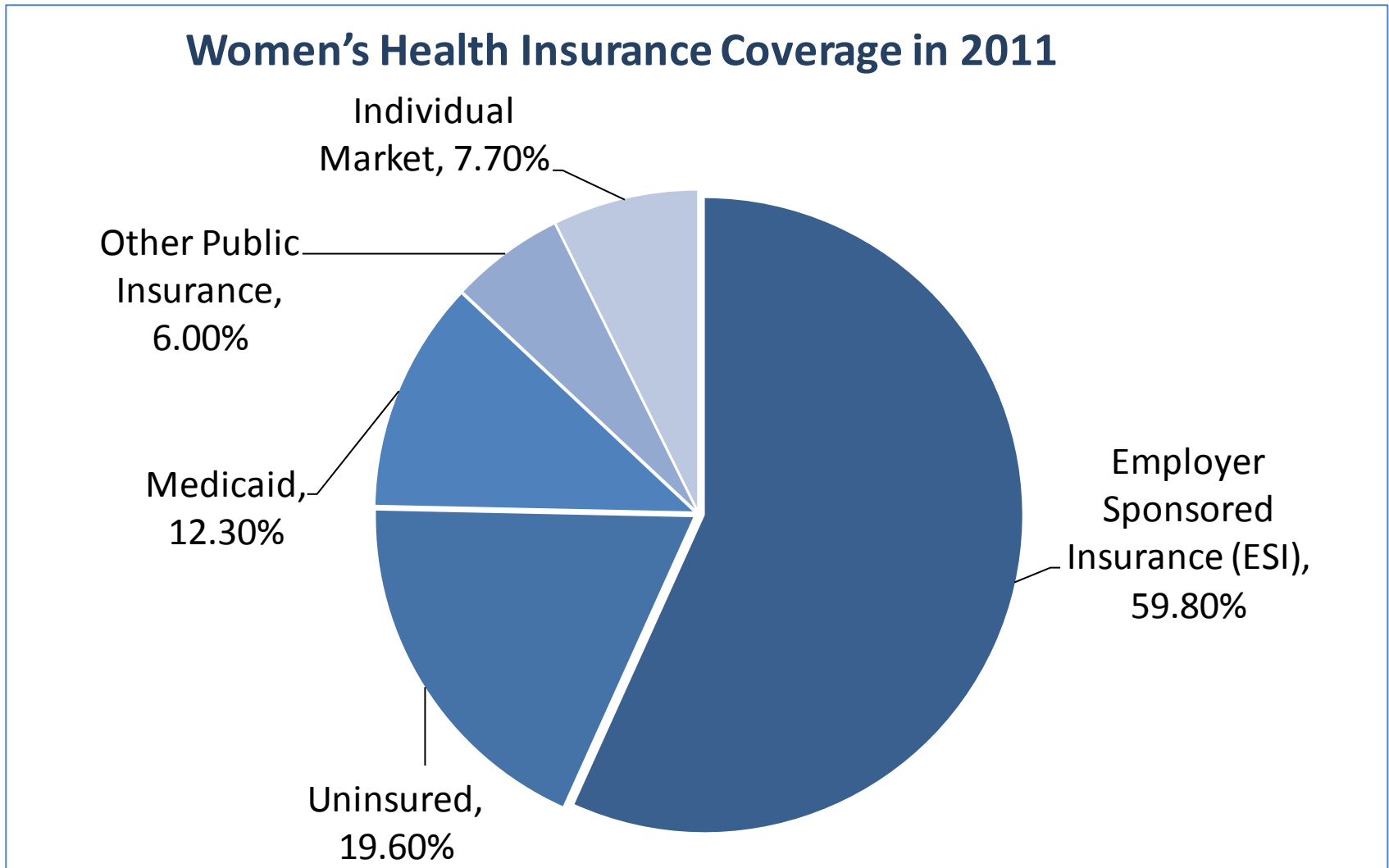
## Why This is Important: Women, Families & the Affordable Care Act

The health care law, known as the Affordable Care Act (ACA), protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services people need.

# What does the Affordable Care Act do?

- Expands Coverage
  - Medicaid
  - Insurance Exchanges (marketplaces)
- Insurance Protections
  - No pre-existing limit exclusions
  - No gender rating
  - Maternity care and other essential health benefits
  - Preventive services with no co-pays
- Shared Responsibility
  - Individual responsibility
  - Employer responsibility

# Where Do Women Get Their Health Coverage?



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

# What Will Plans Cover: 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

# Preventive Services

- Applies to all new health plans and Medicaid expansion 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>

# Women's Preventive Health Services

All new insurance plans are required to provide (at no cost-sharing) the following services:

- The full range of FDA-approved contraception methods and contraceptive counseling
- **well-woman visits**
- screening for gestational diabetes
- human papillomavirus (HPV) DNA testing for women > 30 years
- sexually-transmitted infection counseling
- human immunodeficiency virus (HIV) screening and counseling;
- **breastfeeding support, supplies, and counseling**
- domestic violence screening and counseling

No copayments, deductibles or co-insurance

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



# Coverage for Breastfeeding Support and Supplies

Coverage is for:

- “comprehensive lactation support and counseling”
- “costs of renting or purchasing breastfeeding equipment”
- enrollees can obtain these benefits “during pregnancy and/or in the postpartum period”
- Benefits are required for “the duration of breastfeeding”

# Issues Related to Coverage

Insurance Company can:

- Use *reasonable medical management* techniques to determine “the frequency, method, treatment, or setting” of a covered preventive service
- This could include pump rental instead of purchase, however, insurers must provide access to the type a pump a woman needs
- Require women to use in-network providers and DME companies

# Issues Related to Coverage

Insurance Company cannot:

- Impose cost-sharing like a co-payment, deductible or co-insurance on breast pumps or lactation counseling
- Impose an un-allowable limit or waiting period
  - Examples:
    - “limit of one breast pump per calendar year”
    - “pump must be obtained within 6 months following delivery”
- Refuse to offer lactation counseling, or only provide this benefit in a hospital setting

# Issues Related to Coverage

## Federal Guidance Has Clarified:

- “If a plan or issuer does not have in its network a provider who can provide the particular service, then the plan or issuer must cover the item or service when performed by an out-of-network provider and not impose cost-sharing with respect to the item or service”
- This means that if a woman’s insurance company does not have providers in its network to provide breastfeeding equipment or lactation counseling, women must be able to go out-of-network, the item or service must be covered; and covered at no cost-sharing

FAQs: [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs12.html](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html)

# Issues Related to Coverage

Federal guidance is silent on:

- Reimbursement policy
- Certification and/or licensure standards

# Understanding “Grandfathered” Status

All “new” health plans must provide breastfeeding support, supplies and counseling

- What does “new” mean?
- “New” refers to whether or not a plan is “grandfathered”
- What is a grandfathered and ungrandfathered plan?

# Understanding “Grandfathered” Status

Grandfathered plans are:

- Health plans that existed on or before the ACA was signed into law (March 23<sup>rd</sup>, 2010)
- Grandfathered plans do not have to follow the preventive services requirement
- Grandfathered plans have been “grandfathered” into the new system

# Understanding “Grandfathered” Status

Un-grandfathered plans are:

- Plans created *after* March 23<sup>rd</sup> 2010
- Group health plans that have implemented significant changes
  - Some of these changes include: significantly cutting benefits; increasing cost-sharing; or changing premium contributions by more than 5%

This means that a plan has “lost grandfathered status”



## Understanding “Grandfathered” Status

- All **un-grandfathered private health plans** have to follow the preventive health services coverage and cost-sharing rules including breastfeeding support, supplies and counseling
- When you hear that “all **new** health plans” have to cover these services, it means that all “**un-grandfathered**” plans must cover them

## Differences in Coverage Depending on Type of Insurance

### Preventive Services

- All “new” (un-grandfathered) health insurance plans
- Medicaid expansion plans
- Does not apply to **traditional Medicaid** (existing Medicaid programs)

# Differences in Coverage

## Medicaid

- Varies by state
- CMS survey:
  - 25 of the responding States covered breastfeeding education services
  - 15 of the responding States covered individual lactation consultations
  - 31 of the responding States covered equipment rentals
- Kaiser survey: breastfeeding counseling 39/48 states cover in traditional Medicaid program

# Supporting WIC Clients

If women have private insurance:

- Find out whether or not the plan is required to provide these benefits
  - Is the plan grandfathered or ungrandfathered
- You can find this information by calling the insurance company and asking if the plan is grandfathered or not

# Supporting WIC Clients

If women have coverage under Medicaid expansion:

- Plans should be providing coverage
- Contact Medicaid agency with problems or issues

# Differences in Coverage Next Steps

- States have option to provide preventive services and get 1% FMAP increase (Federal Medical Assistance Percentages, federal matching funds)
  - This does not apply to women's preventive services
  - The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding (B recommendation)
  
- CMS: align coverage across programs

# NWLC Resources

## Preventive Services

- Toolkit – [Getting the Coverage You Deserve](#)
- Assistance by email – [prevention@nwlc.org](mailto:prevention@nwlc.org)
- Assistance by phone – 1-866-745-5487



Thank you!

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