

Patty's Points



2016
 Patty Nguyen, On-Site Rep.
 Patricia.Nguyen@bcbsfl.com
 Phone: 813-794-2492
 727-774-2492
 352-524-2492

Dear Patty:

Q: What services are included in the Women’s Preventive Services Mandate under the Patient Protection Affordable Care Act at \$0 member cost share in-network?

A: Below is a list of services. Some are already being administered under your plan.

PREVENTIVE SERVICE	DESCRIPTION OF BENEFITS
Human Papillomavirus (HPV) Testing requested for one of these indications meets medical necessity criteria for coverage:	<ul style="list-style-type: none"> For purpose of screening women age 30+ for cervical abnormalities in conjunction with Pap Smears For the purpose of following-up prior positive HPV tests in women age 30+. Pap smears that have an interpretation of atypical cells of undetermined significance (ASCUS) for women of any age that are high-risk, symptomatic, or have a prior abnormal Pap smear. Note: To avoid additional out of pocket expenses, please make sure your doctor sends the specimen to an in-network lab, such as Quest Diagnostics.
Counseling for sexually transmitted infections	<ul style="list-style-type: none"> These services can be obtained through your Primary Care Physician (PCP) or through your behavioral health benefits.
Counseling & screening for human immune-deficiency virus (HIV)	<ul style="list-style-type: none"> These services can be obtained through your Primary Care Physician (PCP) or through your behavioral health benefits.
Screening & counseling for interpersonal & domestic violence	<ul style="list-style-type: none"> These services can be obtained through your Primary Care Physician (PCP) or through your behavioral health benefits.
Screening for Gestational Diabetes	<ul style="list-style-type: none"> This is a lab test performed on pregnant women between 24 and 28 weeks of gestation, and at the first prenatal visit for pregnant women who are at high risk for diabetes.

<p>Lactation Counseling</p> <p>Breastfeeding Pump</p>	<ul style="list-style-type: none"> • Provide lactation counseling services performed by any in-network provider acting within the scope of their license/certification under applicable State law (e.g. registered nurse). These services are provided during pregnancy and/or in the postpartum period. • One electric or manual breast pump per member per delivery. Coverage will be the most effective electric breast pump as determined by CareCentrix. Please contact CareCentrix at 1-877-561-9936.. • Breastfeeding coverage extends for the duration of breastfeeding (beyond the inpatient hospital stay).
<p>Annual Well Woman Visits- expanded to include prenatal care</p>	<ul style="list-style-type: none"> • One Adult Wellness Visit per calendar year. In addition, <u>a well woman exam</u> including the Pap test is covered annually. This may be performed by your Primary Care Physician or OB-GYN.
<p>Contraceptive methods & counseling</p>	<ul style="list-style-type: none"> • Intrauterine Devices (IUD's) are covered 100% of allowable charges when billed as routine. This includes the <u>insertion</u> and <u>removal</u> of the device by an in-network provider. Devices covered at \$0 include those currently on the market: Paragard, Mirena, and Skyla. • The professional fees for tubal ligations will be covered at \$0 cost share in network. Copays/Deductible/Coinsurance for the facility charges (hospital) will still apply.
<p>BRCA Testing</p>	<ul style="list-style-type: none"> • Provides Screening for women who have family members with breast, ovarian, tubal or peritoneal cancer to test for an increased risk breast cancer through the presence of mutated BRCA1 or BRCA2 genes. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. • Genetic Counseling, and if necessary, genetic testing for BRCA Mutation covered at no cost share by the member. • Applies to women who have been previously diagnosed with cancer, as long as she is NOT currently symptomatic of or receiving active treatment for breast, ovarian, tubal, or peritoneal cancer. (Prior Authorization is required.) Note: Note: To avoid out of pocket expenses, please advise your doctor to use an in-network pathologist or lab, such as Quest Diagnostics.

Q: I'm enrolled on the BlueOptions PPO plan and see a doctor that is out of network. Will these services apply at \$0 cost share?

A: No. For any services related to the Women's Preventive Services Mandate, members that are going out of network for these services will have out of network benefits applied.

Q: Are oral contraceptives covered under this mandate?

A: Yes, to find out the type of oral contraceptives and applicable copays, please contact your pharmacy vendor, Envision Rx Options at 1-800-361-4542.

Q: Are hospital grade electric breast pumps covered as well?

A: No, these are excluded except when medically necessary during an inpatient stay.

Q: What happens if I got billed from an out of network lab that provided the HPV Testing and Pap Results?

A: First, contact the doctor's office that ordered the lab work. Explain to them that you were billed by the out of network lab and they did not make you aware that the lab work was being sent to a lab other than Quest Diagnostics. If your efforts do not result in a favorable resolution, please contact me for assistance.