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Megan: Hello, everyone, and welcome to this Ask the Expert webinar, "Improving the Health of Women, Children and Men, a Primer on Preventive Services Covered Under the Affordable Care Act." I'm Megan Hiltner. I am with the Healthy Start EPIC Center. And we have approximately 60 minutes set aside for this webinar. It is being recorded. And the recording along with the transcripts and slides will be posted to the EPIC Center's website following this event.

Before we introduce our speakers for today, I have a couple more of housekeeping announcements. We really want your participation. So if at any point, you have a question or a comment for the speaker, please chat them into your chat box at the bottom left of your screen, and we will be taking questions through the chat box at the end of the presentations. But don't hesitate to put them in at any point that you have them. I also wanted to let you know that if we don't get to your questions by the end of the webinar, we will be putting together a frequently-asked-questions document that we'll post along with the webinar materials on the EPIC Center's website. That's healthystartepic.org. We also really want your feedback on this event. So please take a moment following the webinar to complete the survey that will pop up on your screen right after.

I did wanna also let you know that this webinar will provide you with an overview of the preventive services that are covered for women, children, and men. And given that there is a substantial amount of content to cover, we're dividing this presentation up into three parts. So it will be a three-part webinar series. We're recording this one live, and we're presenting this one live. The following two webinars will be recorded and available for you to listen to by the end of... All will be posted and recorded by the end of November. So please look out for that. And you can use that to refer to.

Here is the webinar agenda of what we're gonna be covering. Initially, I'm gonna turn it over to your first speaker. And she's going to give you some opening remarks. And then we'll be introducing your presenter for the day. So let me just give you a brief introduction of Juliann DeStefano. She's a senior Healthy Start project officer. And she's also actively involved in much of the Affordable Care Act work within the Division of Healthy Start and Perinatal Services. So without further ado, I'm gonna turn it over to you Juliann to get things started.

Juliann: Thanks, Megan. Welcome, everybody. Very glad that you're all joining this what we feel is a very important webinar. We know that our

Healthy Start programs are an invaluable resource not only for helping women, children, and men and their families' access to the Affordable Care Act, but also really to really to help increase their understanding of the preventive services that are covered under the Affordable Care Act. One small example, and you'll be hearing many from our speaker today, has to do with comprehensive breastfeeding and support and counseling from trained providers and access to breastfeeding supplies for pregnant and nursing women, which is covered benefit under Marketplace health plan at no charge to the client. So we feel like this is a very timely webinar. Open enrollment is approaching, November 1st, 2016, to January 31st, 2017. And this opportunity you have to work with your clients, help connect women, men, and children to the services that are actually free to them and to the Affordable Care Act.

So looking at our objectives for today, today, we're gonna be talking about identifying preventive health services for women, and that's Part I, children will be Part II, and men will be Part III, along with the available...it's no co-pay and deductible. Each of the webinars will cover that. We're also gonna describe access points to the service that will be covered in each of the webinars to each of the populations we've spoken about. We're gonna identify models of payment related to this services and how that might affect access and payment. That will be in the third webinar. And then we're gonna define barriers created by some states and insurers to reduce access to some of the services. And that also will be covered in the third webinar.

Again, this is very important to share with all of your Healthy Start participants so women and families can actually get access to the full range of services that they need and deserve. To relate this a little bit to our Healthy Start benchmark, the first one is increase the proportion of Healthy Start women and child participants with health insurance to 90%, in other words, reduce the uninsured to less than 10%. Second benchmark is increase the proportion of Healthy Start women and child participants who have the usual source of medical care to 80% and then increase the proportion of Healthy Start women participants that receive a well-woman visit to 80%.

So without further ado, we're going to hear from our speaker Jen Flaggert[SP]. She has been involved with Healthy Start since 1998, an expert in maternal child and health issues and particularly at the national level and also in the state level. And I've worked with Jen for a very long time. And I very much look forward to hearing all the wonderful information she will give us today.

Jen: Well, thank you very much. It's a pleasure to be here. And at any time during the presentation, you can indeed put your questions into chat. But we will probably hold all questions until the end of the chat. So if you have a question on any given slide, that will be a great time to [inaudible 00:05:43] your entries.

First of all, I wanna give a little bit of background regarding the Affordable Care Act. And, of course, it is the landmark legislation of the Obama administration, the Patient Protection and Affordable Care Act. The first years of the Affordable Care Act were really focused on activities regarding insurance companies. And so many of the things that we'll talk about today had been in effect for a number of years. And then beginning in 2014, a great deal of work has been focusing on improving the quality of health care through the providers.

Anyone can access the insurance marketplace. That's an important thing. In each one of our states, we have folks that are either affiliated with the federal insurance marketplace. They're affiliated with a state insurance marketplace, or they have a hybrid of both a state-federal approach. And so each state will be quite different. It is valuable for you to go to the website, which is healthcare.gov, and you'll find more details about how your state has indeed organized their efforts. However, the healthcare.gov website will make contact with your local...your state. Particularly if the person does not qualify for the insurance marketplace, it will make a referral to the local Medicaid agency of your state. So this is very important.

The healthcare.gov screener is a gateway for anyone who is looking for health insurance that believes they may qualify either under a Medicaid program or under the insurance marketplace. So if they're in your state, if they are familiar with the insurance marketplace for the state and the person believes that they're Medicaid-eligible or you believe that they are Medicaid-eligible, you can also go to your state Medicaid agency, because most of them do have portals directly to their insurance plans.

All insurance marketplace insurers and Medicaid expansion states offer the preventive health services. And it's important to understand these services are not free. Your Medicaid agency is paying for these services. And in the case of the insurance marketplace, then your insurer is paying for this. But it is offered so that there's no barriers to the individual to get preventive health services with no co-pay and no deductible.

Now, I do wanna put a caveat in there. And that is if the client is going in for services that indeed is an acute care episode or for a chronic disease management and a preventive health service is conducted, it is okay for the provider to charge the co-pay on that acute care service. But they cannot have...excuse me, they cannot create a co-pay affiliated with preventive care. And if you go in only for the preventive care, then there is no co-pay that day. The deductible is very different for each one of the insurance plans and on the insurance marketplace. But the costs of the preventive screening or the preventive test are not part of the deductible. So there's no deductible affiliated with this. So this is intended to reduce barriers on the part of the client who may not feel like they have adequate funds to go for preventive services or feel like that in some way it would negatively affect their insurance. And it will not.

Now, if a person has employer-based health insurance, under the Affordable Care Act, the preventive health services must also be offered for no co-pay and no deductible. A few employers have filed for exemptions for their current plans. An example would be a self-insured plan. They do not have to comply fully. But many of them offer support lifestyle or offer support lifestyle improvement programs. And so although it may not be exactly like the insurance marketplaces defined preventive care, most of them offer some level of preventive care as part of their program. Again, for many people, their employer insurance plan has indeed provided information to the employees so that people are aware of what benefits are available for them and at what cost.

Now, the next picture or the next screen shows you what the healthcare.gov website actually looks like. So there's information there for individuals and families, which is the screen that we're looking at right now. But there's also information for small businesses who may not qualify for employer healthcare but will be held accountable under the Affordable Care Act to provide services. If this is the first time applying, you get a preview on checklist, and you select your state on that screen. In our case, each state is indeed represented, I would be looking at Oklahoma to find information regarding the activities that are available in Oklahoma. And it also provides a screening for the individuals so that they can determine whether or not they qualify for the insurance marketplace programs and whether or not they might better qualify for Medicaid. Again, it does not matter whether your state has expanded Medicaid or not. The information is available. And the resources and the referrals are made directly to your state agency if you may qualify for

one of their programs.

Now, let's take a look at a few of the essential health benefits that are available through the Affordable Care Act. Again, one of the important things with the Affordable Care Act is that it began to standardize insurance policies so that one could compare apples to apples and oranges to oranges, which is very, very difficult when you're looking at insurance. In the essential benefits, the Affordable Care Act said that outpatient care services would be covered. Emergency room visits would be covered. Inpatient hospital treatment, prenatal and postnatal care, mental health and substance abuse disorder services, prescription drugs, lab tests, services and devices that assist in injury recovery, preventive services, which is what we'll be spending our time focusing on today, pediatric services, including dental, I should say, dental care and vision care for children.

Now, the amount of co-pay, the amount of deductible, the lengths of the benefits in any one of these areas, such as outpatient care, all are very different based on the plans that have been approved in your state. So it's the state-level approval of what plans will be available in your state, and a wide range of plans may be available. In some states, there's only one plan available or one carrier, one insurance carrier available, but they have multiple plans that you can select through to determine what suits you best. Benefits may vary by state and even within the same state. So you use the Compare Plans on the insurance marketplace website, which allows you to click on a couple of plans so that you can compare them side by side.

As you're helping our clients work through what might be the best plan for them, this is a very beneficial feature, because also you can ask the client what type of services do they normally access? Is there someone in their family that currently has a substance abuse disorder, because that will help you to direct your attention to what type of support would be available if someone has substance abuse? It's also possible for you to look at the type of inpatient hospital treatment. Particularly if you know that you have a chronic disease and the hospitalization occurs frequently, then you can look at the benefits both the co-pay and the level of benefits that's available for both individual and family. This helps one to determine and to pick the insurance coverage that best suits the needs of that family.

As we all know, family needs change. And when you're on the insurance marketplace in particular, enrollment is every year. And so you can

choose a new plan that may better suit your family each year. The costs involved with it will vary, and the amount of tax credit you receive will vary based on the plan that you choose. So on the insurance marketplace, it has the ability with annual enrollment to then move in whatever direction your family is moving in as far as the needs of your family.

Now, let's take a look at some preventive services for women. If you have the opportunity to go to the [healthcare.gov](https://www.healthcare.gov) website, a great deal of detail is provided regarding all the screenings and how often the screenings might be available. For this presentation, I have narrowed it down to a few slides so that you will be aware of the type of screenings that are available to the preventive health services and in comparison then to some of the target areas on Healthy Start. So there is a great deal of preventive services that are available under the tab that's called Preventive Services for Adults. Today, I'm focusing on services for women. In our next program, I'll focus on services particularly related to children. And then, ultimately, we will move forward, and we'll discuss services available to men.

Also, from state [inaudible 00:16:30] state, we are finding that there are some challenges with how either the state insurance agency interprets the guidelines under the Affordable Care Act or some providers may be creating individual interpretations. And in many cases, these interpretations may cause barriers to either the woman, the man, or the child in receiving care. In our third installment, we'll talk about the challenges that we're seeing and some of the frequent interpretations that may become barriers. And we'll talk about how you can overcome those for your client.

So now, we train back to the slide and looking at preventive services for women. As we are well-aware, there is a breast cancer gene that indeed increases the risk for women to have breast cancer as well as ovarian cancer, and it's the BRCA gene. It's BRCA. It's used as the abbreviation. If there is a strong family history of breast cancer, often, plans [inaudible 00:17:43] will make a referral for a woman to receive this genetic testing. This is available as part of the preventive services with, again, no co-pay and no deductible.

Now, breast cancer mammography screening is available every year, every one in two years for women over 40. If there is a strong history of breast cancer or if there are notable lumps in the breast, the doctor may indeed ask for a screening test for breast cancer. And if indeed it's

necessary to have additional tests for diagnostic purposes, such as ultrasound or a biopsy, the biopsy-related mammography and the diagnostic-related mammography are not covered under the preventive services. So that would be a part of the regular plan. But the breast cancer screening mammography is indeed covered.

Breast cancer chemoprevention counseling for women that are of high risk is also available. It is recommended that your doctor provide this consultation or send you to someone that has the skill set to go over your current history and decipher for you what your risks are and what options are available. And, again, your physician can make this referral.

Cervical cancer screening for sexually active women, as we know this to be a Pap smear, this is available. And, again, based on recommendations for your physician and if there's any contraceptive devices being used, this may alter the recommendations the doctor may have regarding that cervical cancer screening.

Chlamydia infection screening for younger women and women at higher risks, chlamydia, of course, is now classified as a sexually transmitted infection. And it is one of the most frequent both for incidence and prevalence. Chlamydia, indeed, it is far more extensive in women who live in the south and also women who are sexually active with multiple partners. Those are usually the indicators of risk that the doctor will use to recommend that chlamydia infection screening that's done with a vaginal exam.

A person who is indeed indicating risk for domestic violence or interpersonal violence has available for them a screening process. Although there are recommended evidence-based screens, there has not been a limitation on the type of screening that can be used. So again, that is an interpretation of the division as to the screening tools that they prefer to use.

Gonorrhea screening, also a sexually transmitted infection, which is certainly on the rise in our country, and for all women at higher risk, gonorrhea screening is conducted. Again, it is conducted during a vaginal exam. And so this is hugely paired with other cervical screening activities or chlamydia screening [inaudible 00:21:16].

HIV screening and counseling for sexually active women, particularly women who show risk factors or are in a relationship with a gentleman who indeed has risk factors, the screening process is available for

women. Again, no additional co-pay. This does not have to be paired with a cervical cancer screen or with a vaginal exam. So this can be done independently of those exams.

Human papillomavirus, which is also called HPV, DNA test every three years for women with normal cytology results who are 30 or older. It is recommended, as we know, that adolescents have the human papillomavirus vaccine. However, for women who have not had it or in a risk category, the DNA test is recommended every three years. A normal cytology is affiliated with the results of the cervical screening that may go...or that of a vag exam.

Osteoporosis screening, now, this is for women particularly over age 60 and depends greatly on risk factors. However if there's an extreme history of osteoporosis in the family, then there are times when the physician will make recommendations for an earlier screening than 60 years old.

RH incompatibility screening, that's a follow-up testing for women at higher risk. RH incompatibility is in relationship to a female being a RH-negative and the baby that she is carrying is a RH-positive, which is a blood screening. With that, there is an increased risk with the following pregnancies of incompatibility. And so that incompatibility screening now can be done for women who are at higher risks.

Sexually transmitted infections counseling for sexually active women, this does not necessarily have to be for someone who currently has sexually transmitted infection but indeed is at risk for that. Again, it is part of the preventive services. And it is usually coupled with additional testing that may be affiliated with chlamydia, gonorrhea, syphilis, or other indicators of sexual transmitted infection.

Syphilis screening for women who's at increased risk, again, we're seeing syphilis increase in the United States. And so there is definitely a stronger trend among physicians to assess. Many hospitals have dropped the requirement on hospital admission to have VDRL test, which is a syphilis test. And many doctors no longer do it as part of a normal routine. Most doctors, however, will do it as part of a normal prenatal routine visit. So syphilis screening is coming back. And it is, again, indicated for women who are sexually active.

Tobacco use screening and intervention. Tobacco use screening is, again, a free service. Many states offer a wide range of intervention

services. But there is an acceptable set of intervention services that are a part of the tobacco use screening, which may include behavioral services, counseling services, reminder services, or warmlines services. Some medications are included, including Wellbutrin as well as Chantix. However, specific medications and opportunities may differ from state to state or insurance to insurance. And so it is best that you do check with your insurance plan to determine what might be available in this area.

And then finally in this particular section, well-woman visits. And well-woman visits are recommended at different episode level, different scheduling episodes, based on the age of the woman. And particularly, the effort is wanting to focus on the wide range of needs of women outside of the ones that we have described here, which may include immunizations or thyroid tests or examinations related to other areas of behavioral health and mental health. And so it's intended to be a cadre of screens and activities that indeed will promote the health of the individual and identify early any changes in a woman's health that may indeed require intervention at this time or at a later time follow-up.

All right, so we're gonna take a moment and take a look at some specific services. These services are for pregnant or may become pregnant women. So it definitely affects our Healthy Start group when we're talking about pregnancy and when we're talking about our interconceptional periods. Now, one of the things that are becoming more and more important is the anemia screening and making sure that it's done on a routine basis. Women who have challenges with GI problems, which would be stomach problems or peptic ulcer or irritable bowel syndrome or more definitive diseases such as Crohn's, etc., are at risk for blood loss particularly through the bowel. Women who have difficult menses, their periods are maybe extremely heavy or they may indeed be having complications, may indeed have reduced hemoglobin levels within their blood. And hemoglobin is necessary for the purposes of carrying oxygen in the blood. So testing for anemia on a regular basis, and then usually the approach is prescription for iron supplement, is very beneficial to maintain the health of the female.

Breastfeeding, particularly the comprehensive support and counseling from trained providers, so this would be lactation specialist. Each state defines who qualifies as a lactation specialist and what certifications are necessary. And so one would look to the state guidelines both for the insurance marketplace as well as for the Medicaid program. The best breastfeeding supplies are available, again, no co-pay and no deductible related to these materials. That does not necessarily mean, however,

that you get whatever you want or that anything over-the-counter would be available. Each one of the plans will specify what is available through their plan and what would be reimbursed under their plan. And so it's, again, one of those moments in time where you need to be very attentive to what specifically are the breastfeeding supports that are available. Now, a breastfeeding pump is also available. It can be electric or manual. Again, very specific to the state and what they have approved as far as the types of things that they make available.

Now, we're gonna talk just a little bit right here regarding contraception to say that it is available. But what we will do is that on a later slide, I'll go into more detail what contraception is covered under the insurance marketplace as well as the Medicaid program. Folic acid supplements for women who are planning a pregnancy or are of the age, of child-bearing age, are available. The folic acid supplements are [inaudible 00:30:20] prescription benefits that are available. Again, no co-pay and no deductible.

Gestational diabetes screening, and this, of course, is for women who are between 24 and 28 weeks pregnant and those at high risk of developing gestational diabetes. As we know, gestational diabetes can be an indicator for later onset of type 2 diabetes. So it's very, very important that we are screening our women and providing appropriate counseling and support on their behalf so that they will be knowledgeable not only about their diet as well as maintaining their health during the pregnancy, but also the risk that may occur in the interconceptional period or after they have concluded their child-bearing plans for type 2 diabetes.

Gonorrhea screening, and this is for all women at high risk. And it is typically a part of the normal profile screening, [inaudible 00:31:29] establishment of prenatal care. Again, we tend to have a growing incidence and prevalence of sexually transmitted infections, gonorrhea being one of those.

Hepatitis B screening, and this is for pregnant women. And it is at their first prenatal visit. The hepatitis B screening is to determine if there is a blood titer. So it is blood test of having previously had hepatitis. And it is intended to be a preventive screening for the purposes of knowing what type of complications that might occur during the pregnancy.

All right, incompatibility screening. Again, we spoke about that as part of the overall tests that are available for women. If there is a history of

women having miscarriages, oftentimes, the doctor will do that screening to determine if there has been a complicating factor. If the woman has indeed had...is a RH-negative blood type and if her husband or the father of the baby is an RH-positive blood type, then the RH incompatibility screening occurs. But for the most part, doctors now are screening all women at their initial prenatal visits for the purposes of determining if there indeed is any incompatibility.

Syphilis screening. Again, we spoke about that before. That is a blood test. And it is usually done in conjunction with the initial lab. Expanded tobacco intervention and counseling for pregnant tobacco users. This is certainly an important feature that we're concerned about as Healthy Start as we try to reduce our premature and small-for-gestational-age babies and our low-weight babies. The goal, to eliminate tobacco use during the pregnancy or to minimize it to the greatest amount possible so that they will have the most optimum outcomes.

Screening the woman for urinary tract or other infectious screenings, there is a wide range of potential screenings that might occur based on any type of symptomology that the woman is experiencing. Urinary tract is one of the most frequent complications during pregnancy as women have a lot of pressure on the bladder or pooling of urine in the bladder, which increases the risk. The fact that they are indeed usually running a little bit dehydrated because of huffing and puffing affiliated with carrying the additional weight of pregnancy, and that increases their risk of urinary tract infections. So those screening processes, which is usually a urine test, is covered as a no co-pay, no deductible.

Now, I said that we would speak a bit more about contraception. This has been a controversial area of the Affordable Care Act, with at least three or four challenges going to the Supreme Court regarding the contraception support services. Covered contraceptive measures/methods on the insurance marketplace and Medicaid, they have to be FDA-approved contraceptive methods, which is a wide range. That includes barrier methods, like the diaphragms and sponges. That can be hormonal methods, such as birth control pills and vaginal rings. It can be implanted devices like intrauterine devices, IUDs. It can be emergency contraception like Plan B and LO. And it can include sterilization procedures, including tubal ligation or ablation.

Additional information does need to be garnered from your insurance company regarding the types of barriers and methods that are indeed covered, not all are covered. There is usually a list of covered devices

affiliated with the insurers' websites. When we get to the area of discussing men's sterilization, most plans will indeed cover male sterilization as well.

Patient education and counseling for methods counseling is covered. And that can include counseling services for women of child-bearing age before they've had children or during that preconceptional period as well as interconceptional counseling. Plans are required to cover drugs to induce abortion and services for male reproductive capacities like vasectomies. However, particularly, services for male reproductive such as vasectomies are oftentimes covered. So, again, it's very, very important to look plan by plan to determine whether or not the plan that you're selecting on the insurance marketplace or the Medicaid plan in your state covers these. Medications that are considered abortive are indeed not required to be covered. That does not mean that some plans do not cover them. So it is again incumbent upon the individual to look at those plans comparatively and what services might be available.

Now, birth control benefits rules for the employer. If you work for a religious employer, health plans sponsored by certain exempt religious employers, like churches and other houses of worship, don't have to cover contraceptive methods and counseling. If you work for an exempt religious employer and use contraceptive services, you may have to pay for them out of pocket. So it's very important that you contact your employer or benefits administrator for more information.

Now, obviously, this is appropriate for self-insured plans. This is appropriate for plans if your state offers them as a joint effort between you personally, the state, and employer. And several states have hybrid plans such as this. But you can determine whether or not that employer is indeed obligated to pay for contraception. If your health plan is sponsored or arranged by this type of organization, an insurer or third party administrator will make separate payments for contraceptive services that you use. So an out-of-pocket cost, again, you may have a secondary plan that covers specifically the contraceptives. Also, you'll have access to contraceptive services without a copayment, coinsurance, or deductible when they are provided by an in-network provider.

Now, many adults choose to have a primary care doctor. Some of them have obstetricians that they see for their prenatal services. But many women also choose to have a third provider either as their gynecologist or their primary provider for their contraceptive devices. Only if that

provider is part of their network, their insurance network, either from the insurance marketplace or from Medicaid, would that be covered. So it's not a matter that you can automatically choose a separate provider for your contraceptive devices than who is listed in your plan. If indeed you choose somebody based on the rules of your insurance plan or based on the rules of your Medicaid provider in the state, you may have to pick up all of those costs out of pocket.

If you are concerned, all insurance plan offer provider panels online so that you can take a look at those provider panels and determine whether or not the provider that you're choosing is indeed part of an in-network system. The other option that you have is to contact the provider themselves, provide them information regarding insurance plan that you have. And for most cases, their finance department can tell you whether or not they are approved provider under that plan.

The types of contraceptives that are covered include permanent sterilization like tubal ligation. The long-acting reversible contraceptives, also now known as LARC, this is also covered. Contraceptive injections such as Depo-Provera, that is covered. The short-acting hormonal methods like birth control pills and barrier methods and, again, emergency contraception can be covered. One more time, to be sure if the specific method is covered by your plan, check your plan's material or ask your employment benefit administrator.

All right, let's see. We've just [inaudible 00:41:57] one more slide there. All right, now let's talk about breastfeeding support. I spoke about it just briefly before. But we'll provide a bit more detail here since we're definitely encouraging breastfeeding among our Healthy Start families. Breastfeeding support, now, this can begin before the baby is born to provide counseling to women regarding their decision. It is up to the physician to make the appropriate referral. And, again, because many people who can provide breastfeeding support and counseling may not necessarily be covered under the insurance plan or may not be covered by your Medicaid agency, so one has to, as we talked about before on the contraception, you need to make sure that indeed the person that you're discussing breastfeeding support with is part of the network. Otherwise, you may find yourself indeed [inaudible 00:43:03] out-of-pocket cost for this.

Health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breastfeeding. These services may be provided before and after birth. And this applies to marketplace plans

and all other health insurance plans except for those that I talked about in the beginning, which are considered grandfathered plans. The grandfathered plans are frequently self-insured employers.

Coverage of breast pumps, your insurance plan must cover the cost of a breast pump. And that can either be a rental unit or a new one that you'll keep. Your plan may have guidelines on whether the covered pump is a manual or electric and the length of the rental and when you'll receive it, before or after the birth.

So these are things that are very much individualized in the insurance marketplace and to the different insurance companies that are listed there. For the most part, detail regarding breast pumps is now being included on the comparative information, because this is an area that's been emphasized for women to indeed breastfeed and to have adequate support for that. The doctor's breastfeeding recommendations are taken in consideration here as part of the referral. And so you should have a very open dialogue with your physician regarding your breastfeeding desire. Your insurance plan will often follow your doctor's recommendation on what's medically appropriate. And some insurance plan may require preauthorization from your doctor. And so very, very important that your physician initiates this on your behalf.

Now, during this particular segment, I have focused on the services that are available to women. Now, there is a great number of what's considered adult services that are available both to men and to women that we will cover in our next area related...particular as we're talking to men, talking regarding men's services. These may include cholesterol screening, blood pressure screenings, immunizations and vaccines as well as services specific to gentlemen. What I've intended to focus on at this particular time would be things that were pertinent specifically to our Healthy Start women during the prenatal period and that initial period two years after the birth of the baby. And with our next discussion, we'll talk specifically about children services. I wanted to open it up now to answer any questions that you might have. And if you would like to type in a question into the chat screen, you're welcome to do so. If I can make any clarification to what I said or answer particular questions, I'll be happy to give it a shot.

Megan: Thanks so much, Jen, for all of that information. It was a lot. And just so, everyone, as you're typing your questions in, just so you know, Jen has pulled together a lot of these detail in a summary of all of the content that's being presented in the three webinar series into a single

document that we will then post along with the webinar recordings and the transcripts so that you'll have that to be able to refer to as you're going about your provision of services. But I do have a question here, Jen. And this question is if a provider refuses to provide services or changes for services that should have no co-pay or deductible, what do I do?

Jen: There are several things that you can do. First of all, on the very website that I showed you, healthcare.gov, there's an ombudsman program and advocate that you can type questions to and concerns with and they will indeed respond to you regarding the actions that you can take either regarding an insurer or regarding a provider. These are not intended to be punitive activities that give you direction as to how you can demonstrate self-efficacy and try to resolve the problem. Most of the time, the issues occur when indeed a treatment activity is going on, and a screening activity occurs at the same time, in which case it is indeed okay for the provider to charge a co-pay for the acute activity that is going on.

So, as an example, if you go into the doctor for the prenatal visit and you also have a sore throat and an ear infection, and the doctor intervenes on that sore throat and an ear infection, that's an acute visit. And so that treatment indeed would be subject to that copayment. But at the same time, the doctor may draw blood on you to determine your hepatitis B screening, in which case it may look like that they charged the copayment for that service. And the answer is no. They charged it for the acute care service. Most of the time, this is where confusion can occur is that if it's not purely a preventive visit and acute care or chronic disease management is occurring, that provider can indeed charge that co-pay or that co-pay may be charged.

Megan: Great. Thank you. Okay, so here's another question for you, Jen, how often do I have to renew my insurance marketplace insurance or Medicaid?

Jen: All righty, each Medicaid, each state has different guidelines regarding the confirmations that have to occur during a year to sustain your Medicaid. It is usually related to number of people in the family and current income status. So state by state, you would receive notice from that state regarding any additional activities that you may need to do. On the insurance marketplace, open enrollment is what's per year. And we are just on the test of that open enrollment right now. It begins November 1st, and it concludes January 31st, 2017. During that open

enrollment period, you can sign up for health insurance on the insurance marketplace, or you can change your current policy to a different policy on the insurance marketplace. You can once again compare your different plans and what the needs are in your family. Important to look at is the tax credits that are affiliated with each one of those plans, because moving forward to a silver level on the insurance coverage indeed affords a number of tax credits that are not available for the lower [inaudible 00:50:42] plans.

After the insurance marketplace closes, you do not have the opportunity to go back and enroll on the insurance marketplace. You can continue to find information out of that plans, but you cannot enroll. At that time, you would be responsible either to demonstrate that you have a qualifying exemption. One example of a qualifying exemption would be that you have become employed, and you now have employer-based insurance. Another example of an exemption would be that you are Native American and that you indeed have a tribal card that demonstrates that you have access to health insurance. Those are the tribal health care. Those are considered exemptions. Otherwise, if you allow your insurance to lapse, if you do not pay for your insurance and it lapsed because of lack of payment, you will receive a penalty on your Internal Revenue as you're filing for your taxes the next year.

So, again, open enrollment, November 1st through December 31st, and then from that point, it's necessary for the client to sustain their insurance consistently. If not, they have to demonstrate tax exemption.

Megan: Great, thank you. And, folks, just so you know too, about a year ago, we did a webinar on really focusing on enrollment, outreach and enrollment. And so if you're looking for resources or more information specific to health insurance enrollment in Healthy Start, check that out. It's on the healthystartepic.org website.

Here's another question for you, Jen. So who keeps track of the preventive services that a person has received?

Jen: Many doctors are on electronic medical records. It's getting close to now 65% of all doctors in the United States are all electronic medical record. And through that electronic medical record, the physician has a number of areas on the screen that will document these different preventive health services. By documenting that and if they are indeed on a health information exchange, any doctor that you visit next will be able to see your information, would be able to see your composite of all

the preventive screens and the results of those screens. So your health care provider, your patient-centered medical home is the location where all of this is maintained so that it's clear that you're receiving all the care that you may be entitled to.

Megan: Great. And can a person get a copy of any screening test results that they receive?

Jen: Yes. Physician by physician, their own access to health records is how you access it. Most doctors will ask you to sign a waiver. Or at the time that you establish services with the doctor, you establish a relationship with them so that you have access to a patient portal. A patient portal can either be an app that's available on your smartphone, or it can be an email website where you can see any of the tests that have been conducted. And it also keeps the summary of your health care. This is very important particularly for portability. If you happen to go from state to state, traveling or vacations or moving state to state, that patient portal provides an access in case of emergencies. It also provides an access so that you can download information that can be given to a new physician.

Megan: And one more question here, does a person's employer see the results of preventive test and screens, say, any results?

Jen: No. That is a frequently asked question regarding most folks who are not familiar with insurance. The employer does not see the results of your tests and does not see the type of tests that are being conducted. So it should have no impact on your employment or the results have any impact on your health insurance or life insurance. If you have an organization who has an employer who has a self-insured plan, typically, those self-insured employers will have an independent firm that will handle their health insurance and information so that there is a one arm's length between your employer and the health insurance. If indeed you are concerned about that and you know that your company is self-insured, you should go to your benefit administrator and determine what access they may have to the health care accountability regarding expenses and what type of tests you have.

Under no circumstance would there be an opportunity, though, even if they are seeing the cost affiliated with your health care would there be the test results. So under Medicaid, under the insurance marketplace, your employer would not have any access to the information unless you gave consent for release of information.

Megan: Great. Well, there are no more questions in the chat box. We have just a couple of minutes. So if you have any burning questions that you wanna get in, please chat that in. We can probably take one more. But as you may be thinking about that, I'm gonna give you a couple of reminders for some events and webinars coming up that I hope you can mark your calendar for. On November the 3rd, there's a Conversations with the Division webinar. These are quarterly webinars where the division of Healthy Start and Perinatal Services joins a webinar to give updates and also provides you with an opportunity to ask questions that you may have. So that webinar is November the 3rd. On November the 22nd, we'll have a webinar on Healthy Start benchmarks and screening tool, care coordination, quality improvement, and program evaluation. Then on December 1st, there's a webinar titled "Creative Tools for Recruitment and Retention: A Tale of Two Programs."

So if you want to go, if you wanna read a little bit more description, a longer description about any of these webinars, you can go to the healthystartepic.org website listed here. And you can go to the training calendar, and you click on that. And that's where you can read a little bit about the webinar, but you can also register there. So hopefully, you can attend these. And if you can't or if some of your staff are unavailable to attend any of these webinars, we do record them all, and we provide transcripts and slides and post those to the website so that folks can listen at their leisure.

So there are no more question in the chatbox. So Jen, I'm just gonna extend a thank you to so much for providing us wealth of information on preventive services. And just, folks, so you know, there will be two recorded webinars in this series that you can check out. And we will post by the end of November. Juliann, are there any closing remarks that you have?

Juliann: I just wanna thank everybody for attending this session today. We look forward to any questions you might have. And on your evaluation, if there are some other areas regarding [inaudible 00:58:40] that you feel we could delve into and provide another webinar, please let us know. Kind of repeating what Megan said.

Megan: No, thank you so much. Juliann. And Jen, any closing remarks on your end?

Jen: Nope. Thank you so much for this opportunity.

Megan: Wonderful. All right, well, that concludes our webinar for today. Thanks so much for everyone for your attending and enjoy the rest of your day.

Juliann: Thank you. Bye-bye.