A light purple map of Washington State serves as the background for the title text.

**CONTRACEPTIVE COVERAGE
IN WASHINGTON STATE'S QUALIFIED HEALTH PLANS:**

**A "Secret Shopper" Survey and Review of Carrier
Filings and Formularies**

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Northwest Health Law Advocates



NARAL
Pro-Choice Washington

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TABLE OF CONTENTS

I. EXECUTIVE SUMMARY3

II. RECOMMENDATIONS.....5

III. PURPOSE, BACKGROUND, AND METHODS6

IV. KEY FINDINGS.....8

V. FINDINGS BY CARRIER10

VI. Appendix A – Complete Survey.....28

VII. Appendix B – QHP Coverage Areas31

I. EXECUTIVE SUMMARY

Northwest Health Law Advocates and NARAL Pro-Choice Washington conducted a study to determine the extent to which Washington State health insurance carriers are complying with the Affordable Care Act (ACA) requirement that carriers cover *all* FDA-approved contraceptive methods without cost-sharing for all women with reproductive capacity.¹ The study focused on the eight carriers who sold Qualified Health Plans (QHPs) on Washington Healthplanfinder (wahealthplanfinder.org) in 2014. Our study included three components: (1) a review of carriers' filings with the Office of the Insurance Commissioner (OIC), (2) "secret shopper" calls to each carrier, and (3) a review of carrier formularies.

Each carrier's filings with OIC for the plan year 2014 state that all FDA-approved methods of contraception are covered as prescribed and do not require cost-sharing. These documents provide comprehensive information about contraceptive benefits. While carriers use different language, many describe the contraceptive methods they cover as "FDA-approved methods." Other carriers specify that particular methods are included in the contraceptive benefit. Some carriers require women to use the generic form of prescriptions, which the ACA allows as "reasonable medical management."² However, some carriers' coverage of contraceptive methods appears more limited (but likely is not) because of supplemental descriptions or idiosyncratic language.³

We gathered the "secret shopper" survey data from telephone contacts with representatives from each of the eight carriers surveyed. Callers asked carrier representatives several questions (see Appendix A for the complete script), including:

- which contraceptive methods the carriers covered;
- whether the methods were offered without cost-sharing (and if there was cost-sharing, how much it was); and
- whether the carriers' QHPs included any restrictions on use of certain contraception methods.

Callers completed the script five times per carrier.

¹ U.S. Dep't of Health and Human Serv., Health Resources Serv Admin., Women's Preventive Services Guidelines (July 2011), available at <http://www.hrsa.gov/womensguidelines/>. The list of methods is available on the FDA Birth Control Guide, available at

<http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM356451.pdf>. The Supreme Court recognized that the ACA requires coverage of these 20 unique FDA-approved birth control methods in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014). See *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751, 2766 and 2799-80, Nos. 13-354, 13-356, 2014 WL 2921709 (June 30, 2014). 42 U.S.C. § 300gg-13(a)(4) (2011); WAC 284-43-878(6)(a)(iii), WAC 284-43-882(4).

² Reasonable medical management allows carriers to require women to use generic forms of medication so long as a waiver process exists whereby a woman can get name brand medication without cost-sharing if the covered generic is medically inappropriate as determined by her health care provider. Federal guidance makes it clear that the waiver process does not require the woman or her health care provider to submit any medical evidence regarding the woman, the contraceptive drug or device prescribed, or the prescription. See question 14, U.S. Dep't of Labor, Health & Human Serv. & Treasury, Frequently Asked Questions about Affordable Care Act Implementation Part XII (February 20, 2013), available at <http://www.dol.gov/ebsa/faqs/faq-aca12.html#5> ["For example, plans may cover a generic drug without cost-sharing and impose cost-sharing for equivalent branded drugs. However, in these instances, a plan or issuer must accommodate any individual for whom the generic drug (or a brand name drug) would be medically inappropriate, as determined by the individual's health care provider, by having a mechanism for waiving the otherwise applicable cost-sharing for the branded or non-preferred brand version. This generic substitution approach is permissible for other pharmacy products, as long as the accommodation described above exists."]

³ See, e.g., BridgeSpan's OIC filing, which explains "specific strengths or quantities of women's contraceptives that are specifically designated as preventive medications" are covered.

The ACA requires the provision of all FDA-approved contraception without cost-sharing when a woman has a prescription from her provider.⁴ However, sales and customer service representatives from the eight insurance carriers rarely answered questions about the ACA requirement or specific contraceptive methods accurately. Representatives routinely said that select methods were available without cost-sharing while additional methods were available with cost-sharing, although the ACA requires the provision of all FDA-approved methods without cost-sharing. No single carrier's representatives consistently said that the carrier covered all FDA-approved methods without cost-sharing. Frequently, callers received information that contradicted other representatives from the same carrier or the carrier's OIC filing or formulary. Finally, callers experienced a number of issues obtaining answers to their questions. These issues included carrier representatives who:

- Did not seem aware of the ACA requirement;
- Struggled to answer or could not answer specific inquiries about women's contraceptive services and QHP benefits; and
- Resisted checking for specific methods and/or brands of birth control when asked.

Responses from carrier representatives were cross-checked with QHP formularies to the extent possible.⁵ Frequently, we found discrepancies between the information carrier representatives provided to callers and the benefits listed in carrier formularies. Additionally, our review of plan formularies revealed that medical methods of contraception (subdermal implants and IUDs) are frequently not listed in carrier formularies while some FDA-approved methods are listed on higher tiers that require cost-sharing.⁶

On March 18, 2015, the authors met with representatives of each of the eight carriers included in this report and Insurance Commissioner Mike Kreidler. We discussed the report and asked each carrier to respond in writing to the findings and recommendations. Section V includes each carrier's response.

This study highlights the need for carriers to provide training to their sales and customer service representatives so they can clearly and accurately respond to questions regarding QHP contraceptive benefits available. Additionally, this information should be available to consumers via the carriers' websites and printed materials. Greater transparency and clarity around carrier formularies would aid consumers deciding between QHPs or attempting to ascertain which methods or types of contraceptives are available through their QHP.

⁴ Carriers are only required to cover over-the-counter contraceptive methods if they are both FDA-approved and prescribed for a woman by her health care provider. See question 15, U.S. Dep't of Labor, Health & Human Serv. & Treasury, Frequently Asked Questions about Affordable Care Act Implementation Part XII (February 20, 2013), *available at* <http://www.dol.gov/ebsa/faqs/faq-aca12.html#5>.

⁵ Carrier formularies do not always include information on all FDA-approved methods of contraception and are not always available online via a direct link.

⁶ Carrier formularies generally include prescription drugs organized into tiers based on cost-sharing requirements, usually copayments or coinsurance. Some carriers surveyed list specific FDA-approved methods on higher tiers. See discussion in Part IV.B.

II. RECOMMENDATIONS

Based upon the findings in this report, NoHLA and NARAL recommend that *insurance carriers* in Washington State take the following steps to ensure compliance with the ACA requirement and provide accurate information to consumers.

- 1) **All sales and customer service representatives should receive training on the contraceptive benefits that carriers provide.** Contraception coverage is a very important to consumers, especially to women of reproductive age. They need to be able to obtain accurate, detailed information on the availability of contraceptive options, both before they purchase an insurance plan *and* when questions arise after they enroll in a plan. Carrier representatives must give clear and reliable information about what QHPs cover and any restrictions on coverage.
- 2) **Carriers should ensure that their formularies are up-to-date, accurate, and compliant with the ACA requirement regarding contraception.** Some FDA-approved contraceptive methods are not listed in carrier formularies or appear to require cost-sharing. Additionally, carrier formularies should be available online through direct links and easily found on carrier websites and in print materials.
- 3) **Carrier formularies should list medical methods of contraception.** Carriers should make it easier for consumers to find information about medical methods of contraception, specifically IUDs and subdermal implants, which are not generally listed in drug formularies. Incorrect information about these methods from carrier representatives coupled with their exclusion from formularies could lead consumers to assume that they are not covered.
- 4) **Carriers should create and publicize a contraceptive waiver process.** If a covered generic contraceptive drug or device is medically inappropriate as determined by a woman's health care provider, the carrier is required to cover the branded or non-preferred brand version and waive cost-sharing.⁷ This determination is to be made solely by the woman and her health care provider; neither should be required to submit any medical evidence to the carrier. Women and providers must be made aware of the contraceptive waiver process.
- 5) **Carriers should review the language used in filings with OIC to ensure that contraceptive benefits are easily determined and do not appear limited.** Currently, some information about contraceptive benefits is only found in carriers' OIC filings. These public documents should accurately, concisely, and neutrally describe the covered contraceptive benefits.
- 6) **Carriers should provide Emergency Contraception without cost-sharing regardless of whether a woman has obtained a prescription.** Although they are not required to do so, it is beneficial to enrollees to have this option and likely to be cost-effective. The ACA requires emergency contraception to be covered when prescribed by a provider.⁸

⁷ The requirement of a waiver procedure is described in tri-agency guidance on ACA Implementation. See waiver question 14, U.S. Dep'ts of Labor, Health & Human Serv. & Treasury, Frequently Asked Questions about Affordable Care Act Implementation Part XII (February 20, 2013), available at <http://www.dol.gov/ebsa/faqs/faq-aca12.html#5>

⁸ Plan B and Ella are listed as separate methods on the FDA Birth Control Guide, available at <http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM356451.pdf>

We recommend that *consumers* in Washington State take the following steps to ensure that access to FDA-approved contraceptive methods without cost-sharing.

- 1) **Until carrier representatives are able to provide accurate information, consumers with access to the internet should consult carriers' online formularies instead of calling carrier representatives.** Carrier formularies were more accurate than sales or customer service representatives.
- 2) **Women enrolled in QHPs who experience difficulties obtaining FDA-approved contraception without cost-sharing should report those problems to OIC.** By reporting any problems to OIC, the Insurance Commissioner can review the carrier's actions to determine whether the carrier complied with state and federal law as well as the specific health insurance policy. OIC can also request an explanation for the carrier's actions.
- 3) **Women enrolled in QHPs that do not cover Emergency Contraception over the counter without cost-sharing should ask their doctors to prescribe it at their annual visit, and they should promptly fill the prescription.** EC is an important safeguard when other contraceptive methods fail. Having EC on hand will save women the cost of buying it over-the-counter and the need to see a provider on short notice.

III. PURPOSE, BACKGROUND, AND METHODS

The purpose of our project was to determine the extent to which Washington State health insurance carriers are complying with the ACA requirement that carriers cover all FDA-approved contraceptive methods without cost-sharing for all women with reproductive capacity.⁹ For our study, we performed a "secret shopper" survey and reviewed carrier formularies and OIC filings. Representatives' statements suggested that none of the eight carriers were meeting the ACA contraceptive requirement, which led us to review other carrier information to determine the actual extent to which carriers cover FDA-approved contraceptive methods without cost-sharing. Carriers' filings with OIC contain comprehensive information about QHP contraceptive benefits and, therefore, we evaluated information from carrier representatives and formularies based on its consistency with the OIC filings.

Between July 2014 and November 2014, volunteers made "secret shopper" calls to sales and customer service representatives from the eight insurance carriers that offered QHPs on Washington Healthplanfinder (wahealthplanfinder.org) in 2014 (see Appendix B for coverage areas). Callers explained to carrier representatives that they were helping a friend research a new insurance plan. Callers asked which contraceptive methods the carriers' QHPs covered, whether copayments were required, and if any other restrictions existed regarding contraceptive coverage¹⁰ (See Appendix A for the complete script). Together, callers completed the full script with five representatives from each of

⁹ See fn 1.

¹⁰ All methods specified by the callers require a prescription except for emergency contraception, which is available over-the-counter or with a prescription. Only when discussing emergency contraception did representatives state that carriers required consumers to have a prescription. Thus, while callers and representatives did not discuss prescription requirements for the other methods surveyed, it was understood that in order to use those methods consumers would be required to get prescriptions from their providers.

the eight insurance carriers in Washington State that sold QHPs in 2014: BridgeSpan Health Company, Community Health Plan of Washington, Coordinated Care/Ambetter (hereafter Coordinated Care), Group Health, Kaiser Permanente, LifeWise Health Plan of Washington, Molina Healthcare of Washington, and Premera Blue Cross.

The FDA lists 20 approved methods of contraception.¹¹ For the purpose of this survey, the callers' script condensed the FDA-approved list to seven different methods of contraception used by women (with the exception of sterilization).¹² Callers asked specifically about the availability of the following FDA-approved methods of contraception:

- oral contraceptives (“OCs” or “pills”);
- transdermal patch (“the patch” known often by its brand-name Ortho-Evra);
- vaginal ring (“the ring” known by the brand-name NuvaRing);
- medroxyprogesterone injections (“injection” known by the brand-name Depo-Provera);
- emergency contraception (“EC” known by the brand-names Plan B, and by generic names Next Choice and My Way);¹³
- intrauterine devices (“IUD” known by brand-names Mirena, Skyla, and Paragard); and
- subdermal implant (“implant” known by brand-names Nexplanon and Implanon).

For all contraceptive methods listed above, callers asked carrier representatives about coverage and cost-sharing. Across the eight insurance carriers, representatives said most methods were available. However, representatives indicated that only some of those methods are available without cost-sharing. Finally, callers asked about restrictions associated with coverage for EC, IUDs, and subdermal implants.

NoHLA staff cross-checked information obtained from carrier representatives with information available in carrier formularies.¹⁴ We noted a number of discrepancies between information provided by carrier representatives and carrier formularies. Finally, we examined carriers' OIC filings to ascertain whether those filings contradicted the representatives or the formularies. We noted cases in which carrier filings specified that the carrier covers methods of contraception without cost-sharing, but callers received contradictory information from carrier representatives (e.g., EC and visits to insert and remove IUDs).

Finally, NoHLA staff analyzed the carriers' written responses to the March 18, 2015, meeting with Insurance Commissioner Kreidler by comparing the letters with the report findings. Where necessary, the authors spoke to carrier representatives to gain clarity around the written response or more detail about the carriers' plans. Section V details the carrier-specific findings and includes a response from each carrier.

Discrepancies between the carrier representatives' responses, the formularies, and OIC filings are discussed in the insurance carriers' individual summaries below.

¹¹ The list of methods is available on the FDA Birth Control Guide, *available at* <http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM356451.pdf>.

¹² For example, callers asked about “IUDs” as one method while the FDA lists the two types of IUDs as two different methods.

¹³ Callers asked about Plan B specifically, but did not ask about Ella by name.

¹⁴ We compared information from the representatives with the current (2015) formularies available on QHP websites. While this information may be slightly different than 2014 formularies for some QHPs, it reflects the most up-to-date information on QHP coverage.

IV. KEY FINDINGS

Each carrier's OIC filing states that they cover all FDA-approved methods of contraception without cost-sharing, as required by the ACA.¹⁵ These filings contain comprehensive information about the contraceptive benefit; we evaluated representatives' responses and formulary information according to the information included in the OIC filings. Carrier formularies included most contraceptive methods, but some carriers do not include medical methods (IUDs and subdermal implants) even though they cover these methods without cost-sharing according to the OIC filings. However, very few carrier representatives contacted by our callers said that all FDA-approved methods of contraception are available without cost-sharing. Below we detail three areas of concern: (1) inaccurate statements from carrier representatives, (2) contraceptive information in carrier formularies, and (3) specific methods about which information from representatives and formularies was inaccurate or incomplete.

A. Responses from Customer Service and Sales Representatives Were Often Inaccurate

Some customer service and sales representatives stated correctly that all FDA-approved methods of contraception were covered without cost-sharing. However, the accuracy of information provided by carrier representatives ranged from LifeWise whose representatives infrequently said its QHPs require cost-sharing, to Coordinated Care whose representatives frequently stated that its QHPs require cost-sharing. No carrier's representatives uniformly responded that most of the methods we inquired about were available without cost-sharing; on average, they indicated that more than half the methods required cost-sharing. When compared to carriers' OIC filings, the representatives' statements were largely inaccurate.

Customer service and sales representatives were generally uninformed about the ACA contraceptive requirement and which FDA-approved methods are covered:

- Customer service and sales representatives struggled to answer callers' questions regarding QHP benefits for contraceptive drugs and services. Sometimes their answers were unclear and confusing.
- Representatives from multiple carriers told callers that there were copayments for various methods of contraception, including birth control pills, the patch, the ring, and injections, even with a prescription. According to OIC filings, all carriers cover these methods without cost-sharing.
- Many customer service and sales representatives could explain either medical benefits or pharmaceutical benefits, but not both. In multiple instances, callers had to speak with more than one representative to get their questions about both types of benefits answered.
- Customer service and sales representatives contradicted the OIC filing and/or the formulary. For example, Coordinated Care's OIC filing specifies that emergency contraception is covered without cost-sharing, but two Coordinated Care representatives stated that EC is covered *with* cost-sharing. Kaiser Permanente's OIC filing specifies that IUD insertion and removal are covered without cost-sharing, but a representative stated that consumers are responsible for an office copayment for insertion/removal.

¹⁵ Carrier filings can be accessed on the OIC's website: <https://fortress.wa.gov/oic/onlinefilingsearch/>. Searchable fields include company name, filing type, form number, etc. The authors worked with OIC staff to ensure that we reviewed approved 2014 filings from each carrier.

B. Carrier Formularies Include Impermissible Cost-sharing and Incomplete Contraceptive Information

Carrier formularies generally include prescription drugs organized into tiers based on cost-sharing requirements, usually copayments or coinsurance. As the ACA requires carriers to cover all FDA-approved methods of contraception without cost-sharing, contraceptive drugs should appear on the lowest formulary tier or be subject to no cost-sharing.

Some FDA-approved methods appear on formulary tiers requiring cost-sharing:

- BridgeSpan lists the ring in Tier 2 and one form of EC (Ella) on Tier 3 in its formulary.
- CHPW lists subdermal implants (Implanon or Nexplanon) on Tier 4.
- Coordinated Care lists medroxyprogesterone (the injection) as a Tier 4 drug and there is an indication that prior authorization may be required.
- Kaiser Permanente lists the patch and the ring as Tier 3 and Mirena IUDs as Tier 2.
- The Molina formulary lists Mirena IUDs on Tier 4.

While FDA-approved contraceptive devices are considered “medical benefits” rather than “prescription benefits,” some carriers have chosen to list them in formularies whereas other carriers have chosen not to include them. Again, although these contraceptive methods are not listed in some formularies, all carriers’ OIC filings state that those methods are covered without cost-sharing.

Some carriers do not list medical methods in their formularies:

- BridgeSpan and Coordinated Care do not list either IUDs or subdermal implants in their formularies.
- Kaiser Permanente, Molina, and Group Health do not include subdermal implants (Implanon or Nexplanon) in their formularies, but do include IUDs.

C. Concerns Related to Specific FDA-approved Methods of Contraception

Our study suggests that consumers are getting inaccurate or incomplete information about certain FDA-approved contraceptive methods: emergency contraception, injections, subdermal implants, and IUDs. In some instances, consumers wishing to determine whether these methods are covered without cost-sharing would have to consult the carriers’ OIC filings for the most accurate and complete information; however, the filings are not easily accessible.

Emergency Contraception (EC):

- Questions about EC elicited much confusion even though it is an FDA- approved method that must be covered without cost-sharing when prescribed.¹⁶ Although multiple carriers’ representatives said EC was not available, some OIC filings and all carrier formularies specifically include EC.

¹⁶ The ACA requires that all FDA-approved methods must be available without cost-sharing when a woman has a prescription from her provider. However, the authors would hope that insurance carriers would cover emergency contraception provided over-the-counter because of its time-sensitive nature and associated cost savings. Representatives from all eight carriers told callers that for emergency contraception to be covered, a prescription is required. However, Coordinated Care plans to begin covering emergency contraception without a prescription, *see* section V.C.

- In numerous instances, representatives from the same carrier gave conflicting information about EC.
- Representatives from all eight carriers incorrectly stated various restrictions applied to EC including an office visit copayment or a medication copayment. Some representatives stated that individuals were responsible for the total cost even with prescriptions.
- All formularies list EC as a covered method. However, Kaiser Permanente’s formulary lists generic EC on Tier 1, but requires prior authorization for Ella and lists it on Tier 2.

Injections (medroxyprogesterone or Depo-Provera):

- Two carrier formularies did not list coverage for Depo-Provera or the generic injection: LifeWise and Premera Blue Cross. However, each carrier’s OIC filings state that all FDA-approved methods of contraception are covered without cost-sharing.
- Coordinated Care’s formulary indicates that Depo-Provera is available, but only with prior authorization.

Subdermal Implants & IUDs:

- According to some carrier representatives, restrictions on IUDs and implants are rare; generally, consumers simply need to find an in-network provider for these methods to be covered without cost-sharing.
- Other representatives warned there might be copayments associated with the office visits for insertion and removal.
- Group Health, Kaiser Permanente, and Molina do not list coverage for a subdermal implant (Implanon or Nexplanon) in their formularies.
- Lifewise and Premera Blue Cross both list the Mirena IUD as non-formulary and covered only when determined to be medically necessary.
- BridgeSpan and Coordinated Care do not list either IUDs or subdermal implants in their formularies.

V. FINDINGS BY CARRIER

In this section, we review our finding by carrier. For each carrier, we describe that carrier’s filing with the OIC, information provided by the carrier’s representatives, and information listed in the carrier’s formulary. The three components are presented in this order because carriers’ filings with OIC contain comprehensive information about QHP contraceptive benefits. While language differed between carriers, each OIC filing confirmed that all FDA-approved methods of contraception are covered without cost-sharing.¹⁷ Neither the representatives’ statements nor the formularies consistently indicated coverage for all FDA-approved methods without cost-sharing. Therefore, we evaluated information from carrier representatives and formularies based on how accurately that information reflected the OIC filings.

All carriers had the opportunity to review the report prior to publication and discuss the findings and recommendations at a joint meeting with Insurance Commissioner Kreidler and the authors. After that meeting, each carrier responded to the report in writing.¹⁸ The authors contacted representatives from

¹⁷ Carrier filings are available on OIC’s website, <https://fortress.wa.gov/oic/onlinefilingsearch/>.

¹⁸ Carrier responses are available from the authors on request.

each carrier to ask clarifying questions about the written responses and spoke to representatives from each of the eight carriers. In these communications, all carriers addressed additional training for customer service and sales representatives, amended OIC filing language, and improved consumer materials. Many of the carriers plan to list or reference medical methods of contraception in their formularies. However, some carriers continue to place brand name contraceptive methods on higher formulary tiers and none of the carriers currently have a contraceptive waiver process in place that differs from established prior authorization procedures. A few of the carriers are considering covering emergency contraception without a prescription, but most continue to require a prescription in order to cover EC without cost-sharing. Each carrier's written response and clarifying information they provided are analyzed in the findings below.

A. BRIDGESPAN

1. BridgeSpan OIC Filing

BridgeSpan's OIC filing states that all FDA-approved contraceptive methods are covered without cost-sharing ("all FDA-approved women's contraception methods as recommended by the HRSA").¹⁹ The filing specifies that consumers are required to use generic methods procured from in-network pharmacies. However, there is a waiver for brand name drugs that requires preauthorization in order for those drugs to be covered without cost-sharing. It is unclear whether preauthorization applies to women for whom the generic would be medically inappropriate.²⁰ Finally, prescription contraceptives covered without cost-sharing are described as "specific strengths or quantities of women's contraceptives that are specifically designated as preventive medications." When BridgeSpan next files with the OIC, it would be helpful for the carrier to clarify the meaning of this language and ensure that it does not conflict with the requirement that coverage for all FDA-approved methods be available without cost-sharing.

2. Information from BridgeSpan Representatives

Callers spoke with five BridgeSpan representatives, each of whom gave out contradictory information, much of it incorrect.

a) Availability:

- All representatives from BridgeSpan stated that oral contraceptives, the patch, IUDs, and subdermal implants were covered, but all said that cost-sharing was required. Such cost-sharing contradicts the OIC filing and would violate the ACA requirement.
- One representative indicated that injections and the ring were not covered under BridgeSpan QHPs. As FDA-approved methods, both the injection and the ring should be available and covered without cost-sharing and are covered according to the OIC filing.
- Four out of five representatives told callers that BridgeSpan QHPs do not cover EC. EC is covered according to the OIC filing; it is one of the FDA-approved methods and should be covered without cost-sharing;

b) Cost-sharing:

- Representatives said that multiple methods required cost-sharing, which contradicts the OIC filing and would be a violation of the ACA requirement.

¹⁹ See BridgeSpan filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, company number WWB0114PPPOEI.

²⁰ See fn 2.

- Two representatives said that the patch, injections, and the ring require cost-sharing. In the BridgeSpan formulary, the patch and the injection are Tier 1 medications while the ring is listed as Tier 2.
- One representative said that pills required a copayment.
- All representatives told callers that EC required cost-sharing by the consumer. The ACA requires BridgeSpan to provide EC for which its consumers have a prescription to them without cost-sharing. The formulary lists four types of EC; three are Tier 1 drugs and one is Tier 3.
- One representative said incorrectly that all contraception methods required cost-sharing.

3. BridgeSpan Formulary

The BridgeSpan formulary is less comprehensive than the OIC filing and contradicts the filing by suggesting that the ring and Ella (emergency contraception) require cost-sharing as they appear on higher formulary tiers. According to the formulary, BridgeSpan covers most of the prescription methods of contraception, but IUDs and subdermal implants are not listed. However, all of the representatives from BridgeSpan indicated that the carrier covers both IUDs and subdermal implants.

Three representatives from BridgeSpan directed callers to the company website [https://www.bridgespanhealth.com/web/bridgespan_individual] for help answering their questions. The formulary states, “Under some plans, you may not need to pay a copay or coinsurance, or meet your deductible for preventive drugs.” It also directs consumers to consult their benefit booklet to learn what their cost-sharing is for the various tiers of drugs.

The BridgeSpan formulary includes the following information:

- Most oral contraceptives are Tier 1 drugs – the lowest tier – and contraceptives are designated as “preventative medication[s].”
- A generic transdermal patch is listed as a Tier 1 preventative medication; all representatives from BridgeSpan said the patch was covered.
- A generic injection (medroxyprogesterone) is listed as a Tier 1 preventative medication; four out of five said injections were covered.
- NuvaRing is listed as a Tier 2 preventative medication; four out of five BridgeSpan representatives said the ring as covered.

Four types of emergency contraception are listed in the BridgeSpan formulary: three are Tier 1 preventative medications and one (Ella) is a Tier 3 preventative medication. Four out of five representatives incorrectly told callers that BridgeSpan plans do not cover emergency contraception.

4. BridgeSpan Response to Report Findings

BridgeSpan’s written response addressed the OIC filing language, training for representatives, updated consumer materials, the formulary, and a proposed self-assessment. The authors contacted a BridgeSpan regulatory relations representative to clarify some of the written responses.

In its written response, BridgeSpan committed to clarifying the OIC filing language to ensure that its customers know that contraceptive coverage is available without cost-sharing. They indicated that by the end of June 2015, customer service representatives will receive additional training and consumer materials that explain that all prescribed, FDA-approved contraceptive methods are covered without cost-sharing. Marketing materials explaining the contraceptive benefit are now available on BridgeSpan’s website and the carrier is updating the printed and searchable formulary materials to be clearer regarding the contraceptive coverage. These internal and marketing materials will be available

before the online formulary is updated. While the customer service materials will describe a contraceptive waiver process, the carrier's response did not provide sufficient details to clarify whether the process would comply with our waiver recommendation. According to the regulatory relations representative, in situations where the covered contraceptive is medically inappropriate, a "waiver" can be initiated by the consumer or her provider that "adheres to industry standards for prior authorization."

In writing, BridgeSpan committed to updating the formulary by January 1, 2016, to explain that all prescribed, FDA-approved contraceptive methods are covered without cost-sharing and describe how to access IUDs and subdermal implants. Some contraceptive methods appear on higher tiers and will continue to do so, specifically NuvaRing and Ella. In a follow up conversation, a BridgeSpan representative stated that medications without generic equivalents are placed on higher tiers according to the published tier definitions, but that all contraceptive methods are subject to a "preventive services" override that prohibits cost-sharing even if those methods are listed on higher formulary tiers. BridgeSpan has committed to ensuring that the tiers and the preventive services override are defined and that contraceptive coverage is clearly explained in the printed and searchable formulary. The representative stated that the carrier intends to help consumers understand the benefits included in its policies through these changes.

BridgeSpan's written response did not address all of the authors' recommendations, specifically whether it would provide emergency contraception without a prescription. The representative agreed to reach out to other BridgeSpan colleagues to learn whether the individuals responsible for plan benefits are considering this recommendation. BridgeSpan committed to ongoing auditing and monitoring of its customer service and written materials to ensure that description of current contraceptive coverage is correct and easily understandable. They did not provide details regarding how and when this would be completed.

B. COMMUNITY HEALTH PLAN OF WASHINGTON (CHPW)

1. CHPW OIC Filing

CHPW's OIC filing states that all FDA-approved contraceptive methods are covered without cost-sharing ("U.S. Food and Drug Administration ('FDA') approved birth control methods are covered, *including the insertion/removal* as required.").²¹ Contraceptives are described as Family Planning benefits. The filing describes the following methods as covered under the Prescription Drug benefits: "FDA-approved *over-the-counter contraceptive* products for women...*when prescribed* by a qualified Provider...[as well as o]ral, patch, and ring contraceptives." (Emphasis added.) The filing language is important because of its references to IUDs and subdermal implants ("insertion/removal") and emergency contraception with a prescription ("over-the-counter when prescribed").

2. Information from CHPW Representatives

CHPW representatives stated that its plans cover most FDA-approved contraceptive methods without cost-sharing. Three representatives correctly stated that all FDA-approved methods are available without cost-sharing. One representative was unable to give clear enough information for the caller to determine which, if any, methods involved cost-sharing.

²¹ See CHPW filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, form number 2014HBEINDCOVERAGEAGREEMENT. Select the form labeled OIC Tracker ID: 259513.

a) Availability

- Three CHPW representatives told callers that all FDA-approved methods were covered.
- One representative said that all the methods were covered except for EC.
- One representative could not give the caller any specific information on what the plans covered and directed her to “call the pharmacy directly.” This representative also directed the caller to the Washington Healthplanfinder (wahealthplanfinder.org), but not to any specific information on CHPW’s coverage of contraceptive methods.²²

b) Cost-sharing

- Three out of five CHPW representatives indicated that all methods were available without cost-sharing.
- One representative stated that EC requires cost-sharing.
- One representative stated that all the prescription methods (pills, patch, ring, injection, and EC) required cost-sharing and that the amounts vary by plan, but this representative said that the two medical methods of contraception (IUDs and subdermal implants) were covered without cost-sharing. Based on the formulary, it appears that subdermal implants may require cost-sharing. However, according to the OIC filing, all of these methods are covered without cost-sharing.

3. CHPW Formulary

The CHPW formulary contradicts the OIC filing by suggesting that cost-sharing is required for subdermal implants. None of the CHPW representatives directed callers to consult an online formulary. Locating the correct QHP formulary online [http://www.fchn.com/splash/CHE/PDF/Pharmacy_formulary.pdf] proved difficult, which could deter consumers interested in purchasing a QHP. The formulary’s “Quick Facts” describe Tiers 1, 2, 3, and 4, but most contraceptive drugs and devices are listed on “Tier ACA,” which is not defined. Perhaps Tier ACA does not include cost-sharing, but that is not made clear.

- Both subdermal implants (Nexplanon and Implanon) are listed on Tier 4, the tier for specialty drugs, which has the highest cost-sharing.
- Two types of IUDs are listed as Tier ACA: Mirena and Skyla. Paragard is not listed in the formulary.
- Four types of EC are listed in the formulary on Tier ACA although two out of five representatives reported it not covered.

4. CHPW Response to Report Findings

CHPW’s written response addressed training for representatives, updated consumer materials, its formulary, and a proposed self-assessment. CHPW committed to developing a one-page document aimed at consumers that will describe the contraceptive benefit by April 30, 2015. CHPW committed to providing additional training to customer service representatives, but did not indicate the training timeline.

In responding to concerns about coverage and cost-sharing for subdermal implants and IUDs, CHPW informed the authors and the OIC that it had decided to remove these methods from the formulary. The

²² Currently, there is not a link from Healthplanfinder to CHPW’s formulary. However, some carriers provide links that take consumers directly from the Healthplanfinder corporate site (<http://wahbexchange.org>) to their formularies. The Health Benefit Exchange plans to add a feature whereby consumers can go straight to carrier formularies for all carriers with direct hyperlinks.

carrier expressed willingness to work with the authors to find a way to explain to consumers that both implants and IUDs are covered without cost-sharing. However, no concrete plans were offered regarding outreach to consumers. Additionally, the formulary will be updated to explain that “Tier ACA” does not require cost-sharing.

CHPW’s written response did not address all of the authors’ recommendations. The carrier did not offer to 1) create and publicize a contraceptive waiver process or 2) cover emergency contraception without a prescription. However, CHPW did commit to an internal “secret shopper audit” every six months to ensure that its customer service representatives provide accurate and consistent information regarding the contraceptive benefit.

C. COORDINATED CARE

1. Coordinated Care OIC Filing

Coordinated Care covers all FDA-approved contraceptive methods without cost-sharing, but the OIC filing describes the contraceptive benefit piecemeal.²³ Rather than state that all FDA-approved contraceptive methods are covered without cost-sharing, Coordinated Care describes the contraceptive benefit as follows:

5. Barrier methods include male and female condoms (Rx required from Provider, limited to 30 per month), diaphragm with spermicide, sponge with spermicide, cervical cap with spermicide and spermicide alone.
6. Food and Drug Administration (FDA) approved contraception, as follows: birth control; intrauterine devices (IUD); hormone contraceptive injections; inserted contraceptive devices; and implanted contraceptive devices. Oral contraceptives include the pill (combined pill and extended/continuous use), the mini pill (Progestin only), patch, vaginal contraceptive ring and shot/injections after appropriate counseling has been provided.
7. Emergency contraception, the morning after pill.
8. Prescription drug contraceptives.

Additionally, the carrier lists contraceptive methods under the descriptor “family planning.” The filing specifies that consumers are required to use generic contraceptive drugs unless generics are unavailable or “medically inappropriate as determined by a health care provider.”

2. Information from Coordinated Care Representatives

Reaching Coordinated Care representatives proved difficult and they provided contradictory information. Several calls were made to Coordinated Care that did not result in completed surveys. Callers were sometimes unable to speak with a representative and left voicemail messages that were not returned. Some surveys were interrupted because a representative said they would need to research the caller’s question and call back, but many of those calls went unreturned. At times, callers were shuffled back and forth between the sales and customer service departments of Coordinated Care as various representatives found themselves unable to answer callers’ questions. More than once, Coordinated Care representatives said they would look up the answer to a caller’s question on the company website, but then said technical problems preventing them from doing so. As a result of these

²³ See Coordinated Care filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, form number 61836WA002000204.

difficulties, data collection for this study had to be extended by several weeks in order to collect sufficient data from Coordinated Care to complete this report.

The Coordinated Care representatives' responses were quite inconsistent. There was no method that all of them said was available through the carrier's QHPs, and no method that all said was covered without cost-sharing.

a) Availability

- One representative said that all FDA-approved contraceptive methods were covered, which the ACA requires.
- Three representatives stated that most methods were covered; however, each representative stated a different method was not covered: injections, EC, and subdermal implants. The ACA requires each of these methods to be covered without cost-sharing.
- One representative could not tell our caller which prescription methods (OCs, the patch, the ring, or injections) would be covered without knowing which specific drug was of interest. This representative also told our caller that Coordinated Care does not cover EC or the Mirena IUD, but does cover implants. All of these methods should be covered without cost-sharing.

b) Cost-sharing

- Three representatives who each identified a different method as not covered also stated that covered contraceptive methods did not require cost-sharing. All FDA-approved methods should be covered without cost-sharing; the OIC filings and formulary contradict these representatives in terms of availability.
- One representative indicated they were unsure of the amount of cost-sharing for any of the covered methods.
- Two out of five representatives from Coordinated Care said cost-sharing was required for OCs, the patch, and the ring, which contradicts the formulary.
- Two out of five representatives said there would be cost-sharing for EC, which contradicts the formulary.
- Three out of five representatives said IUDs would be covered without cost-sharing. The formulary does not include IUDs.
- Two out of five indicated implants were covered without cost-sharing. The formulary does not include implants.
- One representative said that all contraceptive methods required cost-sharing. This representative stated that OCs, the patch, the ring, and EC required \$5 copayments for generics. This representative also indicated that the injection, IUDs, and implants were subject to the deductible and then to the plan's coinsurance. The OIC filing and the formulary contradict these statements. However, this representative also said that OCs, the patch, the ring, and EC are subject to deductibles when non-generics were prescribed.²⁴

3. Coordinated Care Formulary

The Coordinated Care formulary is less comprehensive than the OIC filing as it only includes prescription methods of contraception. Coordinated Care's formulary does not list information on the "medical"

²⁴ If the generic is medically inappropriate according to the provider, Coordinated Care is required to cover the name brand drug without cost-sharing. If the generic is not medically inappropriate, though, and the consumer simply wants to use the name brand drug, such cost-sharing may be allowable. See fn 2.

forms of contraception: IUDs and subdermal implants. None of the representatives from Coordinated Care directed callers to the online formulary.

- The formulary lists OCs, the patch, the ring, and the generic injection medroxyprogesterone as Tier 0 drugs. Tier 0 drugs are defined as “no copayment for those drugs that are used for prevention and are mandated by Affordable Care Act. Select oral contraceptives . . . may be covered under this tier. Certain age or gender limits apply.”
- The only emergency contraception listed in the formulary is Ella, which is listed as Tier 3. Tier 3 is defined as “highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.” Three representatives said that EC is covered.
- The formulary does not give information on IUDs and implants, but three out of five representatives said IUDs would be covered without cost-sharing and two out of five indicated that implants were covered without cost-sharing.

4. Coordinated Care Response to Report Findings

Coordinated Care acted upon all of the authors’ recommendations. Coordinated Care’s written response addressed its OIC filing, training for customer service representatives, and its formulary. Coordinated Care committed to better explaining the contraceptive benefits in its 2016 Explanation of Coverage. Additionally, in March and April 2015, Coordinated Care provided customer service representatives with classroom training to review the contraceptive benefit along with a one-page contraceptive coverage resource tool. The formulary will be updated to include IUDs and subdermal implants as of May 2015 and now lists all FDA-approved contraceptives on Tier 0, which does not include cost-sharing.

Coordinated Care’s written response did not address all of the authors’ recommendations. The carrier stated it would “ensure that a member may obtain the name brand option if medically necessary at no cost-sharing,” but did not detail the process for requesting a different type of method. Coordinated Care did not respond to the authors’ recommendation that carriers cover emergency contraception without a prescription. In a follow-up conversation, Coordinated Care representatives stated that the carrier plans to implement a process allowing members to request and receive without cost-sharing a non-preferred brand or generic contraceptive. The authors have not yet received details about the implementation of this process that would allow us to analyze whether it complies with our recommendation. With respect to emergency contraception, the representative stated that “fairly soon” the carrier will begin covering emergency contraception without cost-sharing even when a member does not have a prescription. The carrier has experience providing this benefit because it is currently available to the carrier’s Medicaid enrollees.

D. GROUP HEALTH

1. Group Health OIC Filing

Group Health’s OIC filing states that all FDA-approved contraceptive methods are covered without cost-sharing as a preventive service (“FDA-approved contraceptive drugs, devices, including device removal...preferred over-the-counter contraceptives and drugs as recommended by the USPSTF when obtained with a prescription”).²⁵ The Group Health OIC filing defines outpatient prescription drugs as

²⁵ See Group Health filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, form number CA4102.

including “preferred contraceptives and over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (USPSTF).”

2. Information from Group Health Representatives

Callers had difficulty reaching Group Health representatives. When reached, representatives gave inconsistent information. They indicated that Group Health plans cover almost all methods of contraception, but that cost-sharing is frequently required. This information contradicts the OIC filing and the formulary.

Callers experienced some frustration with getting information from Group Health. One caller was told that Group Health plans cover all FDA-approved contraceptives including devices and device removal, and that as preventive care they would be covered without cost-sharing. However, the representative did not give the caller any more specific information, for example, information regarding generics, brand name drugs, or which of three IUD types they covered. Another caller had trouble getting specific information; the representative said that they would research the questions and return the call, but the caller never received additional information. A third caller said she was transferred from customer service to the pharmacy department, then back to customer service and placed on hold repeatedly and that the survey took 45 minutes to complete. One Group Health representative mentioned the formulary as a source of information, but did not give the caller information about how to access it online. The last representative provided information on accessing the formulary in lieu of answering the caller’s specific questions.

a) Availability

- Three of five representatives told callers that all Group Health plans covered all FDA-approved methods of contraception.
- All representatives said that OCs, the patch, the ring, injections, and IUDs were covered.
- One representative told a caller that subdermal implants were not covered although they are listed in the formulary and covered according to the OIC filing.
- One representative told a caller that EC was not covered although it is listed in the formulary.

b) Cost-sharing

- One representative stated that all FDA-approved methods were covered without cost-sharing.
- All representatives from Group Health said that IUDs were offered without cost-sharing. The formulary only includes the Mirena IUD.
- One representative indicated that only EC required cost-sharing, which contradicts the formulary and the OIC filing.
- Three representatives gave widely differing responses, all of which are contradicted by the formulary and the OIC filing.
 - One said pills cost \$5 a month, one said OCs were subject to deductible and then offered without cost-sharing, and one indicated they could not determine what the cost-sharing would be.
 - For the patch, the ring, and injections, three representatives that said there was cost-sharing indicated a range of coinsurance for those methods, with consumers having to pay from 35% to 65% of the prescription cost.
 - These representatives said that the patch, the ring, and injections required cost-sharing, which is inconsistent with the carrier formulary and the OIC filing.

3. Group Health Formulary

The Group Health formulary is almost as comprehensive as the OIC filing, but only includes one type of IUD. However, three representatives told callers that all types of IUD are covered. One representative directed a caller to the carrier formulary [<https://www1.ghc.org/static/pdf/public/formulary/if-sg-formulary-2015.pdf>].

- The Group Health formulary lists OCs, the patch, the ring, and the generic injection as Tier P (for preventive care, which is covered without cost-sharing).
- EC is also listed in the Group Health formulary as Tier P; one Group Health representative told our caller that EC was not covered by Group Health.
- The hormonal IUD Mirena is listed in the formulary as Tier P; Skyla and the non-hormonal IUD Paragard are not listed. However, three representatives indicated that all three IUD types (Mirena, Skyla, and Paragard) were covered.
- The subdermal implants Implanon and Nexplanon are listed in the formulary as covered under the plan's medical rather than pharmaceutical benefits; one representative from Group Health said that subdermal implants were not covered at all.

4. Group Health Response to Report Findings

Group Health's written response addressed its OIC filing, training for customer service representatives, improved customer materials, its formulary, and an audit and self-assessment. The carrier assured the authors that the 2016 filing language includes coverage without cost-sharing for IUD insertions at outpatient hospitals or ambulatory surgery centers settings. Group Health provided customer service and sales representatives with additional resources on contraceptive benefits and supplemental training in March 2015. By May 15, 2015, the Group Health website will include new customer materials detailing contraceptive coverage. By the end of April 2015, the Paragard IUD will be added to the formulary. Group Health committed to completing test calls to representatives and monitoring claims every 6 months for one year. The carrier committed to a one-time review of its medical claims report to confirm it correctly adjudicated customer benefit claims.

Group Health's written response did not address all of the authors' recommendations. The carrier stated "a non-formulary coverage exception can be made when a generic drug (or brand name drug) would be medically inappropriate, as determined by the individual's health care provider," but did not detail that process or confirm when the exception request would be granted. Group Health did not respond to the authors' recommendation that carriers cover emergency contraception without a prescription. In a follow-up conversation, Group Health representatives explained that when a member requests a non-preferred contraceptive drug, "the member would be required to try preferred (covered) drugs first. If the member does not tolerate the preferred drugs, the non-preferred drug would be covered without cost-sharing. If the provider provides adequate information that the member does not tolerate the preferred drugs, no trial (of a preferred drug) is necessary for coverage without cost-sharing." This process does not adhere to the authors' recommendation regarding a contraceptive waiver. Regarding emergency contraception, in May 2015, the Group Health Benefits Committee will discuss the feasibility of covering EC without a prescription. If coverage is approved, an implementation plan will be created that would include the date the benefit would be extended to members.

E. KAISER PERMANENTE

1. Kaiser Permanente OIC Filing

Kaiser Permanente covers all FDA-approved contraceptive methods without cost-sharing, but the OIC filing specifies some restrictions, describes the contraceptive benefit piecemeal, and never uses the term “FDA-approved methods.”²⁶ Kaiser’s OIC filing states that “formulary contraceptives” are covered without cost-sharing, but the carrier requires consumers to use in-network providers and pharmacies or the Mail-Delivery pharmacy. Kaiser’s filing describes “covered preventive care services as including ‘[c]ontraceptive services and supplies, including, but not limited to, tubal ligation and insertion/removal of IUD or Norplant devices.’” Additionally, the carrier states that it covers “outpatient prescription drugs, supplies, and supplements” when the “law requires the drug, supply, or supplement to bear the legend ‘Rx only.’ This includes ... contraceptive drugs and devices such as intrauterine devices, diaphragms, and cervical caps.” Finally, the filing adds that Kaiser also covers “[c]ontraceptives including injectable contraceptives.” From these statements, we conclude that Kaiser Permanente covers IUDs, subdermal implants, injections, and the other FDA-approved contraceptive methods.

2. Information from Kaiser Permanente Representatives

Kaiser representatives were not able to answer many of the callers’ questions and indicated multiple cost-sharing requirements.

a) Availability

- Three representatives said that Kaiser plans covered all FDA-approved methods.
- The four representatives who were able to give specific information all stated that OCs, injections, emergency contraception, IUDs, and subdermal implants were covered by Kaiser QHPs.
- One representative said that the patch and the ring are not covered except in cases of medical necessity. This statement contradicts the OIC filing and the formulary.
- The final representative gave only vague information indicating that benefits varied by plan; this caller was unable to determine which methods Kaiser QHPs covered.

b) Cost-sharing

- One representative said that IUDs themselves were covered, but that there would be a copayment for the doctor’s visit related to insertion/removal. The formulary provides no information about IUDs.
- One representative said that IUD coverage varies by QHP, subdermal implants require a copayment for insertion, and the cost of EC would be determined by the ordering physician.
- Two callers were unable to get clear enough information about which methods required cost-sharing to be able to say for certain whether any methods were covered without cost-sharing. One caller said the Kaiser representative, “advised me twice to speak to my doctor about what would be covered” and “when pressed about what specific brands and such were covered, she said ‘we wouldn’t have that information here.’”
- The last representative indicated that the patch and the ring would have to be paid for by the consumer completely out of pocket except in cases of medical necessity. The formulary lists these methods as Tier 2, which likely requires cost-sharing.

²⁶ See Kaiser Permanente filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, company number EWIDIXDED0114.

3. Kaiser Permanente Formulary

The Kaiser Permanente formulary is less comprehensive than the OIC filing and contradicts it by suggesting that cost-sharing is required for the patch, the ring, and the Mirena IUD. One Kaiser representative directed our caller to the online formulary [https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/wa_marketplace_formulary_2014.pdf]. The Kaiser formulary indicates coverage for all prescription methods of contraception.

- The Kaiser formulary lists pills and the injection, and; four out of five Kaiser representatives said that these methods were covered.
- EC is listed on different tiers: Ella is listed Tier 2; Next Choice is listed on Tier 1 with prior authorization required.
- The formulary lists the patch and the ring as Tier 3 benefits requiring prior authorization; one representative stated that these methods were covered only in cases of medical necessity.
- Mirena IUD is the only IUD listed, and it is on Tier 2.
- The formulary provides no information on coverage for subdermal implants; four out of five Kaiser representatives said this method was covered. However, Kaiser's OIC filing states that both IUDs and subdermal implants are available without cost-sharing.

4. Kaiser Permanente Response to Report Findings

Kaiser Permanente's written response addressed its OIC filing, training for customer service representatives, its formulary, and an internal audit. In addition, the carrier developed new internal service scripts edited by the Benefit Policy department. The carrier has provided the new internal scripts to all customer service representatives each of whom will receive new training by the end of May 2015. In writing, Kaiser committed to clarifying and simplifying its OIC filing language for the 2016 plan year and developing a contraceptive brochure by the end of April 2015. Kaiser conducted an internal audit of the previous six months and determined that all consumers who purchased Qualified Health Plans on the Washington State Exchange (wahealthplanfinder.org) had received contraceptive benefits without cost-sharing.

The authors sought clarification of Kaiser's comments on its formulary. In its written response, Kaiser stated that the cost-sharing information detailed above is incorrect and that all methods included in this report are covered without cost-sharing. However, the information above was found in an online formulary titled "2015 Washington Marketplace Plans." Kaiser representatives explained that the online formulary details covered drugs for multiple Kaiser health plans, but that individuals enrolled in its Qualified Health Plans through the Health Benefit Exchange receive all contraceptive methods without cost-sharing. The representatives characterized the issue as one of communication because Kaiser policy states that individuals with QHPs are charged no cost-sharing for contraceptives and the benefits are coded to require \$0 cost-sharing. Acknowledging that the online formulary is confusing, Kaiser agreed to update it by May 15, 2015, in order to reflect that Kaiser covers all FDA-approved methods of contraception without cost-sharing. Additionally, the formulary will list medical devices in order to assist consumers in fully understanding contraceptive coverage.

Kaiser Permanente's written response did not address all of the authors' recommendations. The carrier did not offer to create and publicize a contraceptive waiver process. When the authors asked how a consumer would request a contraceptive drug or device that is not covered, a Kaiser representative stated that there is no separate waiver process for contraceptives and, as an integrated delivery system, Kaiser members do not normally submit documentation to request pharmacy exceptions. For this reason, Kaiser requires the member to follow its established process for prior authorization by

discussing the request with their provider who would initiate the formulary exception to receive a non-covered contraceptive method. If the authorization were granted the member would receive the requested drug or device without cost-sharing. Finally, Kaiser has not agreed to cover emergency contraception without a prescription, but stated that they “have agreed to review the request.” They gave no deadline for the completion of the review, but representatives stated that any such change could not be made until plan year 2017.

F. LIFEWISE HEALTH PLAN OF WASHINGTON

1. LifeWise OIC Filing

LifeWise’s OIC filing states that all FDA-approved contraceptive methods are covered without cost-sharing (“all FDA approved contraceptives”).²⁷ According to the filing, consumers are required to fill their prescriptions at in-network pharmacies. The filing describes a “contraceptive management” benefit, which includes “exams, treatment and supplies you get at your provider’s office, including all FDA approved contraceptives. FDA approved contraceptives include but are not limited to, emergency contraceptives and contraceptive devices (insertion and removal).” Under Prescription Drugs, the filing states “All FDA approved oral contraceptive drugs and devices such as diaphragms and cervical caps are covered in full when provided by an in-network pharmacy.”

2. Information from LifeWise Representatives

Four LifeWise representatives accurately indicated that all contraceptive methods are covered without cost-sharing, but one representative told the caller incorrect information.

a) Availability

- Four out of five representatives said LifeWise plans covered all FDA-approved methods.
- All representatives from LifeWise stated that OCs, the ring, injections, EC, and IUDs were covered.
- One LifeWise representative indicated that the patch and subdermal implants were not covered, which contradicts the carrier’s OIC filing; both methods are listed in the carrier’s formulary.

b) Cost-sharing

- One representative from LifeWise said that the patch and subdermal implants were not covered and would require cost-sharing. Both methods are listed in the formulary as Tier 1.
- Two representatives from LifeWise stated confidently that subdermal implants were covered under the plan’s general benefit for “all implantable devices.”

3. LifeWise Formulary

The LifeWise formulary is less comprehensive than the OIC filing in that it does not include the contraceptive injection. The LifeWise formulary lists coverage for oral contraceptives, the patch, the ring, EC, IUDs, and subdermal implants. LifeWise representatives did not direct our callers to the online formulary. The LifeWise formulary is available as an interactive tool on the company website, but not as a downloadable document [<https://www.LifeWisewa.com/visitor/pharmacy/understanding-your-benefits/pharmacy-benefit-guide/>].

²⁷ See LifeWise filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, form number 027099032013.

- The formulary lists oral contraceptives, the patch, the ring, and EC as Tier 1 drugs; four representatives from LifeWise indicated that these methods were covered while one said that the patch was not covered.
- Skyla and Paragard IUDs as well as the implant Nexplanon are listed in the formulary as covered under the plan’s medical benefits; one representative said that subdermal implants were not covered.
- Mirena IUD is listed as non-formulary and covered only if medically necessary [“Coverage for Nonformulary drugs requires an exception for medical necessity”].
- Although LifeWise representatives all stated that injections are covered, neither Depo-Provera nor an injectable version of its generic equivalent – medroxyprogesterone acetate – is listed in the formulary. However, the OIC filing states that all FDA-approved methods of contraception are covered without cost-sharing, which includes the injection.

4. LifeWise Response to Report Findings

LifeWise’s written response addressed its OIC filing, improved education and training for customer service and sales representatives, clearer customer materials, and a self-assessment. LifeWise committed to revising its 2016 OIC filing by April 23, 2015. The carrier committed to sending emails to all customer service representatives concerning contraceptive coverage by April 8, 2015, and will hold in-person review and discussion meetings for these representatives by April 30, 2015. LifeWise plans to create an internal contraceptive coverage policy document that representatives can reference by August 1, 2015. The carrier is considering a one-page contraceptive coverage document for consumers, but has not committed to creating one. Finally, LifeWise committed to complete several self-assessment steps, the results of which the carrier will report to the OIC in October 2015.

LifeWise’s written response did not address all of the authors’ recommendations or issues identified above regarding its formulary. The carrier did not respond to the report’s finding that the Mirena IUD is listed as non-formulary and is only covered if medically necessary or the finding that the contraceptive injection is not listed in the formulary. Additionally, LifeWise did not offer to create and publicize a contraceptive waiver process or cover emergency contraception without a prescription. In a follow-up conversation, a LifeWise representative stated “IUDs and injectable contraceptives are covered on the medical benefit of the enrollee’s plan. This also includes the Mirena IUD; it, too, is covered on the medical benefits of the plan. Coverage is provided under the preventive services benefits, without cost-shares.” However, the authors confirmed that Skyla and Paragard IUDs are listed on the formulary as medical benefits while the Mirena IUD is listed as non-formulary. The difference in these listing has the potential to cause consumers confusion. Additionally, the representative confirmed that a contraceptive waiver request would follow established formulary exception procedures rather than the contraceptive waiver recommended by the authors and that the carrier does not plan to cover emergency contraception without a prescription at this time.

G. MOLINA HEALTH

1. Molina OIC Filing

Molina’s OIC filing states that all FDA-approved contraceptive methods are covered without cost-sharing.²⁸ Molina’s OIC filing uses the term “family planning” to describe contraceptive methods and

²⁸ See Molina filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, form number MHW01012014.

describes the benefit as “help[ing] determine the number and spacing of children.” “Family planning services include:

- Prescription birth control supplies, devices, birth control pills, including Depo-Provera.
- Follow-up care for any problems [y]ou may have using birth control methods issued by the family planning providers, including insertion and extraction of IUDs.
- Emergency birth control supplies when filled by a contracting pharmacist, or by a non-contracted provider, in the event of an Emergency.”

2. Information from Molina Representatives

Molina representatives gave callers inaccurate and inconsistent information, especially with respect to cost-sharing requirements.

a) Availability

- Two representatives said all FDA-approved methods were covered.
- Four representatives stated that OCs, the ring, injections, and IUDs were covered.
- One representative said that the patch was not covered, which contradicts the OIC filing and the formulary.
- One said that EC and subdermal implants were not covered, which contradicts the OIC filing and the formulary.
- One representative from Molina had a very difficult time answering our caller’s questions and ended up directing her to the formulary to find answers on her own. This caller was only able to find the non-hormonal IUD Paragard on the formulary.

b) Cost-sharing:

- Four out of five Molina representatives indicated that OCs, the ring, the injection, and IUDs were covered without cost-sharing.
- Three representatives said there would be cost-sharing for EC, which contradicts the OIC filing and the formulary.

3. Molina Formulary

The Molina formulary is less comprehensive than the OIC filing. The Molina formulary [<http://www.molinahealthcare.com/members/wa/en-US/PDF/Marketplace/formulary-2015.pdf>] includes oral contraceptives, the patch, the ring, injections, EC, and one type of IUD. One representative directed a caller to the formulary.

- Oral contraceptives, the patch, the ring, the injection, and EC are listed on the Molina formulary in Tier 0, described as preventive services without cost-sharing. Only two out of five Molina representatives said that these methods were covered; one was unable to say which methods were covered, one stated that the patch was not covered, and one indicated that emergency contraception was not covered.
- The Molina formulary lists Mirena IUDs in Tier 4 with prior authorization required, but does not list Skyla or Paragard IUDs. Molina representatives told three callers that all three types of IUDs were covered. One representative said (consistent with the formulary) that only Mirena was covered. One caller was told that Paragard was covered, but no other IUD types. The OIC filing does not limit the type of IUD covered and states that IUDs are covered without cost-sharing.
- Subdermal implants are not listed on the Molina formulary; only one Molina representative told our caller that the implant was not covered. Three representatives stated that implants were covered, and one representative was unable to give specific enough information for our caller to

determine if implants were covered. The OIC filing states that all FDA-approved methods of contraception are covered without cost-sharing, which includes implants.

4. Molina Response to Report Findings

Molina's written response addressed its OIC filing, training for member-facing service departments, and its formulary. Molina committed to reviewing the 2016 OIC filing language; ensuring additional training on contraceptive coverage for representatives; and reviewing the formulary. However, the carrier did not provide a timeline for when this work would occur or give any additional details concerning corrective action it would take. A Molina representative stated that the carrier reviewed the formulary on March 23, 2015; the OIC filing would be reviewed by May 22, 2015; and "refresher training" for member-facing departments would be completed by June 1, 2015.

Molina's written response did not address all of the authors' findings or recommendations. The carrier did not respond to the report's findings that the formulary included only one IUD (the Mirena IUD listed on Tier 4) and required prior authorization, that subdermal implants are not listed in the formulary, or the incorrect information about these methods provided by Molina representatives. In a follow-up conversation, a Molina representative stated that the carrier covered all "required women's methods without cost-sharing" and their March 23 formulary review demonstrated compliance with coverage requirements. However, its current formulary, which is dated April 1, 2015, and includes changes made after the authors shared a draft of this report with each carrier on March 18, 2015, still requires prior authorization for the only IUD included, the Mirena IUD. Additionally, Molina did not offer to create and publicize a contraceptive waiver process. In a follow-up conversation, a Molina representative stated that members requesting a formulary exception when a covered contraceptive is medically inappropriate would follow the carrier's established prior authorization procedures. Finally, Molina does not plan to cover emergency contraception without a prescription unless required to do so.

H. PREMERA BLUE CROSS

1. Premera Blue Cross OIC filing

Premera Blue Cross's OIC filing states that all FDA-approved contraceptive methods are covered without cost-sharing.²⁹ Premera's OIC filing states that all FDA-approved methods of contraception are available without cost-sharing as part of a "contraceptive management" benefit. The filing specifies that "contraceptive management" includes emergency contraception and the insertion and removal of contraceptive devices. Premera's language detailing covered contraceptive methods is identical to the language used in the LifeWise OIC filing.³⁰ Consumers are required to fill their prescriptions at in-network pharmacies.

2. Information from Premera Blue Cross Representatives

The majority of Premera representatives correctly stated that all FDA-approved methods are covered, but gave callers inaccurate information about cost-sharing requirements.

²⁹ See Premera Blue Cross filing, available at <https://fortress.wa.gov/oic/onlinefilingsearch>, form number 026977032013.

³⁰ The OIC filing defines "Contraceptive management" as including "exams, treatment and supplies you get at your provider's office, including all FDA approved contraceptives. FDA approved contraceptives include but are not limited to emergency contraceptives and contraceptive devices (insertion and removal). Tubal ligation and vasectomy are also covered. See **Prescription Drugs** for prescribed oral contraceptives and devices."

a) Availability

- Four out of five representatives from Premera said that they covered all FDA-approved methods of contraception.
- All representatives said that OCs, the patch, the ring, injections, and IUDs were covered.
- One representative indicated that Premera plans did not cover injections or subdermal implants, which contradicts the OIC filing and the formulary.

b) Cost-sharing

- Two out of five representatives said all methods were covered without cost-sharing.
- All Premera representatives all told callers that OCs, the patch, and the ring were covered without cost-sharing.
- One representative said EC requires a \$50 copay; another said EC would need to be paid for out-of-pocket. EC is listed as a Tier 1 drug in the formulary and the representatives' statements contradict the OIC filing.
- One representative stated that injections and the implant were not covered, and so those methods would have to be paid for out-of-pocket by the consumer. Injections are not listed in the formulary whereas subdermal implants are listed as a medical benefit.
- This same representative said that while the plan covers IUDs themselves, the outpatient procedure for the insertion of an IUD would be subject to deductible and then to 80% coinsurance. IUDs are listed in the formulary as medical benefits.

3. Premera Blue Cross Formulary

The Premera Blue Cross formulary is less comprehensive than the OIC filing as it does not include the contraceptive injection. One caller to Premera was directed to the online formulary [<https://www.premera.com/wa/visitor/pharmacy/drug-search/rx-search/>]. Like LifeWise, Premera's formulary is an interactive web tool and not a downloadable document.

- The Premera formulary lists OCs, the patch, the ring, and EC as Tier 1 drugs; four Premera representatives stated that these four methods were covered while one representative said that EC was not covered.
- Skyla and Paragard IUDs are listed as medical benefits while the Mirena IUD is listed as non-formulary and only covered if medically necessary ["Coverage for Nonformulary drugs requires an exception for medical necessity."]
- Injections are not listed in Premera's formulary although all five Premera representatives told callers that it was a covered method. The OIC filing clearly states that all FDA-approved methods are covered.
- The implant Nexplanon is also listed in the formulary as covered under a plan's medical benefits; one representative incorrectly stated that subdermal implants were not covered.

4. Premera Blue Cross Response to Report Findings

Premera Blue Cross's written response addressed its OIC filing, improved education and training for customer service and sales representatives, clearer customer materials, and a self-assessment. Premera committed to revising its 2016 OIC filing by April 23, 2015. The carrier plans to send emails to all customer service representatives concerning contraceptive coverage by April 8, 2015, and plans to hold in-person review and discussion meetings for these representatives by April 30, 2015. Premera also plans to create an internal contraceptive coverage policy document that representatives can reference by August 1, 2015. The carrier is considering a one-page contraceptive coverage document for consumers, but has not committed to creating one. Finally, Premera committed to complete several

self-assessment steps, the results of which the carrier will report to the OIC in October 2015.

Premera's written response did not address all of the authors' recommendations or issues identified above regarding its formulary. The carrier did not respond to the report's finding that the Mirena IUD is listed as non-formulary and is only covered if medically necessary or the finding that the contraceptive injection is not listed in the formulary. Additionally, Premera did not offer to create and publicize a contraceptive waiver process or cover emergency contraception without a prescription. In a follow-up conversation, a Premera representative stated "IUDs and injectable contraceptives are covered on the medical benefit of the enrollee's plan. This also includes the Mirena IUD; it, too, is covered on the medical benefits of the plan. Coverage is provided under the preventive services benefits, without cost-shares." However, the authors confirmed that Skyla and Paragard IUDs are listed on the formulary as medical benefits while the Mirena IUD is listed as non-formulary. The difference in these listing has the potential to cause consumers confusion. Additionally, the representative confirmed that a contraceptive waiver request would follow established formulary exception procedures rather than the contraceptive waiver recommended by the authors and that the carrier does not plan to cover emergency contraception without a prescription at this time.

VI. Appendix A – Complete Survey

Family Planning Secret Shopper Calls

* Required

1. **What is your name? ***
2. **What organization are you affiliated with? ***
3. **Which insurance company did you call? *** *Mark only one oval.*
 - BridgeSpan 1-855-857-9944
 - Community Health Plan 1-800-930-0132
 - Coordinated Care 1-877-687-1197
 - Group Health Cooperative 1-888-901-4636
 - Kaiser Permanente 1-800-813-2000
 - LifeWise 1-800-592-6804
 - Molina Health Care 1-888-858-3492
 - Premera (Blue Cross) 1-800-722-1471
4. **What was the date and time of the call? *** *Example: December 15, 2012 11:03 AM*
5. **What is the name and title of the company representative(s) who answered your questions?** If a customer service representative can't answer all your questions, ask to speak with a supervisor.

INTRODUCTION

Hi. I'm helping a friend enroll in a health plan this month. She's going through a divorce and will lose her dependent health coverage from her spouse, so it's our understanding she qualifies for special enrollment into the WA Health Benefit Exchange. We're looking at the silver standard plan, and we have some questions about women's health coverage.

SHORT TERM HORMONAL CONTRACEPTION

6. **Does this plan cover oral contraceptives, the Ortho Evra patch, the NuvaRing, and the Depo-Provera injection? *** You may need to inquire about specific oral contraceptives- ask about generics like Levora or Microgestin. Check all that apply.
 - Pill (Oral Contraceptives)
 - Patch (Ortho Evra Patch)
 - Ring (NuvaRing)
 - Injection (Depo-Provera Injection)
7. **Pill co-pay: ***
8. **Generic pill co-pay: ***

9. **Patch co-pay:** *

10. **Generic patch co-pay:** *

11. **Ring co-pay:** *

12. **Injection co-pay:** *

13. **Does the plan cover Plan B emergency contraception?** * *Mark only one oval.*

- Yes
- No

14. **How much is the co-pay for emergency contraception?** *

15. **Are there any limits on the number of emergency contraceptives she could get each year?** * For example, only 6 a year, no more than 2 a month. Please elaborate on any limitations the representative mentions.

LONG ACTING REVERSIBLE CONTRACEPTION

16. **I was wondering about intrauterine devices, IUDs. Which types of IUDs are covered under this plan? Are Mirena, Skyla, and Paragard all covered?** * Check all that apply.

- Mirena
- Skyla
- Paragard
- No IUDs are covered under this plan

How much are the copays for IUDs?

17. **Mirena co-pay:**

18. **Skyla co-pay:**

19. **Paragard co-pay:**

20. **Are there any restrictions on IUD coverage?** Restrictions may include limits on the number of IUDs that can be inserted each year. Please elaborate on any restrictions the representative mentioned.

21. **What about the contraceptive implant? Does the plan cover the contraceptive implant called Nexplanon?** * *Mark only one oval.*

- Yes
- No

22. **How much is the co-pay for Nexplanon?**

23. **Are there any restrictions on Nexplanon coverage?** Restrictions may include limits on how

frequently a member can have a Nexplanon inserted. Please elaborate on any restrictions the representative mentioned.

ADDITIONAL NOTES

24. Thank you for your help! Please include any additional notes about the call here.

VII. Appendix B – QHP Coverage Areas



Figure 1: BridgeSpan Health Company Coverage Area

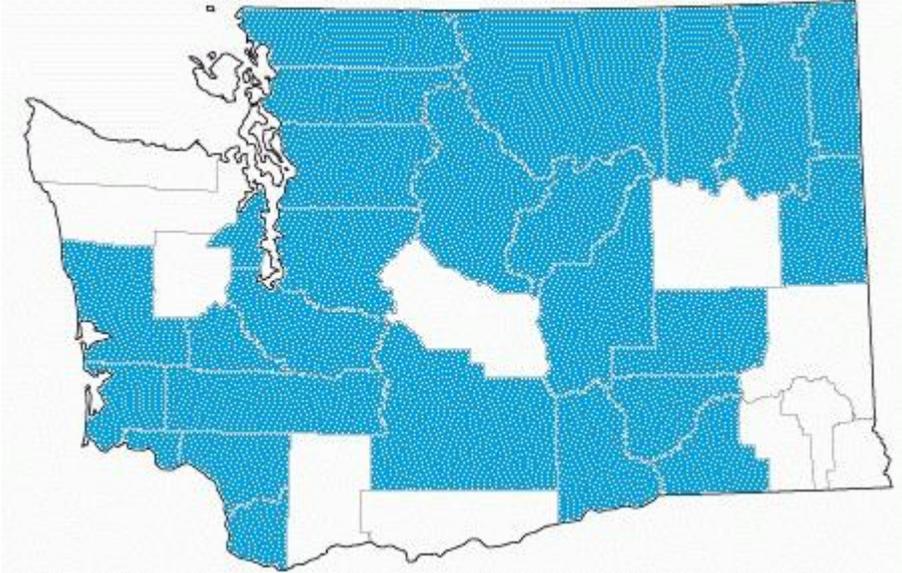


Figure 2: Community Health Plan of Washington Coverage Area

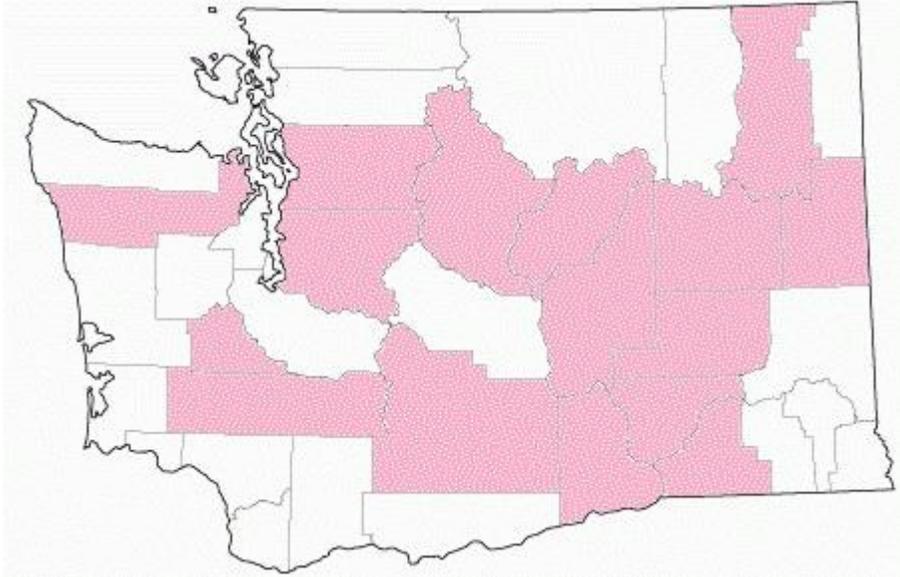


Figure 3: Coordinated Care/Ambetter Coverage Area



Figure 4: Group Health Coverage Area



Figure 5: Kaiser Permanente Coverage Area

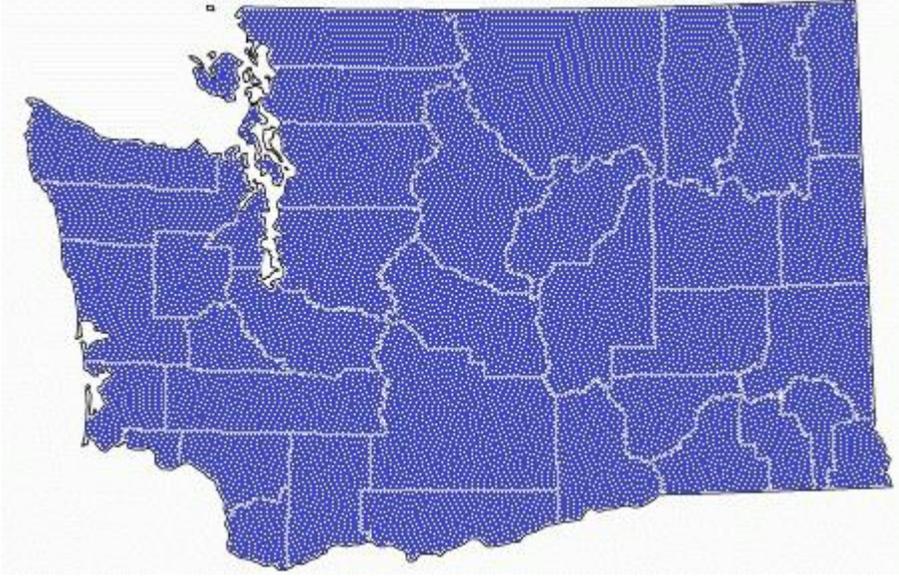


Figure 6: LifeWise Health Plan of Washington Coverage Area



Figure 7: Molina Healthcare of Washington Coverage Area

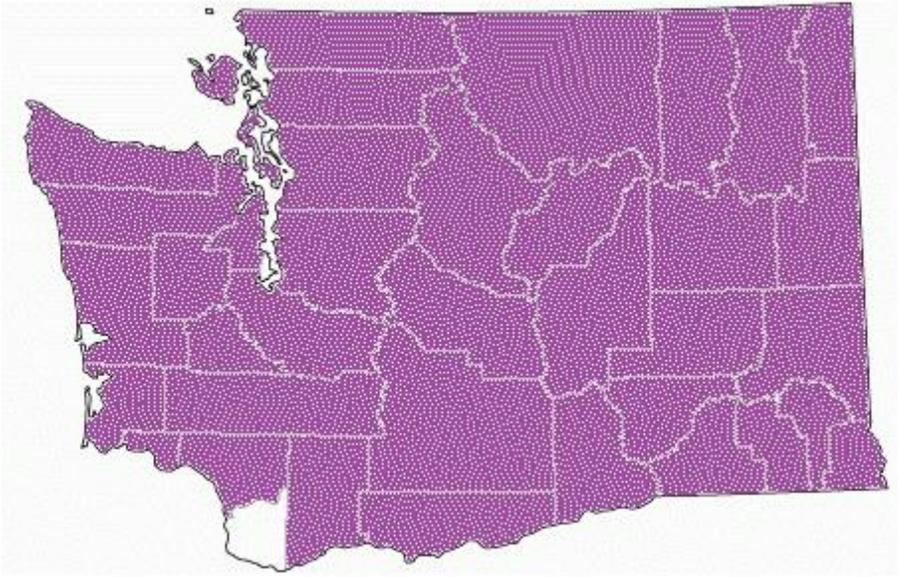


Figure 8: Premera Blue Cross Coverage Area