

April 30, 2015

The Honorable Patty Murray Ranking Member Committee on Health, Education, Labor, and Pensions United States Senate Washington, DC 20510

Dear Ranking Member Murray,

The purpose of the following is to respond to the concerns you raised in a letter sent on April 28, 2015.

We share your concerns regarding many of the findings reported in the recent Northwest Health Law Advocates and NARAL Pro-Choice Washington contraceptive coverage report. While our health plans are in compliance and adhere to all ACA and Washington State contraceptive requirements, we are troubled that some information given by our customer service representatives could be confusing to our members. Our customer service team is nationally recognized, and the report presents a good opportunity to add additional training to improve on the good work that they do.

We are committed to addressing the issues raised and are developing additional training as well as clarifying language in our documents to ensure our customers have access to clear and concise information for their contraceptive benefit coverage options.

In fact, since the release of the report we have taken decisive action. We have developed a specific exceptions process for access to non-preferred brand-name contraceptives at no cost-share, which is in the final stages of formalization and implementation. Information regarding this exceptions process is included on our revised ACA Preventive Medications list, which explains our contraceptive coverage without cost sharing.

Further, we have updated our ACA Preventive Medications list to offer a clear explanation of our contraceptive coverage under the Prescription Benefit. On this listing, we have also added information regarding contraceptive methods covered under the Medical Benefit (such as IUDs, implants, and injections). This updated listing is live on our website as of April 30, 2015.



A direct link to the ACA Preventive Medications list has been added to the formulary page of our member web site, as well.

Moving forward, we will take the following additional steps to improve:

- **Formulary**: Language in our formulary will be updated to clearly outline contraceptive benefits by January 1st, 2016. Work has already begun, and our goal is to have these updates in place as soon as possible. Examples of updates include:
  - State in the tiering section that all FDA-approved contraceptive methods, prescribed to women by their health care provider, are covered without cost sharing
  - Information about how to access IUDs and implants, which is not customarily included on a formulary will be added to the formulary to provide further clarity and state that these are covered without cost sharing
  - Addition of contraceptive information to the FAQ within our printed formulary materials.
- **Policy Language**: Current language found in the Family Planning, Preventive Services, and Prescription Benefits sections of our individual member policy describing prescription contraceptive coverage will be clarified to ensure members understand this benefit is available to them without cost sharing.
- **Marketing materials**: Work has begun to update the information within our member marketing materials and digital outlets, to clearly state that all FDA-approved contraceptive methods, prescribed to women by their health care provider, are covered without cost sharing. Additionally, we are including language, where appropriate, regarding our waiver process for instances where the provider has determined a preferred version of a contraceptive method is medically inappropriate for their patient.
- Education and Training: Customer service representatives will receive additional training over the next 90 days to ensure they clearly and accurately articulate contraceptive coverage benefits to members.
- Self-Assessment: We will continually audit and monitor our customer service representatives and our written and digital materials to ensure contraceptive benefit information is correct and easily understandable to all members. Examples of ongoing self-assessment activities include administering periodic contraceptive benefit training



updates with customer service representatives and soliciting feedback from stakeholders about their view of our updated written and online materials.

We will work with the Office of the Insurance Commissioner and other interested stakeholders toward our common goal of better access to affordable contraception options. Please feel free to reach out to me directly with any comments or additional questions.

Sincerely,

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Chris Blanton President, BridgeSpan Health Company