

May 6, 2015

The Honorable Patty Murray 154 Russell Senate Office Building United States Senate Washington, D.C. 20510

RE: Women's Access to Contraceptive Services

Dear Senator Murray:

Thank you for your letter dated April 28, 2015, regarding your concerns about women's access to contraceptive services as part of qualified health plans (QHPs) offered on the Washington Health Benefit Exchange (HBE). As you know, Community Health Plan of Washington (CHPW) is the state's only safety net health plan. While the vast majority of our enrollees are Medicaid or Medicare beneficiaries, we currently have over 1,400 enrollees in our QHPs—marketed as *Community HealthEssentials*. We offer these QHPs in select counties as part of our commitment to ensuring that middle-income Washingtonians, including those "churning" out of Medicaid, have affordable health care options.

Women make up about 55 percent of our QHP enrollment and we are dedicated to ensuring that these women have access to a comprehensive set of benefits without cost sharing—including all contraception services approved by the Federal Drug Administration (FDA). We appreciate that the Northwest Health Law Advocates and NARAL Pro-Choice Washington examined this issue and published their findings in a report titled "Contraceptive Coverage in Washington State's Qualified Health Plans: A 'Secret Shopper' Survey and Review of Carrier Filings and Formularies."

After reviewing the report's findings along with the issues you outline in your letter, we offer the following responses:

 Ensure that all sales and customer service representatives receive training on all benefits, including contraception benefits

Our customer service representatives receive comprehensive training before they interface with enrollee and the public. This includes training on all the benefits we offer as part of our QHPs.

However, the *Contraceptive Coverage* report revealed to us that further education was needed around this particular benefit. As a response, we developed and provided training to all our customer service representatives focusing on available contraceptive services, including the applicability of cost-sharing. This is the first time we have provided such comprehensive training on covered contraceptive services. We will reinforce this training by conducting a "secret shopper audit" every six months to ensure that our customer service representatives continue to provide accurate and complete information.

We also developed a one-page document that outlines the contraceptive services covered by our QHPs and any applicable cost-sharing. This document has been provided to all customer



service representatives and will be made available to anyone asking about such services. We have shared these materials with the Office of the Insurance Commissioner.

 Update formularies regularly, making sure that they are accurate and compliant with the ACA requirements on contraception coverage

Since its inception, *Community HealthEssentials* has covered FDA-approved contraceptive methods without cost-sharing (no copayment, deductibles, or coinsurance) provided by innetwork providers. These include:

- Oral Contraceptives
- o Transdermal Patch
- Vaginal Ring
- o Medroxyprogesterone Injections (Depo-Provera)
- o Emergency Contraception
- o Intrauterine Devices (IUD)
- o Subdermal Implants

Contraceptive methods that are generally available over-the-counter, such as contraceptive sponges and spermicides, are only included without cost sharing if the method is both FDA-approved and prescribed by a woman's health care provider.

After the *Contraceptive Coverage* report was released, we examined our formulary to ensure that this information was clear to the public and our enrollees. We found that our formulary listed contraceptive methods under *Tier ACA*, but did not clearly state whether these contraceptive services were subject to cost-sharing. In response, we clarified that the services listed under *Tier ACA* (the contraceptive services noted above) were indeed available without any co-payments, deductibles, or co-insurance. Our formulary is available online (http://www.fchn.com/splash/CHE/PDF/Pharmacy formulary.pdf) and accessible to anyone seeking this information.

We also took this opportunity to review our Member Handbook, including the section titled "Family Planning Benefit." Currently, when provided by an in-network provider, the following services are covered without cost-sharing:

Type of Contraceptive Service	How Contraceptive Service is Covered
Office visits	No copay for contraception services
Intrauterine devices	Including insertion and removal
Subdermal implants	Including insertion and removal
Medroxyprogesterone injections	Provided in the office
Voluntary sterilization	Tubal ligation and vasectomy

As a response to the *Contraceptive Coverage* report, we are taking steps to update this section of the handbook to clarify that all FDA-approved contraceptive services are provided without cost-sharing.

 Make sure that formularies accurately list all medical methods of contraception and that consumers can find information on methods easily In addition to our comments above, it should be noted that when the Northwest Health Law Advocates and NARAL Pro Choice Washington began their research, they initially examined our Medicaid formulary—which is significantly different from our QHP formulary. This was primarily the result of the HBE having an incorrect link to the *Community HealthEssentials* formulary. We provided the HBE with an updated link when we noticed this error in a draft report.

 Help provide consumers with greater access to medical information about contraception methods to support informed decision-making and full range of choices

As discussed previously, our customer service representatives have received comprehensive training about the no cost-sharing contraceptive services that are part of our *Community HealthEssentials* products. They also have a one-page document can be share with enrollees and the public. This information has been clarified in our formulary and we are in the process of updating our Member Handbook. As a mission-driven community-based health plan, we look forward to any opportunities to improve the ways we serve our enrollees and welcome any future feedback.

 Additionally, carriers should consider providing emergency contraception without cost-sharing regardless of whether a woman has obtained a prescription, as it is both a beneficial and costeffective option for women and carriers alike

CHPW is committed to adhering to all federal requirements regarding the availability and accessibility of contraception, including emergency contraception. Our formulary includes emergency contraception such as levonorgestrel tablets (e.g., Next Choice® and Plan B®) and ulipristal acetate tablets (e.g., ella®) without cost sharing. At this point, we have reasonable medical management processes in place that include requiring a prescription for over-the-counter emergency contraception. Going forward, we may examine this issue and its impact on women's access to these services and their overall health care needs.

CHPW is dedicated to being good partners in the delivery of comprehensive health care. This includes ensuring that women receive clear, consistent, and accurate information about their contraceptive benefits. If you have any questions about our comments, please do not hesitate to contact me at (206) 515-4710 or at Lance.Hunsinger@chpw.org.

Sincerely,

Lance Hunsinger

Chief Executive Officer

Community Health Plan of Washington