Classification of Services

- Classification of a service may affect the scope of the available benefit
- Proposed rule defines each category, and requires classification to conform to the definition
- Specific benchmark plan exclusions are not binding on carriers, but are permitted unless against federal or state law

State & Federal Mandates

- Apply uniformly in both individual and small group markets
- No new state mandates created
- EHB not described in terms of providers but in terms of the service, sometimes the setting, and special populations (e.g. pregnant women, children)
Habilitative Services

- Not in the benchmark base plan
- Parity with rehabilitative benefits
- Definition based on small work group input:

Habilitative services: means the range of medically necessary health care services and health care devices designed to assist an individual in partially or fully developing, keeping and learning age appropriate skills and functioning, within the individual’s environment or to compensate for a person’s progressive physical, cognitive and emotional illness and that:

(i) Are provided in a manner consistent with RCW 48.43.045;
(ii) Take into account the unique needs of the individual;
(iii) Target measurable, specific treatment goals appropriate for the person’s age, and physical and mental condition, and
(iv) Are consistent with the carrier’s utilization review guidelines and practice guidelines recognized by the medical community as efficacious, and not necessarily requiring a return to a prior level of function.

The habilitative services benefit definition includes health care devices that require FDA approval and a prescription to dispense the device.
Chronic Disease Group Requests

Cancer

- Access to oral/IV administered chemotherapy, stem cell transplant and radiation therapy
- Parity of coverage for IV and orally administered treatments
- Drug benefit coverage for 6 protected classes, with more than one drug per class
- Range of care from preventive to treatment options, including palliative care
- Cancer screenings for men & women

Multiple Sclerosis

- Inpatient hospital services without caps
- Prohibit specialty medications being placed in a fourth or specialty tier with a different cost-sharing structure (discriminates against those with a chronic condition)
- No predetermined limit for Physical therapy
### Hemophilia and Blood Disorders

- Access to specialists at federally recognized hemophilia treatment centers (HTCs)
- Full range of FDA approved clotting factor products
- Range of specialty pharmacy providers
- “medical necessity” defined in concern with providers
- Coverage for screening of von Willebrand Disease for women with menorrhagia

### Cardiovascular Disease & Stroke/Disabilities community

- Assistive technology, home health & personal care services, and medical transport
- Rehabilitation and habilitation therapies not limited by visit number for post-myocardial or vascular incident treatment
- Nutritional counseling not limited where medically necessary
## Special Populations Requests

### Children
- Include eosiphilliac foods in medical food coverage
- Bright Futures guidelines reference included in the benefit package
- State CHIP dental benefits for pediatric oral benchmark
- Include maintenance therapy for rehab and habilitative services
- Classify autism services under mental health services, not rehabilitative services
- Cover eating disorder treatments under mental health services category
- Habilitative Services

### Women & Reproductive Health
- Cover dependent daughters for maternity care
- Newborn care should be equivalent regardless of mother’s status as an enrollee-type
## What is covered?

<table>
<thead>
<tr>
<th>EHB Category</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory patient services</td>
<td>• Primary and specialist provider visits and treatments</td>
</tr>
<tr>
<td></td>
<td>• Home health care</td>
</tr>
<tr>
<td></td>
<td>• Hospice services, including respite care</td>
</tr>
<tr>
<td></td>
<td>• Outpatient surgery, including supplies and facility fees</td>
</tr>
<tr>
<td></td>
<td>• Urgent care center services</td>
</tr>
<tr>
<td></td>
<td>• Spinal manipulation (10 per year)</td>
</tr>
<tr>
<td></td>
<td>• Acupuncture (12 per year)</td>
</tr>
<tr>
<td></td>
<td>• Dialysis in home or in an outpatient setting</td>
</tr>
<tr>
<td></td>
<td>• Annual vision exam and a pair of glasses or contacts</td>
</tr>
<tr>
<td>EHB Category</td>
<td>Services</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Emergency services         | • Ambulance transport and services related to transport to an emergency room  
                              | • Emergency care and services                                            |
| Hospitalization            | • Hospital Inpatient care and services in a hospital, including in-patient pharmacy and surgery (except for bariatric surgery, reversal of sterilization or sex re-assignment surgery)  
                              | • Transplant services for donors, and recipients                        |
|                            | • Dialysis                                                               |
|                            | • Skilled nursing facility non-custodial care                            |
|                            | • Anesthesia for dental procedures if medically needed to be done in a hospital |
| Maternity & newborn care   | Pre-natal and post-natal care                                           |
|                            | Genetic testing                                                          |
|                            | In utero treatment                                                       |
|                            | Termination of pregnancy                                                |
|                            | Newborn care (professional and nursery services)                         |
## What is covered? (cont’d)

<table>
<thead>
<tr>
<th>EHB Category</th>
<th>Services</th>
</tr>
</thead>
</table>
| Mental health including behavioral health treatment    | • Inpatient, outpatient and residential treatment for substance use disorders  
|                                                        |   • Inpatient, outpatient and residential treatment for DSM-IV or V diagnoses  
|                                                        |   • 4 employee assistance program counseling sessions               
|                                                        |   • Detoxification services                                            |
| Prescription drug                                      | • Generic and Brand-name drugs, medication and drug therapies placed on the benchmark plan’s formulary  
|                                                        |   • Medical foods to treat inborn errors of metabolism               
|                                                        |   • Diabetes supplies                                                |
| Rehabilitative and Habilitative Services               | • Therapies  
|                                                        |   • Durable medical equipment                                      
|                                                        |   • Diabetes supplies/equipment                                      |
| Laboratory Services                                   | • Diagnostic tests  
|                                                        |   • Blood and blood services                                       
<p>|                                                        |   • Imaging and scans (X-ray, CAT, MRI, PET, ultrasound)             |</p>
<table>
<thead>
<tr>
<th>EHB Category</th>
<th>Services</th>
</tr>
</thead>
</table>
| Preventive and wellness services, including chronic disease management | • Immunizations  
• Well child and adult visits  
• USPTSF A&B guideline services (preventive and chronic care)  
• Bright Futures pediatric guideline services  
• Includes tobacco cessation services, colorectal and prostate cancer screens  
• Women’s preventive and wellness services (HRSA guidelines) |
| Pediatric services                                | • All the services above  
• Low vision optical devices and low vision services  
• Diagnostic, preventive and restorative dental care  
• Endodontic and periodontal dental care  
• Crowns, fixed bridges and removable prosthetics related to oral care |
Scope and Limitation requirements

Adjusted

- Nutritional counseling
- Waiting period for transplant services
- Exclusion of maternity coverage for dependent daughters
- Different newborn coverage duration based on dependent status of mother
- 30 day limitation on chemical dependency inpatient rehabilitation
- Eating disorder treatment exclusion

Retained

- 10 spinal manipulations per year
- 12 acupuncture per year
- 25 outpatient rehab visits per year
- Neurodevelopmental therapy through age 6
- DSM-IV or V diagnoses treatment under mental health category