

Instructions for Sending an Appeal Letter: Well-Woman Visit

Addressing the Letter

- Contact your insurer to find out to whom you should send your appeal.
- If you are given an appeal form, it will include the address for the person to whom you should send your appeal.
- In addition, if you are in an employer-based plan, you can send a copy of the appeal letter and form to your insurance plan's Plan Administrator.
 - The contact information for your Plan Administrator can be found in the Summary Plan Description.
 - If you are in an employer-sponsored plan and you are comfortable doing so, you should give a copy to the person who manages employee benefits in your HR department.

Completing the Letter

- Complete every field of the form letter that appears in capital letters with the information specific to your situation (for example, YOUR NAME, POLICY NUMBER, etc.)
- Make sure you have documentation of the costs you've incurred for your well-woman visit (such as an explanation of benefits from your insurance company) and attach copies of the documentation.
- Be sure to attach a copy of the "Frequently Asked Questions" to the letter – you can print a copy here: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-xii.pdf>

Creating a Record of Your Letter

- Make a copy of the letter and keep it in your files.

After You Send Your Letter

- Continue to keep copies of any other documents that show you had to pay out-of-pocket for your well-woman visit.
- Please let us know if you receive a reply from your insurance company. We are keeping track of how insurers respond.

If you have any questions, email the CoverHer Hotline at coverher@nwlc.org.

Sample Letter: Well-Woman Visit

[NAME]
[ADDRESS]

[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. I recently visited [NAME OF PROVIDER] for a well-woman visit. The Patient Protection and Affordable Care Act requires that my insurance coverage of this preventive service be with no cost sharing, however I was asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] to obtain this service.

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Service Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services with no cost sharing requirements. (42 U.S.C. § 300gg-13) The list of women's preventive services which must be covered in plan years starting after Aug. 1, 2012 includes well-women preventive care visits (<http://www.hrsa.gov/womensguidelines/>) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services.

The Affordable Care Act defines "cost-sharing" to include "deductibles, coinsurance, copayments, or similar charges." (42 U.S.C. § 18022(c)(3)(A)(i)) Furthermore, the regulations implementing § 2713 state, "a group health plan, or a health insurance issuer offering group or individual health insurance coverage, must provide coverage for all of the [preventive services], and may not impose any cost-sharing requirements (such as a copayment, coinsurance, or deductible) with respect to those items or services." (45 C.F.R. 147.130) Thus, both the statute and the regulations implementing it explicitly state that a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] is a form of cost sharing and should not be imposed on preventive services. However, [NAME OF INSURANCE COMPANY]'s current policy requires that I pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] for a well-woman visit. This policy is in violation of the Affordable Care Act's preventive services provision.

I have spent [TOTAL AMOUNT] out of pocket on well-woman visits, even though it should have been covered without cost sharing. I have attached copies of receipts which document these out-of-pocket expenses. I expect that [COMPANY NAME] will rectify this situation by ensuring that well-woman visits are covered by my plan without cost sharing in the future, reimbursing me for the out-of-pocket costs I have incurred during the period it was not covered without cost sharing, and changing any corporate policies that do not comply with the Affordable Care Act.

Sincerely,

[YOUR SIGNATURE]

Encl:

- Copies of Receipts Documenting Out of Pocket Costs
- Frequently Asked Questions about the Affordable Care Act (Part XII) (available at <http://www.dol.gov/ebsa/faqs/faq-aca12.html>)

Sample Letter: Multiple Well-Woman Visits

[NAME]
[ADDRESS]

[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. I recently visited [NAME OF PROVIDER] for a well-woman visit. The Patient Protection and Affordable Care Act requires that my insurance coverage of this preventive service be with no cost sharing, however I was asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] to obtain this service.

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Service Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services with no cost sharing requirements. (42 U.S.C. § 300gg-13) The list of women's preventive services which must be covered in plan years starting after Aug. 1, 2012, includes well-women preventive care visits (<http://www.hrsa.gov/womensguidelines/>) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services.

Specifically, the plan must provide coverage for multiple well-woman visits if they are necessary to obtain all appropriate services. On Feb. 20, 2013, the Departments of Labor and Health and Human Services and the Treasury released a set of "Frequently Asked Questions" which affirmed that under the ACA's women's preventives services, multiple well-woman visits must be covered without cost-sharing if indicated by the clinician. In response to the question, "What is included in a well-woman visit?" the FAQs states, "HHS understands that additional well-woman visits, provided without cost-sharing, may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors. If the clinician determines that a patient requires additional well-woman visits for this purpose, then the additional visits must be provided in accordance with the requirements of the interim final regulations." [INSURANCE COMPANY NAME]'s current policy of only providing coverage for one well-woman visit a year is in violation of the clear statement in the FAQs.

I have spent [TOTAL AMOUNT] out of pocket on well-woman visits, even though these visits should have been covered without cost sharing. I have attached copies of receipts which document my out-of-pocket expenses. I expect that [COMPANY NAME] will rectify this situation by ensuring that multiple well-woman visits are covered by my plan without cost sharing in the future, reimbursing me for the out-of-pocket costs I have incurred during the period it was not covered without cost sharing, and changing any corporate policies that do not comply with the Affordable Care Act.

Sincerely,

[YOUR SIGNATURE]

Encl:

- Copies of Receipts Documenting Out of Pocket Costs
- Frequently Asked Questions about the Affordable Care Act (Part XII) (available at <http://www.dol.gov/ebsa/faqs/faq-aca12.html>)

Sample Letter: Well-Woman Visit – Prenatal Care

[NAME]

[ADDRESS]

[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. I recently visited [NAME OF PROVIDER] for a prenatal care visit. The Patient Protection and Affordable Care Act requires that my insurance coverage of this preventive service be with no cost sharing, however I was asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] to obtain this service.

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Service Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services with no cost sharing requirements. (42 U.S.C. § 300gg-13) The list of women's preventive services which must be covered in plan years starting after Aug. 1, 2012 includes well-women preventive care visits (<http://www.hrsa.gov/womensguidelines/>) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services.

Specifically, the plan must provide coverage without cost sharing for prenatal care visits. On Feb. 20, 2013, the Departments of Labor and Health and Human Services and the Treasury released a set of "Frequently Asked Questions" which affirmed that under the ACA's women's preventives services, prenatal care is considered part of a well-woman visit and prenatal visits should be covered without cost-sharing. In response to the question, "What is included in a well-woman visit?" the FAQs states, "The HRSA Guidelines recommend at least one annual well-woman preventive care visit for adult women to obtain the recommended preventive services that are age- and developmentally appropriate, including preconception and prenatal care." The FAQ also recognizes the need for multiple visits, stating, "additional well-woman visits, provided without cost-sharing, may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors. If the clinician determines that a patient requires additional well-woman visits for this purpose, then the additional visits must be provided in accordance with the requirements of the interim final regulations." [INSURANCE COMPANY NAME]'s current policy of not covering all necessary prenatal care visits without cost-sharing is in violation of the clear statement in the FAQs.

I have spent [TOTAL AMOUNT] out of pocket on prenatal care visits, even though it should have been covered without cost sharing. I have attached copies of receipts which document these out-of-pocket expenses. I expect that [COMPANY NAME] will rectify this situation by ensuring that multiple well-woman visits are covered by my plan without cost sharing in the future, reimbursing me for the out-of-pocket costs I have incurred during the period it was not covered without cost sharing, and changing any corporate policies that do not comply with the Affordable Care Act.

Sincerely,

[YOUR SIGNATURE]

Encl:

- Copies of Receipts Documenting Out of Pocket Costs
- Frequently Asked Questions about the Affordable Care Act (Part XII) (available at <http://www.dol.gov/ebsa/faqs/faq-aca12.html>)