



Healthcare Re-FORUM

Preventive Services and the New Interim Final Regulations (IFR)

The Patient Protection and Affordable Care Act (PPACA) requires group health plans and health insurance issuers offering group or individual health insurance coverage to provide recommended preventive services without cost sharing. The Departments of Health and Human Services (HHS), Labor and the Treasury published new interim regulations in the Federal Register on July 19, 2010, that provide further guidance on this requirement.



The Basics of the Provision

For plan years beginning on or after September 23, 2010, non-grandfathered group health plans must cover the preventive services outlined below. Additionally, plans may no longer charge patients a copayment, coinsurance or deductible for these services when delivered by a network provider. The term “group health plan” includes both insured and self-insured group health plans.

What Preventive Services Does the Rule Cover?

- Evidence-based items or services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF).
- Immunizations for routine use in children, teenagers and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved. A recommendation of the Advisory Committee is considered to be “in effect” after it has been adopted by the Director of the CDC. A recommendation is considered to be for routine use if it appears on the Immunization Schedules of the CDC.

- With respect to infants, children and teenagers, evidence-based preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- With respect to women, evidence-based preventive care and screening provided for in comprehensive guidelines supported by HRSA (and not otherwise addressed by the recommendations of the USPSTF). HHS is developing these guidelines and expects to issue them no later than August 1, 2011.

IFR Clarify the Cost-Sharing Requirements for Office Visits

- If a recommended preventive service is billed separately (or is tracked separately as individual encounter data) from an office visit, a plan or issuer may apply cost-sharing requirements to the office visit.
- If a recommended preventive service is not billed separately (or is not tracked separately as individual encounter data) from an office visit and the primary purpose of the office visit:
 - is for that preventive item or service, a plan or issuer may not apply cost-sharing requirements to the office visit.
 - is not for the preventive item or service, a plan or issuer may apply cost-sharing requirements to the office visit.

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Additional Points to Note

- Plans that cover preventive services beyond those required under the new law may apply cost-sharing requirements for the additional services.
- The regulations clearly indicate that group health plans may require cost-sharing for recommended preventive services delivered by an out-of-network provider.
- When newly recommended preventive services are identified under the law, there is an interval of not less than one year between the issuance of recommendations or guidelines under Public Health Services Act Section 2713(a) and the plan year for which coverage of the services addressed in the recommendations or guidelines must go into effect.
- Plans and issuers can use reasonable medical management techniques to determine coverage limitations if a recommendation or guideline for a recommended preventive service does not specify the frequency, method, treatment or setting for the provision of that service.
- A plan or issuer is not required to provide coverage or waive cost-sharing requirements for any item or service that ceases to be a recommended preventive service.

A complete list of preventive services recommendations and guidelines that must be covered under the IFR can be found at:

<http://www.HealthCare.gov/center/regulations/prevention.html>

Future Topics:

- Definition of Terms (Volume 2)
- Review of Appeals Process (New IFR)
- New W-2 Reporting Requirements