December 15, 2010

5 Overview: Preventive Care Requirements under ACA

- Section 2713 of the Public Health Service Act ("PHSA"), as added by ACA, generally requires that group health plans and insurers offering group or individual health insurance:

  (1) Provide coverage for certain preventive health services, and

  (2) Not impose cost-sharing requirements with respect to such services.

- In general, these requirements apply with respect to the following types of recommendations and guidelines:
  - Evidence-based items or services rated A or B in the current recommendations of the United States Preventive Services Task Force ("USPSTF")
  - Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("ACIP")
  - Preventive care and screenings for infants, children, and adolescents, provided for in the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA")
  - Additional preventive care and screenings for women as provided for in the comprehensive guidelines supported by the HRSA; and
  - Recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention, excluding the recommendations issued in or around November 2009.

- Following is the link to the complete list of recommended preventive services on the Federal government's healthcare.gov website:
  http://www.healthcare.gov/center/regulations/prevention/recommendations.html.

- Out-of-network Providers:
  - Plans or issuers will not be required to provide any benefits for the preventive care services described above that are delivered by an out-of-network provider.
  - Additionally, a plan or issuer with a network of providers will be able to apply cost-sharing requirements for services that are delivered by an out-of-network provider.
- Timing:
  - Generally, plans must provide coverage for the preventive services described above for plan years that begin on or after September 23,2010 or if later, for plan years that begin

on or after the date that is one year after the relevant recommendation or guideline is issued.

Applicability

- The Regulation only applies to non-grandfathered plans. The Regulation applies to both self insured and insured non-grandfathered plans (group and individual coverage).

Effective Date

- Plans and issuers must provide coverage for the preventive services described above for plan years (policy years in the individual market) that begin on or after September 23,2010.

MCS Plan

- Review plans and policies to ensure that:

  (1) all recommended preventive services are covered, and

  (2) no cost-sharing is imposed on recommended preventive services that are provided in-network.

- While the regulation lists those recommended preventive services that must be covered without cost-sharing for the upcoming plan year, MCS will need to monitor the recommended preventive services list to track future updates for plan years that begin after July 19, 2011.