

# PPACA Preventive Care Requirements – Interim Final Rule

On July 19, 2010 the Federal government published the "Interim Final Rules... Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act" (the Rule). The Rule requires health plans and health insurers to cover certain preventive health services and to eliminate cost sharing requirements for such services. The Rule applies to insured group and individual plans and self insured plans, but does not apply to grandfathered plans. The Rule is generally applied to plan years beginning on or after September 23, 2010.

## Required Preventive Health Services

- Evidence-based items or services rated A or B in the current recommendations of the United States Preventive Services Task Force ("USPSTF"). A complete list of A and B recommendations posted by the Federal Government is provided separately.
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- Preventive care and screenings for infants, children, and adolescents.
- Additional preventive care and screenings for women as provided for in the comprehensive guidelines supported by HRSA.
- Recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention, excluding the recommendations issued in or around November 2009.

*There is no explanation concerning the scope or frequency of items that are required to be covered. It is unclear whether further guidance will be issued.*

## Medical Management and Coverage and Cost-Sharing for Out-of-Network

A plan or insurer may use "reasonable medical management techniques" to determine the frequency, method, treatment, or setting for a recommended preventive service to the extent such information is not specified in the applicable recommendation or guideline.

If a plan or insurer has a network of providers, the plan or insurer:

- Is not required to provide coverage for preventive services delivered out-of-network.
- May impose cost-sharing for preventive services delivered out-of-network.

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## Cost-Sharing for Office Visits

The Rule also clarifies how cost-sharing applies in the case of a recommended preventive service provided during an office visit. Generally, the Rule provides as follows:

- If a recommended preventive service is billed separately from an office visit, then cost-sharing requirements may be imposed with respect to the office visit.
- If a recommended preventive service is not billed separately from an office visit and the primary purpose of the office visit is the delivery of the recommended preventive service, then cost-sharing requirements may not be imposed with respect to the office visit.
- If a recommended preventive service is not billed separately from an office visit and the primary purpose of the office visit is not the delivery of the recommended preventive service, then cost-sharing requirements may be imposed with respect to the office visit.

*The reference to individual encounter data was included to provide guidance to plans that use capitation or similar payment arrangements that do not bill individually for items and services.*

## New Guidelines

The list of recommended preventive services on the Federal government's Healthcare.gov website will be updated on an ongoing basis, and will include the date on which the recommendation or guideline was adopted or accepted.

***For general information regarding the Ohio Cessation Benefits Team and cost effective options for supporting tobacco cessation in Ohio, please contact Mari-jean Siehl at 614-644-1113 or [mari-jean.siehl@odh.ohio.gov](mailto:mari-jean.siehl@odh.ohio.gov).***

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