

New Requirements for Preventive Services as Part of PPACA

As part of the Patient Protection and Affordable Care Act (PPACA), the Departments of Health and Human Services (HHS), Labor, and Treasury recently issued interim final regulations requiring group health plans and group health insurance issuers to cover certain preventive services without any cost-sharing to the member when delivered by in-network providers. The interim final regulations apply to group health plans and group health insurance issuers for plan years beginning on or after September 23, 2010, or until the first plan year beginning on or after the date that is one year after a new recommendation or guideline went into effect. Grandfathered plans* are not subject to these requirements. To find out if a plan has grandfather status, please contact the payer or claim administrator for the plan.

These requirements may change how providers file claims for preventive services and also could affect the time it takes to process a claim for payment. In all likelihood, many payers will pend claims related to preventive services for additional information.

Please visit <http://www.healthcare.gov/center/regulations/prevention/recommendations.html> for more detailed information on the specific preventive services for which cost-sharing is prohibited.

Some important points for providers to keep in mind regarding the new cost-sharing changes:

- If a recommended preventive service is billed separately from an office visit, then a plan may impose cost-sharing 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 such service, then a plan may not impose cost-sharing 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 such service, then a plan may impose cost-sharing with respect to the office visit.

If you have any questions regarding the preventive services regulations, please call our Customer Service Contact Center at 800-824-7406 or e-mail us at cscustsvc@medcost.com.

***A grandfathered plan is health plan that was in effect on March 23, 2010 (the date of enactment of The Patient Protection & Affordability Care Act), and agrees to not make certain plan changes in the future. Plans that maintain grandfather status are exempt from some of the provisions of Health Care Reform.**

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