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# FOCUS

Stowe Associates Compliance Tips Newsletter



Experience and Expertise in Employee Benefit Solutions

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**This month we are featuring an update to the Healthcare Reform Act courtesy of HR & Benefits Advisor.**

**For more information and questions contact your Stowe Associates representative or Alison Smith at [asmith@stoweassociates.com](mailto:asmith@stoweassociates.com) or 770-451-6222.**

## Health Reform

### **Health Reform: List of Preventive Services Without Cost Sharing Released**

The Departments of Health and Human Services (HHS), Labor, and Treasury issued interim final regulations requiring new plans and issuers to cover certain preventive services **without any cost-sharing requirements** when delivered by network providers. Cost-sharing includes out-of-pocket costs like deductibles, co-payments and co-insurance. **Employers should note that these required preventive services do not apply to grandfathered plans.**

Under the new rules, services recommended by the U.S. Preventive Services Task Force (USPSTF) will generally be required to be provided without cost-sharing when delivered by an in-network provider in the plan years that begin on or after September 23, 2010 (except grandfathered plans). For recommendations that have been in effect for less than one year, plans and issuers will have one year from the effective date to comply. Thus, recommendations and guidelines issued prior to September 23, 2009 must be provided for plan years beginning on or after September 23, 2010.

Recommendations of the USPSTF appear in a released chart, which can be accessed by going to <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>.

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**Preventive Services to Be Covered without Cost-Sharing**

HHS reports that under the new rules, depending on age and plan type, individuals may have easier access to the following preventive services:

- Blood pressure, diabetes, and cholesterol tests
- Cancer screenings, including mammograms and colonoscopies
- Flu and pneumonia shots
- Routine vaccines ranging from routine childhood immunizations to periodic tetanus shots for adults, including diseases such as measles, polio, or meningitis
- Counseling from health care providers on such topics as quitting smoking, losing weight, eating better, treating depression, and reducing alcohol use
- Counseling, screening and vaccines for healthy pregnancies
- Regular well-baby and well-child visits, from birth to age 21

The interim final regulations also make clear that a plan or issuer is not required to provide coverage or waive cost-sharing requirements for any item or service that has ceased to be a recommended preventive service. For example, if a recommendation of the USPSTF is downgraded from a rating of A or B to a rating of C or D, or if a recommendation or guideline no longer includes a particular item or service, the service is not required to be provided without cost-sharing.

For more on preventive services under the Affordable Care Act, please go to <http://www.healthcare.gov/law/provisions/rebate/index.html>. You can also view a list of covered services for adults, women (including pregnancy) and children by going to <http://www.healthcare.gov/law/about/provisions/services/lists.html>.

If your group health insurance is fully-insured you and your insurance company will be responsible for making the necessary changes in your policy.

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