

Publications

Preventive Care Requirements under PPACA – Interim Final Rule

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SERVICES

On July 19, 2010, the Departments of Health and Human Services (HHS), Labor (DOL), and Treasury jointly published “Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act” (the Rule). 75 Fed. Reg. 41726 (July 19, 2010). The Rule requires group health plans and health insurers to cover certain preventive health services and to eliminate cost-sharing requirements for such services. The Rule does not apply to grandfathered plans.

Among other things, the Rule describes the limited circumstances under which coverage limitations or cost-sharing (which, according to the Rule, includes a copayment, coinsurance, or deductible) may be permitted with respect to preventive services. Notably, the Rule provides that cost-sharing is permitted in the case of a participant receiving preventive care from an out-of-network provider. The Rule is effective on September 17, 2010, and generally applies for plan years beginning on or after September 23, 2010. Comments on the Rule are due by September 17, 2010. Please see the attached memo for further information.