New Health Plans Must Offer Free Screenings

BY MARY ELLEN SCHNEIDER

ew health plans will soon be required to offer a range of recommended preventive health services to patients free of charge under the Affordable Care Act.

The requirements will affect new private health plans in the individual and group markets starting with plan years that began on or after Sept. 23. The Health and Human Services department estimates that in 2011, the rules will affect about 30 million people in group

health plans and an additional 10 million in individual market plans.

The rules do not apply to grandfathered plans.

Under the final rule, health plans may not collect copayments, coinsurance, or deductibles for numerous recommended preventive services. However, they might collect fees for the associated office visit if the preventive service wasn't the primary purpose of the visit.

Patients might also incur cost sharing if they go out of network for the recommended screenings.

The covered services include those given an evidence rating of "A" or "B" from the U.S. Preventive Services Task

Those services include screening for depression for adults and adolescents; HIV, colon cancer, diabetes, blood pressure and cholesterol testing; obesity counseling for adults and children; and counseling to prevent sexually transmitted infections and for tobacco cessation.

The rule also calls for coverage of additional preventive services for women, which will be developed by an indepen-

dent group of experts. The task force now recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.

Health plans will have some extra time to begin covering newly recommended services. For recommendations that have been in effect for less than a year, plans will have 1 year to comply after the effective date.

A list of the recommended preventive services is available online at www. healthcare.gov/center/regulations/pre vention/recommendations.html.

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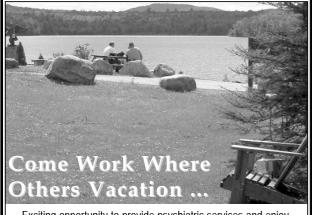
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