

AFFORDABLE CARE ACT Preventive Care



BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

What the Law Requires

The Affordable Care Act (ACA), or health care reform law, requires non-grandfathered plans to cover certain preventive care services at no cost sharing when you get them from the plan's in-network providers.

These "recommended preventive services" are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations. Immunization guidelines are based on those from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and Health Resources and Services Administration guidelines, including the American Academy of Pediatrics Bright Futures recommendations.

Whom does it impact?

The preventive services provisions of the law apply to **non-grandfathered** health plans. This includes both **individual** health plans and **employer-sponsored (group)** health plans.

A non-grandfathered plan is one that took effect after the law was enacted on March 23, 2010. A grandfathered health plan is one that was in effect before this date. A plan remains grandfathered as long as it does not significantly reduce benefits or increase out-of-pocket spending above what it was when the new law took effect.

When does it take effect?

The preventive services provision took effect for non-grandfathered plans for plan years on or after Sept. 23, 2010. Coverage for additional women's preventive services took effect for plan years on or after Aug. 1, 2012. **As services are added or updated, health plans must begin to provide coverage consistent with the recommendation in the first plan or policy year that begins on or after one year after the recommendation went into effect.**

For More Information

To see the complete list of USPSTF A and B recommendations, please visit https://www.uspreventiveservicestaskforce.org/uspstf/search_results?searchterm=USPSTF%20A%20and%20B%20recommendations.

To learn more about the Bright Futures/American Academy of Pediatrics recommendations for preventive pediatric care, visit <https://brightfutures.aap.org/families/Pages/Well-Child-Visits.aspx>.

Visit <https://www.cdc.gov/vaccines/> to learn more about recommended vaccines for adults, infants, children and teens.

To learn more about grandfathered versus non-grandfathered plans, go to <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/>.

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A word of caution

There may be times when a patient who receives a recommended preventive care service still must pay an out-of-pocket amount for the associated office visit. This depends on whether the provider bills and codes the preventive service separately from the office visit or with the office visit.

If the provider bills the preventive service separately from the office visit, the patient will be required to pay the usual cost-sharing (coinsurance or copayment) amount for the office visit but not for the recommended preventive service. This may occur regardless of the primary purpose for the office visit.

If the provider includes the recommended preventive care service with the office visit, the patient will be required to pay the usual cost-sharing (coinsurance or copayment) amount for the office visit.

Providers who have questions about this should call their BlueCross/BlueChoice® provider representative for assistance. They may also review medical policy CAM 089, Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF recommended services for instruction and guidance regarding how to appropriately code for preventive services.



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