



# HHS Public Access

Author manuscript

*Am J Public Health*. Author manuscript; available in PMC 2016 May 17.

Published in final edited form as:

*Am J Public Health*. 2015 January ; 105(1): e7–e10. doi:10.2105/AJPH.2014.302289.

## Clinical Preventive Services Coverage and the Affordable Care Act

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### Abstract

The Affordable Care Act requires many health plans to provide coverage for certain recommended clinical preventive services without charging copays or deductible payments. This provision could lead to greater uptake of many services that can improve health and save lives. Although the coverage provision is broad, there are many caveats that also apply. It is important for providers and public health professionals to understand the nuances of the coverage rules to help maximize their potential to improve population health.

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Every year, more than 100 000 additional lives could be saved if more people received recommended preventive care.<sup>1</sup> In fact, preventive health care services—such as cancer screenings, tobacco cessation interventions, and vaccinations—can help prevent 9 of the top 10 leading causes of death (Table 1). Cost is frequently cited as a barrier to receipt of needed care.<sup>3</sup> To that end, as of September 2010, the Affordable Care Act (ACA)<sup>4</sup> requires many health plans to provide in-network coverage for certain recommended clinical preventive services, along with prevention-only office visits, without charging copays or deductible payments (§1001).<sup>4</sup> This requirement provides an opportunity to affect population health by increasing the uptake of lifesaving services. Providers, insurers, and public health agencies can work together to ensure that people know what preventive care they need and which services are free. However, achieving these aims is complicated and merits a more thorough understanding of the coverage without copay or deductible requirement for preventive care.

### ORGANIZATIONS PROVIDING GUIDELINES

The ACA (§1001)<sup>4</sup> designated several organizations as the source for guidelines that identify the clinical preventive services and population groups that should receive coverage without copays or deductibles. The United States Preventive Services Task Force (USPSTF) and the

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The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.

#### Contributors

J. B. Fox led the development of the article topic and wrote the original draft. F. E. Shaw reviewed and edited the article.

#### Human Participant Protection

This article does not report data from human participants; therefore, no institutional review board approval was needed.

Advisory Committee on Immunization Practices (ACIP) are long-standing organizations composed of health professionals that produce evidence-based recommendations for clinical services to prevent and control disease. The ACA recognizes services recommended by these organizations, along with those for women and children supported by the Health Resources and Services Administration (HRSA; see the box on page e3).

With respect to children, HRSA has endorsed the recommendations of the Bright Futures initiative from the American Academy of Pediatrics<sup>5</sup> and the Recommended Uniform Screening Panel of the Discretionary Advisory Committee on Heritable Disorders in Newborns and Children.<sup>6</sup> For women, HRSA supports the coverage guidelines recommended in the July 2011 Institute of Medicine report *Clinical Preventive Services for Women*.<sup>7</sup> The law requires nongrandfathered private plans to adopt new clinical guidelines from these organizations beginning with plan years starting 1 year after the date the recommendation is issued.<sup>8</sup>

## PRIVATE HEALTH PLANS

The ACA requires all private health plans to provide the full suite of preventive services with no copays or deductibles, unless the plan has grandfathered status.<sup>8</sup> Grandfathered plans that existed on or before March 23, 2010, and have continually met certain requirements are not required to cover any preventive care.<sup>9</sup> An individual plan in which the insured has been continuously covered since before March 23, 2010, may be grandfathered. Any group plan that existed before March 23, 2010, and has had at least 1 person enrolled at all times since that date may also be grandfathered. Grandfathered plans can lose that status by significantly reducing benefits; adding or tightening annual coverage limits; significantly raising coinsurance, copays, deductibles, or employee contributions; or not claiming grandfathered status in policy and benefits materials.

Worker enrollment in grandfathered employer-sponsored plans has already decreased from 56% of covered workers in 2011 to 26% in 2014.<sup>10</sup> The grandfathered proportion of non-employer-sponsored policies is not known. Over the next few years, if more individuals acquire insurance through the Health Insurance Marketplace—all Marketplace plans are nongrandfathered—and if more grandfathered plans are discontinued or lose their grandfathered status, an increasingly large percentage of the privately insured population will have coverage of preventive services without copays or deductibles.

## MEDICARE

The ACA also reduces copays and deductibles for Medicare beneficiaries. Medicare provides certain office visits without copays or deductibles, including a Welcome to Medicare visit for new enrollees and the Annual Wellness Visit (§4103).<sup>4</sup> These visits include discussions about recommended preventive care and a health risk assessment. Medicare also provides coverage without copays and deductibles for most USPSTF-recommended services and 3 vaccinations: influenza, hepatitis B, and pneumococcal.

The effects of these coverage provisions are already being felt. More than 37 million Medicare beneficiaries received 1 or more preventive services without paying a copay or

deductible in 2013.<sup>11</sup> Although Medicare is not required to cover all the services recommended by the USPSTF, if Medicare provides coverage for a USPSTF-recommended service, it must be provided with no copays or deductibles (§4104).<sup>4</sup> Approximately 1 in 6 Medicare beneficiaries are younger than 65 years, so Medicare coverage of preventive care recommended for nonseniors is important for millions of Medicare beneficiaries.<sup>12</sup>

Only a small number of USPSTF-recommended services are not covered by Medicare, including genetic counseling and evaluation for high-risk breast cancer genetic testing and breastfeeding counseling.<sup>13</sup> Vaccinations other than influenza, hepatitis B, and pneumococcal may be available through Part D coverage and may be subject to copays or deductibles. Unlike nongrandfathered private plans, Medicare is also not required to cover services recommended by the ACIP or supported by HRSA (§4104).<sup>4</sup>

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

The ACA also calls for additional benefits for certain Medicaid and Children's Health Insurance Program beneficiaries. It is important to note that there are different types of Medicaid coverage. The first kind of coverage, for children, pregnant women, parents, seniors, and individuals with disabilities, preceded the ACA, and is often called "traditional" Medicaid. The ACA gives states the opportunity to expand Medicaid for individuals with an income up to 133% of the federal poverty level (§2001).<sup>4</sup> Beneficiaries that are newly eligible for Medicaid through the expansion receive coverage through an alternative benefit plan that includes coverage without copays or deductibles for preventive services recommended by the USPSTF and ACIP and supported by HRSA—the same coverage required for nongrandfathered private plans.<sup>14</sup>

Through traditional Medicaid and the Children's Health Insurance Program, children younger than 18 years receive free preventive care, including ACIP-recommended vaccinations, vision and dental services, screenings and examinations, and other necessary health care services through the Early and Periodic Screening, Diagnostic, and Treatment benefit.<sup>15</sup> With respect to adults, states must cover certain tobacco cessation services and pregnancy-related care without copays or deductibles (§4107).<sup>4</sup> But with those exceptions, states are generally not required to cover preventive care for adult traditional Medicaid beneficiaries and may charge copays.

A recent analysis finds that only 6 of 47 states surveyed provided coverage without copays or deductibles to adult traditional Medicaid beneficiaries for all 42 preventive services examined.<sup>16</sup> States that cover without copays or deductibles all the preventive services recommended by the USPSTF and ACIP can receive a 1 percentage point increase in their Medicaid federal matching rate for those services (§4106).<sup>4</sup>

The bottom line is that children with traditional Medicaid or enrolled in the Children's Health Insurance Program and beneficiaries newly eligible for Medicaid through the expansion will have a full range of preventive services covered without copays or deductibles. Benefits for adults with traditional Medicaid will vary from state to state. In

states that do not expand Medicaid, many lower-income individuals will go without access to affordable preventive services coverage.

## IMPLEMENTATION OF COVERAGE REQUIREMENTS

Plans have some flexibility in how they implement the ACA's provisions. Many of the recommendations were originally written as evidence-based clinical practices and not insurance coverage rules, leaving plans to set reimbursement guidelines that comply with reasonable medical management practices and providers to exercise clinical judgment. Although subregulatory guidance has clarified the intention of some coverage rules (e.g., identification and removal of polyps during a preventive colonoscopy should be covered without copays or deductibles<sup>17</sup>), many details remain open for interpretation, such as periodicity for certain services and other scenarios not explicitly clarified by the government or recommendation bodies. For example, some insurance plans require copayments or deductibles for colonoscopies completed after a positive fecal occult blood test, whereas other plans recognize a follow-up colonoscopy as preventive.<sup>18</sup> For patients, the difference could be thousands of dollars—and perhaps a reluctance to pursue the appropriate follow-up care.<sup>19</sup>

Providers also play an important role in securing full reimbursement for their patients without copays or deductibles. For example, many insurance plans have explicit billing requirements, such as billing with specific procedure and diagnosis codes for the service to be exempt from copays and deductibles. To avoid unnecessary bills for patients, providers will need to work with plans to be aware of billing and reimbursement rules and the coverage for preventive services for each patient. To help address these concerns, the Centers for Disease Control and Prevention has provided the CDC Prevention Checklist, a Web- and smartphone-based tool that helps patients and providers identify and understand the recommended preventive services and that includes billing information for some major insurers.<sup>20</sup>

Realizing the potential of the ACA's preventive care provisions to improve population health may require, among other factors, an effective and coordinated alliance of political and technical leadership.<sup>21</sup> Public health can provide essential safety net services, an evidence base for interventions, and messaging to increase awareness of affordable access to important care. The Primary Care Information Project in New York City is an example of public health working in collaboration with providers, leading to increases in preventive care delivery and population health improvement.<sup>22</sup>

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**Clinical Preventive Services Recommended by the  
USPSTF or ACIP or Supported by HRSA: United  
States**

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**Screenings and Tests**

Abdominal aortic aneurysm  
Anemia  
Autism  
Bacteriuria  
Blood pressure  
Breast cancer  
Cervical cancer  
Chlamydia  
Cholesterol  
Colorectal cancer  
Congenital heart defect  
Depression  
Developmental  
Diabetes  
Gestational diabetes  
Gonorrhea  
Hearing  
Hematocrit or hemoglobin  
Hemoglobinopathies or sickle cell  
Hepatitis B  
Hepatitis C  
HIV  
Human papillomavirus  
Hypothyroidism  
Lead  
Lung cancer  
Osteoporosis  
Phenylketonuria  
Rh incompatibility  
Syphilis  
Tuberculin  
Vision

**Vaccinations**

Diphtheria, tetanus, pertussis  
Hemophilus influenza type b  
Hepatitis A  
Hepatitis B  
Herpes zoster

Human papillomavirus  
 Inactivated poliovirus  
 Influenza  
 Measles, mumps, rubella  
 Meningococcal  
 Pneumococcal  
 Rotavirus  
 Varicella

**Screenings With Counseling or Intervention**

Alcohol misuse  
 Domestic and interpersonal violence  
 Obesity  
 Tobacco use

**Newborn Screenings**

Suite of 57 metabolic and hemoglobinopathy screenings for newborns

**Counseling**

Breast cancer chemoprevention  
 Breast cancer genetic test counseling  
 Breastfeeding  
 Healthy diet and physical activity  
 Sexually transmitted infections  
 Skin cancer

**Others**

Aspirin use to prevent heart attack, stroke, or preeclampsia  
 Psychosocial and behavioral assessments  
 Dental caries prevention  
 Developmental surveillance  
 Falls prevention  
 FDA-approved contraception  
 Fluoride chemoprevention  
 Folic acid supplementation  
 Gonorrhea preventive medication  
 Height, weight, head, and BMI measurements  
 Iron supplements to prevent anemia  
 Oral health risk assessment  
 Well-child visits  
 Well-woman visits

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*Note.* ACIP = Advisory Committee on Immunization Practices; BMI = body mass index (defined as weight in kilograms divided by the square of height in meters); FDA = Food and Drug Administration; HRSA = Health Resources and Services Administration; USPSTF = United States Preventive Services Task Force. The Affordable Care Act requires many insurance plans to cover these clinical preventive services in network

without charging copayments or deductibles for beneficiaries who meet the clinical risk factor guidelines (age, gender, pregnancy status, disease status, etc.).

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**TABLE 1**  
**Leading Causes of Death: United States, 2010**

Cause of Death	No. of Deaths <sup>a</sup>	Selected Preventive Service(s) Available
Heart disease	597 689	Blood pressure screening, cholesterol screening, aspirin chemoprophylaxis, tobacco cessation, etc.
Cancer	574 743	Cervical cancer screening, colorectal cancer screening, breast cancer screening, skin cancer risk reduction, etc.
Chronic lower respiratory diseases	138 080	Tobacco cessation interventions and influenza and pneumococcal vaccinations
Stroke (cerebrovascular diseases)	129 476	Blood pressure screening, cholesterol screening, aspirin chemoprophylaxis, tobacco cessation, etc.
Accidents (unintentional injuries)	120 859	Falls prevention
Alzheimer's disease	83 494	None
Diabetes	69 071	Obesity screening and counseling, healthy diet counseling, diabetes screening, etc.
Nephritis, nephrotic syndrome, and nephrosis	50 476	Blood pressure screening, diabetes screening, Hepatitis C screening, Hepatitis B vaccination, etc.
Influenza and pneumonia	50 097	Influenza and pneumococcal vaccinations
Intentional self-harm (suicide)	38 364	Depression screening

<sup>a</sup>Number of deaths obtained from Heron.<sup>2</sup>

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