JULY 14, 2015

Tri Agencies Update Preventive Care Regulations

Today the Tri- Agencies (DOL, IRS and CMS) issued final preventive care regulations replacing prior interim rules and proposed regulations that applied to non-grandfathered health plans. The final regulations apply to plans on the first day of the plan year that begins on or after September 14, 2015 (January 1, 2016, for calendar year plans). These rules maintain the existing accommodations for religious organizations that object to providing contraceptive services and finalize the interim rule that provided for an alternative method for these entities to provide notice of their objection. The same accommodations are extended to closely held for-profit entities as a result of the *Hobby Lobby* Supreme Court decision.

These final rules also follow, with few changes, the prior guidance regarding the scope of preventive care services. If preventive care services are billed separately from other services provided during the same visit, cost-sharing can be imposed for the non-preventive care services. If they are not billed separately, cost-sharing can be imposed only if the "primary" purpose of the visit was not for preventive care services. The final regulations do make a change relating to coverage of preventive services when recommendations are changed during the year. If a recommendation is changed or eliminated during the year, the service must continue to be covered through the end of the plan or policy year, unless the change is due to safety concerns.

For more information see the final regulations here.