

## **Client Update/Affordable Care Act Preventive Care Coverage Update/August 23, 2013 NOPHI**

On February 20, 2013, the Department of Labor (DOL) put out a frequently asked questions (FAQ) document that answered many of the unanswered questions from the first preventive care provisions that were put in place beginning on or after September 23, 2010. At that time, we made a “good faith interpretation” of what the law meant in parts where it was not clear. Additionally, we had asked for clarification from the government.

As a result of this FAQ, we are adding services that fall under preventive care. These services are in addition to those things included under the Women’s Preventive Care benefit (oral contraceptives, breast pumps, etc.) and are to be covered with no member cost share.

### ***Preventive Rx and OTC items:***

#### **Preventive Prescription Drugs**

- Tobacco cessation products for those 18 years and older
  - Select generic products
  - Brand name products with no generic alternative

#### **Preventive OTC Items**

- Iron supplements for children 0-12 months
- Fluoride supplements for children from birth through 6 years old
- Tobacco cessation products for those 18 years and older
  - FDA-approved OTC products
- Folic acid for women 55 years old or younger
- Aspirin for men between age 45-79
- Aspirin for women between age 55-79
- Vitamin D for women over 65

### ***Genetic Testing***

- Genetic testing for BRCA1 or BRCA2 when certain criteria are met and it is determined to be medically necessary

BRCA testing was added to the preventive care list on 4/1/2013. OTC items are being applied retroactive to January 1, 2013 for all groups that have ACA compliant preventive care benefits. Members will only get OTC preventive care benefits when they go to an in-network pharmacy and have a prescription for the item from a doctor or other health care provider. We understand that members may have already purchased OTC items that qualify to be covered as preventive. To be reimbursed for OTC items that were bought before the OTC benefit was added to their prescription coverage, the member must send in a prescription from a health care provider (including the date it was written which must be on or before the date of purchase) and the receipt from an in-network pharmacy that also shows the date of purchase.

We are working to update our Preventive Care Flyer to show these additional services. In the meantime, please let us know if you have any questions.