



## BENEFIT NEWS BRIEFS

### ***A Closer Look at the A & B Preventive Services Requirements for Non-Grandfathered Health Plans Effective for Plan Years Beginning On or After 1/1/2016***

In [Benefit News Briefs 2015-50](#) we took a look at the preventive services required to be provided by *non-grandfathered* plans under the *Affordable Care Act (ACA)*, including *preventive services* that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved (“A” or “B” recommendations).

Readers have requested a shorter checklist of 2014 A or B recommendations than was contained in [Benefit News Briefs 2015-50](#). In this issue we provide such checklist.

**REMINDER OF EFFECTIVE DATE RULE:** All updates to the “A” or “B” recommendations and guidelines that go into effect after the passage of the *ACA* must now be provided for the first plan year beginning on or after the date that is one year after the new recommendation or guideline went into effect. Such preventive services must be covered with no cost-sharing from the participant or covered person.

The chart below includes A or B recommendations made between January 14, 2014 and September 23, 2014 ([click here](#)). As such, *non-grandfathered calendar year* plans must cover them by the plan year beginning January 1, 2016, with no cost sharing. Non-calendar year plans will need to calculate the effective date of coverage based on the effective date rule above.

The recommendations with an “\*” next to them have previously been released as an A or B recommendation and may already be in the plan document. However, there may be differences between the old recommendation and the new updates. Reference to the archived recommendation usually shows the difference, if any.

For example, we looked at the asterisked items that previously had an A or B recommendation and the only item we noticed with a substantive change was “dental caries”.

The prior recommendation was: “primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.”

The new B recommendation added: “the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices.”

### 2014 Recommendations Effective for 2016

<b>Topic</b>	<b>Description</b>
<b>Gestational diabetes mellitus screening</b> <i>Issue Date: 1/14/2014</i>	Recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.
<b>Dental caries prevention: infants and children up to age 5 years*</b> <i>Issue Date: 5/5/2014</i>	Recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices; recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.
<b>Hepatitis B screening: nonpregnant adolescents and adults</b> <i>Issue Date: 5/26/2014</i>	Recommends screening for hepatitis B virus infection in persons at high risk for infection.
<b>Abdominal aortic aneurysm screening: men*</b> <i>Issue Date: 6/24/2014</i>	Recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked. (“ever smoked” is defined to mean smoked at least 100 cigarettes”)
<b>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors*</b> <i>Issue Date: 8/26/2014</i>	Recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
<b>Preeclampsia prevention: aspirin</b> <i>Issue Date: 9/23/2014</i>	Recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
<b>Sexually transmitted infections counseling*</b> <i>Issue Date: 9/23/2014</i>	Recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.
<b>Gonorrhea screening: women*</b> <i>Issue Date: 9/23/2014</i>	Recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.
<b>Chlamydia screening: women*</b> <i>Issue Date: 9/23/2014</i>	Recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.

These 2014 A or B recommendations by date can be found online at:  
<http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/>.

Recommendation summaries can be viewed at:  
<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index>.

If a recommendation is "asterisked," it has a prior recommendation. In this case, it is important to review the archived recommendation in order to compare it to the new recommendation. Links to archived recommendations, if applicable, can be found at the bottom of the recommendation summary for each A or B preventive service, as identified in the screenshot below.

The screenshot shows the U.S. Preventive Services Task Force website. The main content area displays a recommendation summary for "Dental Caries in Children from Birth Through Age 5 Years: Screening" (Release Date: May 2014). The summary is presented in a table with three rows:

Population	Recommendation	Grade (What's This?)
Children From Birth Through Age 5 Years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.	<b>B</b>
Children From Birth Through Age 5 Years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	<b>B</b>
Children From Birth Through Age 5 Years	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children from birth to age 5 years.	<b>I</b>

At the bottom of the table, there is a link: [View archived versions of this recommendation](#), which is circled in red. To the right of the table, there is a "Supporting Documents" section with links to "Final Research Plan", "Final Evidence Review", and "Final Evidence Summary". Below that is a "Clinical Summary" section. An arrow points from the text "link to archive recommendation." to the circled link.

One can sign up for email updates regarding draft or new recommendations at:  
<http://www.uspreventiveservicestaskforce.org/Page/Name/email-updates>.

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