

Preventive care should be free from out-of-pocket costs!

Here's what Kentuckians need to know:



Since 2014, federal law requires most health insurance plans to cover in-network preventive care at no cost to the patient. A lack of clear rules for providers and insurers has resulted in patients getting stuck paying out-of-pocket costs for care that should be free.

What preventive services should be free?

Covered services are different for adults, women, and children. The full list of services can be found here: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

- Vaccinations
- Annual wellness exams
- Blood pressure screening
- Pap smears for cervical cancer
- Cholesterol screening
- Depression screening
- Mammograms for breast cancer
- Low-dose CT scans for lung cancer
- Help to quit smoking
- Colonoscopies or stool-testing for colorectal cancer

Which insurers are required to cover preventive services at no cost?

Medicaid, Medicare, and almost all plans offered through employers or sold on kynect are required to cover preventive care at no cost to the patient. Individual plans not sold through kynect may not cover free preventive care.

I was charged for preventive care. What should I do?

- 1** Contact your insurer and your provider for clarification. Ask them to review that the codes are correct. Sometimes your provider can submit a corrected claim using codes that identify the service(s) as preventive based on the insurer's claim submission guidelines.
- 2** If you are covered through your workplace, talk to your HR department or employer.
- 3** Appeal the insurer determination. This means you can ask your insurer to conduct a full and fair review of the decision.

Here are resources that can support you filing a complaint or an appeal:

Kentucky Department of Insurance (DOI) (call 800-595-6053 or complete the online form)

- The DOI will review the complaint and decide if you were billed incorrectly.
- Appeal the insurer determination, this means you can ask your insurer to conduct a full and fair review of its decision and determine if your preventive services were paid correctly. Check with insurer for instruction on your appeal or <https://insurance.ky.gov/ppc/Documents/abdappeal071217.pdf>
- If the DOI finds that the insurer incorrectly paid the claim, the DOI will require the insurer to reprocess the claim and the provider will be required to refund you. The insurer must respond within 30 days.

Attorney General (AG) (call (502)696-5389 or 888-432-9257 [select option #3] or complete this online form)

- The AG's Consumer Protection Division mediation staff will review the complaint and if within their scope under the Kentucky Consumer Protection Act, will issue a written notice on your behalf in an effort to mediate the dispute.
- These mediation requests can sometimes take the form of phone calls and email exchanges as well.

Contact your legal aid. Find out what program covers your county [here](#).

- Kentucky Legal Aid: Western Kentucky (270-782-5740)
- Legal Aid Society: Louisville and surrounding counties (502-584-1254)
- Legal Aid of the Bluegrass: Central and Northern Kentucky (859-431-8200)
- AppalReD Legal Aid: Eastern and South Central Kentucky (866-277-5733)