

Preventive Services

Important: Please be sure to pass this information along to your employees.

The federal healthcare reform law, known as the Patient Protection and Affordable Care Act (PPACA), mandates 100 percent coverage—pre-deductible—for many preventive services. Beginning October 1, 2010, upon renewal,* employer health plans will be required to cover these designated preventive health services, as outlined by the federal Interim Final Regulations.

Regulations are based on recommendations from the following government organizations:

- U.S. Preventive Services Task Force
- U.S. Centers for Disease Control and Prevention
- Health Resources and Services Administration (HRSA)

Key points of the preventive healthcare services federal mandates:

- Preventive health services are defined as primary healthcare that is aimed at screening for and prevention of disease.
- Coverage must follow ongoing recommendations by the U.S. Preventive Services Task Force, Advisory Committee of Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration.
- New federal rules go into effect for plans that begin on or after September 23, 2010 as well as plans that renew on or after that date.
- Plans must offer coverage for newly recommended preventive services no later than one year after the recommendation is made by one of the above organizations.
- Cost sharing cannot be imposed on mandated preventive health services when those services are provided by an in-network provider.
- Cost sharing can be imposed on services provided by out-of-network providers.
- Grandfathered plans are exempt from these preventive services coverage requirements.
- When state law is more generous than the federal mandates when it comes to coverage for preventive services, state law takes precedence.

Top line changes in preventive healthcare services. The following preventive services are covered at 100 percent:

- Annual preventive health exams with associated screenings such as blood pressure, weight, BMI, etc.
- Children up to 30 months receive up to 11 well-baby visits at prescribed intervals.
- Prenatal visits and women's annual exams including Pap smears and mammograms.
- Smoking cessation and nutritional counseling.
- Immunizations (BCBSRI already covers these at 100 percent) including administration.
- Colorectal screenings.
- Over-the-counter aspirin, folic acid, iron supplements, and smoking cessation medications.

Federally mandated preventive services from birth to age 18:

Full coverage for well-baby exams – birth to 30 months:

Well-baby exams at birth, 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months (11 visits). Infants discharged less than 48 hours after delivery need a visit two to four days after birth. These typically include advice about the child's safety, health, nutrition, and development. These exams may also include immunizations and the following screenings:

- Hearing: For newborn and as the child's healthcare provider advises
- Weight, length, and head circumference
- Hemoglobin or hematocrit: once between 9 and 12 months
- Lead testing at ages 1 and 2, unless lead exposure can be confidently excluded
- Age-appropriate developmental/behavioral assessments

Full coverage for annual well-child exams – ages 3 to 18 years:

Well-child exam should occur once a year for children ages 3 to 18. Well-child exams may include immunizations, discussions on health and wellness issues (nutrition, physical activity, healthy weight, injury prevention, avoidance of tobacco, alcohol and drugs, sexual behavior, dental health, mental health and second hand smoke) and the following screenings:

- Blood pressure
- Height, weight and body mass index (BMI) percentile-for-age
- Age-appropriate developmental/behavioral assessments
- Vision and hearing: at ages 12, 15, and 18 or as the child's healthcare provider advises
- Chlamydia screening for sexually active females
- Age-appropriate developmental/behavioral assessments

Federally mandated preventive services for adults 19 and older:

- Annual preventive health exams with associated screenings such as blood pressure, weight, BMI, etc.
- Blood pressure screening
- Height, weight, and body mass index (BMI) screening
- Cholesterol screening (every five years from age 20-39) and yearly from age 40
- Counseling on health and wellness issues (nutrition, exercise, injury prevention, misuse of drugs and alcohol, tobacco cessation, second hand smoke, sexual behavior, dental health, and mental health)
- Hearing: as recommended by the healthcare provider

Colorectal cancer screening

Beginning at age 50, screening recommendations include one of these six testing options:

- Fecal occult blood test each year
- Flexible sigmoidoscopy every five years
- Double-contrast barium enema every five years
- Colonoscopy every 10 years
- CT colonography may be an appropriate alternative to colonoscopy

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Women:

- Clinical breast exam by healthcare provider every two to three years
- Cervical cancer screening beginning within three years of sexual activity or age 21 (whichever comes first); every two to three years ages 30 and older with three consecutive normal Pap tests
- Chlamydia test for sexually active women
- Osteoporosis: Bone density testing should begin no later than age 65; earlier screening may be appropriate for some women

Men:

- Abdominal aortic aneurysm: One time for ages 65 to 75 who have ever smoked
- Prostate cancer**

Preventive services for pregnant women:

Pregnant women will be covered for the following visits, tests, screenings, and immunizations:

- Initial visit with OB/GYN in the first trimester.
- Hematocrit/Hemoglobin
- Syphilis
- HIV
- Rubella immunity to identify women needing rubella vaccine after giving birth
- Rh(D) blood type and antibody testing; if Rh(D)negative, repeat testing at 26 to 28 weeks
- Hepatitis B
- Urinalysis as healthcare provider advises
- Education regarding diet and activity during pregnancy
- Education and counseling regarding tobacco and other substance avoidance
- Recommended immunizations

For more information on preventive services mandated by healthcare reform, please visit healthcare.gov, Medical Coverage Policies on the Provider section of BCBSRI.com, or contact your BCBSRI Account Representative.

*Coverage for preventive services must be in effect on the first plan year beginning on or after September 23, 2010. "Plan year" means the date specified in the group health plan's plan document or, if no plan year is specified, the deductible or limit year, or if there is no deductible or limit year, the policy year. Because BCBSRI does not collect plan year information, we assume that each group health plan's plan year coincides with the BCBSRI renewal date.

**Not required as part of federal reform but is a Rhode Island state mandate.



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