

Changes in Preventive Care Benefits Due to Health Care Reform

The new health care reform law (the Patient Protection and Affordable Care Act or "PPACA") requires Anthem Blue Cross to cover additional preventive care services and eliminate member cost-sharing (copayments, deductibles, or coinsurance) for certain in-network preventive care services. Cost-sharing requirements for preventive care services rendered out-of-network continue to apply to member benefits.

In general, changes in preventive care benefits for group health plans and group insurance policies administered or issued by Anthem Blue Cross became effective on the group policy's renewal date on or after September 23, 2010. The changes were effective for individual policies on the first policy year date on or after September 23, 2010, which in almost all cases was January 1, 2011. *There are some exceptions to these dates, and not all plans are subject to the new preventive care coverage requirements, so providers should continue to verify eligibility and benefits through their normal business processes.*

To identify changes needed to comply with PPACA, we compared our current Preventive Care Guidelines and code list to the PPACA guidance provided by the U.S. Department of Health and Human Services (HHS). Most of the required screenings, immunizations, and exam services were already included in our Preventive Care Guidelines. However, certain services were added to our Preventive Care Guidelines, and those additional services are now covered as preventive care services with no member cost-share when rendered in-network. Newly-added services included several additional screening tests, counseling-related intervention services, and certain services associated with previouslycovered screenings and vaccines whose scope of coverage has been expanded. Additionally, some services on our Preventive Care list are not among those required by PPACA.

The list below provides an overview of services covered under our updated Preventive Care Guidelines. To understand the scope and details of the preventive care recommendations on which these changes were based, please refer to materials at the following link:

http://www.healthcare.gov/center/regulations/prevention/recommendations.html

Please note that the preventive services below are not recommended for all individuals, and medical necessity criteria may be applied.

Child Preventive Care (Birth to 18 years)

- Preventive physical exams
- Screening tests, assessments, and counseling including:
 - o Newborn screenings
 - o Vision screening
 - o Hearing screening
 - o Developmental and behavioral assessments
 - o Oral health assessment
 - o Screening for lead exposure
 - o Hemoglobin or Hematocrit (blood count)
 - o Blood pressure
 - o Height, Weight, Body Mass Index (BMI)
 - o Cholesterol and lipid level screening
 - o Screening for depression
 - o Screening and counseling for obesity
 - o Behavioral counseling to promote a healthy diet
 - o Screening for sexually transmitted infections
 - o Pelvic exam and Pap test, including screening for cervical cancer

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Immunizations including:

- o Hepatitis A
- o Hepatitis B
- o Diphtheria, tetanus, pertussis
- Varicella (chicken pox)
- o Influenza (flu)
- o Pneumococcal (pneumonia)
- o Human papillomavirus (HPV)
- o Haemophilus Influenza type b (Hib)
- o Polio
- o Measles, Mumps, Rubella (MMR)
- o Meningococcal (meningitis)
- o Rotavirus

Adult Preventive Care (19 years and Older)

- > Preventive physical exams
- Screening tests including:
 - Eye chart vision screening
 - o Hearing screening
 - o Cholesterol and lipid level screening
 - o Blood pressure
 - o Height, Weight, Body Mass Index (BMI)
 - o Diabetes screening
 - o Prostate cancer screening, including digital rectal exam and PSA test
 - o Breast cancer screening, including exam and mammography
 - o Pelvic exam and Pap test, including screening for cervical cancer
 - Screening for sexually transmitted infections
 - o HIV screening
 - o Bone density test to screen for osteoporosis
 - Colorectal cancer screening including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy, and CT colonography (as appropriate)
 - o Aortic aneurysm screening (men)
 - o Screenings during pregnancy including, but not limited to:
 - o Hepatitis
 - o Asymptomatic bacteriuria
 - o Rh incompatibility
 - o Syphilis
 - o Iron deficiency anemia
 - o Gonorrhea
 - o Chlamydia
 - o HIV

Screening and intervention services (including counseling and education) for:

- o Screening and counseling for obesity
- o Genetic counseling for women with a family history of breast and/or ovarian cancer
- Behavioral counseling to promote a healthy diet
- o Primary care intervention to promote breastfeeding
- o Counseling related to aspirin use for the prevention of cardiovascular disease
- o Screening and behavioral counseling related to tobacco use and tobacco-caused disease
- o Screening and behavioral counseling related to alcohol misuse

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Immunizations Including:

- Hepatitis A
 - o Hepatitis B
 - o Diphtheria, tetanus, pertussis
 - Varicella (chicken pox)
 - o Influenza (flu)
 - o Pneumococcal (pneumonia)
 - o Human Papilloma Virus (HPV)
 - o Measles, Mumps, Rubella (MMR)
 - o Meningococcal (meningitis)
 - o Zoster (shingles)

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