Rhode Island Healthcare Mandates

2009
The following benefits will be required by the State of Rhode Island to be included in group health plans starting on the dates shown.

   A new provision to the Rhode Island General Laws has been enacted, which caps copayments for ground ambulance services at $50.00.

   In addition to this mandated requirement, BCBSRI will be extending this copayment cap to air and water ambulance services. This change will apply to non-Medicare commercial products, with the exception of our high-deductible healthcare product line issued or renewed after January 1, 2009, and is not expected to have a major impact on product design or cost.
   (Effective January 1, 2009)

   Amends the Rhode Island General Laws to require health insurance plans to provide coverage for enteral nutrition products for patients with certain specified illnesses and when determined to be medically necessary and ordered by a physician. Thirty-three other states currently have some form of mandate requiring coverage of this type. Coverage is limited to $2,500 per member, per year.
   (Effective January 1, 2009)

   Preauthorization is recommended for all oral enteral nutrition products. Members are required to complete a reimbursement form for these products.

   Further details on the oral enteral nutrition mandate are available in the medical policy section of BCBSRI.com.

2006, 2007
Certain state laws may affect your benefits. Most of our plans are now required by Rhode Island state law to cover:

- Hearing aids
- Smoking cessation treatment
- Wigs for cancer patients
- Dependent children up to new age limits

To determine whether these laws apply to your plan, please refer to your subscriber agreement or benefit booklet. You can also find out by calling Customer Service at the
telephone number listed on the back of your member ID card.

Here’s an overview of each mandate’s effective date and benefit requirement:

**Hearing Aid Mandate – S 2383 as Amended/H 8254**

The Hearing Aid Mandate was amended on July 14, 2006, increasing coverage for hearing aids from $400 per individual hearing aid, per ear, every three years to:

- $1,500 per individual hearing aid, per ear, every three years for children who are under 19
- $700 per individual hearing aid, per ear, every three years for individuals who are 19 and over

Participating providers may submit the claim on your behalf. Otherwise, you can pay at the time of service, and then submit the receipt to BCBSRI for reimbursement:

Claims Department
Blue Cross & Blue Shield of Rhode Island
444 Westminster Street
Providence, RI 02903

**Smoking Cessation Treatment – S 2706 Sub A As Amended/H 7467 Sub A**

Effective January 1, 2007, the Smoking Cessation Treatment law mandates that most Rhode Island health plans provide coverage for FDA-approved nicotine replacement therapy, including over-the-counter brands, when treatment is:

- Recommended and prescribed in writing by a qualified provider; and
- Used in conjunction with an annual outpatient benefit of eight, half-hour smoking cessation counseling sessions provided by a qualified practitioner.

Coverage is provided for a consecutive 14-week time period to complete the nicotine replacement therapy.

**Dependent Eligibility – H 7145 Sub A/S 2211 Sub A As Amended**

Effective January 1, 2007, this law was amended to allow full- and part-time students who are enrolled in a post-secondary educational institution, and who are unmarried and financially dependent on a parent, to remain on a parent’s coverage up to the age of 25. Previously, this law applied only to full-time college students.

- If your plan’s maximum student age limit is currently greater than 25, this change will not apply.

The law also mandates that dependent coverage be provided for unmarried children under the age of 19, and unmarried children of any age who are financially dependent on a parent and “medically determined to have a physical or mental impairment, which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.”
Wigs for Cancer Patients – S 2178 Sub A
Effective January 1, 2007, this law mandates Rhode Island health plans to provide coverage up to $350 per year for wigs needed as a result of treatment for any form of cancer or leukemia.

To find a participating provider of wigs, please call Customer Service at the telephone number listed on the back of your member ID card. Participating providers may submit the claim on your behalf. Otherwise, you can pay the charges at the time of service, and then submit the receipt to BCBSRI for reimbursement:

Claims Department
Blue Cross & Blue Shield of Rhode Island
444 Westminster Street
Providence, RI 02903