



August 2012 Preventive Services Reference Guide



hap.org



Taking the Puzzle Out of Preventive Services

To help you stay healthy, we cover a list of preventive services as defined by the United States Preventive Services Task Force (USPSTF). These services help keep you healthy and avoid serious illnesses. Preventive services are done during annual exams. This can be different from a routine doctor visit you may have for an on-going condition.

How do we decide which preventive services are covered? Some treatments from your doctor are always considered preventive and covered. Others use a mix of treatment and diagnosis codes based on the services your doctor orders to be eligible for payment with no cost sharing amounts. Let's get the facts on preventive services.

1. Our preventive services list includes:
 - a. immunizations
 - b. disease screenings
 - c. certain lab tests
 - d. lifestyle assessments

2. Most members* do not have any copays, coinsurance or deductibles for preventive services.
3. Not all services are preventive as stated by the most often used definition (USPSTF). In this case, you do have to pay your cost-sharing amounts.
4. Sometimes services on our preventive list are done during a visit for an illness or injury. This isn't a preventive visit. In this case, you do have to pay your cost-sharing amounts.
5. You can get preventive services only from HAP doctors. There is no coverage for preventive services when received outside of your network except for mammograms and the flu, pneumonia and meningitis shots.
6. You have unlimited community access within our service area, including Community Outreach Programs, college, community and county health departments for:
 - Mammograms
 - Flu shot (or FluMist®)
 - Meningitis shot
 - Pneumonia shots (except Prevnar)



Quick List of Covered Preventive Services

- Once a year OB/GYN exams
- Routine exams
- Prenatal exams

The following services may be provided as part of your preventive exam when appropriate:

- Talk about susceptibility to breast and ovarian cancer including review through BRCA testing when appropriate
- Talk about chemoprevention when at high risk for breast cancer
- Talk about taking aspirin for the prevention of cardiovascular disease
- Talk about proper supplements for women who plan on getting or are pregnant
- Talk about the prevention of iron deficiency anemia for at risk 6-12 month old babies
- Talk about dental decay or cavity prevention in preschool children
- Depression screening
- High blood pressure screening
- Obesity screening for adults and children
- Alcohol and drug use assessment

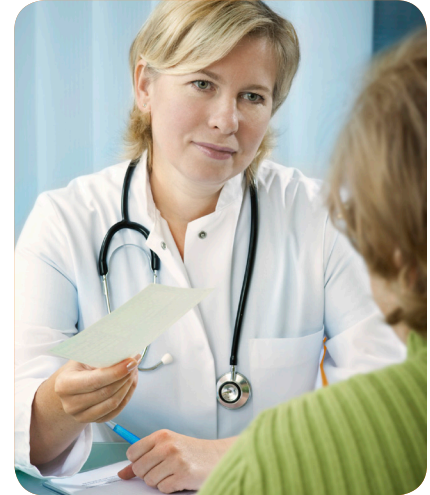


Counseling:

- Counseling to help you quit smoking
- Behavioral/Diet counseling for high cholesterol and other heart and long term diseases
- Pregnancy and Breast Feeding counseling
- Sexually transmitted infection counseling

Disease Screenings and Lab Tests for:

- Stomach aortic aneurysm
- Mammograms
- Colorectal Cancer screenings including FOBT, sigmoidoscopy and colonoscopy.
- Prostate specific antigen testing (PSA)
- Cholesterol
- Osteoporosis
- Diabetes
- Pap smear
- Vision
- Hearing
- Blood tests
- Sickle cell
- Lead
- TB test
- Sexually Transmitted Infections



Covered Immunizations:

- Flu
- Pneumonia
- Meningitis
- Hepatitis A
- Hepatitis B
- HPV
- Measles, mumps, rubella and varicella (MMR or MMRV)
- Shingles
- Rotavirus
- Chicken pox
- Polio
- Tetanus

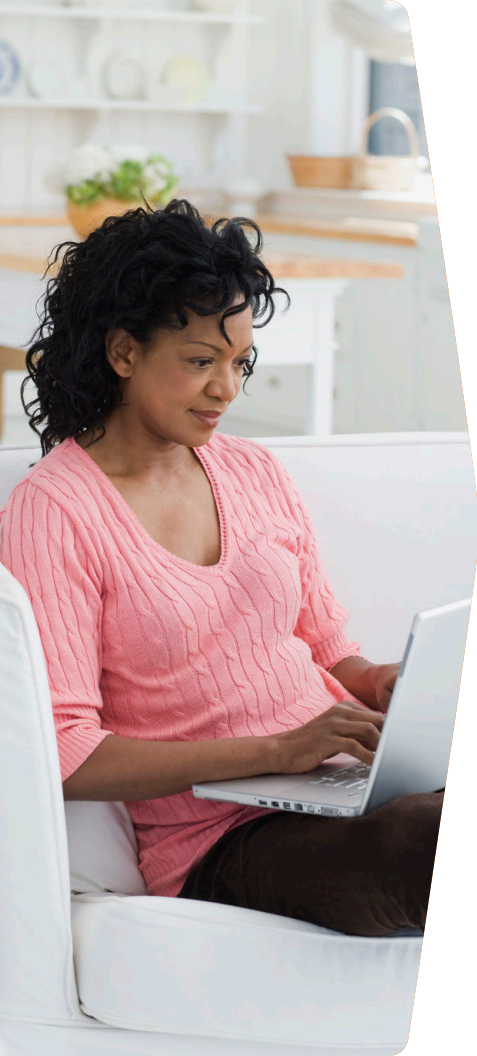
Covered Contraceptive Services**:

- Female sterilization
- Generic birth control pills
- Implantable contraceptive devices
- Spermicidal gels

Questions about preventive services? Call Client Services at the number on the back of your ID card. If you are hearing or speech impaired, please call our TDD toll-free at **(800) 649-3777**.

* This does not apply to grandfathered groups under the federal health care reform law that do not have to comply until a future date. Check with your employer to find out if your plan is grandfathered

** This does not apply to employer groups with a religious exception under the federal health care reform law that do not have to comply until a date in the future. Check with your employer to find out if your plan has a religious exception.



HAP Preventive Services FAQ's

What does HAP consider a preventive service?

Our defined list of preventive services is made up of services recommended by the United States Preventive Services Task Force (USPSTF) as a grade A or B service. These services are to help keep members healthy and prevent serious health conditions. Some treatments from your doctor are always considered preventive and covered. Others need a mix of treatment and diagnosis codes based on the services the doctor orders to be eligible for payment with no cost-sharing amounts.

Who can I get preventive services from?

You can get preventive services only from doctors who have a contract with HAP. There is no coverage for preventive services when received outside of your network except for mammograms and the flu, pneumonia and meningitis immunizations.

If I am enrolled in HAP's Health Engagement Program, are the services that I get to complete my Member Qualification Form considered preventive?

During a Health Engagement visit, your doctor may provide some services that are not considered preventive based on the USPSTF guidelines. A doctor may also bill us for a service that may be considered preventive but the diagnosis code the doctor uses to bill us is not. These services would not be considered preventive and you may incur cost-sharing amounts like copays, coinsurance or the cost may be applied toward your deductible.

I went to my doctor for a preventive visit and now some services are applying to my deductible. Why?

During a preventive visit, your doctor may provide some services that we do not consider preventive based on the USPSTF guidelines. A doctor may also bill for a service that may be considered preventive but the diagnosis code the doctor uses to bill is not. These services would not be considered preventive and you may incur cost-sharing amounts like copays or coinsurance, or the cost may be applied toward your deductible.

Are all health plans required to offer employer group preventive services with no cost-sharing?

Based on guidelines in the federal health care reform law, some employer groups have different effective dates to begin providing preventive services with no cost-sharing to their employees. These groups are considered grandfathered. Check with your employer to find out if your plan is grandfathered.



What are the limits and time frames for getting preventive services?

There are no limits or time frames on preventive services. In all situations, limits or time frames are based on what your doctor decides is medically appropriate.



Is blood work to check cholesterol considered preventive?

Sometimes, it can be just a screening and other times your doctor is doing it for other reasons. For example, if you have been diagnosed with high cholesterol, a doctor may check your blood to see how well your medicine is working or to watch over you. In these cases, the blood work would not be considered preventive. Your cost-sharing amounts like copays, coinsurance and deductibles would apply.

Do physicals have to be exactly one year apart?

Not for HAP. There are no limits on how often you can get a physical. However, Alliance members may receive one physical exam every 12 months.

Why aren't colonoscopies covered as a preventive service for some employer group benefits?

Only nongrandfathered employer group plans and individual plans not purchased through an employer group are required to cover preventive services without cost-sharing amounts. Grandfathered groups must comply with preventive service guidelines by a future date. Check with your employer to find out if your plan is grandfathered.

What is considered a preventive service?

Please reference the Quick List of Covered Preventive Services on page four of this document.

If I have to see the doctor again for a treatment that resulted from a recommended preventive service, is the treatment subject to cost-sharing amounts?

Yes. If the treatment is not a recommended preventive service, member cost-sharing amounts like copays, coinsurance and deductibles would apply. This is true even if the treatment results from a recommended preventive service.

What services are added for coverage as part of Health Care Reform Women's Preventive?

Additional services that have been added for women include age appropriate well woman visits including prenatal care, breast feeding support and supplies, and contraceptive methods and counseling.

