

Required Preventive Services for HIP POWER Account Rollover

Qualifying preventive services are those that are defined by the Affordable Care Act (ACA). ACA defines preventive care services as follows:

- Items or services recommended with an A or B rating by the U.S. Preventive Services Task Force
- Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC
- Preventive care and screenings for women supported by the Health Resources and Services Administration per the August 1, 2011, guidance:
 - Well-woman visits
 - Screening for gestational diabetes
 - Human papillomavirus (HPV) DNA testing
 - Counseling for sexually transmitted infections
 - Counseling and screening for human immunodeficiency virus
 - Contraceptive methods and counseling
 - Breastfeeding support, supplies and counseling
 - Screening and counseling for interpersonal and domestic violence

A listing of the ACA recommendations and guidelines can be found online at www.healthcare.gov/center/regulations/prevention.html.

POWER Account Rollover Credit

You are responsible for managing your entire POWER account, including the money contributed by the state. Your contributions to your POWER account will be yours. If there is money left in the account at the end of the year, you can use this money to lower what you owe if you continue in the HIP program for another year.

HIP Basic Plan Members:

If you have money remaining in your POWER account after 12 months and you receive your recommended preventive services, you can enroll in HIP Plus with a reduced monthly POWER account contribution. You can reduce the cost of future enrollment in HIP Plus by up to 50 percent. For example if three quarters (75 percent) of your POWER account remains after 12 months and you receive your recommended preventive services then you can get a 50 percent reduction in the cost of enrolling in HIP Plus. Since it can take up to four months for your doctors and your health plan to settle all payments from the POWER account, these reductions will be available to you in month five (5) of your next twelve (12) month HIP enrollment period. This means that if you qualify, you will be given a chance to enroll in HIP Plus at that time.

HIP Plus Plan Members:

If you have money left over in your POWER account after 12 months, then the amount of your monthly POWER account contribution can be reduced in the future. For example, if half (50 percent) of your POWER account remains after 12 months, then you can get a 50 percent reduction in your required contribution in the future. If you complete the preventive services recommended for you by your health plan, then the reduction to your required contribution is doubled. For example, if half (50 percent) of your POWER account remains after 12 months and you receive your recommended preventive services, you could eliminate your required contribution. Since it can take up to four months for your doctors and your health plan to settle all payments from the POWER account, these reductions will be available to you in the fifth month of your next 12-month period of HIP enrollment.