ACCLAIN NEWS

Acclaim has recently launched a new customer

service initiative which includes keeping our members informed of recent changes related to health care reform. Our goal is to direct you to some specific information sources where you can learn more about what has happened and will happen in the future. As always, if you have any questions, please call our office and we will be happy to assist you.

HHS Launches New Consumer-Focused Health Care Website

The U.S. Department of Health and Human Services has unveiled an innovative online tool that will help connect consumers to new information and resources that will help them access quality, affordable health care coverage. Check out **www.HealthCare.gov.**

Providing Access to Insurance for Uninsured Americans with Pre-Existing Conditions

National program established July 1, 2010

A Pre-Existing Condition Insurance Plan will provide new coverage options to individuals who have been uninsured for at least six months because of a pre-existing condition. States have the option of running this new program in their state. If a state chooses not to do so, a plan will be established by the Department of Health and Human Services in that state. This program serves as a bridge to 2014, when all discrimination against pre-existing conditions will be prohibited. Learn more at **www-pcip.gov.**

Extending Coverage for Young Adults

Effective for health plan years beginning on or after September 23, 2010

Under the new law, young adults will be allowed to stay on their parent's plan until they turn 26 years old. (In the case of existing group health plans, this right does not apply if the young adult is offered insurance at work.) Some insurers began implementing this practice early. Check with your insurance company or employer to see if you qualify. Learn more about the young adults insurance policy at **www.HealthCare.gov**. Click on "Understand the New Law," then "About the Law" and "Young Adult."

Key Points:

- Dependent children will be covered until they reach age 26
- Cannot surcharge
- Married or unmarried
- Must provide notice of special enrollment period

Summer 2010

14th Annual Health Link

Managed Care Conference

August 26
BancorpSouth
Conference Center

387 E. Main St. • Tupelo

8 a.m. **Registration/Exhibits**

8:30 a.m. Welcome

8:45 a.m. Tune Up Your Life

LaDonna Gatlin

9:45 a.m. **Break**

10 a.m. **Healthcare Reform's**

Impact from an Employer's Perspective

Debbie Dees

11:15 a.m. **Humana**Representative

11:30 a.m. Door Prizes

Noon Lunch sponsored by

Humana

1 p.m. A Physician's

Perspective on the Patient Protection & Affordable Care Act

of 2010

Mark Williams, M.D.

2 p.m. Life in the Key of

Change

LaDonna Gatlin

3 p.m. **Door Prizes**

3:15 p.m. Adjourn

RSVP by August 20 to 1-800-THE DESK (1-800-843-3375).

Open Enrollment Period

Open enrollment refers to a period of time during which people with job-based coverage can enroll in a new health plan or change from one plan to another. This is usually an annual period sometime in the fall, but your company may choose to hold its open enrollment period at any time – as long as you are notified in advance. Once the open enrollment period ends, your coverage is locked in for the next year. You will not be able to change your coverage until the next open enrollment period. People who become eligible for coverage at other times of the year may have their own special enrollment period. Once this special enrollment period ends, the employee cannot enroll or change coverage until the annual enrollment period begins.

Grandfathered Plans

Although grandfathered plans are generally able to avoid many of the new law's requirements, some key health coverage access and reform provisions will still apply to grandfathered health plans. In reviewing these rules, it is important to focus on the specific effective dates. Some are effective with the first plan year that begins on or after Sept. 23, 2010 (e.g., six months after enactment of the Reform Act). That means Jan. 1, 2011 for calendar year plans. Other provisions are effective for plan years beginning on or after Jan. 1, 2014.

Provisions generally effective Jan. 1, 2011, for calendar year grandfathered plans (technically effective for plan years beginning on or after Sept. 23, 2010):

- **Pre-existing Conditions**. Elimination of pre-existing condition exclusions from group health plans for children under age 19.
- **Dependent Coverage** (for plan years beginning on or after the date that is six months after enactment and before Jan. 1, 2014). Requirement that group health plans provide coverage for adult dependent children up to age 26 only if the child is not eligible to enroll in other employer provided coverage (other than in a grandfathered plan).
- **Rescissions.** Elimination of coverage rescissions. Rescission refers to the practice of canceling coverage after someone has submitted medical claims. Rescission would still be permitted if an individual committed fraud or made an intentional misrepresentation of a material fact.
- **Coverage Limits.** Requirement that group health plans eliminate lifetime maximum limits on coverage of essential benefits and the elimination of certain annual limits. It should be noted, that group health plans will continue to be able to place limits on the amount covered for certain medical procedures.

For more information, visit www.HealthCare.gov.



ePower

Information at your fingertips! ePower is a web-based product available to all members through the Acclaim TPA website. Members can obtain vital information such as eligibility, claim status and drug formularies.

- Go to www.acclaimtpa.com
- Click on "Members"
- Click on "Claim Status"
- Go to "Offline Services" and select "Self Registration"
- Follow steps provided from there

If additional assistance is needed, please contact **Acclaim** at **1-800-317-2324** or **(662) 377-2280.**



Acclaim 808 Varsity Drive Tupelo, MS 38801 www.acclaimtpa.com 1-800-317-2324