

2012 Frequently Asked Questions

1. What is AccessTN?

AccessTN is a comprehensive health insurance program for Tennesseans who are uninsurable because of pre-existing medical conditions or health history. AccessTN serves as Tennessee's high-risk insurance pool.

2. What is the Pre-existing Condition Insurance Plan (PCIP)?

Those who are eligible for AccessTN may also qualify for the Pre-Existing Condition Insurance Plan (PCIP), a new federally funded high-risk pool. PCIP is administered by the United States Department of Health and Human Services. The program provides coverage to those who prove a pre-existing medical condition with a denial letter from a private insurer and have been uninsured for at least six months. PCIP offers comprehensive coverage with no pre-existing condition exclusion and no annual or lifetime benefit limit. Like AccessTN, PCIP members are responsible for paying annual deductibles and monthly premiums, which vary from \$133 to \$571 per month, depending on the individual's age.

To learn more about PCIP, including how to apply, visit the Health and Human Services website at www.pcip.gov or call 1-866-717-5826.

3. What are the requirements for AccessTN eligibility?

- Tennessee resident
- U.S. Citizen or qualified legal alien
- Uninsurable by medical or insurance determination
- No access to employer-sponsored health insurance (other than CoverTN) at the time of application
- The applicant has exhausted COBRA coverage, if it was available
- Uninsured for at least three months, except for those completing COBRA, being disenrolled from TennCare or losing CoverKids eligibility

4. What does "uninsurable" mean?

Uninsurable is the term used to identify those who have been declined for individual health insurance because of health issues.

It is **NOT** another term for "uninsured." You must show that you are uninsurable to qualify for AccessTN.

5. How does an applicant prove uninsurable status?

In one of two ways:

- Provide a signed doctor's statement that the applicant has one of more than 50 medical conditions
- Show that the applicant has been denied individual health coverage by an insurance carrier because of their health conditions

If you qualify for Portability coverage, you do not have to prove that you are uninsurable.

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6. How do former TennCare enrollees who were classified as uninsurable qualify for AccessTN?

Those who were in an “uninsurable” category of TennCare must still qualify for AccessTN based on the program’s guidelines:

- Be a Tennessee resident for six months and a U.S. citizen or qualified legal alien
- Be age 64 or under
- Have a pre-existing health condition which makes you uninsurable
- Not be eligible for employer-sponsored coverage where you work, Medicare or Medicaid and not have other health insurance
- Must show you are uninsurable, which means you cannot get insurance because you have pre-existing health reasons
- Have been uninsured for the past three months before applying for coverage (or meet any approved exception to this requirement)

7. Can people with HIPAA policies apply for AccessTN?

In general, people with HIPAA policies will not be eligible for AccessTN due to the program’s requirement that an applicant be without health insurance for three months.

8. How do I prove Tennessee residency?

You will need one type of identification to show residency, consistent with the standards for proving residency for a current Tennessee driver’s license. You can check out these standards at [Acceptable Proof of Tennessee Residency Documents](#) via the state of Tennessee’s website.

9. What will the premiums be?

Premiums are determined by the AccessTN Board of Directors and are capped at 1.5 to 2 times the standard market rates, which is frequently less than the rates that the same applicants would pay in Tennessee for HIPAA plans. In general, premiums range between \$284 and \$1,038 per month, depending on weight, tobacco use, age, plan option and the category coverage selected by the participant.

10. Is premium assistance available for new low-income participants?

No. Premium assistance is closed at this time to new members. State dollars for this assistance are limited, and all available funds are allocated to current members.

Please note that anyone can contribute to the cost of copays and deductibles and other out-of-pocket expenses for an AccessTN member, but there are restrictions on who can contribute to an individual’s premium. Health care providers, government-sponsored programs and employers are specifically restricted from contributing to the monthly premium. Charitable organizations, family and personal friends are not restricted from offering financial assistance to an AccessTN member, but we ask you to tell us if someone else is paying your premium.

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11. Is AccessTN a limited benefit plan like CoverTN?

No. AccessTN is comprehensive health benefit plan. It includes a broad range of services which are most needed by chronically ill adults.

12. Does AccessTN include maternity coverage?

Maternity coverage is included as a core benefit of AccessTN. However, there is a 12-month waiting period from the date of enrollment before maternity services will be paid for those who are in the Regular category. Effective Jan. 1, 2010, maternity coverage is included from day one of enrollment for those in the Portability category. See question 20 for more information about Regular and Portability categories.

13. Why is there a requirement that someone go without insurance for three months before they can be eligible?

This period is required to ensure AccessTN is available to those without other insurance options and to discourage individuals from dropping commercial coverage. This is sometimes called a “go-bare” period.

The “go-bare” requirement does not apply to:

- people exhausting COBRA coverage
- people completing TennCare or other qualifying eligibility
- people whose group ends coverage without a COBRA option

14. Why is there a six-month waiting period before pre-existing medical conditions are eligible?

Like traditional, commercial individual health insurance plans, a limitation on pre-existing conditions reduces premium rates and helps make an insurance program financially stable for its members. The AccessTN Board of Directors determined that not having a pre-existing condition waiting period made premiums too expensive and decided on a six-month waiting period.

However, AccessTN will pay a 50 percent benefit for treatment of pre-existing conditions, rather than exclude coverage altogether. Prescription drug coverage is not subject to the pre-existing waiting period. Also, outpatient behavioral health services and outpatient drugs used for the treatment of cancer are not subject to either the pre-existing conditions exclusion or a deductible. The AccessTN Board approved this to help participants afford medications for chronic conditions, and chemotherapy or radiation treatment.

15. Does receiving services from one of the Safety Net programs (such as dialysis, transplant, oxygen, etc.) make someone ineligible for AccessTN or is the Safety Net not considered insurance?

Someone receiving Safety Net services is not considered insured, but they must meet program eligibility criteria in order to be eligible for AccessTN.

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16. Is there an income test or an asset test?

There is no income test or asset test for AccessTN.

17. Can people with COBRA coverage apply for AccessTN?

An applicant must have exhausted all COBRA coverage available to them in order to be eligible to apply for AccessTN.

For applicants who exhaust COBRA coverage and apply within 63 days from the termination of COBRA, the applicant may apply directly to the Portability category without meeting the three-month go-bare requirement and without a pre-existing condition waiting period.

If an applicant has access to COBRA and does not elect to take it, or discontinues COBRA insurance before exhausting the coverage available, the applicant will have a three-month go-bare requirement from the last date of coverage before AccessTN coverage can be effective.

18. Can someone apply before their COBRA or other coverage ends?

Yes. It is important to apply early to avoid a gap in coverage. An individual may apply up to 90 days before the loss of COBRA coverage to ensure enough time for approval. If an applicant exhausts COBRA and does not apply for AccessTN within 63 days, the earliest coverage date will be three months later, in accordance with the go-bare requirement, and the pre-existing condition waiting period will be in effect.

19. What if COBRA or other coverage ends in the middle of the month?

If you apply and choose the Portability category within 63 days of the end of your prior coverage, AccessTN coverage will begin on the first day following termination of that coverage.

20. What is the difference between Regular and Portability categories?

Regular category is for those members who have been without other health coverage for three months before joining AccessTN, and who will have a six-month period in which they have a reduced benefit for pre-existing conditions.

Portability category is for those applicants who apply within 63 days of the end of other qualifying coverage of more than 18 months, including:

- those coming off TennCare
- those no longer eligible for CoverKids because of age
- those completing COBRA or other group continuation coverage
- those whose groups have quit providing group coverage

Portability category can begin without any wait (no go-bare requirement) and provides full coverage for pre-existing conditions from day one.

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21. What will my effective date be if I join AccessTN as a Regular category member?

All Regular category applicants begin coverage the first day of the month, based on the date the application was processed. Applications for Regular coverage must be approved and processed by the 15th of the month to begin coverage the 1st day of the next month. Applications approved and processed after the 15th day of the month will begin coverage the 1st day of the second following month.

22. What's the difference between federal eligibility and state eligibility?

Individuals who qualify for AccessTN under the federal eligibility category do not have to provide proof of uninsurability. To qualify as a federal eligible, you must have had 18 or more months of continuous health coverage, with no break in coverage of more than 63 days, and the last coverage in place must have been offered through an employer (including COBRA). Plus, while both federal-eligible and state-eligible applicants must reside in Tennessee, state-eligible applicants must provide proof of residency for at least the last six months, while federal applicants need only be a current resident.

23. What's the difference between the requirements for portability as a federal eligible vs. a state eligible?

To be eligible for portability under the federal eligibility category, your last coverage within the 18 months of continuous coverage must have been offered by an employer-sponsored group health plan, including COBRA.

24. How do I apply?

Applications are available for download at www.CoverTN.gov or by calling 1-866-CoverTN.

25. Is special assistance available for help completing the AccessTN application?

Yes. Those who need special assistance completing the AccessTN application may call 1-866-636-0080 and request help completing their application.

A qualified legal alien is someone who is not a U.S. Citizen, but who lives in the United States legally. To be a qualified alien, a person must meet certain conditions. These conditions are defined by federal law at 8 U.S.C. §1622(b). (See the qualified Legal Alien form for more detail on those immigrant categories which qualify.) Note: this is a term with a special meaning under our law. Legal immigrants, including those with visas or green cards, must meet one of these specific categories to qualify. Otherwise, only U.S. citizens are eligible for AccessTN.

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BlueCross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com

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