Clearwave Corporation Alerts Providers to Affordable Care Act Coverage Grace Periods

Atlanta, GA – March 14th, 2014 – Clearwave Corporation announces that their eligibility solution will alert providers when patients are inside the affordable care act grace periods. Effective January 1st, 2014, the Affordable Care Act of 2010 (ACA) requires that health insurance issuers provide a three-month grace period for enrollees that are delinquent on their premium payments and qualify for the Advance Premium Tax Credit (APTC).

The ACA grace period has two phases. During the first 30 days, issuers will pay all claims incurred by eligible enrollees. During the second and third months of the grace period, the issuer will suspend all non-pharmacy claims. Non-Pharmacy claims will only be paid if the enrollee pays their premium prior to the end of the grace period.

From a provider perspective, the first month of the grace period allows them to get reimbursed. Months two and three; however, present a challenge for providers. The provider must decide whether or not to provide services to a member. If the provider does choose to treat the member, the provider must charge the patient as if they have insurance, meaning the provider can only bill the member for the contracted copayments. However, the provider is assuming all risks of non-payment.

From an eligibility standpoint, there is added complexity in that the member is still considered “active” for the entire grace period, but the provider is only promised payment for the first 30 days. After that, the provider is taking all the financial risk. If the member does not pay their premium prior to the end of the grace period, the provider will never get reimbursed.

Clearwave Corporation’s eligibility solution will display the premium paid to date allowing providers to know if the patient is in the grace period. The provider will know if they are at financial risk and can decide the best course of action.

“Providers are struggling to navigate the new ACA rules. Most providers we talk to are very concerned about the impact exchange plans will have on reimbursement. The grace period rule proves they are right to be concerned,” said Brian Stone, Chief Financial Officer of Clearwave Corporation.

“At Clearwave, we are extremely responsive to customer needs and market changes. Our customers want to focus on patient care, not searching eligibility responses for administrative details. We are constantly updating our solution to help providers easily get the information they need to make good decisions about providing patient care,” said Eric Anderson, Chief Operating Officer of Clearwave Corporation.

About Clearwave Corporation

Clearwave Corporation, headquartered in Atlanta, GA., is the leading provider of self-service kiosk registration and eligibility verification solutions. Clearwave’s solution automates eligibility verification and greatly reduces the time patients spend checking in and sitting in the waiting room. Patient satisfaction improves as lines, paper forms and redundant questions are eliminated and replaced with the convenience of a rapid self-service check-in. For more information, call Kassie Humphrey, (678) 738-1127, or go to www.clearwaveinc.com