



# ADE Incorporated In Touch

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## MEDICAL INSURANCE CHANGES FOR 2011

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For staff, phone, or address changes, please call 1-800-334-1918 or email us at: support@adeincorp.com

Sunday, January 2, 2011 at 7:40AM (WASHINGTON) -- Under President Obama's Affordable Care Act, which was signed into law on March 23, 2010, insurers must offer parents the option of keeping their adult children covered under their medical plan until age 26. This mandate went into effect for most medical insurance plans whose benefit year begins Jan. 1, 2011.

Most health insurance plans previously dropped children from parental insurance plans once they turned 19 or graduated college. This controversial insurance modification is seen by many Americans as an extension of childhood for adults in their 20s, while for others, the measure is necessary to end the insurance gap that affects many young people.

A 2008 survey conducted by the National Institutes of Health showed that about 30 percent of adults between the ages of 20 and 29 do not have health insurance, a circumstance largely brought on by large numbers of young adults taking nontraditional, temporary or low-paying

jobs that do not come with conventional employee benefits such as health insurance. That makes this age group the largest without health insurance.

While coverage for adult children depends entirely on their parents' insurance policy (for example, vision and dental care may not be included as eligible benefits), adult children -- including those married and the financially independent -- can now be included on their parents' plans.

Under the federally mandated new law, all health care plans are required to provide coverage to children under the age of 19, regardless of pre-existing health conditions, but similar coverage may not be extended to those older than 19. Additionally, bringing in an adult child will incur additional costs, the extent of which depends on the insurance provider and the amount of dependents listed on a plan. However, a qualified young adult must be offered coverage at the same cost as any other dependent on a parent's existing plan.

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# KEY PROVISIONS THAT TAKE EFFECT IMMEDIATELY

HealthReform.gov

January 12, 2011

## 1. SMALL BUSINESS TAX CREDITS

Offers tax credits to small businesses to make employee coverage more affordable. Tax credits of up to 35 percent of premiums will be available to firms that choose to offer coverage. *Effective beginning calendar year 2010.* (Beginning in 2014, the small business tax credits will cover 50 percent of premiums.)

## 2. NO DISCRIMINATION AGAINST CHILDREN WITH PRE-EXISTING CONDITIONS

Prohibits new health plans in all markets plus grandfathered group health plans from denying coverage to children with pre-existing conditions. *Effective 6 months after enactment.* (Beginning in 2014, this prohibition would apply to all persons.)

## 3. HELP FOR UNINSURED AMERICANS WITH PRE-EXISTING CONDITIONS UNTIL EXCHANGE IS AVAILABLE (INTERIM HIGH-RISK POOL)

Provides access to affordable insurance for Americans who are uninsured because of a pre-existing condition through a temporary subsidized high-risk pool. *Effective in 2010.*

## 4. ENDS RESCISSIONS

Bans insurance companies from dropping people from coverage when they get sick. *Effective 6 months after enactment.*

## 5. BEGINS TO CLOSE THE MEDICARE PART D DONUT HOLE

Provides a \$250 rebate to Medicare beneficiaries who hit the donut hole in 2010. *Effective for calendar year 2010.* (Beginning in 2011, institutes a 50% discount on prescription drugs in the donut

hole; also completely closes the donut hole by 2020.)

## 6. FREE PREVENTIVE CARE UNDER MEDICARE

Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program. *Effective beginning January 1, 2011.*

## 7. EXTENDS COVERAGE FOR YOUNG PEOPLE UP TO 26TH BIRTHDAY THROUGH PARENTS' INSURANCE



Requires new health plans and certain grandfathered plans to allow young people up to their 26th birthday to remain on their parents' insurance policy, at the parents' choice. *Effective 6 months after enactment.*

## 8. HELP FOR EARLY RETIREES

Creates a temporary re-insurance program (until the Exchanges are available) to help offset the costs of expensive premiums for employers and retirees for health benefits for retirees age 55-64. *Effective in 2010.*

## 9. BANS LIFETIME LIMITS ON COVERAGE

Prohibits health insurance companies from placing lifetime caps on coverage. *Effective 6 months after enactment.*

## 10. BANS RESTRICTIVE ANNUAL LIMITS ON COVERAGE

Tightly restricts the use of annual limits to ensure access to needed care in all new plans and

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grandfathered group health plans. These tight restrictions will be defined by HHS. *Effective 6 months after enactment.* (Beginning in 2014, the use of any annual limits would be prohibited for all new plans and grandfathered group health plans.)

#### **11. FREE PREVENTIVE CARE UNDER NEW PRIVATE PLANS**

Requires new private plans to cover preventive services with no co-payments and with preventive services being exempt from deductibles. *Effective 6 months after enactment.*

#### **12. NEW, INDEPENDENT APPEALS PROCESS**

Ensures consumers in new plans have access to an effective internal and external appeals process to appeal decisions by their health insurance plan. *Effective 6 months after enactment.*

#### **13. ENSURES VALUE FOR PREMIUM PAYMENTS**

Requires plans in the individual and small group market to spend 80 percent of premium dollars on medical services, and plans in the large group market to spend 85 percent. Insurers that do not meet these thresholds must provide rebates to policyholders. *Effective on January 1, 2011.*

#### **14. COMMUNITY HEALTH CENTERS**

Increases funding for Community Health Centers to allow for nearly a doubling of the number of patients seen by the centers over the next 5 years. *Effective beginning in fiscal year 2011.*

#### **15. INCREASES THE NUMBER OF PRIMARY CARE PRACTITIONERS**

Provides new investments to increase the number of primary care practitioners, including doctors, nurses, nurse practitioners, and physician assistants. *Effective beginning in fiscal year 2011.*

#### **16. PROHIBITS DISCRIMINATION BASED ON SALARY**

Prohibits new group health plans from establishing any eligibility rules for health care coverage that have the effect of discriminating in favor of higher wage employees. *Effective 6 months after enactment.*

#### **17. HEALTH INSURANCE CONSUMER INFORMATION**

Provides aid to states in establishing offices of health insurance consumer assistance in order to help individuals with the filing of complaints and appeals. *Effective beginning in fiscal year 2010.*

#### **18. HOLDS INSURANCE COMPANIES ACCOUNTABLE FOR UNREASONABLE RATE HIKES**

Creates a grant program to support States in requiring health insurance companies to submit justification for all requested premium increases, and insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new Health Insurance Exchanges. *Starting in plan year 2011.*

# HEALTH INSURANCE REFORM

(Continued from page 1)

#### **MEDICAL INSURANCE CHANGES FOR 2011 (continued)**

No special action is required by parents or their insurance dependents. Their dependents only need to enroll during the plan's open enrollment period, which, for most plans, ends on the first day of the new benefit year.

## MICROSOFT UPDATE AFFECTS PRINTING IN PASS

Update: December 14, 2010

It has come to our attention that Microsoft released an update December 14th, 2010, which may affect the printing of assessments. This update is referenced as KB2416400. This security update may cause issues when printing from our web application (i.e. when printing a NEEDS assessment, it only prints one page and it includes the left menu bar on the printed page.)

The first step is to confirm that \*.adeincorp.com is listed as a trusted site under Internet Options. To confirm this, perform the following steps.

1. Click on Tools from the Internet Explorer menu at the top of your screen.
2. Click on Internet Options.
3. Click on the Security tab.
4. Click on the Trusted Sites box (green check mark).
5. Click on the Sites box to the right. In the larger center box, confirm that \*.adeincorp.com is added as a trusted site.
6. If this is not true, un-click the server verification checkbox below the larger center box.
7. Click in the top text box and remove any text already listed there and type the following exactly as shown in red \*.adeincorp.com and click ADD to the right. This should add the site to the larger center box.
8. Click Close and OK.

Close the PASS program and re-login. Resume printing by recalling the assessment and clicking PRINT.

If this does not solve the problem, the last resort is to uninstall the KB2416400 update.

1. To remove the update, click on Start, Control Panel, Add/Remove Programs.
2. You may want to check the "Show Updates" checkbox on the Add/Remove Programs screen (at the top center of the screen for Windows XP or the left margin for Windows 7).
3. Locate the KB2416400 update and click on it.
4. Click Remove at the right.
5. Once the update is removed, your computer will need to be restarted (it may do this automatically).

Close the PASS program and re-login. Resume printing by recalling the assessment and clicking PRINT.

Please call ADE at 1-800-334-1918, if you have any questions. We are here to help you!

## SPRING POETRY

Excerpt from **Atalanta in Calydon**

By: Algernon Charles Swinburne

For winter's rains and ruins are over,  
And all the season of snows and sins;  
The days dividing lover and lover,  
The light that loses, the night that wins;  
And time remembered is grief forgotten,  
And frosts are slain and flowers begotten,  
And in green underwood and cover  
Blossom by blossom the spring begins.



Excerpt from **Two Tramps in Mud Time**

By: Robert Frost

The sun was warm but the wind was chill.  
You know how it is with an April day  
When the sun is out and the wind is still,  
You're one month on in the middle of May.  
But if you so much as dare to speak,  
A cloud comes over the sunlit arch,  
A wind comes off a frozen peak,  
And you're two months back in the middle of March.

## RETIREMENTS

Congratulations to Beth Boyle on her retirement from ADE Incorporated in December 2010.

Beth worked in Customer Service and Accounting at ADE for ten years. Most of you have spoken with Beth, either to reset your key program or resolve a billing question.

Beth and her husband plan to travel and catch up with their friends and family across the United States.

We wish her the very best in her retirement. She will be missed!



## ENERGY DRINKS MAY RAISE RISK FOR ALCOHOL PROBLEMS

By Denise Mann  
Web MD Health News  
Reviewed by Laura J. Martin, MD

November 16, 2010—Drinking energy drinks daily or even on a weekly basis may increase your risk of developing alcohol problems.

The new findings, which appear online in *Alcoholism: Clinical & Experimental Research*, are especially concerning given the trend of mixing alcohol with high-caffeine energy drinks.

In the new study of more than 1,000 college students, people who drank energy beverages 52 or more times a year were more than twice as likely as non-users to meet criteria for alcohol dependence. In addition, such “high-frequency users” were more likely to get drunk at an earlier age, drink more in one sitting, black out, and/or experience hangover symptoms that limited their usual activities, the study showed.

Overall, more than 60% of college students drank an energy beverage at some point in the past year and 10.1% had these drinks weekly and 2.6% daily or almost daily.

The study helps identify a new high-risk group, says Harold C. Urschel, MD, an addiction expert in Dallas. “People that drink these energy beverages daily or weekly need to be careful about alcohol consumption,” he says. Urschel was not involved in the study.

Exactly how energy drinks increase risk for alcohol independence is not fully understood. People who drink these beverages may rely on them to get through classes after a drinking binge or to power through a hangover. Alternatively, energy drinks may mask drunkenness and pave the road toward binge drinking, which raises the risk of future alcohol dependence.

When alcohol and energy drinks are drunk together, “the caffeine helps to disguise intoxication so you can drink more without realizing that you are drunk,” Urschel tells WebMD. “You are more intoxicated and more revved up, and that is quite dangerous.”

### “Wide Awake Drunkenness” [sic]

“This is serious,” says study author Amelia M. Arria, PhD, the director of the Center on Young Adult Health and Development at the University of Maryland School of Public Health in Baltimore and a senior scientist at the Treatment Research Institute in Philadelphia. “When you consume alcohol and energy drinks at the same time, it prolongs the drinking episode because it decreases your perceived level of intoxication, so you can drink for longer periods of time,” she says.

This phenomenon is called “wide-awake drunkenness” and can lead to risky or even life-threatening behaviors, she says.

“I don’t think it is ever safe to combine energy drinks with an alcoholic drink, and they are on the menu in many bars and restaurants,” she says. Some energy drinks are pre-mixed with alcohol. Washington and Michigan have banned caffeinated alcohol beverages.

Drinking alcohol and caffeine at the same time is like hitting the gas and the brake at the same time,” says John Higgins, MD, an assistant professor at the University of Texas Medical School at Houston and director of exercise physiology at Memorial Hermann Sports Medicine Institute, also in Houston.

“Alcohol is a known depressant, and these energy drinks have many materials in them that are known stimulants, the most common one being caffeine,” he says.

### FDA Should Regulate Energy Drinks

The amount of caffeine or other ingredients in these energy drinks is not regulated. Some may have three of [sic] four times the amount of caffeine found in a cup of coffee, he says. Higgins recently published a paper on the caffeine content of energy drinks in the *Mayo Clinic Proceedings*.

“Manufacturers can put anything they want in here and some of the substances have stimulant effects themselves as well as caffeine-type effects, so you get a double hit,” he says. “The FDA regulates things that are less dangerous than these beverages.”

### Alcohol-Caffeine Combo is Risky Business

Susan Foster, vice president and director of Policy Research and Analysis at The National Center on Addiction and Substance Abuse (CASA) at Columbia University in New York City, agrees. “The combination of highly caffeinated, sugary drinks and alcohol is enormously dangerous in many ways.”

For starters, “these are the equivalent of a binge drink in a can, and consuming high levels of caffeine, which increase alertness and take away the usual signals that getting drunk, can lead to alcohol poisoning,” she says.

It takes two to tango, says Toben F. Nelson, ScD, a professor of epidemiology & community health at the University of Minnesota School of Public Health in Minneapolis. “The stimulant can mask the depressant effect and students don’t realize how intoxicated they are so they consume more,” he says. “The combined effects of alcohol and caffeine really are making students more susceptible to the risks of alcohol and heavy drinking, and this is a relatively new phenomenon.”

### Industry Responds

The new study does not show that drinking energy drinks encourages alcohol dependence, Maureen Storey, PhD, senior vice president for science policy for the American Beverage Association, the trade association representing companies making non-alcoholic drinks, says in a statement.

What’s more, “there is nothing unique about the caffeine in energy drinks. In fact, most mainstream energy drinks actually contain about half the caffeine of a similar size cup of coffee house coffee,” she says. “The authors’ focus on this product category does little to shed light on the serious problem of binge drinking and alcoholism among young adults.”

Sources: See WebMD Health News article dated Nov. 16, 2010



**ADE Incorporated** is a respected provider of assessment and case management software for substance abuse programs.

**ADE Incorporated** is dedicated to the development and support of quality products designed to meet the evaluation, assessment, tracking and reporting needs of professionals working in the field of substance abuse evaluation and assessment.

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