



Frequently Asked Questions

90 Day Grace Period for Certain Members Enrolled in a Plan Through a Health Insurance Exchange

Q1: Are all members enrolled in a plan offered through a Health Insurance Exchange eligible for a 90 day grace period?

A1: No, under the federal Affordable Care Act (ACA), only those members that receive an Advanced Premium Tax Credit (APTC Members) are afforded a 90-day grace period to pay their outstanding premiums.

Q2: How do I know if a member is an APTC Member and if that APTC Member is in a grace period?

A2: Providers should continue to check eligibility and benefits on all members serviced through CareCentrix and obtain grace period notice information directly from the APTC Member's health plan using the same means by which the health plan provides that information to its network providers. If a health plan provides this information via an online tool, please obtain access to that online tool if you do not already have it. A health plan's toll free phone number can be obtained from the Member's health plan member identification card.

Q3: Does the grace period require any changes to the manner in which I ask an APTC Member to sign for financial responsibility for non-covered services?

A3: No, just like any member, prior to rendering services, providers should continue to ask members to agree in writing to accept financial responsibility for non-covered services.

Q4: Will my claims be paid for services rendered to an APTC Member that is currently in the grace period?

A4: CareCentrix will process and pay provider claims for APTC Members and their covered dependents(s) for authorized covered services throughout the first month of the premium grace period in accordance with your provider agreement. For services provided during months 2 and 3 of the grace period, CareCentrix may pend the claims until the health plan provides CareCentrix with the information necessary to verify eligibility.

Q5: What will I see on the provider portal when my claim is pended for this reason?

A5: You will see the following pend reason on the provider portal:
"The disposition of the claim/service is pending during the premium payment grace period, per Health Insurance Exchange requirements."



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Q6: How long will a claim for services provided to an APTC Member during the 2nd and 3rd month of the grace period be in pended status before it gets paid?

A6: Provider claims will remain in pended status until CareCentrix can verify eligibility with the health plan. For those members that timely paid the required premium, the pended claims for covered services will be processed for payment in accordance with your provider contract.

For those members that failed to timely pay the required premium, any pended claims for services provided in months 2 and 3 will be denied on the basis of lack of eligibility. If CareCentrix paid a claim for services provided during months 2 and 3, CareCentrix will recoup that payment.

Q7: What should I do if my claims are eventually denied by the health plan on the basis of lack of eligibility?

A7: If, prior to receiving services, the patient agreed in writing to accept financial responsibility for non-covered services, you may bill the patient for the non-covered services in accordance with your provider contract.

Q8: If the member does not pay their premiums and the member's coverage is terminated, can they enroll in a different plan?

A8: The member may enroll in a different plan through a Health Insurance Exchange during the next available open enrollment period or earlier if the member qualifies for a special enrollment period, such as due to certain life events. The member may also enroll in a plan offered outside of the Health Insurance Exchange (for example, through a new employer).