



# Provider NewsFlash

March 2014

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## 90 Day Grace Period for Certain Members Enrolled In a Plan through a Health Insurance Exchange

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### **Purpose of this communication**

- To provide you with information on how you can identify members enrolled in a plan through a Health Insurance Exchange who receive an Advanced Premium Tax Credit and have a 90 day premium grace period (the “APTC Members”) and how CareCentrix will process claims for these members.

### **Why are we doing this?**

- Under the federal Affordable Care Act (ACA), APTC Members are afforded a 90 day grace period to pay their outstanding premiums.
  - Insurers are required to reimburse providers for covered services provided during the first 30 days of the grace period.
  - For services provided during the remaining 60 days of the grace period, insurers may pend the claims and, if the member fails to timely pay the required premium, the insurer may deny the pended claims or, if payment was made on such claims, the insurer may recoup the payment.

### **What do I need to do?**

- Please continue to check eligibility and benefits on all members serviced through CareCentrix and obtain grace period information for an APTC Member directly from the 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 grace period 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. For more information, please refer to our Eligibility and Benefit Verification Guide for Providers posted on our Provider Portal.

- Claims for APTC Members in a grace period status and their covered dependent(s) will be handled as follows:
  - CareCentrix will process and pay provider claims for authorized covered services provided during the first month of the 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.
- For those APTC Members that fail 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 of the grace period, CareCentrix will recoup that payment. 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 Agreement.
- Just like any member, prior to rendering services, please ensure that you secure the APTC Member's written agreement to accept financial responsibility for non-covered services. This will enable you to bill the APTC Member in the event the member fails to timely pay the required premium and, as a result, services are not covered.

**Is there anything else I need to know?**

- Visit our portal at [www.CareCentrixPortal.com](http://www.CareCentrixPortal.com) for additional information and frequently asked questions on Health Insurance Exchange members.

**Thank you in advance for your cooperation and continued partnership.**



## FREQUENTLY ASKED QUESTIONS

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

**Q1: What is a premium grace period?**

**A1:** A premium grace period is the period of time that a member is allowed to pay the required premium under the member's plan in order to remain eligible under that plan.

**Q2: Are all members enrolled in a plan offered through a Health Insurance Exchange eligible for a 90 day grace period?**

**A2:** 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.

**Q3: How do I know if a member is an APTC Member and if that APTC Member is in a grace period?**

**A3:** 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. For more information, please refer to our Eligibility and Benefit Verification Guide for Providers posted on our Provider Portal.

**Q4: 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?**

**A4:** 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.

**Q5: Will my claims be paid for services rendered to an APTC Member that is currently in the grace period?**

**A5:** 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.



## FREQUENTLY ASKED QUESTIONS

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**Q6: What will I see on the provider portal when my claim is pended for this reason?**

**A6:** 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.”

**Q7: How long will a claim for services provided to an APTC Member during the 2<sup>nd</sup> and 3<sup>rd</sup> month of the grace period be in pended status before it gets paid?**

**A7:** 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.

**Q8: What should I do if my claims are eventually denied by the health plan on the basis of lack of eligibility?**

**A8:** 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.

**Q9: If the member does not pay their premiums and the member’s coverage is terminated, can they enroll in a different plan?**

**A9:** 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).

## Eligibility & Benefit Verification Guide for Providers

Health Plan	Where to Verify Eligibility & Benefits	How to Register	Training Information
<b>Aetna</b>	<p>If you already have access to Navinet at <a href="https://navinet.navimedix.com">https://navinet.navimedix.com</a>, please use that option to check eligibility and benefits for Aetna. Aetna eligibility and benefit information can also be obtained through Availity at <a href="http://www.availity.com">www.availity.com</a>.</p> <p>If you cannot find the patient using those options, please refer to the patient's insurance card.</p>	<p>If you do not have access to Navinet, and you were previously an Aetna contracted provider, click the Sign Up link. You will need your Federal Tax ID. Navinet will assign you a Security Officer. Once you have a Security Officer, additional log ins for your organization can be obtained through that person. If you were not previously an Aetna contracted provider, please use Availity.</p> <p>If you do not have access to Availity, click the Register Now link on the top right hand side of Availity's homepage. You will need your Federal Tax ID.</p>	<p>After logging into Navinet, click on the Help button. You can then search for help for various health plans or services. You can also watch general navigation videos about the Navinet site. Select Aetna from the Health Plan drop down and click 'Go' to view training related specifically to Aetna.</p> <p>For Availity training information, please see the instructions listed under 'Training Information' for Florida Blue.</p>
<b>Beech Street</b>	<p>Please refer to the patient's insurance card.</p>		
<b>Cigna</b>	<p>Go to <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> to verify patient eligibility and benefits, except for Shared Administration.</p> <p>If you cannot find the patient, please refer to the patient's insurance card.</p>	<p>To register for access to the Cigna for Healthcare Professionals website, go to <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a>. Once there, click on the 'Register Now' link in the middle of the screen under the header 'Don't have a user ID?'. You will need your Tax ID and address.</p>	<p>After logging into the Cigna site, click on the 'Resources' link. Then click on the 'eCourses' link. You will find various courses, one titled 'Registration and Log in' and another titled 'Eligibility and Benefits'. If you click on the links, a PDF file will open for each course and guide you through the process.</p>
<b>Cofinity</b>	<p>Please refer to the patient's insurance card.</p>		
<b>Fallon Community Healthplan</b>	<p>Go to <a href="http://www.fchp.org">http://www.fchp.org</a> to verify patient eligibility and benefits for Fallon Community Healthplan.</p> <p>If you cannot find the patient on Fallon's website, please refer to the patient's insurance card.</p>	<p>To register for access to the Fallon Community Healthplan website, click on the Providers link on the right hand side of the screen. Then click on the Eligibility Verification link under Provider Tools. Then click on the 'Need to Register? link. Download the registration packet, complete it and fax or mail the form to Fallon.</p> <p>If you do not have access to Availity, click the Register Now link on the top right hand side of Availity's homepage. You will need your Federal Tax ID.</p>	<p>After logging into Availity, click on the 'Free Training' link (in between Availity Resources and Payer Resources). Then click on the link 'Eligibility and Benefits Inquiry'. After you click on the 'Eligibility and Benefits Inquiry' link, the screen will expand and allow you to play various recordings. For Florida Blue, choose the Florida recording. Click on the recording to play it. You will need to fill out some basic information in order to view the training.</p>
<b>Florida Blue</b>	<p>For Florida Blue, use Availity at <a href="http://www.availity.com">www.availity.com</a>. If you cannot find the patient using Availity, please refer to the patient's insurance card.</p> <p>For Blue card members, use Availity at <a href="http://www.availity.com">www.availity.com</a> or please refer to the patient's insurance card.</p>		
<b>Florida True Health</b>	<p>Please refer to the patient's insurance card.</p>		
<b>Great West Healthcare</b>	<p>Go to <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> to verify member eligibility and benefits.</p> <p>If you cannot find the patient, please refer to the patient's insurance card.</p>	<p>To register for access to the Cigna for Healthcare Professionals website, go to <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a>. Once there, click on the 'Register Now' link in the middle of the screen under the header 'Don't have a user ID?'. You will need your Tax ID and address.</p>	<p>After logging into the Cigna site, click on the 'Resources' link. Then click on the 'eCourses' link. You will find various courses, one titled 'Registration and Log in' and another titled 'Eligibility and Benefits'. If you click on the links, a PDF file will open for each course and guide you through the process.</p>
<b>Health Net</b>	<p>If you already have access to check eligibility and benefits for Health Net on <a href="http://www.healthnet.com">www.healthnet.com</a>, please use that option. Eligibility and benefit information for Health Net members is also available through Emdeon.</p> <p>If you do not have access to the Health Net website or Emdeon, please refer to the patient's insurance card.</p>	<p>The Health Net website is only available for already registered users.</p>	<p>After logging in, in the lower left hand corner of the site under the Quick links header, click on the link for Provider Site FAQs.</p>
<b>Lovelace</b>	<p>Please refer to the patient's insurance card.</p>		
<b>NHP</b>	<p>If you already have access to check eligibility and benefits for Neighborhood Health Plan on <a href="https://nhpnet.nhp.org">https://nhpnet.nhp.org</a>, please use that option.</p> <p>If you do not have access to the Neighborhood Health Plan website, please refer to the patient's insurance card.</p>		