

90-Day Grace Period for Certain Members Enrolled in a Plan Through a  
Health Insurance Exchange  
Frequently Asked Questions  
October 2024

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

### Frequently Asked Questions

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#### **What is a premium grace period?**

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.

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

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.

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

Providers should 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.

#### **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?**

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.

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

Claims for APTC Members and their covered dependents(s) for covered services provided in the first month of the premium grace period will be paid in accordance with your provider agreement. For services provided to APTC Members during months 2 and 3 of the grace period, claims may be pended by the health plan until the health plan can verify eligibility.

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

You may see the following on the HomeBridge® provider portal:

“The disposition of the claim/service is undetermined during the premium payment grace period, per Health Insurance Exchange requirements. This claim/service will be reversed and corrected when the grace period ends (due to premium payment or lack of premium payment).”

### **When will pended claims for services provided to an APTC Member during the 2nd and 3rd month of the grace period get paid?**

For those APTC members that timely paid the required premium, upon receipt of the health plan’s processing determination, CareCentrix will process pended claims in accordance with your provider contract.

For those APTC members that failed to timely pay the required premium, upon receipt of the health plan’s processing determination, 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 to these APTC members during months 2 and 3, CareCentrix will recoup that payment.

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

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. However, before billing the patient, be sure to confirm they did not secure other coverage.

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

Yes, 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).