

A Guide for Understanding APTC Grace Periods

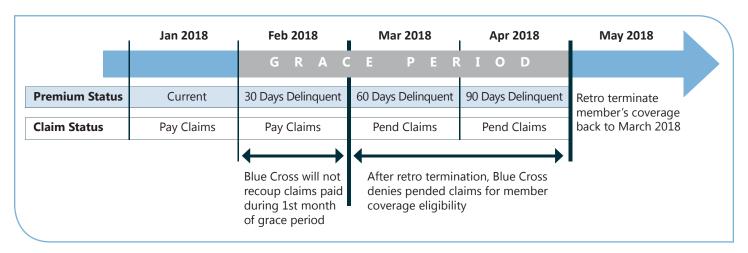
The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs. To be eligible for the APTC subsidy, customers must have an income 100 to 400 percent of the Federal Poverty Level (FPL) and must apply for it, which is done through the healthcare "Marketplace" (also called "the exchange"). Open enrollment occurs each year between October 1 and March 31 for individuals, families and small businesses.

One feature of the APTC is that customers are given a three-month premium payment grace period to help when they have delinquent premium payments. This feature is a standard ACA requirement, regardless of the customer's healthcare carrier.

After the three-month period of not paying the premium, the APTC member's policy will terminate, effective to the 30-day delinquent date. Claims paid during the first month of delinquency will remain paid. Claims pended for months two and three will be denied for eligibility.

Once claims are denied for services rendered during the second and third months of the grace period, the provider may then seek reimbursement directly from the member up to the billed charges amount(s). If you have already collected the allowed amount(s) from the member, you may then collect the amounts still owed to you up to your billed charges.

Sample Grace Period Scenario



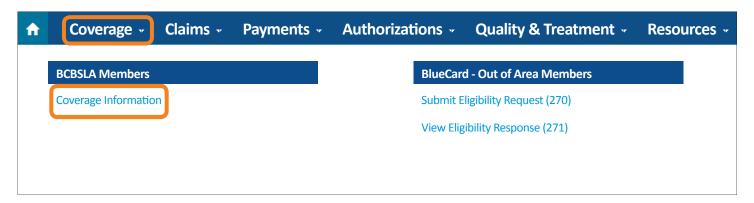
Providers can research APTC premium status information for Blue Cross and Blue Shield of Louisiana members in iLinkBlue (www.BCBSLA.com/ilinkblue) or by electronic inquires submitted to the Blue Cross Clearinghouse. The next pages of this tidbit have instructions for researching any APTC grace periods a member may have.



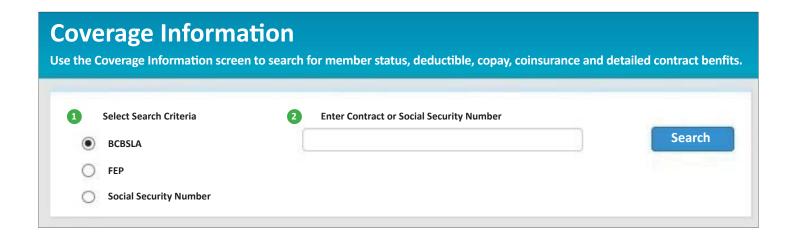


1. Research an APTC Member's Coverage Status in iLinkBlue

Under the Coverage menu option in iLinkBlue, select the Coverage Information link for BCBSLA Members.



Enter the BCBSLA member's contract number, which is the member ID number, then press "Search." If you do not have the member ID number, you may also search using the subscriber's Social Security number.



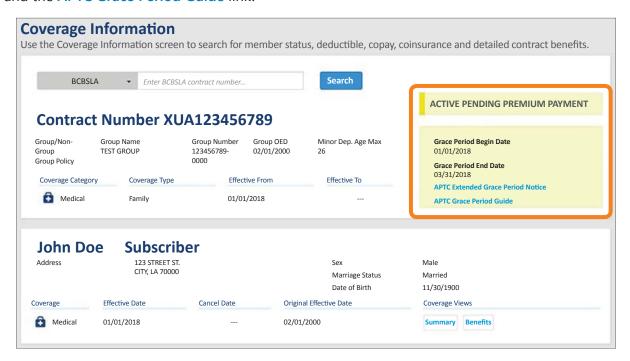
The search results will display one of the following contract statuses when the member has an active APTC:

Active Coverage	_	means the APTC member is NOT delinquent OR within the first month of being delinquent on their premium payment.
Active Pending Premium Payment	_	means the APTC member is within the second or third months of being delinquent on their premium payments.





When the Coverage Information search results indicate the "Active Pending Premium Payment" status, it will include the APTC member's grace period begin and end dates, the APTC Extended Grace Period Notice link and the APTC Grace Period Guide link.



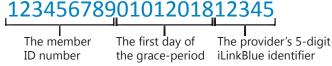
APTC Extended Grace Period Notice

This is a printable PDF of the member's premium status notice. The notice is generated in real time based on the member's current premium status and is only available when the policy premium status is delinquent.

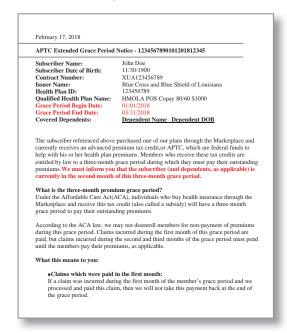
Print a copy of the notice for your records. The notice is not stored in iLinkBlue and is subject to change based on the member's policy premium status. This notice is not available if the APTC member's status returns to "Active Coverage."

The top of each report includes an APTC Extended Period Notice number. It identifies the following:

APTC Extended Period Notice Number Example



Example Notice:



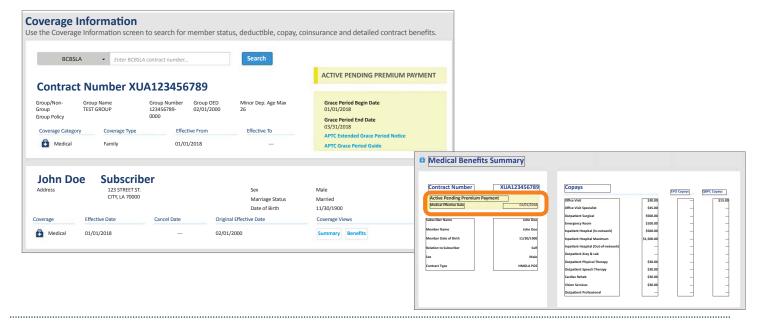
APTC Grace Period Guide

The APTC Grace Period Guide is a printable PDF of this provider tidbit.

PROVIDER TIDBITS

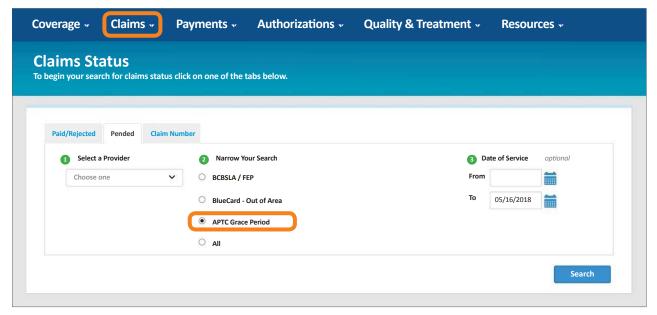


On the Coverage Information screen is the **Summary** button, which allows you to view the member's **Medical Benefits Summary** (a detailed health benefit summary that includes deductible and out-of-pocket amounts) and coordination of benefits (COB). This screen also indicates the APTC status if the member is in a grace period.



2. Research an APTC Member's Claims in iLinkBlue

Under the Claims menu option in iLinkBlue, select Claims Status Search to research claims based on either the member policy type or by claim number. iLinkBlue includes an option in the Pended claims search category for claims pended specifically for the "APTC Grace Period."



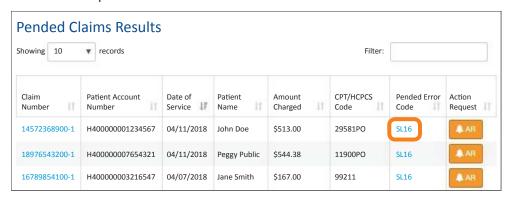
Select the "APTC Grace Period" category then click the **Search** button. This will bring you to the **Pended Claims Result** screen to view all of the provider's pended claims for members in their APTC grace period.



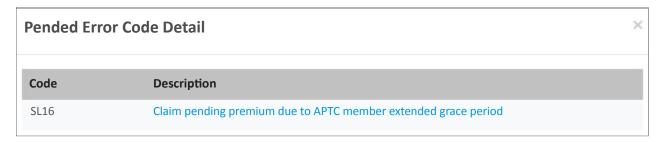
PROVIDER TIDBITS



From the Pended Claims Results screen, click on the Pended Error Code SL16 link to open a descriptive of the member's premium status.



When the pended error code is related to the member's grace period, the description will be a link that opens a PDF of the member's APTC Extended Grace Period Notice (same notice mentioned on Page 3 of this guide).



Note: The Blue Cross reason code SL16 description will vary for APTC and non-APTC members. The SL16 message will state "Pending an update from the group/member," when the pended status is NOT related to the APTC grace period.





3. Research an APTC Member's Coverage Status Through Electronic Transactions (27x)

To inquire about eligibility and benefits electronically, submit a 270 Eligibility Benefit Inquiry. For APTC members with a policy that is pending for premium payment, the 271 Response will include the following:

premium paid to date end - (found on loop 2100C/D DTP) - This is the last day of coverage for which a premium payment has been received and applied. This is the last day of active coverage or the day before the beginning of the grace period. It is displayed in the 271 Response as code 343.

grace period start date - (found on loop 2110C/D DTP) - This is the first day of the grace period. It is displayed in the 271 Response as code 193.

grace period end date - (found on loop 2110C/D DTP) - This is the last day of the grace period. It is displayed in the 271 Response as code 194.

grace period informational message - (found on loop 2110C/D DTP below the grace period start and end dates) - This is an informational field on the 271 response that indicates the subject of the data in fields above. It is displayed in the 271 Response as HIX GRACE PERIOD (HIX - health insurance exchange).

The 271 Response also includes Blue Cross' HPID (unique health plan identification) number. Also included with the HPID is the product name. Blue Cross has two HPIDs as follows:

HPID 7598768720 - for HMO Louisiana, Inc. policies

HPID 7780687910 - for Blue Cross and Blue Shield of Louisiana policies

Below is a sample section of 271 Response codes:

DTP*291*RD8*20180101-20181231~

DTP*382*D8*20180101~

DTP*539*D8*20180101~

DTP*343*D8*20180731~	- premium paid to date end (shows last day of active coverage as July 31, 2018)

EB*1*EMP*30*PR*Individual Blue Max 7780687910 ~ - HPID (shows a PPO product and Blue Cross HPID)

DTP*193*D8*20180801~ - grace period start date (shows first day of grace period as August 1, 2018)

DTP*194*D8*20181031~ - grace period end date (shows last day of grace period as October 31, 2018)

MSG*HIX GRACE PERIOD~ - grace period informational message

4. Research an APTC Member's Claims Through Electronic Transactions (27x)

To inquire about claims, submit a 276 Claim Status Request. For APTC members with a policy that is pending for premium payment, the provider will receive a 277 Claim Status Response that includes claim status code 766 (found on loop 2220D/E STC), which indicates:

services were performed during a Health Insurance Exchange (HIX) premium payment grace period

Below is an example of what a 277 Claims Status Response looks like:

STC*P5:766*20181103~

- services were performed during a Health Insurance Exchange (HIX) premium payment grace period