



ACA CHANGES and the MARKETPLACE

Everyone is preparing for the impacts of the Affordable Care Act (ACA) and how it relates to the new healthcare Marketplace (also called “the exchange”) that opens on Oct. 1, 2013. The Marketplace will radically change how individuals will buy health insurance. It is designed to be health-neutral and gender-neutral and some customers will be eligible to receive a subsidy.

In preparation for the Marketplace, Blue Cross and Blue Shield of Louisiana has developed new products, networks and ways to reduce costs, all while complying with ACA’s customer protections.

The ACA guarantees that all customers will have access to health coverage. This means that insurers must accept all applicants and all individuals must have health coverage or pay a penalty.

Policies for individual and small group (less than 50 lives) must include coverage for ambulatory services, emergency services, hospitalization, laboratory services, maternity care, mental health and substance abuse, pediatric vision and dental*, prescription drugs, preventive/wellness services and rehabilitative services.

Premium subsidies—also called an advanced premium tax credit (APTC)—will not be available to everyone. So, who is eligible? Anyone who lives in the U.S. and is a citizen or lawfully present and not currently incarcerated may shop the Marketplace. Of those, only customers whose income is 100 to 400 percent of the Federal Poverty Level (FPL) are eligible for a subsidy and only if they apply for it. Customers must apply for subsidies online or through their agent or broker.

APTC can be used in advance to help lower the customer’s premium. An aspect of receiving an APTC is the grace period. It acts as a coverage safety net for when the customer has delinquent premium payments. In this issue we will expand upon this safety net.



What can I do to *get involved?*

Join Blue Cross and Blue Shield of Louisiana and the Louisiana Healthcare Education Coalition (LHEC), a civic organization committed to providing unbiased healthcare and wellness information to the people of our state. LHEC is looking for like-minded partners to join in addressing key issues, such as steering through the new healthcare system, the major drivers of healthcare costs, the critical importance of personal wellness and the need for system transformation to increase quality while reducing cost.

To learn more, contact:

lhec@bcbsla.com or
visit www.lhec.net



** See the August issue of HCRNews for information on pediatric vision and dental coverage. It’s available online at www.bcbsla.com/providers >News.*

The HEALTHCARE MARKETPLACE

Beginning Oct. 1, 2013, during open enrollment, individuals and small businesses may purchase health insurance online (for an effective coverage date of Jan. 1, 2014) on what is being called the Healthcare Marketplace (or the “exchange”). In the Marketplace, people can shop online for insurance and compare prices and plans and apply for subsidies.

Every health insurance plan in the new marketplace will offer comprehensive coverage, from doctors to medications to hospital visits. The products in the marketplace will fall under four categories or “metal levels.”

Platinum level. Targeted to individuals who use healthcare more often and the premium cost is worth the advantage of low-deductible and first-dollar coverage.	Gold level. Targeted to individuals willing to pay more for coverage that offers a lower deductible and rich benefits.	Silver level. Targeted to individuals eligible for cost-sharing reductions and those willing to pay slightly higher premiums to reduce out-of-pocket (OOP) costs.	Bronze level. Targeted to individuals looking for a low-cost product option with high deductibles and coinsurance.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

HEALTHCARE SUBSIDIES

The Affordable Care Act (ACA) makes provisions for two different types of subsidies; cost-sharing reductions and the advanced premium tax credit (APTC). Those whose income is 100 to 400 percent of the federal poverty level (FPL) are eligible for these subsidies and only if they apply for or select them.

Customers must apply for subsidies online through the Marketplace or through their agent or broker at the point of sale beginning Oct. 1, 2013, for policies that will be effective on Jan. 1, 2014 or after.

Subsidy eligibility is determined on a sliding scale based on the customer’s income. Subsidies are designed to offer more help to someone with a lower-qualifying income than someone with a higher-qualifying income.

Blue Cross offers a premium assistance estimator tool at www.bcbsla.com/whatyoupay. This tool gives customers an estimate of how much they could pay for health insurance in 2014 and whether or not they are eligible for a tax credit from the government to help pay for premiums.

1. **Cost-sharing reductions** are built into the benefits of SILVER LEVEL policies. These policies have lower deductible, coinsurance and copayment out-of-pocket costs. Customers with incomes under 250 percent of FPL may be eligible to purchase cost-sharing reduction policies. The level of savings is directly based on their income and family size. Customers must buy a Silver Level policy in order to get the

savings they are eligible for. These policies will be available for purchase in the healthcare Marketplace beginning Oct. 1, 2013, for policies with an effective date on and after Jan. 1, 2014.

2. **APTC** is a monthly premium assistance tax credit that is applied to the customer’s premium amount to help lower their monthly premium out-of-pocket costs.

Customers may purchase a policy from a higher benefit tier plan (Gold or Platinum Level), but must pay the premium difference above the subsidy allowance out of their own pocket.



PREMIUM GRACE PERIODS

Under the new healthcare reform laws, members, who receive the advance premium tax credit (APTC), will have an extended three (3) month eligibility grace period for delinquent premiums.

In the event that an APTC member becomes delinquent in paying their portion of their premium, Blue Cross will continue to pay claims for the first month on the delinquency. This ensures that there are no disruptions in claim payments for the first month. Should the APTC member fail to pay their portion of their premium beyond the first month, Blue Cross will pend all claims for the second and third months of the grace period.

Upon the first day of the fourth month of delinquency, Blue Cross will retroactively terminate the APTC member's eligibility back to the first day of the second month of the grace period.

The grace period applies as long as the individual has previously paid at least one month's premium within the benefit year. Blue Cross is only obligated to pay claims for services rendered during the first month of the grace period. In order for the APTC member to bring their policy current and ultimately avoid termination, the policy must be paid in full for the member's portion of the delinquent premiums.

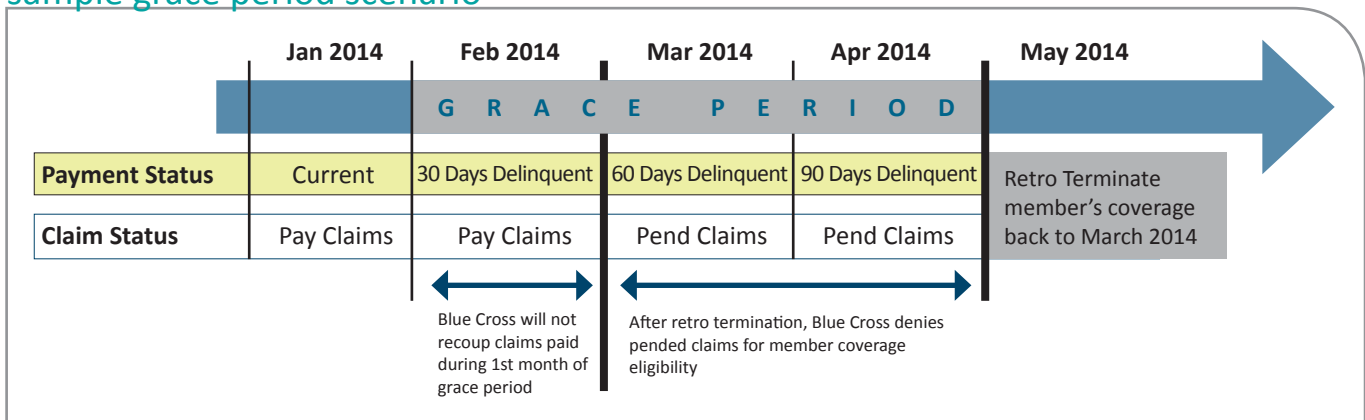
Should the policy terminate for eligibility, the pended claims from months two and three will then be denied for eligibility. The provider may then bill the member for services incurred during months two and three of the grace period. Blue Cross will not recoup payments from claims paid during the first month of the grace period.

Grace Period Rules:

- The APTC policy holder must have paid at least one month's premium to be eligible for the grace period.
- Blue Cross will only pay claims during the first month of grace period.
- Blue Cross will pend claims received during the second and third months of the grace period.
- Blue Cross will notify providers of their Blue patients who are in the grace period and the possibility of denied claims for the second and third months.

More information on how Blue Cross will notify our providers of members in the grace period is available in this newsletter.

sample grace period scenario



PROVIDER NOTIFICATIONS in iLinkBLUE

Blue Cross does not want our providers taking risks when it comes to APTC members. For this reason, we have enhanced the iLinkBLUE *Provider Suite* to include Premium Grace Period notifications. These premium status notifications for BCBSLA's APTC members will be available in multiple places within iLinkBLUE so you can stay abreast of your Blue patients who are in the grace period and the possibility of denied claims for the second and third months. Checking eligibility for members in iLinkBLUE prior to rendering services is a smart business operation, because you will preemptively know how to collect from our members, thus reducing your risk, especially if a member is in a premium grace period.

When a BCBSLA APTC member's status in iLinkBLUE shows "Active Pending Premium Payment," it means the member is in the second or third month of their premium grace period. When this occurs, the provider may collect the full allowable charge from the member upfront instead of only the member's cost share amount. Should the APTC member's policy return to an "Active Coverage" status, the provider contractually has 30 days to refund amounts collected above the member cost share. Should the member retro-terminate for eligibility, the provider may then follow their standard business operations for non-insured patients for services rendered after the first month of the grace period. It is also important to note that APTC members in the second or third months of a premium grace period will be required to pay the full allowed amount for their prescriptions at the point of sale. Prescribing generics is one way to help reduce members' costs. [The next few pages will walk you through each place within iLinkBLUE where APTC premium grace period status notifications are located.](#)



1 COVERAGE INFORMATION >Coverage Summary - On the Coverage Summary page, enter the member's contract number then press "Submit." In the search results, click the "Coverage Report" button(s) on the Coverage Summary page to open the Health Benefit Plan Coverage page where a premium status indicator can be found.

Coverage Summary

Contract #

Submit

Search Results

Contract # XUP123456789

Member Name	Date of Birth	OED	Portability Date	Cancel Date	Contract Type
John Q. Subscriber	01/01/2000	01/01/2013	01/01/2000		Health

Coverage Report

One of the following statuses will show on the Health Benefit Plan Coverage page:

- **ACTIVE COVERAGE** - when the APTC member is NOT delinquent OR within the first month of the delinquency period.
- **ACTIVE PENDING PREMIUM PAYMENT** - when the APTC member is within the second and third months of the delinquency period.

Health Benefit Plan Coverage

Medical

Contract ID	XUP123456789
Subscriber Name	John Q. Subscriber
Member Name	John Q. Subscriber
Member DOB	01/01/2000
Relation to Sub	SELF
Sex	MALE
Health Eff Dt	01/01/2000
Health Port Dt	01/01/2000
Contract Status	ACTIVE PENDING PREMIUM PAYMENT
Contract Type	GROUP/CAFE PREFERRED CARE
Pre-Cert Reqmts	
2nd Surg Opin	
Direct Access	YES

2 COVERAGE INFORMATION >Eligibility - The eligibility status will show either "Active Coverage" or "Active Pending Premium Payment." When it shows the latter, it will link to an APTC premium status notice.

Eligibility Information

Contract #

Submit

Contract # XUP123456789 Contract Status [Active Pending Premium Payment](#)

Contract Information

sample grace period notice

APTC Extended Grace Period Notice - <contract>
Please print this notice for your records.

Subscriber Name: <data>
Subscriber Date of Birth (DOB): <data>
Contract Number: <data>
Qualified Health Plan Name: <data>
Covered Dependents: <data>
Name and DOB: <data>

The member referenced above purchased one of our plans through the Marketplace and currently receives an advanced premium tax credit, or APTC, which are federal funds to help with his or her health plan premiums. Members who receive these tax credits are entitled by law to a 3-month grace period during which they must pay their outstanding premiums. We must inform you that, as of today, this member is currently in the second or third month of this 3-month grace period.

What is the 3-month premium grace period?
Under the Affordable Care Act, individuals who buy health insurance through the Marketplace and receive this tax credit (also called a subsidy) will have a 3-month grace period to pay their outstanding premiums.

According to the law, we may not disenroll members for non-payment of premiums during this grace period. Claims incurred during the first month of this grace period are paid, but claims incurred during the second and third months of the grace period must pend until the members pay their premiums in full.

What this means to you:
 • **When claims will pend:** Claims incurred during the second or third month of the member's grace period will **pend** until the member pays his or her premium. As our network provider, you may collect the applicable Blue Cross or HMO Louisiana allowable charge for the covered services you provided at the time of service. In addition, you may collect your full customary charges for any services that are not covered by the member's health plan.
 • **When claims will be processed:** If the member pays the premium in full by the end of the grace period, we will **process** any pending claims in accordance with the terms of the policy. If you have collected your Blue Cross or HMO Louisiana allowable charge at the time of service, you must refund the member any amount collected beyond the member's cost share, such as deductible, copayments or coinsurance, within 30 days of receiving payment from Blue Cross or HMO Louisiana. Please note that if you do not provide a timely refund to the member, you could risk breaching your provider contract.
 • **When claims will be denied:** If the member does not pay their premium in full by the end of the grace period, we will **deny** any claims incurred during the second and third months. If this happens and any claims you submitted are denied for this reason, you may seek reimbursement directly from the member at your full customary charge for the services provided. If you have already collected the Blue Cross or HMO Louisiana allowable charge, you may collect any amount owed up to your full customary charge.

Please be advised this notice also applies to all individuals covered under the member's contract because they are also held to the same grace period.

If you have questions about this information, please call us:
 Provider Services 1-800-922-8866
 Monday through Friday
 8 a.m. - 5 p.m.

We appreciate the quality care you provide to our members.

For more information: To learn more about advanced premium tax credits, click [here](#).

When the coverage status shows "Active Pending Premium Payment," it is a link to a printable PDF notice of the members premium status. This status shows when the APTC member is in either the second or third month of their grace period. **The notice is generated in real time based on the member's current premium status.** It is important to 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. No notice will be available if the member's status changes to "Active Coverage."

3 COVERAGE INFORMATION > APTC Grace Period Explanation - This is a new link that will soon be added to the iLinkBLUE menu bar. Clicking on this link will open a printable PDF educational “explanation” to help providers better understand premium status information for APTC members. This guide is designed to help providers understand the grace period and use iLinkBLUE to identify and manage their Blue patients in a grace period. Also, this guide will be soon be available online at www.bcbsla.com/providers > Education on Demand > Tidbits.



4 CLAIMS RESEARCH > Claims Status - Today, providers have the option to search pended claims based on member policy types (i.e. All, Federal, ITS BlueCard, Reg BC and Supplemental). Soon we will be adding another option to the Pended Claim Search Categories for claims pended specifically for the “APTC Extended Grace Period.”

Claims Status

Select a Provider ▼

Claim Type Paid/Rejected
 Pended

Optional for Pended Claim Type:
 Contract #

Optional for All Claim Types:
 Beginning DOS:
 Ending DOS:

Submit

Reset

Pended Claim Search Categories

All

Federal Reg BC

ITS BlueCard Supplemental

APTC Extended Grace Period

Select the “APTC Extended Grace Period” category then press the Submit button. This will bring you to the Pended Claims screen. Click on the “Pended Error Codes” link to view the Pended Error Code Description information in a separate pop-up window.

Pended Claims

Contract ID: XUP123456789

New Search

Printable View

Search returned 2 records.
Viewing records 1 through 2.
Page 1 of 1

Contract ID: XUP123456789

Patient Account Number		Date of Service	Patient Name	Amount Charged	CPT4 CD Codes	Pended Error Codes	Claim Number Details
AR	ABC123ABC123	01/01/2013	John Q Subscriber	\$30.00	96372	55	321321321-2
AR	ABC123ABC123	01/01/2013	John Q Subscriber	\$305.00	9920425	55	321321321-1

5 CLAIMS RESEARCH > Claims Status > Pended Claims > Pended Error Code Description - When the HIPAA pended code “55” link is clicked, you will see the following pop-up window:

Pended Error Code Description		
Type	Code	Description
HIPAA	55	CLAIM ASSIGNED TO AN APPROVER/ANALYST.
HIPAA Category	P2	PENDING/IN REVIEW-THE CLAIM/ENCOUNTER IS SUSPENDED PENDING
BCBSLA	SL16	<u>CLAIM PENDING PREMIUM DUE TO APTC MEMBER EXTENDED GRACE PERIOD</u>



The HIPAA pended codes and messages are standard for both APTC and non-APTC members with pended claims. However, the BCBSLA reason code SL16 message will vary for APTC and non-APTC members. When the BCBSLA pended code is related to the APTC grace period, it will be a link that also generates a real-time APTC grace period notice (same as the link found on the Eligibility page of iLinkBLUE - see Page 5 of this newsletter.)

Note: BCBSLA reason code SL16 message will state “Pending an update from the group/member,” when the pended status is NOT related to the APTC grace period and will not be a link the APTC grace period notice.

WHAT WILL YOU PAY FOR HEALTH INSURANCE IN 2014?

CAN YOU GET HELP PAYING YOUR PREMIUMS?

WHO QUALIFIES FOR TAX CREDITS?

Blue Cross and Blue Shield of Louisiana has created an easy online tool to estimate what you’ll pay for health insurance next year. Find out if you qualify for a tax credit from the federal government to help pay your premiums. If your employer offers health insurance, you probably won’t qualify.

Go to www.bcbsla.com/whatyoupay and find out in seconds what your estimated cost will be. While you’re there, check out your options, learn about healthcare reform and start planning today!





BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

hernews

P.O. BOX 98029 • BATON ROUGE, LA 70898-9029

PRST STD
US POSTAGE
PAID
BATON ROUGE, LA
PERMIT NO. 458

Healthcare Reform: *New Rules, New Challenges, New Opportunities*

Find more online about healthcare reform at:

www.BCBSLA.com/reform



HCR News

HCR News is newsletter on Healthcare Reform changes for Blue Cross and Blue Shield of Louisiana network providers. We encourage you to share this newsletter with your staff.

The content in this newsletter is for informational purposes only. Diagnosis, treatment recommendations and the provision of medical care services for Blue Cross members are the responsibilities of healthcare professionals and facility providers.

If you would like to receive this newsletter by email, please contact us at provider.communications@bcbsla.com.

PROVIDER RESOURCES

Reform Web	www.BCBSLA.com/reform www.LHEC.net
Provider Web	www.BCBSLA.com >I'm a Provider
iLinkBLUE & EFT	iLinkBLUE.ProviderInfo@bcbsla.com 1.800.216.BLUE (2583)
Provider Relations	Provider.Relations@bcbsla.com 1.800.716.2299, option 4
Network Development	Network.Administration@bcbsla.com 1.800.716.2299, option 1
Provider Services	1.800.922.8866