Marketplace (Exchange) Plans
Member Premium Grace Period

Under the Patient Protection and Affordable Care Act (PPACA), if an individual purchases health insurance through the individual Marketplace and receives a subsidy to assist with premiums, there is a three month grace period in which the individual can make premium payments. During this period, insurance companies may not disenroll members and they are required to notify providers that claims incurred in the second and third months may deny if the premium is not paid.

Marketplace Members with Subsidies: What This Means to You

- Claims incurred during the first month of the member’s three month grace period will process according to the terms of the member’s contract. This applies to all individuals covered under the member’s contract.
- Any additional claims incurred during the second and third month of the three month grace period may pend until the full premium due is paid by the member.
- If the premium is paid in full by the end of the three month grace period, any pended claims will process in accordance with the terms of the member’s contract.
- If a premium is not paid in full by the end of the three month grace period, any claims incurred in the second and third month are denied due to non-payment of premium, you may seek reimbursement directly from the member.

For Florida Blue Marketplace members with subsidies, providers will receive a grace period notification when they request an eligibility and benefits inquiry through Availity®. Letters will also be sent as part of the claims process to notify providers of the member’s delinquency. This may not apply for out-of-area Blue Plan members. (See the BlueCard® section below for how these rules apply to BlueCard members.)

Marketplace Members (No Subsidies) or Members Not Enrolled in a Marketplace Product

There are no changes to the current claims processes for those Florida Blue members not enrolled in a Marketplace product or for Florida Blue members enrolled in a Marketplace product who do not receive a subsidy. As required by state law, the grace period will remain 31 days and Florida Blue may take no action including member delinquency notification to providers.

BlueCard® Members

Providers can verify eligibility and benefits for out-of-area Blue Plan members by:
- Requesting a BlueExchange eligibility and benefits inquiry electronically through Availity® at availity.com. Submit a complete ID number with the alpha prefix; do not include spaces or hyphens.

1Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at www.availity.com. 900-4224-0114 (revised 11-14)
• Calling the BlueCard Eligibility line at (800) 676-BLUE (2583) or by calling the number on the back of the member’s ID card. You will be asked for the alpha prefix on the ID card to be routed to the member’s home plan.

While the BlueCard BlueExchange inquiry does not include grace period information in the E&B transaction, some Blue Plans will provide grace period information during telephonic E&B calls.

A grace period letter will be sent to providers if the out-of-state Blue member is in the second or third month of their grace period.

If services are rendered to out-of-area Blue Plan members, providers can check the status of their claims through BlueExchange to determine if a claim is pended because the member has not paid their premiums. If the member pays their premiums in full by the end of the third month, pended claims will process. Otherwise, pended claims will deny and the provider may then seek payment for these services directly from the member.

Please Note: The grace period information in this bulletin does not apply to employer group or over 65 (Medicare) BlueCard members.

For more information about BlueCard, please refer to the BlueCard Program Manual on our website at floridablue.com; select the Providers tab, Tools & Resources, and then Provider Manual.

Questions about Health Care Reform

If you have questions about health care reform, please visit the Providers tab on floridablue.com; click on Tools and Resources, Bulletins and then view information under the Health Care Reform section. You can also visit the Florida Blue health care reform website by selecting the health care reform icon on our main floridablue.com page at hcr.floridablue.com

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