Administrative Uniformity Committee

This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

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1. Title of best practice:

Reporting Health Insurance Exchange Grace Period information in the Eligibility Response

2. Who does the best practice apply to:

Information Sources and Information Receivers

3. Narrative description as to what is being addressed by this best practice:

Federal regulations (45 CFR 156.270) specify requirements that must be followed for terminating the coverage of Health Insurance Exchange enrollees who are receiving advance payments of premium tax credits (APTC). For additional information and background regarding applicable federal regulations and the need for this best practice, refer to AUC Best Practices to Meet Requirements for Health Insurance Exchange Grace Period Notifications (per 45 CRF 156.270(d)(2).

This best practice describes how to provide notification of the Health Insurance Exchange Grace Period information in response to submission of an Eligibility Inquiry, from a health care provider, using the ASC X12.282/005010X279A1 electronic transaction.

4. The loops, segments and elements, etc. that the best practice applies to:

Since there are no specific codes available for the Health Insurance Exchange Grace Period, the information needs to be described in a MSG segment.

Loop 2100A
- NM1 segment – Information Source Name
  - NM101, NM102, NM103
- PER segment – Information Source Contact Information
  - PER01, PER03, PER04, PER05, and PER06

Loops 2000C/D
- TRN segment – Subscriber/Dependent Trace Number
  - TRN01 and TRN02

Loops 2100C/D
- NM1 segment – Subscriber/Dependent Name
  - NM103, NM104, and NM105
- DTP segment – Subscriber/Dependent Date
  - DTP01, DTP02, and DTP03

Loops 2110C/D
- EB segment – Subscriber/Dependent Eligibility or Benefit Information
  - EB01
- DTP segment – Subscriber/Dependent Eligibility/Benefit Date
  - DTP01, DTP02, and DTP03
- MSG segment – Message Text
  - MSG01

5. Describe how to do the best practice:

It is recommended when Information Sources send a 271 response identifying an active member receiving the Advanced Premium Tax Credit (APTC) federal subsidy, and is within the Health Insurance Exchange grace period, the following information should be returned:

- Populate 2100A NM1 – NM101 ="PR", NM102 = "2", NM103 = Name of Qualified Health Plan or Issuer (QHP)
- Populate 2100A PER – PER01 ="IC", PER03 = "TE" (Telephone), PER04 = Telephone number of the QHP customer service, PER05 = "UR" (Uniform Resource Locator (URL)), PER06 = URL to locate explanation of the Grace Period (Consequences for the enrollee and provider and purpose of the notice)
- Populate 2000C/D TRN – TRN01 ="1" (Current Transaction Trace Numbers), TRN02 = Notice-unique identification number
- Populate 2100C/D NM1 – NM103 = Last name, NM104 = First name, NM105 = Middle name/initial
- Populate 2100C/D DTP – DTP01 ="343" (Premium Paid to Date End), DTP02 = "D8", DTP03 = Premium paid to date
- Populate 2110C/D EB – EB01 ="1" (Active) if during the 1st month of the grace period, or "5" (Active – Pending Investigation) if during the 2nd and 3rd months of the grace period. Note: Recognize that the selection of EB01 value may be otherwise dictated by the health plan's legal or contractual requirements.
- Populate the below 2110C/D Segments tied to the above active EB loop within the 271:
  - Populate 2110C/D DTP – DTP01 = "193" (Period Start), DTP02 = "D8", DTP03 = Calculation first day of the first month of the grace period
  - Populate 2110C/D DTP – DTP01 = "194" (Period End), DTP02 = "D8", DTP03 = Calculation last day of the third month of the grace period
  - Populate 2110C/D MSG – MSG01 = "HIX GRACE PERIOD". Note: Additional verbiage as deemed appropriate is allowed.

6. Examples to illustrate best practice:

<u>271 Response:</u>
HL*1*20*1
NM1*PR*2*ABC PAYER******PI*999999 Name of Qualified Health Plan or Issuer (QHP)
PER*IC*ABC SERVICES***TE*8001234567*UR*WWW.ABCPAYER.GRACE.PERIOD.COM**
Telephone number of the QHP customer service and URL to locate explanation of the Grace Period (Consequences for the enrollee and provider and purpose of the notice)
HL*2*1*21*1
NM1*1P*2*ABC PROVIDER*****XX*0123456789
HL*3*2*22*0
TRN*2*667788*1122334455

TRN*1*12312312305*1234567890 Notice-unique identification number
NM1*IL*1*CLAUS*FRED*G*MI*XZAXZ123456700 Name of the individual
REF*6P*1A234-AB*ABC GROUP
DMG*D8*19800420*M
DTP*291*RD8*20140101-99991231
DTP*343*D8*20131231~ Premium paid through date
EB*1*30*PR*ABC PLAN OR PRODUCT Suggest "1" (Active) if during the 1st month of the grace period, and "5" (Active – Pending Investigation) if during the 2nd and 3rd months of the grace period.
DTP*193*D8*20140101~ First day of the 1st month of Grace Period
DTP*194*D8*20140331~ Last date of 3rd month of Grace Period
MSG*HIX GRACE PERIOD~ Mandated text

Note: The above example is not all inclusive or a complete 271 response. It is a subset with intent to capture those specific segments and/or data elements that this best practice pertains to. In most cases, additional data can be or is required to be returned by State and/or Federal Requirements. Therefore the example should not be used as a comprehensive guide to code from.

7. **Approval date:**
   June 23, 2014
8. **Last reviewed date:**
   04/23/14