

IMPORTANT Message to Providers Regarding the Affordable Care Act (ACA)

The Affordable Care Act (ACA) requires a 90-day grace period for Individual & Family Members enrolled in a Federally Facilitated Marketplace (FFM) health plan and who receive Advanced Premium Tax Credits (APTC) from the government to pay a portion of their monthly premium.

As such, AvMed will take the following steps in accordance with the law:

• We will process claims for services received during the first 30-days of the Member's grace period.

• Claims received for services after the first 30-days of the grace period will be marked as pending, until the full premium is received from the Member.

• If, after 90 days, the Member's premium is not received, the Member's policy will be terminated effective the 31st day after the grace period <u>starts.</u> Claims for services received on or after day 31 will be denied. The Member will be responsible for payment of services received during this period.

GRACE PERIOD STATUS

Providers can check a Member's grace period status by calling AvMed's Provider Service Center at 1-800-452-8633, Monday-Friday, 8 am-5 pm, excluding holidays. You may also email us at Providers@AvMed.org.

• If the Member makes their full payment prior to the expiration of their 90-day grace period, then their claim will be reprocessed in accordance with the Member's policy.

• If the Member fails to make their full payment prior to the expiration of the 90-day grace period, then their claim will be denied.

PRIOR APPROVALS

Prior approvals are reviewed based on medical necessity. AvMed may verify if the Member is in the second or third month of the grace period for a Provider at the time of processing the prior approval. Grace period status does not affect the prior approval. Prior approvals are not a guarantee of payment or a Member's eligibility.

Providers are responsible for checking the Member's eligibility on the date of service.

Thank you for being a valued Provider partner.