

ACA 90-Day Grace Period - A Concern for Physicians

By AAFP

The Affordable Care Act (ACA) provides a 90-day grace period during which qualified health plans cannot terminate coverage for premium tax credit recipients who fail to pay their share of the premium. Physicians are concerned that this provision will leave those practices responsible for denied claims from patients who may fall within this 90-day grace period.

This provision of the ACA is intended to dovetail with existing Health Insurance Portability and Accountability Act (HIPAA) regulations. As of January 1, 2013, health plans are required to respond to a HIPAA Standard 270 request within 20 seconds and provide current health insurance status. Additionally, issuers must notify providers of the possibility of denied claims when an enrollee is in the 2nd and 3rd months of the 90-day grace period, requiring insurers to update their systems in a manner timely enough to accurately respond to the HIPAA Standard 270 request. However, there are concerns that there are not yet any clear requirements that define accuracy or timeliness of system information.

AAFP continues to work with officials from the U.S. Department of Health and Human Services (HHS) to discuss provisions of the ACA and their impact on physicians, including the 90-day grace period. To date, HHS has not yet released any further guidance or clarification on this provision. AAFP will continue to actively advocate for physicians and keep chapters informed of any new developments.