Payment and Grace Period Flexibilities Associated with the COVID-19 National Emergency

Center for Consumer Information & Insurance Oversight (CCIIO)

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https://www.regtap.info/FFENR.php

The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This material summarizes current policy and operations as of the date it was uploaded to REGTAP. Links to certain source documents may have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

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Payment and Grace Period Extensions

• The guidance on Payment and Grace Period Flexibilities for Issuers Offering Coverage on the Federally-facilitated Exchanges and State-based Exchanges on the Federal Platform can be found here:

Payment and Grace Period Extensions

- If an FFE or SBE-FP issuer, in connection with the COVID-19 emergency, extends premium payment deadlines and delays cancellations or terminations of coverage for non-payment of premiums with the permission of the applicable state regulatory authority, CMS will exercise enforcement discretion with regard to regulatory premium payment requirements regarding the deadline for payments to effectuate coverage under 45 CFR 155.400(e) and the deadline under 45 CFR 156.270(g) for termination of coverage after the exhaustion of grace periods, including for individuals receiving the benefit of advance payments of the premium tax credit (APTC).

- This enforcement policy allows issuers to extend payment deadlines and delay the beginning of any applicable grace period. Once a grace period is triggered, however, the basic requirements applicable to the grace period would remain unchanged.
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Payment and Grace Period Extensions

• Issuers must pay all appropriate claims for services rendered to the enrollee during the first month of the three-month grace period and may pend claims for services rendered to the enrollee in the second and third months.
  – must also notify providers of the possibility for denied claims when an enrollee is beyond the first month of the grace period.

• Once the three-month grace period expires, issuers must notify HHS of terminations for non-payment, which will result in issuer’s return of APTC for the second and third months of an exhausted grace period.
Other COVID-19 Resources


• CCIIO now has a landing area on our website for all COVID-related guidance, which can be accessed at: https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs#COVID-19 These FAQs, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.