



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

1. Title of best practice:

Health Care Claim Acknowledgment Best Practice to Meet Requirements for Health Insurance Exchange Grace Period Notifications (per 45 CFR 156.270(d)(2))

2. Who does the best practice apply to:

Qualified Health Plan Issuers (Insurers, Payers) and Providers

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 CFR 156.270\(d\)\(2\)\)](#).

This best practice describes how to provide notification in response to submission of claim from a health care provider, using the ASC X12N/TR3 005010X214E2 Health Care Claim Acknowledgment (277CA) electronic transaction. It is based upon and incorporates a draft best practice that was prepared and made available for review by ASC X12 in early 2014. In order for this best practice to have the greatest positive benefit, it is important that claims be acknowledged, so that providers may have the most advance notice possible of an enrollee's grace period and the possibility that the enrollee's claims are pended during the grace period.

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

Loop 2200D

STC segment – Claim Status Category Code/Claim Status Code/Claim Status Date/Claim Action Code/Total Claim Charge Amount
STC01-01, STC01-02, STC02, STC03, and STC04

5. Describe how to do the best practice:

When a health plan has received a claim with service dates within an active grace period, all claim status information related to that claim should identify the existence of the grace period as long as the grace period is still in effect.

It is recommended when responding with a 277CA identifying an active member receiving the Advanced Premium Tax Credit (APTC) federal subsidy and service dates are within the Health Insurance Exchange (HIX) 90-day grace period, the information shown in the table below is returned.

Populate Loop 2200D with the STC segment described in the table below:

Claim Acknowledgment (277CA) Table	
STC Segment	Description
STC01-01 = "A2"	Acknowledgment/Acceptance into adjudication system. The claim/encounter has been accepted into the adjudication system
STC01-02 = "766"	Services performed during an HIX premium payment grace period
STC02	Effective date of the status (service dates within active grace period)
STC03 = "WQ"	Claim accepted
STC04	Total claim charge amount

6. Example to illustrate best practice

277CA Acknowledgment:

STC*A2:766*20140730*WQ*785.95~

7. Effective date:

AUC approval: July 21, 2014

8. Last revision date: