



Marketplace Revenue Cycle Operations

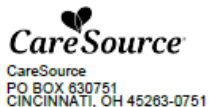
January 2020



Enrollment to Effectuation



- **Marketplace Enrollees must pay the first month premium (Binder Payment) to effectuate (become eligible).**
- **Payment is due 30 days from initial invoice date or on the first day of coverage, whichever is later.**



INITIAL INVOICE

MEMBER ID: ██████████
 INVOICE NO: 1008844449
 INVOICE DATE: 12/03/2019
 DUE DATE: 01/02/2020



██████████
 Lithonia, GA 30038

- To pay online, go to:
CareSource.com/mppay
- To pay by phone, call: 1-833-230-2030
- To pay by mail, send payment in the enclosed envelope

Welcome! At CareSource, we are excited to have you join us as an enrollee. This is a reminder to send payment for the full amount shown on this invoice by 01/02/2020 so that your health insurance coverage can begin on 01/01/2020.

We encourage you to pay by credit card, debit card or bank transfer by calling 1-833-230-2030 and telling Katie (our automated attendant) you want to make a payment by phone. This will ensure your payment is received and processed promptly. You can also mail a check or money order with the payment stub at the bottom of this page. Thank you for choosing CareSource for your health insurance needs. We look forward to showing you the value of health care with heart.

DESCRIPTION	AMOUNT
Bronze for Coverage Date 01/01/2020 through 01/31/2020	\$778.65
(-) Advance Premium Tax Credit (Subsidy)	-\$636.00
Current Premium	\$142.65
Summary:	
(+) Outstanding Balance	\$0.00
(+) Current Premium Due	\$142.65
(-) Payments Received	\$0.00
Total Due	\$142.65

If you have any questions concerning this invoice call Member Services at 1-833-230-2030 (TTY FOR THE HEARING IMPAIRED: 1-800-255-0056 OR 711)

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Member ID: ██████████

██████████
 Lithonia, GA 30038

INVOICE NO: 1008844449
 INVOICE DATE: 12/03/2019
 DUE DATE: 01/02/2020
 TOTAL DUE: \$142.65
 AMOUNT PAID:

*Please do not send cash.
 *Make check/money order payable to CareSource.

CareSource
 PO BOX 630751
 CINCINNATI, OH 45263-0751

Other (back) side of Initial Invoice

Your invoice reflects the amount due to maintain your coverage with CareSource. Any changes to your premium amount occurring on or after the date of this invoice will appear on your next monthly invoice.

It is important to pay the total amount due by the due date! If not:

- You will be responsible to pay out of pocket for prescriptions until your account is current.
- When providers check your benefit coverage, they will see that your CareSource account is marked past due. This shows that they will need to bill you directly if you do not pay your insurance bill. They may require payment at the time of service.

If your coverage ends for not paying on time:

- You will be responsible for paying all of your health care bills after your coverage ends.
- You may not be able to enroll in another health insurance plan through the Marketplace until the next annual open enrollment period.
- You may owe a penalty when you file your federal income tax.

If you have applied for new coverage, payment for past due premiums and the premiums due on the initial invoice must be paid in full by the due date to activate the new coverage.

Payments: Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system.

Monthly Invoice



- **Monthly invoices are generated on the 3rd business day of each month for the next month premium.**
- **Invoices include monthly premium minus member's APTC (Advanced Premium Tax Credit) minus payments received since last invoice**
- **The payment due date is 22 days after the invoice date.**

INVOICE

MEMBER ID: [REDACTED]
 INVOICE NO: 1009232098
 INVOICE DATE: 01/04/2020
 DUE DATE: 01/26/2020



[REDACTED]
 Savannah, GA 31419

- To pay online go to: MyCareSource.com
- To pay by phone, call: 1-833-230-2030
- To pay by mail, send payment in the enclosed envelope

DESCRIPTION	AMOUNT
Bronze for Coverage Date 02/01/2020 through 02/29/2020	\$280.46
(-) Advance Premium Tax Credit (Subsidy)	-\$119.00
Current Premium	\$161.46

(+) Previous Balance	\$0.00
(+) Current Premium Due	\$161.46
(-) Payments Received	\$0.00
Total Due	\$161.46

Other (back) side of Monthly Invoice

Your invoice reflects the amount due to maintain your coverage with CareSource. Any changes to your premium amount occurring on or after the date of this invoice will appear on your next monthly invoice.

- It is important to pay the total amount due by the due date! If not:
- You will be responsible to pay out of pocket for prescriptions until your account is current.
 - When providers check your benefit coverage, they will see that your CareSource account is marked past due. This shows that they will need to bill you directly if you do not pay your insurance bill. They may require payment at the time of service.

- If your coverage ends for not paying on time:
- You will be responsible for paying all of your health care bills after your coverage ends.
 - You may not be able to enroll in another health insurance plan through the Marketplace until the next annual open enrollment period.
 - You may owe a penalty when you file your federal income tax.

If you have applied for new coverage, payment for past due premiums and the premiums due on the initial invoice must be paid in full by the due date to activate the new coverage.

Payments: Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system.

If you have any questions concerning this invoice call Member Services at 1-833-230-2030 (TTY FOR THE HEARING IMPAIRED: 1-800-255-0056 OR 711)

 PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Member ID: [REDACTED]

[REDACTED]
 Savannah, GA 31419

INVOICE NO: 1009232098
 INVOICE DATE: 01/04/2020
 DUE DATE: 01/26/2020
 TOTAL DUE: **\$161.46**
 AMOUNT PAID:

*Please do not send cash.
 *Make check/money order payable to CareSource.

CareSource
 PO BOX 630751
 CINCINNATI, OH 45263-0751

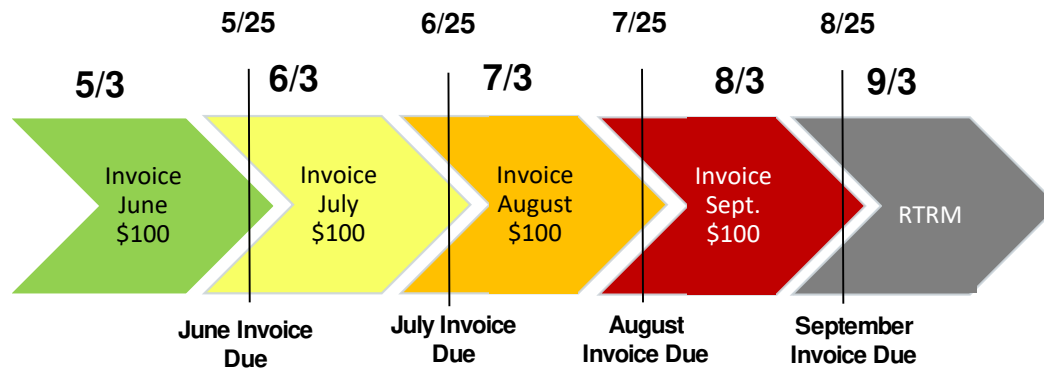
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Grace Period








- **Marketplace allows a 3 month payment delinquency grace period prior to policy termination**
- **A member enters the grace period when they become past due on an invoice.**
- **When a member has an invoice age 30 days past the due date.**
 - **A delinquency status notification is posted to the provider portal indicating claims may be at risk for payment**
 - **Pharmacy benefits are suspended when a member enters the second month of the grace period**
- **If a member fails to pay on time they will be retro-actively terminated to the end of grace period month one.**
 - **Invoices generated in months two and three are reversed.**
 - **Claims are reprocessed**

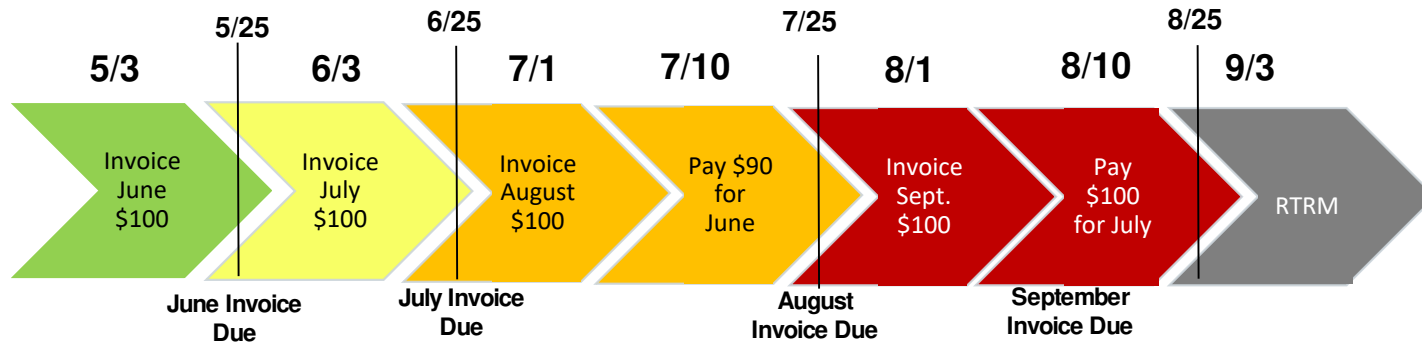
The Non-Payer








Member is terminated effective 06/30. August and September invoices are reversed.

-  = Current / Exit Grace Period
-  = 30 days past due – Enter Grace Period
-  = 60 days past due (DL1)
-  = 90 days past due (DL2)
-  = Member Termination Processed

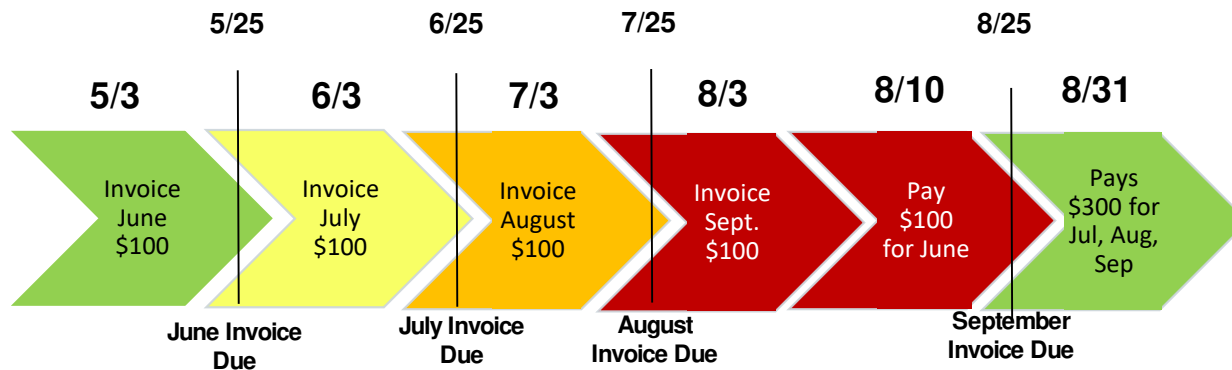
The Late Partial Payer








Member is terminated effective 06/30. August and September invoices are reversed. July payment of \$100 is refunded to member.

-  = Current / Exit Grace Period
-  = 30 days past due – Enter Grace Period
-  = 60 days past due (DL1)
-  = 90 days past due (DL2)
-  = Member Termination Processed

The Last Minute Payer



**Member was scheduled to terminate at the end of August.
Payment in full was received before the end of the 3 month grace.
Member exits delinquency status.**

-  = Current / Exit Grace Period
-  = 30 days past due – Enter Grace Period
-  = 60 days past due (DL1)
-  = 90 days past due (DL2)
-  = Member Termination Processed

Special Enrollment Period (SEP)



Applications for Marketplace plans generally occur only during the annual open enrollment period. An enrollee may apply to CMS for an exception if they experience one or more of the following triggering events:

- 1. Loss of qualifying health coverage**
- 2. Change in household size**
- 3. Change in primary place of living**
- 4. Change in eligibility for Exchange coverage or help paying for coverage**
- 5. Enrollment or plan error**



*CareSource*TM