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## Key Facts about the Health Insurance Marketplace *Shedding Light on Common Myths and Misunderstandings*

Health care providers are starting to see new patients who purchased health plans through the Health Insurance Marketplace. And as you can imagine, this new marketplace and the new products available are generating questions from providers and members alike. The following information is intended to help shed light on some of the more common misunderstandings associated with the Marketplace.

### **Fact:**

**People** who purchase Marketplace plans are no different than those who purchase the same health insurance plans off the Marketplace.

- Marketplace claims are processed the same as other commercial members' claims.
- ID cards are the same as they have always been. *(The only difference is that "on" Marketplace members are in Group No. 127600. Individual members who purchase "off" Marketplace plans are in Group No. 129800.)*
- The customer service interaction with BlueCross is the same.
- The patient experience with providers is expected to be the same.
- The way our members pay premiums is the same.
- Our reimbursement to health care providers – and the way in which we reimburse – is the same (per the details outlined in network contracts).
- Just as with any member, it's important that provider offices contact BlueCross to verify the member's benefits and eligibility.

### **Fact:**

Individual health insurance **plans** (offered by BlueCross BlueShield of Tennessee) are the same whether they are purchased either "on" or "off" the Marketplace.

- The benefits are the same. All plans are required to feature "Essential Health Benefits."
- The metallic tiers (signifying actuarial value) of "on" and "off" Marketplace products are the same.
- The peace of mind provided by BlueCross BlueShield of Tennessee is the same.

### **Fact:**

BlueCross offers both Marketplace health plans and "off" Marketplace plans on two comprehensive statewide provider networks – Blue Network P and Blue Network S.

- Providers contracted with either of these networks are likely to see new patients, some of which will have purchased coverage through the Marketplace and will have ID cards that show Group No. 127600.
- Some Marketplace members have one additional network option, Blue Network E.

**Fact:**

To help make plans offered on the Marketplace even more competitively priced, BlueCross strategically worked with high quality health care providers in large metropolitan regions to develop Blue Network E, a regional network that is only available with certain Marketplace plans.

- Network E is only offered in Chattanooga, Knoxville, Memphis or Nashville regions.
- Network E is only used for Marketplace-based products.
- Members who purchased a Marketplace plan with Network E have to see a health care provider in Network E in one of those regions or their care will be considered “out of network” and they will pay more for those services.
- Even if you are a provider who is not contracted with Network E, you are still “participating” in the Marketplace and you will likely see patients who have purchased coverage through the Marketplace because you are contracted with BlueCross via Network P or S.

**So what is *different* about the Marketplace?**

- The way in which an individual purchases a health insurance plan is different. If they purchased through [www.HealthCare.gov](http://www.HealthCare.gov), they purchased an “on” Marketplace plan.
- The primary benefits of purchasing health insurance through the Marketplace is that individuals earning less than 400% of the federal poverty level could qualify for financial help in the form of an Advance Premium Tax Credit (APTC). Those under 250% of the federal poverty level may be eligible for additional financial help if they select one of the “silver” plans offered on the Marketplace.
- If a person with a Marketplace plan is also getting financial assistance from the federal government, health plan issuers are required to give them a 90-day grace period for non-payment of premium. (The current individual 31-day grace period still applies to all other Marketplace and individual plan holders.)
- Some Marketplace members who live in larger metropolitan regions (Chattanooga, Knoxville, Memphis or Nashville) have an additional provider network option – Blue Network E.

As always, if you have additional questions, please direct them to your BlueCross Provider Service Representative.

For more information, please review previous issues of the Marketplace Brief found online at <http://www.bcbst.com/providers/health-insurance-marketplace.page> under the “Materials for You” section.

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**Recently In The News****Study: ACA Individual Mandate Penalty May Not Be Enough to Encourage Young Adult Enrollment**

[The Hill](#) (1/23, Easley) “Healthwatch” blog reports on a study released Tuesday by the conservative American Action Forum (AAF) which found “that the individual mandate penalty may never be substantial enough an incentive to get young adults to buy into the ObamaCare exchanges.”

**Tennessee Will Not Seek Medicaid Expansion but Will See New Taxes**

The [Tennessean](#) (1/22, DuBois) reported that, according to a new study, Tennessee employers will have to pay tens of millions in new taxes annually due to the state not expanding its Medicaid program. The study, released on Wednesday by Jackson Hewitt, “estimates that Tennessee’s failure to expand Medicaid could cost employers in the state between \$48 million and \$72 million in 2015.”

**Majority of New Insurance Customers Were Previously Enrolled**

The [Wall Street Journal](#) (1/18, Weaver, Mathews) reported that an array of preliminary forecasts suggests that some two-thirds of 2.2 million people who have enrolled so far in new insurance exchanges amount to switch business for insurance companies rather than new customers, an ingredient the companies said they needed to succeed when coverage broadened to the less healthy.

### **Rush of Applications Creates Problems for Some Newly Insured**

The [New York Times](#) (1/18, Carrns) wrote about “problems some people are encountering when they try to use the health insurance they’ve bought through the federal and state exchanges. A backlog of applications, the result of a surge in enrollments at year’s end for coverage starting this month, has resulted in many people experiencing delays in getting insurance cards, policy numbers or authorization for treatment.”

### **BCBST, Other Insurers Include Pediatric Dental Care In New Health Care Plans**

The [Chattanooga \(TN\) Times Free Press](#) (1/17, Harrison) reports that major health plans in most states, including Tennessee and Georgia, are offering pediatric dental insurance, listed as one of the 10 “essential health benefits” that must be included in health insurance plans on the marketplace. BlueCross BlueShield of Tennessee embedded pediatric dental service into all of its new and small group plans, while Cigna offers stand-alone dental plans along with a “bundled pediatric dental benefit.”

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