Consolidated Appropriations Act Update Item 6 – Group Insurance Board

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Informational Item Only

No Board action is required







Transparency in Coverage Rules (TiC) issued November 2020

Consolidated Appropriations Act (CAA) signed December 2021

- No Surprises Act (NSA)
- Transparency provisions



NSA: Surprise Medical Bills

- Members billed for difference between plan paid and provider billed
 - Typically, after out-of-network services
- Starting 1/1/2022, NSA protects members from surprise bills for:
 - Emergency services (including post-stabilization)
 - Non-emergency services provided at an in-network facility
 - Air ambulance services



NSA: Surprise Medical Bills, Continued

- Members can only be billed more if they are provided detailed notice and consent to charges
 - Only applies to post-stabilization services
 - Emergency and ancillary service providers cannot request consent for billing
- Health plans must work with providers to settle payments
 - Members are not assessed any additional costs, regardless of final payment amount



NSA: Good Faith Estimates & Advance Explanation of Benefits

Health care providers must give good faith estimates of charges for scheduled services to health plans

> Once received, plans must send Advanced Explanation of Benefits (Advanced EOBs) to members

> > Enforcement delayed until rules are developed

(Ref. GIB | 02.16.22 | 6, pages 2-3)





NSA: Provider Directories

Plans must create public provider directories on their websites

Must be checked and updated every 90 days

Updated within two business days of receiving new provider information

Implementation is delayed pending rulemaking, but good faith effort to comply is expected in interim



NSA: ID Cards

- Starting January 1, 2022, health plan ID cards must include:
 - Deductibles
 - Out-of-pocket maximums
 - Customer service phone numbers
 - Website address
- Additional rules are forthcoming, but good faith compliance effort expected





NSA Impact to Plans





NSA Impact to Members

Minimal change to out-of-pocket costs

Existing Certificate has balance billing protections

Benefit from Advanced EOBs, better directories, and ID card information

Possibly greater post-emergency service coverage

(Ref. GIB | 02.16.22 | 6, page 5)

CAA Update – February 16, 2022



CAA/TiC: Online Price Comparison Tools

- Allow users to search covered service costs and cost sharing
- CAA required tools to cover all services 1/1/2022
- TiC rules only require 500 services be available and not until 1/1/2023
- Departments delaying enforcement of CAA provision until 1/1/2023



CAA/TiC: Machine-Readable Files

TiC rule requires plans also make machine-readable pricing files available online

- In-network providers: current contract pricing
- Out-of-network providers and prescription drugs: historical net pricing (post-rebate)
- Updated monthly

Intended for use by researchers and other third parties

Enforcement for provider files delayed until plan years starting after 7/1

Pharmacy file enforcement delayed pending federal rules to reconcile CAA pharmacy reporting requirement

(Ref. GIB | 02.16.22 | 6, page 6)

CAA Update – February 16, 2022



TiC/CAA Transparency Impact on Plans

Potential Savings	 Change in contracting approaches following transparency Member price sensitivity
Potential Costs	Administrative costs to set up and maintain tools
Uncertain Impact	 Legal challenges to rulemaking

CAA Update – February 16, 2022



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Tic/CAA Transparency Impact on Members

Possible impact to member service choices

More likely with HDHP

Rules don't require provider quality information

Only one of the Board's plans stated intent to include quality

Promotion of tools by ETF and plans may influence use





Communications

- Member education critical to understanding new rights
- Many provisions are substantially similar to current Certificate/Agreement
 - External enforcement on providers will likely reduce balance billing complaints
- ETF asking plans to share communications plans
- https://etf.wi.gov/no-surprises-act



Questions?