webinar

NO SURPRISES ACT

Your Rights and Protections Against Surprise Medical Bills

WITH DR. ERCELLE LABRY

StayWell INSURANCE

Agenda

- Introduction
- Overview of what a Surprise Bill is
- Overview of the No Surprises Act (NSA)
  - Health Plan Requirements
  - Provider/Facility Requirements
- Q&A and General Discussion

What is Surprise Billing?

Surprise billing occurs when an individual receives an unexpected medical bill from a health care provider or facility after:

Receiving medical treatment at a non participating facility or provider

By a non-participating provider at a participating facility

* Estimated 1 in 5 ED visits, 1 in 4 hospitalizations

What is the No Surprises Act?

The No Surprises Act provides Federal protections against surprise billing and limits out-of-network cost sharing under many of the circumstances in which surprise bills arise most frequently:

- Emergency Services
- Post-Emergency Stabilization
- Non-Emergency services provided by in network facilities

Applies to Health plans offered by employers or purchased through Federal and State Exchanges

How Does the No Surprises Act Work?

- Requiring private health plans to cover certain out-of-network claims and apply all allowable in-network cost sharing.

- Prohibiting doctors, hospitals, and other covered providers from billing patients more than in-network cost sharing amount for surprise medical bills.

How Does the No Surprises Act Work?

The NSA also establishes a process for determining the payment amount for surprise, out-of-network medical bills by allowing:

- Negotiation between plans and providers if negotiations don't succeed
- An independent dispute resolution (IDR) process

What are StayWell's Responsibilities?

StayWell must disclose to you your rights under the NSA

- Posting online
- Providing printed or electronic copy when requested
- Attaching to every Explanation of Benefits (EOB)

Include member cost sharing amounts are added to

- Maximum out of pocket expenses (Copayments, Coinsurance)
- Deductible

Make sure that the most current Provider Directory is available online, via phone or mail.

Negotiate a rate for services that is reasonable and comparable to in-network rates.

Provider/Facility Responsibilities

Must disclose to you your rights under the NSA

- Public website (If applicable)
- Writing

Provide a “good faith” estimate of what your entire cost for services related to the visit will be.

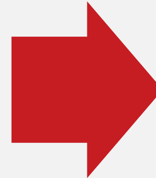
Bill your health insurance plan according to in-network rates

Not balance bill you unless:

- Signed consent waiving your rights to the protection
- Same day visits: 3 hours prior to service
- Prescheduled visits: 72 hours prior to service

Additional Information

I want to report violations.



Call The Department of Health and Human Services (HHS) at 1-800-985-3059 or visit their website www.cms.gov/nosurprises

I received a bill larger than what I was quoted or more than what my EOB from StayWell states is my responsibility.

Do **not** pay the bill.

Contact StayWell Customer Care further instructions.

(671) 477-5091

No Surprise Billing Act
Frequently Asked Questions

Beginning January 1, 2022, Federal law protects you from 'surprise billing' or 'balance billing' if you receive covered emergency care or are treated at an in-network hospital or outpatient surgical facility in Guam, CNMI, or Continental US.

1. If I receive emergency services at a non-participating provider, do I need to contact StayWell?

   Yes. Follow all requirements found in member handbook, including making sure your StayWell insurance information is provided to the facility or provider.

2. When I receive emergency services at a non-participating provider, should I pay in full?

   No. You should not pay anything. The final bill will be sent to StayWell and an agreement will be reached between StayWell and the Provider/Facility. You will only be responsible for your cost share according to your plan.

3. I paid my emergency services at a non-participating provider, what do I need to submit to StayWell to get reimbursed?

   In order for the non-participating provider to have charged you, you would have had to sign a waiver giving up your rights. If you are treated at a non-participating provider for emergency services, you are by law not required to pay anything until an agreement between the provider and StayWell has been reached.

   The member handbook has a list of what's required to file for reimbursement. Clean claims will be processed according to Plan benefits.

4. How long will it take to get reimbursed?

   Generally, when a member pays in full and seeks reimbursement from StayWell, the reimbursement is processed and paid within 30 days. The turnaround time is delayed if there is a lack of information to process the reimbursement.

5. I am enrolled in the StayWell Silver Asia Pacific Plan, does the No Surprise Act apply to emergency services in the continental U.S.?

   No. If you are part of a plan that excludes services in the continental U.S., this regulation does not apply.

6. What do I need to do if I receive emergency services at a non-participating provider and the provider balance bills me?

   If you believe you've been wrongly billed or would like additional information, you may contact The Department of Health and Human Services (HHS) at 1-800-985-3059 or visit their website www.cms.gov/nosurprises

   We also ask you notify StayWell.

7. If I receive care at a non-participating urgent care provider and transferred to an Emergency Room, would the No Surprise Act apply for the charges at the urgent care facility?

   Yes. All services related to your emergency and stabilization are covered under this regulation.

8. Does the No Surprise Act cover emergency services that are exclusions on my health plan?

   No. Any exclusion your health plan states for in-network providers is applicable to out of network or non-participating providers as well.

9. What if I went to a non-participating provider because of an emergency condition and after stabilization, I would need inpatient care?

   You as a patient or your authorized care giver, have the option to decide where to continue care. Whether you remain at the non-participating provider or you work out an arrangement for discharge or for transfer to another facility, your plan will cover based on the terms of your policy and the applicable law. StayWell offers access to a broad network of facilities and specialists. StayWell staff will be available to provide information to assist you in arriving at an informed decision.

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Additional Information

Frequently Asked Questions

https://www.staywellguam.com/health/members-corner

Your Rights and Protections Against Surprise Medical Bills

Beginning January 1, 2022, Federal law protects you from 'surprise billing' or 'balance billing' if you receive covered emergency care or are treated at an in-network hospital or outpatient surgical facility in Guam, CNMI, or Continental US.

On December 27, 2020, US Congress passed the No Surprises Act of 2021 under Title I of the 2021 Consolidated Appropriations Act which seeks to protect consumers against surprise medical billing at certain out-of-network providers. Under your StayWell health insurance plan, you are entitled to coverage for services rendered at StayWell's network of providers otherwise known as "in-network" providers. Should you receive services at providers and facilities that are not part of your plan called "Out-of-network" providers, typically these providers will charge a higher amount for the same services offered within our network. The No Surprises Act is designed to protect consumers like you from paying exorbitant costs at such providers by effectively ending the practice of surprise or balance billing.

According to the Centers for Medicare & Medicaid Services, payments made to providers/facilities by people who received a surprise bill for emergency care were more than ten times higher than those made by other individuals for the same care. In addition, studies have shown that in the period from 2010-2016, more than 39% of emergency department visits to in-network hospitals resulted in surprise bills, increasing to 42.8% in 2016. During the same period, the average amount of a surprise medical bill also increased from $220 to $628.

In addition to protecting consumers, the balance billing provisions in the No Surprises Act have the potential to decrease health care spending, despite administrative burdens. When the rules become effective, they will provide patients immediate protections against balance bills, reducing their exposure to out-of-pocket medical expenses.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network or "Out-of-network" provider.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service—this is called "**balance billing**". This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility, but are unexpectedly treated by an out-of-network provider.

You are protected from "balance billing" and **can not** be balanced billed for:

- **Emergency services**
  If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for emergency or certain post stabilization services, unless you give written consent and give up your protections not to be balanced billed.
- **Certain services at an in-network hospital or ambulatory surgical center**
  If you receive services from an in-network hospital or ambulatory surgical center, and certain providers that may be out-of-network. In these cases, the most these providers may bill you is your plan's in-network cost-sharing amount. This includes, but is not limited to: emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

You're never required to give up your protections from balance billing. You also aren't required to get care at an out-of-network provider. You can choose a provider or facility in your plan's network. If you believe you've been wrongly billed or would like additional information, you may contact The Department of Health and Human Services (HHS) at 1-800-985-3059 or visit their website www.cms.gov/nosurprises

You also have the following protections and responsibilities:

- You will be responsible for paying your share of the cost and services like copayments, coinsurance, deductibles, services subject to plan limitations and exclusions that you would pay if the provider or facility was in-network. Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

Source: Centers for Medicare and Medicaid Services

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Additional Information

Disclaimer

https://www.staywellguam.com/health/members-corner

Questions?

References

1. Biener, A. et al., Emergency Physicians Recover a Higher Share of Charges from Out-of-network Care than from In-network Care, Health Affairs 40.4 (2021): 622-628)
2. Sun, E.C., et al. “Assessment of Out-of-Network Billing for Privately Insured Patients Receiving Care in In-network Hospitals.” JAMA Internal Medicine, 179.11 (2019): 1543-1550. Doi:10.1001/jamainternmed.2019.3451.
3. OFFICE OF PERSONNEL MANAGEMENT 5 CFR Part 890 [RIN 3206-AO30] DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Parts 1 and 54 [TD9951] RIN 1545-BQ04 DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Parts 2510 and 2590 [RIN 1210-AB99] DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Parts 144, 147, 149, and 156 CMS-9909-IFC [RIN 0938-AU63] Requirements Related to Surprise Billing; Part I and II

Si Yu'us Ma'ase'!

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