

NO MORE SURPRISES!

July 2019



An Overview of Key Approaches to Address Surprise Billing Proposed by Lawmakers



Patient John goes to the Emergency Room at an in-network hospital



Patient John is treated by Doctor Sarah at the Emergency Room



Doctor Sarah does not participate in Patient John's health plan network



Doctor Sarah bills Patient John for the out-of-network services delivered

Surprise billing occurs when patients receive unexpected bills for care delivered by an out-of-network provider at an in-network facility. Lawmakers are considering approaches to protect patients that will have impacts on health plans and providers.

1 PROHIBIT BALANCE BILLING



Health plans must reimburse providers using a standard rate and ensure patients are only charged in-network rates.



Providers cannot charge patients more than the in-network rate (balance billing) and rely on standardized reimbursement.

2 IMPROVE COST TRANSPARENCY FOR STABLE PATIENTS



Health plans must ensure the accuracy of provider network participation and promote the use of cost estimation tools.



Providers will need to rely on health plans for cost sharing and reimbursement data to provide accurate, timely cost estimates.

3 IMPLEMENT A PAYMENT BENCHMARK



Health plans must reimburse providers based on the geographic median contracted rate for applicable out-of-network services.



Providers will not negotiate reimbursement with plans and may consider changes to network participation as revenue changes.

4 ENHANCE PROVIDER DIRECTORY QUALITY



Health plans must actively maintain their directories and remove providers if they do not verify their information regularly.



Providers must regularly maintain their directory information or face civil monetary penalties.