









CONSOLIDATED APPROPRIATIONS ACT OF 2021: SUMMARY OF KEY PROVISIONS

For Individual, Fully-Insured and Self-Insured Group Health Plans




The following is a summary provided for convenience and is not intended as legal advice. Please consult with your attorney for advice specific to your needs. This document and the policies contained within are subject to change at any time without prior notice.

<p>Surprise Billing</p> 	<p>Group health plans and health insurance issuers may only hold members responsible for average In-Network (INN) cost-sharing amounts in emergency situations and certain non-emergency situations where patients do not have the ability to choose an INN provider (including air ambulance providers). Requirements also prohibit Out-of-Network (OON) providers from balance billing patients except in certain circumstances where the patient consents. If the OON payment rate determined by the health plan/health issuer is not accepted by the OON provider, it then may be subject to a 30-day negotiation between the health plan/health issuer and provider. If the negotiation fails, either party may pursue an Independent Dispute Resolution (IDR) process. Also, the federal definition of emergency services is expanded under new requirements.</p>
<p>Insurance ID Cards</p> 	<p>Any physical or electronic plan or insurance identification card must clearly include (1) any deductible applicable to such plan or coverage, (2) any out-of-pocket maximum limitation applicable to such plan or coverage and (3) a telephone number and Internet website address through which such individual may seek consumer assistance information.</p>
<p>Provider Directories</p> 	<p>Group health plans and health insurance issuers must maintain online directories with specific information about network providers and develop a protocol to respond to member network questions within one business day, and must establish a process to confirm directory information at least every 90 days. If a Member receives incorrect information about the network status of a provider in the directory, they are only liable for INN cost-sharing. Providers are also required to have a timely process for updating directory information with plans.</p>
<p>Continuity of Care</p> 	<p>Allows certain individuals undergoing treatment to continue care if their provider or facility is no longer in-network. Health plans and health insurance issuers must allow members to request to continue coverage as if the network change had not occurred and bill patients as if the provider was still in-network for the earlier of 90 days after the notice is provided or until the patient no longer qualifies for continuing care.</p>
<p>Price Comparison Tool</p> 	<p>Group health plans and health insurance issuers must maintain a price comparison tool available by phone and website that allows enrolled individuals and participating providers to compare cost-sharing for items and services by any INN provider.</p>
<p>Advanced Explanation of Benefits (EOB)</p> 	<p>Group health plans and health insurance issuers must provide an advanced cost estimate of the services, including patient cost-sharing and description of where the member is in meeting deductible and/or out-of-pocket maximums. EOBs must be provided to the member within one or three business days of the provider notification, depending on the scheduled date of service. The EOB process is triggered by a new requirement for providers and facilities to send an estimate of expected charges for specific items and services to health plans and issuers.</p>
<p>Transparency in Coverage Final Rule Cost Estimator Tool</p>	<p>Group health plans and health insurance issuers must develop an online tool that provides personalized, real-time cost estimates of out-of-pocket costs for 500 covered items and services in 2023, and for all items and services by January 1, 2024, including prescription drugs.</p>
<p>Transparency in Coverage Final Rule Public Display Files</p>	<p>Group health plans and health insurance issuers must produce and maintain three public machine-readable files with all in-network rates, historical allowed amounts for out-of-network providers and payments for prescription drugs. Files must be publicly available, accessible to any person free of charge, and updated monthly.</p>



KEY IMPACTS OF THE CONSOLIDATED APPROPRIATIONS ACT OF 2021

Requirements	Effective Date	Federal Enforcement Date	Blue Cross NC Approach	Employer Impacts	Member Impacts	Provider Impacts
Surprise Billing 	Upon renewal on or after 1/1/2022	1/1/2022*	<ul style="list-style-type: none"> Blue Cross NC administers payments and calculates cost-sharing. Blue Cross NC handles IDR process on behalf of members and groups. Blue Cross NC will implement this at one time, effective 1/1/2022, for all ASO and fully-insured customers. 	<ul style="list-style-type: none"> ASO customers may be financially impacted in IDR process depending on the payment rate selected for OON services. New definition of emergency services may impact benefits and have a financial impact on ASO customers. The cost of IDR services is included in Blue Cross NC's administrative fee. At this time, Blue Cross NC does not intend to charge additional fees to ASO groups for this service. 	<ul style="list-style-type: none"> New disclosures to members. Limited opportunity to be balanced billed through notice and consent, but cost-sharing will typically be limited to defined formula. 	<ul style="list-style-type: none"> Impacts to payment rates to OON providers and sets new process with new communications to engage in IDR.
Insurance ID Cards 	Upon renewal on or after 1/1/2022	1/1/2022*	<ul style="list-style-type: none"> Blue Cross NC will issue new cards to all members. 	<ul style="list-style-type: none"> Standard and custom group plan members will receive updated cards upon their effective or renewal date, beginning with 1/1/2022 effective dates. 	<ul style="list-style-type: none"> Members will receive updated cards for 1/1/2022 or at group contract renewal with more detailed information. 	N/A
Provider Directories 	1/1/2022	1/1/2022*	<ul style="list-style-type: none"> Blue Cross NC will enhance provider portal by adding a new method to update directory information to automatically update 	<ul style="list-style-type: none"> Employers may realize savings if members can find and use in-network providers more easily. 	<ul style="list-style-type: none"> Members will have access to a provider directory that's more frequently updated. 	<ul style="list-style-type: none"> Providers and Blue Cross NC will work closely to ensure the new process to update directory information works smoothly.

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Provider Directories Continued			Blue Cross NC systems. <ul style="list-style-type: none"> Will apply in-network cost-sharing to any directory inaccuracies. Will create education for providers. 			
Continuity of Care 	1/1/2022	1/1/2022*	<ul style="list-style-type: none"> Blue Cross NC will ensure continuity of care for members in transition in accordance with federal and state definitions. 	<ul style="list-style-type: none"> Further analysis continues to determine how this may expand or otherwise change the scope of existing state law. 	<ul style="list-style-type: none"> Members will have access to transitional services in line with the CAA conditions and scenarios for continuity of care. 	<ul style="list-style-type: none"> Analysis is ongoing to determine if certain interactions and processes may change under the federal requirements.
Price Comparison Tool 	1/1/2022	1/1/2023	<ul style="list-style-type: none"> Blue Cross NC has a cost estimator tool on its website. 	<ul style="list-style-type: none"> Employers may realize savings if members can find and use lower-cost providers more easily. The cost to administer this tool is included in Blue Cross NC's administrative fees. At this time, Blue Cross NC does not intend to charge additional fees to ASO groups for this tool. 	<ul style="list-style-type: none"> Members can more easily compare prices across providers. 	N/A
Advanced Explanation of Benefits (EOB) 	1/1/2022	Unknown	<ul style="list-style-type: none"> Proceeding with a tiered approach to prioritize North Carolina providers as a first step with the intent to expand, once additional rulemaking is complete. 	<ul style="list-style-type: none"> The cost to administer Advanced EOBs is unknown at this time. Blue Cross NC has not yet determined if an additional charge will apply for ASO groups. 	<ul style="list-style-type: none"> Members will have access to new advanced cost estimates when requested through their provider or customer service professional. 	<ul style="list-style-type: none"> If a consumer requests an advanced EOB, provider must enter request with required information into Blue-e.

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Advanced Explanation of Benefits (EOB) Continued			<ul style="list-style-type: none"> Will use customer service and provider portal to administer. 			
Transparency in Coverage Final Rule Cost Estimator Tool 	1/1/2023**	1/1/2023	<ul style="list-style-type: none"> Blue Cross NC will update its existing online cost estimator tool to meet federal requirements. 	<ul style="list-style-type: none"> Employers may realize savings if members can find and use lower-cost providers more easily. 	<ul style="list-style-type: none"> Members have access to additional information through Blue Connect. 	N/A
Transparency in Coverage Final Rule Public Display Files 	1/1/2022	7/1/2022	<ul style="list-style-type: none"> Blue Cross NC will produce machine-readable files containing in-network rates and OON allowed amounts. The files will be published publicly monthly. 	<ul style="list-style-type: none"> The cost to administer this is unknown at this time. Blue Cross NC has not yet determined if an additional charge for this service will apply for ASO groups. Blue Cross NC will host files for group customers on its website and refresh files in the mandated timeframes. 	<ul style="list-style-type: none"> Members may access the files publicly at no cost. 	<ul style="list-style-type: none"> In-and out-of-network provider rates will be publicly disclosed for all items and services.

*Federal enforcement will rely on good faith implementation pending future rulemaking. For provider directories, practices that apply in-network cost sharing for incorrect network status will be deemed to comply.

** Required for 500 items and services in 2023, and all covered items and services in 2024.

***Blue Cross NC is working toward implementation based on federal enforcement dates.