BlueCross BlueShield of New Mexico

Quick Facts: Transparency Final Rule & Consolidated Appropriations Act

The most significant changes that impact our members, providers, and clients are described below. Additional provisions that are not listed relate to various health care reporting and broker and consultant commission requirements – these provisions have already been implemented or have limited impact.

Transparency
Requirements per the Transparency in Coverage Final Rule (TCR) and Consolidated Appropriations Act (CAA)

No Surprises Act
Requirements relating to surprise billing per the Consolidated Appropriations Act / No Surprises Act (CAA-NSA)

Timeline of Events

Plan years starting on or after Jan. 1, 2022

Transparency: ID Cards and Provider Finder®

NSA: ER; Continuity of Care (CoC); No surprise billing; Independent Dispute Resolution (IDR)

Starting July 1, 2022

Machine Readable Files (MRF) (publication of negotiated rates and allowed amounts)

Jan. 1, 2023

Phase 1: Member Liability Estimator® - Expanded list of shoppable items and services

Jan. 1, 2024

Phase 2: MLE - All shoppable items and services

9 Advanced Explanation of Benefits (AEOB): TBD, pending further rulemaking

Effective:
Plan years beginning on or after Jan. 1, 2022

1 ID Cards
Addition of consumer-helpful information

Target Audiences: Members & Providers

Quick Facts

ID Cards will now include:

- Deductible under the plan.
- Out-of-pocket Maximum (OPX) under the plan.
- Contact phone number and web address for benefit verification.

NOTE: Changes coincide with our Digital First initiative. For 2022:

- All Digital ID cards will be updated.
- Physical Cards will be issued following current standard business operating procedures.

What We've Done/Are Doing

- Updated all print and digital ID Card formats and processes.
- Getting the word out to clients and members to obtain permission for digital contact.

Effective:
Published for plan year 2022, starting July 1, 2022;
or plan year renewal for plans renewing after July 1, 2022

2 Machine Readable Files *(publication of negotiated rates)*
Publicly available information on negotiated rates and historic allowable amounts

Target Audiences: Third Parties, Competitors, Consultants, Partners, Academics, Media, Providers

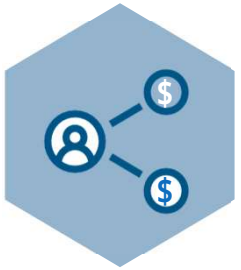
Quick Facts

Health care insurers must publish "machine readable files" to the public that include:

1. In-network Negotiated Rates.
2. Out-of-network Historic Allowed Amounts.
3. Negotiated Drug Rates and Historic Allowable Amounts (deferred pending further rulemaking).

What We're Doing

- Updating and automating systems to facilitate data acquisition, listing, and public access.



Effective:
Phased implementation, starting Jan. 1, 2023

3 Member Liability Estimator
Personalized cost-share estimates for covered items and services

Target Audience: Members

Quick Facts

- Members will be able to compare cost share across in- and out-of-network providers.
- MLE will…
  - Have enhanced search functionality. (by billing code or search pricing by provider)
  - Provide personalized information on member cost share.
  - Include:
    - ✓Prerequisites to care.
    - ✓All covered items and services by January 2024.

What We're Doing

- Defining data sharing needs (locally and nationally) to support non-participating (non-par) pricing and pricing by billing code.
- Expanding our list of shoppable items and services.
- Enhancing MLE search functionality.

Effective:
Plan years beginning on or after Jan. 1, 2022

4 Emergency Services

Members will be protected from surprise billing for certain emergency services from non-par providers.

Target Audiences: Members & Providers

Quick Facts

- Expanded definition of "emergency services" to include independent freestanding emergency rooms and certain non-par post-stabilization services.
- Prior Authorization (PA) not required for non-par emergency services.
- Additional criteria for a member to be deemed "stable" and able to be transferred from a non-par to participating (par) facility.

What We're Doing

- Updated our business rules engine to accurately adjudicate claims in alignment with the expanded emergency definition.

Effective:
Plan years beginning on or after Jan. 1, 2022

5 Surprise Billing Protections

Members will be protected from surprise billing for certain non-participating (non-par) services (as detailed below).

Target Audiences: Members & Providers

Quick Facts

Members will no longer receive "balance bills" for certain non-par services. Specifically, non-par providers cannot balance bill for:

- Emergency services.
- Non-participating services in a participating facility.[1]
- Non-participating air ambulance (if services by participating air ambulance are covered).

[1] **NOTE:** For certain NSA services, providers may balance bill **IF** certain Notice & Consent requirements have been satisfied by the provider.

What We're Doing

- Updated our claims adjudication and all downstream systems to ensure NSA-eligible claims are identified up-front for accurate processing, as well as generation of enhanced EOBs and Provider Claim Summaries as required by the NSA regulations.

Effective:
Plan years beginning on or after Jan. 1, 2022

6 Independent Dispute Resolution (IDR)

Prescribes a clear path to determine and resolve payment disputes with non-par providers on certain services

Target Audiences: Providers

Quick Facts

- Applies to the services subject to the NSA surprise billing protections
- Information negotiation process followed by Independent Dispute Resolution (IDR) to resolve provider payment disputes.
- 30-day timeframe to pay/deny initial claim directly to the provider.

What We're Doing

- Developed new tools to support the informal negotiation process as well as the formal IDR process to adhere to the timelines prescribed by the NSA regulations.
- Established a dedicated team within our organization to work the IDR submissions, as well as the resulting claim adjustments.

Effective:
Plan years beginning on or after Jan. 1, 2022

7 Continuity of Care (CoC)

If approved, member benefits will continue to apply for a limited time when a provider's in-network/participating (par) status changes.

Target Audiences: Members & Providers

Quick Facts

- Clarifies the definition of a CoC patient.
- Plans must send members timely notification of changes in the network status of providers and facilities.
- Revises the duration of CoC to either… (whichever is earlier):
  - 90 days from the time the member received notice of provider termination.
  - The date the individual is no longer a CoC patient.

What We're Doing

- Expanded our existing policies and procedures to ensure member notifications and claims adjudication reflect the enhanced Continuity of Care requirements.

Effective:
Plan years beginning on or after Jan. 1, 2022

8 Provider Finder

More frequently updated and geographically searchable directory of providers

Target Audiences: Providers (for data verification); Members (access info)

Quick Facts

- Providers must verify their directory data every 90 days.
- Unverified data subject to removal from public site provider directories.
- Updated data must be reflected within 2 business days.
- Information shared with members, regarding a provider's network status must be recorded and stored for 2 years.

What We're Doing

- Updating policies and procedures.
- Centralizing Provider Directory Management roles and responsibilities.
- Updating and automating systems to facilitate rapid provider data verification and directory updates.
- Introducing new member inquiry types to record member requests for provider network status, with response protocols.

Effective:
TBD, pending further rulemaking

9 Advanced EOB (AEOB)

Information on covered services and costs in advance of service

Target Audiences: Members & Providers

Quick Facts

- The AEOB is an estimate of what the health care service will cost the member.
- Initiated…
  - By the provider via Availity.
  - When a member makes an appointment.
- Sent to a member ahead of service.

What We're Doing

- Collaborating with industry partners to establish standards for exchanging AEOB requests.