Consolidation Appropriations Act (CAA) & Transparency in Coverage for Employers

Aspirus Health Plan is taking steps to comply with the requirements of the Consolidated Appropriations Act (CAA) of 2021. The No Surprises Act and its consumer protections against surprise billing is one part of this new law which provides new protections to you and your Employees. The following outlines the changes under the new law and the steps Aspirus Health Plan is taking to comply with this new law.

Consumer Protections under the CAA

Prohibition on Surprise Billing

The No Surprises Act is effective for plan years starting on or after January 1, 2022. It protects patients from certain "surprise" bills when they receive:

- Emergency services or
- Non-emergency services from out-of-network providers that are delivered at an in-network facility (such as an in-network hospital, outpatient department, or ambulatory surgical center).

If the provider is dissatisfied with our payment in one of these situations, Aspirus Health Plan and the provider will engage in 30 days of "good faith negotiation." If that is unsuccessful, either Aspirus Health Plan or the provider can initiate the "independent dispute resolution" (IDR) process, which will determine the final payment amount for the claim. Regardless of what happens during the IDR process, the member pays no more than the initially calculated cost-share. The member is not involved in the IDR process at all.

How does this affect your employees?

For the services covered under the law, patients are responsible for no more than the in-network cost-sharing amount for the service, including deductibles, coinsurance and co-pays.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan has put procedures in place to ensure that your employees are benefitting from the full protection of the new law. We will handle the IDR process and will advocate for your employees if out-of-network providers are not following the law.

For Self-Funded Employers: Aspirus Health Plan may consult you to determine whether you wish us to initiate IDR in the case of an out-of-network provider dispute. If you or a provider initiates the IDR process, fees associated with the IDR process will be passed through to the self-funded employer.

ID Card Requirements

For plan years beginning on or after January 1, 2022, health plan ID cards must include the following information:

- In-network deductibles
- Out-of-network deductibles
- In-network out-of-pocket maximum
- Out-of-network out-of-pocket maximum
- Phone number for consumer assistance
- Website for consumer assistance.

How does this affect your employees?

Your employees and their covered family members received updated identification cards at the start of their new plan year on or after January 1, 2022.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan has added fields to its identification cards to include deductible and out-of-pocket maximum information for both in-network and out-of-network providers. Contact information for our customer service department was already on our ID cards. New ID cards were provided, upon renewal, beginning January 1, 2022.

Price Comparison Tool

The CAA requires health insurance issuers to provide a "price comparison tool" that allows members to compare costs for services from participating providers.

The federal government has delayed implementation of this requirement as it tries to align these CAA requirements with the requirements under the Transparency in Coverage Rule.

How does this affect your employees?

Once available, the price comparison tool will give employees more information about the differences in cost of services when going to different participating providers.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan is awaiting additional guidance from the federal government regarding requirements for a price comparison tool.

Provider Directories

The CAA requires health plans to develop a process to confirm provider network information at least every 90 days starting January 1, 2022.

How does this affect your employees?

If a member provides documentation that they received inaccurate information regarding a provider's network status, the member will be responsible for only in-network cost sharing. If this happens, please have your employees contact customer service at 866.631.5404.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

We have put processes in place to handle member inquiries and to be sure that our provider directory information is confirmed as required.

Continuity of Care

The CAA includes provisions that ensure continuity of care to certain patients in the event of termination of a provider's network contract or provider's contract with the insurer. In order to qualify, the patient must be undergoing a course of treatment for a "serious and complex condition" from the provider, undergoing a course of institutional or inpatient care from the provider, scheduled to undergo nonelective surgery from the provider including postoperative care, pregnant and undergoing a course of treatment for the pregnancy from the provider, or receiving treatment for a terminal illness from the provider. Qualifying patients may continue to receive in-network benefits from the terminated provider for a period of 90 days or until the patient no longer qualifies.

How does this affect your employees?

If a member's provider is terminated and they believe they qualify for Continuity of Care, they should contact customer service at 866.631.5404.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Our Contracts, Certificates of Coverage and Summary Plan Descriptions have been amended to include compliant Continuity of Care provisions. Procedures have been put in place to accommodate member requests for Continuity of Care.

Ban on Gag Clauses in Contracts Between Providers and Health Plans

The CAA prohibits certain gag clauses in contracts between health plans and providers or provider networks, including those involving third party service providers.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

In view of this prohibition against gag clauses and the new rules promoting transparency, we are assessing the confidentiality provisions in our vendor agreements.

We are awaiting the release of the attestation from the federal agencies.

Aspirus Health Plan will submit the attestation on behalf of fully insured customers.

For Self-Funded Employers: Self-funded health plans are responsible for attesting to the federal government that their plans are compliant with this requirement. Aspirus Health Plan will communicate with its Self-Funded groups further after release of the attestation.

Mental Health Parity

The CAA requires health plans to analyze their compliance with requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA) that any non-quantifiable treatment limits (NQTLs) are designed and applied in parity to medical and mental health benefits. This is an ongoing requirement to ensure continued compliance with MHPAEA.

How does this affect your employees?

The analysis must be provided to employees upon request.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan has done an initial internal analysis and has contracted with an outside firm to do additional analysis of mental health parity. This will be continued process. The most current analysis will be made available if requested by state or federal regulators and as otherwise required under the CAA.

Machine Readable Files

Effective July 1, 2022, the Transparency in Coverage Rule (TCR) required that health plans publicly post "machine readable files" containing information regarding negotiated prices for services.

How does this affect your employees?

This likely will not affect your employees. These are very large files and information is not in a consumer-friendly format.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan has published this information on behalf of our groups. The files are located here on our website: **https://aspirushealthplan.com/insurance/pricingtransparency**.

Advanced Explanation of Benefits

This provision of the CAA is delayed pending formal rulemaking. The federal agencies released a "Request for Information" regarding the Advanced Explanations of Benefits on September 16, 2022, starting a 60-day comment period. It is unclear how long it will take for the federal agencies to review the information received and come out with additional rulemaking.

Once in place, the Advanced Explanation of Benefits will give consumers a better understanding of price and their portion of the costs for medical services before they are received.

Once this process is in place, providers will be required to prepare an estimate of the charge for scheduled services when the appointment is made and submit the estimate to the health plan. Health plans will then prepare an estimate for the member of the amount that the provider will receive as payment and the member's portion based on the cost sharing requirements of their health plan and what their accumulated cost-share is currently.

How does this affect your employees?

Once this process is in place, your employees will be better able to estimate the cost of their care. There will be greater transparency into how much medical services cost.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan is currently awaiting federal rules.

Prescription Drug Benefit Reporting

The first round of prescription drug benefit reporting, also referred to as RxDC or Section 204 reporting, is due December 27, 2022, and includes data for 2020 and 2021. This reporting includes basic plan information; enrollment data; total prescription drug cost information; top drugs by cost, frequency and price increase; and rebate information.

Subsequent years data will be due annually on June 1st.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus is in the process of preparing these reports on behalf of our employer groups. Employer groups that were fully insured with Aspirus Health Plan for all of 2020 and 2021, and self-funded groups that were administered by Aspirus Health Plan for all of 2020 and 2021 will not have any additional reporting to be done. If your group had another carrier for part of 2020 or 2021, please contact that carrier to ensure reporting for their portion of 2020 and 2021.

Aspirus Health Plans will perform this reporting for its fully insured and self-funded group plans at no charge to the group.

Air Ambulance Reporting

Health plans will be required to report certain data regarding air ambulance services to the federal government.

What is Aspirus Health Plan doing to ensure compliance with these requirements?

Aspirus Health Plan is awaiting final rules. We anticipate being able to provide such reporting on behalf of our fully insured and self-funded employers similar to the RxDC reporting but will communicate further when the final rules and reporting form is released.

Agent and Broker Reporting

Brokers and consultants must disclose certain compensation they receive for consulting and brokerage services if the amount exceeds $1,000. They also must disclose indirect compensation such as commissions.

Please contact your agent to receive this information.

Need More Information?

Please contact your account manager with any questions about the steps we are taking to comply with these provisions of the CAA.

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