



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

DATE: February 14, 2019
TO: Senator Lyons, Chair - Senate Health and Welfare Committee
FROM: Sara Teachout, Director, Government, Public and Media Relations, BCBSVT
RE: S.31 Hospitals, Patient Rights, Health Insurance, and Surprise Billing

There are two sections of the proposed legislation that impact health insurance: 1) protecting insured individuals from out-of-pocket costs for emergency services performed by an out-of-network provider; and 2) maintaining up-to-date information online identifying in-network providers. Both of these requirements already exist under the Department of Financial Regulation (DFR) Rule H-2009-03 and other requirements.

Member OOP Protections

The existing member out-of-pocket (OOP) protections are contained in Rule “9-03” section 2.4 (B) are adhered to and documented both in BCBSVT certificates filed with DFR and our Emergency Services Claim Processing Policy and Procedure. The proposed legislation is redundant, and could potentially conflict with existing requirements and definitions of emergency services. Congress is also considering “Surprise Billing” legislation and Vermont may want to consider this proposal in the federal context.

A second, compatible approach could be to require that all providers performing medical services in a hospital setting maintain the same in-network insurance relationship as the hospital in which they are affiliated. The most common provider types associated with these surprise bills include pathologists, anesthesiologists, radiologists, emergency room physicians, and assistant surgeons operating in facility-based settings.

Online Provider Directory

BCBSVT maintains an online provider directory (also per Rule “9-03” and required by our NCQA accreditation). The directory is online at: <http://www.bcbsvt.com/provider> and can be searched by provider name, specialty, and network, among other criteria. The directory is as up-to-date as the information provided by our providers, including address changes.

Additional Information

The Committee conversation on price information available and required for members was wide-ranging. It may also be helpful to know that BCBSVT provides both a [BCBSVT Comparison Tool](#) for members to research the costs of medical services and estimate their out-of-pocket requirements in combinations with their particular plan design through the Member Resource Center. This online tool was reviewed as part of the Office of the State Auditor’s (SAO) investigative report [Health Care Price Transparency Part II: Act 54 and Beyond](#) published in December 2016.

Lastly, all health insurance plans are required to provide patients and providers an **Explanation of Benefits (EOB)** document for every claim (per both 18 VSA 9418 and Rule H-2008-04) that document the date of service, total billed charges, discounts, insurance payments, copay/coinsurance or deductible amounts, among other details, these are either sent to the member or accessed online.