

BLUE SHIELD – IMPORTANT REMINDERS

BLUE SHIELD – No Surprises Act

- The No Surprises Act was signed into law December 2020 and represents a significant change in the way out-of-network providers can bill and be reimbursed.
- Starting January 1, 2022, the legislation prohibits providers from balance billing patients for:
 - Out-of-Network emergency items and services
 - Out-of-network non-emergency items and services
 - Post-stabilization care at out-of-network facilities until a patient can be safely transferred to an in-network facility* (*there are some exceptions based on provider notice and patient consent)
 - Out-of-network air ambulance healthcare items and services.

BLUE SHIELD – Value Based Purchasing

Value Based Purchasing – Coverage limits on five common outpatient procedures when performed at a hospital. Here’s how it works:

- Procedure performed at in-network ASC – pay regular deductible and co-insurance
- Procedure performed at in-network Hospital outpatient facility - pay regular deductible and co-insurance **PLUS amounts that exceed the reference price**. Exceptions are allowed for certain criteria.

	Arthroscopy	Cataract Surgery	Colonoscopy	Upper GI Endoscopy with Biopsy	Upper GI Endoscopy without Biopsy
Maximum benefit at an in-network outpatient hospital facility	\$4,500	\$2,000	\$1,500	\$1,250	\$1,000
There is no limit at an in-network Ambulatory Surgery Center (ASC)	There is no benefit change at an ASC. The limits at an outpatient hospital facility do not apply at an ASC.				

ASC = Ambulatory Surgery Center