

Economic and Rural Development Committee

Cimarron, NM

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Health Policy and Consumer Education Bureau

- Engages in data-driven policy-making in response to an ever changing health insurance market
- Creates transparency through education, outreach, and development of web-based technology tools
- Engages stakeholder groups in development of policy and enforcement strategy
- Identifies and implements solutions to dynamic issues impacting access to health insurance for over 300,000 New Mexicans

Bureau exists due to federal funding that expires October 2018



Policy Actions Impacting Rural Health Insurance Access

	New Mexico	Other States
Policy	Requires health insurance carriers offering major medical coverage to have at least one plan that is offered throughout the entire state	No requirement that health insurance carriers offering major medical coverage have at least one plan that is offered throughout the entire
Result	One of the very few states with a sizable rural population to have more than one health insurance carrier offering coverage (5 carriers in individual market)	Bare counties in many states; Arm-twisting by insurance commissioners/incentive payments for carriers to remain in rural markets



3

Policy Actions Impacting Rural Health Insurance Access

Revision of Provider Network Adequacy Rules:

- Last updated in 1998 – but still were ahead of their time! Currently causing confusion in enforcement.
- Revisions aimed at increasing transparency in provider access for consumers purchasing health insurance throughout the state.
- Significant stakeholder engagement in revision process from:
 - Consumer representatives
 - Health care providers
 - Health insurance carriers
 - Agents and Brokers
 - Provider Associations



4

Draft Net Ad Rules and Rural Access

Standard	Issue addressed
Geographic Accessibility Standards	How far should an insured person have to drive to see an in-network provider for health care?
Timeliness Standards	How long should an insured person have to wait to see an in-network provider for health care?
Provider Inclusion Standards	What providers are essential to the network for the community the plan serves?
Provider Directory Content	What information should be in provider directories to help consumers make health insurance coverage and provider access choices?
Provider Directory Accuracy Audits	How often should a carrier verify the provider information in provider directories to ensure accuracy?



Surprise Billing

Legislation Introduced in 2017 Regular Session:

- House Bill 313
 - Addresses out-of-network emergency care and out-of-network care obtained unknowingly at in-network facilities
 - Holds consumers harmless for surprise, out-of-network bills – consumers only pay what they would owe for in-network services
 - Created process for carriers/providers to work out payment of surprise bills
 - Arbitration process for resolution of disputes where provider/carrier can't work out billing disputes
 - Requires carriers to disclose to consumers information about expected out-of-pocket costs for health care services/procedures provided in advance



Surprise Billing

House Bill 313:

- Response:
 - Providers/carriers want standardized reimbursement rates rather than uncertainty of “work it out amongst yourselves”
 - Request to clarify what constitutes a “surprise bill” for PPO members
 - Concerns with automatic assignment of benefits if provider directly bills insurer for out-of-network costs



7

Surprise Billing

Road Ahead:

- Additional Stakeholder Convenings:
 - First convening was on July 27th
 - Participants included carriers, providers, consumer advocates, agents and brokers, policymakers
 - Discussed the first major issue – reimbursement rates
- Surprise Billing Survey
 - Consumer survey developed using Consumer's Union national survey on surprise billing
 - Circulated electronically
 - Preliminary results
 - Will evaluate data for Major-metro v. Non-major responses



8

Surprise Billing

Surprise Billing Survey PRELIMINARY findings:

- In the past TWO years, have you received a medical bill where the health plan paid much less than you thought it would (or perhaps not at all)?

New Mexico	US Average
48%	30%



Surprise Billing

- What, if any, of the following surprised you about the bill?

	NM	US
The total amount charged was higher than I expected	44%	63%
I got a bill from a doctor I did not expect to get a bill from	20%	23%
I got separate bills from multiple providers	11%	20%
I was charged an out-of-network rate when I thought the provider was in-network	12%	14%
I was charged for services I did not receive	1%	4%
Other	11%	10%
Refused	1%	1%



Surprise Billing

- Did you take any action to resolve this billing issue?

	New Mexico	US Average
Yes	67%	64%
No	31%	35%

- Was the billing issue resolved to your satisfaction?

	New Mexico	US Average
The issue was resolved, but not how I liked	33%	30%
The issue was resolved to my satisfaction	22%	28%
The issue was not resolved	23%	23%
The issue is still currently being resolved	13%	10%
Unsure	5%	8%
Refused	3%	1%



Surprise Billing

- In the past two years, have you been surprised to find out that a doctor, lab, or facility you thought was IN your provider's network, was actually OUT-of-network?

	New Mexico	US Average
Yes	33%	14%
No	61%	76%
Unsure	5%	9%
Refused	1%	1%



Surprise Billing

- In the past two years, have you tried to use a doctor or facility outside of your plan's network?

	New Mexico	US Average
Yes	22%	11%
No	76%	83%
Unsure	2%	6%
Refused	1%	1%



13

Surprise Billing

- Do you typically assume that doctors at an in-network hospital are also in-network?

	New Mexico	US Average
Yes	70%	63%
No	24%	36%
Unsure/Refused	6%	1%



14

Surprise Billing

- Was the online directory easy to use?

	New Mexico	US Average
Very easy	21%	31%
Somewhat easy	53%	53%
Somewhat difficult	21%	12%
Very difficult	5%	4%
Refused	0%	



15

Surprise Billing

- Were you able to find the info you were looking for in the online directory?

	New Mexico	US Average
Yes	81%	89%
No	19%	11%
Unsure/Refused	0%	0%



16

Surprise Billing

- To the best of your knowledge, if an error in your health plan’s provider directory causes you to go to a doctor or hospital that is actually out-of-network, are you still required to pay the extra cost of out-of-network visit?

	New Mexico	US Average
Yes	44%	27%
No	24%	19%
Unsure	31%	53%
Refused	1%	1%



Surprise Billing

- In your opinion, should hospital have to notify patients if a doctor or technician involved in a procedure performed at that hospital will be out-of-network?

	New Mexico	US Average
Yes	96%	85%
No	1%	6%
Unsure	2%	9%
Refused	0%	1%



Surprise Billing

In the meantime:

- Bulletin outlining current consumer protections:
 - NM Patient Protection Act - requires that managed health care plans provide covered persons reasonable access to emergency care that is immediately available without prior authorization and “is not subject to additional costs” to the covered person.
 - N.M.S.A. 1978, 59A-57-4(B)(3)(d)
 - Applies to all health insurance plans that offer emergency room care
- Additional protections
 - Continued requirement to provide access to out-of-network specialty/other care at in-network cost to consumers where in-network care is unavailable



19

Air Ambulance

House Bill 402

- Set rates for reimbursement of air ambulance insurers for commercial insurance plans sold in NM
- Caps health insurance reimbursement at no more than 250% of Medicare per air ambulance flight as a requirement of insurance contracts issued to consumers in NM

Federal Airline Deregulation Act

- Has been interpreted to prohibit states from regulating air ambulance charges
- HB 402 tried to get around this by regulating the “business of insurance,” rather than the air ambulance company
- Air ambulance company since been made arguments that ADA preempts states’ federally granted authority to “regulate business of insurance” in this context



20

Air Ambulance

North Dakota

- Passed legislation copying NM HB 402
- Waiting to get sued – for the second time

Woodall Amendment

- Representative Rob Woodall, Athens, GA introduced amendment to Federal Aviation Administration reauthorization act to require a stakeholder committee to examine health care charges of air ambulance providers and recommend consumer protections for air ambulance services

Government Accountability Organization

- Federal GAO will soon release report about air ambulance industry



21

Questions or Comments

- Policy questions or feedback:
 - Paige Duhamel, Esq.
 - Healthcare Policy Manager
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- Assistance with Surprise Billing issues:
 - Managed Health Care Bureau
 - Can access additional information about how OSI can help or can file a complaint online at: www.osi.state.nm.us



22

