

## THE TRUSTEE

December 2021  
NO SURPRISE ACT

**T**he No Surprise Act, a part of the Consolidated Appropriations Act of 2021, forbids patients from receiving surprise medical bills when seeking emergency services or certain services from out of network providers at in network facilities. It may occur when an out of network provider assists an in network provider on a medical procedure or when an out of network provider is working at an in network facility. The assistant's bill is whatever they want it to be. Hospitals grant privileges to doctors to use their facilities, but do not control the independent charging schedule of those providers. As a result, the plan, and you, the patient, receive a bill for their services that is an over-the-top surprise. With the new act, patients are held liable only for in network cost sharing amounts. And, it insulates the patient from the process that will allow plans to negotiate reimbursements, separately, from providers. Starting Jan. 1, 2022, it will be illegal for providers to bill patients for more than the in network cost sharing price if the patient did not choose to know that the service would come from an out of network provider. Additionally, certain non-emergency out of network ancillary services may not be billed beyond their in network cost sharing amount, regardless of whether the patient received notice or consented to the service. It includes anesthesiology, pathology, radiology, neonatology, and laboratory services. An out of network provider cannot use the notice and consent process if there is no in network provider available to furnish the item or service at a facility. As a patient, be sure you don't provide written consent on costs for out of network providers.

Although air ambulances are subject to the law, ground ambulances are not. Sec. 117 of the Consolidated Appropriations Act establishes a committee to "review options to improve the disclosure of charges and fees for ground ambulance services and protect patients from balance billing (where the plan pays a usual and customary amount for the demographic area, but, as the charges are excessive, the remainder of the bill is sent to the patient.) As the intent is to provide greater transparency, a change is coming.

### NEW ID CARDS

The No Surprise Act requires additional information on health insurance ID cards. In network and out of network deductibles and out of pocket limits will be listed. The Trust will be issuing new ID cards over the month. When you receive your new card, check the personal information for correctness. When you visit a provider or a retail pharmacy, provide them with your new card so they will have it on record. ProAct and CanaRx do not need a copy of your new card. Until it arrives, your existing card will suffice.

Under the new law, health plans must provide the federal government with an annual list of pharmacy benefits and prescription drug costs. This will be a challenge as many drug costs fluctuate wildly. Recently, the generic proton inhibitors (reflux) omeprazole and esomeprazole raised their prices. 30 day supplies that normally cost \$6-7 became \$25-35 expenses. At \$6-7, the cost was paid directly by the member and did not go through the plan as the cost was lower than the co-pay. Now, in raising the price, the prescription is subject to the plan co-pay and to the increased cost of the drug. There appears to be no reasonable explanation for the cost increase and, as Congress has allowed the pharmacy industry to operate with few controls, prices are dictated by the industry. Recently, Medicare raised their rates by \$21.60/mo. and stated half of the increase was due to the price of a new FDA accelerated approval Alzheimer's drug, Aduhelm, with a price of \$56,000/yr. As it's not a cure, annual costs could continue.

So, Congress succumbs to a drug price dictate because Medicare does not have the right, as per Congress, to negotiate lower prescription costs. And, this is a fast tracked drug where many experts believe the benefits have not been clearly demonstrated. Medicare has begun a formal assessment, including requiring the drug maker, Biogen, to perform clinical studies. Some mid-summer studies were deemed "trial failures." One determination would be whether to cover the drug in all cases. Presently, it's only available on a case by case basis.

### **COVID-19**

The Delta variant continues to be the most contagious form globally, accounting for more than 99% of Covid-19 cases and, again, straining hospital resources. The highest spread of cases and severe outcomes is among the unvaccinated. And, now the focus is on containing the Omicron variant. Get a vax, a booster, and err on the side of caution.

### **RETIREE DENTAL**

At the quarterly meeting of the Trust, the Trustees approved the payment of the second half of the semi-annual dental premium for retirees who were enrolled and paid the first half premium. This represents the 14<sup>th</sup> consecutive year the Trust has absorbed the second half dental premium for retirees. Retirees enrolled in the dental program will not receive a premium billing until June 2022, due by July 1, 2022.