

Broker News

For brokers and producers only

Date: December 10, 2020

Markets: All VA Fully Insured with Self-Insured Opt-In

VA HB1251: Direct Provider Payment with No Balance Billing for Out-of-Network Emergency Services and Non-Emergency Surgical Services

Background

Historically, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) have processed out-of-network claims from non-participating (non-par) providers by paying members the allowed amount minus their cost share (copay, coinsurance or deductible). Members are then responsible for any balance billing from the provider for emergency services.

VA HB1251

Virginia House Bill 1251 addresses balance billing by out-of-network providers for emergency services and non-emergency surgical or ancillary services. Effective January 1, 2021, health carriers will pay non-par providers directly for out-of-network claims for these services.

Virginia members who receive covered emergency services from an out-of-network healthcare provider are not required to pay the provider any amount other than their applicable cost-sharing requirement. Additionally, covered non-emergency services provided by an out-of-network provider within an in-network facility will be covered the same as an in-network provider. Members will not be balance billed.

Self-Insured groups may opt-in for the benefit by contacting the VBOI directly to enroll. Access the application [here](#), then click on the *Elective Group Health Plans* dropdown.

More details will be available in the coming weeks.

For more information

If you have any questions, please contact your broker sales representative.