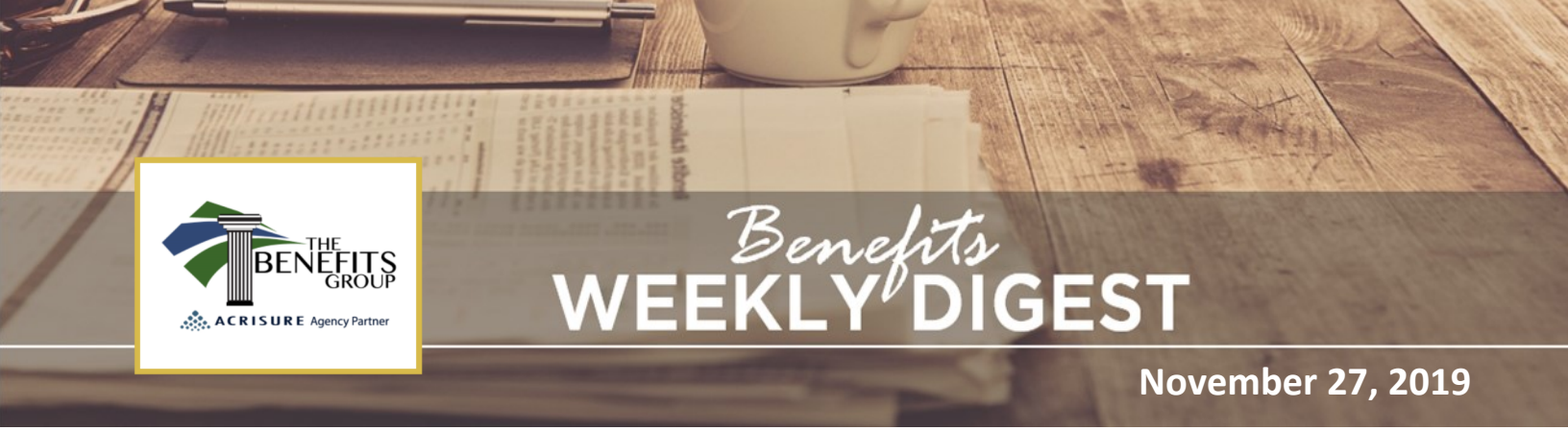

THE BENEFITS GROUP
ACRISURE Agency Partner

Benefits WEEKLY DIGEST

November 27, 2019

How Common is Out-of-Network Billing?

"In 2017, nationally: 16.5% of visits with emergency room services had an out-of-network claim from an emergency medicine specialist. 12.9% of visits with lab/pathology services had an out-of-network claim from a pathologist. 8.3% of visits with anesthesiology services had an out-of-network claim from an anesthesiologist. Variation across states differs by type of service. Pathology and emergency services had the largest variation. Cardiovascular and surgery services had the the smallest variation." **Full Article**

Health Care Cost Institute

Here are the Top Wellness Benefits Sought by Employees

"Wellness resources and information, on-site seasonal flu vaccinations, CPR/First-aid training , 24-hour nurse line, annual Health Risk Assessment (HRA), financial rewards for wellness participation, smoking cessation programs, health and lifestyle coaching, health fairs, and preventive programs for chronic health issues all make the list." **Full Article**

Mass Mutual

In This Digest

ACA Round-Up: Latest Enrollment Numbers, New CSR Decision, and More

"On November 18, Anthem Blue Cross filed a new lawsuit asking for $107 million in unpaid risk corridor payments from 2014 through 2016. Like the many insurers before it, Anthem asserts that it is entitled to these payments under the ACA and that HHS's failure to make the payments is a breach of its implied-in-fact contract with Anthem. In the meantime, related litigation over unpaid CSR payments continues to proceed." **Full Article**

Katie Keith, Health Affairs

D.C. Circuit Judges Hear Oral Arguments in Association Health Plans Case

"Based on the arguments and the questions asked by the judges, it seems the decision may leave the most important issues in the case undecided. That is, how will AHPs that include small groups or individuals be regulated under the ACA should they be governed under the lenient rules that apply to large-group plans or under the more protective rules that apply to individuals and small groups?" **Full Article**

Timothy Jost, The Commonwealth Fund

Medicare Secondary Payer Reporting Required for Prescription Drug Coverage Beginning in 2020

"Beginning next year, group health plans (GHPs), including Medicare Secondary Payers, are required to follow the 'Substance Use - Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities' (SUPPORT Act) rules on reporting on prescription drugs and coverage. Current group health plan (GHP) reporting requirements are focused on exchanging drug coverage information in order to coordinate benefits under Medicare Part D." **Full Article**

Hall Benefits Law

CMS Finalizes Hospital Price Transparency Rule

"CMS is proposing to require most group health plans, including self-insured plans, and health insurance issuers to disclose price and cost-sharing information to participants. The proposals would require plan participants to be able to access real-time, personalized cost-sharing information, including an estimate of their cost-sharing liability for all covered health care items and services through an online tool or paper format." **Full Article**

K&L Gates