

# New Out of Network Law Goes Into Effect This Week

- The Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act (“OON”) will go into effect on **Wednesday, August 29, 2018**.
- Important information about the Act:
  - This Act was signed into law by Governor Murphy on June 1, 2018.
  - The Act requires that consumers receive certain information from providers prior to scheduling an appointment for **non-emergency or elective covered services in hospital settings, ambulatory surgical or procedural settings** about whether the provider is in network or out of network with the consumer’s health plan and about how that affects their out of pocket costs.
  - The Act limits patients’ out of pocket costs when their health plan is in network with a provider and when they receive emergency or inadvertent out of network services.
  - The law sets up a process for resolving disputes over how much carriers must pay providers for out of network services.

- Although Cooper facilities and Cooper employed physicians are “in network” with most health benefit plans, we must still comply with the law’s requirements, provide the disclosures required by the law, and bill in compliance with the limitations in the law
- Cooper will provide the disclosures required to patients under the law regarding accepted health plans and patients’ financial responsibilities.
- Cooper bills patients in accordance with the law, which means that, if Cooper is in network with a health plan, Cooper will not balance bill the patient. If Cooper is in network, the patient’s financial responsibility will be limited to any required deductible, copayment or coinsurance required under their plan.
- For patients who receive emergent or inadvertent out-of-network services, the patient’s financial responsibility is limited to their benefit plan in-network deductible, copayment or coinsurance. An out-of-network hospital or provider may initiate binding arbitration in instances where it is unable to negotiate an acceptable reimbursement amount with the carrier.

# Cooper's Actions – How We Comply with the Law

- Cooper facilities and physicians will disclose the health benefit plans they participate with and the facilities with which they are affiliated. These disclosures will be made on the web site and also at the time of making the appointment.
- Prior to scheduling non-emergency or elective procedures, patients must be notified:
  - Whether we are in or out of network for their insurance plan
  - For in network services, their financial responsibility will be limited to any required deductible, copayment or coinsurance required under their plan
  - If the services are out of network that they may have financial responsibility beyond their deductible, copayments and co-insurance, and where requested provide an estimate of the amount of the bill
- Cooper is ensuring that surgical and other scheduling staff have the information to make the proper disclosures to patients. Scheduling staff will educate our patients about our in network status, information available on the website and patient financial responsibilities if they are in network or out of network.

# Cooper's Actions – How We Comply with the Law

- Cooper has updated its website with the following:
  - A current list of health insurance plans we accept
  - Notification to patients that facility and physician bills are separate.
  - Advice to patients to contact their health benefit plan to confirm their financial responsibility for services obtained at Cooper.
  - Cooper will have business cards available in offices providing patients a telephone number to call with questions about charges and insurance coverage (See next slide).



## Do You Have a Question About Insurance Coverage or Charges?

Cooper University Health Care and its employed physicians are in-network with almost all major commercial and governmental insurance products. To find out whether your specific health insurance plan is covered, or for information regarding our standard charges and how they may impact your out-of-pocket responsibility, please call **800.826.6737, option 2.**

# Cooper's Actions – How We Comply with the Law

- Neither Cooper nor its providers can bill patients beyond their deductibles, copayments or coinsurance required by their health plans for any emergency or urgent care or “inadvertent” out of network services (services that may be provided in an otherwise in-network facility that for some reason are not considered in-network, like labs). This restriction will also apply to opt in self-insured employer health plans;
- Cooper's billing processes are structured to facilitate compliance with these restrictions

# Cooper's Employees' Responsibility

- While Cooper is taking the necessary steps to assure that our covered facilities and employed physicians will be in compliance with the law, it is important that all Cooper staff are aware of the essential requirements of the law.
- If a patient asks a question about financial obligations and insurance, you need to know about the law and where to send the patient for more information.

- Please direct questions to your VP regarding the implementation of the Act in your area
- Thanks in advance for your support