

NH Ambulance Claim Payment Mandate - Authored

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LOB Individual - Non-ACA, Individual - Off Exchange, Individual - On Exchange, Large Group, National Account, Small Group - Non-ACA, Small Group - Off Exchange, Small Group - On Exchange
State NH

1. System(s) – Solution Central
2. Functional Area(s) – Member Services
3. Description - In NH, how do out of network ambulance service claims pay? How do my benefits work with non-participating ambulance providers?

Basic Description

Purpose- to outline the mandated payment process for non-participating ambulance providers in New Hampshire (NH).

Background-The NH legislature enacted House Bill 31 (HB31), which requires insurers to reimburse out-of-network ambulance service providers either directly or by a check payable to the insured and the ambulance service provider.

Impacts-This law applies to all NH non-participating ambulance provider claims, for all NH members. Claims for out-of-state non-participating ambulance providers follow payment direction guidelines established by the local plan submitting the claim to Anthem via ITS.

Mandate Effective Date-January 1, 2012

Payment Process

For New Hampshire non-participating ambulance provider claims:

- All NH non-participating ambulance provider claims pay the provider directly, not the subscriber on the plan. Claims process at the Anthem Maximum Allowable Benefit (MAB).
- Members may be balance billed for the difference between the charge and MAB.

For out-of-state non-participating ambulance provider claims:

- All claims for any date of service pay to the Anthem MAB. Payment direction follows what is sent to us by the local plan via ITS.
- Members may be balance billed for the difference between total charge and MAB.
- Claims continue to apply any applicable cost sharing (copayment, deductible, and coinsurance) on the policy.

Balance Bill

[CAA Surprise Bill – Federal Mandate](#). The attached document provides information on the new federal mandate that became effective 1/1/2022.

This is the Federal Surprise Bill Criteria where a member cannot be balance billed, claims should process accordingly with an EOB message indicating they are not responsible for the balances:

- OON Non-emergency professional provider claim performed @ INN facilities (POS = 19 (Outpatient -O/C), 21 (Inpatient), 22 (Outpatient), or 24 (Amb Surg center))
- OON emergency professional provider claim performed @ INN or OON facilities (POS 23 (Emergency Room))
- OON emergency facility claims (billed with at least one ER Rev code line) (*I think there is a small range of ER Rev Codes*)
- OON prof and facility Air Ambulance (billed with at least one line with HCPC code A0430 or A0431)

Balance Billing Exception- Members billed by a non-participating provider, including non-participating out-of-state providers, for amounts above the MAB may have the claim adjusted to pay the amounts above the maximum allowable benefit by exception.

Anthem only pays the amount above the MAB that the provider is billing the member, which may not be the total remaining charge after payment to MAB. We need to obtain a copy of the bill to ensure Anthem is paying the correct billed amount.

Follow the steps below to obtain a copy of the bill:

Ask if the member has a bill from the out-of-network ambulance provider for an amount above the Maximum Allowable Benefit.

If the member...	Then...
Has the bill	Ask the member to mail or fax a copy of the bill. Mail to: Anthem Blue Cross and Blue Shield Attn: Customer Service Priority 1155 Elm Street Suite 200 Manchester, NH 03101-1505

Fax to:
(855) 389-1631

Attn: Customer Service Priority

Advise the member that once a copy of the bill is on file with Anthem, we will request a claim adjustment to pay the billed amount above the MAB.

Notes:

If on the original claim we paid the provider, the adjustment payment will also pay to the provider. We cannot change payment direction.

Any cost shares on the original claim still apply.

Cost shares will only apply to the MAB. Any amounts paid above the MAB do not apply cost shares.

Once we receive the bill, you should give the normal claim adjustment timeframes.

Document the claim information, billing amount (if known) and resolution in the Inquiry tracking.

Go to the Claim Adjustment Requests section of this document, once you receive proof of the balance billing.

Does not have the bill

Determine if you can advocate on behalf of the member and call the provider to obtain a copy of the bill. See [Customer Advocacy Program](#).

If you can...	Then...
Call the Provider	Contact the provider and request to have a copy of the bill faxed or mailed. See notes below.
Not call the provider	Ask the member to contact the provider to obtain a copy of the bill and fax or mail it in. See notes below.

Notes: Mail and fax information is as follows:

Mail to:

Anthem Blue Cross and Blue Shield
Attn: Customer Service Priority
1155 Elm Street
Suite 200
Manchester, NH 03101-1505

Fax to:

855-389-1631
Attn: Customer Service Priority

Claim Adjustment Requests

We must receive a copy of the ambulance bill (containing charges from a non-participating provider to the member for amounts above the MAB) to request an adjustment.

Follow the steps below once we receive a copy of the bill:

Step	Action
1	Confirm that a copy of the bill is loaded to WCF/FileNet and documented in your IQT.
2	Route as a priority to Claims.
3	Advise Claims that: <ul style="list-style-type: none"> Per the NH Ambulance mandate, the claim needs an adjustment to pay the additional billed amounts to the member/provider (check original payment direction). Proof of the bill is loaded in WCF/FileNet (include the document number). The amount billed to the member.

Ambulance Provider Sends Bill to Member

Effective. 1/1/2022, indicates Non-Par Air Ambulance cannot balance bill members.

When the member questions an ambulance billing, explain to them that Anthem pays the Maximum Allowable Benefit (MAB) for services with a non-participating provider and the provider may elect to balance bill member for amounts above the MAB. If the member receives a bill from a non-participating provider for amounts above the MAB, Anthem reviews the claim to pay the additional charges.

Related Content:

- [CAA Surprise Bill – Federal Mandate](#)
- [CAA Surprise Billing Federal Mandate - FAQ](#)

Revision History

Date	What was changed?
05/12/22	updated document with the CAA Surprise Bill Federal Mandate
04/21/22	KM Maintenance – No update
02/25/19	Original Post