

New Regulations

The term “upfront payment” refers to the requirement for insured patients to pay 100% of a healthcare bill at the time of receiving services. The issue has been a concern for the Ministry of Health because some insured persons avoid seeking care or experience family cash flow problems when they have to pay for healthcare “upfront”.

The new **Health Insurance (Health Service Providers and Insurers) (Claims) Regulations 2012** aim to eliminate upfront charges and to ensure providers are paid promptly by insurers. The legislation does this by requiring specific actions from insurers and healthcare providers.

Time Requirements

Insurers: must notify providers their electronic claims have been received within one day, and must reimburse within 30 days of this notice. If any information is missing or defective the insurer must notify within seven days.

Providers: must submit claims to insurers 30 days from the completion of a procedure. If they are filed 366 days after completion of the procedure, the claim will not be payable (by patient or insurer).

Standardizing Claim Submission

Insurers: must let providers know when they receive an electronic claim and if any of the required information is missing.

Providers: must provide key data elements in a claim for insurers to process it promptly. This information includes: name of patient, date of procedure, procedure code, etc.

Moving to Electronic Claims Submission

Insurers: must ensure their electronic claims system can accept electronic claims from the various providers on the island and inform providers of patients’ level of coverage at the time of the health visit.

Providers: must implement processes to submit claims electronically to insurers, and receive patient information electronically.

The Regulations do not provide reimbursement requirements for paper claims.

Exemptions

The Regulations prohibiting upfront charges will come into effect on 1 August, 2012 to allow a brief period for providers and insurers to set-up procedures to become compliant.

Once upfront payments are banned there will be four cases where providers can charge upfront:

1. Medical appliances, devices and products e.g. crowns, glasses, etc.
2. Where coverage of the insured patient cannot be verified by the provider at the time of the visit
3. Where the healthcare provider has sought, and received, permission from BHeC to charge upfront because of an insurer’s delays in reimbursement
4. If the healthcare professional is not regulated by a statutory body

Patients’ Role

1. Need to have health insurance card with up-to-date information at every healthcare visit
2. Must inform healthcare provider of any information that may have changed since the last visit, like employment status, insurer information, phone number, address, etc.
3. Be aware of health insurance coverage and request cost estimates from healthcare provider prior to a visit
4. Seek care from a trusted healthcare provider who can accommodate patient’s financial circumstances. Patients may visit BHeC’s Healthcare Directory at www.bhec.bm for up to date information on Bermuda’s healthcare providers