



New York State of Health: Out of Network Benefits

Health Care Reform Task Force

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Many healthcare professionals, including NYSPA members, have expressed concerns regarding the lack of out-of-network benefits for health insurance plans within the New York State of Health (NYSH). This becomes an access issue for people, especially since health care professional panels are not as robust within the NYSH.

Below is information based on our own recent discussions with the NYSH regarding this issue. Please note that all health insurance plans within the NYSH are reviewed each year. This means that insurance plans can change from year to year with respect to which plans participate, various rules, provider panels and so-forth.

- Health insurance plans that offer out-of-network benefits outside the NYSH are required to also offer out-of-network benefits within. This is the case for the 2014 insurance plans but this rule can potentially change year-to-year.

- Per the NYSH, the majority of individual coverage health insurance plans do not offer out-of-network benefits outside of, nor within, the NYSH in New York State. The individual coverage plans that do include out of network benefits tend to be clustered around western New York. Unlike the individual coverage plans, the small group health insurance plans do include more out-of-network options both within and outside the NYSH.

- This year, the federal government changed the definition of small group plans in a way that impacts sole proprietors. In the past, a business could purchase a small group plan for companies ranging from between one and 50 employees. However, in 2014 the federal definition changed and small group plans can only be purchased by companies with between two and 50 employees. As stated previously, the small group plans tend to offer more out of network options than the individual plans.

- Many sole proprietors of businesses have traditionally purchased small group plans for themselves. Given the change in federal law, they no longer are able to do so and accordingly have little-to-no out-of-network options.

- It should be noted that individuals can apply for continuity of care with existing out-of-network healthcare professionals. These applications are reviewed on an individual basis, however, there is no guarantee that an application would allow someone to keep their existing out-of-network healthcare professional.

The NYSH will extend an invitation for insurance companies to submit their plans for the 2015 year. Once plans are reviewed and chosen, we will have a sense of what is to come in the next year. Please note the New York State Psychological Association's Health Care Reform Task Force will continue to address this, and other concerns, with the New York State of Health.

This is an integrated and multifaceted approach with the cooperation of NYSPA's lobbyist, staff and Legislative Committee on related State budget and legislative items that also address out-of-network benefits.