

A number of folks have asked about the Site of Service rules, including the waiver process that we included in the SEBAC 2017 agreement. Below are some Q&A the Comptroller's office did, plus further information on the waiver process you may find helpful:

AVOID ANY OUT-OF-POCKET COSTS By Using Preferred “Site of Service” (SOS) Labs, Radiology and Imaging Services

Changes to state health benefits first introduced last year affect everyone. This message explains how you can avoid out-of-pocket costs beginning March 1 – particularly when using labs, radiology and other imaging services.

State employees will continue to have 100 percent coverage (\$0 copay) for lab tests, X-rays and other high-cost imaging services, like MRIs and CT scans, when they select a preferred “Site of Service” (SOS) provider.

WHAT IS A PREFERRED “SITE OF SERVICE” (SOS) PROVIDER?

Site of Service (SOS) providers are labs, radiology and imaging centers that have proven to deliver high-quality, low-cost services.

They are generally community-based providers that operate apart from an acute care hospital and offer only outpatient services.

HOW MUCH WILL I PAY OUT OF POCKET?

Using a Site of Service (SOS) provider will allow you to pay nothing for lab, radiology and imaging services. However, if you obtain these services at an in-network provider that is NOT a Site of Service (SOS) provider, here is what you could pay out of pocket:

- You will be charged 20 percent of the cost of the service (potentially hundreds of dollars out of pocket) when you obtain these services at providers not participating in the Site of Service (SOS) program.
- You pay the standard copay for these services when they are performed at a physician or specialist's office during an office visit.

- And finally, employees could pay 40 percent of the costs for using an out-of-network provider.

HOW DO I FIND A PREFERRED “SITE OF SERVICE” (SOS) PROVIDER?

Before going to a preferred Site of Service provider always call ahead to ensure they perform the tests or services you require.

Anthem Members:

www.anthem.com/statect

Choose the **Find a Doctor** link and follow the prompts. Providers listed under Lab/Pathology/Radiology programs will have an “SOS” indicator beneath their names if they are in the Site of Service program.

UnitedHealthcare Members:

<https://stateofct.welcometouhc.com/>

Under the “Benefits” drop-down menu at the top of the page, click on “Find a Doctor or Facility.” Scroll down to the section for “Site of Service Lab and Radiology in Connecticut” Where you can choose from “CT Preferred Radiology Centers” or “CT Preferred Laboratories.” Each link will produce a list of all Preferred SOS providers for radiology or laboratories.

MORE FREQUENTLY ASKED QUESTIONS:

What if I have been admitted to the hospital and need lab or radiology services during my stay; will I be expected to pay 20 percent of the cost?

No. Services associated with an inpatient hospital stay are always covered at the applicable member copay: - \$0.

What if I am in the emergency room and need lab or radiology services; will I be expected to pay 20

percent of the cost?

No; however, the member will be subject to an ER co-pay of \$250 (copayments may be waived if admitted). {SEBAC note: They may also be waived by the ER Co-Pay Waiver process even if not admitted: [ER Co-Pay Waiver](#)}

What if my doctor tells me that, for medical reasons, I must use a specific radiology or lab provider?

If your doctor believes it is medically necessary for you to use a non-preferred Site of Service (SOS) lab or radiology provider you must have the doctor fill out a medical necessity waiver form for lab and radiology services in order to have out-of-pocket costs waived.*

What about ongoing cancer treatment, which may require lab tests and radiology in a hospital setting; will I have to pay 20 percent of the cost?

No. Costs for lab and radiology services associated with ongoing cancer treatment at a non-preferred provider can be waived by filling out a medical necessity waiver form.*

What if I am pregnant and require radiology services associated with the pregnancy at the hospital or other non-preferred provider; will I have to pay 20 percent of the cost?

No. Costs for radiology services at non-preferred providers associated with pregnancy can be waived by filling out a medical necessity waiver form.* Please note that lab services associated with a pregnancy will only be waived if utilizing a non-preferred provider was found to be medically necessary.

If my young child needs specialty pediatric radiology services, will I have to pay 20 percent of the cost if performed by a non-preferred provider?

No. Radiology services at non-preferred providers for patients under the age of 10 can be waived by filling out a medical necessity waiver form.*

What if a preferred Site of Service (SOS) lab or radiology provider is not available in my area?

If a preferred Site of Service (SOS) lab or radiology provider is not available within a reasonable distance of your home or that of your dependent the cost share can be waived by filling out a medical necessity waiver form.*

Are preferred Site of Service (SOS) lab and radiology providers available nationwide?

The preferred Site of Service (SOS) program only applies to lab or radiology services obtained in Connecticut and counties bordering Connecticut in New York, Massachusetts and Rhode Island. {This means other out of state labr and radiology services are subject to the pre-SEBAC 2017 rules unaffected by the Site of Service}

Additional Information not on the Comptroller's Website

How does Anthem handle the Site of Service waivers?

1. They are processing the waivers immediately upon receipt. 2. For those with cancer they are (and will for future patients) be tracking claims after the first waiver has been sent in in order to intercept site of service claims and avoid having them submit the waiver each time they have a service related to the cancer diagnosis. Please note the first waiver form is required as that is how such members are identified.

Will United handled the SOS waivers the same way?

In terms of processing immediately, yes. For cancer patients their claims logic is more sophisticated and they were able to create an exception to the SOS program for all patients with a cancer diagnosis, exempting them from the 20% coinsurance, thus such patients generally won't even receive an EOB with the 20% co-insurance alleviating the need to file any waivers at all. However, should something fall through the cracks on their logic and a member in cancer treatment does receive an EOB for 20% coinsurance they too should use the waiver.

*The waiver form can be found at: [Site of Service Waiver](#)