

THE BENEFIT

Housing Benefits Plan (HBP) is the medical plan provided to you by your housing authority. It is directed by housing authority Executive Directors from across Southeast and Southwest NAHRO for the benefit of housing authorities.

Please share this with all of your HBP employees, retirees, and COBRA members. Also share with the ED, HR, and Finance.



March's Health Observance Healthier Eating Habits

Did you know that 6 in 10 of all American adults have one or more diet-related chronic diseases? Did you know that 72% of Adult Americans and 40% of children are overweight or obese? Did you know \$147 billion in medical costs were associated

with obesity in 2008? Did you know there were \$327 billion total estimated costs of diagnosed diabetes in 2017? Did you know 47% of Adult Americans have at least one risk for heart disease? Click here for the [Dietary Guidelines 2020-2025](#) health education presentation that focuses on weight management to address the prevention of a broad range of diet-related chronic diseases. A dietary guidelines quiz and answers can be found attached to see how much you know about healthy nutrition.

Real Appeal

Speaking of healthier eating habits, did you know there is a program available through your HBP medical insurance that can help get you on the right track? Well, there is!!

Real Appeal is a **FREE** weight-loss program that provides you with a transformation coach and online group to help you achieve your weight loss goals. They assist with meal planning and a fitness program as well. Using the app or online dashboard, you can track your meals, exercise, water, and weight. Pictured is half of the success kit members receive. What are you waiting for? Register at <https://www.realappeal.com>.



Upcoming Webinar Trainings

Tues, March 15, 10 am (EST) Topic: Improving Workplace Relationships
Tues, April 19, 10 am (EST) Topic: Managing Customer Expectations
Tues, May 17, 10 am (EST) Topic: Overcome Negativity in the Workplace

Find previous webinar recordings at <https://www.housingbp.com/links-2>

No Surprise Billing

Sometimes, where you get health care – or who provides it – is out of your control. Like when you need emergency care or when an out-of-network provider is involved in your care without your choice. When this happens, the federal No Surprises Act may protect you from paying more than your copayment, coinsurance or deductible. This [link](#) provides more information on UHC's website. This takes you to [Prohibition on Balance Billing](#), a document on HBP's website with detailed information about the federal No Surprises Act. Attached to this newsletter and on HBP's website under Notices/Forms is a [Proposed Email for Housing Authorities to send to out-of-network providers who continue to "balance bill."](#) You may not need this email, as UHC will be paying out-of-network providers as applicable. You will see that on your explanation of benefits (EOBs) along with any amount that you are responsible for. Read the referenced material to know when this applies and when it doesn't. If you choose to use an out-of-network provider you are responsible for the charges.

The HBP website at www.housingbp.com provides more information and helpful links. Questions or comments? Email us at hbp@callhsa.com or call 1-800-288-7623, option 5.



March 2022

Medicare Primary Corner

If you are a Medicare Primary member this column is for you. Medicare primary members are those from small housing authorities (less than 20 employees) who are 65 or over and have been approved for the Medicare Exception. Retirees on the plan who are 65 or over are part of this group as well.

UHC plan benefits still apply. Your drug coverage is through UHC. Please check your explanations of benefits (EOBs) from both UHC and Medicare for each service received to determine what amount you are responsible for.

When attending an appointment, be sure to show your Medicare card **and** your UHC medical card and advise them that you are Medicare Primary!!

COVID-19 Resources

Click on the link for the **most current UHC COVID-19 information.**

<https://www.uhc.com/health-and-wellness/health-topics/covid-19/faq>

Visit www.myuhc.com/covid for **up-to-date plan and benefit information.**





Dietary Guidelines Questionnaire

Name: _____

Please circle your answers to the following questions.

1. 1 in 10 of all American adults have one or more diet-related chronic diseases.
 - a. True
 - b. False

2. The Dietary Guidelines are issued every:
 - a. 2 years
 - b. 5 years
 - c. 3 years
 - d. 10 years

3. MyPlate is a Federal symbol that serves as a reminder to build healthy eating patterns by making healthy choices across the food groups.
 - a. True
 - b. False

4. Which of the following should not be limited in a healthy eating pattern?
 - a. Saturated fats
 - b. Whole grains
 - c. Alcohol
 - d. Added sugars

5. 85% of calories are needed per day to meet food group recommendations healthfully, in nutrient-dense forms.
 - a. True
 - b. False





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“To Whom it May Concern:

We write on behalf of the Housing Benefits Plan (the “HBP”). The HBP has a network of contracted, “in-network” providers with whom we have agreed-upon rates for in-network services. You and your organization, [NAME OF OON PROVIDER], are not one of the providers with such an agreement with the HBP and are therefore considered to be an “out-of-network” (OON) provider for purposes of the HBP.

We understand that [NAME OF ENTITY] recently sent an invoice to an HBP participant for certain services received at your facility (or from one of your providers) on or after January 1, 2022. The amount of this invoice appears to seek from the participant the difference between (a) what the participant and the HBP, combined, are obligated to pay, and (b) the full charges for your services as an out-of-network provider. This is often referred to as “balance billing” a participant.

The purpose of this notice is to inform you that (a) the practice of “balance billing” a participant is, effective as of January 1, 2022, no longer permitted under the No Surprises Act as set forth in the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260, 134 Stat. 1182, Division BB, § 109) (the “Act”), and (b) such violation of the Act will subject your organization to penalties of \$10,000 per violation. A summary of the Act is provided below.

We therefore demand that you cease any and all current or future practice of “balance billing” any HBP participant for services incurred on or after January 1, 2022. In the event that a HBP participant is balanced-billed in the future, the HBP will notify the enforcement agency of your violation, and [NAME OF ENTITY] will be subject to a \$10,000 penalty for each violation as discussed above.

General Summary of the No Surprises Act (“NSA”)

The NSA, which prohibits “surprise” bills, for participants and beneficiaries (“participants”) covered under group health plans (GHPs) from receiving surprise medical bills when they receive (a) most emergency services, (b) certain non-emergency services from OON providers at in-network facilities, and (c) services from OON air ambulance service providers. The NSA also establishes an independent dispute resolution process for payment disputes between GHPs and providers.

These new protections are effective for plan years beginning on or after January 1, 2022.

The NSA protects GHP participants as follows:

- Bans OON providers from balance billing for most emergency services;
- Bans OON cost-sharing (like OON coinsurance or copayments) for most emergency and certain non-emergency services. Participants cannot be charged more than in-network cost-sharing for these services.
- Bans OON charges and balance billing for certain additional services (like anesthesiology or radiology) furnished by an OON provider as part of a participant’s visit to an in-network facility.
- Requires health care providers and facilities to give participants an easy-to-understand notice that (a) explains the applicable billing protections, (b) provides contact information if they have concerns that a provider or facility has violated the NSA’s protections, and (c) informs them that participant consent is required to waive billing protections (i.e., participants must receive notice of, and consent to, being balance billed by an OON provider).

I can be reached at the information provided below if you have any questions or would like to discuss.

Sincerely,

[NAME AND CONTACT INFORMATION]”