BOON-CHAPMAN
EXCEPTIONAL SERVICE MATTERS

COMPLIANCE ALERT – ACTION REQUIRED

2022 has been and will continue to be a busy year for changes to your health plan(s) related to the No Surprises Act and the Transparency in Coverage rules. Compliance requirements of these new rules has been a moving target as some of the rules have changed multiple times, been postponed (some indefinitely) and/or the effective dates have changed.

Below is a high level overview of the requirements and status:

NO SURPRISES ACT (NSA)

The NSA (an amendment to the Consolidated Appropriations Act (CAA)), which applies to all health plans (including grandfathered, RBP & MEC), includes the following requirements:

TOPIC	REQUIREMENTS	EFFECTIVE DATE
ID Cards	ID cards must include information on any applicable deductibles, out-of-pocket maximums and a telephone number and website for individuals to seek assistance. ***What do you need to do?*** *Nothing. If your ID cards have not been reprinted already, they will be reprinted on or before your Plan renewal date.*	Plan year beginning on or after January 1, 2022
Patient Protection from Surprise/Balance Billing	Special handling is required for the following out-of-network (OON) services in the following situations: 1. All OON emergencies (using a prudent layperson's standard); 2. OON non-emergency items/services in an in-network (INN) facility; and 3. All air ambulances. (Does NOT apply to any other ambulance providers.) Specifically, plans must: 1. QPA. Use the Qualified Payment Amount (QPA), also referred to as the Recognized Amount (RA), for calculating the patient's cost sharing. The QPA is the "median in-network" rate. 2. Negotiations. Offer a 30-day period for negotiations if a provider does not agree with the payment amount. 3. IDR. Create an Independent Dispute Resolution (IDR) process when an agreement cannot be reached. Baseball style arbitration is used and the loser pays the IDR fee. 4. Cost sharing adjustments post negotiations or IDR. If additional payment is necessary after negotiation or IDR is completed, the member's cost sharing cannot be recalculated. ***NOTE****: Boon-Chapman has partnered with Zelis for calculation of the QPA and IDR support. There is an additional fee of 15% of savings associated with these protected claims.* ***What do you need to do?*** *If not already completed, watch for your Plan Document and Contract Amendments to follow.*	Plan year beginning on or after January 1, 2022

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Price Comparison Tools	Plans must offer price comparison guidance by telephone and make available via website to allow members to compare their costs (including their cost sharing amounts) specific to a provider and service. *NOTE: Boon-Chapman has partnered with Healthcare Bluebook, a leader in the price transparency tool space, for this service. There will an additional fee of $1.75 PEPM for this service.* ***What do you need to do?*** *Watch for a Contract Amendment to follow.*	Deferred until Plan Year beginning on or after January 1, 2023
Continuity of Care	Plans are required to offer continuity of care to patients who are seeking medical treatment from a provider that terminates from the network during such treatment. ***What do you need to do?*** *Nothing. This will be included in the Plan Document Amendment referenced above.*	Plan year beginning on or after January 1, 2022

TRANSPARENCY IN COVERAGE (TiC)

The TiC rules include the following requirements of non-grandfathered health plans:

TOPIC	REQUIREMENTS	EFFECTIVE DATE
Machine Readable Files (MRF)	Produce and publicly post on YOUR website two MRFs: 1. INN rates – to include the negotiated rates, underlying fee schedules or derived amounts reflected as a dollar amount per provider per billable code (service). 2. OON allowed amounts – to include the billed charges and allowed amounts per code (service) per provider. These files will be very technical and not consumable by the average member or provider. Instead the idea it to allow the data aggregators to pull in this information to create an avenue to allow members to shop for the most cost effective provider. Each Health Plan is required to post a link to these files on their public website without requirement of a password or behind an intranet. ***NOTE****: Boon-Chapman has partnered with Healthcare Bluebook for the development and hosting of these files. There will an additional fee of $0.75 PEPM for this service. This fee will be delayed until September 1, 2022.* ***What do you need to do?*** *(1) Watch for a Contract Amendment to follow. (2) You must post the following link to* ***your public*** *website by Friday, July 1, 2022: https://mrf.healthcarebluebook.com/mrflinks*	July 1, 2022
Self-Service Price Comparison Tools	1. Plan must make price comparison information available for 500 specified codes to participants through an internet-based self-service tool and in paper form, upon request.	Plan year beginning on or after January 1, 2023
	2. Plan must make price comparison information available for all codes to participants through an internet-based self-service tool and in paper form, upon request.	Plan year beginning on or after January 1, 2024
	NOTE*: Boon-Chapman has partnered with Healthcare Bluebook for the development and hosting of these files. See the "Price Comparison Tools" above for the costs associated with this program.* ***What do you need to do?*** *Watch for a Contract Amendment to follow.*	

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OTHER	
Mental Health Parity Non-Quantitative Treatment Limitations	Most plans are required to perform annual audits of their health plans to ensure parity between their medical benefits and those of their mental health/substance abuse services. The audit results must be provided to the DOL upon request to prove parity. ***NOTES**:* 1. *While there are several firms offering assistance with these audits, The Phia Group (www.phiagroup.com) has extensive experience in this area and has performed this for many clients. Additional fees apply. If you are interested in obtaining a quote from The Phia Group, you may either reach out to them directly or let your Account Manager know and we'll make the introduction. If you would like names of other companies offering these same services, we can assist with this as well.* 2. *These audits are massive involving data collection from multiple sources (network, UR, TPA, PBM) and as a result generally take up to 6 months to complete. The DOL has begun requesting the results of these audits and generally only gives 10 calendar days for compliance. Therefore, it is highly recommended that your health plan request an audit as soon as possible.* ***What do you need to do?** Reach out to your Account Manager if you are interested in more information on companies providing this service.*

Amendments to your Plan Document(s) and our Administrative Services Agreement will be forthcoming.

If you have additional questions or would like more information on these requirements and the impact to your plan(s), please let us know.