Surprise: The No Surprises Act is Coming! Price Transparency and the Impact on Healthcare
Agenda

Welcome & Introductions
Jennifer Covich Bordenick, Chief Executive Officer, eHealth Initiative & Foundation

Overview and Foundation of the No Surprises Act and Transparency
Josh Roll, Government Relations Manager, American Heart Association
Matthew Albright, Chief Legislative Affairs Officer, Zelis

How Health IT Leaders are Preparing, Impact and Pressures of the Regulations
Eric Holmberg, Director, Digital Delivery, Blue Cross Blue Shield North Dakota
Ruby Raley, Vice President of Healthcare, Axway

Panel discussion and Audience Q&A

Closing remarks
Moderator and Speakers

Wanneh Dixon
Director, Strategy and Programs
eHealth Initiative

Josh Roll
Government Relations Manager
American Heart Association

Matthew Albright
Chief Legislative Affairs Officer
Zelis

Ruby Raley
Vice President of Healthcare
Axway

Eric Holmberg
Director, Digital Delivery
Blue Cross Blue Shield North Dakota

www.ehidc.org
eHealth Initiative Foundation (eHI) is a catalyst for healthcare transformation, convening diverse leaders from across the industry to unlock opportunities for collaborative innovation. eHI, along with its coalition of members, focuses on education, thought leadership, and advocacy.

We believe that innovation and diverse perspectives power the transformation of healthcare. Our members are working toward consumer-centered health that is lower cost, higher quality, and more accessible for all populations. For more information, visit ehidc.org.
Our work is focused on these areas: Privacy, Analytics/SDOH, Virtual Care & COVID-19. Working with our members in these key areas, we can positively impact healthcare by improving quality and reducing costs. No single stakeholder can make an impact alone, it is critical that all sectors of healthcare band together.
1. **REPORT:** Virtual Care Delivery During COVID-19 and Beyond
2. **REPORT:** Guiding Principles for Ethical Use of SDOH Data During COVID-19
3. **REPORT:** Assessing eHI’s Guiding Principles for Ethical Use of SDOH Data During COVID-19
4. **REPORT:** Supporting American Indian & Alaskan Native Communities Combating COVID-19
5. **REPORT:** Insights from Pharma: Addressing Social Determinants and Advancing Health Equity
6. **REPORT:** Consumer Privacy Framework for Health Data
Digital Health Equity Summit

Addressing Inequities & Building a Modern Healthcare System

November 3rd-4th, 2021
Thank You to the Sponsor
The No Surprises Act (NSA) and Transparency in Coverage Rule (TiC) impose new requirements on payers and providers
Effective January 1, 2022

Transparency Provisions for All claims

TiC: 3 publicly available machine-readable files (MRF) – INN, OON, Rx
NSA: Provider directories
NSA: Insurance cards
NSA: Advanced EOB for all scheduled services
NSA and TiC: Price transparency tool

Surprise Balance Billing Provisions for Out-of-Network Claims

NSA: Prohibition on Balance Billing
NSA: Member cost-sharing
NSA: Payer-Provider Reimbursement, Settlement, and Independent Dispute Resolution process
## No Surprises Act and Transparency: Price/Cost Sharing Tool

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<th>Method</th>
<th>No Surprises Act</th>
<th>Transparency in Coverage *</th>
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<td>Effective: Plan years beginning on or after January 2022</td>
<td>Effective: Plan years beginning on or after January 2023</td>
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<tr>
<td>Dosage</td>
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<tr>
<td>General amount of cost sharing</td>
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## Pricing

- In-network contracted rate or underlying fee schedule as $ amount
- Out of network allowed amount, as $ amount or %

## Other

- Various notices
No Surprises Act: Advanced Explanation of Benefits

1. Patient schedules healthcare service OR Patient requests an estimate from provider

   - Member

2. Provider sends good faith estimate of expected charges to plan

   - Provider

3. Plan sends member Advanced EOB (mail or electronic)

   - Health Plan

- Applies to all services provided by providers and facilities, not just out-of-network
- Applies:
  - when an appointment is made for services (not just “if requested”)
  - when requested w/o an appointment
- Delivered via print or electronic based on member choice
No Surprises Act: Interim Final Regulation and Unified Agenda: Regulation Scope and Schedule per NSA Reg Part 1

NSA Regulation Part 1:
- Clarification on state law & NSA interaction
- Methodology for calculating Qualifying Payment Amount (QPA/median in-network rate)
- Notice requirements

Published
July 2021

Expected
August 2021

Expected Before
January 2022

Expected After
January 2022

NSA Regulation Part 2:
- IDR (arbitration) process
- Weighing of median in-network rate

Regulations Part 3:
- Advanced EOB (Provider Requirements)
- Price Transparency Tool

Published
July 2021

Expected Before
January 2022

Expected After
January 2022

Regulations Part 4:
- ID Cards
- Provider Directories

Expected
August 2021

Expected
After
January 2022
Surprise! It’s Time to Transform Pricing Processes

July 2021
Erik Holmberg, Blue Cross Blue Shield of North Dakota
Ruby Raley, Axway
YOU GUYS HAVE A PLAN?
Information and Technology Leaders Should Consider

- Create a roadmap that connects all mandates capabilities to develop your strategy
- Requires a more integrated collaboration between business and technology
- Connect the business strategy to technology solutions in order to build reusable and portable technology
- Will you meet just the mandate or are you building this as a strategic differentiator?
- Build or Buy. Can your solution meet the requirements or will you need a partner to piece it together?
- Capabilities for everyone you serve or just those who fall into the mandate groups?
- Data, data, data... what should we do with all of this?
- Mindfully plan future support of capabilities (ACA, ICD-10)
4 Common Pitfalls

Assumptions

- Partners solution may change – midstream.
- Focus on acquiring technology. Don’t neglect People & Process.
- Authentication is standard. It can be challenging across platforms and vendor solutions.

Data Integration

- Sourcing FHIR integration from vendors. Mapping existing data is rarely easy.
- Data sources vary. Claims, PBM, Pricing structures vary; not native HL7
- Think through Façade vs Repository. Validate ability to orchestrate on the fly.

Project vs Journey

- Just another regulatory compliance project. Dependencies abound.
- Budget overruns. Transformation from portal to payment is expensive.
- Testing at end of project. Prioritize developer experience, test everything.

Weak Architecture

- Minimizing reuse. Provider Directory is key to Interoperability Rule and NSA.
- Versioning. Uneven adoption by ecosystem. Ex. FHIR R4
- Resilience. Peak processing load is unknown. Monitoring is key to maintaining service levels