



Ahead of the Curve:

Solutions Innovation for No Surprises Act and Transparency in Coverage Compliance

Legislation Overview

The No Surprises Act (NSA), signed into law in December 2020, seeks to protect patients from surprise medical bills and prohibits balance billing of patients for certain out-of-network care.

The Transparency in Coverage Rule (TiC) was published in October 2020. Its transparency provisions empower consumers to compare costs between specific providers for any healthcare service, giving them better insight into the cost of services before they obtain care and receive a bill.



Configurable and Compliant

Every plan has different goals for managing savings and provider interactions. Zelis solutions are configured to each plan's unique parameters and use the optimal savings channel on a claim-by-claim basis – all while maintaining compliance with regulations.



New Legislative Requirements and Impacts

New requirements will add complexity to healthcare claims processing and administration, both pre- and post-service. There will be significant impact in two key areas: transparency and member engagement, and out-of-network (OON) claims processing and payment.



Transparency and Member Engagement

- Provider Directories
- Machine Readable Files
 - In-network (INN) rates
 - OON Allowed amounts
- ID Cards
- Advanced Explanation of Benefits (AEOBs)



Out-of-Network Claims Processing and Payment

- OON Reimbursements
 - Pre-payment Pricing
 - Pre-payment Negotiations
- Post-payment Claim Settlement
- Independent Dispute Resolution
- Provider and Market Insights

Across these two areas, there are several key questions payers need to consider. In addition to enhancing our solutions to address new requirements, Zelis will provide legislative expertise and guidance to help clients answer these questions and manage the complexity introduced by the new regulations.



Transparency and Member Engagement

Provider Directories:

Is your organization able to verify and update provider directory information every 90 days (or more frequently)?

To help you manage to this requirement, Zelis will offer compliant directories for clients whose primary networks are owned or managed by Zelis.

Machine-Readable Files (MRFs):

Do you have the data and ability to produce monthly MRFs?

Payers are obligated to produce monthly machine-readable data files (MRF) to report negotiated rates or maximum allowable for a given provider and covered service. **Zelis® Machine-Readable Files** will address OON MRF data requirements for Zelis-priced OON claims. Zelis will offer INN MRF data with median INN rates for clients whose primary networks are owned or managed by Zelis. Other payers may get INN MRF support by providing their INN claims data to Zelis.

ID Cards:

Does your company have the data and ability to print ID cards that include deductible, out-of-pocket maximum limit, and where to find INN providers?

Zelis will work with payers to design **Zelis® Member ID** templates to each payer's compliance specifications with additional required information including member deductible, out-of-pocket maximum, and information on where to find in-network providers.

Advanced Explanations of Benefits (AEOBs):

Are you prepared for a compliant Advanced EOB solution, delivered via print or digitally?

Zelis will work with payers to create templates for estimation EOBs, showing provider network status, contract rates, and member cost sharing based on provider expected charges and plan coverage.

Zelis® Member Communications will publish these in both print and digital format.

Will your system be able to handle increased volume?

Because AEOBs are required for every service, **Zelis Member Communications** will be capable of supporting increased claim volume and distinguishing between pre-service estimates and claims for received care.



Out-of-Network Claims Processing and Payment

The NSA offers opportunities for payers and providers to negotiate and settle on a reimbursement. In addition, either the payer or provider may choose to initiate an Independent Dispute Resolution (IDR) –or arbitration process – with a government-approved IDR entity.

OON Reimbursement – Pre-payment Pricing and Negotiations:

Do you wish to counter provider charges with more aggressive median INN rates or other defensible repricing, or through negotiations prior to payment?

Zelis routes all OON claims to savings channels based on NSA status and client parameters. Our defensible pricing is informed by multiple claim-specific data points including proven commercial and proprietary benchmarks, CMS data, provider acceptance history and facility costs by geographic area.

Zelis is enhancing our market-based pricing with the ability to price according to median INN rates, accounting for the various factors

that NSA prescribes such as acuity of patient and setting of care. Our defensible pricing helps payers achieve savings while reducing the risk of arbitration.

Expert Pre-Payment Negotiation:

Do you need a partner with experienced negotiators who understand regulatory requirements and have extensive clinical and coding knowledge?

Zelis® Claims Negotiation succeeds through a combination of expertise, proactive provider outreach, and a demonstrable validity of market rates, driving a high rate of successfully retained savings – prior to payment. Because providers can no longer balance bill the member for NSA claims, their billing practices on these claims are likely to change. Zelis will offer expert guidance for negotiating with providers and incorporating market median data for NSA claims.

Post-Payment Settlement:

If a provider disputes a payment, are you prepared to adhere to the settlement and arbitration guidelines introduced by the NSA?

Zelis® Claims Settlement manages the settlement process on your behalf to ensure compliance by defending, negotiating, and providing data needed for successful settlement – all within the timeframes required by the NSA.

Independent Dispute Resolution (IDR) Support:

Do you have the resources and expertise to successfully argue your case in an IDR?

As part of the IDR process, **Zelis® Claims Resolution** will leverage our negotiations and claim settlement expertise, provide data, analytics and reporting to support and defend clients in IDR, all within the time frames specified in the NSA.

Provider and Market Insights

Would your organization benefit from an understanding of the impact of various pricing strategies and their likelihood of acceptance?

Market research shows that some providers will use the threat of arbitration to persuade payers to settle for higher reimbursements.

Zelis plans to collect, aggregate, and analyze claims settlement and arbitration data. We will use this to develop insights about the overall effectiveness of pricing and arbitration results, and how those evolve over time. These insights will inform and guide OON pricing and settlement to reflect provider trends in acceptance rates and average pricing, enabling a unique ability to guide our clients through a range of acceptable and defensible pricing scenarios.



Innovate to Comply and Realize Potential Opportunity

The No Surprises Act and Transparency in Coverage rules have wide ranging implications to the care ecosystem. Beyond compliance, we see this legislation as an opportunity to innovate and improve the way we pay for care.

Contact your Zelis Representative Today to learn more about the new and exciting developments in our solution portfolio that are available both now and in our future roadmap.



For access to additional information, visit Zelis' No Surprises Act Information Hub at <https://www2.zelis.com/sbb>