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Compliance Update December 17, 2021

Regulatory Affairs and Action Update

TO: Our Valued Clients and Brokers
FROM: Health Plans, Inc.
DATE: December 17, 2021
RE: Regulatory Affairs and Action Update

Over the past year, Health Plans, Inc. (HPI) has issued Compliance Bulletins, Alerts, and Action Updates advising our clients about new regulations related to the Transparency in Coverage Final Rule, No Surprises Act (NSA), and Enhancements to the Mental Health Parity and Addiction Equity Act (MHPAEA). The most recent of these issued on 8/31/2021 can be found <u>here</u> which: explained that the Transparency in Coverage Final Rule requirements were deferred until later in 2022; provided HPI's solutions regarding the enhancements of the MHPAEA and; provided an overview of NSA provisions for 1/1/2022. This new Action Update provides focused information on HPI's solutions for the NSA and the implementation of those solutions for 1/1/2022.

For ease of use and understanding, HPI has developed the *No Surprises Act Crosswalk for January 1, 2022 Effective Dates* (Crosswalk), presented below. The Crosswalk tracks the name of the provision, what the provision means, and what HPI is doing to comply with that provision on your Plan's behalf. You will note that HPI is utilizing existing network and vendor partners, including Zelis and United, to meet compliance standards. Additionally, the regulatory effective date for the 2022 No Surprises Act provisions is for Plan Year Start (PYS) dates on and after 1/1/2022. However, as noted in the Crosswalk, some of the provisions will be implemented for all clients effective on 1/1/2022, regardless of the client's 2022 PYS date.

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The information in this Compliance Alert is intended to provide a summary of our understanding of recent regulatory developments which may affect our clients' plans. It should not be construed as specific legal advice or legal opinion.

No Surprises Act Crosswalk for January 1, 2022 Effective Dates

The Provision	What it means	What HPI is doing to comply
Payment Amounts	Protects patients from surprise medical bills by only requiring payment at the In Network Cost Share Amount.	 Starting with PYS dates on and after 1/1/2022, HPI will: Configure clients' Plans on a rolling basis to reflect the in-network cost share amounts for services subject to the NSA. Issue Plan Amendments to reflect the in- network cost share amount and include all applicable NSA terms and provisions.
	Establishes the Qualifying Payment Amount (QPA) (i.e. the "median contracted amount") to determine the amount to be paid to providers for services subject to the NSA.	Zelis and United will be handling the pricing at QPA for HPI effective for all clients' plans on 1/1/2022.
	Establishes the Independent Dispute Resolution Process (IDR) providers and plans must use to determine the out-of-network rate for claims subject to the NSA (after an unsuccessful open negotiation between provider and payer).	Zelis and United will provide HPI with information on how they calculated the QPA in order to support the IDR process for all clients' plans on 1/1/2022.
Model Notice	Plans must post certain disclosures regarding surprise billing protections on a public website of the plan, and include certain information on each Explanation of Benefits (EOB) for an item or service. The federal agencies have issued a Model Notice for this purpose.	HPI will post the Model Notice on the <i>My Plan</i> website landing page (before the login) and the Notice will be included with all member EOBs effective on 1/1/2022. We have modified the Notice to indicate the NSA applies to the member's Plan starting with PYS dates on and after 1/1/2022 to coincide with Amendments to Plans as noted above.
Accuracy of Provider Directory Information	The provisions require plans and issuers to establish a process to update and verify the accuracy of provider directory information and to establish protocols for responding to participant and beneficiary requests by telephone and electronic communication.	HPI's network partners will be in compliance with the requirements. Links to network provider directories are posted on HPI's website.
Identification Cards	Physical or electronic ID cards must include applicable deductibles and out-of-pocket maximum limitations, as well as a telephone number and website address for individuals to seek assistance.	HPI has redesigned the Member ID Card to include the necessary information and will be issuing the cards for PYS beginning 1/1/2022.
Continuity of Care	Ensures continuity of care in instances when a provider terminates its network contract and is no longer a participating provider.	HPI is amending our documentation to meet this requirement.

Thank you for your patience with HPI as we work and move forward with understanding, implementing, and communicating the impacts of the new regulations. If you have any questions, please feel free to reach out to your HPI Account Services Team.