CAA & Transparency in Coverage Summary

CAA - No Surprises Act	Overview	Date	UMR Approach	Customer Impact	Member Impact
Surprise Medical Billing	Protects members from surprise medical bills for covered services related to 1) OON emergency at a hospital or facility; 2) items and services provided by certain OON health care providers at an INN facility; 3) OON air ambulance.	Plan years on/after 1/1/22	UMR provides end to end process including calculations for member recognized amount (QPA) and provider initial payment.	Impact to claim expense when reimbursement increases as a result of negotiation or IDR. UMR will manage the process through IDR.	Once recognized amount is determined, member cost-share is fixed.
Independent Dispute Resolution (IDR)	Calls for a neutral third party to settle reimbursement disputes between parties. Party that loses IDR pays the IDR entity fee. Requires extensive knowledge of law, data, reporting, analysis, reporting and brief preparation.	Plan years on/after 1/1/22	UMR will manage the entire process from provider negotiation through IDR/arbitration decision.	The Plan is responsible for the $50 HHS administrative fee and IDR entity fee if the plan loses IDR.	No balance bill or change in member cost share regardless of final provider reimbursement.
Plan ID Cards	Requires inclusion of network and OON deductible/OOP maximum on health plan ID cards. Requires phone numbers and the website address where members may obtain support and network facility and provider information. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 date.	Plan years on/after 1/1/22	ID cards with required information are available in print and electronically on portal on renewal.	Health plan card customization. Confirm if card production is based on standard process.	More detailed information on ID cards to assist member.
Patient Protections: -Advance Cost Estimate(ACE) -External Appeals	Providers must ask patients if they have coverage when scheduling appointments and send estimated service/cost notice to insurer/plan. Then insurer/plan sends an Advance Cost Estimate (ACE) to member with estimated member responsibility. Insurer/plan required to offer external review for surprise bill member disputes.	-ACE pending rulemaking -Appeals effective plan years on and after 1/1/22	Additional rulemaking required for ACE. UMR handles external appeals process (includes grandfathered plans). EOBs and external appeals process updated.	When effective, UMR handles ACE for employer. If group uses own appeals vendor, group will need to update the vendor.	Upon launch date, member receives cost estimate and member expense information prior to service (paper or electronic notification.)
Provider Directories	Insurer/plan must have process to verify provider information, respond to member inquiries on provider status. Requires verification process and written/electronic member response. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 date.	Plan years on/after 1/1/22	Process updates in place based on CAA timetable. (UnitedHealthcare Networks)	Customer works with their direct custom networks.	Timely, accurate information. Member protected if provider status is communicated in error.
Continuity of Care	Insurer/plan must notify each enrolled individual under care by a participating provider when a provider terminates a contract and is no longer in the network. Insurer/plan must provide individuals with an opportunity to notify the plan of the need for continuation of care for certain conditions. The plan must allow the individual to continue benefits for up to 90 days and benefits will be paid at the same terms and conditions. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 date.	Plan years on/after 1/1/22	UMR will distribute provider termination letters, manage the continuity of care review and approval process. (UnitedHealthcare Network and networks where we receive terms)	Impact to claim expense continuing benefits at the in-network level.	Member must return a continuity of care request form if they meet certain conditions. The form must be signed by their provider.

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Removal of Gag Clauses	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others. Consistent with HIPAA and GINA requirements. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 date.	Attestation required 12/28/21	UMR removed any applicable language that restricts sharing of information based on rule. Release of information still requires NDA.	Review any nondisclosure or language preventing sharing of data as required.	Members HIPAA and PHI will continue to be protected.
Broker Compensation Disclosure	Direct and indirect compensation information must be disclosed to employer prior to purchase. Broker discloses to group plans; carrier discloses in individual market.	Effective 12/27/21	UMR compensation information is available in our proposal documents.	Employer fiduciary reviews compensation; supports broker disclosure.	No impact.
Reporting Pharmacy Benefits and Rx Costs	Requires insurers/health plans to annually report information on specific prescription drug benefits and certain medical cost data to the Tri-Agencies.	First report due 12/27/2022	UMR, through UHC and OptumRx, will submit aggregated reporting	Customer works with external PBM to submit their pharmacy data.	No impact.
Mental Health Parity NQTL Reporting	Insurer/plans must develop and disclose to state and federal regulatory agencies information on NQTL analysis upon request.	Effective 2/10/21	UMR will provide UMR standard NQTL comparative analysis information, upon request.	Self-funded plan sponsor legally responsible for NQTL compliance/analysis/documentation.	Member notified if plan doesn't meet NQTL requirements.

Transparency in Coverage	Overview	Date	UMR Approach	Customer Impact	Member Impact
Machine-Readable Files (MRFs)	Requires insurers/health plans to create and post 3 separate MRFs including detailed pricing data regarding 1) network negotiated rates for all items and services 2) allowed amounts for OON items, services, 3) negotiated rates and historical prices for prescription drugs (delayed).	INN/OON MRF plan years on/after 7/1/22	UMR, through UHC, will create and publish file on publicly accessible web site beginning 7/1/2022. Pharmacy MRF deferred pending rulemaking. (When effective will provide file for OptumRx integrated)	Access to files via our public website. Customer works with non-OptumRx integrated PBM on pharmacy file and works with their direct custom networks to obtain data.	Access to detailed pricing data through MRF, however member friendly price transparency tool with detailed information is scheduled for 1/23.
Member Tools	Price Transparency tool — personalized, real-time, cost share estimates for covered services and items, including pharmacy for 500 *designated* items/services in 2023 and *all* items/services in 2024. CAA cost transparency tool requirement now aligns with Transparency in Coverage timeline.	Plan years 1/23 & 1/24	Analyzing existing tools and new requirements for 2023.	Customer would establish own tools if not using UMR option. Attestation required.	New price transparency tool scheduled for 1/23 and 1/24.

Information in this grid is subject to change if we receive additional rulemaking, guidance or FAQs from the regulators.

UMR will keep customers informed as decisions, our approach and options are revised.

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