CHANGE
HEALTHCARE

Insight. Innovation. Transformation.

No Surprises Act

Up-to-Date Compliance with Government Mandates

How to Comply with the No Surprises Act and Transparency in Coverage Final Rules

The No Surprises Act (NSA) requires payers and providers to increase transparency for members and patients.

The Act is designed to protect consumers from surprise medical bills and includes transparency regarding in-network and out-of-network (OON) deductibles, out-of-pocket limitations, and other health-plan and provider provisions and patient protections.

Change Healthcare is adding and adapting our solutions to help you support mandated requirements. These include Advanced Explanation of Benefits (AEOBs), Qualifying Payment Amount (QPA) inquiries and complaints, new ID Cards, and more.

Our experience and technology can help you better engage members with timely communications under the provisions of the Act while reducing the operational burden on your organization.

Here's what we've done so far:

- Convened a multidivisional internal task force to evaluate NSA requirements and align with and leverage our solutions

- Engaged industry standards and advocacy groups to assure systematic, standardized approaches to the technical components in our solutions

- Opened readiness dialogues with plans and third-party administrators

- Coordinated with claims-adjudication partners and clients to update templates and meet already-known requirements

- Established partnerships to continually align solutions to help meet milestone dates

Our solutions, which help you comply with the Act, support billing transparency, and implement consumer cost protections. They include:

- API Interoperability Solutions

- ConnectCenter

- NSA Claims Management Services

- ID Cards

- Advanced Explanation of Benefits

- TrueView™

These products are intertwined with the Change Healthcare medical network, which is the backbone that helps you remain compliant with the NSA.

We plan to enhance our cost-transparency services to help simplify healthcare shopping and care management with:

- Web-based application and API delivery of healthcare costs and member-specific data

- Personalized costs at the individual member level

- The ability to view costs and quality for more than 1,000 medical procedures and pharmacy items

- Machine-readable files to help support Centers for Medicare & Medicaid Services (CMS) compliance

- Routine monitoring to validate costs with up to 97% accuracy

- The ability to integrate data and customized inputs

With portions of the NSA taking effect this year, our solutions help you meet transparency mandates.

API Interoperability Solutions

Our API Interoperability Solutions help you:

- Consolidate and manage transactions
- Power consumer engagement, care coordination, and practice management
- Determine patient financial eligibility and care coverage
- Streamline eligibility and benefits verification, with claims submission, processing, and payment

ConnectCenter

Our provider portal operates via Web Services and/or APIs and provides revenue cycle transactions, helping reduce paper transactions and phone calls to payers.

ConnectCenter helps you:

- See claims transactions
- Manage claims and remittances
- Correct and resubmit rejected claims
- Digitally submit attachments for Medicare claims
- Streamline denials and appeals
- Enroll with multiple payers
- Verify eligibility
- Create estimates for patients
- Receive payer information and news
- Analyze financial performance

NSA Claims Management Services

Our NSA Claims Management Services help you:

- Identify NSA-eligible claims, including emergency services, up to (and in some cases beyond) stabilization, air ambulance, and OON services ordered by an in-network facility
- Calculate the QPA based on each health plan's median contracted rate for the same or similar service or item, facility type, or provider specialty in the same geographic region. For 2022, the rate is based on claims as of Jan. 31, 2019
- Document the QPA calculation process for greater transparency
- Support the arbitration process by providing arbitration-avoidance support during the 30 days preceding the mandated deadline
- Support the Independent Dispute Resolution (IDR) process for surprise medical bills disputed by providers. These include: negotiation and development support; submission to the U.S. Department of Health and Human Services (HHS); and document-management coordination.

ID Cards

We will help payers produce and distribute health plan ID cards that now will need to display:

- Deductible amounts
- Out-of-pocket maximums
- Your telephone number and URL for consumer assistance

Advanced Explanation of Benefits

You will be able to use updates to templates that use our integrated workflow to support the distribution of AEOBs. These updates will help you adhere to guidelines as they are published by HHS. Our solution will help you communicate:

- If a provider or facility is in-network
- Information on how to obtain in-network care
- Good Faith Estimates with expected charges, the plan's payment responsibility, the patient's expected cost-sharing amounts, and deductible and out-of-pocket maximums

As new information becomes available, we'll continue to adapt solutions and templates.

TrueView™

TrueView™ helps healthcare consumers shop for care. It can:

- Accommodate various plan types with data customization about benefits
- Display cost and quality data for shoppable health services
- Review service bundles with cost breakdowns
- Highlight providers that are nearest to the member, lowest cost, or designated as a preferred provider or center of excellence
- Help members understand the total cost of service and their individual financial responsibility
- Simplify cost comparisons
- Address complex plan designs

For up-to-the-minute coverage of newly published NSA compliance requirements, visit the **Change Healthcare Government Mandates Information Hub**.

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About Change Healthcare

Change Healthcare (Nasdaq: CHNG) is a leading healthcare technology company, focused on insights, innovation and accelerating the transformation of the U.S. healthcare system through the power of the Change Healthcare Platform. We provide data and analytics-driven solutions to improve clinical, financial, administrative, and patient engagement outcomes in the U.S. healthcare system.

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