

Legal Update

Transparency in Coverage Rule (TiC) Machine-Readable Files (MRFs)

Jointly, Departments of Labor, Health and Human Services (HHS), and the Treasury have provided guidance on the No Surprises Act and Transparency in Coverage. The Transparency in Coverage Final Rules require non-grandfathered group health plans to disclose on a public website information regarding in-network provider rates for covered services, out-of-network allowed amounts and billed charges for covered services. This also includes disclosing negotiated rates and historical net prices for covered prescription drugs. The machine-readable files (MRF) requirements of TiC final rules are applicable for plan years beginning on or after January 1, 2022.

ACS Benefit Services (ACS) has partnered with Zelis/Sapphire Digital to assist us with these requirements and is working with Sapphire Digital toward meeting these deadlines. The link will be posted on the ACS website under the Resources tab.

No Surprises Act (NSA) Requirements

This legislation prohibits providers from balance billing members for out-of-network emergency items and services, out-of-network non-emergency items and services provided at an in-network facility, and lastly out-of-network air ambulance healthcare items and services.

- ✔ Reimbursement and settlement processes – ACS processes claims according to Plan guidelines for out-of-network services. ACS partners with Zelis to provide the payment solution and out-of-network claims pricing which utilizes our existing contract for NSA claims at 25% of gross savings. If the provider feels payment is not fair per the NSA legislation, the provider has an opportunity to negotiate with the payer for settlement and should not balance bill the member.
- ✔ Cost-sharing requirements – Health plans must limit cost-sharing for services provided in emergency situations, by an out-of-network provider at in-network facilities, and by out-of-network air ambulance services, to no more than the cost-sharing required for the same in-network care. ACS will assist Plan Sponsors with updating their plan to be compliant with this requirement if necessary.

- ✔ Notice Requirement – ACS has posted the No Surprises Act (NSA) notice in each client's document library on the web portal.
- ✔ Provider Directories – ACS has posted a link to the provider directories on the web portal under the Members tab.
- ✔ ID Cards – ACS has modified ID cards at renewal to include the deductible, out-of-pocket limit as well as providing network phone number and website information. ID cards are available to print or order via ACS web portal.
- ✔ Continuity of Care – If a provider has been removed from the plan's network, the plan participant may have covered services by the terminated provider under the same terms and conditions for up to 90 days after the notice is provided. ACS will assist Plan Sponsors with amending their plan.

1. Publishing of the machine-readable files required was delayed until July 1, 2022.
2. Price transparency tool is scheduled for January 1, 2023.
3. Prescription drug pricing is pending until further rulemaking is released.



The machine-readable file link may be found on the ACS Benefit Services website under the Resources tab and will be live on **July 1, 2022**.

acsbenefitservices.com/resources