

# Assuring compliance with Vālenz<sup>®</sup> solutions

‘No Surprises’ and ‘Transparency in Coverage’ Acts

OPTION 0000 00023  
NEW DIRECTIVE  
FREQUENCY 000  
CODE CHASWEE  
CODE 77789  
PAST 1  
PROTOCOL FIVE  
HMF > 2028





**V**alenz<sup>®</sup> is a long-time champion for supporting transparency in healthcare and protecting members from surprise medical bills. We are enabling self-insured employers and payers to comply with the new legislative requirements slated to take effect in January 2022. With an ecosystem of solutions and services built in an agile and open architecture, Valenz engages early and often to deliver innovations to improve health plan performance, including supporting your compliance to the No Surprises & Transparency in Coverage Acts requirements – most of which involve improvements to member engagement, transparency, and Out-of-Network claims processing and payment. We look forward to helping you accelerate member protections and greater transparency for smarter, better, faster healthcare. Let us show you how.

Rob Gelb  
Chief Executive Officer

# Map Your Path to Compliance with Valenz

Comply with No Surprises & Transparency in Coverage regulations related to member engagement, transparency, and out-of-network claims processing and payment with Valenz as your ecosystem partner. See how we are enhancing our solutions to help you assure compliance now and in the future.



## No Surprises Act (NSA)

signed into law December 2020

Readiness by January 1, 2022



## Transparency in Coverage Rule (TiC)

published October 2020

Finalized on June 22, 2022

The Departments of Health and Human Services, Labor, and the Treasury's final Transparency in Coverage rules require health insurers and employer self-insured health plans to create a member-facing price comparison tool and, effective July 1, 2022, post publicly-available machine readable files. Below is a clarification on the machine-readable file responsibilities of plans which do and do not utilize contracted networks:

- If a plan utilizes a network, they must conform to CMS file specifications and supply an in-network (IN) rate file and an out-of-network (OON) allowed amount files containing the historical OON net plan allowable amount for all covered items and services, including prescription drugs.
- If a plan does not utilize a network, such as the majority of non-contracted MEC or Referenced Based Pricing (RBP) plans, the plan must conform to CMS file specifications and supply OON allowed amount files containing the historical OON plan allowable amount for all covered items and services, including prescription drugs.

## Protect members from surprise medical bills

### Balance Billing Protections & Continuity of Care

- Assure a uniform level of protection for Out-of-Network emergency facility and services, air ambulance transports, and services delivered or ordered from an In-Network facility.
- For example, members cannot pay more than In-Network amounts per service in a given geographic area.
- Assure members transitioning from In-Network to Out-of-Network providers or facilities will continue to receive care at In-Network rates for 90 days.

► JANUARY 1, 2022

## Valenz Solutions

- ✓ Valenz Access Solutions claim processes are consistent with this requirement.
- ✓ We are currently enhancing the process to identify Out-of-Network emergency-related services to price them to In-Network rates.
- ✓ Terminated providers/facilities will also be identified to price to In-Network rates post termination.
- ✓ Transactions will be coded to indicate repricing pursuant to the No Surprises Act.





## Reveal costs and scope prior to service

### Advanced Explanation of Benefits (AEOB)

- Assure members know the cost and scope of service in advance of a procedure or service.
- Providers (or facilities) must supply a good faith cost estimate, including billing and diagnostic codes, and the health plan must issue the member an AEOB per specifications:

If In-Network, the contracted rate for scheduled services will be identified.

If Out-of-Network, the good faith estimate supplied by the provider will be identified.

► JANUARY 1, 2022

### Valenz Solutions

- ▼ **Valenz machine readable files (MRFs)** will be delivered to either the health plan or their designated data aggregator partner to support the development of the AEOB.

*Additionally:*

*Valenz partners with Integrated Payor Solutions (IPS) to offer our self-insured employer and payer customers solutions for data aggregation to load client eligibility, client accumulator and network provider rate data necessary for the AEOB.*



## Deploy provider and facility cost comparisons

### Price Comparison Tool

- Health plans need to create and maintain an online price comparison tool for members to compare out-of-pocket costs for In-Network providers and facilities, as well as requirements for member communications.

► JANUARY 1, 2022

### Valenz Solutions

- ▼ **Valenz MRFs** will be delivered to health plans or their data aggregator partners to support their development of price comparison tools.



## Deliver easy-to-access, provider information

### Provider Directories

- Enable members to select providers based on easy-to-access, accurate provider information.
- Health plans need to verify and update their provider directory information every 90 days.

► JANUARY 1, 2022

### Valenz Solutions

- ▼ **Valenz MRFs**, augmented with GIS information if available, will be delivered to health plans or their data aggregator partners.

*Additionally:*

*The Valenz enhanced member portal allows for acceleration of provider look-ups of Valenz Access network and Valenz-friendly providers.*



## Share coverage details online and via paper

### Public Disclosures

- Assure transparency of coverage details for members via online access and paper.
- Post MRFs on the health plan's public website with In-Network rates, Out-of-Network allowable amounts and prescription drug negotiated rates.
- Provide online self-service cost-sharing and rate information tools for 500 services (as defined by DOL) and make the same information available via paper upon request.

► JULY 1, 2022

### Valenz Solutions

- ▼ **Valenz MRFs** will be delivered to the health plan or their data aggregator partners.



# Achieve coverage compliance for additional requirements **OUTSIDE** of the Valenz ecosystem



## Independent Dispute Resolution

Resolve payer-provider payment disputes in a consistent and efficient manner.

- Health plans will participate in a third-party, unbiased arbitration process to establish a qualifying payment amount (QPA) for similar services in a geographic area.
- IDR process should reflect commercial rates, not billed charges, UCR, Medicare/Medicaid, TRICARE, CHIPS.

► **JANUARY 1, 2022**

## Health Plan Needs

Valenz will provide data and analytics necessary to determine the QPA and will provide it to health plan customers for use in the IDR process.

The health plan may need outside resources to fulfill claim settlement support for the IDR process.



## Gag Clause Removal

Assure members have access to cost and quality information for their providers and care facilities.

Health plans may not enter into an agreement with a provider, network, TPA or other service provider offering access to a network of providers that restricts the health plan from provider-specific cost or quality data or accessing electronically de-identified claims data.

► **JANUARY 1, 2022**

## Health Plan Needs

Health plans will need to submit annual attestations of compliance to government agencies.



## ID Card Requirements

Assure members have helpful and relevant information on their member ID cards. New ID cards need to reflect the following information:

- In-Network and Out-of-Network deductible
- Out-of-pocket maximum limits
- Telephone and website address

► **JANUARY 1, 2022**

## Health Plan Needs

Health plans may need to issue new ID cards if the required information is not printed on them currently.



## Pharmacy and Drug Cost Reporting

Assure members have helpful and relevant information on their member ID cards.

Submission of pharmacy and drug cost information to government agencies will begin in December 2023.

► **DECEMBER 27, 2023**

## Health Plan Needs

Health plans will need to supply detailed pharmacy and drug cost information to government agencies.

**Achieve  
Compliance Today**

We remain committed to continuous innovation across the Valenz ecosystem as you chart a path to compliance. Please contact your Valenz representative today to learn more about the No Surprises and Transparency in Coverage rules, or visit [valenzhealth.com/transparency](https://valenzhealth.com/transparency).