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The No Surprises Act and Transparency in Coverage Rule: Support for your self-funded plan

The No Surprises Act (NSA), which is part of the Consolidated Appropriations Act (CAA), and the Transparency in Coverage Rule contain several mandates impacting group health plans that went into effect January 1, 2022. To that end, Allstate Benefits has worked hand in hand with our Third Party Administrator (TPA) partners to support employer health plans with the Allstate Benefits Self-Funded Program and ensure compliance with these various governmental requirements.

The No Surprises Act

Support for employer health plans with the Allstate Benefits Self-Funded Program includes the following with no additional administration costs from Allstate Benefits:

Qualifying Payment Amount (QPA) Support

- The QPA is the median of the contracted rates recognized by the plan or issuer, for the same or similar item or service that is provided by a provider in the same or similar specialty and furnished in the same geographic region.
- Allstate Benefits has coordinated with our partner TPAs on calculations and processing for the QPA for claims subject to no surprise medical billing under the No Surprises Act of the CAA.
 - These claims include out-of-network (OON) emergency services, OON air ambulance services, and certain claims of OON providers when performing services at an in-network facility.
 - Providers are not allowed to balance bill members on these claims for amounts over the QPA.
 - Claims processed at the QPA rate will be processed under the member's in-network benefits and cost sharing.
 - If you have a Core Value plan, there is no contracted rate with providers and therefore, no QPA for these services. These services will be processed under the current terms of the Plan.

Independent Dispute Resolution (IDR) Support

- End-to-end management for IDR when a provider appeals the QPA or repriced amount for claims subject to no surprise billing.

Notice Requirements Support

- Updates to provider and member Explanation of Benefits (EOBs) to include mandated verbiage on processed claims subject to no surprise billing.
- Inclusion of the mandated model notice with plan member EOBs of all processed claims subject to no surprise billing. This notice will also be posted on the TPA websites.

Continuity of Care Support

- Implementation of continuity of care benefits in compliance with the act.
 - To allow a “continuing patient” to see a provider that terminates from the network for up to 90 days or until they are no longer a “continuing patient.”

Health Plan ID Card Requirements Support

- Changes to health plan ID cards to comply with the NSA.
 - ID cards were implemented with plan years effective or reissued January 1, 2022, and later.
 - ID card updates ensure the following are now displayed on ID cards:
 - Applicable in-network and out-of-network deductible(s).
 - A phone number and web address where a member can seek assistance, including help to find a network provider.

Provider Directory Support

- Coordination with TPA partners to ensure TPA websites make publicly available a link to each provider directory.
- It is the responsibility of each network/PPO to ensure the directory information complies with the legislative requirements, which include the provider’s name, address, specialty, telephone number, and digital contact information. The network/PPO will also have to verify and update these directories at least once every 90 days and within two business days of receiving updated information from providers.

Price Comparison Tool

- Requirements for this have been moved to January 1, 2023. We expect additional guidance to come out this year and will keep you updated on how we will help serve you here.

Advanced EOB

- Enforcement has been suspended until further rulemaking is provided.

Transparency in Coverage Rule

In addition to the above, Allstate Benefits will continue to work towards supporting the requirements and time frames outlined in the Transparency in Coverage Rule outlined below.

Mental Health Parity Non Quantitative Treatment Limitations (NQTL) Support

- Supporting documentation related to Mental Health Parity NQTL audits.
 - Allstate Benefits will assist upon receipt of request by applicable regulatory authority.

Machine Readable Files (MRF)

- Plans must provide negotiated rates for items and services for in-network providers and historical payments to, and billed charges from, out-of-network providers in a machine-readable format.
- These files will be made available for public consumption as of July 1, 2022, to comply with the current deadline.

Cost-Sharing Estimator Tool

- An online tool that allows members to obtain real-time estimates for 500 items and services, determined by the Department of Health and Human Services, the Department of the Treasury, and the Department of Labor, based on their plan and coverages.
- This tool will be available as of the current due date of January 1, 2023.

Reporting on Pharmacy

- Enforcement has been suspended until further rulemaking is provided.

The information provided herein does not, and is not intended to, constitute legal advice. Nor is it meant to provide a comprehensive explanation of the legal requirements set forth in the No Surprises Act and Transparency in Coverage Rule. You should contact your attorney to obtain advice with respect to any legal matter or if you have questions regarding your legal obligations.

While employers with self-funded health plans are ultimately responsible to comply with these new laws, we recognize that when we all work together you are able to provide a better health benefits strategy to your members. We are committed to continuing to keep you updated as new guidance is released, and as additional support from Allstate Benefits and its partner TPAs become available.

If you have questions regarding impacts to your plans, please contact your Account Manager at 888-659-1859.

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered. National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation are rated "A+" (Superior) by A.M. Best.

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