



Transparency in Coverage is Here

On January 1, 2022 the first wave of the price transparency laws went into effect. What do these transparency laws really mean for payers and providers?

The Consolidated Appropriations Act signed into law in December 2020 and included the No Surprises Act, which went live in January.

Today the **No Surprises Act** is now **law** with additional provisions of the CAA going into effect over the next two years.

How it Happens...

Surprise medical bills arise when insured consumers receive care from out-of-network providers they did not choose

The Solution...

Health plans will now be required to:

- Provide a price transparency tool and maintain updated directories
- Bans balanced billing practices in multiple settings

The Impact¹...

- ~10M out of network surprise bills a year expected to be addressed by the NSA
- ~\$20% of all emergency room visits
- ~9% to 16% of non-emergency hospitalizations

BY JAN 2024

Self-service tool to include all covered items, services, negotiated rates

BY JUL 2022

Payers required to post machine readable files for in-network and out of network allowed amounts



Internet-based self-service tool listing 500 "shoppable" services/price comparison tool available via plan

Hospital Price Transparency Rule went into effect, the first of 3 key provisions

The No Surprises Act and **Consolidated Appropriations Act** are an opportunity to deliver better member experience, while complying with new regulations.



transparency for member, provider partners, etc. before non-emergency care is delivered.

JAN 2022

Upfront cost clarity is especially relevant for HDHP where enrollment has increased over the past five years, from 24% of covered workers in 2015 to 31% in 20202.

Patient Experience ends up being the **priority**, as overall industry pricing is expected to be driven down as pricing for provider services scale downwards.

Vynamic can help clients navigate changes required by the No Surprises Act to create a competitive advantage and deliver improved member and provider interactions. Get connected today.



Evolve health plan operating models and org structures to adapt to new requirements/regulations as they are rolled out.

Develop a robust change management plan on improving member and provider partner experience.





Vendor evaluation/support for maintaining compliance requirements, provider directory updates, and pricing database reviews.

Competitive Landscape Review with game-planning and if/then scenario development based on other health plan/provider actions.



Sources: 1 https://www.kff.org/health-reform/issue-brief/no-surprises-act-implementation-what-to-expect-in-2022/#::"text=A%20national%20consumer%20complaints%20system,%2D800%2D985%2D3059 2 https://www.kff.org/report-section/ehbs-2020-section-8-high-deductible-health-plans-with-savings-option/#:"text=Enrollment%20in%20HDHP%2FSOs%20has,HSA%2Dqualified%20HDHPs%20in%202020















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