



# Consolidated Appropriations Act (CAA) and Transparency in Coverage Rule (TCR) Overview and Frequently Asked Questions

**For use with customers, brokers, and consultants**

Updated May 4, 2022

## Independence further sharpens efforts on transparency

Independence Blue Cross (Independence) continues to implement the Consolidated Appropriations Act (CAA) and the Transparency in Coverage Rule (TCR). The federal government has issued guidance about the CAA and TCR, and Independence understands that the federal government will be issuing additional guidance. The guidance issued by the federal government will impact Independence's implementation of the CAA and TCR.

Independence has an enterprise-wide implementation program to ensure its compliance with the CAA and TCR.

Independence will continue to update these FAQs as Independence receives additional guidance and updated FAQs will be communicated via the *Independence Edge* newsletter. Independence will be in compliance with the CAA and TCR by the required compliance dates. This FAQ can always be accessed on the Independence Business Hub, <https://www.ibx.com/htdocs/custom/business-hub/index.html>.

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## Consolidated Appropriations Act, 2021

The Consolidated Appropriations Act, 2021 (CAA) was signed into law in December 2020. Among other provisions, the CAA includes many provisions that affect how health insurers and group health plans health care coverage. Since the CAA was enacted, the federal government issued guidance about the CAA. Recently, the federal government issued guidance that it is delaying enforcement of certain provisions of the CAA and will take a good faith compliance approach to other provisions.

The CAA includes the following provisions:

**Surprise Medical Billing Patient Protections.** For plan years beginning 1/1/2022 forward, members will be protected from surprise medical bills that could arise from out-of-network emergency care, air ambulance services provided by out-of-network providers, and for out-of-network care provided at in-network facilities.

- **Provider Reimbursement and Independent Dispute Resolution (IDR) Process.** An IDR process between a health plan and provider can be used if the health plan and the provider cannot agree about reimbursement for the provider's services. The federal government will be issuing further guidance about the IDR process.
- **Application of Protections to Ambulance Services.** Members using air (but not ground) ambulance services will be provided similar protections against surprise medical billing, and providers of air ambulance services and health plans will be provided a similar process for resolving disputed claims as outlined above.

**Advanced Explanation of Benefits.** Upon request, a member can receive an Advanced Explanation of Benefits (AEOB) from a health plan for scheduled services. In the AEOB, a health plan will inform the member about, among other things, the contracted rate for a given item or service, out-of-pocket cost estimates, estimates of incurred amounts toward the member's deductible/cost-sharing limits, whether the service is available from an in-network provider and information on medical management requirements. The federal government recently issued guidance that enforcement of the AEOB requirement will be deferred pending further guidance.

**Price Comparison Tool.** Cost-sharing information to be made available for services and covered items. Both the TCR and CAA included price comparison tool components. Enforcement of, this requirement has been deferred to 2023 pending further guidance.

**Continuity of Care.** For certain levels of care, health plans are required to give members the opportunity to request a transitional care period if a health provider is removed from the health plan's network following termination of the network contract between the health plan and provider. Further guidance is expected in 2022, however health plans are expected to implement using a good faith, reasonable interpretation until additional guidance is issued.

**Enhanced Provider Data Requirements.** Requires commercial health plans to establish a verification process to confirm provider directory information at least every 90 days, including removing providers or facilities who are non-responsive to health plans' inquiries for verification. Health plans must also make provider directories available to members. CAA also requires that health plans establish a response protocol to respond to member requests as to whether a certain provider or facility is in-network. If a member provides documentation that they received incorrect information from the

provider directory or from the response protocol established by the CAA, the member will only be responsible for in-network cost-sharing. Further guidance is expected in 2022, however health plans are expected to implement using a good faith, reasonable interpretation until further guidance is issued.

**Changes to ID Cards.** Health plans must include in clear writing on any physical or electronic identification cards that are issued to members or enrollees in the health plan or coverage:

- 1) any in-network and out-of-network deductibles applicable to the health plan,
- 2) any maximum out of pocket limits applicable to the health plan,
- 3) telephone number, and internet website address where an individual can seek assistance.

Health plans may design their ID cards using various methods to comply with the law, including the use of Quick Response (QR) codes to display information beyond the applicable major medical deductible and applicable out-of-pocket maximum. The federal government will not issue guidance addressing ID cards prior to the 1/1/2022 compliance date; however, the federal government does intend to issue guidance. In the interim, the federal government expects issuers to use a good faith, reasonable interpretation of the law.

**Broker and Consultant Compensation Disclosure.** Effective 12/27/2021, for individual health insurance plans, the health insurer must disclose to members, and report to HHS, any direct or indirect compensation that the health insurer pays to an agent or broker associated with plan selection or enrolling individuals in health insurance coverage beginning with contracts executed on or after 1/1/2022.

**Pharmacy Benefit and Drug Cost Reporting.** Requires health plans to report information on health plan medical costs and prescription drug spending. This requirement will not be enforced pending further guidance by the federal government; however, health plans are encouraged to start working to begin reporting by 12/27/2022 for 2020 and 2021 plan years.

**Air Ambulance Reporting.** Requires health plans to submit two years of claims data to be compiled by the Department of Health and Human Services for the publication of a comprehensive report.

**External Review/Complaint Process.** Allows for external review process to determine whether surprise billing protections are applicable when there is an adverse determination by the health plan.

**Remove Gag Clauses on Price and Quality Information.** Effective 12/27/2020, prohibits gag clauses on price and quality information to prevent health plans from entering into contracts with providers, networks or associations of providers, third-party administrators, or other service providers offering access to a network of providers that prohibit health plans from disclosing provider-specific cost or quality information. Additional guidance is expected in 2022 on how health plans and issuers should submit their attestations.

**Mental Health and Substance Abuse Parity.** Effective 2/10/2021, requires group & individual health plans and Medicaid managed care organizations to perform, document and provide upon request, comparative analyses of the design and application of non-quantitative treatment limitations (NQTL).

## Consolidated Appropriations Act, 2021 (CAA) Questions and Answers

### **Q: Will Independence be in compliance with the CAA by 1/1/2022?**

A: Independence is committed to meeting the requirements of the CAA applicable to it by the compliance dates.

### **Q: How will the requirements outlined in the CAA impact contracts with groups? Which provisions from the CAA will be addressed in contracts with group health plans?**

A: Independence's agreements with insured or self-funded groups require that Independence must comply with all applicable laws. The CAA will not change Independence's administrative services agreements, although for self-funded health benefits plans, the CAA imposes certain requirements on the plan sponsor/plan fiduciary. The CAA is an example of applicable law. While the ASA will not change, because of the CAA, the administrative services that Independence provides to the group health plan will change to include the CAA.

### Advanced EOB (AEOB)

### **Q: What are Independence's plans for accommodating the CAA requirement to provide AEOBs to members in 2022?**

A: For participating providers, Independence is using the PEAR Portal; for non-participating providers, the request for AEOBs can be made via a customer service request. The mode of delivery will be based on the member's preference on file – paper (mail) or electronic (via the portal or through email). Members will also have access to the AEOB Request tool via ibx.com.

### **Q: Even though enforcement is deferred until further guidance, are you continuing to develop solutions based on available guidance should this go into effect in the near future?**

A: Independence will comply with the law by the mandatory compliance dates.

### **Q. How will Independence obtain and maintain member email addresses to send these AEOBs electronically?**

A: Independence will maintain members' email addresses through Independence's current member portal. If members do not have access to the member portal, they can contact customer service at the number on the back of their ID card to update their preferred method of communication.

### **Q. Please provide a sample AEOB.**

A: Independence will share a sample AEOB when additional guidance is issued by the federal government.

### **Q: Will Independence incorporate data from carve-out vendors, such as pharmacy benefit managers into AEOBs?**

A: Among other requirements of the AEOB, Independence is required to provide a good faith estimate of the member's requested items or services according to their coverage. Independence will comply with the requirements for the benefits administered by Independence. Independence is only incorporating its data and the data of Independence preferred vendors. If a group offers benefits outside of Independence, they should work directly with their vendors.

### **Q: What impact, if any, will these changes have on the administrative fees?**

A: Independence is evaluating any impacts to its administrative fees and will communicate any impacts once determined.

**Q: Will Independence share data with third parties, such as Castlight and Healthcare Bluebook, to enable the production of AEOBs?**

A: Pending further guidance from the federal government, Independence is focusing on implementing the AEOB requirement. Customer requests will be evaluated for feasibility and addressed as customizations.

### Cost Comparison Tool

*This has been delayed until 2023 with the intent to align with the TCR price transparency tool requirements.*

**Q: [New as of 5.4.22] Will Independence's current cost comparison tool(s) be used as a price transparency tool**

A: Yes.

**Q: Do you intend to build and manage a price transparency tool on behalf of Independence groups?**

A: Yes. Further details will be provided by the mandatory compliance date.

**Q: Will Independence comply with the requirements to provide price comparison guidance by phone and website (tool), allowing members to compare cost-sharing applicable under the plan with respect to the furnishing of a specific item or service, taking into account the plan year, geographic region and providers?**

A: Independence will comply with the law as required by the compliance date. Independence's current tool is already compliant for the majority of Independence's business. Upon request, Independence will support those groups who have their own tools in place.

**Q: When will Independence's platform be ready to launch?**

A: Independence will comply with the law by the compliance date.

**Q: How will the cost comparison tool be made available to consumers (e.g., online self-service and/or by phone)?**

A: The cost comparison tool will be made available in the same manner it is today through ibx.com and the Independence mobile app. Independence can also produce cost estimates on behalf of members by calling customer service (i.e., by phone).

**Q: What are the benefits of the care cost estimator tool? What are the search capabilities in the price comparison tool?**

A: The care cost estimator tool helps members save money and avoid unplanned expenses by allowing them to search and compare providers by estimated price based on their health plan. This tool will display provider details, quality information, such as reviews, and the estimated out-of-pocket costs for a wide range of common procedures and office visits.

### ID Cards

**Q: Will Independence issue new ID cards to display in-network/out-of-network applicable deductibles and out-of-network out of pocket limits, telephone number, and internet website address?**

A: Yes. As of 1/1/2022\*, ID cards are being re-issued based on the member/group renewal date (on or after 1/1/2022\*) and are available on the portal. Members of large groups with benefit changes will also receive updated cards upon renewal, unless the group decides otherwise.

\*1/1/2022, ID cards will be available in the new formats on the portal. They will be re-issued based on customer decision for large group customers.

**Q: Will there be any additional fees?**

A: There will not be any additional fees related to the new ID cards.

**Q: Please confirm no file changes/interfaces will be needed.**

A: At this time, Independence does not anticipate any file changes or interfaces will be needed. There will be a modification to the existing file sent to Independence ID card vendor.

**Q: Can Independence share a mockup of the ID cards?**

A: Mockups of ID cards are available and can be shared upon request.

**Q: Will virtual ID cards that meet requirements be available starting 1/1/2022?**

A: They will be available on or before the group's renewal date on the member portal and mobile app.

**Q: Will cards be printed for newly enrolled members and/or members making changes be compliant with the new regulations?**

A: Yes, all new members will receive new ID cards upon enrollment. Existing members will receive the new ID Cards if their groups are making benefit changes – based on renewal date. For example, a group that renews with benefit change on 1/1/2022 will receive new ID cards in late December. A group that renews with benefit change on 3/1/2022 will receive their ID cards in February.

**Q: What date does Independence need renewal decisions to produce ID cards in a timely fashion?**

A: ID card generation is dependent upon receipt of benefit changes from a group and a clean enrollment file. The typical SLA to guarantee cards in hand prior to the effective date is 30 days in advance of renewal and 10 days upon receipt of a clean enrollment file. It could be longer than 10 days due to projected mail delays at the post office. The sooner Independence has a decision, the quicker the card will come.

**Q: Will members receive new ID cards even if there were no benefit changes to their plan for the coming year?**

A: No, only members of the groups with benefit changes will receive new ID Cards. However, new digital ID Cards will be available on the member portal and mobile app.

## Continuity of Care

**Q: Will Independence be in compliance by the effective date?**

A: Independence's current "Continuity of Care Coverage" process is compliant with the requirements of the CAA.

**Q: What is the process to ensure continuity of care?**

A: Independence's current "Continuity of Care Coverage" process is compliant with the requirements of the CAA.

**Q: Do members receive a network disruption letter that indicates options for continuity of care in certain instances and action they need to take?**

A: Independence's current "Continuity of Care Coverage" process is compliant with the requirements of the CAA.

**Q: Will Independence identify individuals that qualify as “continuing care” and send them any required notices?**

A: Independence currently communicates with members when providers are no longer part of the network. Independence will be fully compliant by the required compliance date.

**Q: Will Independence allow certain members to receive up to 90 days of continued coverage at in-network cost-sharing rates when their provider moves out-of-network, as well as the parameters for coverage?**

A: Independence’s current “Continuity of Care Coverage” process is compliant with the CAA. Up to 90 calendar days of continuity of care is offered to the member through the current period of active treatment for an acute condition or through the acute phase of a chronic condition, after which they must seek care from a provider within the network specified by their product. Continuity of care determinations are made based on medical necessity.

Provider Directories

**Q: Will Independence be in compliance by the effective date?**

A: Independence is committed to meeting the requirements by the required compliance dates.

**Q: Has Independence established a protocol for responding to requests?**

A: Independence will continue to use existing protocols in place to respond to member requests.

**Q: Are there additional fees?**

A: Independence is working to determine the impact on administrative fees for self-funded plans and will share once available.

**Q: What is being done to ensure frequent data updates?**

A: Internal processes are being modified to update the required fields in the provider directory based on requirements of the CAA.

**Q: What is the process to confirm a member relied on inaccurate provider directory information from the carrier website, and what steps will Independence take so that cost—sharing required by the law is applied to the claims for services for emergency care, from an out-of-network provider at an in-network hospital or ambulatory surgical center or from an out-of-network air ambulance provider?**

A: Independence has an existing process, performed by Customer Service to ensure cost-sharing reflects the participating status of the provider, based on member request. The Member must provide proof he/she received incorrect information on the provider’s participation status. Proof of an incorrect provider directory entry should be either that the online provider directory is still displaying an out-of-network provider as in-network, or the member has print screen/printout of the directory listing the out-of-network provider as in-network.

**Q: Will the required balance billing disclosure be present on the site and EOBs by the effective date?**

A: Public sites and EOBs will contain disclosures, outlined in the CAA.

**Q: Will you notify employers of directory updates?**

A: Independence will ensure compliance with the federal and state requirements for managing and presentment of provider directory information, but due to the frequency and volume of provider data changes, Independence will not be able to support account notification when updates have been made.

**Q: If data will be provided through Plan-hosted website, will employers have the option to request a data feed for their employer-hosted website?**

A: There are no plans to support new data feeds to employer hosted websites. For customers with feeds currently in place, there will be no changes to those data feeds.

**Q: How will access to the directory be provided (i.e., directly or via an employer website)?**

A: Independence's provider directory is available on Independence public sites and on the member portal.

**Q: If the provider directory information is outdated and a member utilizes the incorrect information in seeking in-network care, please confirm how Independence will administer the claim at the in-network level?**

A: Independence will update the online provider directory as required by the CAA; at a minimum, Independence will update the online provider directory daily. Members who rely on information which is incorrect will not be liable beyond the in-network level of benefits and applicable cost-share. Such circumstances likely do not become known unless the member inquires and/or appeals a benefit determination in accordance with the health plan rules and procedures.

### Broker and Consultant Compensation Disclosure

**Q: Will Independence be in compliance with the new disclosure requirements related to broker and consultant compensation by the effective date?**

A: **[Updated as of 5.4.22]** Yes. If you use a broker to help facilitate your enrollment, their compensation is a flat fee per member, per month. This is paid by Independence. Your monthly premium will be the same whether you choose to use a broker or not. In addition, your broker may receive a bonus if certain sales thresholds are met. Learn more at: <http://www.ibx.com/caacomp>.

Independence expects that brokers provide the above link or a printed copy of the linked document to all of their applicants, whether through their application pdf for on exchange, or a separate copy for paper applications, or applicants submitted through Pennie.

### Surprise Billing

**Q: The CAA requires health plans to reimburse out-of-network providers and facilities in the situations where balance billing is prohibited. Will you be offering services to support this?**

A: Independence has made changes to its claims processing to recognize the specific claim types based on the definitions set forth in the CAA. These claims will process according to the CAA, and members and providers will be informed that the claims are subject to the CAA, and balance billing on these claims is prohibited.

**Q: What should a member do if they receive a surprise medical bill that is otherwise prohibited under the new regulations?**

A: The transparency in coverage page on the member portal was updated to include information about surprise billing: <https://www.ibx.com/resources/for-members/transparency-in-coverage>. When you receive emergency care, receive services from an out-of-network provider at an in-network hospital or ambulatory surgical center or receive services from an out-of-network air ambulance provider, you are protected from surprise billing or balance billing. If you receive a balance bill or surprise bill as a result of services you received for emergency care, services from an out-of-network provider at an in-network hospital or ambulatory surgical center or receive services from an out-of-network air ambulance provider, please contact Independence's Customer Service Center immediately at the following number: (800) 275-2583. Your explanation of benefits (EOB) for the claim will also include next steps on how to address any surprise medical bills that are received in connection with the claim.

**Q: [New as of 5.4.22] Will Independence partially or fully reimburse member balance billing if a group health plan wants to extend balance billing protection beyond those services subject to the CAA's protections? Describe available options.**

A: The balance billing protection services provided by Independence comply with the requirements of the CAA. Independence is not providing balance billing protection services beyond those services subject to the CAA.

**Q: [New as of 5.4.22] Describe any services in support of compliance with CAA surprise billing protections that will be subcontracted or outsourced to third parties. List the name of each party and services provided by each.**

A: Independence has not determined if a subcontractor and/or third party will be used for the CAA surprise billing protection services.

**Q: Please confirm balance billing will be prohibited for air ambulance.**

A: The air ambulance claims will be processed according to the requirements of the CAA.

**Q: For an air ambulance provided by a nonparticipating provider, please confirm Independence will determine the cost-sharing on the lesser of the QPA or the billed amount.**

A: Independence is working on determining the QPA for air ambulance services based on the requirements of the CAA.

**Q: Will Independence timely provide the air ambulance reporting on behalf of the plan to HHS?**

A: Independence will comply with the air ambulance reporting provision of the CAA by the compliance date. Reporting will include information for self-funded plans.

**Q: Describe the steps Independence has taken to ensure compliance with the CAA's requirements regarding balance billing for OON emergency claims.**

A: Consistent with the requirements of the CAA, Independence made certain revisions to its claims processing system so that the specific out-of-network claims described in the CAA will process as required by the CAA and subsequent regulatory guidance issued by the federal government. In addition, Independence has developed a communication plan to inform members and providers about the CAA.

**Q: Describe the steps Independence has taken to ensure compliance with the CAA's requirements regarding balance billing for out-of-network services provided at in-network facilities.**

A: Consistent with the requirements of the CAA, Independence made certain revisions to its claims processing system so that the specific out-of-network claims described in the CAA will process as required by the CAA and subsequent regulatory guidance issued by the federal government. In addition, Independence has developed a communication plan to inform members and providers about the CAA.

**Q. [New as of 5.4.22] For the out-of-network services protected from surprise medical billing (i.e., emergency room, air ambulance, and non-emergent services received by an OON provider at an IN facility), can Independence confirm the amount that Independence is using for the initial payment to the OON providers? Is Independence using the Qualifying Payment Amount or the allowable charge?**

A: The QPA methodology used by Independence complies with the requirements of the CAA.

**Q: [New as of 5.4.22] As related to Independence's out-of-network claims administration and cost containment programs for services NOT subject to the CAA's surprise billing protections, describe any recent or anticipated forthcoming changes to your capabilities, program offering, fee structure, or**

**other features. Include all program updates, regardless of whether in parallel to changes for services subject to CAA protections.**

A: Independence is not planning any changes to the surprise billing protections other than changes required by the CAA.

**Q: [New as of 5.4.22] Will Independence administer “involuntary” OON claims subject to the CAA's surprise billing protections?**

A: Consistent with the requirements of the No Surprises provision of the CAA, Independence made certain revisions to its claims processing system so that the specific out-of-network claims described in the No Surprises provision of the CAA will process as required by the CAA and subsequent regulatory guidance issued by the federal government. In addition, Independence has developed a communication plan to inform members and providers about the No Surprises provision of the CAA.

**Q: For coverage of non-emergency services provided by nonparticipating providers at a participating facility, please confirm the member will pay the in-network cost-share and the cost-share will count toward the in-network and out-of-network deductibles (if applicable).**

A: Yes, Independence will process the claims based on the requirements of the CAA.

**Q: Please confirm the definition of “visit” and “facilities” for emergency services and nonemergency services by nonparticipating providers in participating facilities will be administered according to the IFR definitions.**

A: Communication is currently under review. The IFR definitions of “visit” and “facilities” will comply with the CAA.

**Q: Please confirm Independence will be calculating the “recognized amount” to determine the cost-sharing for emergency services furnished by a nonparticipating emergency facility, and for non-emergency services furnished by nonparticipating providers in a participating health care facility.**

A: Independence completed calculations of the recognized amount based on the requirements of the CAA.

**Q: Please confirm if Independence will be supporting the disclosure requirement as outlined by the IFR. Specifically, please confirm the Independence will make publicly available, post on a public website of the plan or issuer and include on each explanation of benefits for an item or service with respect to which the surprise medical billing requirements apply.**

A: Independence will comply with the CAA by publishing disclosures with required language on Independence’s public sites.

**Q: How will Independence notify members of its Public Disclosure files on its website?**

A: Independence is creating a public webpage on ibx.com in which detailed information will be published as required. Independence continues to work through its member communication strategy, to include informing members where this information will be shared.

**Q: Will Independence be in compliance by the effective date?**

A: Independence is committed to meeting the requirements by the compliance dates.

**Q: Will groups be notified of appeals by the provider?**

A: Customer requests for notification would be a custom request and there will be a cost associated. Once the cost is finalized, Independence will notify Independence's customers.

**Q: How will shared savings arrangements be impacted by the Surprise Billing requirements?**

A: Shared savings arrangements are implemented with participating providers and there is specific language that prohibits surprise billing in the provider contracts.

**Q: Please explain the impact, if any, on the administrative fees as a result of these changes.**

A: There will be no impact to administrative fees, but any custom requests may incur fees.

## Independent Dispute Resolution (IDR)

**Q: What is the process for IDR?**

A: Independence will participate in Independent Dispute Resolution (IDR) per the regulation when initial negotiation failed and upon a provider's request. IDR will be administered by CMS approved IDR entities through new CMS Portal. The specific details of the interactions through the portal between plans, providers and IDR Entities has not been published by CMS yet. Independence is working on the process to support self-funded customers and there will be a cost associated. Once the cost is finalized, Independence will notify Independence's customers.

**Q: Which entities will fulfill the role of IDR? Is this different from the entity that Independence currently contract with to negotiate disputed claims?**

A: CMS has published a list of approved entities which can be found at <https://www.cms.gov/nosurprises/Help-resolve-payment-disputes/certified-IDRE-list>. CMS is expected to update the list with additional entities as they become certified.

**Q: [New as of 5.4.22] Does Independence anticipate agreeing to select any/all certified entities or to use a select group of entities based upon particular criteria? Describe the potential criteria and selection considerations if known at this time.**

A: CMS has published a list of approved entities which can be found at <https://www.cms.gov/nosurprises/Help-resolve-payment-disputes/certified-IDRE-list>. CMS is expected to update the list with additional entities as they become certified.

At this time, Independence has not determined the criteria to be used for the selection of IDR entity.

**Q: How will Independence ensure members are protected from balance bills where legislation requires that protection? Specifically, when plan members encounter these situations: Seek out-of-network emergency care**

- **Transported by an out-of-network air ambulance**
- **Receive non-emergency care at an in-network hospital but are unknowingly treated by an out-of-network physician or laboratory**

A: Independence has made changes to its claims processing to recognize the specific claim types based on the above categories of claims and these claims will process according to the CAA. Members and providers will also be informed that the claims are subject to the CAA, and balance billing is prohibited.

**Q: Can you confirm whether Independence will be supporting self-funded customers with the IDR process, and whether there is a cost?**

A: Independence will be compliant with the CAA by the compliance date. Independence is working on the process to support self-funded customers and there will be a cost associated. Once the cost is finalized, Independence will notify Independence's customers.

**Q: [New as of 5.4.22] For claims undergoing IDR, will Independence make the following payments on behalf of the plan sponsor:**

- **Administrative fee payable to the certified IDR entity**
- **Cost of IDR process when plan sponsor is determined to be the non-prevailing (losing) party**

A: Subject to the federal government issuing additional guidance, Independence intends to negotiate with the provider and respond to provider-initiated IDR on the customer’s behalf, including all fees and costs required by the IDR process. The self-funded customer will be responsible for all fees and costs associated with the IDR process. Independence will support self-funded customers and there will be a cost associated for this support. Once Independence’s cost for providing the service is finalized, Independence will notify its customers.

**Q: Is there anything the customer needs to do to prepare for an IDR? Or should the customer anticipate this to be handled entirely by Independence?**

A: No, customers do not need to do anything to prepare for an IDR. Independence is handling.

**Q: Will Independence be automatically supporting customers on the IDR process, or do customers need to make an active election?**

A: Subject to the federal government issuing additional guidance, Independence is intending to negotiate with the provider and respond to provider-initiated IDR on the customer’s behalf.

**Q: How will customers be notified that a provider is seeking payment beyond out-of-network allowable charges?**

A: The current assumption is that Independence will negotiate with the provider and respond to provider-initiated IDR on the customer’s behalf. Independence does not notify customers proactively of any inquiries.

**Q: Will Independence negotiate with the provider on a customer’s behalf?**

A: Subject to the federal government issuing additional guidance, Independence is intending to negotiate with the provider and respond to provider-initiated IDR on the customer’s behalf.

**Q: Does Independence initiate the IDR review on a customer’s behalf?**

A: Subject to the federal government issuing additional guidance, Independence is intending to negotiate with the provider and respond to provider-initiated IDR on the customer’s behalf.

**Q: What processes will be put in place so that the customer is aware of potential additional spend and when additional action may need to be taken?**

A: Independence will negotiate with the provider and respond to provider-initiated IDR on the customer's behalf. Customers will not receive notification that this process is occurring.

**Q: What are the IDR Process timelines outlined in the September 30, 2021 Rule?**

A: Important Open Negotiation and Independent Dispute Resolution Deadlines

<b>Independent Dispute Resolution Action</b>	<b>Timeline</b>
Initiate 30-business-day open negotiation period	30 business days, starting on the day of initial payment or notice of denial of payment
Initiate independent dispute resolution process following failed open negotiation	4 business days, starting the business day after the open negotiation period ends
Mutual agreement on certified independent dispute resolution entity selection	3 business days after the independent dispute resolution initiation date

Departments select certified independent dispute resolution entity in the case of no conflict-free selection by parties	6 business days after the independent dispute resolution initiation date
Submit payment offers and additional information to certified independent dispute resolution entity	10 business days after the date of certified independent dispute resolution entity selection
Payment determination made	30 business days after the date of certified independent dispute resolution entity selection
Payment submitted to the applicable party	30 business days after the payment determination

## Mental Health Parity and Addiction Equity Act - CAA

### **Q: Will Independence be offering services to support the requirements for health plans to conduct comparative analyses of the nonquantitative treatment limitations (NQTLs) used for medical and surgical benefits, as compared to mental health and substance use disorder benefits?**

A: Independence’s self-funded customers are responsible for compliance with applicable law including MHPAEA. As third-party administrator for the self-funded customer, Independence will assist the self-funded customer in the customer’s compliance with applicable law including MHPAEA. Independence’s assistance includes offering standard plan designs that are compliant with applicable law including NQTLs. In addition, upon request, Independence will provide its NQTL analysis of its standard plan designs to regulators. In general, the application of NQTLs by Independence does not vary across products or lines of business. However, to the extent a self-funded customer has a customized plan design or has carved out behavioral health to another third-party administrator, the self-funded customer should analyze its plan and consult their counsel to determine compliance with MHPAEA and provide its analyses to regulators.

### **Q: Will Independence provide an analysis of all financial requirements and NQTLs applicable to the plan, in accordance with mental health parity rules? If not, can a customer request Independence’s support for testing?**

A: Independence’s standard NQTL analysis applies to Independence’s fully insured plans. Independence is responsible for compliance for fully insured plans. Self-funded customers are responsible for their own compliance and to conduct the NQTL analysis required by the law, but Independence will assist customers if they get a subpoena or request from a regulator.

### **Q: Will Independence confirm if it is proactively performing testing for self-funded customers?**

A: Independence performs testing of its standard plan designs. The application of NQTLs by Independence does not vary across products or lines of business. However, to the extent a self-funded customer has a customized plan design or has carved out behavioral health to another third-party administrator, the self-funded customer should analyze its health plan and consult their counsel to determine compliance with federal mental health parity.

### **Q: MHPAEA requires compliance with the financial and quantitative treatment limits (apply on the same basis between mental health and substance use disorder benefits and other medical/surgical benefits). Will Independence provide this analysis upon request in a timely manner?**

A: For fully insured plans, financial requirement and QTL testing is required. For self-funded plans, courtesy testing is when the self-funded plan does not have carve out benefits from Independence and

does not have substantial customization of the plan's benefits. Please note, our courtesy testing is not official mental health parity testing for the self-funded plan; self-funded plans are responsible for their compliance with MHPAEA.

**Q: Are there additional fees to perform this analysis?**

A: There is no fee for financial requirement or QTL courtesy testing. Independence will provide courtesy testing upon request from a self-funded plan without a fee when the self-funded plan does not have carve out benefits from Independence and does not have substantial customization of the plan's benefits. Independence is unable to provide testing for self-funded plan that carve out benefits from Independence and that have substantial customization of the plan's benefits.

**Q: In the event of DOL investigation of customer's plan, will you provide the appropriate documentation or substantiation for purposes of demonstrating MHPAEA compliance?**

A: Independence will assist the customer and provide appropriate documentation in response to a DOL subpoena.

**Q: Will you communicate to the customer sponsor about any detected MHPAEA violations and the necessary corrective actions taken to resolve the issue? How soon will the information be communicated to customer?**

A: Independence will notify the customer if there is a final finding of noncompliance with MHPAEA by a regulator.

**Q: What is Independence's expected timing in accordance with the new requirements? What is the impact of these changes, if any, on administrative fees?**

A: Independence continuously reviews and updates NQTL comparative documents. Independence does not charge for supporting DOL inquiries and DOL requests of information and NQTL documentation.

**Q: [New as of 5.4.22] Upon an official request from a regulator, will Independence perform the comparative analysis required by the CAA to show compliance with federal mental health parity? If yes, is there an additional fee for this service and what is the standard turn-around time to deliver the analysis?**

A: Independence will assist the customer and provide appropriate documentation in response to a DOL subpoena. Independence will provide its analysis of its templated, standard health plan designs. To the extent a self-funded customer has a customized health plan design or has carved out behavioral health to another third-party administrator, the self-funded customer should analyze its health plan and consult their counsel to determine compliance with MHPAEA and provide its analyses to regulators. There is not an additional fee at this time for the analysis of Independence's templated health plan designs. Turnaround time to receive the analysis of Independence's templated health plan designs is approximately five business days.

**Q: [New as of 5.4.22] Will Independence also be available to assist the customer/regulator with any subsequent follow up questions?**

A: Yes, Independence will be available to assist the customer/regulator with any subsequent follow up questions.

**Q: [New as of 5.4.22] Please confirm the customer will not be charged for this support.**

A: There will be no charge at this time for the standard analysis.

## Reporting Requirements

**Q: The Rx Benefits and Cost Reporting requirements outline the reporting of specific prescription drug spend and certain medical cost data annually. For the top 50 drugs: Paid claims for most frequently dispensed, Annual amount spent by total plan/coverage spend, Greatest prior year plan spend, Total health care spend, and Premiums and rebates. Will Independence plan to produce reports for self-funded customers that meet these requirements?**

A: Independence will produce reports as required by the CAA and TCR and is implementing these requirements. Enforcement of this requirement has been deferred to December 27, 2022.

**Q: Are there additional fees?**

A: Independence is evaluating any impacts to its administrative fees and will communicate any impacts once determined.

## General Questions

**Q: Please describe how Independence is coordinating the cross-functional, enterprise-wide implementation of the CAA and TCR requirements.**

A: Independence has established an enterprise-wide implementation program to ensure all requirements are implemented by the compliance dates. The requirements for implementing the CAA and TCR are evolving, and Independence is committed to meeting the requirements by the compliance dates.

**Q: Will Independence post notice of the NSA requirements and include such notice in all EOBs for affected items and services?**

A: Yes. The notice will be included in the EOB. Independence has created a public webpage (<https://www.ibx.com/resources/for-members/transparency-in-coverage>) in which detailed information will be published as required. Independence continues to work through its member communication strategy, including notifying members where this information will be shared.

**Q: How and when will updates on Independence's compliance with the various requirements of the CAA and TCR be disseminated to customers?**

A: Independence will comply with the laws by the compliance dates. As is Independence's standard practice, Independence will share information about Independence's compliance and outreach via *Independence Edge* communications. Independence will be communicating with members directly for Independence customers unless directed otherwise by self-funded customers.

**Q: How will Independence use price transparency as an opportunity to improve the consumer experience?**

A: Independence will promote and use price transparency to help members better understand their benefits and cost-sharing.

**Q: Will Independence support group customers' communication to their employees on these changes and new resources?**

A: Independence will communicate changes and new resources to members. While Independence will continue to support Independence's self-funded accounts, self-funded accounts will still be responsible for communicating to their employees and sharing materials and information as it becomes available.

**Q: [New as of 5.4.22] If a group health plan uses a third-party vendor to generate price comparison and/or cost-sharing estimates, would Independence share member-level accumulator information**

**and other necessary data elements at no additional charge with the EOB vendor once appropriate data-sharing agreements are in place? If no, explain.**

A: No. Independence's responses to requests for member-level accumulator information and other data elements will be provided at an additional charge to cover Independence's costs associated with providing the response.

Independence's standard transparency tools as required by the TCR and CAA will be available at no additional cost. If self-funded customers use a different transparency tool, self-funded clients must request customization from Independence as soon as possible.

**Q: [New as of 5.4.22] List any third-party vendors or subcontractors Independence plans to use to support group health plans in complying with the requirements of the CAA and TCR.**

A: The following vendors are involved:

- Highmark Health Solutions (HMHS): Independence's platform vendor
- HealthSparq (recently purchased by Kyruus): Independence's transparency tool vendor

**Q: [New as of 5.4.22] How will Independence use price transparency as an opportunity to improve the consumer experience?**

A: Independence will promote and use price transparency to help members better understand their benefits and cost-sharing.

## Transparency in Coverage Final Rule (TCR)

On November 12, 2020, the Departments of Labor (DOL), Health and Human Services (HHS), and Treasury (collectively, the Departments) published the “Transparency in Coverage” final rule (Final Rule), imposing new requirements on group health plans and health insurers in the individual and group markets to disclose cost-sharing information, in-network provider negotiated rates, historical out-of-network allowed amounts, and drug pricing information. It also applies to Qualified Health Plan (QHP) issuers and the Federal Employees Health Benefits Program. The Rule follows the Hospital Price Transparency final rule, which required hospitals to make public a variety of pricing information and went into effect on January 1, 2021.

The Final Rule does not apply to Medicare Advantage, Medicare Supplement, Medicaid MCO coverage, or vision- or dental-only plans. Nor does it apply to grandfathered health plans; account-based group health plans, such as HRAs, including individual-coverage HRAs; or health FSAs, healthcare-sharing ministries, or short-term limited duration insurance plans.

The Rule’s core requirements are to:

- Disclose to the public: 1) in-network provider negotiated rates, 2) historical out-of-network allowed amounts, and 3) drug pricing information, which has been postponed, pending further rulemaking, through three separate machine-readable files posted on an internet website
- Disclose cost-sharing information upon request to a participant, beneficiary, or enrollee – including an estimate of the individual’s cost-sharing liability for covered items or services via an online tool, and in paper if requested; and

The Rule adopts a three-year, phased-in approach for compliance with the Rule, which requires Plans and Issuers to provide:

- Public access to in-network provider negotiated rates and historical out-of-network allowed amounts for plan years that begin on or after July 1, 2022;
- Cost-sharing information to participants, beneficiaries, or enrollees for all covered items and services for plan years that begin on or after January 1, 2024; and
- Pending further rulemaking, public access to drug pricing information.

The Rule also allows health insurance issuers to receive credit in their Medical Loss Ratio calculations for programs that create shared-savings for members resulting from their shopping for, and receiving care from lower-cost, higher-value providers.

### Resources

CMS Transparency in Coverage [Fact Sheet](#)

## Transparency in Coverage Final Rule (TCR)

### **Q: Does the Transparency in Coverage rule apply to insurers and group health plans?**

A: Yes, the rule applies to health insurers and group health plans. Independence is responsible for implementing the requirements for fully insured group health plans. Independence will produce machine readable files on behalf of self-funded customers unless otherwise notified by the customer. Independence's cost estimator tool will also be available to self-funded customers that utilize that tool. Self-funded customers utilizing tools other than the Independence tool should seek confirmation of compliance with their tool's vendor.

### Machine-Readable Files

#### **Q: What are the requirements for July 1, 2022?**

A: Enforcement for Machine Readable Files (MRFs) was delayed from January 1, 2022, to July 1, 2022, for negotiated in-network rates as well as out-of-network allowed amounts and billed charges. Enforcement for prescription drug costs (negotiated rates and historical net pricing) was deferred pending additional rulemaking. Once further rulemaking is issued, Independence will work with Independence's preferred vendor, Optum RX, to meet all necessary requirements.

#### **Q: The TCR requires plans to make available to the public (including consumers, researchers, employers, and other third parties) three separate machine-readable files that include detailed negotiated prices related to in-network and out-of-network information. Please outline Independence's intention to support this initiative and ability to update it monthly.**

A: **[Updated as of 5.4.22]** Independence will produce in-network machine readable files (MRFs) for each issuing company per line of business and plan. Self-funded customers will be provided links to the appropriate file for each of their plans. Independence will produce an out-of-network allowed amount file per self-funded customer that will contain the required reporting for their business. Independence will send a monthly email to the self-funded customer's mandate email address with the links the customer can post to their public website. Independence's Cost Estimator tool will also be available to self-funded customers that utilize that tool. Self-funded customers utilizing tools other than the Independence Cost Estimator tool should seek confirmation of compliance with their vendor.

#### **Q: **[New as of 5.4.22]** How will self-funded customers access the unique URL to the required MRF?**

A: Independence will provide self-funded customers with a unique URL to the required MRF which a customer can post to their public website. To do that, Independence requires the name and email address of the person the customer wants to receive the unique URL for the MRFs. This person will serve as the customer's MRF contact. This contact will receive the URL via email. They will need to post the URL on the customer's public website by July 1, 2022 or upon your renewal date, whichever comes first. This contact will only receive the URL once. They do not need to update the link again because the files will be automatically refreshed each month. If you are working with a third-party vendor for the MRFs, please check with the vendor regarding a name and email address.

#### **Q: **[New as of 5.4.22]** Will Independence provide in-network and out-of-network files that are specific to a specific customer's data?**

A: Independence will provide access via a dynamic link to each set of in-network rates the customer utilizes by company. Independence will provide customers' dynamic links to out of network allowed amounts specific to the customer. Data will be updated monthly, as required.

**Q: Please confirm if the files will be posted to Independence’s website. If not yet available, please confirm where and when it will be posted.**

A: For Independence fully insured plans, data will be provided on ibx.com, as required. For self-funded plans, Independence will provide a direct URL which can be added to an employer’s internet site. Independence will comply as of the date required.

**Q: [New as of 5.4.22] Will the same URL be used after the files are updated monthly?**

A: Yes.

**Q: [New as of 5.4.22] Indicate which file format Independence will utilize.**

A: Independence will be posting the data as a .JSON file.

**Q: [New as of 5.4.22] Will the files satisfy all technical specifications as described on github.com?**

A: The files will comply with all required specifications per the CMS GitHub site.

**Q: [New as of 5.4.22] For plan sponsors working with third party vendors to aggregate, post, or otherwise satisfy the machine-readable file requirements of the TCR, will Independence share the necessary data and information with these third parties at no additional charge, subject to appropriate data agreements being in place?**

A: Independence will comply, and support MRFs based on the requirements of the federal guidance on behalf of self-funded customers. Data will be updated monthly, as required. Prescription costs will be supported, as required, when further federal rulemaking is issued. A request must be made for any customization to Independence’s standard process.

**Q: [New as of 5.4.22] In addition to creating and hosting the Machine-Readable files, will Independence retain historical copies of the Machine-Readable Files to help customers satisfy ERISA’s record retention requirements?**

A: Independence is not hosting MRFs unless requested by a customer. Independence will retain the monthly files for 10 years.

**Q: [New as of 5.4.22] What is Independence’s approach to supporting plan sponsors in satisfying their internal data retention policy, in the event of audit or contract termination.**

A: All machine-readable files will be retained for 10 years.

**Q. Please delineate the impact, if any, on the administrative fees (or premiums for fully insured plans) as a result of these changes.**

A: Independence is working to determine the impact on administrative fees for self-funded plans and will share once available. For fully insured plans, there will be no impact to premiums.

**Q: Can you confirm whether Independence will produce and host the files for self-funded customers, and whether there is a cost? If there is a cost to host the files, can wellness credits or other similar funds be used toward the cost?**

A: Independence will comply, and support machine-readable files based on requirements for customers. Data will be updated monthly, as required. Independence will provide a direct URL that can also be added to an employer’s internet site. Independence is still working to identify the optimal approach to deliver the machine-readable files and will share them once the assessment is complete. Independence is working to determine the impact on administrative fees for self-funded plans and will share once available.

**Q: Will Independence incorporate external data (e.g., PBM, specialty network, etc.)?**

A: Yes. Independence will incorporate data from Independence's preferred vendor partners (i.e., Magellan). Independence will not be incorporating external data for non-preferred, customer specific vendors. Customers should work directly with those vendors to receive necessary data. Integration with customer specific vendors of medical benefits would be a customization.

**Q: How will the requirements outlined in the TCR impact contracts with groups? Which provisions from the TCR will be addressed in plan-sponsor contracts?**

A: Independence's agreements already state that Independence will comply with all applicable laws.

**Q: This will be required for prescription drugs that run through the medical plan. Do you foresee any issues?**

A: At this point, Independence does not anticipate any issues with including prescription drugs administered through the medical plan. Medical drug rates will be included in the in-network rate file. Out-of-network medical drug allowed amounts will be included in the allowed amount file. Prescription drug rates would be included in the third machine readable file once additional guidance is received from the federal government.

**Q: Will these reports be available by the effective date?**

A: Independence is committed to meeting the requirements by the compliance dates.

**Q: Once additional guidance is released on the prescription drug file, will this file be prepared for prescription drugs that go through the medical plan?**

A: If the Tri-agencies mandate the prescription drug file, only Pharmacy rates will be present on the Rx file. Medical drug rates will be available through the In Network Rate file.

**Q: What format should the data be displayed according to the requirements?**

A: Data files must be displayed in a standardized format and must be updated monthly. Independence will be posting the data as a .JSON file.

**Q: What naming convention will Independence use for the files?**

A: Independence intends to comply with the standard file naming convention as required by the Rule.

**Q: Does anyone wanting to access the machine-readable file have to open a user account?**

A: Machine-readable files will be publicly available to all users. Account logins and passwords will not be required.

**Q: How will Independence respond to questions regarding any missing values such as NPI, procedure codes, etc.?**

A: Independence would not be compliant if required data is missing. Independence will update data as needed and will develop a process to respond to inquiries regarding the files.

## Gag Clause

**Q: Does the current Independence contract have a Gag clause prohibiting the disclosure of provider-specific cost or quality information to referring providers, us as the plan sponsor or members/individuals eligible to become members?**

A: Independence's agreements with insured or self-funded groups require that Independence must comply with all applicable laws. The CAA will not change Independence's administrative services

agreements, although for self-funded health benefits plans, the CAA imposes certain requirements on the plan sponsor/plan fiduciary. The CAA is an example of applicable law. While the ASA will not change, because of the CAA, the administrative services that Independence provides to the group health plan will change to include the CAA.

**Q: [New as of 5.4.22] Does Independence have the ability to support attestation of compliance with the CAA's prohibition on gag clauses on behalf of self-funded plan sponsors.**

A: Additional guidance is expected later in 2022 on how plans can submit their attestations.

**Q: [New as of 5.4.22] Is Independence compliant with the CAA's prohibition on gag clauses that restrict sharing of price and quality data by providers?**

A: Yes. Independence's provider agreements require that Independence comply with all applicable laws, which includes the CAA. Additionally, Independence's agreements with insured or self-funded groups also require that Independence must comply with all applicable laws. The CAA will not change Independence's administrative services agreements, although for self-funded health benefits plans, the CAA imposes certain requirements on the plan sponsor/plan fiduciary. While the ASA will not change, because of the CAA, the administrative services that Independence provides to the group health plan will change to include the CAA.

**Q: Will there be any additional fees?**

A: There will not be any additional fees related to implementation of the prohibition on gag clauses.

## Provider Contracts

**Q: Is Independence prepared to report compliance with the new requirements that group health plans cannot enter into a services agreement that, directly or indirectly, restricts the group health plan from disclosing provider-specific costs, quality of care information, or electronically accessing de-identified claims data?**

A: Independence's current contract templates comply with the provisions. Independence continues to enhance Independence's communications strategy to notify providers and outline the required changes for any legacy contracts.

**Q: What is Independence's expected timing in accordance with the new regulations?**

A: Independence's Provider Communications team published Advisory and Amendment language in May 2021 describing Independence's compliance with the provision and an amendment notice for any legacy contracts.

**Q: What impact, if any, will these changes have on the administrative fees?**

A: There will be no impact to administrative fees.

**Q: How will insights on market pricing affect provider contract negotiation strategies?**

A: To be determined. There may be providers who attempt to take advantage of the public data and compare this to their reimbursement; however, Independence is prepared to enter each negotiation with discussion items that are only relevant to that provider.

**Q: What are the implications of transparency requirements for value-based care arrangements (compared to fee-for-service)?**

A: Independence does not foresee any implications as the fee-for-service rates are the rates that are required to be published.

**Q: [New as of 5.4.22] Do Independence’s online provider directories comply with the requirements of the CAA?**

A: Independence’s online provider directories comply with the CAA’s requirements.

**Q: [New as of 5.4.22] Describe the process by which the accuracy of Independence’s provider directories is maintained in order to ensure ongoing compliance with the requirements of the CAA.**

A: Internal processes are being modified to update the required fields in the provider directory based on the CAA’s requirements.

#### Miscellaneous Questions

**Q: Please share Independence’s intention to comply with the Secretary of Labor’s standardized reporting format for voluntary reporting to State All Payer Claims Databases.**

A: Independence will comply with all mandatory requirements of the CAA and Transparency in Coverage Federal Rule. Reporting to a State All Payer Claims Database is voluntary and not mandated.

**Q: Who has primary accountability at Independence to ensure the TCR and CAA requirements are met (title not name)?**

A: Vice President, Marketing and Sr. Vice President, Operations

**Q: What is the process and cadence for reporting progress to senior leadership within Independence (e.g., quarterly report outs to CEO, Board of Directors, etc.)?**

A: Independence distributes weekly project status reports and has monthly meetings with Senior Leadership.

**Q: Does Independence have an active risk mitigation strategy in place if the TCR and CAA requirements are not met? If not, what is the timeline for implementation of said strategy?**

A: Independence is actively identifying, evaluating and managing risks with these initiatives.

**Q: What is Independence’s communication plan for those not digitally engaged when trying to send updates about the new regulations?**

A: Independence is actively developing a communication strategy for all members. Members who are not digitally engaged will be able to call the Customer Service number for any questions about their plan and benefits. Additionally, Independence plans to post detailed information on Independence’s corporate website.

**Q: While the requirement for pharmacy benefit and drug cost reporting has been delayed, it is expected that further guidance will be issued, and plans should prepare to comply by December 27, 2022. Is Independence continuing to develop this file based on current guidance and make adjustments when further guidance is issued?**

A: Independence is continuing to develop the process based on current requirements and will comply by the compliance date. The process will be adjusted once additional guidance is issued.

**Q: [New as of 5.4.22] Does Independence expect to be a “reporting entity” and is Independence able to support aggregate reporting at the state level of all required medical data elements on behalf of customers pursuant to the RxDC instructions provided by CMS in late November ([RxDC reporting instructions \(PDF\)](#))?**

**This includes (not limited to):**

- **Total spending**
- **Spending categories (hospital, primary care, specialty care, clinical health services and equipment, and wellness services, prescription drug spend under the medical plan)**
- **Rx totals for spending for drugs covered under a non-pharmacy benefit**

A: Independence will be a “reporting entity” and will produce reports based on RxDC reporting instructions, including aggregate spending amounts based on required categories.

**Q: [New as of 5.4.22] If a customer sends Independence information that Independence does not have in its possession (e.g., Group Health Plan List information, average monthly employee/employer/total premium, ASO fees, etc.), will Independence be able to submit that information on the customer’s behalf?**

A: At this point, Independence is not considering the acceptance of self-funded customers’ information for RxDC reporting.

**Q: [New as of 5.4.22] Assuming Independence can be a reporting entity, please describe how Independence will notify customers after submitting the reporting. The CMS instructions note that CMS will not be able to notify the plan that data has been submitted on their behalf.**

A: At this point, Independence is not considering notifying its self-funded customers of the RxDC submission.

**Q: As a service provider, is Independence providing any brokerage or consulting services as defined by the statute?**

A: No.