CAA - No Surprises Act	Overview 1/31/23	Date	UHC Approach	Employer Impact	Member Impact
Surprise Medical Billing	Addresses member cost-sharing, balance billing and Independent Dispute Resolution (IDR). The law applies to medical bills for covered services related to 1) OON emergency at a hospital or facility; 2) items and services provided by certain OON health care providers at an INN facility; 3) OON air ambulance.	Plan years on/after 1/1/22	Supports end to end process: provides calculations for member recognized amount and provider initial payment.EOBs updated with balance bill and cost share language.	Impacted claim expense when reimbursement increases as a result of IDR.	Member cost share is fixed.
Independent Dispute Resolution (IDR)	Process to settle disputes related to reimbursement for No Surprises Act services. IDR involves a neutral third party that settles reimbursement disputes between parties. Party that loses IDR pays the other party's IDR expenses. Requires extensive knowledge of law, data, reporting, analysis, reporting, and brief preparation.	Plan years on/after 1/1/22	Manages the entire process from negotiating reimbursement through IDR/arbitration. Pays \$50 from ASO bank account. Upfronts IDR entity fee for ASO client until decision.	process on behalf of the client	No balance bill or change in member cost share regardless of final provider reimbursement.
Plan ID Cards	Requires in-network and out of network deductible and out of pocket maximum on ID cards. Requires phone numbers and the website address where members may obtain support and network facility and provider information.	Plan years on/after 1/1/22	Compliant ID cards are available electronically on portal as plan renews in 2022.	ID card real estate capacity limits additional customization.	More detailed information on ID cards to assist member.
Patient Protections: Advance Cost Estimate(ACE) External Appeals	Providers must ask patients if they have coverage when scheduling appointments and send estimated service/cost notice to insurer/plan. Then insurer/plan send an Advance Cost Estimate (ACE) to member with estimated member responsibility. On hold pending future rulemaking. Insurer/plan required to offer external review for surprise bill member disputes.	ACE pending rulemaking Plan years on/ after 1/1/22	Additional rulemaking required. Updating EOBs, Health Statements and external appeals process.	When effective, UHC will handle ACE for client. If employer uses their own appeals vendor, employer needs to update.	Upon launch date, member receives cost estimate and member expense information prior to service.
Provider Directories	Insurer/plan must have process to verify provider information, respond to member inquiries on provider status. Requires verification process and written/electronic member response.	Plan years on/after 1/1/22	Update directories on timetable, send confirmation when members inquire provider network status.	Inetworks managed	Timely, accurate information. Member protected if provider status is communicated in error.
CAA - Transparency	Overview	Date	UHC Approach	Employer Impact	Member Impact
CAA - Transparency Removal of Gag Clauses	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 dates.	Date Attestation required beginning 12/31/23	UHC Approach Review contracts and ensure contracts are in compliance with prohibition on gag clauses.		Member Impact Members HIPAA and PHI will continue to be protected.
	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others.	Attestation required beginning	Review contracts and ensure contracts are in compliance with	ASO groups required to attest to	Members HIPAA and PHI will
Removal of Gag Clauses Broker Compensation	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 dates. Direct and indirect compensation information must be disclosed to employer prior to	Attestation required beginning 12/31/23 Effective 12/27/21	Review contracts and ensure contracts are in compliance with prohibition on gag clauses. Data/report will be available prior to	ASO groups required to attest to compliance. Employer fiduciary reviews compensation; supports broker	Members HIPAA and PHI will continue to be protected.
Removal of Gag Clauses Broker Compensation Disclosure Pharmacy Benefits and	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 dates. Direct and indirect compensation information must be disclosed to employer prior to purchase. Broker discloses to group plans; carrier discloses in individual market Requires insurers/health plans to annually report information on prescription drug benefits and costs to the Tri-Agencies. Beginning in 2023 reporting is due each year by June 1 for prior year.	Attestation required beginning 12/31/23 Effective 12/27/21 Yr. 1 - 12/27/22 Then 6/1 each	Review contracts and ensure contracts are in compliance with prohibition on gag clauses. Data/report will be available prior to contract execution. Preparing data for reports. Assist and provide information for ASO plans. Provide assistance for NQTL audits initiated by tri-agencies	ASO groups required to attest to compliance. Employer fiduciary reviews compensation; supports broker disclosure. Customer works with UnitedHealthcare to obtain data. ASO legally responsible for NQTL compliance/analysis/documentation.	Members HIPAA and PHI will continue to be protected. No impact. No impact. Member notified if plan doesn't meet NQTL requirements.
Removal of Gag Clauses Broker Compensation Disclosure Pharmacy Benefits and Costs Reporting Mental Health Parity NQTL	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 dates. Direct and indirect compensation information must be disclosed to employer prior to purchase. Broker discloses to group plans; carrier discloses in individual market Requires insurers/health plans to annually report information on prescription drug benefits and costs to the Tri-Agencies. Beginning in 2023 reporting is due each year by June 1 for prior year. Insurer/plans must develop and disclose to state and federal regulatory agencies information on NQTLs upon request. Insurer creates report for fully insured plans. Overview	Attestation required beginning 12/31/23 Effective 12/27/21 Yr. 1 - 12/27/22 Then 6/1 each year Effective 2/10/21 Date	Review contracts and ensure contracts are in compliance with prohibition on gag clauses. Data/report will be available prior to contract execution. Preparing data for reports. Assist and provide information for ASO plans. Provide assistance for	ASO groups required to attest to compliance. Employer fiduciary reviews compensation; supports broker disclosure. Customer works with UnitedHealthcare to obtain data. ASO legally responsible for NQTL compliance/analysis/documentation.	Members HIPAA and PHI will continue to be protected. No impact. No impact. Member notified if plan doesn't
Removal of Gag Clauses Broker Compensation Disclosure Pharmacy Benefits and Costs Reporting Mental Health Parity NQTL Reporting	Health care contracts shall not prohibit electronic access of provider information, access to de-identified claims and encounter information or sharing information with others. Plans are asked to use good faith and reasonable interpretation to meet 1/1/22 dates. Direct and indirect compensation information must be disclosed to employer prior to purchase. Broker discloses to group plans; carrier discloses in individual market Requires insurers/health plans to annually report information on prescription drug benefits and costs to the Tri-Agencies. Beginning in 2023 reporting is due each year by June 1 for prior year. Insurer/plans must develop and disclose to state and federal regulatory agencies information on NQTLs upon request. Insurer creates report for fully insured plans.	Attestation required beginning 12/31/23 Effective 12/27/21 Yr. 1 - 12/27/22 Then 6/1 each year Effective 2/10/21 Date	Review contracts and ensure contracts are in compliance with prohibition on gag clauses. Data/report will be available prior to contract execution. Preparing data for reports. Assist and provide information for ASO plans. Provide assistance for NQTL audits initiated by tri-agencies UHC Approach Create and publish file on publicly accessible web site 7/1/22, then	ASO groups required to attest to compliance. Employer fiduciary reviews compensation; supports broker disclosure. Customer works with UnitedHealthcare to obtain data. ASO legally responsible for NQTL compliance/analysis/documentation. UHC provides standard & support.	Members HIPAA and PHI will continue to be protected. No impact. No impact. Member notified if plan doesn't meet NQTL requirements.