



Payer Network Strategies for No Surprises Act

*Smarter provider networks can
tip the scales to payers' advantage*



The No Surprises Act (NSA) protects patients against balance billing surprises. Much of this legislation's discussion centers on hospitals, providers, and patients. However, payers also need to plan for its impact.

A Quick Overview

The No Surprises Act didn't end balance billing. Instead, it changed the rules for many types of out-of-network claims. Patients seeking elective surgery, specific locations, or certain providers can still sign a waiver to receive the care they prefer at the out-of-network rate.

More provider types fall under NSA controls than ever before. Specialists who perform services at in-network facilities and typically run outside a patient's control, such as emergency room doctors, trauma specialists, anesthesiology, and pathology, now must bill at in-network rates.



What Payers Need to Do Now

Recognize that the payer-power rate negotiation dynamics continue to change. In general, payers now have sufficient leverage to pay in-network rates for a much broader range of out-of-network services. But the environment continues to change. Network adequacy rules increase leverage for providers who know payers need them in their network. Providers, especially in rural areas or in-demand specialties, increasingly counter by refusing to join payer networks except at higher rates. Some are seeking legislative or judicial relief from the published surprise billing rules. These battles will continue for the foreseeable future.

Focus on bringing providers in-network, concentrating on the specialties now covered under NSA out-of-network reimbursement regulations. Rather than win disputes with providers outside the network and risk ongoing anger and distrust, a more intelligent strategy saves time and money by avoiding these disputes before they occur.



The Right Provider Directory Is the Key to Success

Payers seeking to control out-of-network claims by expanding their provider networks need an accurate, national resource that quickly identifies who's available and interested in signing up. In addition, they must track providers as they move in and out of payer networks – quickly and efficiently in these expanded networks. These resources are essential for minimizing out-of-network claims, directory errors, and their associated costs.

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HealthLink Dimensions Has the Solution

HealthLink Dimensions is the industry's deepest, most accurate, most frequently updated provider directory resource. Payer organizations use HealthLink Dimensions to build exceptionally comprehensive provider networks, with automatic recognition when a provider moves or stops practicing in a region, creating a network gap.

Find out how HealthLink Dimensions can help you expand your network and keep the directory data maintained and up to date. Contact us today at **404.250.3900** or visit us at **www.healthlinkdimensions.com**.

