# Who Pays for Out-Of-Network – Payers or Providers?

## Yet more surprises from the No Surprises Act

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The No Surprises Act (NSA) has one definite goal and achievement – a dramatic reduction in the number of patients who receive balance billing for unintentional out-of-network care. At the same time, someone must pay for those charges. As more provider practice categories fall under NSA guidance, the battle between payers and providers over footing the bill continues to escalate.

Here's what you need to know.

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**The NSA now covers additional practice types,** especially emergency room doctors, anesthesiologists, pathologists, and other practitioners patients rarely get to choose even inside of in-network facilities.

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**Payers prefer that out-of-network providers absorb out-of-network costs** over their in-network market rates to avoid accepting out-of-network expenses themselves.

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**Some, but certainly not all, of these newly impacted providers have significant leverage in negotiations with payers,** such as those practicing in rural areas or specialty hospitals.

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**Proposed network adequacy legislation will complicate this situation** since payers will have to demonstrate appropriate provider resources by geography and population within the legal constraints of each plan they provide.

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**These increasingly difficult negotiations negatively impact healthcare systems and patients complicate this situation** through constant churn as payers drop providers from networks or providers refuse to accept payer compensation rates.

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**In some cases, these rifts result in a provider ceasing or losing in-network coverage at major healthcare systems,** leaving individuals and families no choice but to change providers in the middle of a coverage year or accept out-of-network bills.

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**State arbitration and resolution laws often supersede national efforts to foster agreements,** with varying results. Some states have systems that favor providers over payers. In others, the power dynamic supports payer interests.

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**More states may assume responsibility for these disputes** rather than rely on federal initiatives. This development means that multi-state payer organizations must prepare for differing rate dispute resolution standards across state boundaries, raising operational complexity and expense.

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**State laws are more likely than federal regulations to change emphasis due to which party is in power,** meaning that instability may become a fundamental part of the payer-provider relationship.

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**All sides in these disputes have deep pockets and political influence,** which means that these conflicts likely will intensify in coming years.

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The No Surprises Act continues to generate newchallenges and opportunities for payers. Need to know more about payer/provider negotiations or how accurate provider directories help create a deeper provider roster and a more robust network adequacy program? Contact Healthlink Dimensions today at **404.255.3900**!

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