

# NEW Surprise Billing and Transparency Laws Timeline



The following table outlines the No Surprises Act (enacted December 30, 2020) and new transparency in coverage regulations that will begin on January 1, 2022.

Law/Rule	Description	Effective Date
External Review	Applies to adverse determination of ER services or air ambulance	01/01/2022
ID Cards	ID cards must include Deductible, out-of-pocket, consumer assistance information such as phone and web	01/01/2022
NSA – Emergency Services	Plans must cover out-of-network emergency services, out-of-network services at an in-network facility, air ambulance at PPO Benefit Level	01/01/2022
NSA – Independent Dispute Resolution (IDR)	Plans must pay within 30 days or deny payment, parties may request IDR	01/01/2022
NSA – Qualifying Payment Amount (QPA)	Federal agencies will issue rules to determine QPA, small market vs. large market	01/01/2022
PPO Directories	Requires PPO directories be updated at minimum each 90 days	01/01/2022
Notice of Continuity of Care	Preserves right for Continuity of Care if provider/facility terms in-network status	01/02/2022
GHP Transparency Rule for PUBLIC Disclosure	Plans must make public (online and machine-readable file): 1. In-Network Rates 2. Out-of-Network Allowed Amounts	07/01/2022 <i>Enforcement Deferred</i>
GHP Transparency Rule for PARTICIPANT Disclosure	Plans must provide cost-sharing and rate information in searchable, internet-based self-serve tool	01/01/2023
Price Comparison Tool	Requires Price Comparison Tool by telephone and/or web for members to compare out-of-pocket costs	01/01/2023