TIC/NSA Compliance Fee

Effective 7/1/22

This summary reflects EVHC's current plans as of the date of this publication. For future updates and full information, please visit our TIC/NSA Information Hub.

Surprise Billing and Independent Dispute Resolution

EVHC is supporting Plan Sponsors by identifying surprise bills and adjudicating them using the qualified payment amount (QPA) as effective under each plan beginning with 1/1/22 plan years.

EVHC is also supporting the Independent Dispute Resolution (IDR) process. In some cases, the network is managing the process. Where the network is not managing the process, EVHC is utilizing Multiplan's services.

Machine-readable Files (MRFs)

EVHC will be creating proprietary network and out-of-network MRFs and will provide Plan Sponsors with a link to a table of contents containing the applicable MRFs for their plans by the required date of 7/1/22. Plan Sponsors should then post the link on their public website.

Price Lookup Tool and Price Comparison Tool

When not provided by another source, EVHC will support Plan Sponsors by providing the required price transparency/cost comparison tool through Valenz Bluebook. A link to the tool will be posted on the myEVHC.com portal. The tool will include the required 500 "shoppable" services on 1/1/23. It will be expanded to all services as of 1/1/24.

Beginning 1/1/23, unless you receive this information from another source, we will provide Valenz Bluebook to deliver the required price lookup and price comparison capabilities.

Provider Directories

EVHC currently includes links to applicable network databases from our portal (myEVHC.com). We recommend that clients add the links to their websites. EVHC customer service will support member requests related to a provider's network status.

Ensuring Continuity of Care (Network Provider Change in Status Notification Process)

EVHC worked with the networks to receive regular provider terminations and is evaluating claims history and pre-certification records to identify and notify the impacted members of their right to continue care at the in-network benefit level for the allowed time period. To facilitate an efficient notification process, please include employee email addresses on your eligibility file.

EVHC is also receiving and recording continuous care elections and adjudicating claims accordingly.

ID Card Changes

Luminare Health has implemented the required changes to both electronic and physical ID cards at the start of each client's plan year beginning on or after January 1, 2022.

Gag Clauses

Luminare Health reviewed and amended network contracts to eliminate such "gag" clauses and provisions that restrict the access and sharing of certain information.

External Appeals

Luminare Health currently has an external review process in place that will be utilized for claims that are subject to the No Surprises Act.

Broker and Service Provide Compensation Disclosure

Luminare Health discloses such compensation when applicable in our administrative services agreement and will continue to do so.

Reporting of Pharmacy and Healthcare Spend to Governmental Agencies

Luminare Health plans to support our clients with the reporting and filing of the medical plan data. EVHC expects each client's PBM tool to provide the reporting and filing of the PBM data.

Advance Explanation of Benefits (EOBs)

EVHC will support Plan Sponsors with this service pending additional forthcoming guidance.