



RLI Power Hour

**Don't Be Surprised by the “No Surprises Act” –
Impact to Radiology Practices and What You
Need to Know:**

Policy Research & No Surprises Act Implementation

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ACR & Neiman Health Policy Institute – Academic Collaboration



HPI HARVEY L. NEIMAN
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Studies in Health Care and Economics

The No Surprises Act: What Neuroradiologists Should Know

👤 T.H. Nguyen, 👤 R.E. Heller, K. Keysor, 👤 J.M. Milburn,
👤 E.Y. Rula, R. Spangler, and 👤 J.A. Hirsch

“[Interim Final Rules] essentially established the QPA as the main determinant of reimbursement.”

“QPA calculation methodology does not reflect real-world economics.”

“...while the NSA pertains to out-of-network emergency care, it is anticipated to also disrupt in-network contracts and good faith contract negotiations.”

“If in-network practices are reimbursed at a rate higher than the QPA, insurers can opt not to renew contracts...”

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DOI: <https://doi.org/10.3174/ajnr.A7739>

Good Policy Gone Wrong – No Surprises Act Implementation Issues



- **Protecting patient access and equitable care** – Are insurers pushing providers out of network?
- **Determining appropriate payment for a medical service**
 - Qualified Payment Amount (QPA) as a benchmark
 - Independent Dispute Resolution – is it accessible and fair given fee escalation and constraints?

Qualified Payment Amount (QPA)

Why it isn't "qualified" to do the job intended

What is the QPA?

- Basis for determining individual cost sharing under balance-billing protections in the No Surprises Act (NSA)
- Must be considered first for determining the payment amount in Independent Dispute Resolution



How is the QPA determined?

The median of the contracted rates for the plan or issuer for the same or *similar* item or service provided by a provider in the same or *similar* specialty in the same or *similar* facility type in the same geographic region

"This definition is intended to provide plans or issuers with the flexibility necessary to calculate the median contracted rate, relying on their contracting practices"

- *Requirements Related to Surprise Billing; Part I*

Neiman HPI Studies Underway

1. QPA methodology evaluation

- Sensitivity of the QPA to “flexibility” in defining a service, specialty, place of service and geography
- How often are there insufficient contracted rates to calculate a QPA?

2. Implications of IDR fee escalation and bundling requirements

- What proportion of radiology services cost more than the \$350 fee?
- Batching Restrictions: 30-day window and same service code

3. Evaluation of payer network changes and impact on access – practice survey