No Surprises Act: What Providers Need to Know

New federal and state requirements concerning surprise billing have taken effect. The No Surprises Act requires health plans to implement changes that impact both members and providers.

Preferred Administrators recently began paying out-of-network claims pursuant to the federal No Surprises Act. The allowed amount for out-of-network claims covered by the No Surprises Act will be set at the Qualifying Payment Amount (QPA).

- Preferred Administrators is working with our vendor partner ClearHealth to identify claims subject to the No Surprises Act and to determine the appropriate QPA.
- For any claims paid in accordance with the No Surprises Act, the Remittance Advise (RA) will note at a claim line level "Paid according to the qualifying payment amount (QPA), as defined by the No Surprises Act Regulations." A Provider Adjustments and Appeals letter with additional details will be included with the RA.
- If an out-of-network provider or facility wishes to initiate a 30-day open negotiation period for purposes of determining the amount of final payment to the provider or facility, you may contact ClearHealth in the following ways.
    1. Via the secure portal https://provider.clearhs.com
    2. e-mail claiminquiry@clearhs.com
    3. Calling (866) 722-3773
- Negotiations must be received within 30 days from the date on your provider Remittance Advise (RA). All RA's can be download in our Provider Portal.

  Additional provider resources about the No Surprises ACT can be found on the Centers for Medicare and Medicaid (CMS)'s website .