



SIIA ENDEAVORS

Join leading industry leaders at SIIA's Price Transparency Collaboration Forum, February 28-March 1 at the Sheraton Dallas Hotel in Dallas, Texas for a unique opportunity to take a deep dive into the various federal price transparency requirements now applicable to self-insured health plans.

The Forum will promote idea sharing between industry executives and partners from across the self-insured space. From the Transparency in Coverage regulations to the No Surprises Act, this Forum will provide an interactive opportunity to learn what these new rules and regulations mean for your business and clients, from strategy to implementation.

Program highlights include:

Policy Primer: Self-Insured Plans and Federal Price Transparency Rules

SIIA's Government Relations Team will provide insights and need to know analysis on current federal price transparency activities, ranging from the Hospital Price Transparency and Transparency in Coverage Rules to the ongoing implementation of the No Surprises Act.

Panelists:

Ryan Work
Vice President Government Relations
Self-Insurance Institute of America, Inc.



Chris Condeluci
Washington Counsel
Self-Insurance Institute of America, Inc.

Matt Litton
Office of Health Plan Standards and Compliance Assistance
U.S. Department of Labor

A Conversation with Regulators: Price Transparency Viewpoints & Directions

Key federal agency regulators will discuss details on federal transparency rules, in addition to insights into future guidance and implementation recommendations.

Panelists:

Deborah Bryant
Special Advisor for the Consumer Support Group
Center for Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare & Medicaid Services

Lindsey Murtagh
Director, Market-Wide Regulation Division, Center for Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare & Medicaid Services

What Surprise Billing Payment Strategies Work? Calculating the Payment Amount through QPA and Database Usage

The dust has settled and providers are receiving payments under the No Surprises Act. What are the early learnings around QPA pricing and the portion of claims that use a network-based or plan-based QPA versus an external database? Is the industry coalescing around certain QPA pricing standards? How has the provider community been reacting? Are there more QPA considerations for health plans in order to comply properly based on any initial good faith efforts? Ultimately, will the use of the QPA help drive down the cost of healthcare in the long-term? Panelists will review experience with audience participation and stories.

Panelists:

Amy Gasbarro
Chief Operating
Officer
Válenz

Troy Sisum
Senior Vice
President, Chief
Counsel
ELAP Services

Brian
Wroblewski
Executive Vice
President
ClearHealth Strategies



Liz Longo, Esq.
Vice President, Subrogation & Arbitration Solutions
MultiPlan, Inc.

**Winning Strategies to Tackle the
Surprise Billing Arbitration/ IDR
Process**

With surprise billing protections just beginning, how can industry and plan participants work together to strategize through arbitration process. Are specific tools available or being developed to manage the IDR process? Could the public availability of pricing data result in the development of new tools that could be leveraged in provider negotiations? What are the potential negotiations strategies that can help drive down prices?

Brad Roehrenbeck
General Counsel
MedCost

The Real World: Price Transparency & Surprise Billing Case Studies

A self-Insured health plan team, including a TPA, broker and stop-loss carrier, will walk through example 'real-life' surprise billing scenarios from start to finish, including payment strategies, QPA calculations, arbitration approaches, and final payments. Panelists will also discuss how to handle claims under the new surprise billing and federal transparency rules.

Panelists:

Panelists:

Scott Bennett
Vice President, Provider Relations
The Phia Group, LLC

Christine Carlson
Senior Vice President, Claims
Tokio Marine HCC – Stop Loss Group



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Kari Niblack
CEO
ACS Benefit Services, LLC

Healthcare Payor Preparedness: Are You Ready for Transparency in Coverage Requirements?

New requirements established in the No Surprises Act (NSA) and Transparency in Coverage Rule (TiC) place a heavy burden on healthcare payors. Now, more than ever, there is clear need for these payors to understand how they will meet regulatory requirements, and even the consequences of non-compliance. Do payors think the new regulations help them reduce payments and costs?

Join industry peers to discuss requirements, deadlines and capabilities that payors must implement for:

- Evolution of Out-of-Network Reimbursements
- Price Comparison
- Defense in an Independent Dispute Resolution
- Machine Readable Files

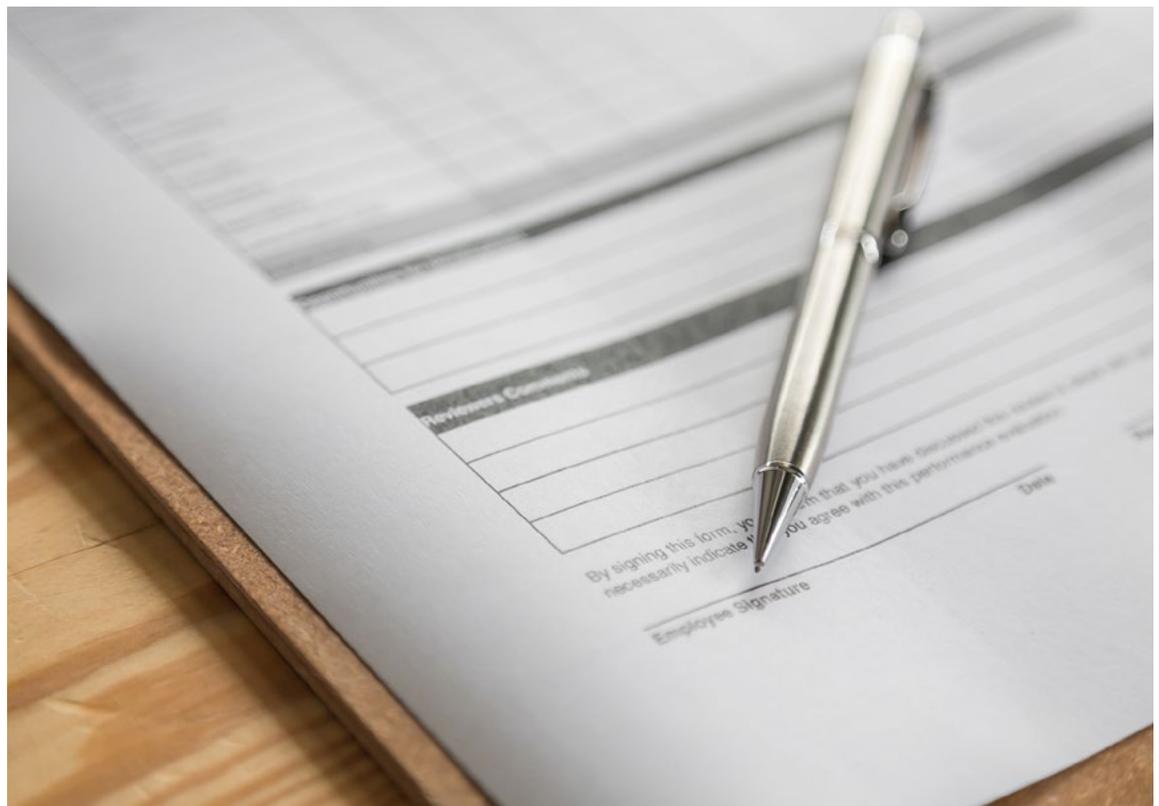
- Provider directories

Panelists:

Christine Cooper
CEO
aequum, LLC

Lisa LaMaster
Vice President of Business Solutions -
Out-of-Network
Zelis

Mary Piecuch
Senior Vice President, Member Advocacy





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Empowering Employers and Patients: Consumerism, Protections, Perspectives & Understanding

Many of the new price transparency requirements are designed to empower consumers by protecting them from surprise bills and making healthcare costs more transparent. These provisions, from Advanced EOBs to the patient portal, are complex.

Will this new spate of regulations aimed at increasing transparency pressurize providers to lower prices? Could the public availability of pricing data result in the development of new tools for patients to more aggressively shop for services? Will consumers utilize and understand this, what benefits will ultimately come to fruition, and what does the industry need to do now for development and implementation?

Panelists:

Dawn Cornelis
Co-Founder
ClaimInformatics

Mark Galvin
CEO
TALON

For more information, including registration, sponsorship and exhibiting information, please visit www.siia.org. ■