

News

Temme Breaks Down FAQ on No Surprises Act and Transparency in Coverage Final Rules

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Groom principal [Ryan Temme](#) was featured in the *PLANADVISER* article, “EBSA Publishes Regulatory Update on Health Facility Fees, Provider Networks,” and the *PLANSPONSOR* article, “FAQ Clarifies Status of In-Network Providers, Facility Fees,” where he analyzed the FAQ covering the No Surprises Act and the Transparency in Coverage Final Rules released by the Departments of Labor, Treasury, and Health and Human Services.

According to *PLANADVISER* and *PLANSPONSOR*, Temme clarified that “certain “single case agreements” probably would not ‘be pulled into the FAQ.’”

The outlets reported that Ryan explained that “if a plan participant is treated by an out-of-network provider, that provider can collect the uninsured balance from the participant, known as ‘balance billing.’”

“According to Temme, balance billing was one of the key motivations for the No Surprises Act in the first place, because it enabled providers to pass large, and often unexpected, costs on to the participant. He describes the FAQ’s clarifications as ‘commonsense,’” said *PLANADVISER* and *PLANSPONSOR*.

To read the *PLANADVISER* article, [click here](#).

To read the *PLANSPONSOR* article, [click here](#).