



Dear Valued Provider,

**Effective January 1, 2022**, to comply with the No Surprises Act and Transparency in Coverage rules, Beacon Health Options (“Beacon”) may not enter into an agreement with a provider, network, third-party administrator or other service provider that would directly or indirectly restrict Beacon from giving provider-specific cost or quality information to referring providers, plan sponsors or participants, electronically accessing de-identified claims or sharing information with a HIPAA business associate.

In addition, Beacon must make machine-readable files that include detailed pricing information available to the public, including:

- Negotiated rates for all covered items and services between the plan or issuer and in-network providers
- Historical payments to, and billed charges from, out-of-network providers. Please note historical payments must have a minimum of twenty entries in order to protect consumer privacy.

Please note these requirements impact all providers serving Beacon members with the following insurance coverage:

- Commercial
- Small Group
- Large Group (i.e. fully insured and administrative services only)
- Individual
- Self-Insured
- Exchange Plans

For additional information regarding the No Surprises Act and Transparency in Coverage rules, please visit the [Frequently Asked Questions \(FAQ\) section for the Affordable Care Act \(ACA\)](#) on the U.S. Department of Labor’s website.

We appreciate the care that you provide to our members and look forward to continuing to support your practice.

Sincerely,

Your Beacon Provider Relations Team

December 14, 2021