

What is the No Surprises Act?

By January 1, 2022, providers must implement proactive measures to prevent patients from receiving surprise medical bills.

What Are the Requirements?

- **Emergency services** must be covered at an in-network rate, even if they are provided out-of-network. They cannot require a prior authorization.
- **For certain outpatient services**, healthcare providers and facilities must provide patients with a plain-language consumer notice that explains that consent is required to receive care by an out-of-network provider at an in-network facility before the provider can bill the patient the out-of-network rate.
- **Patient cost-sharing** (i.e., co-pay, deductible, and co-insurance) for emergency services and certain non-emergency services provided by an out-of-network provider cannot be higher than if such services were provided by an in-network provider.
- **When scheduling an item or service**, or if requested by a patient, providers and facilities are required to inquire about the individual's health insurance coverage. If a patient is uninsured or does not want to bill their insurance carrier for the scheduled visit, the provider or facility must provide the patient with a good faith estimate of expected charges within 1-3 business days.
- **A good faith estimate** must include expected charges for the items or services that are reasonably expected to be provided to the patient during the scheduled visit. This includes any items or services that will be included with the primary item or service as well as any items or services that will be provided by other providers and facilities.
- **If a patient receives a bill that is "substantially in excess"** of the good faith estimate, the provider must participate in a patient-provider dispute resolution process, if requested by the patient and if initiated within 120 calendar days of the patient receiving the bill. (The Department of Health and Human Services has defined "substantially in excess" as the billed charges being at least \$400 more than the good faith estimate for any provider or facility listed on the good faith estimate.)

What Does This Mean for Providers?

- Providers will no longer be allowed to balance bill patients for emergency services and certain out-of-network non-emergency services without patient consent.
- Reimbursement and cash flow may be impacted.
- Providers will have to work closely with payors to determine out-of-network payment amounts during a 30-day open negotiation period.
- If both parties cannot reach agreement during the open negotiation period, the federal independent resolution process can be initiated.
- Having the tools to provide accurate and timely estimates to uninsured and self-pay patients will become increasingly important.
- Uninsured and self-pay patients will have additional rights and platforms to dispute billing discrepancies.

What Providers Need to Do Now

- Ensure you understand how the No Surprises Act will interact with any existing state laws.
- Publish required waivers and patient notices. Evaluate patient portal solutions as a method of delivery.
- Identify out-of-network providers based on your payor mix and update supporting systems, as needed.
- Ensure all revenue cycle and operations staff are trained on the No Surprises Act requirements prior to go-live to ensure a successful transition.
- Review scheduling workflows to ensure insurance status is captured and uninsured and self-pay patients are identified at the point of scheduling.
- Develop scripting for scheduling staff to proactively notify patients when they are scheduling with an out-of-network provider and engage in financial impact discussions with patients prior to scheduling.
- Ensure your staff have the tools to create accurate and timely good faith estimates for patients.
- Determine if any additional billing edits and/or work queues should be built to proactively identify non-compliant bills and payment variances.
- Engage payors early in the process. Collaborate to understand future state workflows and payor-specific protocols.

Are You Ready?

We can help. Contact us to learn more about how you can turn compliance with the No Surprises Act into an opportunity to gain a competitive edge and enhance the financial experience for your patients.



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The requirements above are applicable unless otherwise superseded by state law.