Preparing for the No Surprises Act

Effective January 1, 2022, the No Surprises Act (NSA) established new federal protections against surprise medical bills and balance billing for services received from out-of-network providers. The Act applies to emergency and non-emergency services provided by all healthcare providers and all commercial health plans.

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LEVERAGE BILLING SYSTEM

Identify in-network rate for out-of-network payors by:

- Contacting payors directly to determine in-network rate
- Calculating the average in-network rate provided by contracted payors
- Incorporating in-network fee schedule for out-of-network payors into the billing system

Review payment or denials from out-of-network payors:

- Per Explanation of Benefits (EOB), was payment denied (CO) or shifted to Patient Responsibility (PR)
- Providers have 30 days, after initial payment or denial is received, to initiate open negotiation. If an agreement cannot be reached during open negotiation, the Independent Dispute Resolution Process can be initiated

Educate patient services representatives:

- Educate patient services representatives on the No Surprises Act so they are prepared to handle patient phone calls
- Implement a customer service workflow process to ensure a consistent response to patient phone calls

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EDUCATE PROVIDERS AND PATIENTS

Provide key information on your website for patients and providers including:

- Contracted payor list with instructions to contact you regarding any payors not listed
- Patient-responsibility estimation tools, which can be embedded into patient and physician portals, to provide patients with estimated costs prior to services being performed

For uninsured or self-pay patients, provide a good faith estimate*.

- A good faith estimate should include all items or services reasonably expected to be provided by all providers included in patient care
- Enforcement discretion will be exercised until December 31, 2022, in situations where a good faith estimate does not include expected charges from other providers involved in patient care

Obtain signed patient consent*, if planning to balance bill the patient for non-emergency services an amount above the in-network rate.

- Consent should include a good faith estimate of all services and associated costs
- Must be obtained 72 hours prior to scheduled or three hours prior for unscheduled appointments
- Ancillary services are excluded from the consent exception and always subject to balance billing protections

Ensure information is up to date with contracted payors and displayed correctly in payors' provider directory.

XIFIN No Surprises Act (NSA) Resource Center: https://www.xifin.com/NSA

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DISCLOSE NSA PATIENT PROTECTIONS

For services performed at or in conjunction with a hospital or ASC, disclose* patient protections available under NSA by:

- Posting public signage in a physical location
- Displaying link on a searchable homepage of the provider's website
- Providing notice to patients when requesting payment, except for Medicare, Medicaid, or Self-Pay

Providers are not required to comply with disclosure requirements if affiliated hospital or ASC provides disclosures or if a provider does not have a publicly accessible location or website.

*CMS has posted Standard Notice & Consent forms, Model Disclosure Notice forms, and Guidance on Good Faith Estimates at https://www.cms.gov/nosurprises to assist providers with complying with NSA requirements.

Let XIFIN Help

The requirements to comply with the No Surprises Act are continually evolving; that is why XIFIN created the No Surprises Act (NSA) Resource Center that includes the latest NSA industry news, information, resources, and billing tools from industry experts.

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https://www.xifin.com/NSA