

No Surprises Act

Effective January 1, 2022, the No Surprises Act, which Congress passed as part of the Consolidated Appropriations Act of 2021, is designed to protect clients from surprise bills for emergency services at out-of-network facilities or for out-of-network providers at in-network facilities, holding them liable only for in-network cost-sharing amounts. The No Surprises Act also enables uninsured clients to receive a good faith estimate of the cost of care.

Overview

Surprise billing occurs when clients receive care from out-of-network providers without their knowledge. Surprise billing therefore results in higher costs for medical services that would have been cheaper if rendered by providers inside their health plan's network. This can happen when someone involved in the client's care is not in-network. The rules is intended to cut down on surprise costs, and also to ban out-of-network charges without notice in advance (providing clients plain-language consumer notice).

Consumer Notice

Requiring out-of-network providers to provide any of our potential clients with notice that they are outside of the client's health plan's network is a large part of the No Surprises Act's purpose. Any potential client can waive paying out-of-network prices for non-emergency services so long as they consent.

We have a standard notice that can be given to out-of-network clients when they seek services, which must be given to clients within seventy-hours of the scheduled appointment or service (or within three hours for same-day-services). At your request, we will provide this notice to you in paper or electronic format, as you prefer, and you will receive a copy. The form will clearly state:

- The provider (our facility) is out-of-network
- An estimate of the cost of our services (which we will calculate in good faith).

This document will be separate from all other documents you sign prior to care.

We will provide it in additional languages if requested.

You are never required to give up your protections from surprise billing. You are also not required to get out-of-network care. You can choose a provider or facility in your plan's network.

Lastly, there is a requirement which states that out-of-network providers must notify health plans when they provide a client service, and they must certify that they have met the required notice and consent requirements. We will keep these records for a minimum of seven years.

If you think you have been wrongly billed or have more questions

If you think you have been wrongly billed or are uncertain whether the No Surprises Act applies to you or if you have any additional questions about standard notice or the No Surprises Act in general, please contact us.

Complaints

If you still feel you have been wrongly billed, complaints may be directed to our Compliance Department at 888-513-9976 or to the Centers for Medicare & Medicaid Services (CMS) at <https://www.cms.gov/nosurprises/consumers> or 800-985-3059.