

SUMMARY OF PATIENTS' RIGHTS UNDER THE NO SURPRISES ACT (NSA) AND ITS RELATED FINAL RULES

GUIDANCE & FREQUENTLY ASKED QUESTIONS

Starting on the 1st of January 2022, millions of patients no longer have to be worried about receiving an unexpected balance bill (aka, surprise bills) from a provider that is not in their health insurance network. A balance bill occurs when an out-of-network provider bills a patient for a balance over the amount that their health plan has approved for a service. This happens most often when a patient receives care from an out-of-network provider they did not choose. The NSA also establishes a dispute resolution process for uninsured and self-pay individuals who want to contest a provider's bill.

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| Beneficiaries | Patients enrolled in a plan they get through their employer or a plan they buy on their own in the individual market, including marketplace plans. | Uninsured patients: Individuals with no health insurance coverage Self-paying patients: Insured patients who opt to pay for care without using their insurance |
| Protections | <p>Patients are protected from balance bills and out-of-network cost-sharing in the following situations:</p> <ul style="list-style-type: none"> - Emergency services - Non-emergency services (incl. ancillary services like anesthesiology or radiology) provided by out-of-network providers working at an in-network facility - Air ambulance services. Note that NSA surprise billing protections do not apply to ground ambulance services. <p>In these cases, patients cannot be charged more than the required standard cost-sharing amount (incl. copay, coinsurance, and deductible).</p> <p>Patients are ensured continuity of care for certain circumstances for up to 90 days due to a change in their provider’s network status and are only responsible for the required standard cost-sharing amount.</p> <p>Patients in some circumstances may be asked to waive their protections, but they cannot be asked to do so and be balance billed:</p> <ul style="list-style-type: none"> - If there is no in-network provider available - If they relied on an inaccurate provider directory - For care that is unforeseen or urgent - For care related to emergency medicine, anesthesiology, pathology, radiology, or neonatology, or for services provided by assistant surgeons, hospitalists, and intensivists, or for diagnostic services (incl. radiology and laboratory services). <p>Patients have the right to receive easy-to-understand information at least 3 days before the service is delivered about:</p> <ul style="list-style-type: none"> - NSA protections mentioned above - An option to give up NSA protections and opt to receive care from an out-of-network provider and pay out-of-network costs (which are often more expensive than in-network cost-sharing) and balance bills for the care they seek - A <i>good-faith estimate</i> of <i>itemized costs</i>, which would help the patient to make an informed choice before signing a <i>consent form</i> to waive their NSA protections. Note that patients have no obligation to sign a consent form to waive NSA protections and agree to pay out-of-network charges when scheduling care. <p>Patients have no obligation to sign the <i>consent form</i> to waive NSA protections. If being coerced into signing this form, patients can report this violation to cms.gov/nosurprises or call 1-800-985-3059.</p> | <p>Patients have the right to receive easy-to-understand information about their care:</p> <ul style="list-style-type: none"> - Providers are required to provide a <i>good-faith estimate</i> of <i>itemized costs</i> of services scheduled at least 3 days in advance. Note that the NSA interim final rules do not require providers to provide the good faith estimate of charges for unanticipated services that are not reasonably expected (such as in emergency situations) or that can occur due to unforeseen events. - Providers are required to factor in financial assistance an uninsured (or self-pay) individual may receive when <i>calculating the expected charges included in the good-faith estimate</i>. |

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| <p>Dispute resolution process (DRP) – an independent third-party review</p> | <p>Patients are no longer caught in the middle of disputes between providers and insurers over out-of-network payments for the services covered under the NSA. If they believe they have received surprise bills, they can file a complaint and ask that their bill be investigated.</p> | <p>Patients have the right to enter the dispute resolution process (DRP) if their bill is at least \$400 more than the total expected costs on the good faith estimate from a provider or facility. To use the DRP, patients must pay an administrative fee of \$25 and submit a notification to HHS at https://www.cms.gov/nosurprises/consumers/medical-bill-disagreements-if-you-are-uninsured within 120 calendar days of receiving the initial bill.</p> <p>Patients are protected from providers’ collection actions while the dispute resolution process is pending. Specifically, providers are:</p> <ul style="list-style-type: none"> - Prohibited from moving a patient’s bill to collections - Required to pause all collection actions if a patient’s bill is already in collections - Banned from collecting late fees or unpaid bills until the dispute resolution process has ended. <p>When entering the DRP, patients are encouraged to ask for:</p> <ul style="list-style-type: none"> - Screenings for hospital financial assistance or other public health insurance programs before the billing dispute process ends; - Lowering the cost for the service they received; or - Establishing a reasonable payment plan. |
| <p>Appeal process</p> | <p>Patients have the right to submit a complaint within 120 calendar days of receiving the initial bill at https://www.cms.gov/nosurprises/consumers/complaints-about-medical-billing if receiving a surprise bill, meaning their health plan denies all or part of the payment for services covered under the NSA.</p> | <p>The decision of the DRP is binding and cannot be appealed.</p> |

For detailed information about the No Surprises Act and Interim Final Rules, go to www.cms.gov/nosurprises
Also, check out USPIRG’s guide on how to protect NSA rights [here](#)

