

New Surprise Billing and Price Transparency Policies

EFFECTIVE JANUARY 1, 2022

The following No Surprises Act provisions go into effect on Jan. 1, 2022. AHA resources to assist with implementation can be found on the [AHA Surprise Billing website](#).

- ✓ **Patient Balance Billing Protections.** Patients can no longer be balance billed for certain out-of-network services. These include: emergency care, including services provided post-stabilization, as well as certain scheduled services for which the provider is out-of-network but the facility is in-network. In some cases, providers may request patient consent to waive these protections and balance bill the patient.
 - **Notice and Consent Process.** Providers may seek a patient's consent to balance bill for certain out-of-network services in limited circumstances. Providers interested in seeking patient consent must follow specific requirements outlined in law and regulation, including the use of standardized forms, which can be found here [CMS-10780 | CMS](#).
 - **Federal Independent Dispute Resolution (IDR) Process.** An IDR process is available to providers, facilities, plans, and issuers in the event that agreement cannot be reached on an out-of-network reimbursement amount for items or services subject to the balance billing provisions that are delivered on or after Jan. 1, 2022. The federal government has established a federal IDR portal at [No Surprises Act | CMS](#) where stakeholders can get more information, as well as initiate and complete the process.
- ✓ **Uninsured/Self-Pay Good Faith Estimates.** Providers must provide uninsured or self-pay patients scheduling services three or more days out a good faith estimate of expected charges, inclusive of all items and services expected to be delivered during the period of care. This requirement applies to all providers, including hospitals, physicians, outpatient departments, ambulatory surgical centers, etc.

The estimate must be calculated using self-pay rates, reflective of any discounts available to the patient (e.g., financial assistance). As of Jan. 1, 2022, each provider is responsible for generating their own good faith estimate. As of Jan. 1, 2023, the provider/facility responsible for scheduling the primary service, referred to as the "convening provider," will be responsible for coordinating all estimates and delivering a single, comprehensive good faith estimate to the patient.

- **Patient-Provider Dispute Resolution Process.** Uninsured or self-pay patients that receive a bill from a provider or facility for charges \$400 or more than the provider or facility's good faith estimate can initiate a select dispute resolution process to assess the unpredictability and medical necessity for the charge.
- ✓ **Patient Notification of Rights.** Providers and facilities must notify patients—both in writing and verbally—of their new rights related to balance billing and the uninsured/self-pay good faith estimates. Providers/facilities also must post a disclosure of patients' rights on their websites and in their offices or facilities. The government has provided a model disclosure form here. [CMS-10780 | CMS](#).

Additional policies will go into effect after Jan. 1, 2022, including the good faith estimates for insured patients, advanced explanation of benefits and provider directory provisions. Additional rulemaking is expected to inform implementation of these provisions.