

Considerations Checklist

HHS releases interim final rule for the No Surprises Act. **Are you prepared?**

The No Surprises Act bans out-of-network providers from billing commercially insured patients an amount greater than if they had been an in-network provider. Starting January 1, 2022, patients may not receive a “surprise bill” from a provider that they did not choose or did not know was not participating in their insurance plan. The No Surprises Act applies to facilities and healthcare providers rendering emergency and non-emergency care in hospitals and emergency rooms. We've provided below a list of items to take into consideration when preparing for this impactful regulation.

Physicians and Ancillary Providers

- 1 Contracted Physician Groups** (i.e. emergency room, radiology, pathology, anesthesiologists, neonatologists, intensivists)
- Discuss regulation and its impact on billing and reimbursement
 - Identify potential changes to in-network plan participation
 - Review contracts

- 2 Medical Staff**
- Educate regarding regulation and its impact on referrals and reimbursement
 - Review 3-hour consent provisions and process design
 - Prepare Q&A sheet
 - Designate a hospital liaison to assist with problems, questions, concerns

- 3 Subspecialists/Consultants/Assistant Surgeons**
- Discuss regulation and its impact on billing and reimbursement
 - Review 3-hour consent provisions and process design
 - Examine IDR process

- 4 Ancillary Providers** (specialty labs, DME, orthotics/prosthetics)
- Discuss regulation and its impact on billing and reimbursement
 - Identify potential changes needed to in-network plan participation
 - Review 3-hour consent provisions and process design
 - Examine IDR process

Healthcare Facilities (including outpatient and freestanding facilities)

1. Provider Management

- Educate registration, scheduling, and billing office staff
- Create disclosure notification and post in prominent area (refer to “CMS-10780” to review notification requirements and standard consent form)
- Develop educational tool for patients
- Create in-network plan participation lists for recurring referrals
- Consents
 - Create document
 - Design process (who needs one, who obtains, how to access, where to retain)
 - Determine extent of provider assistance will be provided
 - Confirm notice and consent given 72 hours before scheduled appointment
 - Confirm consent must be given at least 3 hours in advance of services
- Consider augmenting ancillary providers to accommodate in-network
- Outline process for handling non-consents
- Review billing processes
 - Identify an out-of-network patient
 - Create bill holds
 - Prevent balance billing
 - Collaborate with carriers for submitting consents
- Review technology capabilities of providing good faith estimate starting July 2022
- Design process for handling violations
- IDR
 - Determine dollar threshold
 - Review IDR process and design internal process to comply

For informational purposes only. Consult your legal department for compliance requirements.

How can Savista help?

Savista can partner with clients to address the challenges of complying with the No Surprise Act. We assist with document creation, review of processes, education, development of a payment appeal policy and recommendations for oversight.

Contact us today!