

NEW PERSPECTIVES CENTER
for Counseling and Therapy

No Surprises Act – Notice Requirements

On July 1, 2021, an interim final rule, the “Requirements Related to Surprise Billing Act”, was passed. The purpose of the act was to reduce excessive costs patients are required to pay in relation to surprise billing. The rule took affect January 1, 2022, and will only affect those who are enrolled in insurance via their employers, as federal healthcare programs already prohibit this type of billing.

Overview

Surprise billing occurs when patients 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 patient’s care is not in-network. The rule is intended to cut down on surprise costs, and also to ban out-of-network charges without notice in advance (providing patients 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 patient’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 are expected to have a standard notice that can be given to out-of-network patients when they seek services, which must be given to patients within seventy-hours of the scheduled appointment or service (or three hours for same-day-services). 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 (or our facility) is out-of-network.
- An estimate of the cost of 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.

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.

The Department of Health and Human Services (“HHS”) is expected to offer additional guidance as the effective date of the Act nears, so stay tuned for more out-of-network provider requirements regarding consumer notice and consent.

If you are uncertain whether the No Surprises Act applies to you or if you have any additional questions about standard notice forms or the No Surprises Act in general, reach out to:

New Perspectives Center

1675 Winter Street NE

Salem, OR 97301

Phone: 503-585-0351

Email: NPC@npcsalem.com

You may also contact our Compliance Department at 888-513-9976 or make a complaint to CMS at <https://www.cms.gov/nosurprises/consumers> or 800-985-3059.

More information

- CMS, What You Need to Know about the Biden-Harris Administration's Actions to Prevent Surprise Billing, (July 1, 2021), <https://www.cms.gov/newsroom/fact-sheets/what-you-need-know-about-biden-harris-administrations-actions-prevent-surprise-billing>
- CMS, Requirements Related to Surprise Billing; Part I Interim Final Rule with Comment Period (July 1, 2021), <https://www.cms.gov/newsroom/fact-sheets/requirements-related-surprise-billing-part-i-interim-final-rule-comment-period>
- CMS, HHS Announces Rule to Protect Consumers from Surprise Medical Bills, (July 1, 2021), <https://www.cms.gov/newsroom/press-releases/hhs-announces-rule-protect-consumers-surprise-medical-bills>