NO SURPRISES ACT

PURPOSE:

Beginning January 1, 2022, facilities must provide a good faith estimate of expected charges to uninsured consumers, or to insured consumers If they don't plan to have their health plan help cover the costs (self-paying individuals). The good-faith estimate must be provided after a patient has scheduled a surgery, or upon their request. It should include expected charges for the primary item or service they're getting, and any other items or services that are provided as part of the same scheduled experience.

DEFINITIONS:

Balance Billing: When a facility bills the patient for the difference between the provider's charge and the allowed amount.

Cost Sharing Amount: The patient cost sharing amounts include co-insurance, co-pay and deductible.

Estimate: The estimate should include the cost of the surgery, any labs or tests, and the anesthesia that might be used during the operation. Items or services related to the surgery that might be scheduled separately, like pre-surgery appointments or physical therapy in the weeks after the surgery, won't be included in the good-faith estimate.

Non-Participating: A non-participating provider has not entered into an agreement to accept assignment on all Medicare claims.

Out of Network: Out-of-network providers have not agreed to the discounted rates.

Qualifying Payment Amount (QPA): The plan's median contracted rate — the middle amount in an ascending or descending list of contracted rates, adjusted for market consumer price index in urban areas.

Surprise Medical Bill: A surprise medical bill is an unexpected bill from a facility that occurs when a is a nonparticipating facility is not in network with the individual health plan.

POLICY:

All uninsured patients will be provided with a copy of the ***Patient Rights and Protections against Surprise Medical Bills Facility Notice***, and a good faith estimate of costs for their surgery including anesthesia, and transportation to a hospital in the event of an emergency.

The good-faith estimate will be explained to the patient over the phone or in-person if the patient requests it and followed with a paper or electronic estimate.

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PROCEDURE:

The *Patient Rights and Protections against Surprise Medical Bills Facility Notice* is on display in our lobby located ________ which is near where patients schedule care, check-in for appointments, or pay bills. A link to the notice can also be found on the facility website <websiteURL>

This notice is provided to our patients at the time our facility confirms the surgery date and time and requests payment from the patient. At the time of check in, the notice will be provided to the patient and can be sent via mail, or via email, as selected by the patient.

GOOD FAITH ESTIMATE FOR UNINSURED PATIENTS

To be provided to uninsured patients after the surgery is scheduled or upon request

ASC Name ______________________________

ASC Street Address ______________________________

City, State Zip ______________________________

Federal Tax ID ______________________________

NPI Number ______________________________

REQUIRED DATA ELEMENT	INFORMATION
Patient name and DOB	<Insert Patient information>
Date of Service	<Insert the date of service>
Co-provider Services	<Insert Name of anesthesia Provider or Group>
Service codes	<Insert Surgery CPT codes>
Diagnosis codes	<Insert ICD codes>
Expected charges	<Insert amount from Self-pay surgery schedule> <Insert amount due for self-pay anesthesia> <Insert amount due for other services>
Date and Time	<Insert the date and time the above information was reviewed with the patient>
Employee Name	<Insert name of employee providing information>

This is not a contract and does not require the above uninsured (or self-pay) individual to obtain the surgery listed above. This is only an estimate and not the final overall total charges. There may be additional items or services not contained in this estimate.

Notice of Patient Rights and Protections Against Surprise Medical Bills

Beginning January 1, 2022, healthcare facilities must provide a good faith estimate of expected charges to ***uninsured consumers***, or to insured **consumers if the patient does not plan to have their health plan help cover the costs (self-paying individuals).** The good-faith estimate must be provided after a patient has scheduled a surgery, or upon their request. It should include expected charges for the primary item or service they're getting, and any other items or services that are provided as part of the same scheduled experience.

"Surprise billing" is an unexpected balance bill. "Out-of-network" describes a facility that has not signed a contract with your health plan. If you have an ***emergency medical condition and get emergency services,*** the most the facility may bill to you is the in-network cost-sharing amount

As the patient, you have the following protections:

You are responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network).
Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

If you believe you've been wrongly billed, you may contact www.cms.gov/nosurprises for more information about your rights under federal law.