

## **No Surprise Act**

Effective January 1, 2022 Congress passed the No Surprise Act (NSA) as part of the Consolidated Appropriations Act of 2021. The NSA is designed to protect patients from surprise bills at out-of-network facilities or for out-of-network providers at in-network facilities, holding them liable only for in-network cost-sharing amounts. The NSA also enables uninsured patients to receive a Good Faith Estimate of the cost of care.

Surprise billing occurs when clients receive care from out-of-network providers without their knowledge. Surprise billing results in higher costs for medical services that would have been cheaper if rendered by providers inside the patients' health plan network. NSA is intended to cut down on surprise costs and also to ban out-of-network charges without advance notice (providing clients plain-language consumer notice).

## **Consumer Notice**

It is a requirement that out-of-network providers provide all potential clients with notice that they are outside of the client's health plan network. All potential clients may waive paying out-of-network prices for non-emergency services so long as they consent.

## **Good Faith Estimate**

You have the right to receive a "Good Faith Estimate" explaining how much your medical care (in this case, specifically mental health counseling services) will cost. Under the law, healthcare providers are required to provide a Good Faith Estimate to out-of-network/cash pay clients when they seek services. Providers are required to:

- Provide a Good Faith Estimate to an uninsured (or self-pay) individual:
  - Within 1 business day after scheduling (this timeline applies when the primary item or service is scheduled at least 3 business days before the day the client or patient would receive it) or no later than 3 business days after scheduling (this timeline applies when the primary item or service is scheduled at least 10

- business days before the client or patient would receive it), depending on scheduling; or
- Within 3 business days after an uninsured (or self-pay) consumer requests a Good Faith Estimate.
- Include in the Good Faith Estimate an itemized list of each item or service, grouped by each provider or facility offering care. Each item or service must share specific details and the expected charge;
- Provide a paper or electronic copy of the Good Faith Estimate, even if the provider also provides the Good Faith Estimate information to the individual over the phone or verbally in-person;
- Provide the Good Faith Estimate using clear and understandable language;
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill;
- You may request that I provide this notice to you in paper or electronic format;
- The form will clearly state I am an out-of-network provider and provide an estimate of the cost of my services (which I will have calculated in good faith).

You are never required to give up your protections from surprise billing. You also are not required to get out-of-network care. You can choose a provider or facility in your plan's network. 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. I will keep these records for a minimum of seven years.

## **Complaints**

If you think you have been wrongly billed or are uncertain whether the No Surprises Act applies to you or if you have any additional questions you may call Megan Snow, LPC at 971-424-8895 or send an email to <a href="mailto:megan@megansnowlpc.com">megan@megansnowlpc.com</a>

You may also contact:

The Oregon Board of Licensed Professional Counselors and Therapists: (503) 378-5499 or lpct.board@mhra.oregon.gov;

The U.S. Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE (1-800-633-4227) or visit https://www.cms.gov/nosurprises for more information about your rights under federal law.