

The background of the slide is a photograph of a sunset or sunrise. The sky is filled with horizontal bands of color, ranging from dark blue at the top to bright orange and yellow near the horizon. The colors are soft and blended. In the center of the image, there is a white rectangular box with rounded corners. Inside this box, the text "Bonus Topic 1: A Nasty Surprise?" is written in a black, sans-serif font. The text is centered horizontally and vertically within the white box.

Bonus Topic 1: A Nasty Surprise?

The No Surprises Act (NSA)

- **The No Surprises Act (NSA)** is intended to protect patients/clients from unexpected out-of-network bills for healthcare.
- **It applies to MHPS in clinics, private practice, and other facilities, when we see** patients/clients who are **uninsured** (i.e., have no insurance at all), OR those who are “**self-pay.**” (Self-pay patients/clients include those individuals with insurance who say they do not wish to submit a claim for the provider’s services.
- These rules do **NOT** apply to people with coverage through programs like Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE because these programs already have protections in place against unexpected, high medical bills.

The No Surprises Act (NSA)

- These rules do **NOT** apply to patients/clients who are in-network and for whom you are seeking insurance reimbursement (at least for now).
- It's unclear whether it applies to out-of-network providers and the patient/client wants to submit to their insurance company for out of-network reimbursement. Because of that, **it's a safer approach** to regard patients/clients who have health insurance and intend to submit an out-of-network claim as "self-pay" and provide them with the NSA notice and good faith estimates.
- **It went into effect January 1, 2022 and there's no "grace period"**

NSA (cont.'d)

- **Complying with the law involves two steps.**

First, provide a “**notice**” to patients/clients about their right to get an oral and written good faith estimate of the cost of their healthcare. This notice must be posted on the professional’s website (if they have one), posted in their physical office, and provided directly to the patient/client.

Second, provide a **good faith estimate** (GFE) to the patient/client.

- CMS has model forms. There are different forms for facilities vs. healthcare providers.
- Here are the provider sample notice and GFE forms:
Notice: <https://omb.report/icr/202109-0938-015/doc/115257801>
GFE: <https://omb.report/icr/202109-0938-015/doc/115259501>

NSA (cont.'d)

- **We can't include the GFE with any general informed consent.** It must be physically separate from and not attached to put in any other documents. The GFE cannot be hidden.
- **When do we have to provide the GFE?** The provider is required to provide the GFE within certain timelines, depending on how far in advance the appointment is made. For example, if it's 3 days or more in advance, one has to provide the GFE at least 3 days before the services are provided. If it's within 3 days, we have to provide the GFE at least one day before.

NSA (cont.'d)

- **The GFE requires a diagnosis: but if we have not yet seen the patient/client, we can't ethically diagnosis.** So, for continuing patients, use the diagnosis previously assigned to them. For new patients, you can say **"To Be Determined" (TBD)** or use **"R69"** (ICD-10-CM code for 'unspecified illness').
- **There are differing opinions about whether we have to list the exact number of sessions and total expected cost (because we may not know how many sessions will be needed).** There are at least three options: (a) estimate the cost if a short-term treatment is expected; (b) Estimate the cost for a full year; (c) Note your ongoing session fee and indicate that the ultimate total fee for treatment services will be the number of sessions multiplied by the ongoing session fee, but that the number of total sessions in the treatment is unknown at the outset and is based on the patient's needs, preferences, and progress made in the treatment.

NSA (cont.'d)

- If services change during treatment, you'll need to provide a new GFE form
- It won't hurt to have the patient/client sign the GFE, but the official form for healthcare providers does not appear to have a place for that to happen.
- The Facility form does have a signature line.
- **Documenting** that the patient/client read the relevant NSA documents, had any questions answered, and agreed to their contents is a good idea, one way or the other.
- **Place the GFE in the patient's/client's records.**