NCMS-NCMGMA LUNCH & LEARN WEBINAR SERIES

No Surprises Act: Medical Billing Q&A

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1. **For hospital-owned air ambulances, aren't those expenses often covered by insurance given they are emergencies or related to hospitals transferring patients for higher level care (assuming the hospital is contracted with the insurance company)?**
    a. *Yes, they are; if a hospital is in-network then typically their hospital-owned air ambulance is in-network. However, a lot of air ambulances are not owned by the hospital; rather, just like many traditional ambulance transport services, they are privately owned or* may be run by state or local governments *to provide transportation services.*
2. **Are the uninsured not included in the regulation?**
    a. *The uninsured population is not included in the balance-billing prohibition portion of the regulation, but the Good Faith Estimate protections are primarily focused on the uninsured/self-pay patients for the balance of 2022. Beginning in 2023, insured patients (in addition to the uninsured) will be entitled to receive Good Faith Estimates.*
3. **Are private-owned primary care practices affected by this regulation? I've heard different opinions.**
    a. *Yes, they are affected. All physician practices (including primary care ones), regardless of ownership, are obligated to comply with all of these regulations.*
    b. *For practices that do not have any presence in facilities (such as hospitals, ambulatory surgery centers, emergency departments), the primary impact will relate to the obligation to provide a Good Faith Estimate and to providing the notice of patient rights under the No Surprises Act.*
    c. *With respect to application of the rules to privately-owned practices that exclusively provide elective or cosmetic procedures, there are differing opinions that will hopefully be addressed with further regulations. The best course of action for such a practice would be to comply with the regulatory requirements until there is clarification on this issue.*
4. **If you are a non-hospital owned practice and are on call, can you tell the hospital they need to take care of the patient since they are in-network, and you are not?**
    a. *Nothing in the law or regulations changes your on-call responsibilities with respect to situations where you have privileges at a hospital that require you to provide services while you are on call. For instance, if while on call, you are called in to provide emergency services at a hospital, for then you are obligated to provide the care and are subject to the 'no balance billing' requirements. If, however, you are called in for consultation services, you may be able to use the consent process to balance bill the patient if you are out of network with the payer but the hospital is in-network.*
5. **Do primary care physicians have to post the No Surprises Act information?**
    a. *Absolutely, yes. You do need to post that notice in your office and on your website. You also need to provide the good faith estimate.*

6. **Does the good faith estimate only HAVE to be provided if a self-pay or uninsured patient requests it?**
    a. *For now, that answer is yes. That answer will change as of January 1, 2023, when insured patients can request a good faith estimate and you must provide it. The process in that case would be to notify the insurance company, who would provide a pre-service type of EOB.*
7. **When does the good faith estimate have to be provided if you only schedule same-day appointments for uninsured or self-pay patients? Or is this moot if it only needs to be provided per patient request?**
    a. *There are two times that you need to provide a good faith estimate, 1) when the patient requests it (even if before the service has been scheduled) and 2) whenever a service is scheduled at least three days in advance.*

       References in the Q&A with respect to the 3-hour window for same day patients relates to the time period, prior to the provision of services, that the provider must obtain patient consent to balance bill an insured patient for the provision of a service at an in-network facility.
8. **If you are not part of the hospital/facility, i.e., not owned, you do not have access to those rates, so we typically refer patients to the facility. Are you saying that we need to do this?**
    a. *Yes, you must reach out to the hospital and request the hospital provide you those rates to include in the good faith estimate. The hospital is required to provide that to you within one business day.*
9. **As an Ophthalmologist, we may be contracted with the patient's medical plan benefit, but we don't participate with the vision plan benefit. The patient is responsible to pay for the 'routine' vision service, but they can submit the bill to the plan for reimbursement. Would these patients require a good faith estimate?**
    a. *Unless directed otherwise by your healthcare counsel, provide a Good Faith Estimate with respect to the vision plan services.*
10. **Can the good faith estimate be a range or a statement that the cost will be no more than X amount versus an actual amount?**
    a. *Currently the provider that is preparing the good faith estimate must include a specific dollar amount (not a range) for their services in the good faith estimate, though comments to the interim regulations include a request to allow a range of estimated costs (instead of a specific dollar amount) to be provided in some cases.*
        i. *If the provider preparing the good faith estimate (convening provider) is not able to obtain an estimate from another provider involved in the care, then they are encouraged to provide a range for the other costs of services in the good faith estimate, if one is available.*
11. **As a pediatrician, if I refer a patient to an ENT for tubes, I need to be the one providing a good fast estimate on the cost of surgery?**
    a. *No, because you are not involved in that service. The patient would need to ask the specialist or the facility, i.e., ambulatory surgery center, for the good faith estimate. A good rule of thumb, if you are not going to have a cost entry on that good faith estimate then you are not required to provide a good faith estimate.*

12. **Are primary care practices required to provide a good faith estimate to all uninsured patients for regular office visits or just when asked; or just when procedures are being scheduled?**
    a. *All regular office visits*
13. **Will office-based providers be required to provide outside lab costs when ordered, ex. from LabCorp?**
    a. *Yes, if you know that lab services are going to be part of services being ordered for a patient then you would need to reach out to the lab, and they are required to provide that estimate within one business day.*
14. **If we schedule ortho surgery, is the expectation that we have get the hospital costs and anesthesia costs to include in the good faith estimate?**
    a. *Yes, you would be required to get those, but as I pointed out in the presentation, if there is a good faith effort to get those estimates then it is unlikely to be enforcement provisions if you cannot get those costs THIS YEAR. However, starting next year (2023), it will be required.*
15. **If an independent practice is out of network with an insurance company and provides a service to one of their members in the office, would we have to follow the out of network billing guidelines portion?**
    a. *No, the provisions in the presentation that related to the prohibition on out-of-network and balance billing only apply to services provided at a facility, not at a physician office. However, if the patient is uninsured, you should have provided them with a good faith estimate.*
16. **Do you have to have a patient sign a good faith estimate at every visit if they are self-pay?**
    a. *Not necessarily. If the patient comes in regularly for a specific service such as allergy shots, for example, then there is a way to tailor the good faith estimate to state that it applies to every visit for allergy shots over the next 6 months (or whatever the appropriate timeframe would be, but not to exceed 12 months).*