The No Surprises Act is Catching Rural Health Clinics by Surprise

Many rural health clinics are still unfamiliar with the new federal No Surprises Act (NSA) and how it affects them. But with NSA regulations in effect since January 1, the time to act is running out if you are:

- a qualified healthcare professional who provides services to patients who are uninsured, choose not to file a claim, or receive non-covered or out-of-network services
- a physician who provides emergency services in an out-of-network facility
- a physician who provides emergency services to patients whose insurance is not among your contracted companies

The NSA was designed to address surprise patient billing. More specifically, according to the U.S. Centers for Medicare and Medicaid Services (CMS), the law will "restrict surprise billing for patients in job-based and individual health plans who get emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers."

Who will be impacted?

The NSA will affect billing practices for hospitals, hospital outpatient departments, critical access hospitals, free-standing emergency departments, ambulatory surgery centers, and air ambulance services for out-of-network providers. Ground ambulance services are not affected.

Under the balance billing rules of the NSA, a rural health clinic is not classified as a facility. However, language in the NSA referencing the good faith estimate does apply to physicians, mid-levels (PAs and NPs), and other qualified healthcare providers who work in rural health clinics.

In addition, any provider who offers services to a patient treated at one of the facilities above (i.e., anesthesiology, assistant surgeons, pathology, radiology, neonatology, and diagnostic services performed by any provider) also will be affected. The regulations are not limited to Medicare-participating providers.

Implications of the NSA

- A good faith estimate (GFE) must be provided for self-pay patients who receive non-emergency services. The rural health clinic designation applies only to Medicare and Medicaid patients. All RHCs must provide a GFE to anyone who meets the criteria as a self-pay patient, which include:
    - patients who do not have health insurance benefits under a health plan
    - patients who have health insurance benefits but no plan to have a claim submitted to their plan, issuer, or carrier for the item or service
    - patients who have health insurance benefits that does not cover the service being provided
    - patients who have health insurance benefits but no coverage for out-of-network services
- A patient-provider dispute resolution process is available for patients who receive a good faith estimate but are billed at least $400 more than indicated by the GFE.
- Information about surprise billings and GFEs must be posted at each physical location as well as on the provider's website.
- Notice of patient consent is required for non-emergency services.
- A "no exception group" of providers and services includes anesthesiologists, radiologists, neonatologist, emergency medicine providers, pathologists, diagnostic testing, as well as other services provided by hospitals, intensivists, and assistant surgeons. Patients do not typically choose these types of providers or services and are often unable to request a notice of patient consent for non-emergency services.
- The qualifying payment amount (QPA) is determined by a plan's 2019 median in-network rate paid for same or similar service in specific geographic area.
- An independent dispute resolution rule will help determine how much a health plan must pay an out-of-network provider.

The NSA will lead to a lot of adjustments for rural health clinics but taking action and preparing now could help ease potential headaches.

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To learn more about the No Surprises Act, visit NARHC's resources on this topic here