

NSA Quick Start Guide for Hospitals

No Surprises Act



Balance Billing Check List

Disclosure:

- Develop Disclosure**
 - Utilize CMS' Disclosure template for federal law language
 - Develop a statement regarding state law and insert within the disclosure template
 - Insert state & federal agency contact information
 - Ensure compliance with applicable language requirements
- Develop Disclosure Policy**
 - Ensure staff read and sign off
- Post Disclosure**
 - On website
 - In emergency department
 - At check-in, scheduling, financial services, etc.
- Develop Workflow to Provide Disclosure**
 - Provide ALL commercial insurance patients with disclosure
 - In person, e-mail, or mail-as selected by patient
 - Comply with Timeframes
 - Prior to TOS payment request
 - If no TOS payment request, then prior to claim submission
- Coordinate Disclosure with ALL Providers**
 - Regardless of network status, all providers must provide disclosure
 - Providers will most likely wish to have the facility provide the disclosure on their behalf
 - Develop a new agreement or amend current contract

OON Provider Determination:

- Develop Matrix of Provider vs. Facility Participation**
 - List facility's network statuses
 - List providers that perform services within the facility
 - Ancillary vs. employed vs. non-employed providers
 - Determine network status of non-employed providers
 - Merge facility's network statuses with those of non-employed providers' network statuses to determine which do not match your network participation
 - Ensure you have considered narrow network participation
 - Reminder! Ancillary providers and certain circumstances cannot balance bill
- Contact Providers Who Do Not Match Facility's Network Statuses**
 - Inquire about their intention to balance bill
 - If providers DO NOT wish to ever balance bill no need to coordinate Notice & Consent workflow

Notice & Consent:

- Develop Workflow IF Providers Wish to Balance Bill**
 - Notice & Consent is the OON provider's responsibility
 - If the facility wishes to assist the provider with this process, coordinate specific tasks with provider to ensure compliance, such as:
 - Who will provide patient with notice and consent within required timeframes?
 - Who will be responsible for obtaining estimated charges?
 - Who will ensure compliance with circumstances that do not allow balance billing?
 - Who will retain signed Notice & Consent for 7 years?
 - Facility will need to provide list of in-network providers if a provider will seek to balance bill post stabilization services
- Develop Workflow IF Facility Wishes to Balance Bill Post Stabilization Services**
 - Ensure documentation is complete and thoroughly supportive of required conditions when providing notice and consent for post stabilization services balance billing

Good Faith Estimate Check List

- Coordinate with Stakeholders**
 - Create a committee of key stakeholders
 - Include all departments that may be involved in the GFE process, such as scheduling registration, UR, financial counseling, and PFS
 - Develop a facility specific plan on how to implement GFEs and ensure compliance
- Develop Good Faith Estimate Policy**
 - Ensure staff read and sign off
- Post "Right to Receive GFE" Information**
 - On website
 - In locations where patient schedule/check-in/ask financial questions
 - Utilize CMS' "Right to Receive GFE" template notice
- Develop GFE Template**
 - Utilize CMS GFE template as a starting point
 - Incorporate facility specific information into GFE
 - Ensure all required elements and disclosures are within the GFE
 - Including disclosures that are not represented in the CMS GFE template, but are required per the interim final rule
- Purchase, Create, or Verify Tool to Assist with Estimates**
 - Ensure and monitor accuracy of tool
- Train and Educate Schedulers**
 - Develop scripting for schedulers to inquire about health insurance status and intent to use health insurance

- Coordinate proper scheduling for uninsured/self-pay patients so required timeframes can be met
- Ensure schedulers understand that ANY discussion regarding potential costs is a request for a GFE
- Ensure schedulers provide “Right to Receive GFE Information” when scheduling a self-pay or uninsured patient
- Develop hand off process from schedulers to GFE staff when GFE needs to be completed

Train and/or Hire GFE Staff

- Develop a team to receive and process GFE requests
- Ensure team is trained on all required elements of the GFE, particularly:
 - Services included in GFE vs. subsequent services
 - Itemized charge requirements
 - Full charge vs. expected charges, including financial aid considerations

Workflow to Request & Receive Information to and From Co-Providers/Facilities

- Develop workflow with co-provider/facility to transmit and receive information within timeframes specified for both the parties
- Ensure co-provider/facility GFE contains required information

Workflow to Provide GFE to the Patient

- Provide in written form, either electronically or on paper, as requested by the patient
- Ensure delivery within required timeframes based on scheduled care date or patient request date

Ensure Accuracy of GFEs

- Monitor provided GFEs to ensure total charges will not exceed more than \$400 of GFE
- Develop process to correct GFE as soon as practicable when GFE information is incomplete or inaccurate

Retain GFE

- Ensure retention for 6 years in the medical record