

Surprise Billing Regulatory Overview

Surprise Billing Interim Final Rule

- ✓ Released by CMS on July 1, 2021
- ✓ Implements key provisions of the *No Surprises Act* (2020)
- ✓ Restricts out-of-pocket costs unknowingly incurred outside of network
- ✓ Rule issued jointly by CMS, Labor, Treasury, and the Office of Personnel Management
- ✓ Effective date January 1, 2022, however, **HHS has deferred enforcement until further notice**

HHS Announces Rule to Protect Consumers from Surprise Medical Bills

Jul 01, 2021 | Billing & payments

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Announcement is the first in a series of regulations aimed at shielding patients from increased financial hardships stemming from surprise medical bills

Today, the Biden-Harris Administration, through the U.S. Departments of Health and Human Services (HHS), Labor, and Treasury, and the Office of Personnel Management, issued "Requirements Related to Surprise Billing; Part I," an interim final rule that will restrict excessive out of pocket costs to consumers from surprise billing and balance billing. Surprise billing happens when people unknowingly get care from providers that are outside of their health plan's network and can happen for both emergency and non-emergency care. Balance billing, when a provider charges a patient the remainder of what their insurance does not pay, is currently prohibited in both Medicare and Medicaid. This rule will extend similar protections to Americans insured through employer-sponsored and commercial health plans.

"A surprise medical bill is an unexpected bill from a health care provider or facility. This can happen when a person with health insurance unknowingly gets medical care from a provider or facility outside their health plan's network. Surprise billing happens in both emergency and non-emergency care."

-CMS

Second surprise billing interim final rule

FOR IMMEDIATE RELEASE
September 30, 2021

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Biden-Harris Administration Advances Key Protections Against Surprise Medical Bills, Giving Peace of Mind to Millions of Consumers Plagued by High Costs

Rule Adds Patient Protections Against Surprise Medical Billing and Outlines the Process for Health Insurance Issuers and Providers to Determine Costs Under the No Surprises Act

Today, the Biden-Harris Administration, through the Departments of Health and Human Services (HHS), Labor (DOL), Treasury (collectively, the Departments), and the Office of Personnel Management (OPM) issued an interim final rule with comment period to further implement the No Surprises Act – a consumer protection law that helps curb the practice of surprise medical billing.

This rule details a process that will take patients out of the middle of payment disputes, provides a transparent process to settle out-of-network (OON) rates between providers and payers, and outlines requirements for health care cost estimates for uninsured (or self-pay) individuals. Other consumer protections in the rule include a payment dispute resolution process for uninsured or self-pay individuals. It also adds protections in the external review process so that individuals with job-based or individual health plans can dispute denied payment for certain claims.

- ✓ 163-page interim final rule released on September 30 without a prior proposed rule
- ✓ Second major rule implementing provisions of *No Surprises Act*
- ✓ Requires good faith estimate for uninsured and self-pay patients
- ✓ *No Surprises Act* authorizes civil monetary penalties of up to \$10,000 per violation
- ✓ Takes effect January 1, 2022

“If you’re uninsured (or self-pay for care), this rule includes protections to ensure you know how much your health care will cost before you get it and have a way to challenge a bill if it is much larger than expected.”

--CMS

Second surprise billing interim final rule

- 1) Establishes an independent dispute resolution (IDR) process to resolve **providers & health plan** surprise billing disputes
 - Applies based on facility designation to only certain providers and facilities
 - Litigation expected; American Hospital Association (AHA) says it is a “windfall for insurers”
- 2) Establishes new rules for **uninsured & self-pay patients** that apply to **all** health care providers and **all** health care facilities*
 - Good faith cost estimates
 - **Provider-patient** dispute resolution process

Self-pay includes individuals w/ insurance who pay themselves.

“Under PHS Act section 2799B–7, an uninsured (or self-pay) individual means, with respect to an item or service, an individual who does not have benefits for such item or service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer, Federal health care program (as defined in section 1128B(f) of the Social Security Act), or a health benefits plan under chapter 89 of title 5, United States Code (or an individual who has benefits for such item or service under a group health plan or individual or group health insurance coverage offered by a health insurance issuer, but does not seek to have a claim for such item or service submitted to such plan or coverage).”

-page 55984 

Good Faith Estimate Using *NextGen® Enterprise*

- Clients on the **Spring 2021 release** can utilize the Cost Estimation feature to generate a Good Faith Estimate letter, but will need to add the diagnosis onto the letter manually
- Clients on a **release prior to Spring 2021** can utilize the Enhanced Forms engine in File Maintenance to print a form with basic demographics and write estimation data by hand
- NextGen® Enterprise roadmap considerations:
 - Include **diagnosis** in Cost Estimation (Spring 2022 release)
 - Tools to **automatically generate and transmit** Cost Estimation data and Good Faith Estimates (**Spring 2023 release**)
- NextGen Healthcare will continue to monitor rulemaking related to the No Surprises Act

Good Faith Estimate Workflow

NGE PM

Versions 5.9.2020 and Prior

- A custom Good Faith Estimate Form or Letter will need to be created in Forms Enhanced Master File
- The estimate will need to be handwritten
- Once completed, the estimate will need to be scanned back into the patient's chart

Sample Good Faith Estimate (5.9.2020 & Prior)



SAMPLE GOOD FAITH ESTIMATE

12/13/21

Dear Amy Test,

Thank you for visiting NextGen Healthcare.

Listed below is an estimated cost of services for your upcoming visit.

Service(s)	Diagnosis Code(s)	Estimated Total Cost For Visit	Your Estimated Discounts (-)	Estimated Insurance Payment (-)	Your Estimated Responsibility

Today's Payment:

As a courtesy to you, we will bill your insurance once services have been rendered. We expect your full estimated responsibility amount to be paid on the same day services are rendered.

If you have any additional questions, please contact us at (404) 867-5309.



Version 6.2021

- The NGE Cost Estimation Tool can be used to calculate the Good Faith Estimate
- A custom Good Faith Estimate Form or Letter will still need to be created in the Forms Enhanced Master File
- The service (SIM, CPT, HCPCS, etc.) and Diagnosis Code will still need to be handwritten onto the estimate
- Once completed, the estimate can be scanned back into the patient's chart

Cost Estimation Tool Overview

- Perform a cost estimation for a person or a patient
- Provide patients with a custom-built cost estimation form
- Launch transaction screen directly from the tool for easy payment collection
- Auto-flow support for Check In and Check Out



Creating Good Faith Estimates in PM – Calculate Estimate for Self-Pay Patient

Estimate Patient Cost - Test, Amy																	
Patient/Guarantor Information										Payer Selection			Select Provider/Location/Service Type				
		Name:		Test, Amy V		Guar Name:		Test, Amy V		<input type="checkbox"/> Cigna Contract YM/Test,Amy V/Self <input type="checkbox"/> BCBS Local/Test,Angela H/None							
Address:		541 Mulholland Dr		Los Angeles, CA 90040 USA		Address:		541 Mulholland Dr								Los Angeles, CA 90040 USA	
Date of Birth:		09/08/1961				Relation:		Self									
EncNbr and Date:						Appt Date:		12/13/2021					Provider: Abbott MD (IM), Matthew IM				
													Location: Eastside Medical Clinic				
													Service Type: Health Benefit Plan Coverage				
Service Items																	
<input type="checkbox"/>	Svc Item	CPT Code	M1	M2	M3	M4	Description	Facility	Unit(s)	Charge Amt	Allowed Amt	Coins	Copay	Deductible	Adj Amt	Non-Covered	
<input type="checkbox"/>	67028	67028	RT				Injection of ...	<input type="checkbox"/>	1	\$750.00					\$0.00	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	J2778	J2778					Ranibizum...	<input type="checkbox"/>	3	\$1125.00					\$0.00	<input checked="" type="checkbox"/>	
<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>	
<div style="float: left; width: 10%;">Delete</div> <div style="float: right; width: 10%;">Submit</div>																	
Estimation Notes																	
Estimated Cost																	
Copay :										Estimated Charge :		\$4125.00					
Deductible :										Estimated Allowed :		\$0.00					
Coinsurance :										Estimated Adjustment :		\$0.00					
Non-Covered : \$4125.00										Patient Resp Amount :		\$4125.00					
Total Pat Est Amt = \$4125.00										Total Ins Est Amt = \$0.00							
Percentage to Request : 50.00%										Patient Agrees to Pay							
Min Amt to Request : \$2062.50										<input checked="" type="radio"/> Min Amt :		\$2062.50					
										<input type="radio"/> Total Pat Est Amt :		\$4125.00					
										<input type="radio"/> Other Amt :		<input type="text"/>					
Print										Make Payment							
History																	
Estimation Date	Service Date	Payer Name/Self Pay	CPT(s)	Service Type	Allowed Amount	Estimated Patient Amount	Patient Agrees to Pay										
12/14/2021 09:59:35	12/13/2021	Self-Pay	67028,J2778	Health Benefit Plan Coverage	0.00	4125.00	2062.50										
11/16/2021 15:16:40	11/16/2021	Self-Pay	99213	Health Benefit Plan Coverage	0.00	100.00	50.00										
10/27/2021 11:28:53	10/08/2021	BCBS Local	V2020,V2784-1,V2784-1,V2102,V2100,V2750,V...	Health Benefit Plan Coverage	1043.50	0.00	0.00										
10/06/2021 14:59:04	04/21/2021	Cigna Contract YM	99205	Health Benefit Plan Coverage	143.20	143.20	71.60										

Custom Good Faith Estimate Form Can Be Printed From Cost Estimation Tool

Estimated Cost

Copay :

Estimated Charge :

\$4125.00

Deductible :

Estimated Allowed :

\$0.00

Coinsurance :

Estimated Adjustment :

\$0.00

Non-Covered :

\$4125.00

Patient Resp Amount :

\$4125.00

Total Pat Est Amt = \$4125.00

Total Ins Est Amt = \$0.00

Percentage to Request : 50.00%

Min Amt to Request : \$2062.50

Patient Agrees to Pay


☒ Min Amt :

\$2062.50

☐ Total Pat Est Amt :

\$4125.00

☐ Other Amt :



Print

Make Payment

Sample Good Faith Estimate (6.2021)



SAMPLE GOOD FAITH ESTIMATE

12/13/21

Dear Amy Test,

Thank you for visiting NextGen Healthcare.

Listed below is an estimated cost of services for your upcoming visit.

Service(s)	Diagnosis Code(s)	Estimated Total Cost For Visit	Your Estimated Discounts (-)	Estimated Insurance Payment (-)	Your Estimated Responsibility
		\$4,125.00	\$0.00	\$0.00	\$4,125.00

Today's Payment: \$2,062.50

As a courtesy to you, we will bill your insurance once services have been rendered. We expect your full estimated responsibility amount to be paid on the same day services are rendered.

If you have any additional questions, please contact us at (404) 867-5309.

Regards,

NextGen Healthcare

Creating Good Faith Estimates in PM – Sample Good Faith Estimate

Estimate Patient Cost - Test, Amy

Patient/Guarantor Information

Name: Test, Amy V

Address: 541 Mulholland Dr
Los Angeles, CA 90040
USA

Date of Birth: 09/08/1961

EncNbr and Date:

Guar Name: Test, Amy V

Address: 541 Mulholland Dr
Los Angeles, CA 90040
USA

Date of Birth: 09/08/1961

Appt Date: 12/13/2021

Payer Selection

☐ Cigna Contract YM/Test,Amy V/Self

☐ BCBS Local/Test,Angela H/None

☒ Self-Pay

Select Provider/Location/Service Type

Provider:
Abbott MD (IM), Matthew IM

Location:
Eastside Medical Clinic

Service Type:
Health Benefit Plan Coverage

Service Items

<input type="checkbox"/>	Svc Item	CPT Code	M1	M2	M3	M4	Description	Facility	Unit(s)	Charge Amt	Allowed Amt	Coins	Copay	Deductible	Adj Amt	Non-Covered
<input type="checkbox"/>	67028	67028	RT				Injection of...	<input type="checkbox"/>	1	\$750.00					\$0.00	<input checked="" type="checkbox"/>
<input type="checkbox"/>	J2778	J2778					Ranibizum...	<input type="checkbox"/>	3	\$1125.00					\$0.00	<input checked="" type="checkbox"/>
<input type="checkbox"/>								<input type="checkbox"/>								<input type="checkbox"/>

Delete

Submit

Estimated Cost

Copay :

Estimated Charge :

\$4125.00

Deductible :

Estimated Allowed :

\$0.00

Coinsurance :

Estimated Adjustment :

\$0.00

Non-Covered :

\$4125.00

Patient Resp Amount :

\$4125.00

Total Pat Est Amt =

\$4125.00

Total Ins Est Amt =

\$0.00

Percentage to Request :

50.00%

Min Amt to Request :

\$2062.50

Patient Agrees to Pay

☒ Min Amt :

\$2062.50

☐ Total Pat Est Amt :

\$4125.00

☐ Other Amt :

Print

Make Payment

Estimation Notes

Diagnosis: Wet AMD E11.319

Add Diagnosis Code to the Estimation Notes section and print a screen shot of the estimate generated in the Cost Estimation tool to include with the Good Faith Estimate Letter/ Form.

History

Estimation Date	Service Date	Payer Name/Self Pay	CPT(s)	Service Type	Allowed Amount	Estimated Patient Amount	Patient Agrees to Pay
12/14/2021 09:59:35	12/13/2021	Self-Pay	67028,J2778	Health Benefit Plan Coverage	0.00	4125.00	2062.50
11/16/2021 15:16:40	11/16/2021	Self-Pay	99213	Health Benefit Plan Coverage	0.00	100.00	50.00
10/27/2021 11:28:53	10/08/2021	BCBS Local	V2020,V2784-1,V2784-1,V2102,V2100,V2750,V...	Health Benefit Plan Coverage	1043.50	0.00	0.00
10/06/2021 14:59:04	04/21/2021	Cigna Contract YM	99205	Health Benefit Plan Coverage	143.20	143.20	71.60

Future State

- 2022:
 - The service line and diagnosis code data repository fields will be available to include on a custom Good Faith Estimate Form in the
 - Sliding Fee integration in the Cost Estimation Tool
- 2023:
 - Process to create estimates in batch format
 - Ability to automatically generate estimates and good faith estimate forms/ letters within PM and BBP

Questions?

BELIEVE IN BETTER.TM





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