# 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, <u>HHS has</u> deferred enforcement until further notice

### HHS Announces Rule to Protect Consumers from Surprise Medical Bills

Jul 01, 2021 | Billing & payments

hare -







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



### Creating Good Faith Estimates in PM – Sample Good Faith Estimate

## 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

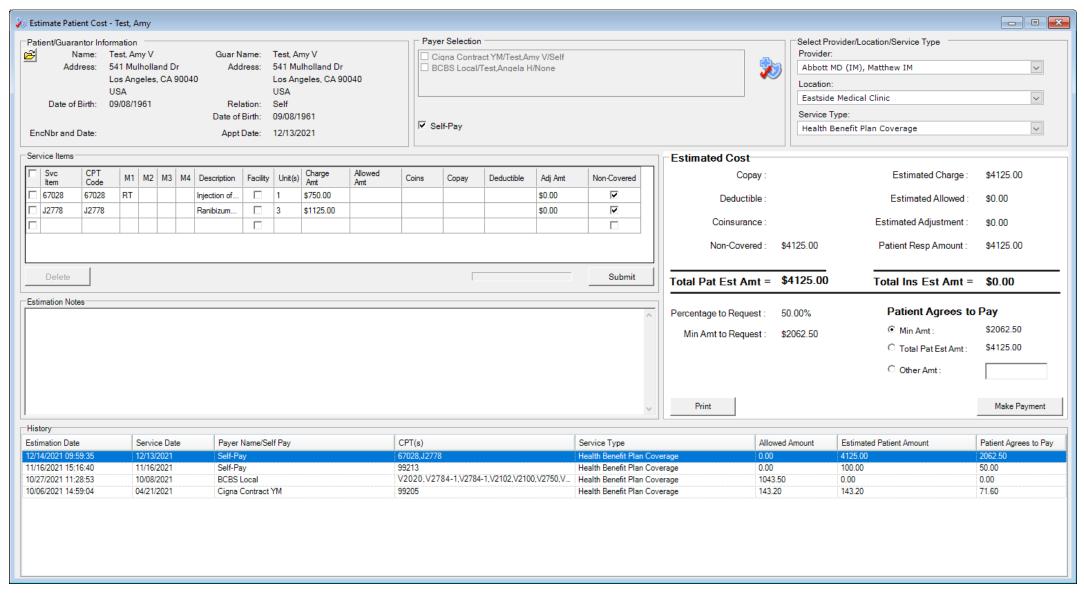


# **Cost Estimation Tool Overview**

- 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



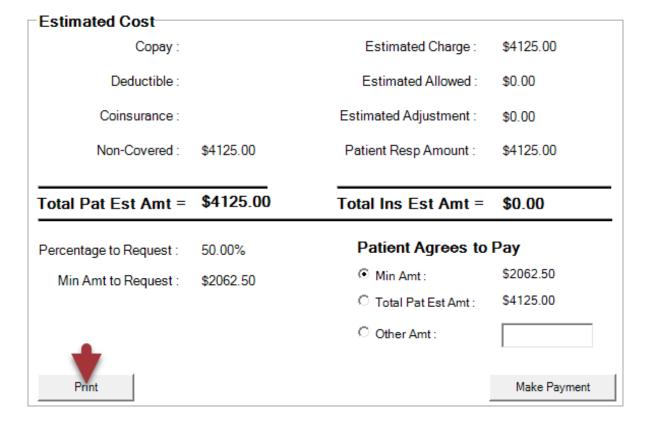
### Creating Good Faith Estimates in PM – Calculate Estimate for Self-Pay Patient





### Creating Good Faith Estimates in PM – Printing the Good Faith Estimate

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





### Creating Good Faith Estimates in PM – Sample Good Faith Estimate

## 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)	Estimated Total Cost For Visit	Discounts (-)	Insurance	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.

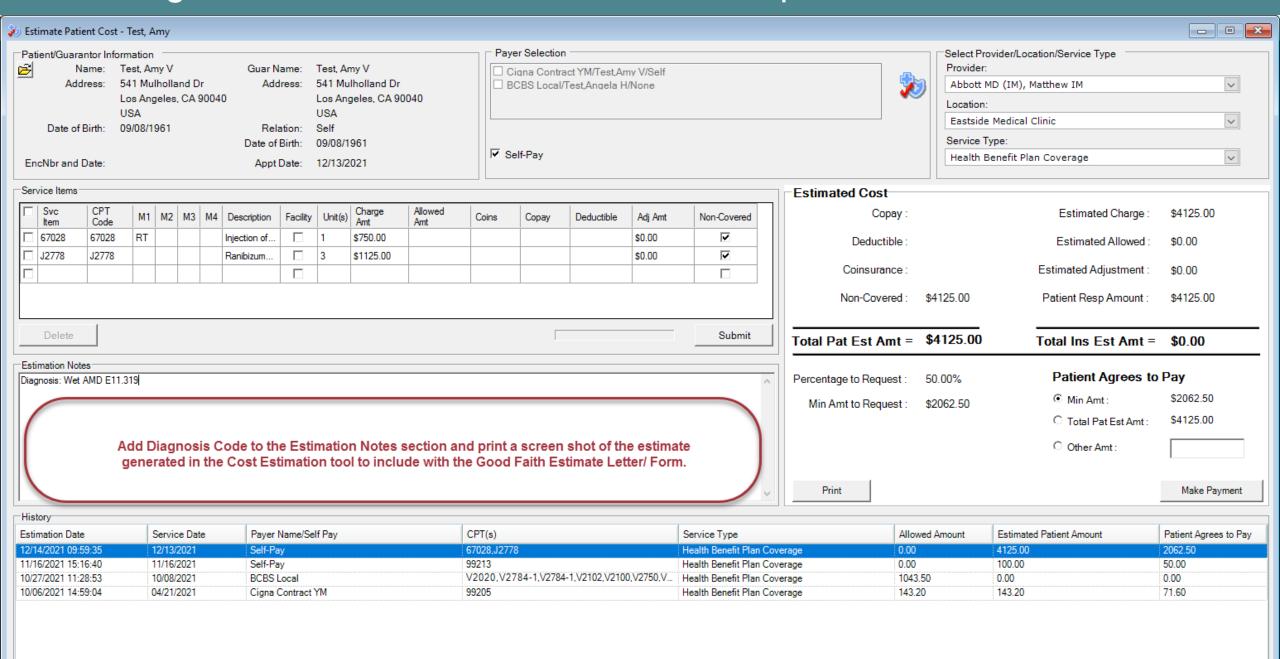
If you have any additional questions, please contact us at (404) 867-5309.

Regards,

NextGen Healthcare



### Creating Good Faith Estimates in PM – Sample Good Faith Estimate



## **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.





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