

No Surprises Act Brings Changes to Patient Billing

The No Surprises Act took effect January 1, 2022. This federal act aims to protect patients from additional, unanticipated medical bills, called surprise bills, after they receive care from an out-of-network health care provider and pay for those services at in-network rates. Under the Act, health care providers are prohibited from billing patients with health insurance at rates greater than in-network rates. Additionally, many health care providers are required to provide good-faith estimates of expected charges for scheduled health care services to uninsured patients. If they charge more than their good-faith estimates, they may have to participate in the Act's patient-provider payment dispute resolution process if the patient challenges the additional charges.

For applicable patient services, the Act's approach to regulating patient billing requires health insurers to reimburse out-of-network health care providers according to a rate that is determined either by state law or by agreement of the provider and the insurer, depending on the state. The Act also provides a dispute resolution process for disagreements between health care providers and insurers regarding what constitutes fair payment for patient services. For additional information see CMS's website: <https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets>.



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