NO SURPRISES ACT: What Patients Need to Know

Congress enacted the No Surprises Act (the Act) to protect patients from costly, unexpected medical bills. The regulation applies to all health care providers, including audiology and speech-language pathology providers.

However, the provision only applies to patients without insurance who are <u>self-paying</u> or insurance where the provider is considered <u>out-of-network</u>.

Impact on Audiology and Speech-Language Therapy Services

Beginning January 1, 2022, audiologists and speech-language pathologists (SLP) are required by the Act to provide a Good Faith Estimate to every new and established patient who is either seeking treatment as a self-pay patient or is considered out-of-network with their provider. A Good Faith Estimate is the best judgment of the cost of care a provider plans to offer to the patient across the episode of care.

To protect patients, the law also requires that the provider's Good Faith Estimate must be within \$400 of the actual charge(s) to the individual for the service(s) the provider completes.

The threshold for "substantially in excess" means that the estimate exceeded the expected charges by at least \$400 of what was provided in the Good Faith Estimate. If this occurs, a patient who is self-paying or not using insurance has the right to challenge the bill through a dispute resolution process.

The "substantially in excess" provision applies to the per visit cost as opposed to the total plan of care cost.

If you believe you've been wrongly billed, you may contact the following:

Federal: Call the No Surprises Help Desk at 1-800-985-3059, file a complaint online at www.cms.gov/nosurprises/consumers/complaints-about-medical-billing or start a dispute online at www.cms.gov/nosurprises/consumers/medical-bill-disagreements-if-you-are-uninsured.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

