



# NAVIGATING THE NO SURPRISES ACT

## YOUR GUIDE TO REQUIREMENT, CHALLENGES AND COMPLIANCE

AAHAM

CohnReznick LLP



CohnReznick is an independent member of Nexia International



# TODAY'S SPEAKER

Caroline Znaniec is a Healthcare Industry and Revenue Cycle Leader with CohnReznick LLP. Caroline has 25+ years of combined industry and consulting experience within the healthcare revenue cycle. She is a recognized industry speaker and author in such areas as coding and documentation, charge description master (CDM), charge capture, pricing, governance, technology, revenue integrity, compliance and revenue cycle transformation.

Caroline is a national member of the American Association of Healthcare Administrative Management (AAHAM) and member of the Maryland Chapter. She also an Advisory Board Member and Mid-Atlantic Chapter Leader for the National Association of Healthcare Revenue Integrity (NAHRI) and co-leader of the Maryland Healthcare Financial Management Association (HFMA) Electronic Health Record (EHR) Forum.

Also, follow Caroline on LinkedIn and Twitter for regular updates on price transparency initiatives, revenue cycle tips and advice.



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# TODAY'S WEBINAR OBJECTIVES

The webinar presentation will review the objectives of the **No Surprises Act**, requirements and challenges to meeting compliance. From the presentation, attendees will obtain an understanding of how the Act affects the patient, provider and payer communities, and how each works interdependently to meet the Act's objectives.





# BACKGROUND



The No Surprises Act (NSA) will limit consumer out-of-pocket costs at in-network levels and prohibit “surprise billing”



Affected stakeholders include providers, facilities, air ambulances, insurers, plans and payers.



The Act and the regulations take effect for providers and facilities on January 1, 2022, and for group health plans, health insurance issuers and Federal Employee Health Benefits (FEHB) Program carriers, for plan, policy or contract years beginning on or after January 1, 2022



Reduce out of  
pocket costs

Remove financial  
barriers to care



Improve health  
outcomes

EXPECTATIONS  
FROM NSA



# NSA SCENARIOS AND APPLICABILITY



Patient accesses emergency services outside their network while away from home

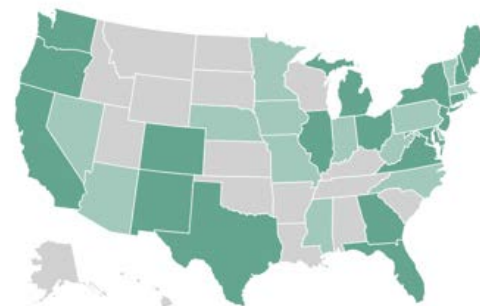


Patient receives care from an out-of-network physician providing services at an in-network hospital.



Health plan denies coverage for emergency services, stating that the services were unnecessary.

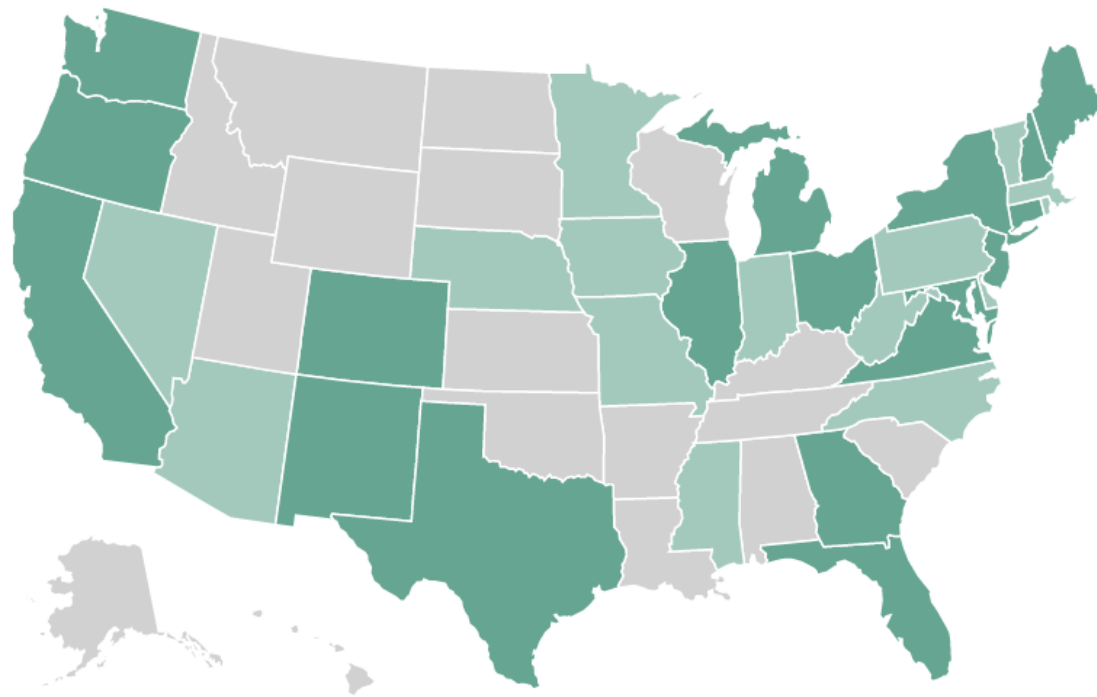
Service Type	Facility	Physician/ Practitioner	NSA Application
Emergency	Non-Participating	Non-Participating	Applicable
Non-Emergency	Participating	Non-Participating	Applicable
<b>Non-Emergency</b>	<b>Non-Participating</b>	<b>Non-Participating</b>	<b>Not Applicable</b>



If there is no applicable state law, the NSA outlines a reimbursement process that providers and health plans must follow



# STATE PROTECTIONS



- No Balance Billing Protections
- Partial Balance Billing Protections
- Comprehensive Balance Billing Protections

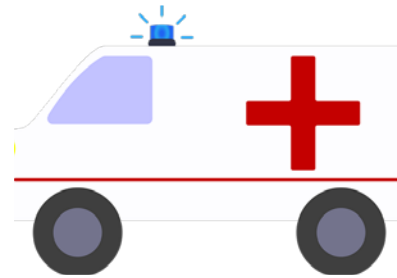
*33 states have enacted laws to protect enrollees from balance billing, the scope of these protections varies*

Commonwealth Fund  
State Balance-Billing Protections

<https://www.commonwealthfund.org>



# KEY NSA REQUIREMENTS



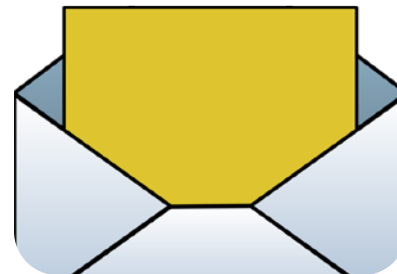
**Covered Services**



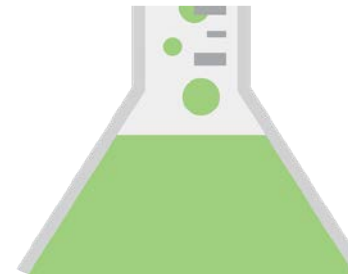
**Patient  
Responsibility**



**Minimum  
Payment**



**Notice and  
Consent**



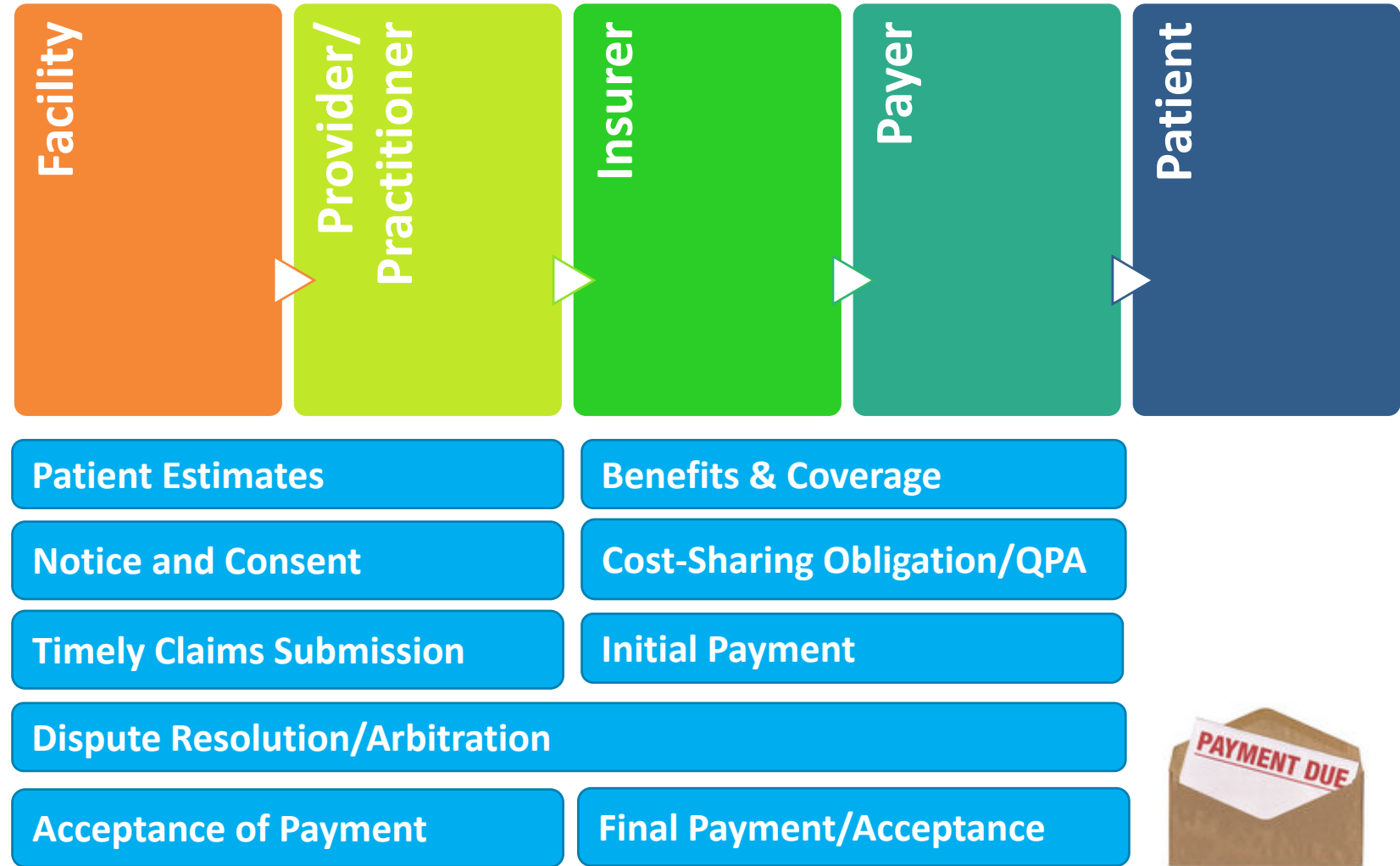
**Treatment of  
Ancillary Services**



**Dispute  
Resolution**



# NSA STAKEHOLDERS AND ROLES





# REVIEW OF SCENARIOS AND NUANCES



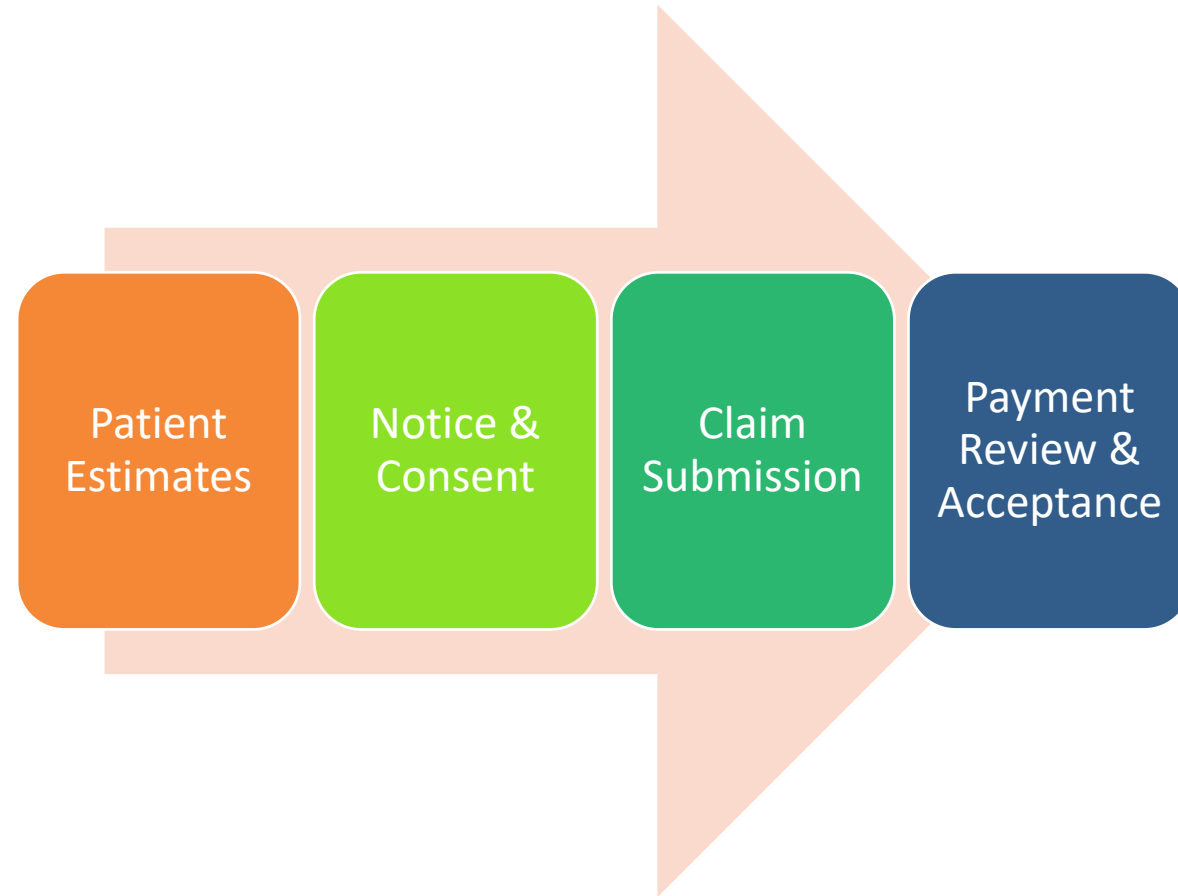
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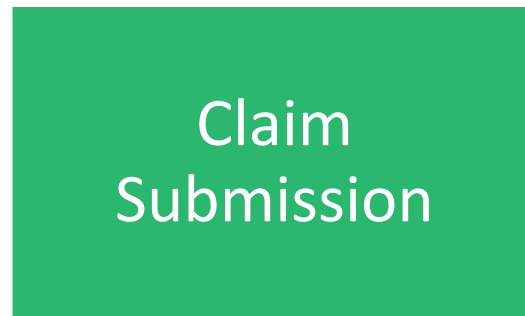
# NSA REVENUE CYCLE CHECKLIST ITEMS

- Patient status
- Network status
- Benefits & coverage
- Good faith estimate



- Public disclosure
- Required forms
- Advanced EOB
- Timing
- Maintenance

- Timing
- Completeness



- Initial payment
- Review & Response
- Dispute Resolution
- Payment



# SUCCESS UNDER NSA





# QUESTIONS



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