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FEDERAL *NO SURPRISE ACT 2022* & STATE OF OREGON *BALANCE BILLING LAW, ORS 743B.287* EXPLAINED

How does it affect patient billing?

Effective January 1, 2022 the Federal *No Surprises Act 2022* went into effect which supplements the State of Oregon's *Balance Billing Law*, *ORS 743B.287*. If you get health coverage through your employer, a Health Insurance Marketplace, or an individual health insurance plan you purchase directly from an insurance agent or are uninsured (self-pay); these new rules provide additional protections for you as a healthcare consumer. They are designed to prevent patients from receiving surprise medical bills when they receive *most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers (ground ambulance not applicable)*. In addition, it establishes an independent dispute resolution process for payment disputes between plans, patients and providers as well as offers new dispute resolution opportunities for uninsured and self-pay individuals. **If you have Medicare, Medicaid, or Tricare, or receive care through Indian Health Services or Veteran's Health Administration, these laws do not apply as you are already protected against surprise medical bills from providers and facilities.**

What is balance billing?

Balance billing happens when a health care provider, facility or other health care entity bills a patient after their health insurance has paid it's share. The balance bill is the difference between the provider's charges, what the insurance carrier paid, and the patient cost sharing as required by the plan. Otherwise known as the contractual adjustment or expected write-off.

How does this protect patients?

- A facility or provider may not bill you more than the in-network coinsurance, copays, or deductibles for *emergency services, if the facility or provider is out-of-network.* However, if your health plan requires you to pay these cost-shares, you are still responsible as specified in your health plan documents.
- *If you receive non-emergency services from an out-of-network provider (i.e., anesthesiology, pathology, radiology services, neonatology)*, those providers may not bill you more than the in-network co-pays, coinsurance, or deductibles for covered services performed at an in-network facility.
- *You can still agree in advance to be treated by an out-of-network provider in some situations*, such as when you choose an out-of-network provider knowing the cost will be higher. The provider must provide a **GOOD FAITH ESTIMATE** in writing, in advance detailing those higher costs. If you agree by signature, you are expected to pay for the services agreed to.
- *If you are uninsured or self-pay*, your healthcare provider or facility must provide a **GOOD FAITH ESTIMATE** in writing, detailing the cost of requested services or before your appointment.

How do I file a complaint or learn more?

If you believe you have received a surprise medical bill from a provider for the services as specified above, contact the **U.S. Department of Health and Human Services** and file a complaint by calling **(800) 985-3059** or going to https://www.cms.gov/nosurprises/consumers.

If you have received a surprise bill you believe is not allowed under the new law, you can file an appeal with your insurance company, then ask for an external review of the company's decision after the initial appeal is completed with your plan. You may also contact **Oregon's Division of Financial Regulation** to speak with a consumer advocate or file a complaint any of the following ways: **by phone (888) 877-4894; email DFR.InsuranceHelp@dcbs.oregon.gov;** or by going to **Website: https://dfr.oregon.gov/help/complaints-licenses/Pages/filecomplaint.aspx**

PLEASE SEE REVERSE SIDE

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ACKNOWLEDGEMENT & CONSENT

PATIENT NAME: _____ DATE OF BIRTH: _____

ACKNOWLEDGEMENT OF RECEIPT

My signature below acknowledges I have read and understand the terms as explained on the reverse side of this form as defined in the Federal **No Surprise Act 2022** and State of Oregon *Balance Billing Law, ORS 743B.287* . If I have further questions, I understand I must contact the **U.S. Department of Health & Human Services** or **Oregon's Division of Financial Regulation** using the contact information provided on the reverse side of this notice.

_____ _____
Patient Signature Date

CONSENT TO WAIVE LEGISLATIVE BALANCE BILLING PROTECTIONS

(Required for elective, non-emergent care with out-of-network Provider)

My signature below acknowledges I have read and understand the terms as explained on the reverse side of this form as defined in the Federal *No Surprise Act 2022* and State of Oregon *Balance Billing Law, ORS 743B.287* and do hereby waive my right to billing protections because I am seeking non-emergency care from an out-of-network provider. I understand I will be provided a **GOOD FAITH ESTIMATE**, in writing, detailing services and financial responsibility.

_____ _____
Patient Signature Date

PLEASE SEE REVERSE SIDE