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No Surprises Act

There's a lot of buzz in the medical community as most provisions of the No Surprises Act (NSA) took effect January 1, 2022. The good news for RDNs providing MNT services is that little needs to change in their practice operations to comply with the law. And many RDNs may already have the necessary systems already in place.

The NSA is designed to protect consumers from unexpected, large medical bills that could lead to financial hardship and even bankruptcy. It puts into place for individuals with private group or individual health insurance or those who choose to not use that insurance (self-pay) safeguards like those that already exist under public payers (e.g., Medicare, Medicaid). It focuses on emergency services and non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance services. Such services are high ticket items and present situations where the patient may not know up front that their health insurance will not cover all associated costs. For example, consider a patient who has a surgical procedure performed at an in-network ambulatory surgery center by an in-network surgeon. However, unknown to the patient the anesthesiologist is an out-of-network provider. The patient then receives a "surprise bill." In addition, depending on state laws the anesthesiologist could also bill the patient for the difference between what their health insurance paid and their billed charges. To protect consumers from surprising billing, the NSA requires providers to give patients in advance of scheduled services a "good faith estimate" of the cost of care and an easy-to-understand notice of their billing protections and how to report violations. If the charges exceed the estimate by at least $400, the patient can file a dispute claim within 120 days of the date on the bill.

Since in most cases it is easy to know if an RDN is an in-network provider and fees for MNT services are easy to accurately estimate, the NSA does not have a significant impact for RDNs. With that said, to ensure compliance with the new law, RDNs need to ensure the following practices are in place for both in-person and telehealth services:

• Verify health insurance coverage prior to the scheduled service.

• Confirm with the patient whether they plan to use their health insurance or pay out of pocket for the service. For uninsured, self-pay or out-of-network individuals, inform them of the availability of a good faith estimate of expected charges upon scheduling the service or upon request.

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• Provide an itemized good faith estimate before the service is scheduled in a way that's accessible to the patient and in the language(s) spoken by the patient(s). Good faith estimates should be prominently displayed (and easily searchable from a public search engine) on your website, in your office, and on-site where scheduling or questions about the cost of services occur.

• Explain the estimate to the patient over the phone or in-person if they request it. Follow up with a written (paper or electronic) estimate.

• Provide a one-page notice and consent document in clear and understandable language that includes:

○ The restrictions on provider regarding balance billing in certain circumstances

○ Any applicable state law protections against balance billing

○ Information on contacting appropriate state and federal agencies in the case that an individual believes a provider has violated the restrictions against balance billing

• Submit provider directory information to health plans to support accurate information for consumers.