

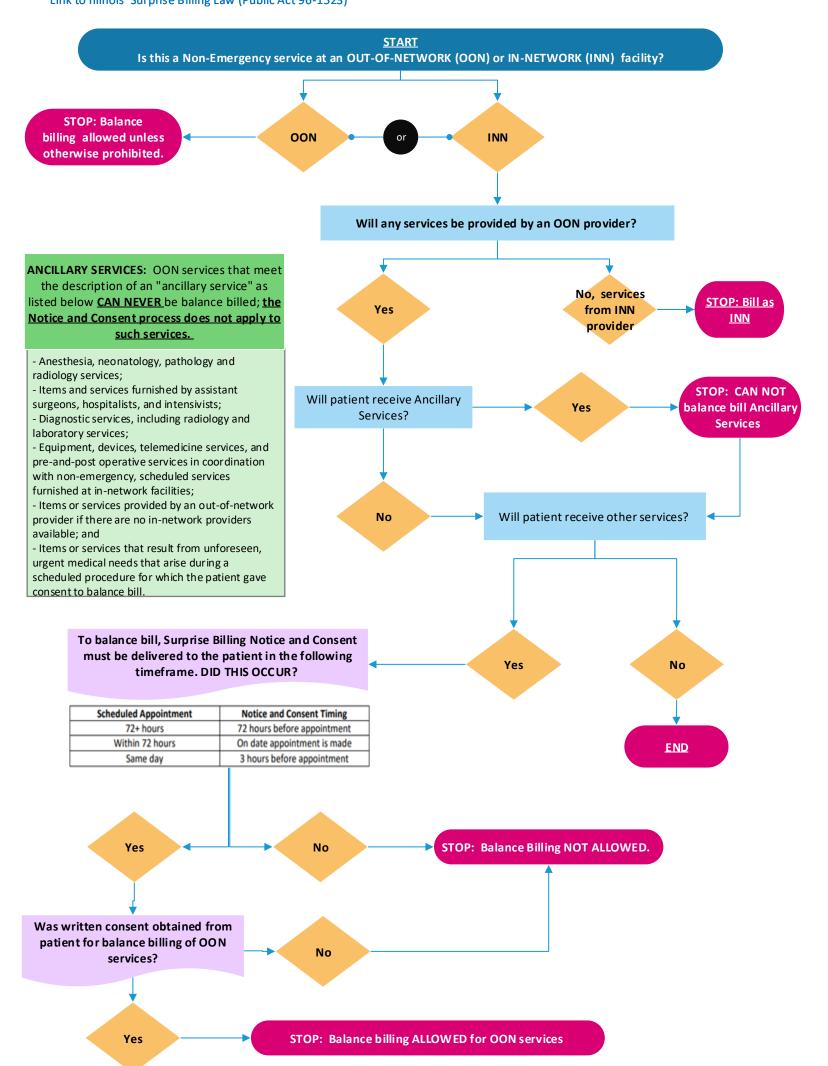
compliance@bsd.uchicago.edu

No Surprises Act: Decision Tree for Balance Billing of Non-Emergency Services

Regulatory Background: The No Surprises Act allows patients to waive balance-billing protections when the patient chooses to schedule an appointment with an <u>out-of-network (OON) provider</u> at an <u>in-network (INN) facility</u>. In such cases, the provider (or the facility on behalf of the provider) must provide patients with a notice and consent document (must be physically separate from any other documents) within a required timeframe. If a patient does not provide, or revokes in writing before items or services are furnished, their consent to waive balance billing protections, then the balance billing prohibition remains in place. A provider or facility may refuse to treat an individual who does not consent, so long as such refusal does not violate other state or federal laws.

Link to IHA No Surprises Act Summary 7-26-21

Link to No Surprises Act (Section 101 of the Consolidated Appropriations Act of 2021) Link to Illinois' Surprise Billing Law (Public Act 96-1523)





compliance@bsd.uchicago.edu

No Surprises Act: Decision Tree for Balance Billing of Emergency Services

Regulatory Background: The No Surprises Act stipulates that EMERGENCY services provided by a <u>OUT-OF-NETWORK (non-participating)</u> <u>provider or OUT-OF-NETWORK (non-participating)</u> emergency facility are protected from balance billing. The prohibition on balance billing for emergency services applies to services provided after stabilization ("post-stabilization" services), except in limited circumstances where specific conditions are met, which then allow the patient to waive balance billing protections through the notice and consent process. The balance billing protections remain in place until the point of discharge, patient transfer, or receipt of signed consentfrom the patient to balance bill the post-stabilization services. Emergency facilities include freestanding emergency departments that are geographically separate from a hospital, but which are licensed by the state to provide emergency services (including urgent care/aid centers).

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