

Standard

EECA is committed to compliance with all laws and regulations pertaining to medical practice and facilities.

As part of the Consolidated Appropriations Act of 2021, the No Surprises Act requires patients, including self-pay, uninsured, and out-of-network (OON) patients, receive advance estimates for OON and non-emergency medical care. This act was created to protect patients from financially devastating medical billing surprises. The Requirements Related to Surprise Billing; Part I guidelines¹ state requires that healthcare providers, facilities, and air ambulance services must ensure they are:

- Not balance billing patients for OON emergency services;
- Collecting only in-network patient cost-sharing amounts for all services within an in-network facility, no matter the provider's network status; and
- Providing notice and obtaining consent for non-emergent services by OON providers working in in-network facilities.

The Requirements Related to Surprise Billing; Part II guidelines² add the following items:

- Independent Dispute Resolution. A comprehensive process triggered by the patient applying to services when balance billing is prohibited, as well as contested good faith estimates.
- Good Faith Estimates for Uninsured (or Self-pay) Individuals. When scheduling an item or service, or if requested by an individual, providers and facilities must inquire about the individual's health insurance status or whether the individual is seeking to have a claim submitted to insurance for his or her care. The provider or facility must provide a good faith estimate of expected charges for items and services to an uninsured (or self-pay) individual. This good faith estimate must include anticipated charges for items and services expected to be provided together, meaning combining provider and facility fees. The threshold published for an acceptable estimate is within \$400.

This policy provides guidelines for compliance with the No Surprises Act.³

Policy

- EECA will provide required notices for non-emergent medical services by OON providers.
- EECA will not balance bill OON patients for emergency services and will collect in-network amounts for emergency services.
- EECA will inquire about patients' insurance at the time of scheduling to elicit whether Good Faith Estimates (GFEs) are required.
- EECA will provide required GFEs for services provided to uninsured, self-pay, and patients not wishing to use their insurance who are considered self-pay.
- EECA will provide required GFEs for non-emergent OON patients' OON fees and obtain their consent before services being provided. (EECA's Usual & Customary fees may be used if the OON fee schedule is not readily available.)
- EECA will utilize the electronic tools as available to streamline the GFE notice(s) process (i.e., electronic editable letter GFE template, patient portal to send to patients, etc.).
- EECA will make every effort to comply with posting the No Surprises Act notice guidelines:
 - Post in all locations of care patient lobbies, practices and facilities;
 - Post a link to the notice on all EECA locations of care websites' home pages;

EUGENE EYE CARE ASSOCIATES

NO SURPRISES ACT- COMPLIANCE POLICY & PROCEDURE

- The credentialing department will update insurance provider network lists with the payers:
 - At the beginning of the network agreement with a plan or issuer,
 - At the time of termination of a network agreement with a plan or issuer,
 - When there are material changes to the content of the provider directory information of the provider or facility,
 - Upon request by the plan or issuer, and
 - At any other time determined appropriate by the provider, facility, or HHS.

Procedures

- Each location of care will have the No Surprises Act patient notice/handout (No Surprises Act Handout, Waiting Room and Website Posting Notice in the Appendix below) or a link to the notice posted in the locations of care patient lobbies and website home pages.
- The No Surprises Act handout will be provided to required patients along with the practice financial policy and registration materials. It may be sent via patient portal, via mail, or via email, as selected by the patient. If materials are mailed ahead for new patients, the notice will be included.
- The Good Faith Estimate (GFE) for Self-pay, Uninsured, or Not Using Insurance form (Good Faith Estimate for Self-pay, Uninsured, or Not Using Insurance Patients in the Appendix below) will be provided to uninsured or self-pay patients according to this schedule:
 - Within one day of making their appointment;
 - For services scheduled less than 3 days in advance, notice is not required unless requested by the patient and then may be provided at the time of service.
- Non-emergent OON patients will be provided a GFE to estimate OON fees and their consent obtained prior to services being provided. (EECA's Usual & Customary fees may be used if OON fee schedule is not readily available.) The Out-of-Network Surprise Billing Protection Form & Consent (in the Appendix below) will be used.
- Appointment schedulers and surgery coordinators will inquire as to patients' insurance coverage at the time of scheduling practice appointments and procedures. Schedulers will enter appointment note of **Self-pay GFE Required** or **OON GFE Required** in practice management system for self-pay and no insurance patients or out-of-network patients. This note will create a popup on the account to ensure no GFE is missed.
- In each location of care, the front office staff will run a daily Appointment Detail Report to identify **Self-pay GFE Required** and **OON GFE Required** patients with appointment comments and complete the GFEs needed for practice appointments and send to patients through patient portal, secure email, or mail. Forms generated from the practice management system are completed and saved or scanned into EHR scanned documents folder named GFE scans for EECA's records.
- Surgery schedulers/coordinators will complete the GFEs required for procedures at the time of scheduling procedures and give notice directly to patient or send to patients through patient portal, secure email, or mail. Forms generated from the practice management system are completed and saved or scanned into EHR scanned documents folder named GFE scans for EECA's records.
- Front office practice staff checking in patients requesting GFEs will use the electronic or a paper form to complete and provide the patient with a GFE upon check-in. (Forms are generated from the practice management system and completed forms are saved or scanned into EHR; any paper GFEs will be scanned into the patient's EHR chart.)

EUGENE EYE CARE ASSOCIATES

NO SURPRISES ACT- COMPLIANCE POLICY & PROCEDURE

Definitions:

Balance Billing: When a facility bills the patient for the difference between the provider's charge and the allowed amount.

Cost Sharing Amount: The patient cost-sharing amounts include co-insurance, co-pay, and deductible.

Estimate: The estimate should include the cost of the services or procedures, any labs or tests, and the anesthesia that might be used during the services or procedures. Items or services related to the surgery that might be scheduled separately, like pre-surgery appointments or physical therapy in the weeks after the surgery, won't be included in the good-faith estimate.

Non-Participating: A non-participating provider has not entered into an agreement to accept assignment on all Medicare claims.

Out of Network: Out-of-network providers have not agreed to the discounted rates.

Qualifying Payment Amount (QPA): The plan's median contracted rate — the middle amount in an ascending or descending list of contracted rates, adjusted for market consumer price index in urban areas.

Surprise Medical Bill: A surprise medical bill is an unexpected bill from a facility that occurs when a non-participating facility is not in network with the individual health plan.

Footnotes/Resources

¹ Requirements Related to Surprise Billing; Part I. CMS-9909-IFC. <https://www.govinfo.gov/content/pkg/FR-2021-07-13/pdf/2021-14379.pdf>. Accessed Dec. 30, 2021.

² Requirements Related to Surprise Billing; Part II. CMS-9908-IFC. <https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf>. Accessed Dec. 30, 2021.

³ American Medical Association No Surprises Act Implementation Toolkit: <https://www.ama-assn.org/system/files/ama-nsa-toolkit.pdf> FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 49: www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf#page=6. Accessed Jan. 31, 2022.

Appendix:

Surprises Act Handout, Waiting Room and Website Posting Notice

Right to Receive a Good Faith Estimate of Expected Charges Under the No Surprises Act

To eliminate surprise billing, you have the right to receive a "Good Faith Estimate" explaining how much your *non-emergent* health care will cost if you are uninsured, choose not to use your insurance, or are considered out-of-network with your insurance. If out-of-network *emergency* care is provided, it will be billed at in-network rates. (You may always choose in-network providers with your insurance plan for non-emergency health care.)

Under the law, healthcare providers need to give patients who do not have health insurance or choose not to use their healthcare coverage an estimate of their bill for *non-emergent* health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any healthcare items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, anesthesia, and hospital fees.
- The estimate may be provided orally if an uninsured (or self-pay) individual requests a good faith estimate in a method other than paper or electronically.
- If your appointment is scheduled less than three days in advance, your healthcare provider is not required to prepare a Good Faith Estimate.
- You may also ask any healthcare provider or facility for a Good Faith Estimate before scheduling an item or service. If you do, the healthcare provider or facility gives you a Good Faith Estimate in writing within three business days after your request.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you may dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

Oregon Division of Financial Regulation: 888-877-4894 (consumer hotline)

Effective: 12/1/2024

EUGENE EYE CARE ASSOCIATES

NO SURPRISES ACT- COMPLIANCE POLICY & PROCEDURE

Good Faith Estimate for Self-pay, Uninsured, or Not Using Insurance Patients

Good Faith Estimate for Health Care Services

Provider or Facility: _____

Patient Information

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Patient's Contact Preference: By Mail By Email By Phone

Details of Services and Items for Eugene Eye Care Associates:

Date of Service	CPT Code	Diagnosis Code (if known)	Description	Amount
	(99214, 66984)	(H25.0)	(Office visit, procedure, test, etc.)	
			Estimate of what you may owe:	

Date of Good Faith Estimate: _____

EECA Contact Person: _____ Email: _____

Disclaimer: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill.

Effective 12/1/2024



OON No Surprises Act Notice and Consent

Out-of-Network Surprise Billing Protection Form & Consent

You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you. If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You shouldn't sign this form if you didn't have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

See the next page for your cost estimate

Estimate of what you could pay

Patient Name: _____

Out-of-network provider(s) or facility name: _____

Total cost estimate of what you may be asked to pay: \$ _____

- Review your detailed estimate. See Page 4 for a cost estimate for each item or service you'll get.
- Call your health plan. Your plan may have better information about how much you will be asked to pay. You also can ask about what's covered under your plan and your provider options.
- Questions about this notice and estimate? Call EECA Compliance Officer Lisa Linden at (541) 541-1715
- Questions about your rights? Contact www.cms.gov/nosurprises/consumers or call 1-800-985-3059.

Prior authorization or other care management limitations

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.

Understanding your options

You can also get the items or services described in this notice from these providers who are in-network with your health plan.

For more information about your rights and protections, visit: www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

EUGENE EYE CARE ASSOCIATES

NO SURPRISES ACT- COMPLIANCE POLICY & PROCEDURE

By signing, I give up my federal consumer protections and agree to pay more for out-of-network care.

With my signature, I am saying that I agree to get the items or services from (select all that apply):

Eugene Eye Care Associates provider & practice: _____

Eugene Eye Care Associates facility: _____

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under federal law.
- I may get a bill for the full charges for these items and services or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You don't have to sign this form. You can choose to get care from a provider or facility in your health plan's network. But if you don't sign, this provider or facility might not treat you.

Patient's signature

-or-

Guardian/authorized representative

Print name of patient

Print name guardian/authorized representative

Staff signature

Date and time of signature

Take a picture and/or keep a copy of this form.
It contains important information about your rights and protections.

