



No Surprises Act Protections: Status of Implementation

The No Surprises Act established several new consumer protections against surprise medical billing (when “balance billing” occurs in certain circumstances) and other unexpected medical costs. The No Surprises Act was enacted in December 2020 and generally went into effect January 1, 2022. Through regulations and guidance, the Department of the Treasury, Department of Labor, and Department of Health and Human Services (HHS) (collectively, “the Departments”), along with the Office of Personnel Management, have implemented many of the consumer protections included in the No Surprises Act and have begun enforcement activity. The Departments will continue their efforts to implement and enforce all of the No Surprises Act protections.

This resource explains the status of key No Surprises Act protections. For more detail on some of the protections, please refer to the [No Surprises Act: Overview of Key Consumer Protections](#) resource. To find the latest updates, visit the [CMS No Surprises Act website](#), and the [Department of Labor website](#).

Protection	Status	Notes and References
<p>Surprise Billing Protection:</p> <p>Prohibits out-of-network providers, facilities, and providers of air ambulance services from balance billing many insured consumers¹ for emergency services, certain non-emergency items and services, and air ambulance services.</p>	In effect	<p>The Departments issued interim final rules and final rules outlining the regulations that apply to coverage of emergency services, certain non-emergency services, and out-of-network air ambulance services. The rules are in effect and the Departments are enforcing them. You can find more information about these regulations below:</p> <p>Requirements Related to Surprise Billing; Part I</p> <p>Presentation: The No Surprises Act’s Prohibitions on Balancing Billing</p> <p>Requirements Related to Surprise Billing: Final Rules</p> <p>FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 55</p>

¹ The No Surprises Act generally protects consumers covered under group health plans and group and individual health insurance coverage. This includes consumers with a plan or coverage through an employer, the Federal Employees Health Benefits Program, the Health Insurance Marketplace®, or an individual plan purchased directly from an insurance company. For a more complete list of the types of health coverage subject to the No Surprises Act, see [No Surprises Act: Overview of Key Consumer Protections](#). The reference to insured consumers here does not include Medicare and Medicaid. (Note: Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.)

This document is intended to provide clarity to the public about requirements related to surprise billing. It does not have the force and effect of law.

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<p>Surprise Billing Notice:</p> <p>Certain health care providers and facilities must make publicly available, post on a public website, and give to individuals a one-page notice about the No Surprises Act surprise billing protections.</p>	In effect	<p>Model disclosure notice and instructions</p>
<p>Cost-Sharing Protection:</p> <p>Limits cost sharing for out-of-network services, so the requirement for out-of-network items or services cannot be greater than the requirement that would apply if the items and services were provided in-network when the No Surprises Act applies.</p> <p>Requires cost sharing for out-of-network services to count toward any in-network deductibles and out-of-pocket maximums when the No Surprises Act applies.</p>	In effect	<p>Requirements Related to Surprise Billing; Part I</p> <p>Presentation: The No Surprises Act's Prohibitions on Balancing Billing</p> <p>Requirements Related to Surprise Billing: Final Rules</p> <p>FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 60 (page 2)</p>
<p>Establishment of a federal Independent Dispute Resolution (IDR) Process:</p> <p>Providers, air ambulance providers, facilities, health plans, and health insurance issuers can use the newly established federal independent dispute resolution process to resolve payment disputes for certain out-of-network charges.</p>	In effect	<p>The federal IDR process settles certain payment disputes between providers, facilities, providers of air ambulance services, group health plans, and health insurance issuers. Participants, beneficiaries, and enrollees aren't part of the IDR process and aren't affected by IDR determinations.</p> <p>Requirements Related to Surprise Billing; Part I</p> <p>Requirements Related to Surprise Billing; Part II</p> <p>Requirements Related to Surprise Billing: Final Rules</p>

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<p>Good Faith Estimates (GFE) for Uninsured (or Self-Pay) Individuals:</p> <p>A provider or facility must provide uninsured (or self-pay) individuals a GFE of expected charges for items or services in certain circumstances.</p>	<p>In effect (except for the provision described below about including GFE information from co-providers and co-facilities).</p> <p>In the future, the Departments will enforce the requirement for good faith estimates for the uninsured (or self-pay) individuals to include information from co-providers and co-facilities.</p> <p>However, the enforcement of this protection has been delayed. HHS is not currently requiring GFEs to include cost estimates from co-providers and co-facilities. See the latest guidance for information regarding enforcement of this GFE requirement.</p>	<p>Guidance on Good Faith Estimates and the Patient-Provider Dispute Resolution (PPDR) Process for Providers and Facilities as Established in Surprise Billing, Part II; Interim Final Rule with Comment Period (CMS 9908-IFC)</p> <p>Guidance on Good Faith Estimate and the Patient-Provider Dispute Resolution (PPDR) process for people without insurance or who plan to pay for the costs themselves</p> <p>FAQs About Consolidated Appropriations Act, 2021, Implementation – Good Faith Estimates (GFEs) for Uninsured (Or Self-Pay) Individuals – Part 1</p> <p>FAQs About Consolidated Appropriations Act, 2021, Implementation – Good Faith Estimates (GFEs) for Uninsured (Or Self-Pay) Individuals – Part 2</p> <p>FAQs About Consolidated Appropriations Act, 2021, Implementation – Good Faith Estimates (GFEs) for Uninsured (Or Self-Pay) Individuals – Part 3</p> <p>FAQs About Consolidated Appropriations Act, 2021, Implementation – Good Faith Estimates (GFEs) for Uninsured (Or Self-Pay) Individuals – Part 4</p> <p>Standard Notice: “Right to Receive a Good Faith Estimate of Expected Charges” Under the No Surprises Act (cms.gov)</p> <p>Examples of GFEs</p> <p>FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 60 (page 4)</p>

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<p>Advanced Explanation of Benefits (AEOB):</p> <p>Requires health plans or health insurance issuers to send an AEOB to their insured patients that will explain the estimated cost of an item or service before a scheduled service.</p>	Delayed effective date	<p>Won't be enforced until the Departments complete the notice and comment rulemaking process to issue regulations to implement requirements for the AEOB provisions.</p> <p>See FAQ About Affordable Care Act and Consolidated Appropriations Act, 2021, Implementation Part 49 for more information (page 6)</p> <p>Request for Information; Advanced Explanation of Benefits and Good Faith Estimate for Covered Individuals</p>
<p>Establishment of a Patient-Provider Dispute Resolution (PPDR) process for uninsured (or self-pay) individuals:</p> <p>Uninsured or self-pay patients who get a bill that is \$400 or more above the expected charges included on the Good Faith Estimate for a provider or facility may use the PPDR process to determine the payment amount.</p>	In effect	<p>PPDR Online Portal to start a dispute: https://nsa-idr.cms.gov/billdisputes/s/Requirements Related to Surprise Billing; Part II</p> <p>Guidance on Good Faith Estimate and the Patient-Provider Dispute Resolution (PPDR) process for people without insurance or who plan to pay for the costs themselves (page 6)</p> <p>Examples of good faith estimates and medical bills to help consumers know if they can dispute how much they must pay and if they are eligible to engage in the Patient-Provider Dispute Resolution (PPDR) process</p>
<p>Expanding the Scope of the External Review Process (appeal process for certain health plan decisions):</p> <p>Expands external review to include the ability to appeal a health plan's or issuer's coverage decisions about compliance with the surprise billing and cost-sharing protections.</p>	In effect	<p>Healthcare.gov – External Review Information</p> <p>CCIIO – HHS-Administered Federal External Review Process for Health Insurance Coverage</p> <p>What you need to know about the Biden-Harris Administration's Actions to Prevent Surprise Billing</p> <p>Guidance for States, Plans, and Issuers on State External Review Processes Regarding Requirements in the No Surprises Act</p> <p>Internal Claims and Appeals and the External Review Process Overview Technical Assistance Webinar</p>

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<p>Transparency in Health Plan or Insurance Identification Cards:</p> <p>Requires health plans and issuers to include in clear writing, on any physical or electronic plan or insurance identification (ID) card issued to participants, beneficiaries, or enrollees, any applicable deductibles, any applicable out-of-pocket maximum limitations, and a telephone number and website address for individuals to seek consumer assistance.</p>	<p>In effect</p> <p>Health plans may use any reasonable method to comply with ID requirements. The ID cards must give the required information to all participants, beneficiaries, and enrollees.</p>	<p>See FAQ About Affordable Care Act and Consolidated Appropriations Act, 2021, Implementation Part 49 for more information (page 4)</p>
<p>Price Comparison Tool:</p> <p>Requires health plans and issuers to offer a price comparison tool and guidance that allow an enrolled individual to compare the amount of cost sharing across different providers.</p>	<p>Related requirements started taking effect January 1, 2023.</p>	<p>The Transparency in Coverage Final Rules contain requirements that overlap with the No Surprises Act's requirements for health plans to give cost-sharing estimates to consumers. See this FAQ on implementation (page 3).</p>



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<p>Provider Directories:</p> <p>Requires health plans and issuers to maintain current network provider directories, verify and update the accuracy of provider directory information at least every 90 days, and protect enrollees from paying more than the in-network cost sharing amounts for services given by an out-of-network provider if the directory inaccurately showed the provider was in the network.</p>	<p>In effect</p> <p>The protection is in effect, but the regulations haven't been issued. Until that time, health plans and health insurance issuers won't be penalized as long as they have updated their directories using a good faith, reasonable interpretation of the No Surprises Act.</p> <p>Health plans may use any reasonable method to meet the provider directory requirements. Health plans may not impose higher cost-sharing amounts than those for in-network providers when a directory is inaccurate.</p>	<p>See FAQ About Affordable Care Act and Consolidated Appropriations Act, 2021, Implementation Part 49 for more information (page 8)</p>

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<p>Continuity of Care Protections:</p> <p>Ensures continuing coverage of certain medical services and items for eligible patients for up to 90 days at an in-network cost-sharing amount. The protections apply if the contract between their provider or facility and their health plan or issuer is ended or changes, and the provider or facility is no longer in-network for the patient.</p>	<p>The protection is in effect, but the regulations haven't been issued. Until then, health plans and issuers must continue to provide benefits using a reasonable interpretation of the No Surprises Act.</p> <p>Once the regulation is published, Departments will give a reasonable amount of time for health plans and issuers to comply.</p>	<p>See FAQ About Affordable Care Act and Consolidated Appropriations Act, 2021, Implementation Part 49 for more information (page 9)</p>

