



# No Surprises Act Consumer Advocate Toolkit

## Quick Start Guide

Welcome to the Quick Start Guide for the No Surprises Act Consumer Advocate Toolkit. This guide will help you quickly find resources to help consumers with issues related to the No Surprises Act. Whether you are advising consumers who have already received an unexpected medical bill or those who expect to receive care in the future, this guide will help you find the right information.

### Before you begin

- ✓ Review the background resource [Health Insurance Basics](#) to learn more about different types of health insurance (if needed).
- ✓ See the [Glossary](#) for a list of common terms used in this toolkit.
- ✓ Consult [State Surprise Billing Laws and the No Surprises Act](#) and [Questions and Answers on the No Surprises Act and State Laws](#) to understand how the No Surprises Act interacts with any state surprise billing laws that may apply.

### If the consumer used or expects to use health insurance:

- Review *Health Coverage Subject to the No Surprises Act* in the resource [No Surprises Act Overview of Key Consumer Protections](#) to ensure the consumer's type of health insurance is covered under the No Surprises Act.
- Review the [Sample Notice of Surprise Billing Protections](#) that consumers should receive from providers, facilities, and health plans.

### 1

#### If the consumer received emergency services:

- ✓ Learn the basics of emergency services protections in these sections of the [No Surprises Act Overview of Key Consumer Protections](#):
  - *Surprise Bills for Emergency Services*
  - *Example: How Surprise Billing Protections Work for Emergency Services*
- ✓ Review Scenario 1 in [Helping Consumers Protect Their Rights Under the No Surprises Act](#) for an example of how emergency services protections work in practice.
- ✓ Consult the introduction to the [Decision Tree: No Surprises Act Federal Surprise Billing Protections](#), along with *Section A: Emergency Items and Services*. They provide step-by-step guidance for determining whether the No Surprises Act applies to the consumer's situation.

## **If the consumer used or expects to use health insurance (cont'd):**

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### **If the consumer received or expects to receive non-emergency services related to a visit to an in-network facility:**

- ✓ Review the following section of the [No Surprises Act Overview of Key Consumer Protections](#) to learn about what protections may apply:
  - *Surprise Bills for Non-Emergency Services*
- ✓ Consult the introduction of the [Decision Tree: No Surprises Act Federal Surprise Billing Protections](#), along with *Section B: Non-Emergency Items and Services*. They provide step-by-step guidance for determining whether the No Surprises Act applies to the consumer's situation.

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### **If the consumer received (or expects to receive) an air ambulance bill:**

- ✓ Review the following section of the [No Surprises Act Overview of Key Consumer Protections](#) for an explanation of the consumer's rights:
  - *Surprise Bills for Air Ambulance Services*
- ✓ Consult the introduction to the [Decision Tree: No Surprises Act Federal Surprise Billing Protections](#), along with *Section C: Air Ambulance Services*. They provide step-by-step guidance for determining whether the No Surprises Act applies to the consumer's situation.

*Note: Ground ambulance services are not covered under the No Surprises Act, but some consumers may have protections for ground ambulance surprise bills under [state law](#).*

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### **If the consumer is (or was) asked to waive their surprise billing protections by signing a notice and consent form:**

- ✓ Review [When the Notice and Consent Exception Applies and When It Doesn't](#) to learn when a health care provider or facility can and cannot ask a consumer to waive their rights.
- ✓ Review Scenario 2 in [Helping Consumers Protect Their Rights Under the No Surprises Act](#) for an example of how notice and consent protections work in practice.
- ✓ Consult the [Decision Tree: Notice and Consent](#) for step-by-step guidance to ensure the notice and consent process is (or was) followed correctly.
- ✓ Look at the [Sample Notice and Consent Form](#) providers are required to use in order for consumers to waive their surprise billing rights.

**If the consumer used or expects to use health insurance (cont'd):**

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**If the consumer received care and later received a denial of benefits from their insurance company or was charged out-of-network cost sharing by an out-of-network provider but believes they should have been charged in-network cost sharing under the No Surprises Act:**

- ✓ Consult the CMS web page [Appealing Health Plan Decisions](#) (not part of the No Surprises Act toolkit), which explains the basics of internal appeals.
- ✓ Review *No Surprises Act Expansion of External Review Rights* in the resource [No Surprises Act Overview of Key Consumer Protections](#) to learn how to request an external review.
- ✓ Contact the No Surprises Help Desk at 1-800-985-3059 or submit a complaint online at <https://www.cms.gov/medical-bill-rights/help/submit-a-complaint>.

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**If the provider left the consumer's health plan network while the consumer was receiving treatment:**

- ✓ Review *Continuity of Care Protections* in the resource [No Surprises Act Overview of Key Consumer Protections](#) to see if the consumer should be charged at previous in-network cost-sharing levels for the items and services received.
- ✓ Consult Scenario 6 in [Helping Consumers Protect Their Rights Under the No Surprises Act](#) for an example of how continuity of care protections work in practice.

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**If the consumer got a surprise bill because their health plan's provider directory was not accurate:**

- ✓ Review *Improving the Accuracy of Provider Directory Information* in the resource [No Surprises Act Overview of Key Consumer Protections](#) to see the requirements for providers and health plans.
- ✓ Consult Scenario 8 in [Helping Consumers Protect Their Rights Under the No Surprises Act](#) for an example of how provider directory protections work in practice.

**If the consumer is uninsured or has chosen not to use their insurance (Self-Pay):**

- Learn about the right to receive a good faith estimate in *Good Faith Estimates for Uninsured or Self-Pay Individuals and Patient-Provider Dispute Resolution* in the resource [No Surprises Act Overview of Key Consumer Protections](#).
- Review Scenario 3 and Scenario 4 in [Helping Consumers Protect Their Rights Under the No Surprises Act](#) to see how good faith estimate protections work in practice.
- Consult the [Decision Tree: Requirements for Good Faith Estimates for Uninsured \(or Self-Pay\) Individuals](#) to understand when a provider or facility must provide a good faith estimate.
- Consult the [Decision Tree: Patient-Provider Dispute Resolution Process](#) to see if a consumer's bill qualifies for the process.
- Look at the [Sample Good Faith Estimate for Uninsured \(or Self-Pay\) Individuals](#) and the [Sample Good Faith Estimate Abbreviated Version](#) to see what an estimate should include and what an estimate may look like.
- See the [Sample Notice of Uninsured \(or Self-Pay\) Individual's Right to Receive a Good Faith Estimate](#) for additional background information on the consumer's rights.

**If the consumer wants to file a complaint because they believe their rights under the No Surprises Act have been violated:**

- Learn what to expect when filing a complaint in [No Surprises Act: How to Get Help and File a Complaint](#) resource.
- Review [Tips for Using the No Surprises Consumer Complaint Form](#) for help filling out the form.

