PARAREV
A CorroHealth Company

No Surprises Act

Indiana 2023 Guide

PARA Overview

Company Info

- Founded in 1985
- National Client Base – 350 Hospitals
- Trusted Partnerships – 21 State Hospital Associations
- Extensive Focused Experience – Consultants Average 21 Years of Experience Each

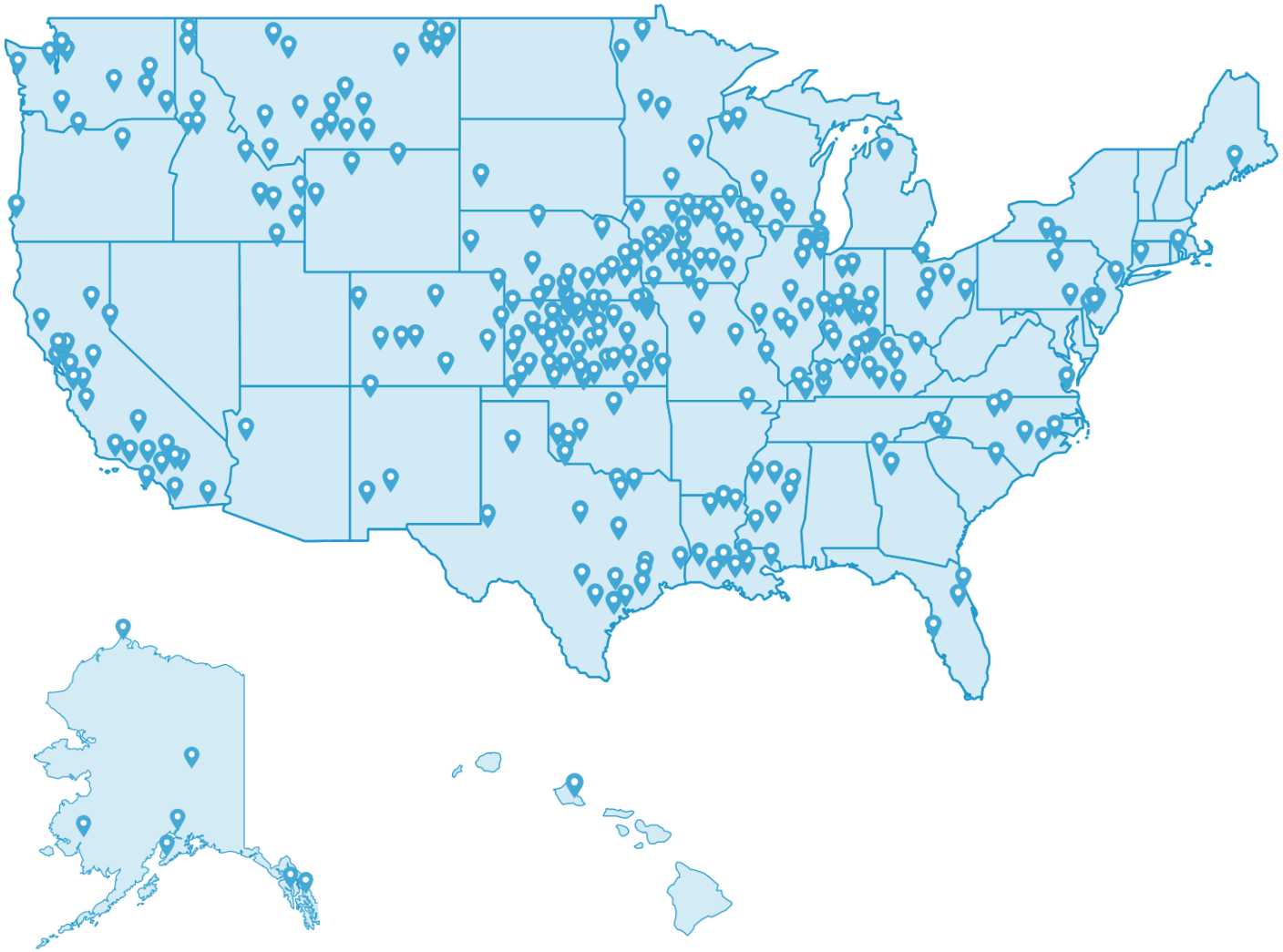
Proven Resource

- Pricing
- Coding
- Reimbursement
- Compliance

Mission

- Provide a comprehensive, single source revenue cycle solution
- Recognition as an industry leader in delivering measurable results
- Lead the healthcare market in improving financial management in the delivery of care

Over 350 Hospital & Health System Clients



Adventist Health

Ann & Robert H. Lurie Children's Hospital of Chicago

Cedars Sinai

Children's Hospital Los Angeles

CHOC

Northwestern Medicine

Northern Light Health

Phoenix Children's Hospital

Piedmont Healthcare

uchealth

UI Health | UIC

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No Surprises Act

NSA has Two Distinct Functions

- Protection Against Surprise Medical Bills
  - Prohibits Balance Billing in specific situations
  - Affects individuals with commercial health coverage
  - Notice and Consent required to balance bill when not prohibited
  - Disclosure Notice required

- Allowing Healthcare Consumers to be Informed of Financial Liability
  - Price Transparency
  - Uninsured and Self-Pay Individuals receive a Good Faith Estimate (GFE)
  - Insured Individuals receive an Advanced Explanation of Benefits (AEOB)
  - Right to Receive a Good Faith Estimate required

No Surprises Act

All Healthcare Providers Are Affected

- Surprise Medical Bills:
  - Balance billing protections apply in specific locations and to practitioners rendering services at those locations
    - Hospitals, Outpt. Hospital Dept, RHC, FQHC, Labs, and Independent Testing Facilities
    - Ambulatory Surgical Centers
    - All practitioners rendering services in these locations
    - Air ambulance service (not ground ambulance)
    - Disclosure Notice is NOT required in free standing physician offices
    - Free standing physician office is NOT prohibited from balance billing

- Informed Healthcare Consumers:
  - All providers and facilities that schedule items or services (or receive a price request) for an uninsured individual must provide such individual with a GFE
  - No specific specialties, facility types, or sites of service are exempt from this requirement

Source: Frequently Asked Questions For Providers About The No Surprises Rules (cms.gov)

No Surprises Act

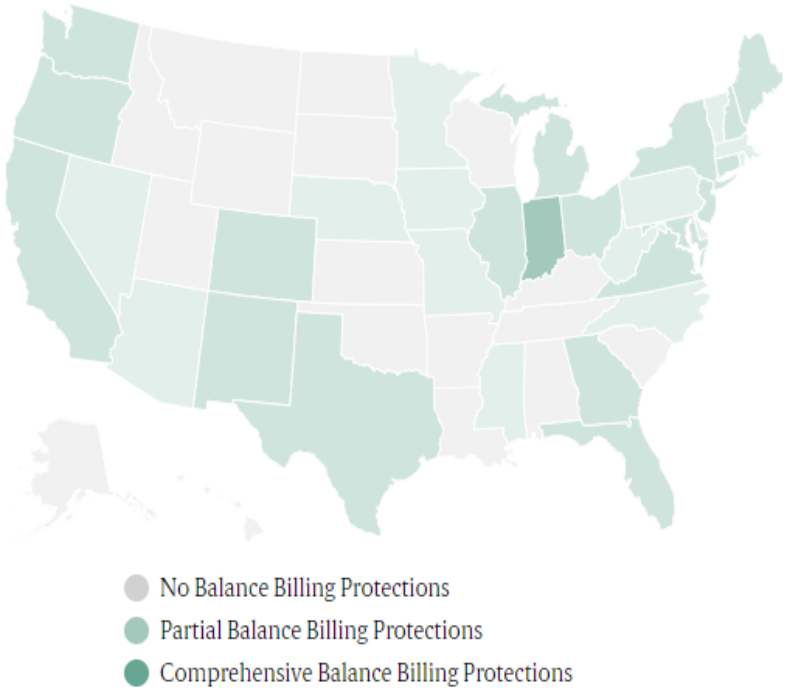
How it Relates to Price Transparency

No Surprises Act takes Price Transparency to the next level

- 2021 – Price Transparency Tool on hospital websites
  - Patient facing
  - 300 shoppable services
- 2022 – makes individuals informed healthcare consumers
  - Good Faith Estimate (GFE) is a requirement for all uninsured individuals
  - Delayed enforcement of co-provider charges included on GFE
  - Delayed enforcement of Advanced Explanation of Benefits (AEOB) from the health plan
- 2023 – Additional enforcements
  - Convening providers will work with co-providers to issue a consolidated GFE to uninsured
    - Convening providers issue GFE to uninsured
  - Convening and co-providers will work with health plans to issue an AEOB to insured
    - Convening providers and co-providers submit GFE directly to health plan

If there are state regulations on the same points, state regulations take precedence over federal regulations

Indiana Balance Billing Protections



Indiana

Partial Balance Billing Protections

PROTECTIONS AVAILABLE

- For HMOs, with respect to emergency services provided by out-of-network professionals and facilities, state (1) requires insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing; and (2) prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing
- For HMOs and PPOs, with respect to non-emergency services provided by out-of-network professionals at in-network facilities, state prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing. This prohibition applies to all providers in the state, and therefore might also protect enrollees of self-funded plans.
- Above protections apply to services provided by all or most classes of health care professionals.
- Protections do not apply to:
  - — ground ambulance services
  - — enrollees who consent to non-emergency out-of-network services*

Source: State Balance-Billing Protections | Commonwealth Fund

Enforcement of the NSA by State

In July 2021, CMS distributed a survey to states intended to capture the state's authority and intention to enforce specified provisions in Title XXVII of the Public Health Service Act (PHS Act), as amended by Title I (No Surprises Act) and Title II (Transparency) of Division BB of the CAA.

- Indiana indicated that it lacks authority to enforce the NSA in its survey responses to CMS.
    - Based on the survey response and CMS communications with the Indiana Department of Insurance staff, CMS understands that Indiana lacks authority to enforce the following PHS Act provisions: sections 2719 (as applied by section 110 of the No Surprises Act), 2746 (other than section 2746(c)), 2799A-1, 2799A-2, 2799A-3, 2799A-4, 2799A-5, and 2799A-9 of the PHS Act with respect to health insurance issuers; sections 2799B-1, 2799B-2, 2799B-3, 2799B-8, and 2799B-9 with respect to health care providers and facilities; section 2799B-5 with respect to providers of air ambulance services; and sections 2799B-6 and 2799B-7 with respect to health care providers, facilities, and providers of air ambulance services. CMS will directly enforce these provisions in Indiana pursuant to sections 2723 and 2799B-4 of the PHS Act, as applicable.

Source: Consolidated Appropriations Act, 2021 (CAA) | CMS

No Surprises Act

How it Relates to Balance Billing

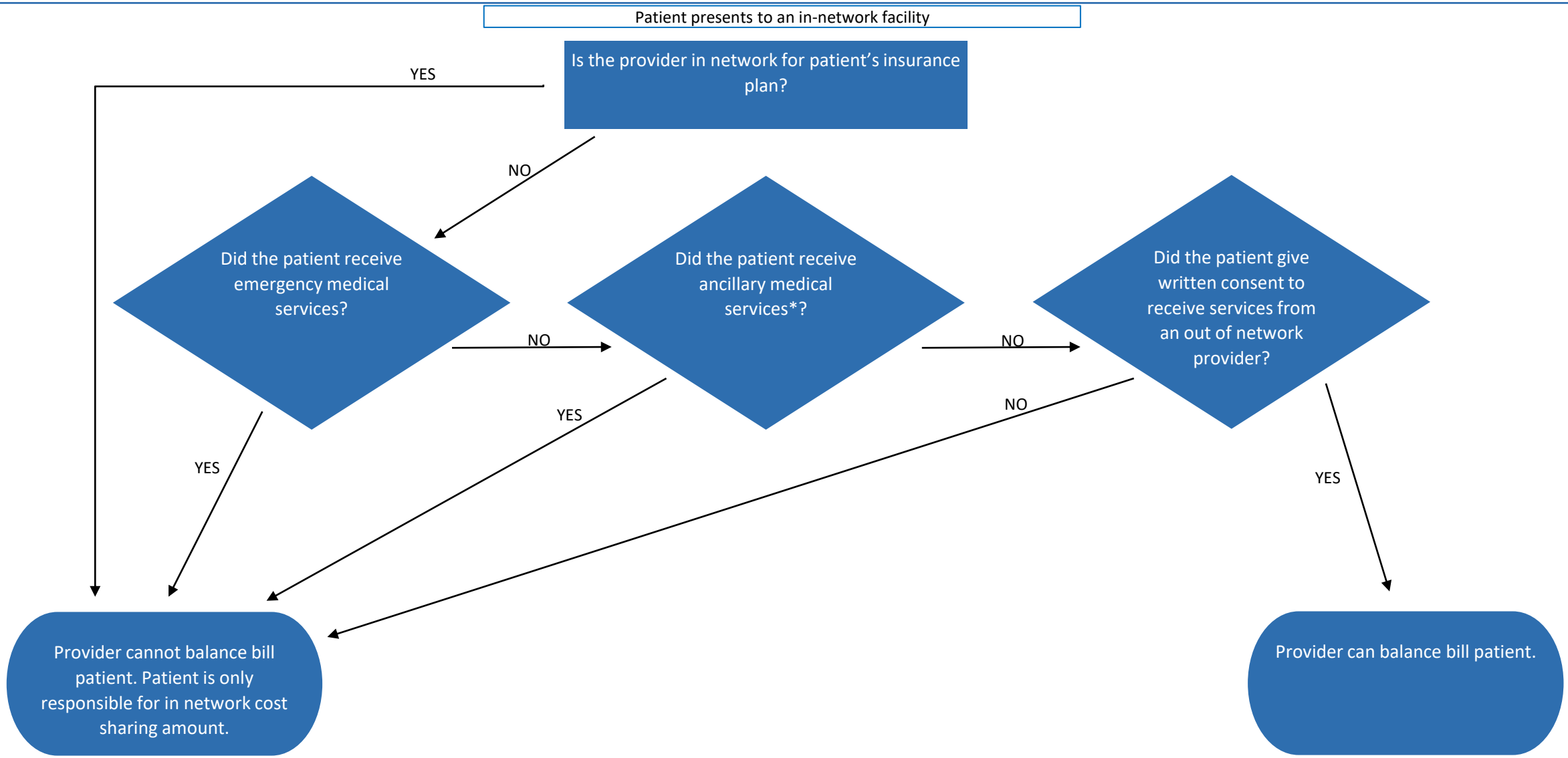
- Insured individuals are protected from surprise balance billing
  - In emergency situations
  - From out-of-network ancillary providers in an in-network facility
  - From out-of-network providers who do not obtain appropriate notice and consent

45 CFR 149.420(b)(1) Ancillary services, meaning -
(i) Items and services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology, whether provided by a physician or non-physician practitioner;
(ii) Items and services provided by assistant surgeons, hospitalists, and intensivists;
(iii) Diagnostic services, including radiology and laboratory services; and
(iv) Items and services provided by a nonparticipating provider if there is no participating provider who can furnish such item or service at such facility.

* If there are state regulations on the same points, state regulations take precedence over federal regulations

Source: eCFR :: 45 CFR 149.420 -- Balance billing in cases of non-emergency services performed by nonparticipating providers at certain participating health care facilities.

No Surprises Act – Balance Billing



*Ancillary – anesthesiologist, radiologist, ED physician, hospitalist, pathologist, intensivist, assistant surgeon

No Surprises Act

Notice and Consent

- The Notice and Consent form to waive balance billing protection can be presented in rare instances when the service is:
  - not related to emergency medicine, anesthesiology, pathology, radiology, and neonatology;
  - items and services provided by assistant surgeons, hospitalists, and intensivists;
  - diagnostic services, including radiology and laboratory services;
  - nor items and services provided by a nonparticipating provider if there is no participating provider who can furnish such item or service at the In-Network facility

- The Notice and Consent form must be given:
  - 72 hours in advance of scheduled service
  - On date of service if scheduled < 72 hours, no later than 3 hours before the scheduled service
  - Available in the 15 Most Common Languages in the Region

*All NSA documents must be given to the individual in the manner they choose – hard copy or electronic
*All NSA documents must be maintained in the patient's medical record

Sources: The No Surprises Act's Prohibitions on Balancing Billing (cms.gov)

No Surprises Act

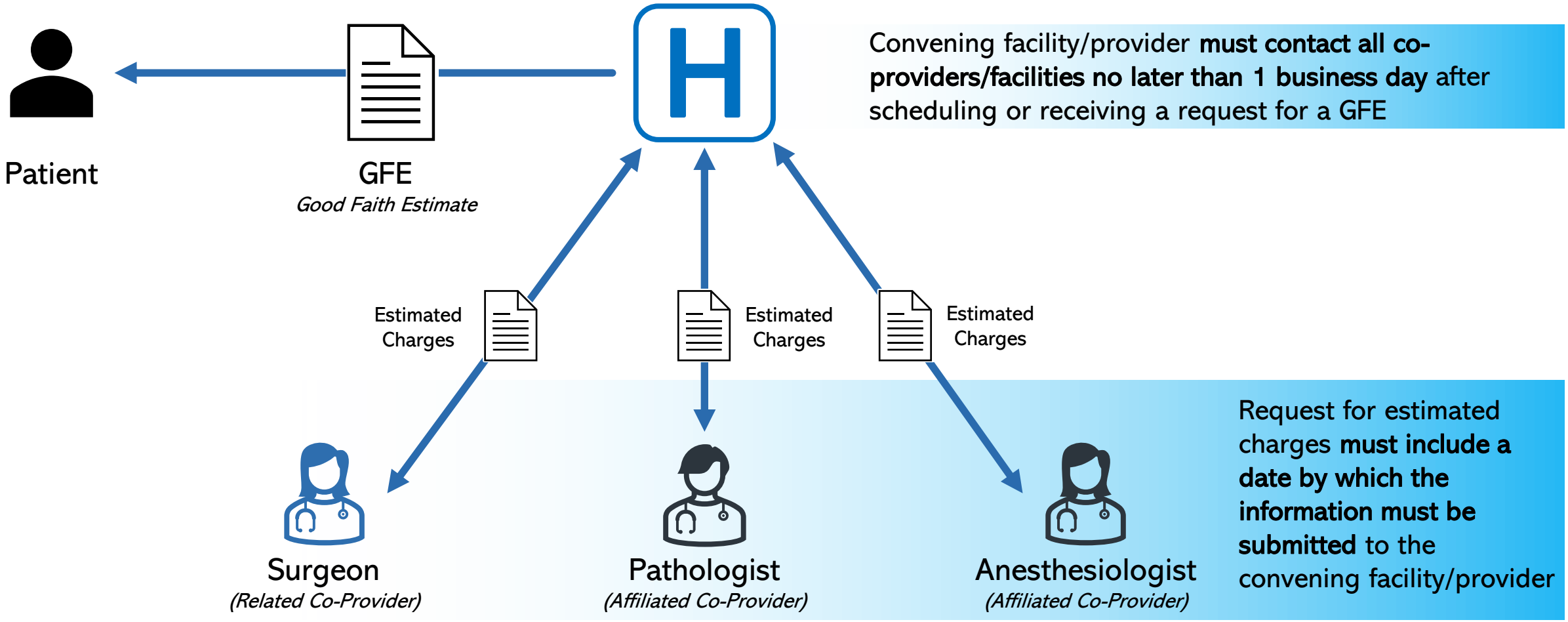
Requirements of Convening Facility/Provider for Uninsured GFE

- Convening facility/provider must issue GFE within designated timeframes
  - When service is scheduled 3 to 9 business days in advance; not later than 1 business day after the date of scheduling
  - When service is scheduled at least 10 business days in advance; not later than 3 business days after the date of scheduling
  - When an uninsured individual requests the price of a service; not later than 3 business days after the date of the request

- Convening facility/provider will issue a GFE that includes charges from all co-providers
  - Must contact all co-providers no later than 1 business day after scheduling or an individual requests a price
  - Request that the co-providers submit GFE information
    - Request must include the date the GFE information must be received by the convening facility

Source: eCFR:: 45 CFR Part 149 Subpart G -- Protection of Uninsured or Self-Pay Individuals

Complicated Process for Providers to Generate Compliant GFE



No Surprises Act

Requirements for Co-Provider/Co-Facility

- Must submit GFE information upon the request of the convening provider or convening facility.
  - Convening provider must receive the GFE information from the co-provider no later than 1 business day after the request
- Must notify and provide new GFE information to a convening provider if the co-provider anticipates any changes
  - expected charges, items, services, frequency, recurrences, duration, providers, or facilities
- If any changes in the expected co-providers occur less than 1 business day before the service is scheduled to be furnished, the replacement co-provider must accept the GFE provided by the replaced provider.
- If an uninsured individual separately schedules or requests a GFE from a provider or facility that would otherwise be a co-provider or co-facility, that provider or facility is considered a convening provider or convening facility for such item or service and must meet all requirements for issuing a GFE to an uninsured individual.

Source: eCFR :: 45 CFR Part 149 Subpart G -- Protection of Uninsured or Self-Pay Individuals

No Surprises Act

Dispute Charges in Excess of $400

- Patient may dispute actual billed charges in excess of $400
- Charges in excess of $400 are per provider and liability falls to that specific provider

> 45 CFR 149.610(f)(4)To the extent compliance with this section requires a provider or facility to obtain information from any other entity or individual, the provider or facility will not fail to comply with this section if it relied in good faith on the information from the other entity, unless the provider or facility knows, or reasonably should have known, that the information is incomplete or inaccurate. If the provider or facility learns that the information is incomplete or inaccurate, the provider or facility must provide corrected information to the uninsured (or self-pay) individual as soon as practicable. If items or services are furnished before an error in a good faith estimate is addressed, the provider or facility may be subject to patient-provider dispute resolution if the actual billed charges are substantially in excess of the good faith estimate (as described in § 149.620).

Source: eCFR :: 45 CFR 149.610 -- Requirements for provision of good faith estimates of expected charges for uninsured (or self-pay) individuals.

No Surprises Act

Convening Provider GFE Data Elements

- Patient name and date of birth
- Description of the primary item or service (and if applicable, the date the primary item or service is scheduled)
- Itemized list of items or services, grouped by each provider or facility, reasonably expected to be furnished for that period of care including:
  - Items or services reasonably expected to be furnished by the convening provider or convening facility for the period of care
  - Items or services reasonably expected to be furnished by co-providers or co-facilities
- Applicable diagnosis codes, expected service codes, and expected charges associated with each listed item or service
- Name, National Provider Identifier, and Tax Identification Number of each provider or facility represented in the GFE, and the State and office or facility location where the service is expected to be furnished
- List of items or services that the convening facility anticipates will require separate scheduling and that are expected to occur before or following the expected period of care for the primary item or service.
  - Must include a disclaimer directly above this list that informs about additional GFEs for pre and post services
- Disclaimer that there may be additional items or services not reflected in the GFE
- Disclaimer that information provided in GFE is only an estimate and that actual items, services, or charges may differ
- Disclaimer that informs about right to initiate a dispute if the actual billed charges are $400 greater than the GFE
  - must include instructions about how to initiate the dispute and state that the initiation of the dispute will not adversely affect the quality of health care services
- Disclaimer that the GFE is not a contract and does not require the uninsured individual to obtain the service

Source: eCFR :: 45 CFR 149.610 -- Requirements for provision of good faith estimates of expected charges for uninsured (or self-pay) individuals.

No Surprises Act

Co-Provider GFE Data Elements

- Patient name and date of birth
- Itemized list of items or services that are reasonably expected to be furnished
- Applicable diagnosis codes, expected service codes, and expected charges associated with each listed item or service
- Name, National Provider Identifiers, and Tax Identification Numbers of the co-provider, and the State and office or facility location where the items or services are expected to be furnished by the co-provider
- Disclaimer that the GFE is not a contract and does not require the uninsured individual to obtain the items or services

Source: eCFR :: 45 CFR 149.610 -- Requirements for provision of good faith estimates of expected charges for uninsured (or self-pay) individuals.

No Surprises Act

What will be enforced upon further ruling

- Facilities and providers will issue a GFE to an insured individual's health plan
  - Convening facility must notify co-provider(s) of scheduled procedure with an insured individual within one business day

- The health plan will issue the individual an AEOB based on information received from providers and facilities.
  - Health plan must issue the AEOB within 1 business day of receiving the GFE from providers and facilities

Source: cms-9908-ifc-surprise-billing-part-2.pdf

Components of 2023 Co-Provider Portal

Portal that allows providers to collectively build GFE

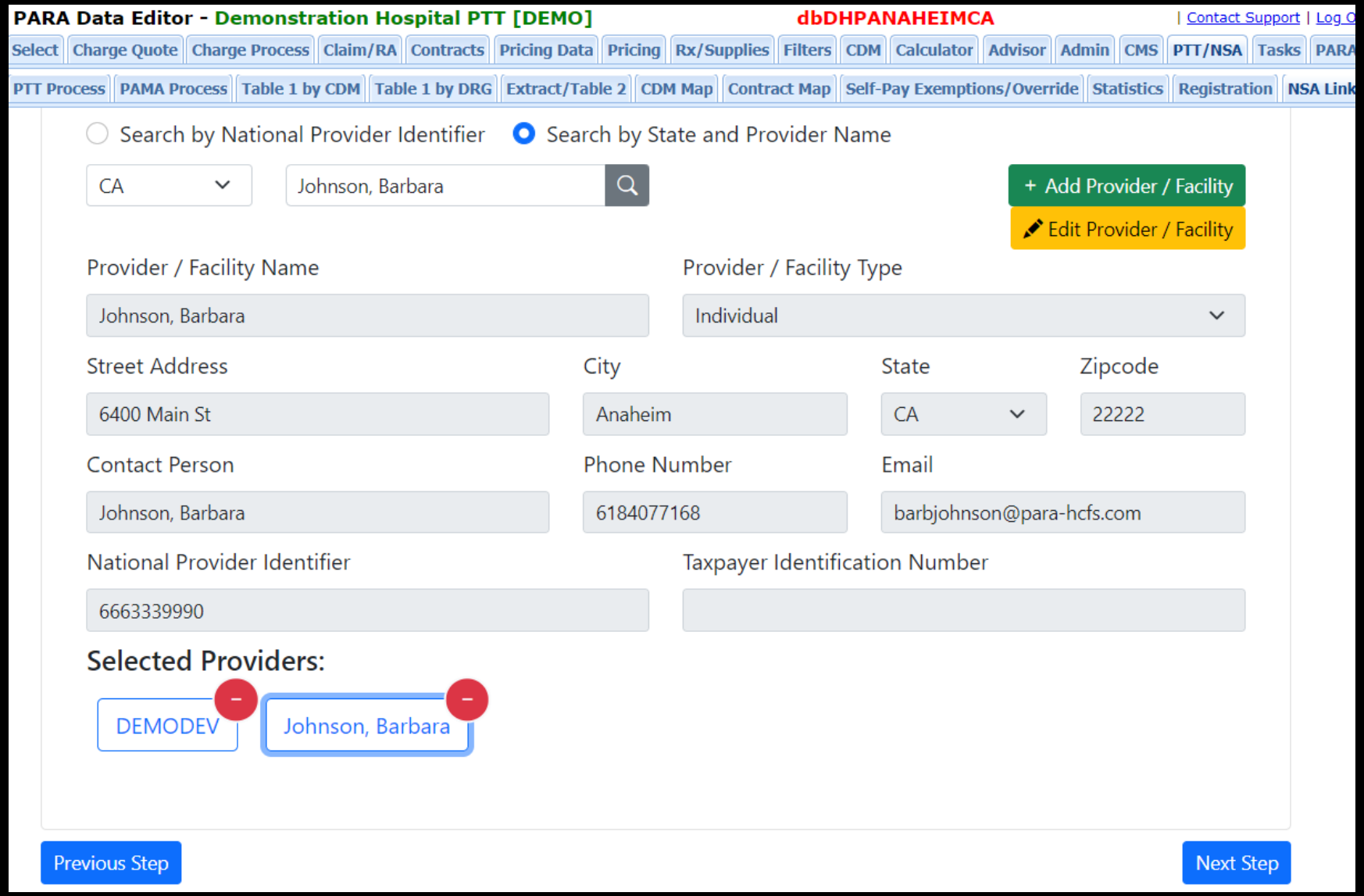
- **For uninsured,** consolidated GFE is sent directly from convening provider to individual
- **For insured,** convening and co-providers send GFE to health plan, for creation of AEOB
- **For an insured individual choosing an out of network provider(s) at an in-network facility**, either

  The facility provides Notice and Consent to patient on behalf of the co-provider(s)

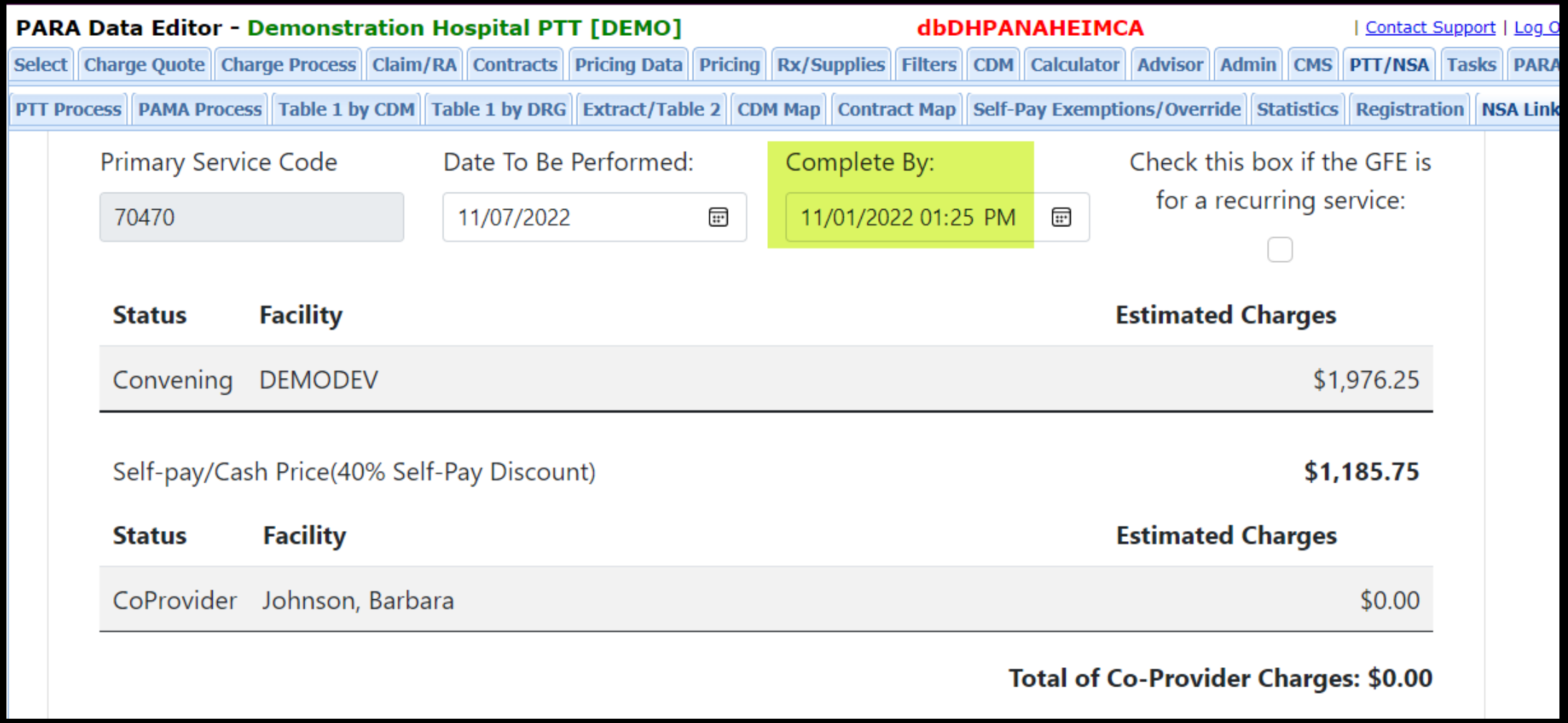
  OR

  The co-provider(s) provides Notice and Consent to patient

Where it starts - Convening adds Co-providers to GFE

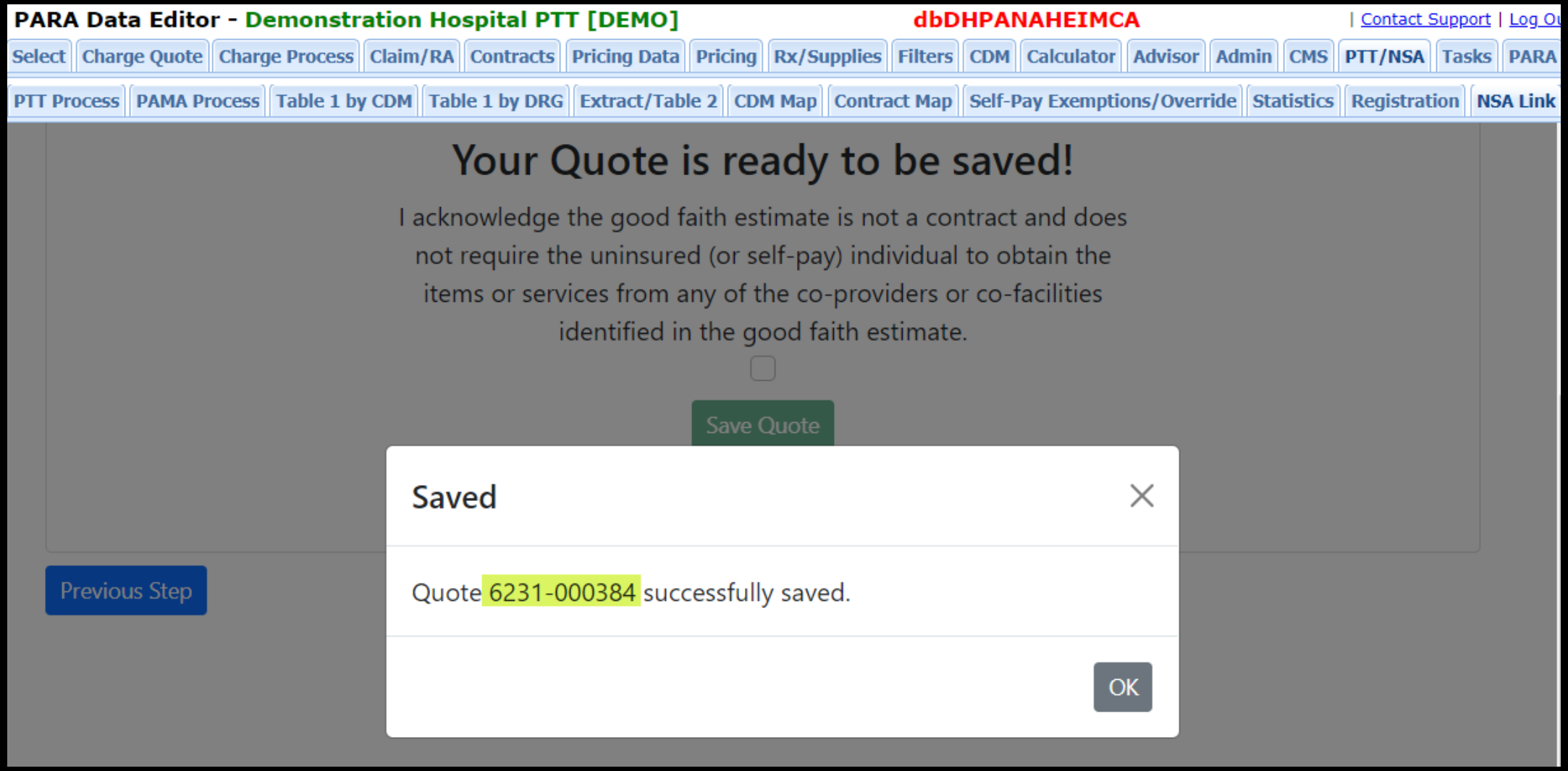


Convening indicates date* in which the GFE must be returned

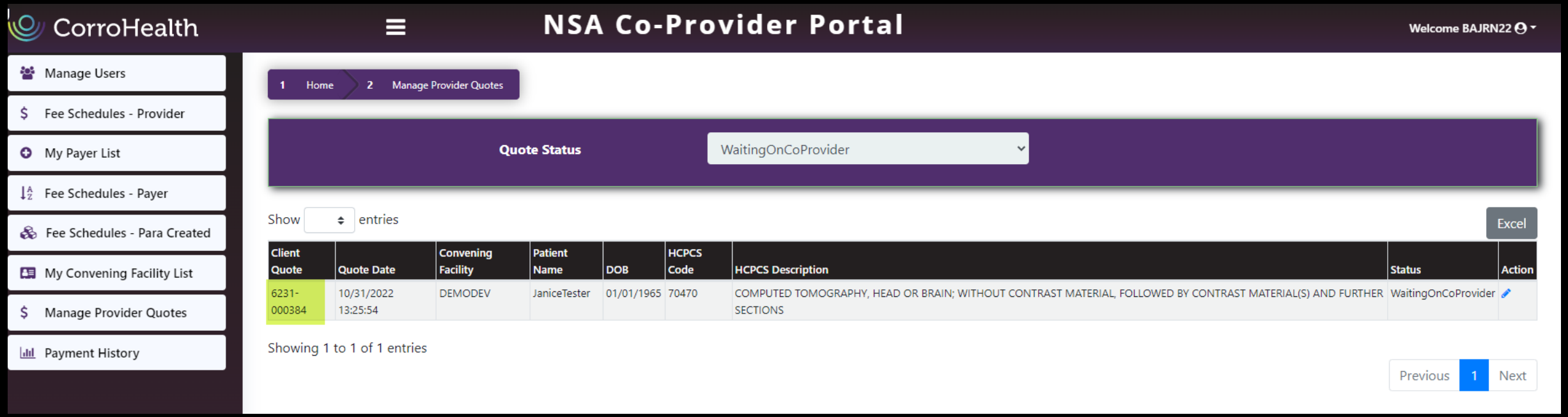


*Defaults to 24 hours.

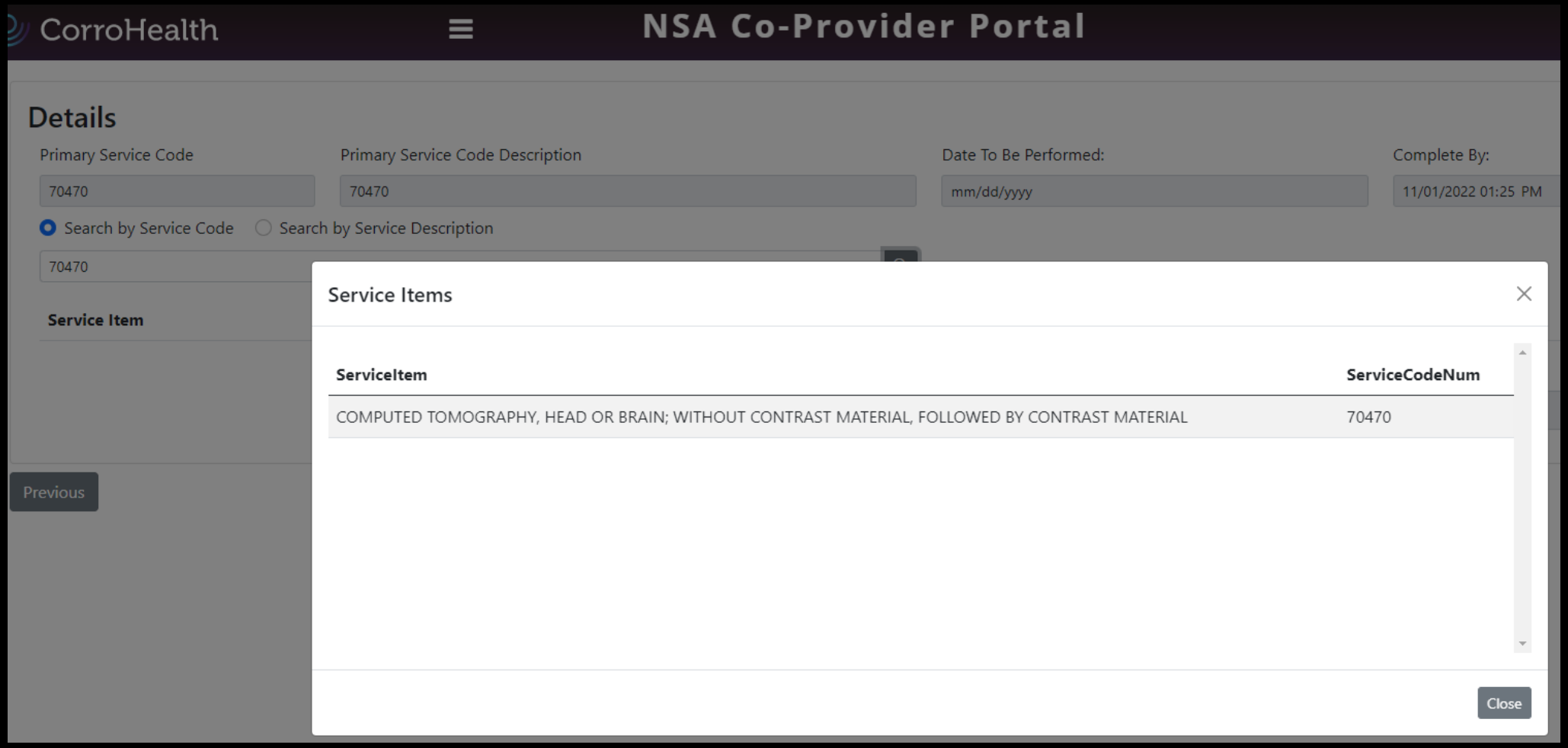
Quote is saved and sent to co-provider



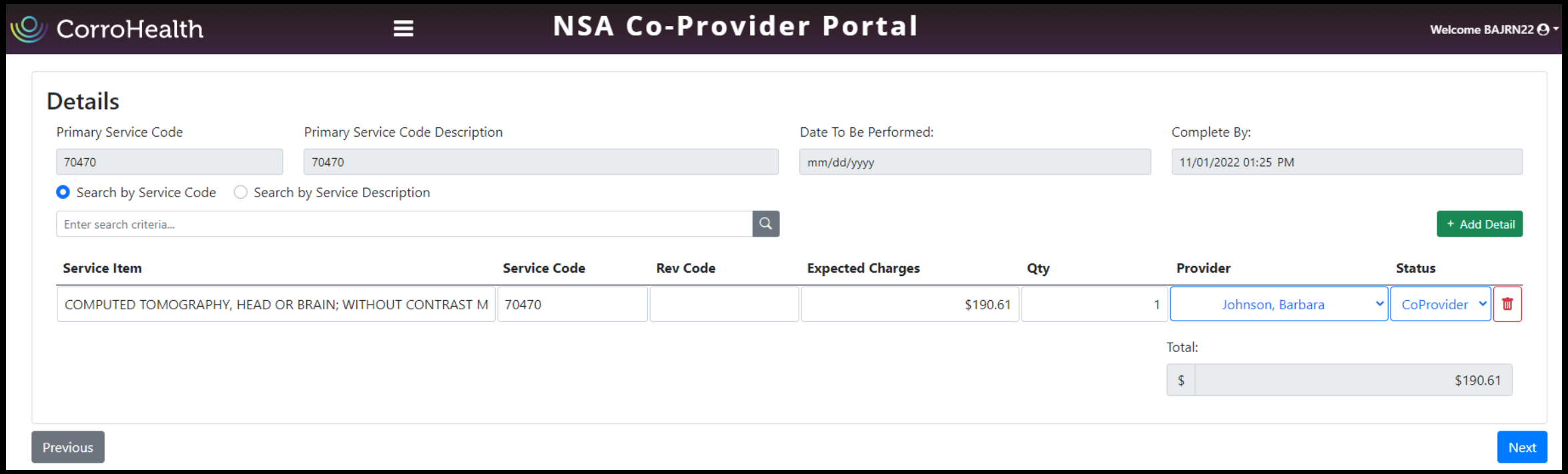
Quote appears on co-provider's dashboard



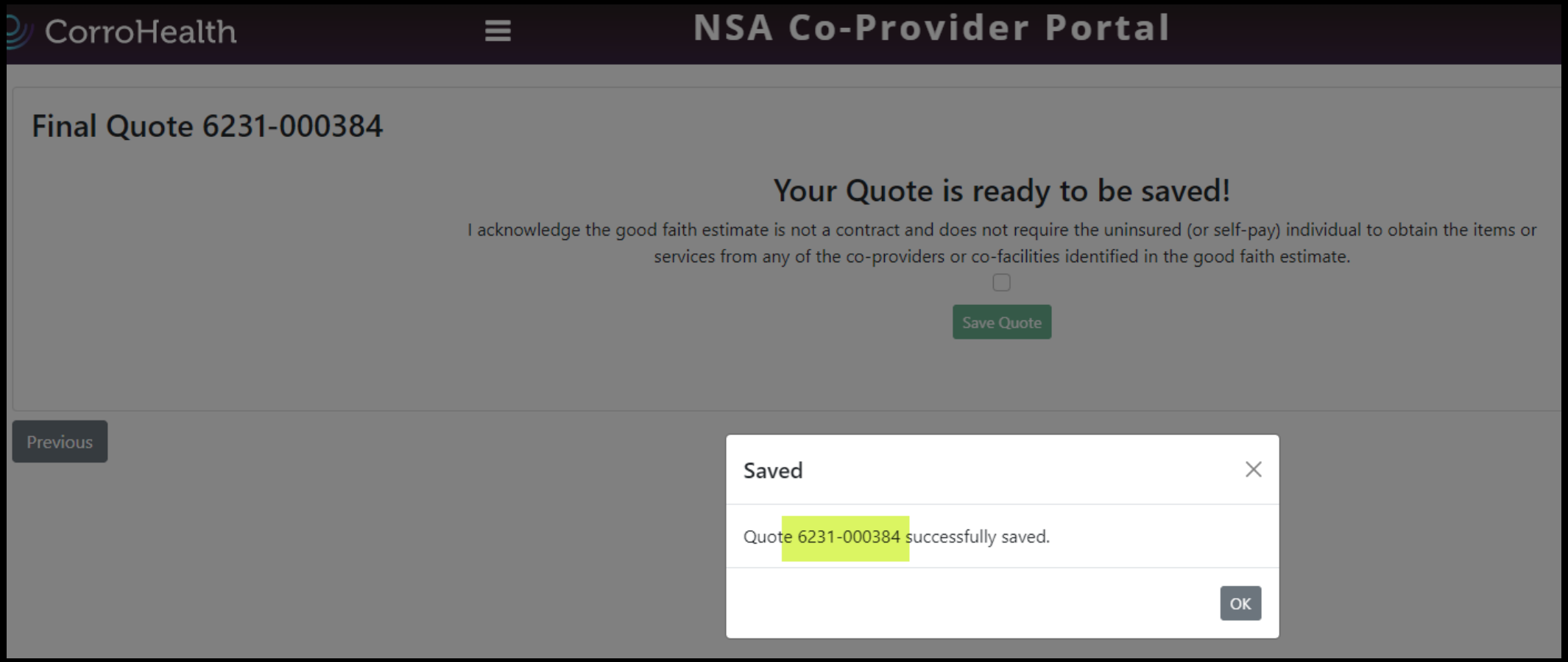
Co-provider adds charges



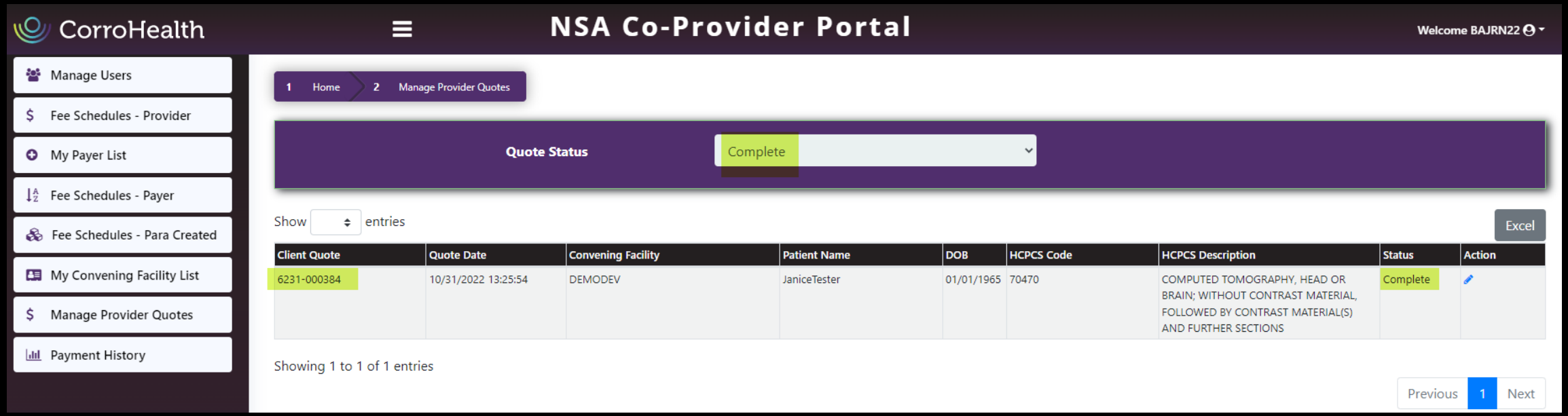
Co-provider adds charges



Co-provider GFE is saved and sent to the Convening Provider



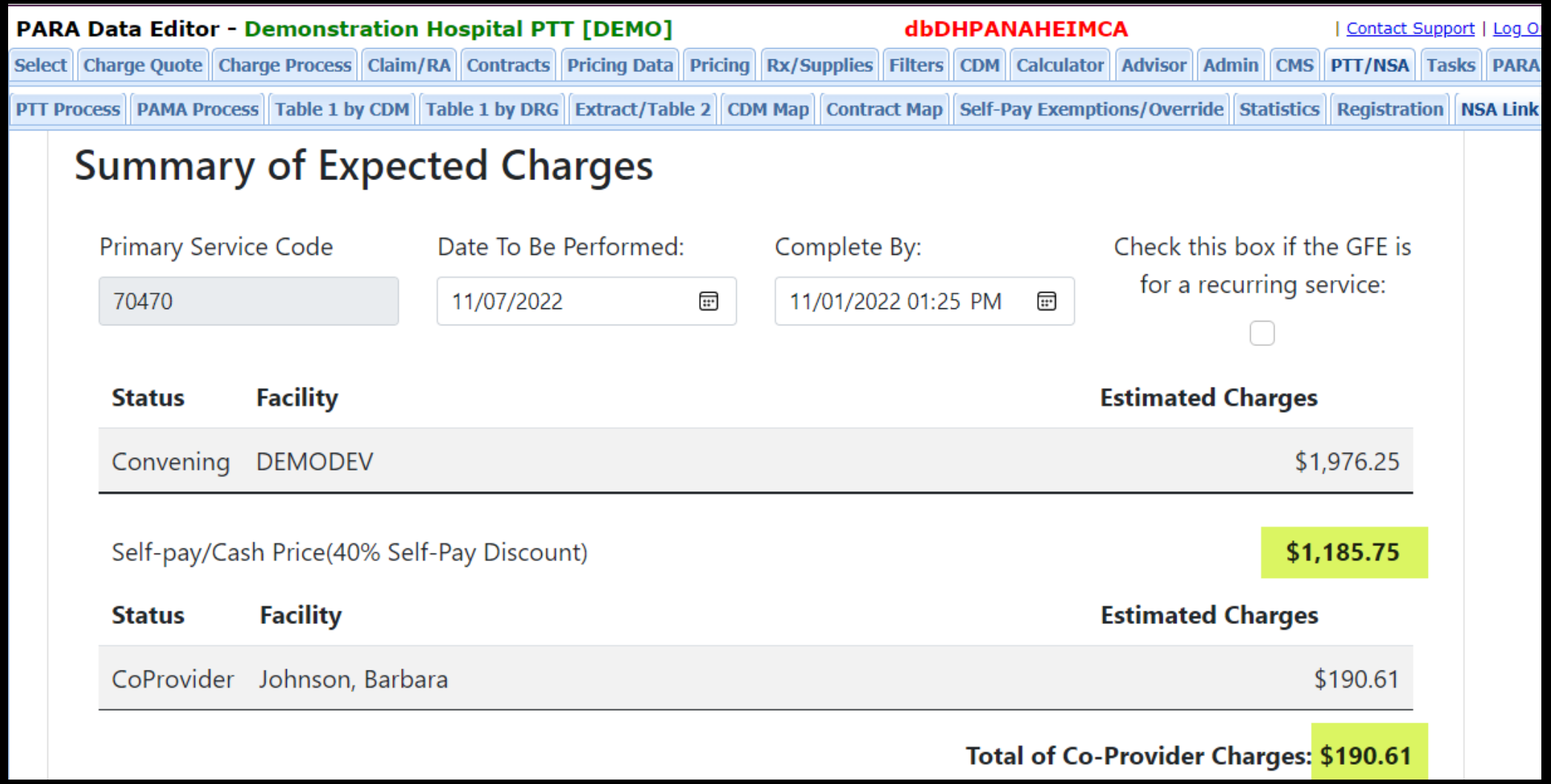
Co-provider GFE Status is Complete



Convening Provider is Notified of Completed Status

6231-000341	WaitingOnCoProvider	10/15/2022 12:00 PM	test test	45380	mm/dd/yyyy
6231-000342	CoProviderCompleted	10/16/2022 08:59 AM	Test test	45380	mm/dd/yyyy
6231-000343	WaitingOnCoProvider	10/18/2022 02:35 PM	Test test	45380	mm/dd/yyyy
6231-000345	WaitingOnCoProvider	10/18/2022 03:13 PM	TEst test	45380	mm/dd/yyyy
6231-000347	WaitingOnCoProvider	10/18/2022 11:26 PM	Test test	45380	mm/dd/yyyy
6231-000349	WaitingOnCoProvider	10/19/2022 02:07 PM	Test test	45380	mm/dd/yyyy
6231-000350	WaitingOnCoProvider	10/20/2022 07:50 AM	test test	45380	mm/dd/yyyy
6231-000351	WaitingOnCoProvider	10/20/2022 08:11 AM	Test Test	45380	mm/dd/yyyy
6231-000352	WaitingOnCoProvider	10/20/2022 08:39 AM	John Doe	45380	mm/dd/yyyy
6231-000353	WaitingOnCoProvider	10/20/2022 09:08 AM	John Doe	45380	mm/dd/yyyy
6231-000354	WaitingOnCoProvider	10/22/2022 12:24 AM	Test Test	45380	mm/dd/yyyy
6231-000355	WaitingOnCoProvider	10/22/2022 11:54 AM	Test test	45380	05/05/2005
6231-000356	WaitingOnCoProvider	10/22/2022 01:56 PM	John Doe	45380	mm/dd/yyyy
6231-000369	WaitingOnCoProvider	10/24/2022 06:16 AM	Jim Jones	93798	mm/dd/yyyy
6231-000366	WaitingOnCoProvider	10/25/2022 04:40 PM	John Doe	45380	mm/dd/yyyy
6231-000370	WaitingOnCoProvider	10/25/2022 10:00 PM	Test test	73220	mm/dd/yyyy
6231-000372	WaitingOnCoProvider	10/28/2022 12:40 PM	Peter Ripper	45380	mm/dd/yyyy
6231-000377	WaitingOnCoProvider	10/29/2022 01:14 PM	Jane Doe	95810	11/02/2022
6231-000378	CoProviderCompleted	10/29/2022 01:22 PM	Jane Doe	95810	mm/dd/yyyy
6231-000380	CoProviderCompleted	11/01/2022 12:47 PM	Test Testing	45380	mm/dd/yyyy
6231-000384	CoProviderCompleted	11/01/2022 01:25 PM	Janice Tester	70470	11/07/2022

Convening Provider Verifies Co-Provider Information



Convening Provider Issues Consolidated GFE to Uninsured individual

Good Faith Estimate for Health Care items and Services

Patient

First Name	Middle Name	Last Name
Janice		Tester

Date of Birth

1/1/1965

Identification Number

Patient Mailing Address, Phone Number, and Email Address

Street or PO Box		Apartment
123 State St		
City	**State**	**Zip**
Anaheim	CA	22222

Phone

654-987-3210

Email Address	Patient's Contact Preference
	NA

Top half of page 1

Convening Provider Issues Consolidated GFE to Uninsured individual

Patient Diagnosis

Primary Service

70470

Primary Diagnosis/Chief Complaint	**Code**
Tension-type headache, unspecified, intractable	G44201
Secondary Diagnosis/Chief Complaint	**Code**

If scheduled, list the date(s) the Primary Service or Item will be provided:

11/7/2022

Date of Good Faith Estimate

10/31/2022 01:25 PM

Summary of Expected Charges

(See the itemized estimate attached for more details)

Facility/Provider Name1	**Estimate Total Cost 1**
DEMODEV	$1,976.25
Facility/Provider Name2	**Estimate Total Cost 2**
Johnson, Barbara	$190.61

Total Estimated Total Charges:	**$2,166.86**
Self-pay/Cash Price (40% Self-Pay Discount):	**$1,185.75**

1 of 3

Bottom half of page 1

Convening Provider Issues Consolidated GFE to Uninsured individual

Good Faith Estimate for Health Care items and Services

The following is a detailed list of expected charges for 70470, scheduled for 11/7/2022

DEMODEV Estimate

Facility/Provider Name		Provider/Facility Type
DEMODEV		Organization
Street Address		
1001 Main Street		
City	**State**	**Zip**
ANAHEIM	CA	92807
Phone	**National Provider ID**	**Taxpayer ID**
999-999-9999	1295782381	82-6004046

Details of Services and Items for DEMODEV

Service Item	Street Address	Rev Code	Service Code	Qty	Expected Charges
CT SCAN OF HEAD OR BRAIN BEFORE AND AFTER CONTRAST	1001 Main Street, ANAHEIM, CA	0351	70470	1	$1,976.00
Locm 300-399mg/ml iodine,1ml	1001 Main Street, ANAHEIM, CA	0636	Q9967	1	$0.25
			Estimate Total Cost		**$1,976.25**

Top half of page 2

Convening Provider Issues Consolidated GFE to Uninsured individual

Johnson, Barbara Estimate

Facility/Provider Name		Provider/Facility Type
Johnson, Barbara		Individual
Street Address		
6400 Main St		
City	**State**	**Zip**
Anaheim	CA	22222
Phone	**National Provider ID**	**Taxpayer ID**
6184077168	6663339990	

Details of Services and Items for Johnson, Barbara

Service Item	Street Address	Rev Code	Service Code	Qty	Expected Charges
COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL	6400 Main St, Anaheim, CA		70470	1	$190.61
				Estimate Total Cost	**$190.61**

Additional Health Care Provider / Facility Notes:

2 of 3

Bottom half of page 2

Convening Provider Issues Consolidated GFE to Uninsured individual

Good Faith Estimate for Health Care items and Services

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, federal law allows you to dispute (appeal) the bill.

The amount below is only an estimate; it isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. This means that the **final cost of services may be different than this estimate**.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

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

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

Questions

No Surprises Act - Definitions

Uninsured (or self-pay) individual means: (A) An individual who does not have benefits for an item or service under a group health plan; or (B) An individual who has benefits for such item or service under a group health plan but who does not seek to have a claim for such item or service submitted to such plan or coverage.

Convening health care provider or convening health care facility (convening provider or convening facility) means: the provider or facility who receives the initial request for a good faith estimate from an uninsured (or self-pay) individual and who is or, in the case of a request, would be responsible for scheduling the primary item or service.

Good faith estimate means: a notification of expected charges for a scheduled or requested item or service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service, provided by a convening provider, convening facility, co-provider, or co-facility

Co-health care provider or co-health care facility (co-provider or co-facility) means: a provider or facility other than a convening provider or a convening facility that furnishes items or services that are customarily provided in conjunction with a primary item or service

Expected charge means: for an item or service, the cash pay rate or rate established by a provider or facility for an uninsured (or self-pay) individual, reflecting any discounts for such individuals, where the good faith estimate is being provided to an uninsured (or self-pay) individual; or the amount the provider or facility would expect to charge if the provider or facility intended to bill a plan or issuer directly for such item or service when the good faith estimate is being furnished to a plan or issuer.

Health care facility (facility) means: hospital or hospital outpatient department, critical access hospital, ambulatory surgical center, rural health center, federally qualified health center, laboratory, or imaging center that is licensed as an institution pursuant to State laws or is approved by the agency of such State or locality responsible for licensing such institution as meeting the standards established for such licensing.

Health care provider (provider) means: a physician or other health care provider who is acting within the scope of practice of that provider's license or certification under applicable State law, including a provider of air ambulance services.

Contact Us

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