

No Surprises Act Compliance Checklist

Federal balance billing protection requirements

What is the No Surprises Act?

Effective January 1, 2022, the No Surprises Act protects patients from surprise medical bills in most emergency and certain non-emergency situations. Violations can result in fines up to \$10,000 per incident.

Provider Compliance Checklist:

1. Good Faith Estimates (GFE)

- Provide GFE to all uninsured/self-pay patients
- Include all expected charges (facility, provider, anesthesia, etc.)
- Deliver GFE within 3 business days of scheduling (or 1 business day if scheduled <10 days out)
- Provide GFE upon request within 3 business days
- Document GFE delivery date and method

2. Emergency Services

- Cannot balance bill for emergency services at out-of-network facilities
- Patient cost-sharing based on in-network rates
- Submit claims to patient's insurance (even if out-of-network)
- Accept qualifying payment amount (QPA) or initiate dispute resolution

3. Non-Emergency Services at In-Network Facilities

- If you're out-of-network, obtain written consent 72+ hours before service
- Consent must include good faith estimate of charges
- Consent must list in-network alternatives
- Cannot obtain consent for ancillary services (anesthesia, labs, imaging, etc.)

4. Notice and Consent Requirements

- Use standardized federal consent form (available at [cms.gov](https://www.cms.gov))
- Provide in patient's preferred language (if available)
- Document consent in patient chart
- Retain consent for 7 years

5. Independent Dispute Resolution (IDR)

- Initiate IDR within 30 days of initial payment or denial
- Negotiate in good faith for 30 days before IDR
- Pay \$50 administrative fee (refunded if you win)
- Prepare submission: include QPA, your charge, supporting documentation

Scenarios Where Protections Apply:

- ✓ Emergency services at any facility (in or out-of-network)

- ✓ Non-emergency services at in-network facility by out-of-network provider (unless proper consent obtained)
- ✓ Air ambulance services (ground ambulance not covered yet)

Scenarios Where Protections DON'T Apply:

- X Patient signed compliant consent form 72+ hours in advance
- X Patient receives care at out-of-network facility for non-emergency (unless referred)
- X Ground ambulance (state laws apply)
- X Self-pay patients (separate GFE requirements apply)

Common Violations & Penalties:

- Failure to provide GFE: \$10,000 per violation
- Balance billing protected patient: \$10,000 + patient refund required
- Improper consent (wrong form, timing, or content): \$10,000
- Failure to participate in IDR: Loss of payment rights

Pro Tip: Set up automated GFE generation in your scheduling system. Most EHR/PM systems added this feature in 2022-2023. If yours hasn't, build a spreadsheet template and train front desk staff to complete it at scheduling.