

Don't Get Surprised

By The No Surprises Act



Personal Injury
Made Easy



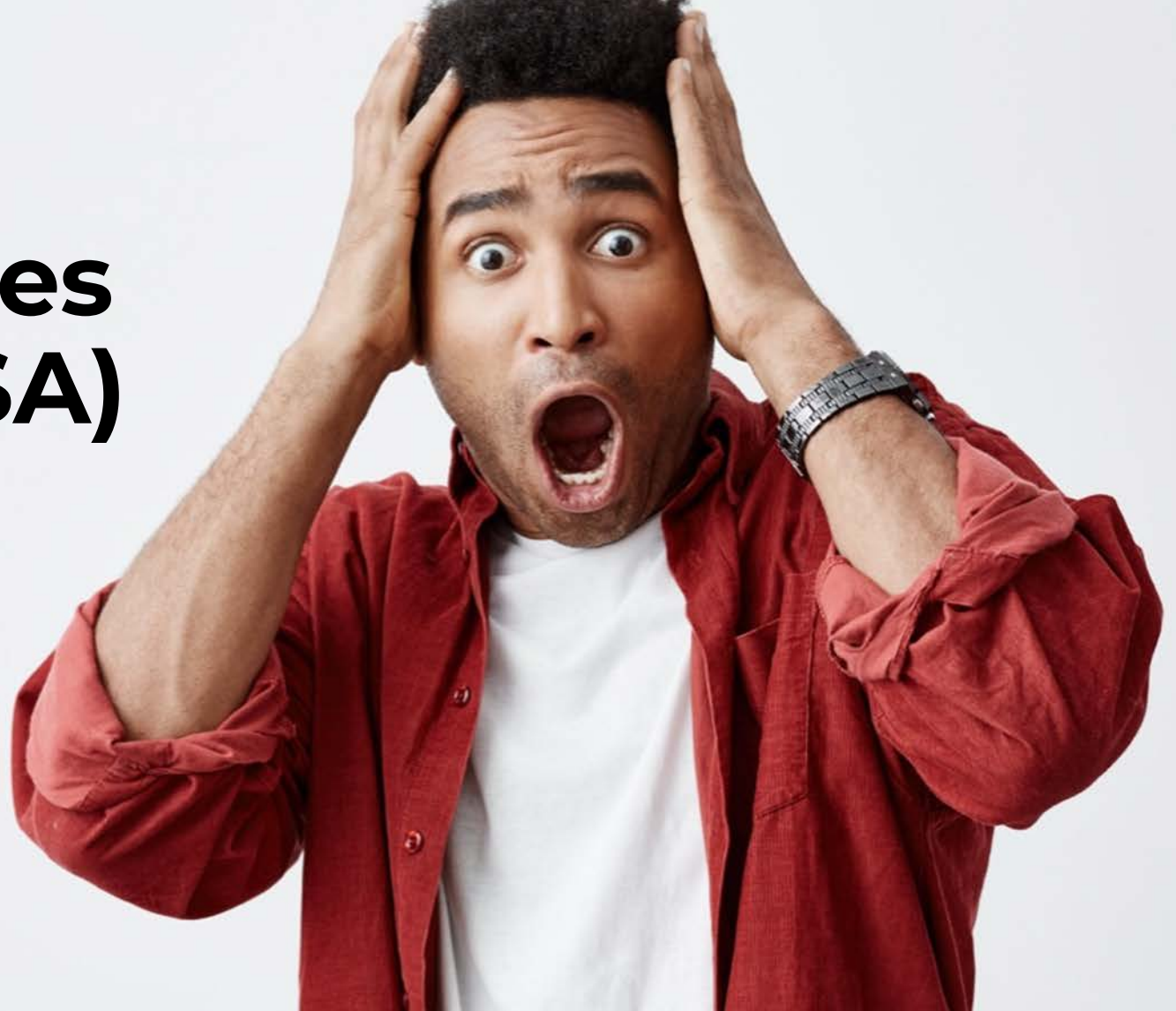
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PIMadeEasy.com

Disclaimer

The contents of this presentation are for educational purposes and may not accurately reflect the actual law involved for your specific state or federal law. This presentation is intended to provide an overview and personal opinions. Before implementing anything, or taking any action, based upon this presentation please confer with a duly licensed healthcare attorney and other legal, business and financial professionals, and follow their specific advice and guidance. Any discussion of fees or pricing examples used are for instructional purposes only and should not be used as a standard or recommendation for any provider or group of providers.

The No Surprises Act (NSA)



Group Survey

- Know what the NSA is?
- Know how to fully comply?
- Believe you are in full compliance?



You don't know...





**...what you
don't know
about the NSA**

Agenda

1. Overview & Origin
2. Oversight, Issues & Help
3. Spirit & Intent
4. Application & Compliance
5. Nuances
6. Enforcement, Disputes & Misuse
7. Potential Advantages
8. Review (and NSA Hack!)



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**What's the
view like?**



The Bad And Ugly

- Government fine potential
- Patient-Provider Dispute (PPDR) process risking entire bill loss
- More third-party review of treatment and billings
- Increased scrutiny on “medical necessity” and documentation
- New staff administrative burden placed upon you
- NSA’s compliance, oversight and enforcement remains in flux
- And ...

Attorney threats



The New Normal

New patient consent requirement

New advanced pricing disclosures so patients can shop

New good faith estimate (GFE)

New processes for staff, e.g., timely GFEs to patients

New patient dispute process and a new adjudicating body

New training for staff and owners, and staying updated

New ambiguity, confusion, misuse

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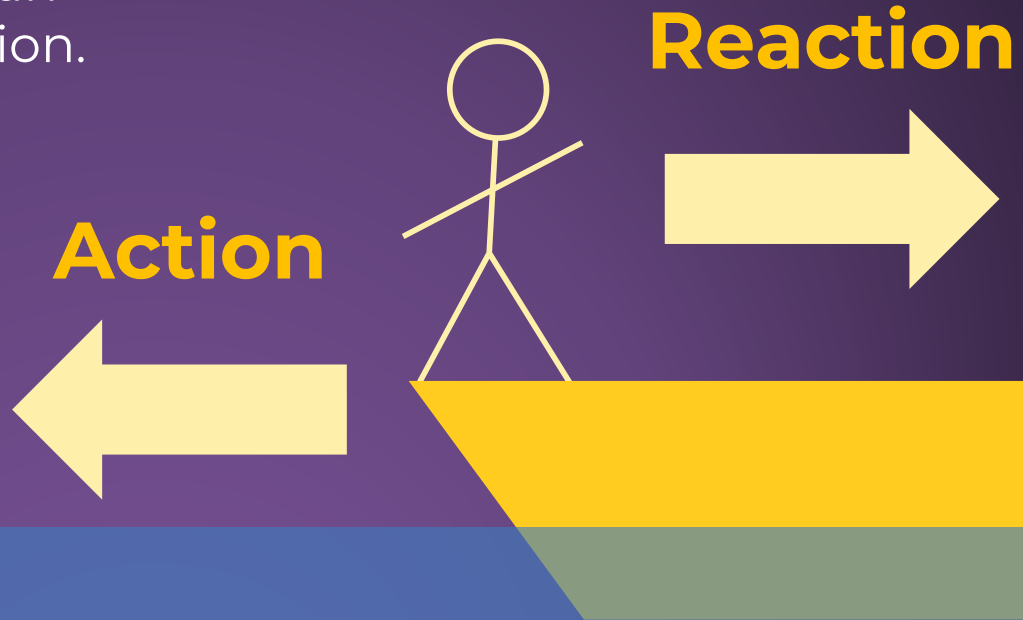


**Why was the
NSA enacted?**

What, physics can explain this?

Newton's Third Law:

For every action, there is an equal and opposite reaction.







39%

ER visits to
in-network hospitals
resulting in out-of-
network billing 2010-
2016

**Increased to
42.8%**



22%

Of those reporting,
said their surprise
bill amount
exceeded \$1,000



20%

Americans saying
they or their family
**receiving an
unexpected
medical bill since
NSA took effect**



13-14%

Skipped care

**Another 13-14%
hesitated to receive
care** (mostly ER but
also mental
healthcare)

Trust is waning



16%

Adults with any
knowledge of NSA
as of June 2022



**Greater transparency in
medical billing is long overdue**

**Expanding
existing
government
regulations**



NSA Part 1

- June 2021
- Hospitals, ER and air ambulance





NSA Part 2

- October 2021
- More facilities
- Most providers
- Good faith estimates
- PPDR process

**Is this law going
to change?**

Absolutely!

But when?

“Interim final rules”





Even final rules not so final

August 16, 2022 “final ruling”

pricing factors & price ruling
explanations

A hand holding a pen points to a calendar grid. The calendar shows dates from 1 to 30. The text 'When was compliance to have begun?' is overlaid in yellow. The background is a dark, textured surface.

**When was compliance
to have begun?**

01

JANUARY 2022

January 1, 2022

Sun

Mon

Tue

Wed

Thu

Fri

Sat



1

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3

4

5

6

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**Who
oversees
the NSA?**



Department of
Treasury/IRS

Department of
Labor/Employee
Benefits

Department of
Health & Human
Services/CMS



A lead dragon?

Yes

The Centers for Medicare and Medicaid Services (CMS)

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A hand with light pink nail polish holds a magnifying glass with a dark handle. The lens of the magnifying glass is positioned over the text, which is centered within the lens. The background is plain white.

**What is the
NSA really
doing?**



Protecting
consumers
from surprise
medical bills



Consumers can shop for
a better deal

CMS Administration & PIME Help

CMS Federal Online NSA Portal:

cms.gov/nosurprises

CMS NSA Help Desk:

800-985-3059

CMS NSA Email:

Providers_enforcement@cms.hhs.gov

PI Made Easy (PIME) NSA Intensive:

michael@pimadeeasy.com

Ending Surprise Medical Bills

See how new rules help protect people from surprise medical bills and remove consumers from payment disputes between a provider or health care facility and their health plan

[Learn More](#)



Policies & resources

**Resolving out-of-
network payment**

Consumers

[CMS.gov/nosurprises](https://www.cms.gov/nosurprises)

Consumers: new protections against surprise medical bills

Learn about new rights and protections for consumers to end surprise bills, help consumers better understand costs before getting health care, and remove them from payment disagreements between their health care providers, health care facilities and health plans.



What you should know about new protections

Learn and understand what's new to help protect you from

Learn and understand what's new

Complaints about medical billing

You can submit a complaint about a medical billing experience you had, whether you're insured or uninsured.

You can submit a complaint about a medical billing experience you

Medical bill disagreements if you're uninsured

If you received a medical bill that's higher than an estimate you got in

If you received a medical bill that's

[cms.gov/medical-bill-rights](https://www.cms.gov/medical-bill-rights)

So...

What's
the
problem?



Questions (and confusion)

- What if a patient has coverage when an appointment was scheduled but loses it before coming in for care?
- What if a surgical team needs more time because of an unexpected complication?
- What if the patient raises a previously undisclosed complaint during visit?
- How can a provider properly advise the patient of other specialists' fees for services, such as imaging?

Immediate push back ... continuing

- Continuing litigation (8 major suits filed in 2022)
- Lawsuits by ER-related organizations, air ambulance companies, **Texas state medical association** and an individual doctor
- Conflicts regarding arbitrator standards of review
- Constitutional challenges

Government reaction



A few answers ... they are trying

- No diagnostic code required if not known or no relevant one
- GFE can be limited to the initial visit without future care listed
- Future care to be addressed in a new GFE
- Must update if changes, e.g., new charges, different frequency
- Updates provided at least one business day before next care visit
- Same-day lab/imaging won't need a GFE (single visit, walk ins)
- If was insured and lost insurance, no need to re-schedule

And a few others delayed

- GFEs for patients using insurance but not all services covered
- Advanced explanation of benefits (EOB)
- Co-provider and co-facility naming and pricing
- Delayed until implementation regs issued
- Anticipate compliance in 2024

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**Does this
apply to me?**

A group of diverse healthcare professionals, including a doctor in the foreground wearing a white coat and glasses, standing in a hallway. The image is overlaid with a purple gradient.

YES!



All licensed or certified healthcare providers

Which patients does NSA apply to?



YOURS!



Any uninsured
or self-pay patient



How do you ID?

VICTIM	SARAH T.	JANE D.	RACHEL S.	GEORGE C.	MARIA V.	ROBIN Q.	ANGELA U.	ROBERTA F.	THOMAS
SUMMARY									
ID PHOTO									
DATE OF FIND									
PLACE OF FIND									
CAUSE OF DEATH									
AGE									
USED									
VICTIM JOB									
MURDER PERIOD									
MURDER TIME									
WITNESSES									





**Ask your
patient...**

**Do you have
health insurance?**

If no...

Deemed uninsured
and NSA applies!



If yes...

Are you going to use your health insurance?

If no, NSA applies!

If yes, NSA may still apply!



Is your patient pulling
out something other
than co-pays?



Hypothetical

Q. A patient was in an auto accident and chooses to not submit to their health insurance. Instead, they're relying on a lien or letter of protection to pay their bill. Is this person considered self-pay under the NSA?


A. Yes. NSA applies. Not submitting to health insurance for potentially covered items/services.



Hypothetical

Q. Same auto accident/PI situation, but the medical bills are going to be submitted to the patient's Medical Payment (MedPay) or Personal Injury Protection (PIP) coverage. Is this person considered self-pay under the NSA?

A. Yes. NSA applies. MedPay and PIP is auto insurance and not health insurance, and it may not cover all medical expenses.



Hypothetical 3

Q. The patient is NOT a PI patient and wants to pay cash for treatment that may be covered in whole or in part by their health insurance. Is this individual considered a self-pay individual under the NSA?

A. Yes. They chose not to use their health insurance so you are required to provide a GFE.



Group Survey

What percentage of your patients are uninsured or self-pay?

- A. 10%
- B. 25%
- C. 50%
- D. 75% or more





**Your patient is
uninsured or
self-pay.**

Now what?

**Provide
new patient
consent form**



Generally required provisions


- Waive some consumer protections under federal law
- May get a bill for the full charges of these items or services
- Could have to pay out-of-network cost-sharing under health plan
- Fully understand that some or all amounts patient pays might not count toward health plan's deductible or out-of-pocket limit

**What is a good
faith estimate
(GFE)?**





“Honesty or sincerity
of intention”

A man with a beard and a shaved head is sitting on a dark blue couch in a dimly lit room. He is wearing a grey t-shirt and blue and white striped pants. He is looking down at a piece of paper he is holding in his hands. The background is dark with some blurred lights and objects, suggesting an indoor setting like a living room or office.

Notification of expected charges for a scheduled or requested item or service



**REPEAT
CUSTOMER**

**Recurring services
included**

A man with a beard and a shaved head is sitting on a couch in a dimly lit room. He is wearing a grey t-shirt and striped pants, and is looking down at a document he is holding in his hands. The room is dark, with some objects visible on a shelf in the background. The overall mood is quiet and contemplative.

Oral or written notification?

A man with a beard is sitting on a couch in a dimly lit room, reading a newspaper. The scene is overlaid with a blue tint. The word "BOTH!" is written in large, bold, yellow letters across the center of the image.

BOTH!

Written notification

- Paper or electronic
- Patient's requested delivery method of delivery
- Timely (see timelines based upon scheduling)
- Can be printed and saved
- If mailed, must be postmarked by the required timelines based upon scheduling timing
- "Clear and understandable language"



**What rate
do you
charge?**

Cash pay rate

or

Rate for uninsured
or self-pay patients

and

Reflect usual discounts





**We only have
to list OUR
services.
Right?**



Orthopedist



Acupuncturist



Chiropractor



**Physical
Therapist**

No!

**Also co-providers and
co-facilities involved**



Neurologist



Psychologist



**Pain
Management**



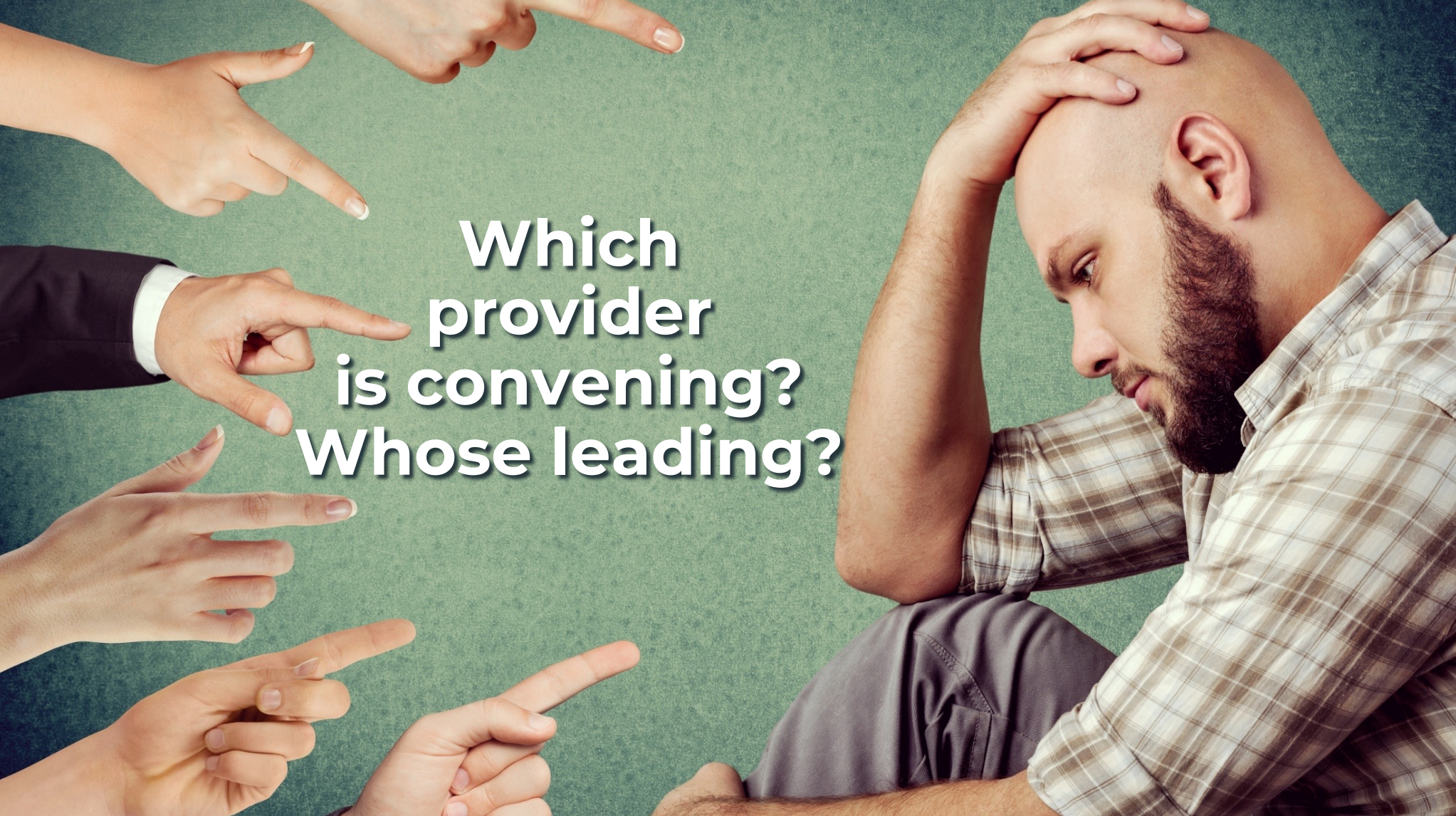
**Surgical
Center/ASC**

Co-Providers / Co-Facilities

- Must submit GFEs upon a request
- Sent within 1 business day of the request
- Substitute provider must accept original GFE if can't meet the 1 business day requirement
- Can be combined GFE or separate GFEs

Co-Providers / Co-Facility GFE

- No enforcement in 2022 or 2023 – giving you time to prepare
- Patients can request GFE directly from co-providers/facilities
- Will go into effect January 1, 2024 (they say)



**Which
provider
is convening?
Whose leading?**



**For how long
a time?**



- Single visit like a lab
- All recurring visits
- No minimum period
- Max 12 months per GFE

Good Faith Estimate

[Provider/Facility 1] Estimate

Provider/Facility Name		Provider/F	
Street Address			
City		State	ZIP C
Contact Person	Phone	Email	
National Provider Identifier	Taxpayer Identification Num		

Details of Services and Items for [Provider/Facility 1]

Service/Item	Address where service/item will be provided [Street, City, State, ZIP]	Diagnosis Code [ICD code]	Service Code [Service Code Type: Service Code Number]	Quant

Total Expected Charges from [Provider/Facility 1] \$

Additional Health Care Provider/Facility Notes

OMB Control Number [XXXX-XXXX]
Expiration Date [MM/DD/YYYY]

[NAME OF PROVIDER OR FACILITY]
Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: ____/____/____		
Patient Identification Number:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box		Apartment
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
Patient Primary Diagnosis	Primary Diagnosis Code	
Patient Secondary Diagnosis	Secondary Diagnosis Code	

1

**What
information
must be
included in a
GFE?**



GFE Information

- Patient's name and date of birth
- Primary item/service description
- Dates for any multi-visit schedule
- Itemized item/service listing
- Reasonably expected to be furnished
- Including co-providers or co-facilities "in conjunction with" the primary item or service

GFE Information

A woman with long dark hair, wearing a light-colored top, is smiling and holding a small, wrapped gift box in her hands. The background is a soft, out-of-focus light blue.

- All applicable diagnosis codes
- All NPI and Tax ED for each provider/facility
- All addresses where treatment to be furnished
- All **reasonably expected service codes**
- All **reasonably expected charges**
- Disclaimers

What is included in “reasonably expected?”

- All encounters, all patient visits
- All procedures
- All medical tests
- All supplies
- All prescriptions drugs
- All durable medical equipment
- All fees including professional and facility fees

Disclaimers



DISCLAIMERS

(Required and added)

- **There may be additional services** recommended as part of the course of care that must be **scheduled separately** and are not included in the GFE.
- The **GFE is only an estimate** of the services reasonably expected to be furnished, and **actual services or charges may differ.**
- The individual has the **right to initiate the patient-provider dispute resolution process** if the actual billed charges are \$400 or more in excess of the GFE.
- **Instructions for learning more** about the process.
- The GFE is **not a contract** and the individual **can get care elsewhere.**

A photograph of three medical professionals in white lab coats. On the left is a young woman with long dark hair, looking down at a document. In the center is a middle-aged man with grey hair, wearing a white lab coat over a white shirt and a patterned tie, looking directly at the camera while holding a pen over a document. On the right is an older woman with short brown hair, looking down at the document. The background is plain white.

**When must you
provide a GFE?**

A photograph of three medical professionals in white lab coats. On the left, a young woman with long dark hair is looking down at a document. In the center, a middle-aged man with grey hair, wearing a white lab coat over a white shirt and a patterned tie, is looking directly at the camera while holding a folder and a pen. On the right, an older woman with short brown hair is looking down at a document. The background is a plain, light-colored wall. The entire image has a semi-transparent purple overlay.

**Before care or
upon request
...mostly**



Timing Matters



If... 10+ business days

GFE at least **three business days before** the appointment



If... 3-9 business days

GFE at least **1 business day before** appointment

**What about
walk-ins?**





If ... scheduled less than 3 business days (including “walk ins”)

No prior GFE required

However...

Recommend a GFE before the next recurring visit

“I Haven’t Even Seen this Person Yet!”

HIS DATING SITE PIC



REAL LIFE



First Visit Nuance

**Undetermined:
Injury type/extent
and scope of services**

1st visit GFE can be for patient assessment only.

If you require all new patients of that type to undergo diagnostics, they should be included.

Caution: If you provide actual services, it's best only if they're not reasonably expected at the time of scheduling and do not require immediate care.

Bait and Switch



Recurring Services

In other words ... Chiropractic!

- After initial visit comes your treatment plan GFE
- Provide at least 1 business day in advance, if not sooner
- What, when, how often and how much
- Single GFE okay for recurring services within 12 months
- After 12 months, issue an updated GFE
- Clear and understandable language

A close-up photograph of a person's foot stepping into water, creating a large splash. The person is wearing a grey hoodie and dark brown lace-up boots. The background is a blurred outdoor setting. The entire image has a blue color overlay.

And if you stepped in it:

**Make sure the right
to a GFE is given to
patient before they pay!**

In What Format Do I Send The GFE?

In **writing** or **electronically**
as the patient requests.

Oral okay but must also
provide in writing.

Patient must be able to
both save and print if
provided electronically.

Transmission issues?

Get patient's okay to send
via unsecure email.

Document any lack of
cooperation by patient
when requesting contact
info.

Hypothetical

Q. A patient is undergoing a course of therapy expected to run three days a week for six weeks. Do I need to provide separate GFEs for each therapy visit?

A. No. One GFE covering all recurring services within a 12-month period as long as you list the timing and frequency. If recurring services last more than 12 months, a new GFE will be needed.



Hypothetical

Q. A patient will be undergoing an epidural requiring a pre-op visit, lab tests, imaging, the actual surgery, a post-op visit, and a period of therapy. Would these services be included in separate GFEs or in one GFE?

A. Either. All services in the surgical GFE including anesthesia, professional fees, prescribed meds, etc. For 2023, some can be listed without charges, the actual providers, etc., and separate GFE's are allowable. Starting 2024, you will need to include all in one GFE. So get prepared!



Hypothetical

Q. A patient is receiving cosmetic services to improve his appearance but which are not medically necessary. Is that patient exempt from receiving a GFE and the provider from complying with all NSA requirements?

A. No. There is no current exclusion for services that are not deemed medically necessary, such as cosmetic surgery.



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In English?



Must be in the
patient's native
language



**Resource for Entities Covered by Section 1557 of the Affordable Care Act
Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited
English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories.**

Covered entities may use this information to implement the tagline requirement at § 92.8(d)(1)-(2) of the Section 1557 rule (45 C.F.R. pt. 92), although nothing in the rule requires a covered entity to use this particular resource. For more information about this resource and the data used, refer to the Frequently Asked Questions on these topics.

Rank	State	Language	Estimate
1	CA	Spanish	4,490,408
2	CA	Chinese	610,934
3	CA	Vietnamese	316,886
4	CA	Tagalog	260,443
5	CA	Korean	218,938
6	CA	Armenian	94,516
7	CA	Persian (Farsi)	74,437
8	CA	Russian	73,133
9	CA	Japanese	63,441
10	CA	Arabic	62,500
11	CA	Panjabi*	53,335
12	CA	Mon-Khmer, Cambodian	41,476
13	CA	Hmong	34,953
14	CA	Hindi	31,256
15	CA	Thai	27,573

A close-up photograph of a person's hand holding a pen over a document. The image is overlaid with a semi-transparent purple filter. The text 'Must the patient sign the consent and GFE?' is written in a bold, yellow font on the right side of the image.

**Must the
patient sign the
consent and GFE?**

A male worker in a yellow hard hat, safety glasses, and grey overalls over a white t-shirt is smiling and giving a thumbs up. He is wearing white work gloves with red accents. The background is a large industrial factory with blue steel beams and overhead lights.

No. However...



Play it safe. Have them sign.



**Where to display
the right to a GFE?**

A person wearing a white lab coat is looking down at a document. The image is overlaid with a semi-transparent blue filter. The text is centered on the page.

Displaying Patient's RIGHT to a GFE

“Prominent” Area In Your Office

Website, if you have one



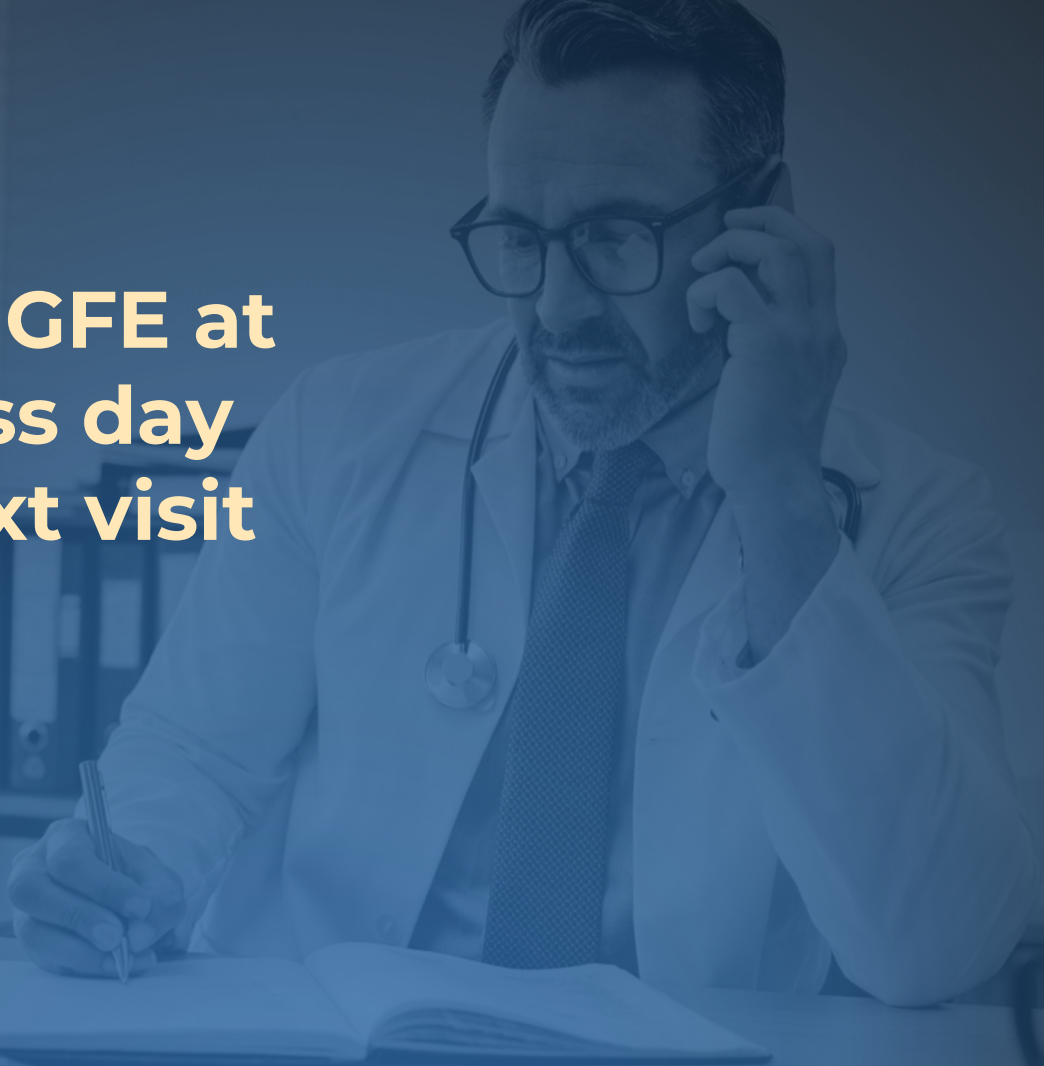
**Once I provide a
GFE, I'm done
right?**

No!

Anything increasing a prior GFE by at least **\$400** requires an updated or new GFE



**Provide any
updated/new GFE at
least 1 business day
before the next visit**



**GFE too
high?**

No worries.



GFE too low?

**You may have
a problem.**





Track all your GFEs

**Follow through with
timely GFE updates**

A black and white photograph showing a man in a checkered straitjacket being restrained by another man in a dark suit and tie. The man in the straitjacket is looking to the right with a concerned expression. The man in the suit is holding his arms. In the background, there is a wooden chair and a large, round, textured object, possibly a lamp or a piece of furniture. The overall scene suggests a psychiatric or institutional setting.

**What happens
if I violate the
NSA?**

It Depends

- Honest but with a good faith intent
- Acted quickly, correcting “as soon as practical”
- Refunded monies paid in excess **plus interest**
- Not an error eligible for dispute (PPDR process)

A hand is shown holding a document. The document has the words "Medical records" printed on it. The entire image is overlaid with a semi-transparent purple gradient. The text "Is NSA documentation considered 'medical records?'" is written in a bold, yellow font over the document.

**Is NSA
documentation
considered
“medical records?”**



Yes!

- GFE is a medical record
- HIPAA privacy applies
- Must keep for 6 years
- Consent, GFEs and support



Can I charge the patient for providing a GFE?



No?!!!

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Penalties, Disputes & Misuse





Government Fines



Fines up to
\$10,000
per violation

Considerations

- Degree of culpability
- History and frequency
- Patient impact
- Violation significance
- Hardship situation
- If remedied & how fast



Potential Fine Waivers

- Unaware of violation
- Unreasonable to have known about violation
- Violation promptly corrected
- Reimbursed incorrect payments plus interest
- Not an error eligible for the dispute process

Grace period for
government fines
during 2022-2023



What about all the potential patient complaints and disputes?



The Patient Provider Dispute Resolution (PPDR) Process

Policies & resources

Review rules and fact sheets on what No Surprises rules cover, and get additional resources with more information.

[Overview of rules & fact sheets](#)

[Provider resources](#)

[Providers: submit a billing complaint](#)

Resolving out-of-network payment disputes

Learn about out-of-network payment disputes between providers and health plans and how to start the independent dispute resolution process, apply to become a dispute resolution entity, or submit feedback on applicants.

[Learn about or start a payment dispute](#)

[Become a dispute resolution](#)

Consumers

Learn about rights and protections for consumers to end surprise bills and remove consumers from payment disagreements between their providers, health care facilities and health plans.

[For consumers: your rights, protections & resources](#)



**How
initiated?**

What Patient Submits

- Date item/service provided
- Description of item or service
- Copy of disputed bill
- Last 4 digits of the account number on the bill
- Copy of disputed GFE
- Contact information for all parties
- State where items/services furnished
- \$25 filing fee

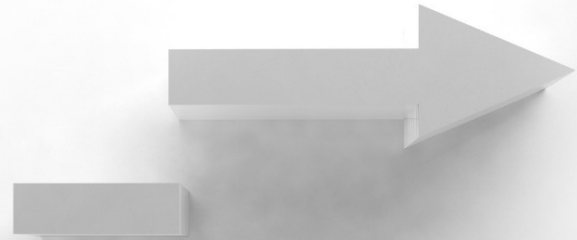
**Must you stop
collections
once PPDR
initiated?**



Stop!

- Can't begin or threaten collection
- If collection has begun, stop
- Suspend accrual of any late fee or interest
- No retaliatory actions

**Once initiated,
what happens?**



Selected Dispute Resolution (SDR) Entity takes Over

- An SDR entity will review for eligibility
- Two main eligibility criteria:
 - Dispute is **\$400 or more**
 - Patient **initiates within 120 days** of their receipt of disputed bill
- 21 calendar days to correct incomplete applications
- SDR will send notice to patient and provider
- Provider has 10 business days to supply information
- Each unique billed item/service reviewed separately
- SDR entity must determine within 30 business days

**What must
providers
submit?**



What Provider Submits


- Readable copy of disputed GFE
- Readable copy of correlating bills
- Rebuttal documentary proof (if available):
 - Item/service was **medically necessary** and
 - Error **unforeseen but justifiable circumstances**

**How will the PPDR
be decided?**



SDR Decides: Waive or How Much to Pay

- Patient pays if medically necessary and unforeseen but justifiable
- Patient pays the lesser of:
 - Billed charge
 - Median payment amount for same/similar service in that geographic area
- Where the independent database is less, actual GFE amount governs
- Any discounts you offered but missing from the GFE
- Patient relieved from paying any improper or missing item/service
- If patient prevails, \$25 credited back, and Provider pays \$25 fee

A photograph of two women shaking hands. On the left, a woman with short blonde hair, wearing a white lab coat and a stethoscope, is smiling. On the right, a woman with long dark hair, wearing a black business suit over a white collared shirt, is also smiling. They are standing in front of a bright window with vertical blinds. The text 'Can informal PPDR dispute be resolved informally?' is overlaid in the center of the image.

**Can informal
PPDR dispute
be resolved
informally?**

Yes! Try it!

- Try financial assistance, lower amounts, or full bill pay
- Earlier patient payments don't infer agreement
- Give notice before SDR entity decides
- Notify the SDR entity within 3 business days
- Once notified, the SDR entity must close the case



Misuse?

Patient traps & set-ups

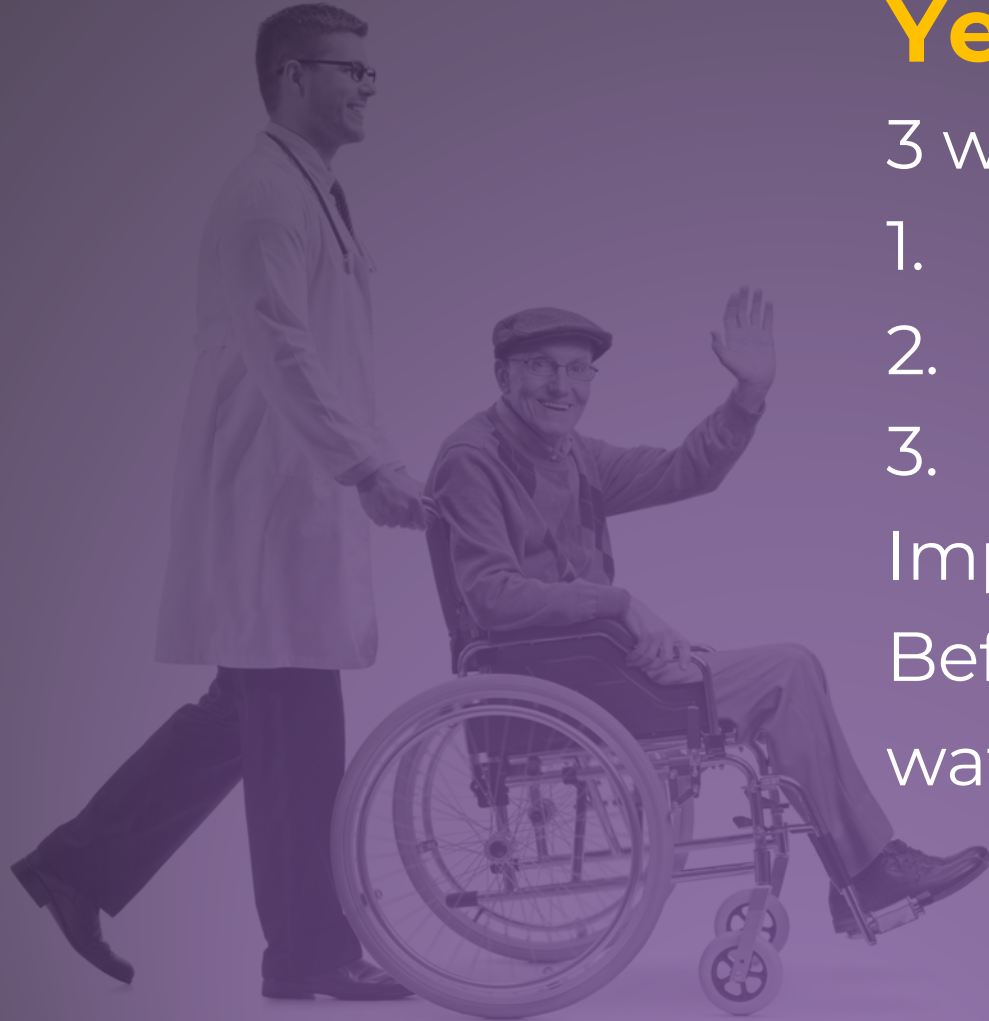


Attorney threats





**Can the patient
waive their NSA
rights?**



Yes!

3 waiver steps:

1. Notice of GFE right
2. Patient consent
3. Specific NSA waiver

Important...

Before rendering care
watch for recission

A man with a beard, wearing a grey suit jacket, is pulling open a red t-shirt. The t-shirt has white, distressed text on it. The background is a blurred, warm-toned motion blur.

**THE RIGHT
LEN
OR LOP**

A man in a suit is shown from the chest up, looking down. The image is overlaid with a semi-transparent blue filter. Centered on the image is white text that reads: "Patient waives any rights under the No Surprises Act involving out-of-network billing at in-network facilities and practices by Provider."

Patient waives any rights under the
No Surprises Act involving out-of-
network billing at in-network facilities
and practices by Provider.

**Should you rely on
patient's NSA waiver?**

Not recommended
(at your own risk)

Waive and comply for now
(recommended)



**How can I avoid
stepping in it?**

Processes Matter

- Policy and compliance manuals
- Practice procedures & checklists
- Liens & LOPs
- Training staff
- Training coverage providers
- Software & Vendor help
- State Associations
- CMS.gov



Do Your Best.

Always Act in Good Faith


- **Act fast**
- **Track compliance**
- **Document everything**
- **Correct errors quickly**
- **Keep updated**



Agenda

1. Overview & Origin
2. Oversight, Issues & Help
3. Spirit & Intent
4. Application & Compliance
5. Nuances
6. Enforcement, Disputes & Misuse
- 7. Potential Advantage**
8. Review (and NSA Hack!)



A vibrant rainbow arches across a bright blue sky, partially obscured by large, fluffy white clouds. The rainbow's colors are vivid, transitioning from red at the top to violet at the bottom. The sky is a deep, clear blue, and the clouds are bright white with soft shadows, creating a high-contrast, uplifting scene.

It's not all bad. In fact, it
should be great for many.

The Good And Great

- Repairing fee distrust caused by “medical debt” fear
- Improved diagnostic skills and documentation
- Improved patient choices, outcomes and relationships
- Higher fee potential via IDR in unique situations
- Built in collaboration between medical specialties
- Compliance support from CMS, vendors and others
- Moving practices away from a “per visit” model
- You can turn a real problem into a greater advantage



Business advantage
injury care **AND** wellness care

Agenda

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Key Takeaways

1. The NSA **applies to you** and your patients
2. Learn and **stay updated** on interim final ruling
3. Keep in mind the **“spirit and intent”**
4. Provide **prominent notice** of GFE right
5. Provide **timely GFE** orally and in writing
6. Provide **compliant GFEs** for recurring services up to 1 year
7. Provide **updated GFE** when estimate over by \$400+
8. Have the **patient sign** the GFE and all updates
9. Retain all GFEs for **6 years as a confidential medical record**

Key Takeaways

10. If you erred, **correct quickly and document**
11. Timely comply with **PPDR process notifications**
12. **Watch out** for potential fines, disputes and misuse
13. Use existing resources for **guidance and help**
14. Adjust your **processes, training** and **keep updated.**
15. **Take advantage** of the term care plan opportunity
16. Potential **IDR advantage with payors**
17. Apply this **NSA Hack**, and soon

NSA Hack to Catch You Up!

1. Every patient bill over \$400, treated on or after 1.2.2022
2. *“A courtesy copy of your bill for your records”*
3. If not yet due (e.g., PI) state payment not yet due
4. Maintain proof of patient receipt (as best you can)
 - Fax (save confirmation)
 - Email (they confirm can open and viewable)
 - Snail mail (certified or staffer attestation signed/dated and copies kept)
5. Monitor for 150 days (for expiration of 120 day limit)
6. If no PPDR dispute timely filed, likely in the clear!

**You can
thrive and
not just
survive**





**INVESTING
IN YOURSELF**

Gain: **More** Knowledge

Gain: **More** Strategies

Gain: **More** Tactics

Gain: **More** Tools

Gain: **More** Profits

Better. Faster. Easier.

Learn More. *Help is Here.*

**Take the
next step**

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310-651-6391



COACHING & TOOLS