# **Balance Billing Out of Network Policy -**

Updated: 12/2021

## Description

The purpose of this policy is to outline SEC’s adherence to CMS Public Health Service Act, effective 1 Jan 2022

## CMS Requirements

1. The act bans surprise billing for emergency services and requires providers to bill on an in-network basis. It also proposes that patient cost-sharing can't be higher than services would be by an in-network physician.

2. It creates a consent process to allow patients to waive their balance billing protections and agree to out-of-network charges.

3. Providers must publicly inform patients about their surprise-billing protections.

4. CMS defined the qualifying payment amount, which calculates patient cost-sharing, as the issuer's median in-network rate for 2019 trended forward.

What is considered surprise medical billing?

Surprise billing happens **when people unknowingly get care from providers that are outside of their health plan's network** and can happen for both emergency and non-emergency care. ... "Health insurance should offer patients peace of mind that they won't be saddled with unexpected costs.

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## Staff Roles & Responsibilities

1. Policy is applicable to services provided both at the office as well as in and outpatient care.
2. Please refer to Out of Network policy for guidance on office visits.
3. Hospital and/or ER Visits:
	1. When creating claims, coders are responsible for reviewing and annotating patients’ insurance on the claim created. If an out of network claim is determined, the account will be placed in a hold status to validate.
	2. Denial or payment received.
		1. Denial for OON received: Billing representative reviews paid claims from the same payer to determine “standard payments”. Remaining balance will be written off to contracted adjustments and the balance assigned to the patient.
		2. Payment received: payment will be applied to the patient’s account. Copay or co-insurance will be determined by the above stated method.
4. SEC COO is responsible for ensuring this policy is posted to the SEC web site for review by patients.