Florida Blue | truli for health

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No Surprises Act

General Details and Resources

The Consolidated Appropriations Act of 2021 helps protect patients from surprise bills. It includes the No Surprises Act (NSA) under title I and Transparency under title II, which started January 1, 2022.

Florida Blue and Truli for Health have updated operational procedures and tools to ensure compliance. Because regulations of the No Surprises Act are complex and have broad impacts across the health care industry, we will continue to share information about these provisions and their impact to the provider community.

General Information

The NSA establishes member protections from balance billing when they receive:

- Emergency care
- Non-emergency care from out-of-network providers at in-network facilities
- Air ambulance services from out-of-network providers

In some cases, out-of-network providers bill consumers for the difference between the charges the provider billed, and the amount paid by the consumer's health plan. This is known as balance billing. An unexpected balance bill is called a surprise bill.

Members are only responsible for in-network cost-sharing amounts (deductibles, copayments, and coinsurance) in these scenarios:

- Treatment of an emergency medical condition from an out-of-network provider or facility. This includes services provided after the member is in stable condition unless the member provides written consent to be balanced billed for these post-stabilization services.
- Services performed in an in-network hospital or ambulatory surgical center by out-of-network providers. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services.

Air ambulance providers are subject to these rules, but ground ambulance services are not.

The No Surprises Act applies to commercial plans, including the Blue Cross and Blue Shield Federal Employee Program. It does not apply to Medicare plans.

Independent Dispute Resolution

Parties can use an independent Dispute Resolution (IDR) process to resolve issues concerning the amount of payment. Under the IDR process, each entity submits their offer for payment to an IDR entity for consideration. The IDR entity is expected to select the offer that best represents the value of the item or service as the appropriate out-of-network payment rate. The party that does not win the dispute is responsible for paying the IDR process administrative fees.

HMO coverage is offered by Truli for Health and Florida Blue HMO, affiliates of Florida Blue. Health insurance is offered by Florida Blue. These companies are independent licensees of the Blue Cross and Blue Shield Association.

Out-of-network Balance Billing
Out-of-network providers are prohibited from balance billing patients unless the patient has provided written consent to receive out-of-network care. Providers must use this standard notice and consent form to obtain written consent from the patient. The notice must include their network status and an estimate of charges 72 hours prior to receiving out-of-network services.

Resources
Providers are also required to publicly post rules banning surprise bills on their websites and in a one-page notice given to patients at the time of service. You can find model language for the provider and facility model notice to patients online.

The Centers for Medicare & Medicaid Services (CMS) has posted an overview of the provider and facility requirements under the NSA related to the surprise billing, provider directory, and continuity-of-care provisions. More information is available at cms.gov/nosurprises.

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