



BEHAVIORAL HEALTH ASSOCIATES
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No Surprises Act Notice
Effective Date: January 1, 2022

Definitions / Notes:

- IBHA - Insight Behavioral Health Associates
- The terms patient / client is used interchangeably and is a consumer of IBHA services.
- GFA – Good Faith Estimate

The *No Surprises Act* is a federal law that was enacted December 27, 2021 and took effect January 1, 2022.

The purpose of the *no surprises act* is to protect patients from surprise medical bills and established several new rules for providers, facilities, and providers of air ambulance services.

The law requires providers and/or facilities to inform certain patients of their care costs in order to promote transparency and no surprise medical bills. Those patients include individuals electing to self-pay for their services or those enrolled in group health plans, group or individual health insurance coverage, and Federal Employees Health Benefits plans. For those clients, federal law requires us to extend additional disclosures regarding your costs and dispute resolutions. **However, the law requiring such disclosures do not apply to those who have coverage through programs like Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE, as these programs have other protections against high medical bills.**

For those patients enrolled in group health plans, group or individual health insurance coverage, and Federal Employees Health Benefits plans, IBHA, and its providers, must inform you -through this notice- that balance billing (where a patient is charged the difference between an out-of-network provider's cash-pay rate and any payments from the patient's insurer) is prohibited – unless consent from the client is obtained to collect the unpaid balance portion of a claim (very rare cases). This does not apply to any cost sharing benefits such as Co-pays or unmet deductibles. IBHA does not use a "balanced billing method" because we use the contracted rates established by your insurance company and IBHA; and, all co-pays and deductibles are collected on the day of services so there should be no outstanding bills.

For those who are Uninsured, shopping for care, or self-pay, IBHA is required to inform you of the cost of your care (typically discussed upon making an appointment), but also, IBHA will extend to you the option of viewing our full fee-for-services schedule, in our office, for full transparency.

We must also inform you that you have the right to request a Good Faith Estimate (GFE) of your care. A GFE is a standardized document completed by IBHA that helps to detail the expected costs of your expected care. This form takes many factors into consideration and is not immediately available. The law requires a GFE to be provided within 3 business days upon request. Information regarding scheduled items and services must be furnished within 1 business day of scheduling an item or service to be provided in 3 business days; and within 3 business days of scheduling an item or service to be provided in at least 10 business days.

Notice. If a GFE is produced, the estimates are based on the typical course of the disorder, and so may not be able to reflect the full costs involved – and so full costs are relative to the fluctuating severity of the disorder, and the frequency of services sought by the patient. The patient and/or their representative shall be mindful of any GFE produced and initiate the resolution process as outlined in the GFE given to the client, once the GFE is surpassed.

If you have health insurance and you elect to self-pay – because of the laws, IBHA requires the patient or their representative to sign a separate document titled "*Surprise Billing Protection Form*" stating that the client/representative are self-pay, and will not retroactively request any reimbursement from any type of insurance coverage.

Dispute Resolutions of Good Faith Estimates (GFEs):

You may contact IBHA or its provider(s) to let them know the billed charges are higher than the GFE you received. You can ask IBHA 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 the disputed amount is greater than the GFE by \$400. 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. To learn more and get a form to start the process, go to www.cms.gov/nosurprises.