



COURTESY NOTICE TO PROVIDERS - FEDERAL “NO SURPRISES ACT” (JANUARY 19, 2022)

The Maryland Department of Health provides the following courtesy notice of federal statutory and regulatory action as “For Your Information” to Maryland licensed health care providers and providers enrolled in Maryland’s HealthChoice Program.

As of January 1, 2022, health care consumers have new federal billing protections when receiving emergency care, non-emergency care from [out-of-network \(OON\) providers](#) at [in-network](#) facilities, and air ambulance services from (OON) providers. New federal rules aimed to protect consumers restrict excessive out-of-pocket costs, and continue to cover emergency services without any prior authorization regardless of whether or not a provider or facility is in-network.

[Federal Requirements Related to Surprise Billing; Part I](#) - July 1, 2021

- Restricts excessive out-of-pocket costs to consumers resulting from surprise billing and balance billing.
- Bans balance billing for emergency services.
- Requires patient cost-sharing for emergency services and certain non-emergency services provided at an in-network facility cannot be higher than if such services were provided by an in-network provider, and any cost-sharing obligation must be based on in-network provider rates
- Prohibits OON charges for items or services provided by an OON provider at an in-network facility, unless certain notice and consent is given.
 - Providers and facilities must provide patients with a plain-language consumer notice explaining that patient consent is required to receive care on an OON basis before that provider can bill the patient more than in-network cost-sharing rates

[Federal Requirements Related to Surprise Billing; Part II](#) - September 30, 2021

- Requires providers and facilities to provide a good faith estimate of expected charges for items and services to an uninsured (or self-pay) individual.
 - Estimate must include expected charges for the items or services that are reasonably expected to be provided together with the primary item or service, including items or services that may be provided by other providers and facilities

- Provides a patient-provider dispute resolution process to determine a payment amount When an uninsured (or self-pay) individual receives a good faith estimate and then is billed for an amount substantially in excess of the estimate.

[Federal Prescription Drug and Health Care Spending Requirements](#) - November 23, 2021

- Implements new requirements for group health plans and issuers to submit certain information about prescription drug and health care spending.

For more information on the federal No Surprises Act, please visit:

- <https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets>
- <https://www.cms.gov/nosurprises>