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The Consolidated Appropriations Act of 2021 established several new requirements for providers, facilities, and providers of air ambulance services to protect consumers from surprise medical bills. These requirements are collectively referred to as “No Surprises” rules. Among other things, these include prohibiting balance billing in certain circumstances and requiring disclosure about balance billing protections, requiring transparency around health care costs, providing consumer protections related to continuity of care, and establishing requirements related to provider directories.

These requirements generally apply to items and services provided to consumers enrolled in group health plans, group or individual health insurance coverage, and Federal Employees Health Benefits plans. The requirements for transparency of health care costs and the requirements related to the patient-provider dispute resolution process also apply to uninsured consumers.

These requirements don't apply to people with coverage through programs like Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE. These programs have other protections against high medical bills.

Resources

- **Summary of provider requirements.** A high-level summary of all of the No Surprises requirements for providers, facilities and air ambulance providers that become effective 1/1/22. [High level overview of provider requirements \(PDF\)](#)

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