

NO SURPRISES ACT: OVERVIEW OF ENFORCEMENT RESPONSIBILITIES

CMS Enforcement	Collaborative Enforcement	Illinois Department of Insurance (IDOI) Enforcement
<p><u>Providers and Facilities:</u></p> <ul style="list-style-type: none"> • The ban on balance billing related to <ul style="list-style-type: none"> ○ Emergency items/services furnished to insured patients; and ○ Non-emergency services performed by nonparticipating providers at participating facilities. • Requirements related to: <ul style="list-style-type: none"> ○ Notice and Consent process and related document retention requirements; ○ Disclosure of patient protections against balance billing, including making information publicly available, posting information on a public website, and providing a one-page notice to insured individuals that outlines federal and state protections (specific to facilities); ○ Continuity of care; and ○ Accuracy of provider directory information, including any necessary refunds to enrollees should the enrollee rely on inaccurate provider directory information. <p><u>Payers:</u></p> <ul style="list-style-type: none"> • The ban on balance billing related to: <ul style="list-style-type: none"> ○ Non-emergency items and services furnished to insured individuals at nonparticipating facilities and independent freestanding emergency departments. • Requirements related to: <ul style="list-style-type: none"> ○ Timeliness of initial payments or denials; 	<p><u>Providers:</u></p> <p>The Centers for Medicare & Medicaid Services (CMS) and the Illinois Department of Financial and Professional Regulation will collaboratively enforce requirements regarding the disclosure of patient protections against balance billing, including making information publicly available, posting information on a public website, and providing a one-page notice to insured individuals that outlines federal and state protections.</p> <p><u>Payers:</u></p> <p>With respect to health insurance issuers, CMS and IDOI will collaboratively enforce cost-sharing requirements for emergency services furnished to an insured individual such that the cost-sharing is based on the total amount that would have been charged for such services if furnished by a participating provider or at a participating emergency facility.</p> <p><i>Under a collaborative enforcement agreement, the State performs the compliance functions of policy review, investigations, market conduct examinations, and consumer assistance. Only in the event that Illinois is unable to obtain voluntary compliance will CMS consider undertaking formal enforcement action against a health insurance issuer or healthcare provider. Without a collaborative agreement in place, CMS will take over enforcement of these requirements.</i></p>	<p><u>Payers:</u></p> <ul style="list-style-type: none"> • The ban on balance billing related to: <ul style="list-style-type: none"> ○ Emergency services furnished to an insured individual in a hospital emergency department or independent freestanding emergency department; and ○ Air ambulance services furnished to an insured individual by a non-participating provider. <p><u>Payers other than HMOs:</u></p> <ul style="list-style-type: none"> • The ban on balance billing related to: <ul style="list-style-type: none"> ○ Non-emergency items and services, including radiology, anesthesiology, pathology, neonatology and emergency department services performed by a nonparticipating provider at a participating facility. <p><i>IDOI is not enforcing No Surprises Act requirements specific to providers.</i></p>

<ul style="list-style-type: none"> ○ Making the final total payment directly to the provider or facility; ○ Qualifying Payment Amount (QPA) methodology and audits of health plans/issuers to ensure QPA compliance; ○ The Federal Intendent Dispute Resolution process; ○ Maintenance of a price comparison tool via telephone or website; ○ Maintenance of accurate provider directories; ○ Continuity of care when contractual relationships terminate resulting in changes in provider network status; ○ Creating and enforcing a health plan external review process in response to consumer complaints; ○ Reports disclosing certain information such as direct or indirect broker/agent compensation; ○ Payment of database access fees; and ○ Removing gag clauses on price and quality information. 		
<p><u>Unless Illinois notifies CMS of its intent to enforce</u>, CMS expects to directly enforce reporting requirements for air ambulance providers and health insurance issuers.</p> <p><u>Dispute Resolution</u>: CMS will enforce the outcomes of the Federal Independent Dispute Resolution process when Illinois’ balance billing protections do not apply (<u>215 ILCS 5/356z.3a</u>) and the Federal Patient-Provider Dispute Resolution process for uninsured or self-pay individuals.</p>		

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