

Understanding the NSA Appeal Process

The No Surprises Act (NSA) protects employees from unexpected medical bills for emergency services, out-of-network providers at in-network facilities and air ambulance services (if eligible). What you need to know about the Independent Dispute Resolution (IDR) appeals process, the CMS complaint process and what to expect during an appeal is below.

What Employers/Third Party Administrators (TPA) Need to Do

Here's how you can help:

- › **Educate Members:** Tell your members about their rights under the NSA and what to do if they receive a balance bill. Guide them on how to file a CMS complaint if needed.
- › **Review Documentation:** Please review and make sure that all documentation, including the explanation of benefits (“EOBs”), is complete and accurate. We will request this information through the TPA. Please contact us immediately if you receive an NSA claim.
- › **Monitor Correspondence:** Keep an eye on your emails and other communication channels for notices or requests from 6 Degrees Health, your TPA, the provider or other involved parties. Respond immediately!

Review Key Terms

The NSA rules contain the following specific terms that are important to understand.

- › **Centers for Medicare & Medicaid Services (CMS):** A federal agency within the United States Department of Health and Human Services that administers the nation's major healthcare programs including Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), and oversees the No Surprises Act implementation.
- › **Open Negotiation Notice (ONN):** A formal notice that initiates the Open Negotiation Period, which is a mandatory 30-business day period where the provider and the payer attempt to negotiate an out-of-network rate before entering the IDR process.
- › **Independent Dispute Resolution (IDR):** A process that allows an arbitrator to resolve payment disputes between health plans and providers.
- › **Independent Dispute Resolution Entity (IDRE):** An entity certified to conduct the Independent Dispute Resolution (IDR) process, reviewing offers from both parties and making a final, binding decision.
- › **Qualifying Payment Amount (QPA):** The median contracted rate for a service in a specific geographic area, used to determine out-of-network payment rates.
- › **Notice and Consent:** A process allowing providers to balance bill patients under specific circumstances after obtaining patient consent.

The Appeal Process Timeline Overview

Navigating the IDR process under the NSA can be tricky, but understanding the deadlines is crucial for compliance and successful dispute resolution. While the timelines for providers and payers are strictly enforced, be aware that the actual time taken by CMS or the IDRE can sometimes be inconsistent with the published legal guidance and be much longer than anticipated. Here's a step-by-step guide on the IDR process and the allocation of responsibility:

- › **Day 1: Start of the Timeline**
 - › **TPA:** Sends payment or denial notice to the provider, marking the official start of the timeline.
- › **Days 1-30: Open Negotiation Process**
 - › **Provider:** Must initiate the process within 30 business days by sending an Open Negotiation Notice (ONN) to the payer.
 - › **Provider and 6 Degrees Health (6DH):** Engage in a mandatory 30 business-day negotiation period to attempt to agree on an out-of-network rate.
- › **Days 31-60: Continue Negotiation**
 - › **Provider and 6DH:** Continue negotiating the payment amount. This period must be completed in full to comply with NSA regulations.
- › **Day 64: IDR Initiation Deadline**
 - › **Provider:** If negotiations fail, formally initiate the IDR process by this day. Timely initiation is crucial to move forward.
- › **Day 67: Arbiter Selection Deadline**
 - › **Provider and 6DH:** Both parties must select a federal arbiter and submit the necessary processing fees within 10 days of initiating the IDR process.
- › **Day 77: Documentation Submission Deadline**
 - › **Provider and 6DH:** Submit all offers and required documentation to the selected arbiter by this day. Each party must present their case, including the proposed payment amount and supporting information.
- › **Days 91-120: Final Determination Deadline**
 - › **IDRE:** Reviews offers and makes a final determination by Day 107. The arbiter must choose the offer closest to the Qualifying Payment Amount (QPA) unless compelling evidence suggests otherwise.
 - › **Unsuccessful Party:** Responsible for the costs associated with the IDR process. Payment must be made within 30 days of the arbiter's final decision.

Important Note: While timelines are strictly enforced for providers and payers, the actual time taken by CMS and/or IDRE to resolve disputes can be longer than anticipated. 6 Degrees Health is not responsible for missed deadlines due to late notice or lack of responsiveness by the TPA, provider or employer.

CMS Complaint Process for NSA Claims

CMS provides a way for consumers to file complaints about balance billing under the NSA. Here's what you need to know:

- › **When to File a Complaint:** Members should file a complaint if they receive a balance bill for services covered under the NSA or if a provider hasn't followed the protections outlined in the NSA.
- › **Why Members Should File:** The NSA is a consumer protection law, meaning the consumer (you) must drive the process. 6 Degrees Health cannot file complaints on behalf of members because the law is designed to empower and protect consumers directly. Your active participation ensures your rights are upheld.
- › **How to File a Complaint:**
 - › **Gather Info:** Collect copies of the balance bill, correspondence with the provider, service details, insurance info, and EOB documents.
 - › **Submit the Complaint:**
 - › **Online:** Visit the [CMS No Surprises Help Desk](#).
 - › **Phone:** Call 1-800-985-3059. Assistance is available in multiple languages.
 - › **Mail:** Send a written complaint to the address on the CMS website, including all necessary documentation.
- › **Follow Up:** CMS will investigate and may ask for more info. They aim to resolve complaints promptly, but the process can take time.

Additional Resources

For more info on your rights or help with filing a complaint, check out these resources:

- › **CMS No Surprises Act Information:** [CMS No Surprises Act](#)
- › **Consumer Assistance Programs:** Contact your state's program for extra help with insurance issues.

If you need more help, contact 6 Degrees Health or the CMS No Surprises Help Desk.

Contact Information

If you get a balance bill or need help, reach out to 6 Degrees Health:

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| › Phone: (888) 615-6398 | For CMS complaints: |
| › Email: PSS@6degreeshealth.com | › Phone: 1-800-985-3059 |
| › Website: 6 Degrees Health | › Website: CMS No Surprises Help Desk |