

Audience: All staff who create Patient Estimates

The **No Surprises Act** is part of the Consolidated Appropriations Act of 2021 and includes regulations to address surprise medical billing, price transparency, and insurer requirements.

A surprise medical bill is an unexpected bill from a health care provider or facility. This can happen when a person with health insurance unknowingly gets medical care from a provider or facility outside their health plan's network. Surprise billing happens in both emergency and non-emergency care

In an emergency, an individual usually goes to the nearest emergency department. Even if they go to an innetwork hospital for emergency care, they might get care from out-of-network providers at that facility.

For non-emergency care, an individual might choose an in-network facility or an in-network provider, but not know that a provider involved in their care (for example, an anesthesiologist or radiologist) is an out-of-network provider.

Patient Estimate Letters

The **No Surprises Act** requires health care organizations to provide <u>good faith estimates</u> for self-pay patients when the visit is scheduled at least three days in advance and the patient either doesn't have insurance or chooses not to use their insurance for the visit.

Historical Case vs. Individual Procedure Estimates

The **No Surprises Act** states that good faith estimates need to include "items or services...itemized (by each applicable service code)". For complex inpatient stays, use historical case estimates, which roll the total charge amount up to a single CPT, ICD, or DRG code for the hospital portion of the service. Individual procedure estimates are typically used for simple outpatient services and list individual charge codes.





Required Information on the Estimate

Producing a good faith estimate of the services being billed needs to include the following details:

- Patient name and date of birth.
- Description of the primary item written in a clear and understandable language for all audiences.
- The date the service is scheduled.
- An itemized list of services grouped by provider/facility that are reasonably expected to be provided by the convening provider or co-providers.
- Applicable diagnosis codes, service codes (CPT/HCPCS/DRG/NDC) and charge amounts.
- The National Provider Identifier (NPI) number of each hospital parent location on the estimate.
- The address where the service is expected to take place.
- List of services that the provider expects to require separate scheduling.

Houston Methodist NPI and Tax ID listing

| Entity | Houston Methodist Hospital | Houston Methodist Sugar Land Hospital | Houston Methodist Willowbrook Hospital | Houston Methodist West Hospital |
|--------|----------------------------------|--|---|---------------------------------------|
| NPI | 1548387418 | 1497871628 | 1871619254 | 1083937593 |
| Tax ID | 74-1180155 | 76-0545192 | 76-0545192 | 76-0545192 |

| Entity | Houston Methodist San Jacinto Hospital (Acute) | Houston Methodist St. John Hospital | Houston Methodist The Woodlands Hospital | Houston Methodist St. Catherine Hospital |
|--------|--|---|---|--|
| NPI | 1891789772 | 1952723967 | 1184179194 | 1306268321 |
| Tax ID | 74-1287015 | 46-4389870 | 76-0545192 | 46-4402004 |





Estimate Letters - Virtual Login Departments

In order for the correct contact phone numbers to display on the estimate letters, virtual login departments have been created.

South Region Insurance Verification Team

- 1. **Unique Virtual Department**: **100000143 HM PAS CORPORATE INS** South Region Central Ins Verification group completes work for HMSL/HMSJ.
- 2. When you log in to the **HM PAS CORPORATE INS** department, the phone number on the **Estimate Letter** will reflect the **Financial Counselor Phone** number for the hospital where the patient is scheduled for the procedure.

Financial Counselors

1. Using these virtual login departments will ensure the phone number for your respective **Financial Counselor** department will appear on the estimate letter.

| 104001255 | HMH FINANCIAL COUNSEL |
|-----------|---------------------------|
| 104101929 | HMSL FINANCIAL COUNSEL |
| 104201115 | HMWB FINANCIAL COUNSEL |
| 104431008 | HMSJ FINANCIAL COUNSEL |
| 104501117 | HMCL FINANCIAL COUNSEL |
| 104702115 | HMTW FINANCIAL COUNSEL |

Other Registration Departments

The phone number that appears on the Estimate Letter will be the phone number for that department.

Contact Information

Contact information for questions and concerns regarding the estimate or associated processes.

| Entity | Scheduling | Financial Counseling |
|------------------------------------|--------------|--------------------------|
| Houston Methodist Baytown | 832-556-6300 | 346-292-1565 |
| Houston Methodist Clear Lake | 281-333-8858 | 281-523-2526 |
| Houston Methodist Hospital | 713-441-6805 | 713-441-6807 |
| Houston Methodist Sugar Land | 281-274-7170 | 281- 274-7579 |
| Houston Methodist The Woodlands | 936-270-2204 | 936-270-2194 |
| Houston Methodist West | 832-522-1234 | 832-522-0272 |
| Houston Methodist Willowbrook | 281-737-1900 | 281-737-1500 option 5 |





Calculate a hospital estimate

- 1. In the **Estimates** activity, select the estimate type.
 - Select Add HB Case if the estimate is for all the care associated with a surgical procedure, such as a hip replacement including pre- and post-operative care.
 - Select Add HB Procedure if the estimate is for only the cost of the procedure itself such as an MRI.
- 2. Enter the **location**: This needs to be the **Parent Location** (For example: HMH Parent). **Note:** If no historical data is produced for the parent location, delete the location to get more systemwide historical data, then manually enter the parent location information in the estimate letter.
- 3. Enter account class, and other information for the estimate. Click **Accept**.
- 4. Next to the **New hospital case** or **New hospital procedure** field, click **Add**.
- 5. Select the appropriate billing code.
- 6. Click **Accept**. The anticipated charges and allowed amounts appear in the **Estimates** activity, along with a historical summary of charge range and allowed range information derived from the past several months of data.



You can search for the procedure by CPT code, ICD code, DRG, or procedure name.

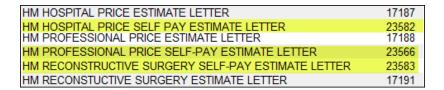




Estimate letters

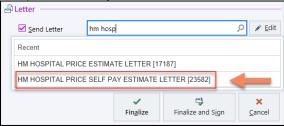
Use the appropriate estimate letters to communicate the patient's expected out-of-pocket responsibility to them. There are new **Self-Pay** estimate letters in Epic to choose from when creating a patient estimate.

In order to send the correct estimate letter to the patient, please select the appropriate estimate letter template.

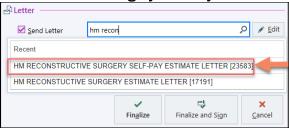


- If an estimate is provided for an insured patient, select the price estimate letter as you normally would.
- If an estimate is given for <u>uninsured/non-covered patients</u>, select the Self-Pay estimate letter.

Hospital Self-Pay Estimate Letter



Reconstructive Surgery Self-Pay Estimate Letter



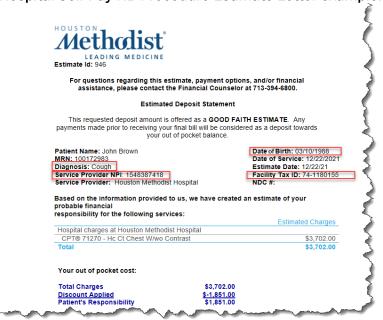
The reconstructive surgery estimate letter is used by the reconstructive surgery staff.





Example of Hospital Self-Pay Estimate with additional required information:

Hospital Self-Pay HB Procedure Estimate Letter example:



Hospital Self-Pay HB Case Estimate Letter example:



For additional information regarding the **No Surprise Act**, click on the CMS link below: https://www.cms.gov/nosurprises

