

No Surprises Act – Patient Estimate Letters



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 in-network 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 good faith estimates 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.

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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

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

<u>Entity</u>	<u>Houston Methodist San Jacinto Hospital (Acute)</u>	<u>Houston Methodist St. John Hospital</u>	<u>Houston Methodist The Woodlands Hospital</u>	<u>Houston Methodist St. Catherine Hospital</u>
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/HMCL/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

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

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.



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.

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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.

HM HOSPITAL PRICE ESTIMATE LETTER	17187
HM HOSPITAL PRICE SELF PAY ESTIMATE LETTER	23582
HM PROFESSIONAL PRICE ESTIMATE LETTER	17188
HM PROFESSIONAL PRICE SELF-PAY ESTIMATE LETTER	23566
HM RECONSTRUCTIVE SURGERY SELF-PAY ESTIMATE LETTER	23583
HM RECONSTRUCTIVE SURGERY ESTIMATE LETTER	17191

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

Hospital Self-Pay Estimate Letter

The screenshot shows the Epic Letter selection interface. At the top, there is a search bar with the text "hm hosp" and a magnifying glass icon. Below the search bar, there is a "Recent" list containing two items: "HM HOSPITAL PRICE ESTIMATE LETTER [17187]" and "HM HOSPITAL PRICE SELF PAY ESTIMATE LETTER [23582]". The second item is highlighted with a red box, and an orange arrow points to it from the right. At the bottom of the interface, there are three buttons: "Finalize" (with a green checkmark), "Finalize and Sign" (with a document icon), and "Cancel" (with a red X).

Reconstructive Surgery Self-Pay Estimate Letter

The screenshot shows the Epic Letter selection interface. At the top, there is a search bar with the text "hm recon" and a magnifying glass icon. Below the search bar, there is a "Recent" list containing two items: "HM RECONSTRUCTIVE SURGERY SELF-PAY ESTIMATE LETTER [23583]" and "HM RECONSTRUCTIVE SURGERY ESTIMATE LETTER [17191]". The first item is highlighted with a red box, and an orange arrow points to it from the right. At the bottom of the interface, there are three buttons: "Finalize" (with a green checkmark), "Finalize and Sign" (with a document icon), and "Cancel" (with a red X).

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

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

Hospital Self-Pay HB Procedure Estimate Letter example:

HOUSTON Methodist
LEADING MEDICINE
Estimate Id: 946

For questions regarding this estimate, payment options, and/or financial assistance, please contact the Financial Counselor at 713-394-6800.

Estimated Deposit Statement

This requested deposit amount is offered as a **GOOD FAITH ESTIMATE**. Any payments made prior to receiving your final bill will be considered as a deposit towards your out of pocket balance.

Patient Name: John Brown
MRN: 100172983
Diagnosis: Cough
Service Provider NPI: 1548387418
Service Provider: Houston Methodist Hospital

Date of Birth: 03/10/1988
Date of Service: 12/22/2021
Estimate Date: 12/22/21
Facility Tax ID: 74-1180155
NDC #:

Based on the information provided to us, we have created an estimate of your probable financial responsibility for the following services:

	Estimated Charges
Hospital charges at Houston Methodist Hospital	
CPT® 71270 - Hc Ct Chest W/wo Contrast	\$3,702.00
Total	\$3,702.00

Your out of pocket cost:

Total Charges	\$3,702.00
Discount Applied	\$-1,851.00
Patient's Responsibility	\$1,851.00

Hospital Self-Pay HB Case Estimate Letter example:

HOUSTON Methodist
LEADING MEDICINE
Estimate Id: 1696479

For questions regarding this estimate, payment options, and/or financial assistance, please contact the Financial Counselor at 713-394-6800.

Estimated Deposit Statement

This requested deposit amount is offered as a **GOOD FAITH ESTIMATE**. Any payments made prior to receiving your final bill will be considered as a deposit towards your out of pocket balance.

Patient Name: Test Patient
MRN: 109817059
Diagnosis: FX Right Hip
Service Provider NPI: 1548387418
Service Provider: Houston Methodist Hospital

Date of Birth: 08/09/2000
Date of Service: 12/22/2021
Estimate Date: 12/22/21
Facility Tax ID: 74-1180155
NDC #:

Based on the information provided to us, we have created an estimate of your probable financial responsibility for the following services:

	Estimated Charges
Hospital case at Houston Methodist Hospital	
MS-DRG V38 (FY 2021) 494 - Lower extrem & humer proc except	\$114,974.80
Hip, foot, femur	
CPT® 85025 - Hc Complete Bld Count W/auto Diff	
HCPCS C1713 - Hc Imp Anchor Swivelock Tendoesis 9mm	
HCPCS J1100 - DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML INJECTION SOLUTION	
HCPCS J2405 - ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION	
HCPCS J2704 - PROPOFOL 10 MG/ML INTRAVENOUS EMULSION	
HCPCS J7120 - LACTATED RINGERS INTRAVENOUS SOLUTION	
Total	\$114,974.80

Your out of pocket cost:

Total Charges	\$114,974.80
Discount Applied	\$-57,487.40
Patient's Responsibility	\$57,487.40

For additional information regarding the **No Surprise Act**, click on the CMS link below:

<https://www.cms.gov/nosurprises>