

OON Providers and Claims Disputes - No Surprises Act (NSA) and Independent Dispute Resolution (IDR)

Overview

The No Surprises Act of 2020 created legislation to protect patients from surprise balance billing. It is effective for plan or policy years beginning on or after Jan. 1, 2022 and applies to:

- Emergency services at out-of-network hospitals and free-standing emergency facilities
- Out-of-network health care professionals at in-network facilities
- Out-of-network air ambulance carriers

Negotiation Process

The process is specific to out-of-network claims that are covered under the No Surprises Act.

If a health care professional disagrees with the payment amount of an out-of-network claim and wishes to object to it, they must submit a negotiation request to the payer. The health care professional and payer must then engage in negotiation for a period of 30 business days after which the health care professional may seek resolution under the federal independent dispute resolution (IDR) process.

For the Federal process, please see the CMS [“Payment Disputes Between Providers and HealthPlans”](#). Please submit all correspondence to.

- Email: idr@hioscar.com