



January 1, 2022

Dear Clients and Prospective Clients,

Happy New Year! We hope this year brings you hope, joy, and wellness.

I would like to inform you that Congress recently passed the No Surprises Act, which goes into effect today (January 1, 2022). It appears to be mainly intended to reduce unexpected medical bills for patients who are seen at an in-network facility but are then treated by an out-of-network provider. An example of this would be if you have surgery at a hospital that is in-network with your insurance company but then receive a large bill from the anesthesiologist, who happens to be out-of-network for your plan. I believe this law is very important for those types of situations, but its application to a small private practice like ours is unclear at the present time. However, we are making every effort to comply until further guidance is provided by legislators.

This law was originally set to go into effect today (January 1, 2022), but information provided about the law states that "complexities of the requirements make it virtually impossible for providers to comply by January 1, 2022". Therefore, the Departments of Labor, Health and Human Services, and the Treasury decided to defer implementation and/or enforcement of some of the requirements until further rulemaking; July 1, 2022; and/or 2023, depending on the specific requirement. For right now, this law only applies for clients who are self-pay or with health insurance plans with which the provider is out-of-network.

I will be tracking the developments of this law and what may be required. I want to be sure that Aspire to Inspire Behavioral Health and Addiction Services, LLC, is acting within our ethical and legal requirements while continuing to serve our clients and community to the best of our ability. I do want to clarify that we have always been transparent about our rates and make every reasonable effort to provide access to care. Additionally, our facility and all our providers are in-network (or out-of-network) with the same health insurance plans, so there would never be an occasion for someone to be surprised by an out-of-network bill for services with us.

The attached Notice is for informational purposes only. Providers are required to post this Notice to be in compliance with this new federal law, and there may also be additional forms that you have to sign as part of the informed consent process. However, it will not change anything about how we provider care.

If you have any questions or concerns, please do not hesitate to contact us at (304) 760-9945 or info@aspire-counseling.org.

Respectfully,

A handwritten signature in black ink that reads "Kari M. Mika-Lude, CEO".

Kari M. Mika-Lude, MA, LPC, AADC-S, ALPS, NCC, MAC, ICAADC, ICCS, CCTP, ACS, NREMT
Chief Executive Officer

Last revised 1/1/2022



No Surprises Act Standard Notice and Consent & Rights and Protections

This document describes your protections against unexpected medical bills. It also asks if you would like to give up those protections and potentially pay more for out-of-network care.

“Out-of-network” (OON) means providers and facilities that have not signed a contract with your health insurance plan to provide services for a certain “contract rate”. When a provider/facility does contract with a health insurance plan, there is a specific “allowed amount” that they can bill for services, which is likely to be less than the full amount they charge. OON providers, however, may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “balance billing”. This amount is likely to be more than in-network costs for the same service and might not be applied to your plan’s deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you are not allowed to choose which provider(s) is/are involved in your care, like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars, depending on the procedure or service.

You are getting this notice because *Aspire to Inspire Behavioral Health and Addiction Services, LLC*, and all of its providers, are not in your health plan’s network and are considered out-of-network (OON). This means that we do not have an agreement with your health insurance plan to provide services. **Getting care from us using your OON benefits will likely cost you more than seeking care from an in-network provider or facility*.**

*You also have the option to apply for our sliding fee scale discount program, if you would prefer.

IMPORTANT: You are not required to sign this form and should not if you did not have a choice of healthcare provider before scheduling care. By signing this document, you acknowledge that you are choosing to get care from a provider at *Aspire to Inspire*, which will be OON, and that you are waiving your protection from balance billing. You are never required to give up your protections from balance billing or to get OON care. However, if you choose not to sign this form, we will be unable to provide services to you at *Aspire to Inspire*. You may choose to instead get care from a provider or facility in your health insurance plan’s network, which may cost you less, and we will provide a list of referrals to other providers who may be in your health insurance plan’s network. However, *Aspire to Inspire* cannot make any guarantees as to the availability and/or in- vs- out-of-network status of other providers.

PROTECTIONS:

Generally, your health insurance plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorizations”).
- Cover emergency services by out-of-network providers.
- Base what you owe (cost-sharing) the provider or facility [for emergency services] on what it would pay an in-network provider or facility and show that amount in your explanation of benefits (EOB).



- Count any amount you pay for emergency services or OON services toward your in-network deductible and out-of-pocket limit.

If you knowingly choose to see an OON provider:

- You are giving up your legal protections from higher bills.
- You may owe the full costs billed for the services you receive.
- Your health insurance plan may not count any of the amount you pay toward your deductible and out-of-pocket limit. Contact your health insurance plan for more information.

WHAT YOU CAN EXPECT FROM *Aspire to Inspire*:

Aspire to Inspire does everything possible to avoid surprise bills. This includes, but is not limited to:

- Verifying your health insurance benefits* for you prior to scheduling your first session and letting you know if you have OON coverage and the extent of such coverage.
*Benefits verification is based on information provided to us by your health insurance plan, which, unfortunately, may not always be accurate. A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at the time services are rendered. If your health insurance plan denies payment, or if you have not yet met your deductible, you will be fully responsible for payment. This may include balance billing for what is not covered by your health insurance company.
- Verifying whether prior authorization is required for certain services and determining what information is needed in order for such services to be covered.
- Appealing claim rejections in an effort to resolve outstanding balances directly with your health insurance plan.

Before deciding on a healthcare provider:

- You may wish to contact your health insurance plan to find an in-network provider or facility. If there are none, you can also ask your health insurance plan if they can work out an agreement with this provider (also known as a "single-case agreement") to lower your costs.
- You may wish to inquire about our sliding fee scale discount program, in which fees are reduced based on household income. However, you would be unable to use your health insurance benefits at all in that case since the fee has already been reduced.
- Please see the **Payment Agreement and Fee Schedule** document to determine fees for service. You may wish to contact your health insurance plan to see if they allow balance billing and, if not, how much you will be asked to pay for OON services at *Aspire to Inspire*. You can also ask about what is covered under your plan as well as in-network provider options.

If you have questions about this notice or *Aspire to Inspire's* billing procedures, please contact our billing department, Integral Healthcare Billing, at (630) 313-0069.

If you have questions about your rights, please visit www.cms.gov/nosurprises/consumers or call (800) 985-3059.