“To Whom it May Concern:

We write on behalf of the Housing Benefits Plan (the “HBP”).  The HBP has a network of contracted, “in-network” providers with whom we have agreed-upon rates for in-network services.  You and your organization, [NAME OF OON PROVIDER], are not one of the providers with such an agreement with the HBP and are therefore considered to be an “out-of-network” (OON) provider for purposes of the HBP.

We understand that [NAME OF ENTITY] recently sent an invoice to an HBP participant for certain services received at your facility (or from one of your providers) on or after January 1, 2022.  The amount of this invoice appears to seek from the participant the difference between (a) what the participant and the HBP, combined, are obligated to pay, and (b) the full charges for your services as an out-of-network provider.  This is often referred to as “balance billing” a participant.

The purpose of this notice is to inform you that (a) the practice of “balance billing” a participant is, effective as of January 1, 2022, no longer permitted under the No Surprises Act as set forth in the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260, 134 Stat. 1182, Division BB, § 109) (the “Act”), and (b) such violation of the Act will subject your organization to penalties of $10,000 per violation.  A summary of the Act is provided below.

***We therefore demand that you cease any and all current or future practice of “balance billing” any HBP participant for services incurred on or after January 1, 2022***.  In the event that a HBP participant is balanced-billed in the future, the HBP will notify the enforcement agency of your violation, and [NAME OF ENTITY] will be subject to a $10,000 penalty for each violation as discussed above.

**General Summary of the No Surprises Act (“NSA”)**

The NSA, which prohibits “surprise” bills, for participants and beneficiaries (“participants”) covered under group health plans (GHPs) from receiving surprise medical bills when they receive (a) most emergency services, (b) certain non-emergency services from OON providers at in-network facilities, and (c) services from OON air ambulance service providers. The NSA also establishes an independent dispute resolution process for payment disputes between GHPs and providers.

These new protections are effective for plan years beginning on or after January 1, 2022.

The NSA protects GHP participants as follows:

* Bans OON providers from balance billing for most emergency services;
* Bans OON cost-sharing (like OON coinsurance or copayments) for most emergency and certain non-emergency services.  Participants cannot be charged more than in-network cost-sharing for these services.
* Bans OON charges and balance billing for certain additional services (like anesthesiology or radiology) furnished by an OON provider as part of a participant’s visit to an in-network facility.
* Requires health care providers and facilities to give participants an easy-to-understand notice that (a) explains the applicable billing protections, (b) provides contact information if they have concerns that a provider or facility has violated the NSA’s protections, and (c) informs them that participant consent is required to waive billing protections (i.e., participants must receive notice of, and consent to, being balance billed by an OON provider).

I can be reached at the information provided below if you have any questions or would like to discuss.

Sincerely,

[NAME AND CONTACT INFORMATION]”