Breckinridge Health Inc.
1011 Old Hwy 60
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2022 "Surprise Billing" Regulations Disclosure

Breckinridge Health Inc. discloses its knowledge of and compliance with all **Public Health Service (PHS) Act Provider and Facility Requirements.** Title I (No Surprises Act) of Division BB of the Consolidated Appropriations Act, 2021 (CAA) amended title XXVII of the Public Health Service Act (PHS Act) to add a new Part E. (PHSA 2799B-3; 45 CFR 149.430) The provisions in Part E create requirements that apply to providers, facilities, and providers of air ambulance services, such as cost sharing rules, prohibitions on balance billing for certain items and services, notice and consent requirements, and requirements related to disclosures about balance billing protections.

These provider, facility, and provider of air ambulance services requirements generally apply to items and services provided to individuals enrolled in group health plans or group or individual health insurance coverage, and Federal Employees Health Benefit plans. These requirements **do not** apply to beneficiaries or enrollees in federal programs such as Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE. These programs have other protections against high medical bills.

Provider and facility requirements that apply starting January 1, 2022

1) No balance billing for out-of-network emergency services (PHSA 2799B-1; 45 CFR 149.410).
   Cannot bill or hold liable beneficiaries, enrollees or participants in group health plans or group or individual health insurance coverage who received emergency services at a hospital or an independent freestanding emergency department for a payment amount greater than the in-network cost-sharing requirement for such services.
2) No balance billing for non-emergency services by nonparticipating providers at certain participating health care facilities, unless notice and consent was given in some circumstances (PHSA 2799B-2; 45 CFR 149.420).
   Cannot bill or hold liable beneficiaries, enrollees or participants in group health plans or group or individual health insurance coverage who received covered non-emergency services with respect to a visit at a participating health care facility by a nonparticipating provider for a payment amount greater than the in-network cost-sharing requirement for such services, unless notice and consent requirements are met.
3) Provide good faith estimate in advance of scheduled services, or upon request (PHSA 2799B-6; 45 CFR 149.610 (for uninsured or self-pay individuals).
4) Ensure continuity of care when a provider's network status changes (PHSA 2799B-8).