

No Surprises Act

Requirements for Providers, Facilities, or Vendors

The No Surprises Act (NSA), which became effective January 1, 2022, offers protections that apply to most group health plans and health plans offered in the group and individual market.*

Key NSA requirements for providers, facilities, or air ambulance vendors are as follows:

- NSA protections prohibit surprise billing in certain circumstances for any amount other than member cost sharing.
- If a processed claim qualifies for NSA protections, balance billing is only allowed if a waiver for non-emergent care has been obtained.
- Disputing the amount allowed by Select Health requires initiating a negotiation within 30 business days from the initial payment or notice of denial. To do so, please submit the [Open Negotiation Notice \(OMB Control No. 1210-0169\)](#) to Select Health via either:
 - **Email:** SHSVXNSANegotiation@imail.org
 - **Mail:** Select Health, Attn: Claim Support Team, 5381 S. Green St., Murray, UT 84123
- The parties must undertake an open negotiation period prior to initiating the Federal Independent Dispute Review (IDR) Process and meet all timeliness requirements. Notification of IDR initiation should be submitted using [Notice of IDR Initiation \(OMB Control No. 1210-0169\)](#) to the email or mailing address noted above.

* For claims qualifying for NSA protection, Select Health has followed federal regulations when calculating the QPA using median contracted rates with the relevant provider/facility types and geographic regions.

Questions?

Please contact the Member Services team at **800-538-5038**.

