HEALTH INSURANCE Help!

Your Guide to Surprise Billing Protections

ISSUE FOUR

To health!

NJHA

New Jersey Hospital Association

Understanding a Surprise Medical Bill at a Glance

You have health insurance and you went to a healthcare provider for services – now you have a bill. Sometimes you're responsible for the bill in its entirety. But sometimes you may not understand why you have received a bill – this is often referred to as "surprise medical billing." However there are state and federal laws that provide special protections against surprise medical bills.

What Is A Surprise Medical Bill

- A bill for healthcare services or procedures that you received from an out-of-network healthcare provider without knowing that provider was not in network with your insurance plan.
- One way this can happen is when you go to an in-network hospital for a healthcare procedure but one of the doctors who treats you is out of network.

Avoiding Surprise Medical Bills

- Review your health insurance policy documents and familiarize yourself with the benefit design.
- Your benefit design refers to all of the features of your specific health insurance policy.

Healthcare Provider Assistance

- Healthcare providers will give you as much information as possible about their network status.
- If you decide you want to use a specific healthcare provider that is out of network, it is very important to double check with your insurance company that you have an out-of-network benefit. If you don't have an out-of-network benefit you can still choose to use the doctor but you will be responsible for the entire bill.

Other Resources

- Healthcare provider websites are a useful source of information.
- Your health insurance company is always the best resource for specific information about your policy. Besides you, the health insurance company is the only other source that has a copy of your specific policy.

Whether it's for routine healthcare, an accident or treatment for an illness, healthcare services can lead to a medical bill. These bills will be based on your specific health insurance coverage rules and how your insurance plan defines your share of the costs of healthcare services. However, sometimes people receive bills and don't understand why. This is often referred to as a "surprise medical bill."

New Jersey enacted a law in 2018 to protect against surprise medical bills. On Jan. 1, 2022, a federal law also took effect covering this issue. It adds to the state's protections. This guide is designed to help you understand what's required, what to expect and how to be informed so you're not surprised by a medical bill.

For healthcare providers, the laws state that they cannot bill you in emergency situations, for certain services and in instances when you don't have a choice of providers. Providers also must provide you information to help make informed decisions regarding healthcare costs and must give you certain documents and forms before a provider can bill you.

For health insurance companies, the laws include rules to make sure they give you information and answer questions about your coverage and the processes to follow to avoid surprise bills. You should always check with your health insurance company to make sure the treatment or service you need is covered under your plan. Also check to make sure there isn't a special authorization required to receive the treatment or service. In addition, because there are certain insurance plans that aren't covered under these laws, ask your insurance company if the state and federal "no surprises" laws apply to your plan. Some insurance, such as Medicare and Medicaid, have different protections.

Where To Find Information

Healthcare providers are committed to helping consumers understand how and why they might receive a bill for medical treatment or services. They share information in the following ways so that consumers can make informed choices about who will provide their care:

GENERAL NOTICES – These include signs within healthcare facilities about protections against surprise medical bills where healthcare providers offer services. These publicly displayed notices will include information about protections against so-called "balance billing" that could be directed at you, additional state-level protections and contact information for state and federal agencies where you can report concerns.

PROVIDER WEBSITES – The information in the general notice will also be on a provider's website, along with additional information required under New Jersey law. Consumers can find information about the health benefits plans in which the facility participates; how healthcare professionals providing services in the facility may interact with your insurance; the names, mailing addresses and telephone numbers of hospital-based physician groups that the facility contracts with; and the names, mailing addresses and telephone number of physicians employed by the facility who provide services along with the health insurance plans in which they participate. The website will indicate how consumers can get more information.

VERBALLY – Prior to performing a non-emergency, scheduled service or procedure a healthcare provider will share the healthcare provider's status in your health insurance plan (namely, whether it's in-network or out-of-network) and how to inquire about the status of other healthcare providers who may treat you

In addition, the healthcare provider will advise you of the following important information:

- Consumers should contact their health insurance company for the most accurate information about their health insurance plan.
- Consumers who choose in-network providers will have more payment protections than if they choose an out-of-network provider.
- There could be a financial responsibility greater than the in-network cost-sharing amounts.
- Consumers have the right to report instances where they think they were inappropriately "balance billed" for some of the costs of their services.
- Contact your insurance company first and then schedule your service or procedure after you've received this important information from your insurance plan.

WRITTEN DOCUMENT – New Jersey and federal laws also require that certain information be shared with a patient in writing.

The federal form on consumer rights and protections includes definitions, a summary of when protections apply and sources for additional information. For example, the federal form will note that consumers are protected from:

- surprise bills for emergency services, even if you get them out-of-network and without approval beforehand (also known as prior authorization)
- out-of-network cost-sharing in excess of your in-network amounts
- out-of-network charges and balance bills for supplemental care (like anesthesiology or radiology) by out-of-network providers who work at certain in-network facilities.

Additionally, New Jersey law requires forms that provide details on how to learn more about potential out-of-pocket costs.

When A Bill Isn't a "Surprise" Bill

Sometimes your expenses aren't due to a "surprise." They are your responsibility based on your health insurance policy. These costs are referred to as cost-sharing and include copayments, co-insurance and deductibles. Your health insurance company can provide more details about these costs. It is especially important you check on any potential costs if you have a high-deductible plan.

Also, the laws don't cover all services you may receive. For example, ground ambulance services, health insurance that covers only vision or dental benefits and, in some cases, services provided after a patient is stable after emergency care aren't covered under the laws.

Certain health insurance plans include an out-of-network benefit. If you have this type of plan, you have the right to use any doctor you choose. However, if you choose to do so, the bill for the care you receive would not be considered a surprise medical bill.

There are forms you will be asked to sign if you choose an out-of-network provider. These forms will include information about protections from unexpected medical bills, give you the option to give up those protections and pay more for out-of-network care, and provide an estimate of what your out-of-network care might cost.

You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of healthcare provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

Cost Estimates

Finally, the federal law established requirements for patients to receive estimates of the costs they may be required to pay for care.

As of Jan. 1, 2022, patients that are uninsured or who pay their own healthcare bills without submitting to a health insurance company (often called "self-pay) will receive an estimate of expected charges from healthcare providers and facilities before getting an item or service. This is called a "good faith estimate."

These good faith estimates will be provided upon request or after scheduling a treatment or service. It should include expected charges for the primary treatment or service. You will also receive information from other providers about any other treatments or services that are provided as part of the same scheduled experience.

You will receive the good faith estimate in writing or electronically, per your preference.

Once you receive a good faith estimate from your provider or facility, be sure to keep it in a safe place so you can compare it to any bills you get later. If you've had your service and find that the billed amount is at least $400 above the good faith estimate, you may be eligible to dispute the bill.

LEGAL NOTICE: The New Jersey Hospital Association's (NJHA) Putting The Pieces Together: Your Step-by-Step Guide to Understanding Your Medical Bills (hereinafter "materials") are intended to be tools hospitals can share with consumers to assist in education efforts.

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If you have other questions or concerns, call the customer service phone number on your insurance card.

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