**DISCLAIMER**

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he New Jersey Hospital Association’s (NJHA) Out-of-Network Implementation Toolkit (hereinafter “materials”) are intended to be tools that hospitals may use to implement and comply with the “Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act.” The information provided in these materials should not be relied upon or regarded as legal advice. No specific representation is made, nor should be implied, nor shall NJHA or any other party involved in creating, producing or delivering this material be liable in any manner whatsoever for any direct, incidental, consequential, indirect or punitive damages arising out of your use of these materials. NJHA makes no warranties or representations, express or implied, as to the accuracy or completeness of the information contained or referenced herein. This publication is provided “AS IS” WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR NON-INFRINGEMENT. Some jurisdictions do not allow the exclusion of implied warranties, so the above exclusion may not apply to you. All images and information contained in these materials are copyrighted and otherwise proprietary. No use of this information is permitted without the prior written consent of NJHA. If you have other questions or concerns, please contact NJHA’s Legal Affairs at 609.275.4089.

**Provider Talking Points on Implementation of   
New Jersey’s Out-of-Network Law**

* We are committed to providing information our patients need to protect them from receiving a surprise medical bill.
* We have worked throughout our facility to try to make sure we are meeting the requirements of New Jersey’s new law.
* While we have taken steps to fully comply with our requirements on behalf of patients, it is very important that healthcare consumers also consult their own health insurance plan. Only your health insurance plan can provide detailed information about your coverage and potential obligations for certain out-of-pocket costs. The contact information is on your insurance card.
* In accordance with the new law, we have listed on our website the insurance plans whose networks we participate in and a list of those physicians we employ or have contracts with to provide certain services to patients in the hospital. In addition to the physician’s name, we have also provided contact information so you can contact the physician directly to ask about their network status with your particular health insurance plan. You may find this information at *[insert specific URL for this page].*
* While we have tried to make our network status clear to all healthcare consumers, it is important to note that the state’s new out-of-network law does not apply to health insurance plans issued outside of New Jersey. Even if you live in New Jersey, if your employer is located in another state, it is possible that your plan is not covered by the law. Also, the new law is optional for self-funded plans. Self-funded plans are when the employer assumes the responsibility to cover all of the expenses of the plan. Self-funded plans are only required to follow federal requirements, not state laws. A self-funded plan may opt in and elect to be subject to New Jersey’s out-of-network law, but it is not required to do so. It is important that you ask your employer or health insurance carrier whether the new law applies to your plan.
* All stakeholders – insurance plans, healthcare providers, state policymakers and regulators – must try to make this complex law understandable to healthcare consumers, particularly those who may not realize that their plan is not covered by these new protections.
* If you have any additional questions, please do not hesitate to contact *[position name of contact, phone number/email address].*