Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

See attached summary of applicable state specific enforcement and review requirements.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:

    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).

    - Cover emergency services by out-of-network providers.

    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact your state department of insurance or the No Surprises Help Desk.

Visit *https://www.cms.gov/nosurprises/consumers* for more information about your rights under federal law. If you have a question about these rules or believe the rules aren't being followed, contact the No Surprises Help Desk at 1-800-985-3059 from 8 am to 8 pm EST, 7 days a week.

For more information regarding your rights under related state law, visit https://navigatorguide.georgetown.edu/where-to-go-for-help for links to state departments of insurance.

Note - if your state is not listed, there are no specific guidelines or laws for that state

State	Direct Enforcement of No Surprises Act	Adverse Determinations	Independent Review Process (IDR)	Patient-Provider Dispute Resolution
Alaska	Collaborative Agreement	Federal External Review Process	3 Alaska Admin. Code § 26.110(a) is a specified state law that will apply for purposes of determining the out-of-network rate with respect to items and supplies furnished to individuals in an insured group health plan, or group or individual health insurance coverage in Alaska by nonparticipating providers, nonparticipating emergency facilities or nonparticipating providers of air ambulance services. Federal IDR process will only apply for services not applicable to the state law.	Federal process applies
California	Collaborative Agreement, with the Federal Government enforcing certain provisions and California others.	Federal External Review Process	Cal. Health and Safety Code §§ 1371.30, 1371.31, and 1371.9, and §§ 10112.8, 10112.81 and 10112.82(a) of the Insurance Code are specified state laws that will determine the out-of-network rate for non-emergency services furnished to individuals in health care service plans and certain health insurance plans in California by noncontracting individual health professionals at contracting health facilities. The Federal IDR process will apply to other out-of-network services that the California law does not cover.	Federal process applies
Colorado	Collaborative Agreement, with the Federal Government enforcing certain provisions and Colorado others.	Federal External Review Process	CR.S. § 10-16-704(3)(d)(II), § 10-16-704(5.5), and § 10-16-704(15) are specified state laws that will determine the out-of-network rate with respect to items and services furnished to individuals in an insured group health plan, or group or individual health insurance coverage in Colorado by nonparticipating providers or nonparticipating emergency facilities.	Federal process applies

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Connecticut	Collaborative Agreement	Federal External Review Process	CGS Sec. 38a-477aa-- specified state law that will apply for "purposes of determining the out-of-network rate with respect to certain health care services by out-of-network health care providers at an in-network facility or an out-of-network clinical laboratory upon referral of an in-network provider and emergency services furnished to individuals with coverage from carriers in CT." Federal IDR process will only apply for services not applicable to the state law.	Federal process applies
Delaware	Collaborative Agreement	Federal External Review Process	18 Del. Code §§ 3349 and 3565 are specified state laws that will apply for purposes of determining the out-of-network rate with respect to covered emergency services conducted by out-of-network providers.	Federal process applies
Florida	Florida will enforce most of the provisions of the No Surprises Act, and the Federal Government will enforce some.	Federal External Review Process	Sections 408.7057, 627.42397, 627.64194(4), 627.64194(6), 641.513(5), and 641.514, F.S. and rule 59A-12.030, Florida Administrative Code are specified state laws that will determine the out-of-network rate with respect to items and services furnished to individuals in an insured group health plan, or group or individual health insurance coverage in Florida, as well as claim dispute payment amounts pertaining to HMOs that are above certain claims payment thresholds. These thresholds are described in the letter. The Federal IDR process would apply for out-of-network HMO services below these thresholds.	Federal process applies

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Maine	Collaborative Agreement	Maine External Review Process	Title 24-A, Maine Insurance Code, Chapter 56-A, §4303-C is a specified state law that will apply for purposes of determining the out-of-network rate with respect to items and services furnished to individuals in an insured group health plan, or group or individual health insurance coverage in Maine by nonparticipating providers, nonparticipating emergency facilities or nonparticipating providers of air ambulance services. Federal IDR process will NOT apply	Federal process applies
Maryland	Collaborative Agreement	Federal External Review Process	Maryland has an All-Payer Model Agreement that would determine the out-of-network rate for hospital services. § 19-710.1 of the Health General Article applies as a specified state law for purposes of determining the out-of-network rate with respect to covered services furnished to individuals in HMOs in Maryland by health care providers who are not under contract with the HMO. § 14-205.2 of the Maryland Insurance Article is a specified state law that will determine the out-of-network rate with respect to EPOs or PPOs services delivered by nonpreferred on-call and hospital-based physicians who accept assignment of benefits. The federal independent dispute resolution process will apply for all other out-of-network services to which Maryland's All-Payer Model Agreement or specified state laws do not apply.	Federal process applies

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Missouri	Missouri will enforce certain provisions of the No Surprises Act, and the Federal Government will enforce others.	Federal External Review Process	Section 376.690, Missouri Revised Statute (RSMo), is a specified state law that will apply for purposes of determining the out-of-network rate with respect to unanticipated out-of-network care furnished to individuals with coverage from health carriers in Missouri by out-of-network health care professionals at an in-network facility. The federal independent dispute resolution process will apply to other out-of-network services that the state law does not cover.	Federal process applies
Nebraska	Collaborative Agreement	Federal External Review Process	Nebraska Revised Statutes 44-6849 and 44-6850 are specified state laws that will apply for purposes of determining the out-of-network rate with respect to emergency services furnished to individuals in health benefit plans in Nebraska by out-of-network health care providers. The Federal IDR Process will apply in cases which the state law does not cover.	Federal process applies
Nevada	Nevada Division of Insurance will enforce certain sections of the law, and the federal government will enforce others.	Nevada External Review Process	NRS 439B.748, 751 and 754 are specified state laws that will apply for purposes of determining the out-of-network rate with respect to medically necessary emergency services furnished to individuals in health benefit plans, the Public Employees' Benefits Program and other organizations under NRS 439B.736(1)(c) in Nevada by an out-of-network emergency facility or out-of-network provider. Federal IDR process will apply in cases where state law does not apply.	Federal process applies

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New Hampshire	Collaborative Agreement	New Hampshire External Review Process	NH RSA Title XXX 329:31- b(III) is a specified state law that will apply for purposes of determining the out-of-network rate with respect to anesthesiology, radiology, emergency medicine, or pathology services furnished to individuals in a managed care plan in New Hampshire by a health care provider in a hospital or ambulatory surgical center that is in-network. Federal IDR process will apply in cases where state law does not apply.	Federal process applies
New Jersey	Collaborative Agreement	Federal External Review Process	N.J.S.A. 26:2SS-1 to -20 includes a specified state law that will apply for purposes of determining the out-of-network rate with respect to out-of-network services rendered on an inadvertent and/or emergency or urgent basis to individuals covered under a health benefits plan issued in New Jersey by a New Jersey licensed or certified health care provider. Federal IDR process will apply in cases where state law does not apply.	Federal process applies
New Mexico	Collaborative Agreement	New Mexico External Review Process	"Section 59A-57A-1, et. seq. NMSA 1978 and 13.10.33 NMAC are specified state laws that will apply for purposes of determining the out-of-network rate with respect to out of network emergency care"	Federal process applies
Ohio	Collaborative Agreement	Ohio External Review Process	ORC 3902.50 – 3902.54 are specified state laws that will apply for purposes of determining the out-of-network rate with respect to emergency services and non-emergency services by nonparticipating providers at in-network facilities. Federal IDR process will apply to other services (air ambulance services) that the state laws do not apply to.	Federal process applies

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Virginia	Collaborative Agreement	Federal External Review Process	Sections 38.2- 3445.01 through 38.2-3445.07 and 14 VAC 5-405-10 et seq are specified state laws that will apply for purposes of determining the out-of-network rate with respect to emergency services provided to an enrollee, or nonemergency services provided to an enrollee at an in-network facility if the nonemergency services involve surgical or ancillary services provided by an out-of-network provider furnished to individuals in fully-insured managed care plans issued or delivered in Virginia, including grandfathered plans. Federal IDR process will apply for services not impacted by state law.	Federal process applies
Washington	Washington will enforce all major provisions	Washington External Review Process	Washington will enforce Federal IDR Process	Federal process applies