

Patient Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you should not be charged more than your plan's copayments, coinsurance, and/or deductible.

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, or deductible. You may have additional costs or must pay the entire bill if you see a provider or visit a health care facility that is not in your health plan's network, also known as out-of-network.

Out-of-network means a provider or facility did not sign a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your health plan pays, and the full amount charged for an item or service. This is called “balance billing.” This amount likely exceeds in-network costs for the same service and may not count towards your health plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care. For example, these situations may arise when you have an emergency and cannot be treated by an in-network provider or when you schedule a visit at an in-network facility but are treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars, depending on the item or service.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and seek emergency services from an out-of-network provider or facility, the most they can bill you is your health plan's in-network cost sharing amount (such as copayments, coinsurance, and deductibles). You **cannot** be balance billed for these emergency services. This includes services you may get after you are in stable condition unless you give written consent and give up your protections not to be balance 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' may be out-of-network. In these cases, the most the provider can bill you is your plan's in-network cost sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalists, or intensivist services. These providers **cannot** balance bill you and may **not** ask you to give up your protections to be balance billed.

If other services are received at an in-network facility, out-of-network providers **cannot** balance bill you, unless you provide your advanced written consent to release your protections.

You are **never** required to give up your protections from balance billing. You also are not required to get out-of-network care. You may choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have these protections:

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

- Generally, your health plan must:
 - Cover emergency services without requiring you to get advanced approval (also known as 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 in-network deductible and out-of-pocket limit.

If you think you have been wrongly billed:

Contact the Minnesota Department of Health at (651) 201-5000 or toll-free at (888) 345-0823. The federal phone number for information and complaints is (800) 985-3059.

You can also visit www.hhs.gov or www.cms.gov/nosurprises/consumers for more information about your rights under federal law and to learn more about the No Surprises Act.