Coastal Medical Center

No Surprises Act Job Aid

Disclosure Notice-Patient Rights & Protection Against Surprise Billing

Effective Date: January 1, 2022

What to Know:

This law specifically protects patients against receiving a bill for services/items due to the facility/provider being out-of-network. Patients have the right to choose who/where, when it comes to their care based on the health plan being used. Visibility of this law will be by way of posters, handouts, and on facility/provider websites. Patient advisement of this law and their rights under it is required.

Facility immediate actions:

Print and post in the facility a copy of the Patient Rights & Protection Against Surprise Billing per the requirements below.

Public Disclosure Requirements:

To ensure the public is aware of their rights under this law the notice must be publicly available, and posted on the facility website. The following areas satisfy the public and website disclosure requirements:

1. **Patient registration**
2. **Scheduling department**
3. **Patient Check-in**
4. **Cashier**

Provider /facility website homepage will include the disclosure notice or a link to access it

Who should get this notice:

Anyone receiving items/servie from provider/facility and who are participants, beneficiaries, or enrollees of an out-of –network:

1. **group health plan**
2. **group or individual health coverage offered by a health insurance issuer**
3. **covered individuals in a health benefits plan under the Federal Employees Benefits Program.**

Delivery of the notice:

1. **Notice MUST be in-person, by mail, or via email, as selected by the individual**
2. **Notice must be limited to one page**
3. **Patient is to be informed prior to making any payments (this includes co-payments & coinsurance request at the time of visit to provider/facility)**
4. **If no payment is requested at the time of visit, notice must be provided to patient at time of visit, so they are aware before the submission of the claim for payment to the insurance company.**

Terms:

Balance Billing: Out-of-network providers may be permitted to bill you for the difference betweene what your plan agreed to pay and the full amount charged for a service.

Out-of-Network: Providers and facilities that haven't signed a contract with your health plan.

Surprise Billing- 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 unexpectantly treated by an out-of-network provider.

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This must be posted in your facility and on your website

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.

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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.

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 1-800-985-3059

Visit https://www.cms.gov/nosurprises for more information about your rights under federal law.