

# **COMMUNICATING ABOUT SURPRISE BILLING:**

## **A TOOLKIT FOR STATES IMPLEMENTING THE NO SURPRISES ACT**

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## Introduction

As of January 1, 2022, a new federal law, the No Surprises Act, is in effect to protect consumers from surprise medical bills for out-of-network care. Some states have laws that already protect some consumers from surprise medical bills, depending on the type of health insurance they have. The federal law applies to all states, extends protections, and offers protections to many more people, including those with employer-sponsored health insurance.

*This document includes suggested template resources to use in communicating with consumers about the No Surprises Act. For the best quality social graphics please download the versions from the folder [here](#) instead of using the files directly from this document.*

### **WEBSITE LANGUAGE:**

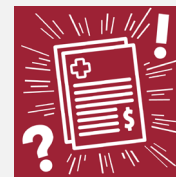
The No Surprises Act law means consumers are protected from surprise billing (balance billing) when they get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, regardless of whether the consumer got coverage on their own (from an insurer or from the marketplace) or from their employer.

If you receive an unexpected bill from an out-of-network provider or facility that you believe is incorrect, contact the [STATE AGENCY NAME] at [PHONE NUMBER] or email us at [EMAIL ADDRESS].

### **SOCIAL POSTS:**

#### *FACEBOOK/INSTAGRAM*

The No Surprises Act protects patients from surprise medical bills when they get emergency care from an out-of-network hospital or from an out-of-network provider or care from an out-of-network provider at an in-network hospital or ambulatory surgical center. For more info, visit [WEBSITE].



#### *TWITTER*

The No Surprises Act protects patients from surprise medical bills when they get emergency care from an out-of-network hospital or provider, or care from an out-of-network provider at an in-network hospital or ambulatory surgical center. For more info, visit [WEBSITE].



### **CALL CENTER SCRIPT:**

Have you received a surprise medical bill for services provided out of your insurance network? A new law is now in effect that might protect you from these surprise charges. Let us know on this call or visit [WEBSITE] for more information.

*The following pages of this document are a template flyer, front and back, which can be customized by states to use in communicating with consumers about the No Surprises Act. For the best quality flyer, please download the versions from the folder [here](#) instead of the pages directly from this document.*

# THE NO SURPRISES ACT

## OUT-OF-NETWORK BILLING PROTECTIONS.

*A new federal law, the No Surprises Act, is now in effect. 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 medical bills.*

### WHAT IS A SURPRISE BILL?

Surprise billing happens when a patient receives a balance bill after they receive care from an out-of-network provider or at an out-of-network facility, such as a laboratory or hospital. A balance bill is when a provider bills a patient for the difference between the amount they charge and the amount that the patient's insurance pays after the patient has paid any co-pay, coinsurance, or deductible. Typically, in a surprise billing scenario, patients don't know the provider or facility is out of network until they receive the bill.



### COMMON EXAMPLE OF A SURPRISE BILL

A patient had surgery at an in-network hospital, but the anesthesiologist that treated her does not participate in her health plan's network. The anesthesiologist sent a claim to the patient's health plan, but because she still had a large, unmet, out-of-network deductible, the plan paid none of the charges. The patient was sent a bill for the anesthesiologist's full charges.

# WHAT ARE YOUR RIGHTS UNDER THE NO SURPRISES ACT?

*If you have health insurance you buy on your own, including coverage from the marketplace, or that you get through your job, then the law will protect you in certain situations. Under the law 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 (deductible, co-payment, 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 balance billed for these post-stabilization services. This also includes air ambulance services.

## ■ CERTAIN SERVICES AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER

When you get services at an in-network hospital or ambulatory surgical center, many providers there may be out-of-network. 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. Giving up your balance billing protections could prove very costly.

**IF YOU BELIEVE YOU HAVE BEEN BILLED INCORRECTLY, CONTACT**

[STATE AGENCY NAME]

[ADDRESS: 123 MAIN ST,  
CITY, STATE, 12345]

**PHONE:**  
[PHONE NUMBER]

**EMAIL:**  
[EMAIL ADDRESS]

**WEBSITE:**  
[URL ADDRESS]

