Children First
PEDIATRICS

No Surprise Billing Notice

Your 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 surprise billing or balance billing.

(The No Surprises Act doesn't apply to individuals with coverage through programs such as Medicare, Medicare Advantage, Medicaid, Medigap and the Children's Health Insurance Program (CHIP)).

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 have not 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 cannot 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 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 balanced billed for these post-stabilization services.

Nebraska law offers protection against balance billing and prohibits out-of-network professionals and facility from billing enrollees for any amount beyond in-network levels. These protections do not apply to ground ambulance services, non-emergency services or self-funded insurance plans. The state provides a payment standard that must be used.

- **Certain services at an in-network hospital or ambulatory surgical center**

When you receive services from an in-network hospital or ambulatory surgical center, certain providers at that facility 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 cannot balance bill you and may not ask you to give up your protections not to be balance billed.

You are never required to give up your protections from balance billing. You can choose a provider or facility in your plan's network.

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

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

- You are only responsible for paying your share of the cost (such as copayments, coinsurance and/or 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 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.
- Cover emergency services without requiring you to get approval for services in advance (prior authorization).

If you believe you have been wrongly billed, you may contact the Department of Health and Human Services, who will work with the Departments of Treasury and Labor and the Office of Personnel Management, by calling 1-800-985-3059.

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

If you have insurance-related questions, please contact the Nebraska Department of Insurance at 402-471-2201 or call toll-free at 1-877-564-7323. For more information about your rights under Nebraska law you can also visit www.doi.nebraska.gov