FLORIDA Neurology Group

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an innetwork 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.

Florida's balance billing law prohibits an out-of-network provider from balance billing members of a health maintenance organization (HMO), preferred provider organization (PPO) or an exclusive provider organization (EPO) for covered emergency services. The law establishes a payment process for insurers to provide reimbursement for such out-of-network services. The out-of-network provider, may, however, without violating the balance billing law, bill and collect from members of an HMO, PPO or EPO, any applicable copayments, coinsurance, deductibles or charges for non-covered services. Furthermore, if a patient receives non-emergency covered medical services from a health care provider who is out-of-network but who provides medical services in a facility that is in-network, the patient is not liable for payment of fees to the out-of-network provider, other than applicable copayments, coinsurance, deductibles and charges for non-covered services, provided that the patient did not have the ability and opportunity to choose an in-network provider at the in-network facility

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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.

Florida's balance billing law requires hospitals, ambulatory surgical centers, specialty hospitals, and urgent care to comply with the balance billing provisions as a condition of licensure. Willfully failing to comply with the balance billing provisions may subject a provider to administrative penalties.

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:

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

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

  o 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.

  o 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 the Consumer Services Division of the Florida Department of Agriculture and Consumer Services at 1-800-435-7352.

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Visit https://www.fdacs.gov/Contact-Us/File-a-Complaint for more information about your rights under Florida law.