

# No Surprises Act (NSA)

## Your Rights and Protections Against Surprise Medical Bills

Starting in 2022, a new federal law, the No Surprises Act (NSA) will protect you from many types of surprise bills. For instance, when you receive 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. Meaning, 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](#), like a [copayment](#), [coinsurance](#), or [deductible](#). You may have additional 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**" means providers and facilities haven't signed an agreement with the insurers to accept the insurance as payment in full which leads to billing you for the balance. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service which is likely more than in-network costs for the same service and it might not count toward your plan's deductible or annual out-of-pocket limit.

"**Surprise billing**" happens when a patient receives an unexpected balance bill after receiving care from an out of network provider or at an out of network facility, such as a hospital for an emergency visit or when you schedule a services at an in-network facility but unexpectedly treated by an out-of-network provider. Often, the patient do not know the provider or facility is out of network until they receive the "surprise" bill.

You're 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 they can bill you is your 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're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

### **Alaska balance billing information is found at the bottom of this notice.**

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

When you receive services at an in-network hospital or ambulatory surgical center, certain providers that provide services there may be out-of-network. In such cases, the most those providers can bill you for 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 types of 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 can never be asked to waive your protections and agree to pay more for out of network care. You can still agree in advance to be treated by a provider or facility that is not in your plan's network but that provider must give you information in advance about your share of the costs and would be expected to pay applicable balance bill, any out of network costs, coinsurance, deductibles and copays.

**When balance billing isn't allowed, you also have these protections:**

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible 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 approval for services in advance (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've been wrongly billed, contact Centers for Medicare & Medicare Services (CMS)

Website: <https://www.cms.gov/nosurprises/consumers>

Phone: [1-800-985-3059](tel:1-800-985-3059)

Visit [Centers for Medicare & Medicaid Services No Surprises Act](#) for more information about your rights under federal law

**Good Faith Estimates**

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, health care providers need to give patients who do not have insurance or who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at the time of scheduled services three days in advance of services and you can also ask your provider of care, for a Good Faith Estimate before you schedule service.

**Dispute Resolution**

If you received a bill that you think isn't allowed you can dispute the bill under the new law by filing an appeal with your insurance company. You may also file a complaint with the Alaska Division of Insurance or the federal Department of Health and Human Services (HHS). Alaska Division of Insurance can be reached at 907-269-7900 or reach out to federal agencies by calling 1-800-985-3059. You may complete a complaint online at <https://www.commerce.alaska.gov/web/ins/Consumers/Complaints.aspx>

Make sure to save a copy of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call [1-800-985-3059](tel:1-800-985-3059).