

# Your Rights Against Surprise Medical Bills in New Hampshire

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 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” means providers and facilities that haven't signed a contract with your health plan to provide services. 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. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or 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**

Under the federal No Surprises Act (“NSA”), if you have an emergency medical condition and get emergency services from an out-of-network provider or hospital, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in a stable condition, unless you give written consent and give up your protections not to be balance 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 can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services. These “ancillary service 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're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

## **New Hampshire Law**

New Hampshire state law protects you from having to pay more than your standard copays, deductibles, or coinsurance (collectively, “cost sharing arrangements”) under your health benefit plan for emergency services you get at an out-of-network hospital or freestanding emergency department.

In any case where an individual out-of-network health care provider provides emergency services, the provider may not charge you more than the cost sharing arrangements under your health benefit plan.

New Hampshire state law also prohibits balance billing by ancillary service providers to the same extent as the federal NSA and has the same written consent requirements for other out-of-network providers at in-network facilities if they are going to be permitted to balance bill you for more than the cost sharing arrangements under your health benefit plan.

### **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 in-network deductible and out-of-pocket limit.

**If you think you’ve been wrongly billed,** you may contact the New Hampshire Insurance Department Consumer Services Department at (603) 271-2261 or (800) 852-3416 [(800) 735-2964 (TTY/RDD Relay Services)] about your protections under state law or the federal agencies responsible for enforcing federal surprise billing protections at 1-800-985-3059.

Visit <http://www.nh.gov/insurance> for more information on your rights under state law and [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.