

The No Surprises Act: New Protections from Surprise Billing

You may have heard stories from friends or in the news about balance bills or surprise bills from health care providers. Starting in 2022, a new federal law, The No Surprises Act, will protect you from many types of surprise bills. Here are the basics about the new protections.

What is Balance Billing?

To start, it will be helpful first to understand the term “balance 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 if you see a provider or visit a health care facility that isn’t in your health plan’s network you may have to pay the entire bill. “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 charges for the same service and might not count toward your annual out of pocket limit.

What is Surprise Billing?

“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.

What are the new protections?

If you get health coverage through your employer or have an individual or family health plan, these new protections apply:

- Surprise bills for emergency services are prohibited, even if you get them out-of-network and/or without approval beforehand.
- Out-of-network cost-sharing (like out-of-network coinsurance or copayments) for all emergency and some non-emergency services is prohibited. You can’t be charged more than in-network cost-sharing for these services.
- Out-of-network charges and balance bills for supplemental care (like anesthesiology or radiology) by out-of-network providers who work at an in-network facility is prohibited.
- Health care providers and facilities must give you an easy-to-understand notice explaining that getting care out-of-network could be more expensive and they must give you options to avoid balance bills. You’re not required to sign this notice or get care out-of-network.
- Other protections in the new law require health plans to keep their provider directories updated. They also must limit your copays, coinsurance, or deductibles to in-network amounts if you rely on inaccurate information in a provider directory.

If you do not have insurance, you also have protections under the No Surprises Act. To learn more visit: **CMS.gov**

Complaints:

If you’ve received a surprise bill and you believe your health plan is not following the new law, you can file an appeal with your health plan or ask for an external review of its decision. You can also file a complaint with the **Minnesota Department of Health** or **Minnesota Department of Commerce**.

If you believe you’ve been wrongly billed by a medical provider or facility, you may file a complaint with the federal government with the **Centers for Medicare & Medicaid Services** or by calling: **1-800-985-3059** For more information please visit: **CMS.gov**