



Congressman Bill Pascrell, Jr. Surprise Medical Billing Fact Sheet



Federal Protections from Surprise Medical Bills

Congress created a [new law](#) to protect patients against surprise medical bills that establishes a fair process for resolving out-of-network bill disputes between providers and patients. Specifically, it:

- Holds patients harmless from surprise medical bills. Patients are only required to pay the in-network cost-sharing (i.e., copayment, coinsurance, and deductibles) amount for out-of-network emergency care, for certain ancillary services provided by out-of-network providers at in-network facilities, and for out-of-network care provided at in-network facilities without the patient's informed consent.
- Holds patients harmless from surprise air ambulance medical bills. Patients are only required to pay the in-network cost-sharing amount for out-of-network air ambulances, which is applied to their in-network deductible. Air ambulances are barred from sending patients surprise bills for more than the in-network cost-sharing amount.
- Allows patients to access an external review process to determine whether surprise billing protections are applicable when there is an adverse determination by a health plan.
- Requires health plans to provide an Advance Explanation of Benefits for scheduled services at least three days in advance of the expected cost and provider's network status to improve transparency.
- Allows patients with complex care needs to have up to a 90-day period of continued coverage at in-network cost-sharing to allow for a transition of care to an in-network provider.
- Improves the accuracy of provider directories by holding plans and providers accountable for inaccurate directories, ensuring patients have up-to-date information and are responsible for only their in-network cost-sharing amount when relying on an inaccurate provider directory.

New Jersey Protections from Surprise Medical Bills

The Out-of-network Consumer Protection, Transparency, Cost Containment, and Accountability Act became effective August 30, 2018, which provides enhanced protections for consumers who receive health care services from out-of-network providers under certain circumstances. Specifically, it:

- Prohibits health care providers from balance billing a covered person for inadvertent out-of-network services and/or out-of-network services provided on an emergency or urgent basis above the amount of the covered person's liability for in-network cost-sharing (i.e. the covered person's network level deductible, copayments, or coinsurance).

- Creates an arbitration process to resolve out-of-network billing disputes for inadvertent and/or emergency/urgent out-of-network services. Arbitrations can be between insurance carriers and providers; self-funded plans that opt in and providers; and members of self-funded plans that do not opt in and providers.
- Applies the following transparency requirements to all carriers operating health plans in New Jersey. Carriers are required to:
 - maintain up-to-date website postings of network providers;
 - provide clear and detailed information regarding how voluntary out-of-network services are covered for plans that feature out-of-network coverage;
 - provide examples of out-of-network costs;
 - provide specific information on treatment as to estimated costs when requested by a covered person; and
 - maintain a telephone hotline to address questions.

Resources for New Jerseyans

- For consumers, any attempts by the out-of-network health care provider to bill the covered person for these types of services above the covered person’s in-network cost-sharing liability should be reported to the covered person’s carrier. A complaint may be filed with the appropriate provider’s licensing board or other regulatory body, as appropriate. You can also file a [complaint with the Department of Banking and Insurance online or via telephone at: 609-292-7272](#) or the Consumer Hotline 1-800-446-7467 (8:30 am to 5:00 pm EST Monday through Friday)
- For providers, more information about arbitration, and the process for initiating the arbitration process can be found at the [Department’s arbitration vendor’s website](#).
- For general information, please visit the [Out-of-Network Consumer Protections](#) section of the Department of Banking and Insurance webpage.

Questions can be answered by calling Congressman Pascrell’s **Paterson office at (973) 523-5152** and **Washington, D.C. office at (202) 225-5751**.

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