

# Out-of-Network Reimbursement Disclosures

The Emergency Medical Services and Surprise Bills law requires The Empire Plan to provide information regarding your out-of-network (OON) reimbursement, including details on referrals, costs, coverage and surprise bills.

## Understanding the Out-of-Network (OON) Referral Mandate

Effective January 1, 2016, the Emergency Medical Services and Surprise Bills law (Chapter 60 of the Laws of 2014) requires The Empire Plan to provide access to primary care and specialty physicians if there is not one available within a 30-mile radius or 30 minute travel time from your home address. This requirement applies to Empire Plan-primary enrollees residing in New York State and those states/regions where there is a UnitedHealthcare PPO Options agreement in effect, including: Connecticut, New Jersey, Pennsylvania, Maryland, North and South Carolina, Florida, Arizona, Washington DC, Virginia, West Virginia and the Chicago, Illinois area. If you require access to a certain provider as of January 1, 2016, contact the appropriate Empire Plan administrator at 1-877-7NYSHIP (1-877-769-7447).

In addition, if you or your attending physician feels that The Empire Plan network does not have a provider accessible to you who has the appropriate level of training and experience to treat a condition, you have the right to request an out-of-network referral to a provider who can offer the service(s) required. You or your attending physician must first request approval from the appropriate Empire Plan administrator to receive consideration for the service to be paid at an in-network level. The attending physician must recommend the provider with the specific level of training or experience to meet the health care needs of the patient.

If the Plan approves the request, the patient must use the out-of-network provider approved by the Plan and covered services will be paid at the in-network benefit level, with only the applicable network copayment owed. The enrollee is responsible for contacting the provider to arrange care. If the Plan denies the request, benefits for covered services received from a nonparticipating provider are available under out-of-network benefit provisions, subject to deductible and coinsurance. You also have a right to request an external appeal through the NYS Department of Financial Services (DFS).

## Appeal of Out-of-Network Referral Denials

If the Plan denies an Out-of-Network Referral request because there is a geographically accessible in-network provider with the appropriate training and experience to meet your health care needs, you or your representative may file an appeal for an external review if:

- The service, procedure or treatment is otherwise covered under the Plan; and
- You have received a final adverse determination through the internal appeal process.

Appeals forms are available at [www.dfs.ny.gov](http://www.dfs.ny.gov) or by contacting them.

## Out-of-Network Coverage and Cost Information

To comply with the mandate, The Empire Plan helps ensure that enrollees have the information needed to make informed decisions by taking the following steps:

- The Empire Plan online directories have been updated to include hospital affiliation information for participating providers (be sure to cross reference the Plan's hospital directory information to ensure the facility is in-network) as well as languages spoken. The 2016 printed versions of The Empire Plan Participating Provider Directories for New York State, which will be issued in August-September 2016, will also include this information.
- To help you understand how much the Plan would pay for certain out-of-network services, the law requires disclosure of out-of-network reimbursement examples. See the chart on the reverse side.
- Out-of-Network Medical Estimation Tool: you can estimate the anticipated out-of-pocket cost for out-of-network services by contacting your provider for the amount that they will charge, or by using the FAIR Health web site at [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org) to determine the usual and customary rate (UCR) for out-of-network services in your geographic area or zip code.

## Surprise Bills

Another provision of the law protects patients from being responsible for paying the full charge for surprise bills.

### What is a surprise bill?

When you receive services from a nonparticipating doctor at an in-network hospital or ambulatory surgical center, the bill you receive for those services will be a surprise bill if:

- A participating doctor was not available; or
- A participating doctor sends a specimen taken from the patient in the office to a nonparticipating laboratory or pathologist; or
- A nonparticipating doctor provided services without your knowledge; or
- Unforeseen medical circumstances arose at the time the health care services were provided.

### What is NOT a surprise bill?

If you electively seek care from an out-of-network provider when an in-network provider is available, any bills you receive are not considered to be surprise bill.

If you have questions about whether a bill meets this definition, contact the Department of Financial Services at 1-800-342-3736 or visit [www.dfs.ny.gov/consumer/hprotection.htm](http://www.dfs.ny.gov/consumer/hprotection.htm)

For claims submission information, see the contact page of your 2016 *At A Glance*.

# OUT-OF-NETWORK REIMBURSEMENT EXAMPLES FOR LARGE GROUP COVERAGE

This summary gives examples of typical costs for out-of-network services under The Empire Plan in Suffolk County that includes ZIP code 11758. The sample costs included in this example are based on assumed charges for enrollees in this ZIP code because it has the highest number of Plan enrollees. If you elect to utilize an out-of-network provider in a different area for these services, your costs may vary. If you want details about your coverage and costs, you can get the complete terms in your plan document at [www.cs.ny.gov](http://www.cs.ny.gov) or by calling 1-877-7-NYSHIP (1-877-769-7447).



<b>Colonoscopy</b> (Biopsy of Large Bowel Using an Endoscope) CPT Code: 45380 Anesthesia CPT Code: 00810 Pathology CPT Code: 88305			<b>Laminotomy</b> (Partial Removal of Bone with Release of Spinal Cord or Spinal Nerves of 1 Interspace in Lower Spine) CPT Code: 63030 Anesthesia CPT Code: 00630			<b>Breast Reconstruction</b> (Insertion of Tissue Expander in Breast) CPT Code: 19357 Anesthesia CPT Code: 00402		
Sample care costs:			Sample care costs:			Sample care costs:		
UCR	Empire Plan		UCR	Empire Plan		UCR	Empire Plan	
Hospital Services	N/A	100% of billed charges	Hospital Services	N/A	100% of billed charge	Hospital Services	N/A	100% of billed charge
Physician Services	\$1,600	\$1,600	Physician Services	\$37,214	\$37,214	Physician Services	\$12,500	\$12,500
Anesthesia	\$2,309	\$2,309	Anesthesia	\$5,008	\$5,008	Anesthesia	\$5,471	\$5,471
Pathology	\$263	\$263						
<b>Total</b>	<b>\$4,172</b>	<b>\$4,172</b>	<b>Total</b>	<b>\$42,222</b>	<b>\$42,222</b>	<b>Total</b>	<b>\$17,971</b>	<b>\$17,971</b>
Patient pays			Patient pays			Patient pays		
Deductibles		\$447	Deductibles		\$447	Deductibles		\$447
Copays		\$0	Copays		\$0	Copays		\$0
Coinsurance*		\$745	Coinsurance*		\$985	Coinsurance*		\$985
Difference between UCR and what the plan pays		\$0	Difference between UCR and what the plan pays		\$0	Difference between UCR and what the plan pays		\$0
<b>Total</b>		<b>\$1,192</b>	<b>Total</b>		<b>\$1,432</b>	<b>Total</b>		<b>\$1,432</b>

**UCR (usual and customary cost)** is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health® at the 80<sup>th</sup> percentile for zip code 11758. Your provider may bill more than UCR.

**Patient pays** represents sample cost sharing. Your cost sharing may vary.

\* Coinsurance patient pays does not include hospital services. Coinsurance patient pays will include 10 percent of billed hospital charges, up to the \$985 out-of-pocket coinsurance maximum.

