



Surprise Medical Bill Policy

What is a surprise medical bill and what should I know about the No Surprises Act?

A surprise medical bill is an unexpected bill from an out-of-network provider or at an out-of-network facility. Effective January 1, 2022, the No Surprises Act (NSA) may protect you from surprise medical bills under certain circumstances.

Medical debts often occur after an accident or sudden illness. Consumers are rarely informed of the costs of medical treatment in advance and may have little or no ability to “shop around”. When you get a medical bill, you may not know if you actually received the billed treatment, if the correct amount was billed, if the amount is covered by insurance, and if the amount was already paid or partially paid.

What is a surprise medical bill?

A surprise medical bill is an unexpected bill, often for services received from a health care provider or facility that you did not know was out-of-network until you were billed. Your health insurance may not cover the entire out-of-network cost, which leaves you owing the difference between the billed cost and the amount your health insurance paid. This is known as “balance billing.” This bill could be for a service like anesthesiology or laboratory tests. You may not know that the provider or facility is out-of-network until you are billed.

How does the No Surprises Act protect me?

Effective January 1, 2022, the No Surprises Act (NSA) protects you from surprise billing if you have a group health plan or group or individual health insurance coverage. It bans the following:

- Surprise bills for emergency services from an out-of-network provider or facility and without prior authorization.
- Out-of-network cost-sharing, like out-of-network coinsurance or copayments, for all emergency and some non-emergency services.
- Out-of-network charges and balance bills for supplemental care, like radiology or anesthesiology, by out-of-network providers that work at an in-network facility.

The NSA also requires some health care facilities and providers to disclose federal and state patient protections against balance billing and sets forth complaint processes with respect to violations of the protections against balance billing and out-of-network cost sharing.

If you do not have health insurance or if you pay for care without using your health insurance, you will receive a good faith estimate of how much your care will cost before you get care. After receiving care, if you find that the billed amount is at least \$400 above the good faith estimate, you may be able to dispute the charges through the patient-provider dispute resolution process (<https://www.cms.gov/nosurprises/consumers/medical-bill-disagreements-if-you-are-uninsured>).

Visit <https://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills> for more information about your rights under federal law. Visit <https://www.michigan.gov/difs> and select “Surprise Medical Billing” for more information about your rights under Michigan law.