Notice: New York Independent Dispute Resolution for emergency services and surprise bills

New York protects members from balance bills for emergency and surprise non-participating provider services. When insurers and providers don't agree on fees, either can file for New York Independent Dispute Resolution (IDR) for eligible claims. There are two steps: (i) complete an IDR application on the New York Department of Financial Services (DFS) website and (ii) send it to DFS on the IDR portal at: **DFS.NY.gov.** DFS will assign an IDR entity (IDRE) to resolve the fee dispute.

The law applies to claims for members enrolled in plans subject to New York regulations. To be eligible, the out-of-network claim dispute must:

(1) Meet the New York surprise bill definition (below), or
(2) Be for emergency services performed in New York.

A note about self-funded plans and uninsured patients
Patients may file IDR for emergency services and surprise bills when the plan is self-funded or the patient is uninsured. The IDRE decision is binding on the patient and the provider.

What is a surprise bill?
A **surprise bill** occurs when a:

(1) Member receives covered health care services that were not emergency services at a participating facility or ambulatory surgical center. The bill is from an out-of-network provider who performed services because a participating provider was not available; or unforeseen medical services arose at the time the covered health care services were rendered; or the member was not informed the provider was not in-network.
(2) Participating physician refers a member to a non-participating provider and the member is not made aware that the provider is out-of-network. The member does not sign a written consent that they are aware that the provider is out-of-network and using that provider may result in costs not being covered by Aetna.
(3) Member is treated in a participating physician's office and any of the following occur:
    - A non-participating provider treats the member without the member's express written consent
    - A participating physician takes a specimen from the member in the office and sends it to a non-participating lab or pathologist
    - A participating physician refers the member for out-of-network care if referrals are required

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(4) Patient covered under a self-funded, non-insured plan receives care at/from a hospital, ambulatory surgical facility or a physician and the provider did not give the patient the required disclosures under Section 24 of the New York Public Health Law.

Contracted providers can help prevent surprise bills
Contracted providers play an important role in preventing surprise bills. Please select other participating providers when coordinating care for our members (for example, anesthesiology, radiology, or laboratory; or an assistant surgeon, etc.). This will help your patients avoid surprise bills and any hassles to address them.

When it's not a surprise bill
A surprise bill is not for services received when a network provider is available and a member knowingly elects to use an out-of-network provider.

Surprise Bill Certification form
Please provide your patient with a Surprise Bill Certification form if you are sending a bill over the in-network cost share for a potential surprise claim. A Surprise Bill Certification form is provided on the last page of this notice.

Emergency services
Services eligible for IDR under New York law include:

- Out-of-network emergency services provided by a physician;
- Out-of-network emergency services provided by a hospital;
- Out-of-network inpatient services provided by a hospital or physician following an emergency room visit at an out-of-network hospital; and
- Services by out-of-network providers at in-network hospitals and ambulatory care centers.

These protections are for emergency services performed in New York. However, for all emergency services, regardless of the location, members are only responsible for their in-network cost share. Members can also assign benefits using the New York Assignment of Benefits form or utilize the certification form. It's provided as the last page of this notice.

New York Department of Financial Services
Visit the New York Department of Financial Services website for more details. You can find an IDR application, FAQs and IDR filing steps on the DFS site at **DFS.NY.gov.** Search "IDR" for the most up-to-date content.

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NEW YORK STATE SURPRISE MEDICAL BILL CERTIFICATION FORM

You are protected from surprise medical bills. Your health plan must pay your health care provider, and your providercannot bill you, except for any in-network cost-sharing.

- This form is required for surprise bills in (1) below for dates of service before 1/1/22 and for surprise bills in (2) below for all dates of service. This form is **NOT** required for surprise bills in (1) below for dates of service on and after 1/1/22 but helps identify when services are a surprise bill.
- Send a copy of this form to your **provider** and **health plan** (include a copy of any bill you received).
- Your provider may complete this form for a surprise bill described in (1) below for dates of service on and after1/1/22, and your provider must send it to your **health plan**.

A surprise bill is when:

1. You're at an in-network hospital or ambulatory surgical facility and an in-network provider was not available; an out-of-network provider provided services without your knowledge; or you needed unforeseen medical services. Also, you did not choose to receive services from an out-of-network provider instead of from an available in-network provider before you went to the hospital or ambulatory surgical facility. (Emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services in an in-network hospital or ambulatory surgical facility are usually a surprise bill.)
2. During a visit with your in-network doctor an out-of-network provider treats you; your in-network doctor takes a specimen from you and sends it to an out-of-network lab or pathologist; or your in-network doctor refers you to an out-of-network provider (and referrals are required under your health plan). Also, you did not sign a written consent that you knew the services would be out-of-network and result in costs not covered by your health plan.

I certify to the best of my knowledge that (check one):

☐ I received services that are a surprise bill as described in (1) or (2) above and I want the provider to seekpayment for this bill from my health plan (this is an "assignment") **OR**

☐ I am a **health care provider**, and the insured received services that are a surprise bill as described in (1) abovefor dates of service on and after 1/1/22.

<table>
<tr><td>Patient Name:</td><td></td><td>Date of Service:</td><td></td></tr>
<tr><td>Patient Mailing Address:</td><td colspan="3"></td></tr>
<tr><td colspan="2">Insurer Name:</td><td colspan="2">Insurance ID No:</td></tr>
<tr><td>Provider Name:</td><td></td><td>Provider Phone Number:</td><td></td></tr>
<tr><td>Provider Mailing Address:</td><td colspan="3"></td></tr>
<tr><td>Provider Contact Name (if different from provider name)</td><td colspan="3"></td></tr>
<tr><td>Provider Contact Email Address:</td><td colspan="3"></td></tr>
<tr><td colspan="4">Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.</td></tr>
<tr><td>Signature (of patient or provider):</td><td></td><td>Date signed:</td><td></td></tr>
</table>

If you have questions about this form, contact the Department of Financial Services at 1-800-342-3736.

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