Out-of-Network Law

A key component of the Out-of-Network (OON) law is it provides greater transparency regarding the network status of providers within the health care system.

Effective March 31, 2015, New York state law requires doctors and hospitals to more clearly communicate their health plan affiliations to patients. For non-hospital providers, this information must be available in writing or via a website before the patient receives non-emergency services and verbally when the patient schedules an appointment. For hospitals, the law details the information that must be made available on the hospital website and what they must tell patients during the registration or admission process.

The OON law also protects patients from receiving "surprise" medical bills. Click any of the links below for more information on this law, including:

- Disclosure of OON Coverage and Cost Information
- Surprise Bills
- Appeal Rights

Disclosure of OON Coverage and Cost Information

CDPHP is taking several steps to comply with the OON law and provide our members with the information they need to make informed decisions:

- We work to ensure our provider directories are accurate and up to date, including listings of participating providers and the languages spoken by those providers.
- To help members understand how much we would pay for certain OON services, we've created out-of-network reimbursement examples for small business coverage and out-of-network reimbursement examples for large business coverage knowledge aids.

Members can also visit the Fair Health website to determine the usual and customary rate (UCR) for OON services. For more information about their rights as a health insurance consumer, members can visit the Department of Financial Services website.

Surprise Bills: What They Are and What to Do with Them

What is a surprise bill?

- When a member receives services from an out-of-network doctor at an in-network hospital or ambulatory surgical center, the bill they receive for those physician services is considered a surprise bill if:
    - An in-network doctor was not available; or
    - An out-of-network doctor provided services without their knowledge; or
    - Unforeseen medical circumstances arose at the time the health care services were provided.

- When a member is referred by their in-network doctor to an out-of-network provider, the bill they receive for the services provided by the out-of-network provider is considered a surprise bill if:
    - The member did not sign a written consent form stating that they knew the services would be out of network and would result in costs not covered by CDPHP.
- A referral to an out-of-network provider occurs when:
    1. A member receives health care services from an out-of-network doctor in an in-network doctor's office or practice during the same visit;
    2. A member's in-network doctor sends a specimen taken in their office to an out-of-network laboratory or pathologist;
    3. Referrals for any other health care services are required under a member's contract (i.e., a gatekeeper).
- For uninsured or self-funded CDPHN members, a surprise bill occurs when the member receives services from a doctor at a hospital or ambulatory surgical center and they were not provided with all the required information about the care before the services were rendered.

What a surprise bill is NOT
If a member electively seeks care from an out-of-network doctor when an in-network doctor is available, any bills for these services are *not* considered to be surprise bills.

If a member has questions on whether a bill meets this definition, they may contact the Department of Financial Services at 1-800-342-3736.

Emergency Medical Services
The new law also requires CDPHP to hold members harmless for all emergency costs in excess of their in-network cost-sharing and prevents out-of-network physicians from balance billing the member for any extra charges.

What does a member do if they receive a surprise bill or a bill for emergency services from an out-of-network doctor?
The new law gives patients who receive surprise bills or a bill for emergency services from an out-of-network doctor the right to appeal through an independent dispute resolution entity (IDRE), which will make a determination within 30 days of receiving the request.

If a member is insured through a commercial or state-funded CDPHP plan, they can dispute a surprise bill by completing an Assignment of Benefits form. One copy of the form should be sent to the doctor who provided the services and one copy sent to CDPHP via email using the secure member site or by mailing it to:

CDPHP
500 Patroon Creek Blvd.
Albany, NY 12206

During the dispute process, the member may not be billed for any amount other than their contractual in-network cost-share.

Out-of-network providers may dispute a payment by visiting the Department of Financial Services (DFS) website to receive a file number and complete an application. Providers may contact DFS for assistance by email or calling 1-800-342-3736.

If a member has health coverage through a self-insured employer or if the member is uninsured, they may dispute a bill through the New York State Independent Dispute Resolution Process.

Changes to Member Appeal Rights

The OON law has also resulted in updates to the CDPHP utilization review and grievance/appeal processes:

- CDPHP will provide greater detail in certain approval notices by indicating where the requested services are considered in network or out of network. Additionally, the notices will estimate the dollar amount CDPHP will pay if the service is out of network. Members will also be provided with information on how to estimate their out-of-pocket costs for out-of-network services.
- A member who is denied referral to an OON provider on the basis that a network provider with adequate training and experience is available now has the option to appeal this denial through the state's external appeal process.