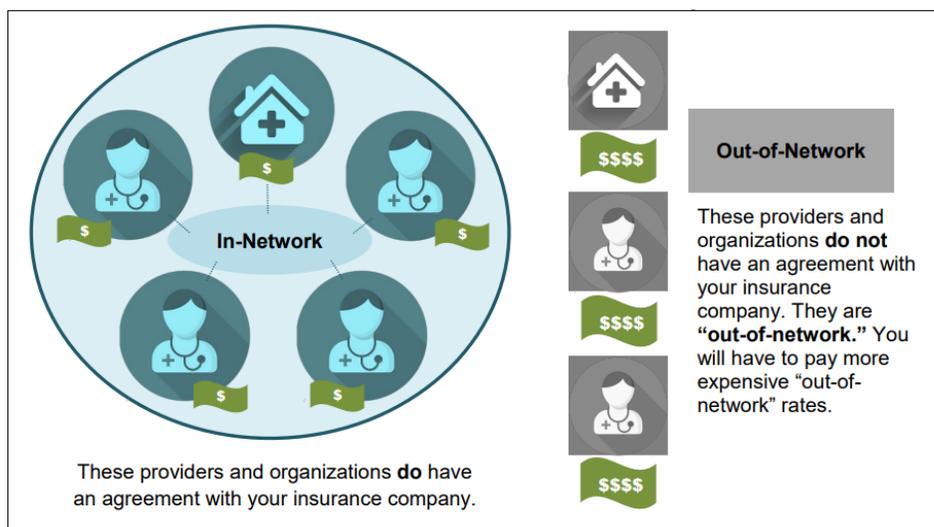




What Is the No Surprises Act?

- The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers.
- It also establishes an independent dispute resolution process for payment disputes between plans and providers, and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.
- Starting in 2022, there are new protections that prevent surprise medical bills. If you have private health insurance, these new protections prohibit the most common types of surprise bills. If you're uninsured or you decide not to use your health insurance for a service, under these protections, you can often get a good faith estimate of the cost of your care up front, before your visit.
- If you disagree with your bill, you may be able to dispute the charges. Here's what you need to know about your new rights. Medical services may be given in the hospital by in-network providers as well as out-of-network providers. Out-of-network providers may send you a separate bill.
- Before you schedule an appointment, call your insurance to find out if the hospital and its providers are in your network.

What Does "In- or Out-of-Network" Mean?



What Are Surprise Medical Bills?

- Before the No Surprises Act, if you had health insurance and received care from an out-of-network provider or an out-of-network facility, even unknowingly, your health plan may not have covered the entire out-of-network cost. This could have left you with higher costs than if you received care from an in-network provider or facility. In addition to any out-of-network cost sharing you might have owed, the out-of-network provider or facility could bill you for the difference between the billed charge and the amount your health plan paid, unless banned by state law. This is called "balance billing."
- An unexpected balance bill from an out-of-network provider is also called a surprise medical bill. People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing.



What are the new protections if I have health insurance?

- If you get health coverage through your employer, a Health Insurance Marketplace®, or an individual health insurance plan you purchase directly from an insurance company, these new rules will:
 - Prohibit surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
 - Prohibit out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You cannot be charged more than in-network cost sharing for these services.
 - Prohibit out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient’s visit to an in-network facility.
 - Require that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive notice of and consent to being balance billed by an out-of-network provider).



What if I don’t have health insurance or choose to pay for care on my own without using my health insurance (also known as “self-paying”)?

- If you don’t have insurance or you self-pay for care, in most cases, these new rules make sure you can get a good faith estimate of how much your care will cost before you receive it.

What if I’m charged more than my good faith estimate?

- For services provided in 2022, you can dispute a medical bill if your final charges are at least \$400 higher than your good faith estimate, and you file your dispute claim within 120 days of the date on your bill.

What if I do not have insurance from an employer, a Marketplace, or an individual plan? Do these new protections apply to me?

- Some health insurance coverage programs already have protections against surprise medical bills. If you have coverage through Medicare, Medicaid, or TRICARE, or receive care through the Indian Health Services or Veterans Health Administration, you don’t need to worry because you’re already protected against surprise medical bills from providers and facilities that participate in these programs.



What if my state has a surprise billing law?

- The No Surprises Act supplements state surprise billing laws; it does not supplant them. The No Surprises Act instead creates a “floor” for consumer protections against surprise bills from out-of-network providers and related higher cost-sharing responsibility for patients.
- New Mexico’s “Surprise Billing Protection Act” protects patients receiving out-of-network emergency and nonemergency care. The law requires insurers to pay for all out-of-network emergency services necessary to evaluate and stabilize the patient and removes any prior authorization requirements. For non-emergency care, insurers would have to reimburse out-of-network care provided at in-network facilities, not holding the patient liable for balance billing. Further, if medically necessary care is unavailable in the insured patient’s network, insurers are required to pay for the out-of-network services.
- The law also requires providers to give notice if they are out-of-network for patients seeking nonemergency care. Patients can receive a bill if they knowingly seek care from out-of-network providers.

Will GCRMC tell me if I’m Out-of-network?

- Yes. For nonemergency services, we will inform you if your insurance is out-of-network.
- Please contact your insurance company to verify which hospitals and providers are in your network.
- The phone number can be located on the back of your insurance card or on your insurance company’s website.



Call your insurance to find out who is in your network

What Are My Options if I'm Out-of-Network?

You may choose to be seen by an out-of-network provider that you prefer, however, **you will pay out-of-network rates for those services yourself.**

You will receive a bill for those services that your insurance will not pay for. If you choose to receive your care with us as an out-of-network patient, you can call 575-443-7513 to find out how much you will pay for your medical services.

How Can I Find Out What Insurances Are In-Network with GCRMC?

You can call the Patient Access department at 575-443-7506. You can also find this information on our website at <https://www.gcrmc.org/no-surprise-billing-act/>

Questions about your Medical Bill?

If you have any questions about your bill, call our Patient Accounts department at 575-443-7400.



Help Disputing a Surprise Bill

If you need assistance disputing a surprise bill, reach out to the Superintendent of Insurance at www.osi.state.nm.us or call 1-855-4-ASK-OSI (1-855-427-5674). The Office of the Superintendent of Insurance enforces insurance laws in New Mexico. They protect insurance members, and discover, prosecute, and prevent fraud.



Important Numbers

Patient Access: **575-443-7506**

Patient Accounts: **575-443-7400**

To get a quote of your medical charges: **575-443-7513**

For in-office procedures, contact the Physician Practices Business office: **575-446-5670**

Where can I learn more?

Visit [CMS.gov/nosurprises](https://www.cms.gov/nosurprises) or call the Help Desk at **1-800-985-30859** for more information