New York Independent Dispute Resolution for emergency services and surprise bills

New York protects members from balance bills involving emergency and surprise non-participating provider services. When there is a fee disagreement, a request for New York Independent Dispute Resolution (IDR) may be submitted for eligible claims. To file an IDR request, you need to complete an application on the New York Department of Financial Services website.

To be eligible, the out-of-network claim dispute must meet the following requirements:

(1) Either meet the New York surprise bill definition (see below), or be for emergency services performed in New York; and
(2) Be for a member covered under a plan subject to the law

Surprise bills
New York law protects members from surprise out-of-network bills (claims). Contracted providers play an important role in preventing our members from incurring surprise bills. Please select participating providers when coordinating care for our members (for example, anesthesiology, radiology, laboratory or an assistant surgeon, etc.). This will help avoid a surprise bill and any administrative hassles to address them.

A surprise bill occurs when a:

(1) Member receives covered health services that were not emergency services at 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 arise at the time the health care services are 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 the provider is out of network. The member does not sign a written consent that they are aware 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.

(4) A 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.

Please note:
A surprise bill is not a bill for services received when a network provider was available and a member knowingly elects to use an out-of-network provider. Please provide your patient with a New York Assignment of Benefits form if you are sending a bill over the in-network cost-share for a potential surprise claim. An assignment of benefits form is provided as the last page of this notice.

Emergency Services

New York amended its IDR law on January 1, 2020 to include IDR for emergency services performed at out-of-network hospitals. New York has provided IDR for emergency physician services since March 31, 2015. 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.

Self-funded Plans and Uninsured Patients

Patients and health care providers may file IDR for emergency services and surprise bills when the plan is self-funded or the patient is uninsured. The IDR decision is binding on the patient and provider.

New York Department of Financial Services

Please visit the New York Department of Financial Services (DFS) website for more information, the IDR application and submission process. The URL is: https://www.dfs.ny.gov/. You can search “IDR” for the most current content.
New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form

Use this form if you receive a surprise bill for health care services and want the services to be treated as in-network. To use this form, you must: (1) fill it out and sign it; (2) send a copy to your health care provider (include a copy of the bill or bills); and (3) send a copy to your insurer (include a copy of the bill or bills). If you don’t know if it is a surprise bill, contact the Department of Financial Services at 1-800-342-3736.

A surprise bill is when:
1. You received services from a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician was not available; or a non-participating physician provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating physician instead of from an available participating physician; OR

2. You were referred by a participating physician to a non-participating provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your insurer. A referral occurs: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen from you in the office and sends it to a non-participating laboratory or pathologist; or (3) for any other health care services when referrals are required under your plan.

I assign my rights to payment to my provider and I certify to the best of my knowledge that:
I (or my dependent) received a surprise bill from a health care provider. I want the provider to seek payment for this bill from my insurance company (this is an “assignment”). I want my health insurer to pay the provider for any health care services I or my dependent received that are covered under my health insurance. With my assignment, the provider cannot seek payment from me, except for any copayment, coinsurance or deductible that would be owed if I or my dependent used a participating provider. If my insurer paid me for the services, I agree to send the payment to the provider.

Patient Name: ______________________________________

Patient Address: _____________________________________

Insurer Name: _________________________________________

Patient Insurance ID No.: ________________________________

Provider Name: _________________________ Provider Telephone Number: _______________________

Provider Address: _____________________________________

Date of Service: ______________________________________

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 five thousand dollars and the stated value of the claim for each such violation.

__________________________________________  ____________________________________________
(Signature of patient)                       (Date of signature)