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 a 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 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.

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 a surprise bill 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.

Assignment of Benefits Form.
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 on the last page of this notice.

Emergency services.
Effective January 1, 2020, an amendment to New York's IDR law expands the services that are eligible for the IDR process for Out-of-Network Emergency Services. Prior to the amendment, eligibility was limited to out-of-network emergency services provided by a physician. The amendment extends eligibility to: (1) out-of-network emergency services provided by a hospital; and (2) out-of-network inpatient services provided by a hospital or physician following an emergency-room visit at an out-of-network hospital.

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 for emergency services listed on the state's 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 Out-of-Network Emergency and Surprise Medical Bill Assignment of Benefits Form

Use this form if you get a surprise medical bill or a bill for out-of-network emergency services and want the services to be treated as in-network. This form is used to protect consumers from certain surprise bills for health care services and out-of-network emergency charges, including inpatient services following an emergency room visit. **Please note:** This form is NOT required for out-of-network emergency services, but provides protection from bills for such services.

To use this form, complete and sign it. A copy must be sent to your health care provider and your insurer (include a copy of any bill you received for these services).

Use this form when:

- You received a bill for services from a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician was not available; a non-participating physician provided services without your knowledge; or unforeseen medical circumstances happened when the services were provided. You did not choose to receive services from a non-participating physician instead of from an available participating physician.
- You received a bill for services for which 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 result in costs not covered by your insurer. A referral occurs when: (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) you get any other health care services for which referrals are required under your plan.
- You received emergency services from an out-of-network hospital or doctor, including inpatient services following an emergency room visit.

I assign my rights to payment to my provider and I certify to the best of my knowledge that:
I (or my dependent) received emergency services, inpatient services following an emergency room visit, or a surprise bill from a provider. I want the provider to seek payment for this bill from my insurance company (this is an "assignment"). I want my 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 in-network copayment, coinsurance or deductible that I owe. If my insurer pays me for the services, I agree to send the payment to the provider.

Patient name:	**Date of service:**
Patient mailing address:	**Patient city/state/ZIP:**
Insurer name:	**Insurance ID number**:
Provider name:	**Provider phone number:**
Provider mailing address:	**Provider city/state/ZIP:**

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.

_____ _____

(Signature of patient) **(Date of signature)**

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