

State Law Protections Against Surprise Medical Bills

Certain states have enacted laws against balance billing, also known as surprise billing, and some of these laws include protections regarding non-emergency services by out-of-network professionals at in-network facilities. Below is an overview of applicable protections in the states where AMG operates long term acute care hospitals and/or inpatient rehabilitation hospitals. For information regarding these protections in all states as well as other types of balance billing protections, visit <https://www.commonwealthfund.org/publications/maps-and-interactive/2021/feb/state-balance-billing-protections>

Alabama

The State of Alabama does not currently have balance billing protections. If you believe you've been wrongly billed, you may contact the Alabama Department of Insurance at 1-800-433-3966.

Indiana

Individuals covered under certain insurance plans issued or delivered in Indiana are entitled to protections under Indiana law from balance billing by out-of-network professionals.

- For HMOs, with respect to emergency services provided by out-of-network professionals and facilities, state (1) requires insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing; and (2) prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing
- For HMOs and PPOs, with respect to non-emergency services provided by out-of-network professionals at in-network facilities, state prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing. This prohibition applies to all providers in the state, and therefore might also protect enrollees of self-funded plans.
- Above protections apply to services provided by all or most classes of health care professionals.
- Protections do not apply to:
 - ground ambulance services
 - enrollees who consent to non-emergency out-of-network services*

** Protections for non-emergency services do not apply when the provider gives a notice about out-of-network status and a good faith estimate at least 5 days prior to the scheduled procedure and the enrollee signs a consent form*

If you believe you've been wrongly billed, you may contact the Indiana Department of Insurance at 1-800-622-4461.

[Louisiana](#)

The State of Louisiana does not currently have balance billing protections. If you believe you've been wrongly billed, you may contact the Louisiana Department of Insurance at 1-800-259-5300.

[Mississippi](#)

Individuals covered under certain insurance plans issued or delivered in Mississippi are entitled to protections under Mississippi law from balance billing by out-of-network professionals.

- State requires insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing
- State prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing*
- Above protections apply:
 - To HMO and PPO enrollees
 - For (1) emergency services by out-of-network professionals and facilities, and (2) non-emergency services provided by out-of-network professionals at in-network facilities
 - Provided by all or most classes of health care professionals
- Protections do not apply to:
 - ground ambulance services
 - enrollees of self-funded plan

Notes:

** Balance billing protections attach when the enrollee assigns the benefit to the provider.*

If you believe you have been wrongly billed, you may contact Health Help at 1-800-562-2957.

[Oklahoma](#)

The State of Oklahoma does not currently have balance billing protections. If you believe you've been wrongly billed, you may contact the Oklahoma Department of Insurance at 1-800-522-0071.

Nevada

Individuals covered under certain insurance plans issued or delivered in Nevada are entitled to protections under Nevada law from balance billing by out-of-network professionals.

- State requires insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing
- State prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing
- Above protections apply
 - To HMO and PPO enrollees
 - To enrollees of self-funded plans that have opted into the protections
 - For emergency services by out-of-network professionals and facilities*
- Provided by all or most classes of health care providers
- State provides a dispute resolution process**
- Protections do not apply to:
 - ground ambulance services
 - non-emergency services

Notes:

** Hospitals certified as critical access hospitals by the U.S. Department of Health and Human Services are excluded.*

*** State provides a payment standard for a provider/facility that recently had a participation contract in place with the insurer. If there was no such contract in place, then the insurer has to pay a "fair and reasonable amount." The provider has to accept or reject the amount within 30 days of receiving the payment. A provider rejecting the offer has to request an additional amount from the insurer. If the insurer refuses to pay the additional amount or fails to pay it within 30 days, the provider can initiate arbitration by requesting a list of arbitrators from the Department of Insurance. The arbitration is to be binding and the arbitrator will pick one of the two final offer amounts put forward by the insurer and the provider.*

If you believe you have been wrongly billed, you may contact the Office of the Consumer Health Advocate (OCHA) at 1-888-333-1597.

New Mexico

Individuals covered under certain insurance plans issued or delivered in New Mexico are entitled to protections under New Mexico law from balance billing by out-of-network professionals.

- State requires insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing
- State prohibits out-of-network providers from billing enrollees for any amount beyond in-network level of cost sharing
- Above protections apply:
 - To HMO and PPO enrollees
 - For (1) emergency services by out-of-network professionals and facilities and (2) non-emergency services provided by out-of-network professionals at in-network facilities
 - Provided by all or most classes of health care professionals
- State provides a payment standard*
- Protections do not apply to:
 - ground ambulance services**
 - enrollees who consent to out-of-network non-emergency services***
 - enrollees of self-funded plans

Notes:

** Insurer must reimburse 60th percentile of the allowed commercial reimbursement rate for the particular health care service performed by a provider in the same or similar specialty in the same geographic area in the 2017 plan year, as reported in a benchmarking database maintained by a nonprofit organization specified by the superintendent. No surprise bill reimbursement rate can be less than 150% of the 2017 Medicare reimbursement rate.*

*** State sets rates for ambulance services.*

**** In general, protections do not apply to non-emergency services when all 3 of following conditions are met:*

- *participating provider was available to render services,*
- *enrollee knowingly elected to obtain services from nonparticipating provider and*
- *without obtaining prior authorization*

In addition, protections do not apply to non-emergency services when enrollee signs specific consent for that nonparticipating provider to render the particular services rendered.

With respect to PPOs, protections also do not apply to non-emergency services when a nonparticipating provider renders unforeseen services

If you believe you have been wrongly billed, you may contact the New Mexico Office of Superintendent of Insurance at 1-855-427-5674.