

How to Initiate the Independent Dispute Resolution Process for Emergency Services and Surprise Bills

What is a Surprise Bill?

Surprise bill means a bill for health care services, other than emergency services, received by:

1. An insured for services rendered by a non-participating physician at a participating hospital, or ambulatory surgical center, where a participating physician is unavailable or a non-participating physician renders services without the insured's knowledge, or unforeseen medical services arise at the time the health care services are rendered; provided, however, that a surprise bill shall not mean a bill received for health care services when a participating physician is available and the insured has elected to obtain services from a nonparticipating physician.
2. An insured for services rendered by a non-participating referred health care provider, where the services were referred by a participating physician to a non-participating referred health care provider without explicit written consent of the insured acknowledging that the participating physician is referring the insured to a non-participating referred health care provider and that the referral may result in costs not covered by the health care plan. A referral to a non-participating referred health care provider occurs when:
 - i. Health care services are performed by a non-participating health care provider in the participating physician's office or practice during the course of the same visit;
 - ii. The participating physician sends a specimen taken from the patient in the participating physician's office to a non-participating laboratory or pathologist; or
 - iii. For any other health care services performed by a non-participating health care provider, when referrals are required under the insured's contract.
3. A patient who is not an insured for services rendered by a physician at a hospital or ambulatory surgical center, where the patient has not timely received all of the disclosures required pursuant to Public Health Law Section 24.

How to Initiate the Independent Dispute Resolution Process

You do not need to complete the Independent Dispute Resolution (IDR) application if you have coverage through an HMO or insurer subject to NY law (coverage that is not self-insured). If you receive a surprise bill, you can sign an Assignment of Benefits form to permit your HMO or insurer to pay your provider directly. Your HMO or insurer will dispute the bill for you and you will only have to pay your in-network cost-sharing. If you receive a bill for emergency services, contact your HMO or insurer. You will only have to pay your in-network cost-sharing for emergency services.

If you are uninsured, or you have health insurance coverage through your employer and your employer self-insures, you may dispute:

1. A bill for emergency physician services in a hospital; or
2. A surprise bill for non-emergency physician services in a hospital or ambulatory surgical center if your provider did not give you all required information about your care.

You may obtain an **Independent Dispute Resolution** application at www.dfs.ny.gov/consumer. Complete this form and send it to:

NYS Department of Financial Services
Consumer Assistance Unit/IDR Process
One Commerce Plaza, Albany, NY 12257

For help, call **1-800-342-3736** or email IDRquestions@dfs.ny.gov.

Your IDR application must include:

- The name and contact information of the patient;
- The name and contact information of the physician or non-participating referred health care provider;
- The name and contact information of the health care plan, if the patient is an insured;
- The fee charged by the physician or non-participating referred health care provider for the service that is the subject of the dispute, and provide a copy of the bill;
- An explanation of the circumstances and complexity of the particular case, including time and place of the service;
- Individual patient characteristics, if available;
- Any other information the patient deems relevant;
- A consent to the release of medical information;

- With respect to a patient who is not an insured and who requests a waiver of the fee based hardship, information to demonstrate the patient is eligible for a hardship exemption;
- With respect to a patient who is not an insured that submits a dispute for a surprise bill, a statement that the required disclosures have not been provided;
- An attestation affirming that the information provided by the patient is true and accurate; and
- Any information requested by the IDRE.

You may obtain a New York State Out-of-Network Surprise Medical Bills **Assignment of Benefits** form from the MVP Health Care® website, www.mvphealthcare.com, in *Claims & Reimbursement* under *Documents & Forms*.

How to Submit a Claim

Member Claim Submission

To submit a claim to MVP, download a Medical Claim Reimbursement form from the MVP website. Go to www.mvphealthcare.com, select *Documents & Forms* and then *Claims & Reimbursement*.

Mail Claim Submission to:

Claims Submission
MVP Health Care
P.O. Box 2207
Schenectady, NY 12301

Or, email claim to: submitclaims@mvphealthcare.com

Or, fax claim to: **518-395-1395**

To submit your claim electronically, *Log In* to your MVP online account at www.mvphealthcare.com and select *Medical Claim Reimbursement*.

Note: Only current MVP members over the age of 18 may submit claims online.