What to Do When There's a Problem with Your Coverage

During the plan year, you may encounter problems with your coverage. For example, you may find your provider is no longer in network, or you are billed for out-of-network services when you weren't expecting that. Under state and federal laws, you may have protections that apply to changes in the provider network that affect your care or unforeseen out-of-network charges.

If your provider is no longer in network:

Some states have laws that allow consumers in certain circumstances to continue seeing their provider at in-network cost-sharing even if the provider is no longer in their plan's network. This may include medical or pharmacy providers. These protections may also apply to consumers who are newly enrolled in a plan that doesn't cover the providers the consumer has been seeing under a previous plan. Known as "continuity of care" laws, these protections are not available in every state. In addition, even those states that have such protections may limit the circumstances under which they apply.

These limits include:

- **Who can benefit:** most state laws limit "continuity of care" protections to consumers with very specific health care needs, for example, those who are in the middle of a course of treatment, are undergoing care for a terminal illness, or are pregnant.
- **How long the protection applies:** most state laws limit how long the protection applies. The limit may be for a specific period of time (i.e., 90 days), or until the completion of the course of treatment (i.e., a course of chemotherapy or completion of a pregnancy).
- **Which plans must provide the protection:** many states limit the type of plan that must provide this protection, for example, Health Maintenance Organizations (HMOs) but not Preferred Provider Organizations (PPOs).

State regulated plans: To figure out if your state has "continuity of care" protections for individuals enrolled in state-regulated plans (i.e., individual plans or small employer coverage), contact your state department of insurance. You can find the contact information here: http://www.naic.org/state_web_map.htm. If your state requires continuity of care protections, you'll need to find out who is eligible for those protections and for what period of time.

Under federal rules, plans participating in Federally Facilitated Marketplaces must offer some protection against network changes that affect your care. If your provider leaves your plan's network in the middle of your plan year, federal rules require the plan to allow certain enrollees to continue seeing that provider at in-network cost sharing.

- **Who can benefit:** those in "active treatment" can get this protection, which includes those in: an ongoing course of treatment for a life-threatening condition; an ongoing course of treatment for a serious acute condition; the second or third trimester of pregnancy; or, an ongoing course of treatment for a health condition for which a treating physician or provider attests that discontinuing care by that physician would worsen the condition or interfere with the anticipated outcome.
- **How long the protection applies:** Until the treatment is complete or for 90 days, whichever is shorter.

If your state has stronger protections for consumers who lose access to an in-network provider in the middle of the plan year, those will apply. These federal rules for Marketplace plans will apply where there are no state protections and where the state protections are weaker. To see if your state has applicable consumer protections (as of April 2016) click here or visit this resource: http://www.commonwealthfund.org/publications/blog/2016/apr/continuity-of-care-protections

If you qualify for "continuity of care" protections, note that it will be your responsibility to either find an in-network provider to continue your treatment or obtain permission from your plan prior to your next visit to continue to see the out-of-network provider.

Coverage through a large employer plan or self-insured employer plan: you may not have any legal protections. However, contact your human resources (HR) department and/or your plan to find out if your coverage includes any similar types of protections for you.

If you are billed for surprise out-of-network care:

Some states have laws that protect consumers from balance billing, and in particular, what is often called "surprise" out-of-network charges. When consumers go out of network for care, the provider may charge the consumer for the difference between what the plan will pay and what the provider charges. This is also called "balance billing."

In some cases, consumers may be treated by out-of-network providers without the consumer's knowledge or permission. This can happen if a consumer uses an out-of-network emergency department. It can also happen when a consumer uses an in-network hospital with an in-network physician for surgery, but later finds out that the anesthesiologist, radiologist or assisting surgeon is out of network.

State laws that protect against these surprise charges may limit the circumstances under which they apply. These limits include:

- Who can benefit: the amount in dispute may need to meet a threshold for triggering state protection, for example, $500 in balance billed charges. Or state law may require the consumer to request mediation to resolve the dispute. Other states, require the plan and provider to resolve the difference and protect the consumer from any additional charges.
- Which plans must provide the protection: many states limit the type of plan that must provide this protection, for example, Health Maintenance Organizations (HMOs) but not Preferred Provider Organizations (PPOs)

To find out if balance billing protections apply to you, contact your state department of insurance. You can find the contact information by clicking here or visiting: http://www.naic.org/state_web_map.htm.

If your plan won't cover a drug, treatment or specific service recommended for you by your doctor: You have options under federal law for getting that denial reconsidered. See Fact Sheet on **Appeals and Grievances.**