

Oh no! I got a surprise medical bill. Now what?

What is a surprise medical bill?

Imagine you are in an accident and are rushed to an emergency room. Or, during a hospital stay, multiple doctors come and go from your room, each providing care or an assessment. In these types of scenarios, patients do not get to choose which doctors treat them and have no ability to ensure that all of their health care will be in-network with your insurance company.

When patients get health care from a doctor or hospital that they think is part of their insurer's provider network, but it turns out the health care provider was outside of the network, the patient may get a "surprise medical bill," also called a "balance bill." When a patient gets out-of-network care, the insurance company and out-of-network doctor or hospital often fight over the bill. Doctors charge high prices while insurers pay low rates, and instead of resolving their disagreements, they off-load the charges onto the patient in the form of a surprise bill. Surprise bills contain big out-of-network charges that go beyond a patient's expected deductible or copay.

Surprise bills are most common when patients can't choose their health care provider—like ER doctors, anesthesiologists, and doctors that provide care during a hospital stay—and can't make sure the care will be in-network.

You can fight back when you get a surprise bill!

How you fight back depends on what type of health insurance you have. Follow the instructions under the relevant heading below:

- I have Medicaid, Texas CHIP, or Medicare, or
- I have private health insurance through my job or that I purchase myself in Texas

I have Medicaid, Texas CHIP, or Medicare

Medicaid and Texas CHIP. You should never get a bill from a medical emergency or from a health care provider that your Medicaid Managed Care or Children's Health Insurance Program (CHIP) health plan says you can use, other than a co-pay in CHIP. In these programs, you need permission to use an out-of-network doctor, hospital, or other medical provider, except to go to the emergency room in a medical emergency. If you get a surprise bill, call the customer service number on your insurance ID card to report the bill, so your Medicaid or CHIP health plan can resolve it for you. You can also call the [Ombudsman Office](#) at the state Medicaid/CHIP agency (Texas Health and Human Services) to get help: 1-866-566-8989.

Medicare. In general, surprise bills are prohibited in Medicare, but there are exceptions. A small share of doctors who are "nonparticipating providers" in Medicare are allowed to send surprise bills, but the amount they can bill for is limited. Surprise billing is prohibited in most Medicare Advantage plans for services that are covered by Medicare. [AARP provides](#) more complete information on Medicare protections against surprise bills. If you get a surprise bill, call the customer service number on your insurance ID card to report the bill and see if you can get help resolved it.

If you have Medicaid, Texas CHIP, or Medicare, stop here. That's it!

I have private health insurance through my job or that I purchase myself in Texas.

Step 1: Look at your insurance card and answer all three of these questions:

1. Does your insurance card have the letters “TDI” or “DOI” written anywhere on it?
(circle one) **YES** or **NO**?
2. Do you have *HealthSelect* coverage for state employees through the Employees Retirement System (ERS) or *TRS-ActiveCare* or *TRS-Care* coverage through the Teacher Retirement System of Texas (TRS)? **YES** or **NO**?
3. Do you have coverage in a **PPO** (Preferred Provider Organization), an **HMO** (Health Maintenance Organization), an **EPO** (Exclusive Provider Organization) or a **POS** (Point of Service) plan? (If you can't tell from your insurance card, call the customer service number on your card and ask.)

Step 2: This step is based on the type of *private* health insurance plan you have. Only one of the three scenarios below will apply to you. Pick the correct one:

1. I have an HMO, EPO, or POS plan and “TDI” or “DOI” is written on my insurance card. (this includes HMO coverage through ERS and TRS).

HMOs and EPOs generally do not cover health care you get out-of-network, while POS plans do. But they all must protect you from surprise bills if you got out-of-network care in a medical emergency or if there were not any in-network doctors/providers available to treat you.¹ You will still have to pay your deductible, copayment or coinsurance. However, if you are billed for *more* than that amount by an out-of-network doctor, hospital, or other medical provider, you should take action. First, call your health plan. Tell them you are being billed directly for charges the plan did not cover and ask that they resolve the billing problem with the provider.

If the HMO/EPO/POS does not resolve the bill for you, file a complaint with the Texas Department of Insurance (TDI). You can [file a complaint online](#), or call TDI's Consumer Help Line at **1-800-252-3439** for more information. Here is example language for a complaint:

I received health care from [name of billing doctor/hospital] on [date]. I learned after-the-fact, that the [billing doctor/hospital] was outside of my insurance network. My health care was delivered [(1) in an emergency, or (2) at an in-network hospital or surgery center and I had no notice that the doctor was out-of-network and no option to choose an in-network doctor].

My [HMO/EPO/POS plan] has already paid \$XX, and on top of that, I am now being directly billed by the [doctor/hospital] for \$XX.

I called my health plan on [date] to report that I am being directly charged by an out-of-network provider for an amount over what the health plan paid. My health plan did not resolve the billing problem.

This appears to be violation of requirements to pay out-of-network claims under Texas rules at [for HMO or POS plan insert "28 TAC 11.1611" / for EPO insert "28 TAC 3.3725"]. Texas rules require that HMOs and EPOs ensure consumers pay no more out-of-pocket than they would have for in-network care when they receive out-of-network care in an emergency and other circumstances when consumers have no control over receiving out-of-network care.

2. I have a PPO and “TDI” or “DOI” is written on my insurance card, or I have coverage in ERS HealthSelect, TRS-ActiveCare, or TRS-Care.

You may be able to use no-cost [mediation](#) through the Texas Department of Insurance to resolve your surprise bill.

After you apply for mediation, your insurer and doctor/provider will have to get on the phone to try to work out their billing dispute. This call alone almost always resolves the billing dispute; however, if your insurer and provider still disagree, they will go to mediation, and you can participate if you want. Once TDI has initiated the mediation process, your doctor/provider cannot try to collect on any amounts billed to you, other than your deductible or copayment/coinsurance.ⁱⁱ

You must fill out a [form](#) to apply for mediation. You can also call TDI’s Consumer Help Line at **1-800-252-3439** for more information.

Your surprise bill is eligible for mediation if it is more than \$500 on top of amounts owed for your deductible or copayments/coinsurance, and the bill was for one of the following types of care:

- Emergency care provided by a doctor, hospital, free-standing ER, or clinic. Ambulance bills are NOT included.
- Non-emergency care from an out-of-network doctor or other provider while you were at an in-network facility, including in-network hospitals, free-standing ERs, surgery centers, and birthing centers.

Note: Access to mediation for health care provided before January 1, 2018 was more limited. TDI’s website [provides more information](#) about eligibility for mediation if care was received before 2018.

3. My insurance card doesn't say "TDI" or "DOI," and I don't have ERS or TRS coverage.

You have a "self-funded" plan that is subject to federal law, and not regulated by the Texas Department of Insurance. This type of health insurance is common and offered by many larger employers. Unfortunately this type of coverage does not have as many consumer protections for surprise billing, yet. Here are some things to try:

- See if your employer's Human Resources department can assist you.
- File an appeal with your plan. Let them know whether you had no control over receiving care out of network. Ask the plan to negotiate the cost with the doctor/provider.
- Call the doctor/provider. Ask them to negotiate the charges with the insurance company.
- When asking either your plan or provider for help, share information about how your provider's charges and insurer's payment compares to average amounts using TDI's [Health Insurance Reimbursement Rates Consumer Information Guide](#). You can also get price estimates for health care procedure from guroo.com; fairhealthconsumer.org; and txpricepoint.org.
- Your plan is likely overseen by the U.S. Department of Labor's Employee Benefits Security Administration. You can call the agency with questions or complaints at 1-866-444-3272 or [request assistance online](#).

Help! I can't figure any of this out!

This stuff is hard, but don't worry, help is available. Start by calling the customer service number on your insurance card to get help. If that doesn't work, call the Texas Department of Insurance's Consumer Help Line at **1-800-252-3439**. TDI staff can help you figure out what type of coverage you have and the next step you should take if you get a surprise medical bill or have other types of issues with your health insurance.

ⁱ 28 Texas Administrative Code § 3.3725 and § 11.1611

ⁱⁱ Texas Insurance Code Chapter 1467

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