

Frequently Asked Questions

1. *What is an emergency medical condition?*

A medical condition (physical, behavioral, related to substance use disorder, or mental) with severe symptoms (for example, severe pain), that an average person would reasonably believe could result in serious harm or danger, if medical attention is not quickly received.

2. *If I need a series of hospital stays, medical procedures or health care services as part of my treatment, does the health care provider need to continue to inform me that they do not take my health insurance plan after the first one?*

You may decide not to receive such notice for any future hospital stays, medical procedures, or health care services. It is your choice whether to do so.

However, even after you decide not to receive the notice, a health care provider **must inform you of any changes in the health insurance plans they take** during your course of treatment.

3. *What is the “allowed amount”?*

The maximum amount paid by a health insurance plan to a health care provider for a service.

4. *What is a “facility fee”?*

A facility fee is sometimes charged when a procedure is done at a hospital or clinic, instead of a doctor’s office. Facility fees may not be covered by your health insurance plan or may only be partially covered.

5. *What if the provider is unable to predict what specific treatment I may need?*

If a health care provider is unable to quote a specific cost in advance because they cannot predict the specific treatment you will need, they must tell you the *estimated* maximum allowed amount for the hospital stay, medical procedure or health care service. They must also tell you about any facility fees that will be charged.

6. *What happens if a health care provider does not comply with these requirements?*

Beginning July 31, 2022, the Commissioner of the Massachusetts Department of Public Health is allowed to fine health care providers who fail to follow these requirements.

7. *What happens if a health care provider does not participate in my health insurance plan (is “out-of-network”) and does NOT provide verbal and written notice to me within the required time frames for a hospital stay, medical procedure, or health care service?*

That health care provider **can only bill you** for the amount that you would have been required to pay as a copayment, coinsurance, or deductible if that health care provider **had** been covered by your health insurance plan.