WHEN YOUR PROVIDER MIGHT GO OUT-OF-NETWORK:

A Step-by-Step Guide: Don'ts and Dos

THE BOTTOM LINE: Don't panic, but pay attention.
Most negotiations are resolved, but breaks in contracts do occur. Here's what you can do to protect your health and your wallet.

1. DON'T PANIC...

Advance notices are required in many situations, but most contract negotiations are resolved before the final deadline.

✓ ...BUT DO KEEP AN EYE ON THE SITUATION.

- Bookmark the website or instructions in the notice you received.
- Check local news outlets and BenefitMiMS.com for updates.

2. DON'T CANCEL UPCOMING APPOINTMENTS...

Your appointment is your "place in line." Don't give it up unless you have to!

If your provider insists on cancelling, ask for an alternative time. If your appointment is the first day after expiration, consider rescheduling it for a few days later.

✓ ...BUT DO BE PREPARED TO CHANGE PROVIDERS.

- Make a list of alternate providers not affected by the negotiation.
- If you have appointments before the contract ends, ask your provider if they recommend an alternative.

3. DON'T PLAN ON CHANGING CARRIERS RIGHT AWAY...

Loss of a particular contracted provider usually isn't a qualifying event that lets you change carriers mid-year—especially with employer coverage.

✓ ...BUT DO WATCH FOR OPPORTUNITIES.

- A large regional termination or Medicare Advantage change may sometimes create a one-time opportunity to change carriers.
- There are no guarantees, and response windows can be very short.

4. DON'T ASSUME YOUR CURRENT TREATMENT CAN'T CONTINUE...

Continuity of care may protect patients who are already in a course of treatment.

If you are an inpatient when the contract expires, the entire hospital stay will be covered as though it's in-network. You won't be discharged early just because the contract expires.

✓ ...BUT DO START THE PAPERWORK NOW.

- It may apply during pregnancy, active cancer treatment, treatment of another serious/complex condition, scheduled non-elective surgery or immediate post-op care, or terminal illness.
- Call the number on your ID card and ask for the continuity-of-care form. Get your provider involved and follow up.

5. DON'T BE CONCERNED ABOUT MEDICAL EMERGENCIES...

If you believe you are experiencing a medical emergency, *go to the nearest emergency room*. Do not delay because of network status.

✓ ...BUT DO UNDERSTAND WHAT HAPPENS AFTERWARD.

- Federal law usually requires emergency rooms to examine and, if needed, stabilize patients regardless of network status or ability to pay.
- Once you're stable, network status can matter again. Urgent care centers are not necessarily treated as emergency departments under these rules.

6. DON'T HARASS THE PARTIES...

Don't repeatedly call your carrier or provider to demand they reconsider.

✓ ...BUT DO MAKE YOUR VOICE HEARD.

- Reach out once or twice. Tell them how you're affected and explain what you want.
- Stay brief, clear, and professional.
- Resist emotional demands, threats, or abusive behavior.
- Remember that letters and emails can be legal documentation, and calls may legally be recorded.
- Spread the news among your affected family and friends, write letters to the editor, post on social media, and otherwise get the word out.
- ***Be a voice of reason amidst all the noise!***

STAY INFORMED AT BenefitMiMS.com
Straight talk. Real information. **Making it Make Sense.**

IMPORTANT DISCLAIMER
This guide primarily addresses commercial health coverage. Rules may differ for Medicare Advantage, Medicaid, FEP, TRICARE and other government programs, and can vary by state and carrier. This is general educational information, not legal or insurance advice.

Notes: "Continuity of care" and "transition of care" are related but distinct. Medical emergency protections use a prudent layperson standard.
Always verify information for your specific plan before acting.