ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

**What is "balance billing" (sometimes called "surprise billing")?**
When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

*"Out-of-network"* describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

*"Surprise billing"* is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## You're protected from balance billing for:

**Emergency services**
If you have an emergency medical condition and get emergency services from an out-of-network provider or hospital, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in a stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services. If your insurance ID card says "fully insured coverage," you **can't** give written consent and give up your protections not to be balance billed for post-stabilization services. Additionally, consumers are also protected from bills for emergency services in hospitals, including inpatient care following emergency room treatment.

**Certain services at an in-network hospital or ambulatory surgical center**
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections. If your insurance ID card says "fully insured coverage," you **can't** give up your protections for these other services if they are a surprise bill. Surprise bills are when you're at an in-network hospital or ambulatory surgical facility and a participating doctor was not available, a non-participating doctor provided services without your knowledge, or unforeseen medical services were provided.

**Providers Must Hold Insureds Harmless Who Sign An AOB.** Under NYS law, your provider will only bill you for your in-network copayment, coinsurance, or deductible for emergency services, including inpatient services which follow an emergency room visit, if you have coverage through an HMO or insurer subject to NYS law (coverage that is not self-insured) and you:

- **Sign AOB Form.** Sign an Assignment Of Benefits form to allow your provider to request payment from your health plan; AND
- **Send AOB Form and Bill.** Send the assignment of benefits form to your health plan and provider and include a copy of the bill you do not think you should pay.

**Services referred by your in-network doctor**
If your insurance ID card says "fully insured coverage," surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed. You may need to sign a form (available on the Department of Financial Services' website) for the full balance billing protection to apply.

**You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**
You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:
-Cover emergency services without requiring you to get approval for services in advance (prior authorization).
-Cover emergency services by out-of-network providers.
-Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
-Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you think you've been wrongly billed**, you may contact:
NYS Department of Financial Services at (800) 342-3736 or surprisemedicalbills@dfs.ny.gov.

Visit https://www.cms.gov/nosurprises for more information about your rights under Federal law.

Visit https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills for more information about your rights under NYS law.

This information is derived from the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) model language and NYS DFS website information, accessed December 2021.