

## 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 are 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 facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

You may also be protected under West Virginia law for any emergency services that you receive, in which case, the most you can be billed is your in-network copayments, deductibles, and/or coinsurance. If you are protected under West Virginia law, you cannot be balance-billed for any other amount by either the emergency facility where you receive emergency services or any providers that see you for emergency care in West Virginia.

#### **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

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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.

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

Under West Virginia Law, the hospital or facility must tell you that certain out-of-network facility-based providers may be called upon to provide you with covered medical services and that those services will be provided on an out-of-network basis. You **have the right** to accept or deny medical services by out-of-network facility-based providers and you **have the right** to request an in-network provider. *If, however, you agree to receive nonemergency services from an out-of-network provider, you may be balance billed or you may be responsible for the entire bill.* Please note that West Virginia law does NOT apply to all West Virginia health plans. If West Virginia law does not apply, you may still be protected under Federal balance billing prohibitions.

**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 believe you've been wrongly billed**, you may contact the Department of Health and Human Services No Surprises Help Desk at 1-800-985-3059 or the West Virginia Office of the Insurance Commissioner, Consumer Services Division at 304-558-3386.

You may also file a complaint with the West Virginia Office of the Insurance Commissioner at [https://www.wvinsurance.gov/Consumer Services](https://www.wvinsurance.gov/Consumer_Services).

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

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