Protecting Patients Against Surprise Bills

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. In these cases, you shouldn't be charged more than your plan's co-payments, coinsurance and/or deductible.

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 co-payment, 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. Surprise medical bills could cost thousands of dollars depending on the procedure.

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 co-payments 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 balanced billed for these post stabilization services.

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 types of 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 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 believe you've been wrongly billed, you can contact BayCare Clinic at 888-518-5556 or baycare.net. You may also visit www.cms.gov/nosurprises/consumers or call 800 985 3059 for more information about your rights under federal law.

Michigan law also provides protections against surprise medical billing by establishing disclosure requirements for out-of-network providers and by placing limitations on the amount out-of-network providers may charge patients in certain circumstances. Additional information on this Michigan law can be found at http://legislature.mi.gov/doc.aspx?mcl-333-24509.

Wisconsin currently does not have any state specific laws regarding surprise medical billing.