

## **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 “surprised 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 protection not to be balance 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 intensive services. These providers can't balance bill you may not ask you to give up your protection not to be balance billed.

#### **State Law**

In addition to federal law protections, Tennessee law prohibits hospitals from balance billing unless the hospital provides written notice that informs you: (1) that you may be treated by out-of-network physicians; (2) that this facility may be out of network; (3) that you may be responsible for out-of-network charges; (4) a list of specialty physicians who provide services at the hospital but are not employed there; and (5) an estimate of the hospital facility charges if the hospital is out-of-network. If the hospital requires all hospital-based physicians to be in the same insurance networks as the hospital, then not all this information is required. Please note that balance billing is not the same as bills when you don't have insurance benefits or when your insurance denies coverage.

**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.**

**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 at 1-800-985-3059. For concerns regarding violation of state law, you can contact Consumer Insurance Services at 1-800-342-4029 or for TennCare Enrollees only, 1-800-342-3145.**

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