MedStar Health

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 is not 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 not 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 not be balance billed for these emergency services. This includes services you may get after you are 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 not 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 not 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.

Maryland-specific balance billing protections:

If you are in a Health Maintenance Organization (HMO) governed by Maryland law, you may not be balance billed for services covered by your plan, including ground ambulance services.

If you are in a PPO or EPO governed by Maryland law, hospital-based or on-call physicians paid directly by your PPO or EPO (assignment of benefits) may not balance bill you for services covered under you plan and can't ask you to waive your balance billing protections.

If you use ground ambulance services operated by a local government provider who accepts an assignment of benefits from a plan governed by Maryland law, the provider may not balance bill you.

When balance billing is not 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 have been wrongly billed, you may contact the following:

- For a hospital or physician bill, contact the MedStar Health Customer Service Division at **410-933-4966** or toll-free at **844-817-6087** from 8 a.m. to 6 p.m. EST, Monday through Friday.
- For your ambulatory services bill, contact the MedStar Health practice and/or their scheduling team.
- For your ambulatory surgery center bill, call MedStar Health at **410-540-4432** (7 a.m. to 3:30 p.m. EST, Monday through Friday).
- Virginia: State Corporation Commission at **SCC.Virginia.gov** or **877-310-6560**
- District of Columbia: Department of Insurance, Securities & Banking at **disbcomplaints@dc.gov** or **CMS.gov/NoSurprises**
- Maryland: Health Education and Advocacy Unit
  Office of the Attorney General
  200 St. Paul Place, 16th Floor
  Baltimore, MD 21202
  Phone: **410-528-1840** or toll-free: **877-261-8807**
  En español: **410-230-1712**
  Fax: **410-576-6571**; Email: **heau@oag.state.md.us**
  Website: **MarylandAttorneyGeneral.gov/Pages/CPD/HEAU**

If you believe your health plan processed your claim incorrectly, you may contact the Maryland Insurance Administration:

Maryland Insurance Administration
Life and Health Complaints Unit
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: **410-468-2000** or toll free: **800-492-6116**
Fax: **410-468-2260**; Website: **Insurance.Maryland.gov**

Visit **CMS.gov/NoSurprises** for more information about your rights under federal law. Visit **MarylandAttorneyGeneral.gov** or **Insurance.Maryland.gov** for more information about your rights under Maryland law.

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