

## **Information for Members in UnitedHealthcare Community Plan of New York: Emergency Services and “Surprise” Bills**

UnitedHealthcare Community Plan (UHCCP) provides a full range of health care services at no cost to you. You never have to pay your PCP or any other UHCCP provider for services that we approve. If a UHCCP provider asks you to pay for services, tell them you are covered by UnitedHealthcare Community Plan. Show them your member ID card. You can also call Member Services at 1-800-493-4647 for help. You do not have to submit a claim for us to pay for your covered and approved services.

You may be asked to pay for services that are *not* covered by UHCCP’s Medicaid, Child Health Plus, Managed Long Term Care, or Medicaid Advantage plans. You cannot be charged for any such service unless you agreed to this before the care was given.

You may get what is called a “surprise bill.” This is what you need to know about “surprise” bills:

### **What is a surprise bill?**

This is a bill you get for services from an out-of-network provider when:

1. The out-of-network provider gave you care at a network hospital or surgery center and:
  - A network doctor was not available at the time; or
  - An out-of-network provider gave you care without your knowledge.
2. A network provider sends you to an out-of-network provider without your written consent. If the service did not need a referral, a surprise bill can occur only in certain cases. Here are two examples: During your office visit a network doctor brings in an out-of-network provider. Or the doctor sends your blood work to an out-of-network laboratory without your written consent.

*A surprise bill does not mean a bill for services when you choose to see an out-of-network provider.*

### **What is an out-of-network provider?**

An out-of-network provider is a doctor, provider or facility who is not part of the UHCCP network.

### **What happens when I use an out-of-network provider without approval?**

There are no out-of-network benefits except in a few cases. See your member handbook for times when you can go to an out-of-network provider. A facility must tell you if an out-of-network provider will be involved in your care. If you are not told, you will not be liable for payment. A surprise bill does not mean a bill for services when you agree to see an out-of-network provider. Be sure you read any agreements you get on care or billing from an out-of-network provider.

### **If I go to a network hospital, will all of the providers be in the network?**

Maybe. Some specialists, like ER doctors or radiologists, may not be in your network. If you get an X-ray at a network hospital, the doctor who reads it may not be in the network. You do not have to pay for these services. We will resolve payment with these providers. Call the Member Services number on the back of your ID card if you get a bill.

**How do I make sure I get care from a network provider?**

Ask if all services you get are from network providers. If not, ask if we have approved the services. Check that any new provider is in the UHCCP network.

To find a network provider:

Log on to <http://www.uhc.com/find-a-physician>.

- Select Find a Physician or Facility; or
- Call us at the phone number on your plan ID card. We will be happy to help.

**What if I have an emergency?**

Go to the nearest emergency room for care.

**How much do I have to pay for emergency and surprise bills?**

You do not have to pay for a surprise bill. You do not have to pay for the cost of emergency services.

**What should I do if I get a surprise bill or a bill for emergency services?**

If you get a surprise bill or a bill for emergency services, do not pay it. Call the number on your plan ID card.

**What if the provider disagrees with the amount paid?**

The provider must work with us to settle the bill. They may ask for a review. This is done by New York's Independent Dispute Resolution (IDR). The doctor may ask you to complete an Assignment of Benefit (AOB) form for the IDR. Neither this AOB form nor any other form for the IDR process applies to Child Health Plus (CHP) or Medicaid. In these cases, the health plan will settle with the provider.

**What is the Independent Dispute Resolution process?**

The State of New York picks an Independent Dispute Resolution Entity (IDRE) to review disputed claims. The IDRE gets information from the provider and UHCCP. The IDRE will determine a fee for the services. The IDRE will accept our payment or the provider's charge. The health plan may have to pay something. But no payment will be due from you.

If you have questions, call the member number on your plan ID card.