

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

UnitedHealthcare Community Plan (UHCP) provides a full range of health care services at no cost to you. You never have to pay your PCP or any other UHCP participating provider anything. You should not be charged for any approved services offered through UHCP when you get them from a UHCP provider. If you are asked to pay for services by a UHCP provider, remind the office that you are covered by UnitedHealthcare Community Plan and present your member ID card. You can also call Member Services at 1-800-493-4647 for help. You are not required to submit a claim for yourself or on behalf of a provider for us to pay for your covered, approved services.

You may be asked to pay for services that are not covered by Medicaid, Child Health Plus, Managed Long Term Care, Medicaid Advantage or UnitedHealthcare. You cannot be charged for any such service unless you understood and agreed before the care was given that you would pay for it.

You may receive what is called a “surprise bill.” Here is information you should know about “surprise” bills, what you can do to prevent them and how we handle them.

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

A bill you receive for covered services from a non-participating (out-of-network) health care provider in the following circumstances:

1. The out-of-network provider gave you care at a participating (network) hospital or ambulatory surgery center and:
  - A network doctor is not available at the time the health care service was performed; 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 we do not require referrals, a surprise bill only occurs in certain circumstances. For example, during your office visit a network doctor brings in an out-of-network provider or sends your bloodwork to an out-of-network laboratory without your written consent.

A surprise bill does not include a bill for health care 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, health care professional, or facility (like a hospital or outpatient surgery center) who isn't part of your plan network.

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

There is no out of network benefit except in very limited circumstances and you may be responsible for the cost of care. A facility must inform you if any out-of-network providers will be involved in your care. If you are not informed, you will only be responsible to pay your in-network deductible, co-pay or co-insurance amount if you have any. A surprise bill does not include a bill for health care services when you agree to see an out-of-network provider. Be sure

you read any treatment consent/billing agreement documents with any out of network provider. Sometimes these documents include agreement for you to pay for services that we do not cover. In these cases, you could be responsible for payment.

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

Maybe. Sometimes specialists like emergency room doctors, anesthesiologists, radiologists or pathologists are not part of your network. For example, if you go to a network hospital and get an X-ray, the doctor reading the X-ray may not be in the network. We will pay for these services, however, if we approve your hospital stay. If we do not approve the hospital stay, you are not responsible for payment to these providers.

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

When receiving care, please make sure to ask that all services you receive are from network providers or that we have approved these services. You should also confirm that any new doctor or health care provider is in the network for your plan.

To find a network provider:

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

- Select Find a Physician or Facility; or
- Call us at the phone number on your health plan ID card, and we'll be happy to help.

**What if I have an emergency?**

You should go to the nearest emergency room for treatment.

**How much will I be responsible to pay for emergency and surprise bills?**

You are not responsible for a surprise bill or the cost of emergency services, unless you have a co-pay amount.

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

If you receive a bill from an out-of-network provider and believe it is a surprise bill or a bill for emergency services, do not pay the provider. Call the phone number on your health plan ID card.

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

The provider must work with us to settle the payment dispute. The provider may ask for review through New York's independent dispute resolution (IDR) process. The doctor may ask you to complete an Assignment of Benefit (AOB) form in order for the provider to submit the dispute to the IDR. Neither this AOB form nor any other form applies to Child Health Plus (CHP) or Medicaid as a requirement for the provider use the IDR process. The Health Plan will work with the provider to resolve through the internal appeal and/or IDR process.

**What is the independent dispute resolution process?**

The State of New York will select an independent dispute resolution entity (IDRE) to review the provider's claims for emergency services and surprise bills where the payment amount can't be agreed upon. The IDRE will receive information from the provider and UHCP about the services received and determine the reasonable fee for the services. The IDRE will issue a decision accepting either our payment amount or the provider's billed charge. If the claim or bill is resolved through the IDR process, the health plan may be responsible to pay the provider additional amounts but no payment will be due from you.

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