SKAMANIA EMERGENCY MEDICAL SERVICES & RESCUE
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Rights and Protections Against Surprise Medical Bills and Balance Billing in Washington State
Effective January 1, 2025

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are typically protected from surprise billing or balance billing.
However, for ground ambulance services in Washington, this protection depends on the type of health plan you have.

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 copayment, coinsurance, and/or a deductible. These costs are called cost-sharing. 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 insurance plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health insurance plan. These out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount they charged for the service provided. This is called "balance billing."

"Surprise billing" is an unexpected balance bill, which can happen when you cannot control who is involved in your care – like when you take an ambulance ride or have another medical emergency.

Who is protected from "balance billing"?
In Washington, fully insured commercial plans and plans purchased through the Washington Health Benefit Exchange are covered under the Balance Billing Protection Act (BBPA). Patients with these plans cannot be balance billed for emergency ground ambulance services.

However, self-funded employer plans may choose whether or not to participate in the BBPA.

If a self-funded plan does not opt in, the patient might be balance billed for emergency ground ambulance transport.

If your plan participates in the BBPA:
If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most the provider or facility can bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance).

In those cases, Skamania EMS and Rescue cannot balance bill you for emergency medical services.

When balance billing isn't allowed, what other protections does a patient have?
The patient is only responsible for paying their share of the cost (this includes copayments, coinsurance, and deductibles that you would pay to an in-network provider).

The patient's health insurance plan generally must:
• Cover emergency services without requiring you to get approval for services in advance
• 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, and show that amount on your explanation of benefits
• Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limits

Where can you find more information?
Consumers can contact their insurance company directly and/or seek guidance from resources posted at the Washington State, Office of the Insurance Commissioner here: https://www.insurance.wa.gov/insurance-resources/health-insurance/how-health-insurance-works/what-consumers-need-know-about-surprise-or-balance-billing

The official consumer/patient notice from the Office of the Insurance Commissioner, State of Washington, follows.

Your Rights and Protections Against Surprise Medical Bills and Balance Billing in Washington state

Effective January 1, 2025

When you get emergency care or are 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. These costs are called cost-sharing. 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 take an ambulance ride, have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

Insurers are required to tell you, via their websites or if you ask, which providers, hospitals, and facilities are in their networks. Hospitals, surgical facilities, providers, behavioral health emergency services providers and ground ambulance providers must tell you which provider networks they participate in on their website or if you ask.

You are protected from balance billing for:

Emergency Services

If you have an emergency medical condition, mental health or substance use disorder 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 ground or air ambulance rides, and care you receive in a hospital or in facilities that provide crisis services to people experiencing a mental health or substance use disorder emergency. You can't be balance billed for these emergency services, including services you may get after you're in a stable condition.

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 these providers may bill you is your plan's in-network cost-sharing amount.

You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When can you be asked to waive your protections from balance billing:

Health care providers, including hospitals, emergency behavioral health services providers, and ground or air ambulance providers, can **never** require you to give up your protections from balance billing.

If you have coverage through a self-funded group health plan, in some limited situations, a provider can ask you to consent to waive your balance billing protections, but you are **never** required to give your consent. Please contact your employer or health plan for more information.

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 file a complaint with the federal government at

https://www.cms.gov/nosurprises/consumers or by calling 1-800-985-3059; and/or file a complaint with the Washington state Office of the Insurance Commissioner at their website or by calling 1-800-562-6900.

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

Visit the Washington state Office of the Insurance Commissioner's website for more information about your rights under Washington state law.