## Boston MedFlight's Billing Practice

Boston MedFlight is committed to providing services for all individuals, whenever they need it – without regard for their insurance status or ability to pay. Boston MedFlight only bills individuals for proper and appropriate charges and out-of-pocket costs within the legal parameters of the billing and collection rules such as copayments, coinsurance and deductibles.

Boston MedFlight maintains contracts and are considered in-network with certain health insurance carriers. Under our agreements with these carriers, Boston MedFlight will not bill a patient for more than the plan copayments, coinsurance, deductibles and cost sharing payments. For patients with insurance that Boston MedFlight is not currently in contract with, Boston MedFlight will only bill the patient for the cost sharing amount consistent with the plan's in-network cost sharing amounts.

## Billing Disclosure – Your Rights and Protections against Surprise Medical Bills

Effective January 1, 2022, the No Surprises Act (NSA), which Congress passed as part of the Consolidated Appropriations Act of 2021, is designed to protect patients from receiving surprise medical bills for emergent services at out-of-network facilities or for out-of-network providers at in-network facilities, holding them liable only for in-network cost-sharing amounts. The NSA also establishes an independent dispute resolution process for payment disputes between plans and providers.

Under the No Surprises Act, if you have an emergency medical condition and get emergency services from an out-of-network provider or facility, you are protected from surprise billing or balance billing. 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 protections not to be balanced billed for these post-stabilization services.

Under the NSA, you have the following protection –

- 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.

Under the NSA, your health plan must provide the following –

- 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.

## What are surprise medical bills? and what is “balance billing” (sometimes called “surprise billing”)?

Before the No Surprises Act, if you had health insurance and received care from an out-of-network provider or an out-of-network facility, even unknowingly, your health plan may not have covered the entire out-of-network cost. This could have left you with higher costs than if you got care from an in-network provider or facility. In addition to any out-of-network cost sharing you might have owed, the out-of-network provider or facility could bill you for the difference between the billed charge and the amount your health plan paid, unless banned by state law. This is called “balance billing.” An unexpected balance bill from an out-of-network provider is also called a surprise medical bill. People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing.

“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.

## To learn more or if you believe you have been wrongly billed, you may contact -

- Visit https://www.cms.gov/nosurprises for more information about your rights under federal law
- CMS’ Help Desk at 1-800-985-3059 for more information. TTY users can call 1-800-985-3059.
- The U.S. Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE (1-800-633-4227)