

Xuquuqda iyo Dhawritaannada Kaa Difaaca Qaansheegyada Caafimaadka ee Lama Filaanka ah iyo Qaansheegga Baaqiga

Marka aad hesho daryeel degdeg ah ama uu ku daaweyyo adeegbixiye ka baxsan shabakadda (out-of-network) oo aad ku hesho isbitaal ama xarun qallii bukaansocod oo ka mid ah shabakadda (in-network), wawaad ka dhawran tahay qaansheegga ama biilka lama filaanka ah ama qaansheegga baaqiga (balance billing).

**Waa maxay
“qaansheegga
baaqiga” (oo
mararka qaar lagu
magacaabo
“qaansheegga lama
filaanka ah”)?**

Marka aad u tagto takhtar ama qof kaloo bixiya daryeel caafimaad, waxaa lagugu yeelan karaa ama waajib kugu noqon kara kharashyo gaar ah oo aad jeebkaaga ka bixiso, sida qayb ka bixinta kharashka (copayment), boqolleyda kharashka (coinsurance), iyo/ama siyaadada lagaa qaado (deductible). Waxaa kugu wajahi kara kharashyo kale ama waxaa waajib kugu noqon karta in aad bixiso biilka ama qaansheegga oo dhan haddii aad aragto adeegbixiye ama booqato xarun daryeel caafimaad oo aanan ku jirin shabakadda heshiiskaaga ama caymiskaaga caafimaadka.

“Ka baxsan shabakadda” waxay tilmaamaysaa adeegbixiyeyasha iyo xarumaha aanan qandaraas la saxiixin ama la galin caymiskaaga caafimaadka. Adeegbixiyeyasha ka baxsan shabakadda ayaa loo oggolaan karaa in ay adiga qaansheeg ama biil kaaga soo diraan farqiga u dhxeeyea waxa caymiskaaga ama heshiiskaagu oggol yahay in uu bixiyo, iyo caddadka ama lacagta buuxda ee loo dallaco adeeg. Waxaa tan lagu magacaabaa “qaansheegga baaqiga.” Caddadkan ayaa la filan karaa in uu ka badnaado kharashyada dadka ka mid ah shabakadda ee ku toosan adeegga la mid ah waxaana laga yaabaa in aanan loo xisaabiniin xadka sanad walba u yaalla lacagta jeebkaaga ka baxda.

“Qaansheegga lama filaanka ah” waa biil ama qaansheeg aanan la filayn ama la sugayn oo laga diro baaqiga. Waxay tani dhici kartaa marka aadan adigu xukumi karin qofka ku lug yeelanaya daryeekaaga — sida marka aad la kulanto xaalad degdeg ah ama marka aad booqasho ka qorshaysato xarun ka mid ah shabakadda laakiin uu si lama filaan ah kuu daaweyyo adeegbixiye ka baxsan shabakaddu.

Shirkadaha caymiska waxaa waajib ku ah in ay adiga kuu sheegaan, oo ay kuugu sheegaan barahooda internetka ama marka aad codsato, adeegbixiyeyasha, isbitaallada iyo xarumaha ka mid ah shabakadahooda. Isbitaallada, xarumaha qallinka iyo adeegbixiyeyasha waa in ay adiga kuu sheegaan shabakadaha adeegbixiyeyasha ee ay qayb ka yihiin oo ay kuugu sheegaan barahooda internetka ama marka aad codsato.

Waxaad qaansheegga ama biilka baaqiga ka dhawran tahay marka aad hesho:

Adeegyada degdega

Haddii aad la kulanto xaalad caafimaad oo degdeg ah oo aad adeegyo degdeg ah ka hesho adeegbixiye ama xarun ka baxsan shabakadda, caddadka ugu badan ee ay adeegbixiyaha ama xaruntu adiga kuugu qaansheegi karaan ama kaa qaadi karaan waa caddadka kharash wadaagga dadka ka mid ah shabakadda ee heshiiskaaga ama caymiskaaga (sida qaybo ka bixinta kharashka iyo boqolleyda kharashka). Adiga baaqi laguuma qaansheegi karo oo laguuma weydiin karo marka aad hesho adeegyadan degdega ah. Waxaa tan ka mid ah adeegyada laga yaabo in aad hesho ka dib marka xaaladdaada la xasiliyo, haddii aadan qoraal ku oggolaanin oo aadan iska diidin dhawritaanka ama badbaadinta kaaga yaalla in aanan qaansheegga baaqiga lagaa weydiinin adeegyadan ka dambeeyaa xasilinta.

Adeegyo Afceliye Bilaash ah

- Isbitaalka gudiihiisa, weydiin kalkaaliyahaaga.
- Isbitaalka dibaddiisa, soo wac Khadka Afcelinta Qoyska (Family Interpreting Line) ee bilaashka ah,
1-866-583-1527. Afceliyaha u sheeg magaca ama khadka gaarka ah ee aad u baahan tahay.

**Qaar ka mid ah
adeegyada laga helo
isbitaal ama xarun
qalliin bukaansocod
oo ka mid ah
shabakadda**

Marka aad adeegyo ka hesho isbitaal ama xarun qalliin bukaansocod oo ka mid ah shabakadda, adeegbixiyeyaasha halkaas jooga qaarkood ayaa laga yaabaa in ay ka baxsan yihiin shabakadda. Mararkan, caddadka ugu badan ee ay adeegbixiyeyaashaasi adiga kuugu qaansheegi karaan ama kaa qaadi karaan waa caddadka kharash wadaagga dadka ka mid ah shabakadda ee heshiiskaaga ama caymiskaaga. Waxay tani khusaysaa daawaynta degdeggah, suuxinta, baaritaanka cudurka, raajiistaha, shaybaarka, dhalmada ka dib, takhaatiirta qalliinka iyo kaaliyeyaasha takhaatiirta qalliinka, takhaatiirta isbitaalka, ama adeegyada takhtarka daryeelka xooggan (intensivist). Adeegbixiyeyaashani adiga kuma weydiin karaan qaansheegga ama biilka baaqiga oo kaama codsan karaan in aad diiddo ama iska dhaafto dhawritaanka ama badbaadinta aad ka haysato in aanan lagu weydiinin qaansheegga baaqiga. Haddii aad adeegyo kale ka hesho xarumahan ka mid ah shabakadda, adeegbixiyeyaasha ka baxsan shabakaddu adiga kuma weydiin karaan qaansheegga baaqiga, haddii aadan qoraal ku oggolaanin oo aadan iska diidin dhawritaanka ama badbaadinta aad haysato.

Marnaba adiga waajib kuguma aha in aad diiddo ama iska dhaafto dhawritaanka ama badbaadinta aad ka haysato qaansheegga baaqiga. Weliba waajib kuguma aha in aad daryeel ka hesho dad ka baxsan shabakadda. Waxaad dooran kartaa adeegbixiyeye ama xarun ka mid ah shabakadda heshiiskaaga ama caymiskaaga.

**Marka qaansheegga
ama biilka baaqiga
aanan la rukhsaynin
ee uu mamnuuc
yahay, waxaad
weliba haysataa
dhawritaannada ama
badbaadinnada soo
socda:**

- Waxaad masuul ka tahay oo keliya in aad bixiso qaybta kaa saaran kharashka (sida qaybo ka bixinta kharashka, boqolleyda kharashka, iyo siyaadooyinka lagaa qaado ee aad bixin lahayd haddii adeegbixiyaha ama xaruntu ay ka mid ahaayeen shabakadda). Hesiiskaaga ama caymiskaaga caafimaadka ayaa toos lacagta u siin doona adeegbixiyeyaasha iyo xarumaha ka baxsan shabakadda.
- Caymiskaaga caafimaadku waa in uu caadi ahaan:
 - Daboolo ama cayimo adeegyada degdeggah ah oo uusan kaaga baahanin in aad oggolaansho hore ugu hesho adeegyada (rukhsaynta hore).
 - Daboolo ama cayimo adeegyada degdeggah ah ee aad ka hesho adeegbixiyeyaasha ka baxsan shabakadda.
 - Lacagta ay adiga kugu leeyihii adeegbixiyaha ama xaruntu (kharash wadaagga) ku saleeyo lacagta uu siin lahaa adeegbixiyeye ama xarun ka mid ah shabakadda oo uu caddaadkaas ku muujiyo sharraxaadda aad ka hesho dheefaha ama faa'iidooyinka.
 - Caddadka aad ka bixiso adeegyada degdeggah ah ama adeegyada ka baxsan shabakadda u xisaabiyo siyaadada lagaa qaado iyo xadka u yaalla lacagta jeebkaaga ka baxda.

**Haddii aad u aragto
in qaansheeg ama
biil qalad ah lagu
siiyey**

Haddii aad u aragto in qaansheeg ama biil qalad ah lagu siiyey, waxaad cabasho u diri kartaa dawladda federaalka:

- Booqo [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers)
- Wac lambarka 1-800-985-3059

Oo/ama waxaad cabasho u diri kartaa Xafiiska Gobolka Washington ee Xubinguuddiga Caymiska (Insurance Commissioner):

- Booqo insurance.wa.gov/file-complaint-or-check-your-complaint-status
- Wac lambarka 1-800-562-6900

Booqo [cms.gov/nosurprises](https://www.cms.gov/nosurprises) si aad u hesho macluumaaad dheeraad ah oo ku saabsan xuquuqda aad ku haysato sharciga federaalka.

Booqo barta internetka Sharciga Dhawritaanka Qaansheegga Baaqiga ee Xafiiska Xubinguuddiga Caymiska oo ah insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing si aad u hesho macluumaaad dheeraad ah oo ku saabsan xuquuqda aad ku haysato sharciga gobolka Washington.

Your Rights and Protections Against Surprise Medical Bills and Balance Billing

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 healthcare 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 healthcare 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 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 on request, which providers, hospitals and facilities are in their networks. Hospitals, surgical facilities and providers must tell you which provider networks they participate in on their website or on request.

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’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 balance 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, surgeons and assistant surgeons, hospitalists, or intensivist services. These providers can’t balance bill you and cannot 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’t balance bill you, unless you give written consent and give up your protections.

1 of 2

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

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.

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

If you believe you've been wrongly billed, you may file a complaint with the federal government:

- Visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers)
- Call 1-800-985-3059

And/or you may file a complaint with the Washington State Office of the Insurance Commissioner:

- Visit insurance.wa.gov/file-complaint-or-check-your-complaint-status
- Call 1-800-562-6900

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

Visit the Office of the Insurance Commissioner Balance Billing Protection Act website at insurance.wa.gov/what-consumers-need-know-about-surprise-or-balance-billing for more information about your rights under Washington state law.