

## FREQUENTLY ASKED QUESTIONS

### **Bulletin 2020-02 - Access to Coverage for Ohioans Impacted by the COVID-19 Virus**

**2020-02 Q1:** Bulletin 2020-02 says that health insuring corporations must cover out-of-network emergency services without balance billing. What does that mean—aren't providers the ones who typically send balance bills?

**2020-02 A1:** Typically providers send balance bills to a policyholder when a health care service is provided out-of-network and the policyholder's insurance policy does not cover the total amount billed.

Ohio insurance law does protect policyholders covered by a policy of insurance issued by a Health Insuring Corporation (HIC) from balance bills in certain emergency out-of-network situations. The law requires that coverage for those specific emergency health services include indemnity payments or service agreements for out-of-area coverage.

This means that if a policyholder covered by a policy of insurance issued by a HIC (this policyholder is known as a "subscriber") receives a balance bill for emergency services, that policyholder/subscriber should file an appeal of their claim denial with their HIC/insurance company, or with the Ohio Department of Insurance (this type of appeal is called an "external review" or "external appeal"). The Ohio Department of Insurance's Consumer Services Division is available to assist consumers and can be reached at 1-800-686-1526 or via the Department's website.