SURPRISE BILLING PROTECTION: Your Rights and Protections Against Surprise Medical Bills

TO WHOM DOES THIS APPLY?
This applies to any CO (Colorado) insurance plan that has CO-DOI (Colorado Division of Insurance) on the card, whether “in-network” or “out-of-network”.
This also applies to self-pay clients, uninsured clients, out-of-network clients, out-of-state clients, and private insurance clients.

TO WHOM DOES THIS NOT APPLY
This does NOT apply to CO insurance plans without CO-DOI on the card: Medicare, Medicaid, Tricare, or VA Healthcare.

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 co-payment, co-insurance, and/or a deductible. You may have other costs or must 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 health care 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 insurance agreed to pay, and the full amount of the bill. This is called “balance billing.” This amount is typically 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. If SummitStone is in-network with your insurance, your SummitStone provider will also be in-network.

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 emergency services.

In Colorado, a health care provider or facility must inform you if you are at an out-of-network location or care is offered by an out-of-network provider at an in-network facility. You must agree to be given non-emergency treatment at an out-of-network facility or by an out-of-network provider. If SummitStone is in-network with your insurance, your SummitStone provider will also be in-network.

In Colorado, an out-of-network health care provider must provide you with a written estimate of the amount you may be responsible for, within three business days after you request it. If you give permission or agree to receive treatment or services from an out-of-network provider, you may be balance billed.

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 co-payments, co-insurance, 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 usually will have to
  • Cover emergency services without 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 (EOB).
  • Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

You are never required to give up your protections from balance billing. You also are not expected to get care out-of-network. You can choose a provider or facility in your insurance plan’s network.

If you believe you’ve been mistakenly billed, you may contact SummitStone’s billing department or the Colorado Division of Insurance at (303) 894-7490. Visit https://CMS.gov/nosurprises for more information about your rights under Federal law or https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/out-of-network-health-care for more information about your rights under State law.

The purpose of this document is to let you know about your protections from unexpected medical bills. If you’d like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

CLF-003a Surprise Billing Rights, Protections and Acknowledgement