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Out-of-Network Surprise Billing Disclosure: FAQ and Scripting

Q. What is the Out-of-Network Surprise Billing Disclosure?

A. Starting January 1, 2020, a new Colorado law goes into effect, which is intended to inform patients of new protections regarding "surprise billing." The Out-of-Network Surprise Billing Disclosure created by the state explains these rights to the patient.

Q. What does this mean for Estes Park Health?

A. Beginning January 1, 2020, Estes Park Health is required to provide an Out-of-Network Surprise Billing Disclosure document to all patients at every encounter. We are also required to obtain a signature acknowledging they have received the document.

Q. Is this only for outpatient visits?

A. No. By law, this is required to be given to every patient at every encounter under the Estes Park Health banner including Physician Clinic, emergency encounters and inpatient areas. For hospital billing locations, this means once per HAR. For provider billing locations, this means each encounter at a separate clinic.

Q. When do I provide the Out-of-Network Surprise Billing Disclosure to a patient admitted via a transfer?

A. This Out-of-Network Surprise Billing Disclosure document should be provided as soon as possible after the patient has arrived and incorporated with any other paperwork a patient might sign, such as a consent to treat or HIPAA.

Q. How do I explain this to the patient?

A. Please note scripting below:

"As of January 1, 2020, the state requires us to provide you with the Out-of-Network Surprise Billing Disclosure to inform you of new protections regarding surprise billing. In addition, the law requires us to obtain your signature to ensure you have been given this document."

Q. How do I indicate I gave this document to the patient?

A. Similar to other documents collected at time of registration, you will indicate the document has been given to the patient by following the instructions below:

- 1. Go to the documents table in Epic Registration.
- 2. Find the Out-of-Network Surprise Billing Disclosure.
- 3. Enter the status of "received."
- 4. If you are unable to present the document to the patient, please enter a status of "unable to obtain."
- 5. Please speak with your manager for further details.

Q. What if the patient refuses to sign the document?

A. Care should not be stopped if a patient will not sign the document. As long as the document was presented for patient signature, please note the document was "received" in the documents table. In the comments section for the document, note "patient refused to sign." Please speak with your manager for further details.





Q. What do I tell the patient if they ask if they are in-network or out-of-network?

A. This is a two-part answer:

- For known out-of-network insurance plans, you can let a patient know that the insurance plan is out-of-network. They can contact their insurance plan at the member services phone number on the back of their insurance card to find an in–network provider.
- For unknown out-of-network status, as an employee, you may review the payer relations site to check the current status of a plan. You may also refer the patient to contact their insurance company at the member services phone number on the back of their insurance card.

Please note: Independent of state legislation, Estes Park Helath is actively working on an easier solution within Epic to identify in- and out-of-network statuses. More info will be forthcoming.

Emergency Room-Specific FAQ

Q. When do I provide this disclosure in the emergency room?

A. The Out-of-Network Surprise Billing Disclosure should be provided as soon as the EMTALA condition is no longer present. Please work with your specific Emergency Department providers on the best way to communicate when this document can be provided from physicians to registration staff.

Q. What do I tell the patient if they ask if they are in-network or out-of-network?

A. Please note scripting below:

"Most care provided in an emergency room setting is considered in-network. Please refer to the disclosure and the Emergency Services paragraph."

If the patient has further questions, they can contact their insurance company at the member services phone number on the back of their insurance card."