COLORADO
Board of Health
Department of Public Health & Environment

Administrative Correction
6 CCR 1011-1 Chapter 2
General Licensure Standards

Tracking Number 2019-00757 Rationale:
It was discovered the adopted rule filed under this tracking number did not contain the changes included in the emergency rulemaking previously (Tracking Number 2019-00747), and it only contained changes incorporated between the emergency rulemaking hearing and the permanent rulemaking hearing. However, the correct version of the adopted rule was included in the redline presented to the Board of Health in the February permanent rulemaking hearing, and the Board of Health adopted the rule on February 19, 2020. Fixing this error would align the filed rule with what the Board of Health intended to adopt.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 2 – GENERAL LICENSURE STANDARDS

6 CCR 1011-1 Chapter 2
Adopted by the Board of Health on February 19, 2020; Effective Date April 14, 2020

PART 1. DEFINITIONS

Publication Instructions: Remove existing Section 1.16 and 1.34 and replace with new sections 1.16 and 1.34 below. Insert sections 1.22, 1.23, and 1.45, which remain the same as adopted by the Board of Health on December 18, 2019, and currently published.

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1.16 "Cost sharing" means the share of cost covered by a client's insurance that the client pays out of pocket. This term includes, but is not limited to deductibles, coinsurance, copayments, or other similar charges.

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1.22 "Emergency medical condition" means a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson with an average knowledge of health and medicine could reasonably expect, in the absence of immediate medical attention, to result in: serious jeopardy to the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child; or serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

1.23 "Emergency services," with respect to an emergency medical condition, means: a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and within the capabilities of the staff and facilities available at the hospital, further medical examination and treatment as required to stabilize the patient to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

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1.34 "In-network" means a facility or agency that is a participating provider, as defined at section 10-16-102(46), C.R.S., in an individual's health insurance plan.

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1.45 "Out-of-network" means a facility or agency that is not a participating provider, as defined at Section 10-16-102(46), C.R.S.

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Publication Instructions: Insert Section 7.1 (Q), which is identical to what was adopted previously in the emergency rulemaking.

PART 7. CLIENT RIGHTS

7.1 Client Rights Policy

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(Q) Request that an in-network healthcare provider provide services at an in-network facility or agency if available.

Publication Instructions: Remove existing Section 7.1.3 replace with new Section 7.1.3 below.

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7.1.3 Pursuant to Section 25-3-121, C.R.S., facilities and agencies shall provide the disclosure contained in Appendix A, at a minimum, to all clients whose comprehensive major medical health plans are regulated by the Colorado Division of Insurance, about the potential effects of receiving emergency or nonemergency services from an out-of-network facility or agency or an out-of-network provider who provides services at an in-network facility or agency.

Required disclosures by carriers and healthcare providers may be found in rules promulgated by the Department of Regulatory Agencies, Division of Insurance and Division of Occupations and Professions.

(A) The facility or agency shall provide the disclosure contained in Appendix A on the following occasions:

(1) For emergency services: After performing an appropriate medical screening examination and determining that a client does not have an emergency medical condition or after treatment has been provided to stabilize an emergency medical condition. The disclosure shall be provided to the client or their designated representative for signature prior to discharge or at the time of admission for continuing nonemergency services;

(2) For nonemergency services: prior to the provision of any services, the disclosure shall be provided to the client or their designated representative for signature.

(B) The facility or agency shall provide the disclosure contained in Appendix A minus the signature block on the following occasions:

(1) With billing statements and billing notices issued by the facility or agency; and

(2) With other forms or communications related to the services being provided pursuant to insurance coverage.

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Publication Instructions: Remove existing Appendix A and replace with new Appendix A below.

Surprise Billing -- Know Your Rights

What is surprise billing?

If you are seen by a provider or use services in a facility or agency that is not in your health insurance plan's provider network, referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. Under Colorado law this is defined as balanced billing and is commonly called surprise billing.

On Jan. 1, 2020, a new state law went into effect to protect you from surprise billing. These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado.
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.

This law only applies if you have a "CO-DOI" on your health insurance ID card and you are receiving care and services provided at a regulated facility in Colorado.

When you cannot be surprise billed:

Emergency Services
If you are receiving emergency services, you can only be billed for your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be billed for anything else. This applies only to services related to and billed as an "emergency service."

Non-Emergency Services at an In-Network Facility by an Out-of-Network Provider
Facility or agency staff must tell you if you are at an out-of-network location or if they are using out-of-network providers, when known. Staff must also tell you what types of services you will be using that might be provided by an out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is unavailable. If your insurer covers the service, you can only be billed for your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

Additional Protections
- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services toward your in-network deductible and out-of-pocket limit.
- The provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any other situation, you may still be surprise billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be surprise billed.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the facility's or agency's billing department or the Colorado Division of Insurance at 303-894-7499 or 1-800-930-3745.

_____DATE _____

My signature acknowledges receiving this notice and does not waive my rights under the law.