

# Billing & Financial Assistance Policy

Sunflower Mountain Mental Health (SMMH)

*Effective Date: January 1, 2025*

## Purpose

Sunflower Mountain Mental Health (SMMH) is committed to **transparent, ethical, and compliant billing practices**. This policy ensures that patients understand their **financial responsibilities**, including **insurance billing, patient cost-sharing, charges for non-covered services, and available financial assistance options**. It aligns with **Medicare, Medicaid, commercial insurance, HIPAA, and Colorado healthcare regulations** while providing structured payment plans for eligible patients experiencing financial hardship.

## Scope

This policy applies to all patients receiving services at SMMH, including those covered by Medicare, Medicaid, commercial insurance, or self-pay arrangements. It governs billing authorization, financial responsibility, insurance claims processing, cost-sharing requirements, charges for non-covered services, and available payment assistance options.

## Insurance Billing Practices

Patients receiving services at SMMH are responsible for understanding their financial obligations, including **co-pays, deductibles, and co-insurance**. SMMH will bill **primary and secondary insurance carriers** as a courtesy, but patients remain responsible for any balances not covered by their insurance.

By seeking services at SMMH, patients:

- **Authorize** the practice to submit claims to their insurance provider.
- **Assign** payment of medical benefits directly to SMMH.
- **Must provide** accurate and up-to-date insurance information.
- **Are responsible** for any remaining balances not covered by their insurance, including but not limited to:
  - Co-Pays
  - Deductibles
  - Co-insurance
  - Non-covered services
  - Denied claims (if denial is not due to provider error)

Patients are encouraged to verify their behavioral health coverage, co-pays, deductibles, and out-of-pocket responsibilities directly with their insurance provider. Insurance coverage is not guaranteed.

### Cost-Sharing Responsibilities

- Patients must pay **co-pays, deductibles, and co-insurance** as determined by their insurance plan.
- Payment is **due at the time of service** unless arrangements have been made through an approved payment plan.

### Card on File & Automatic Charges

All patients receiving services from SMMH are required to maintain a valid credit or debit card on file. This card may be used to process payments for:

- Co-pays and deductibles
- Missed appointment or late cancellation fees
- Outstanding balances not paid by insurance within 60 days
- Services identified by insurance as the patient's financial responsibility

SMMH will make reasonable efforts to notify patients of balance due before charging the card. Patients may request itemized statements and discuss payment arrangements before any charge is processed.

### Incorrect or Outdated Insurance Information

If a claim is denied or delayed due to incorrect, outdated, or incomplete insurance information provided by the patient, the patient will be responsible for the full amount of the service billed. Patients are advised to confirm that SMMH is in-network and that their coverage is active prior to each visit.

### Third-Party Services & Billing

Certain services, such as lab testing, genetic testing, or other referred procedures, may be provided by third-party organizations. These entities bill independently and may not be affiliated with SMMH. Patients are solely responsible for understanding the costs and coverage related to any services provided by external vendors.

### Non-Covered Services

Insurance plans may not cover all services. Patients are responsible for charges related to services deemed non-covered by their insurer, including but not limited to:

- **Missed appointment fees** (except where prohibited by Medicare or Medicaid).

- **Certain telehealth services** not reimbursed by insurance.
- **Administrative services**, such as form completions, letters, and documentation requests.
- **Genetic testing and lab fees** that are not covered by insurance.

## Medicare & Medicaid Patients

- Medicare and Medicaid patients will only be billed for services in accordance with **federal and state guidelines**.
- If a Medicare service **may not be covered**, SMMH will issue an **Advance Beneficiary Notice (ABN)** before rendering the service, in accordance with the **Advance Beneficiary Notice (ABN) Policy**.
- Medicaid patients cannot be charged for missed appointments or other fees prohibited by law. **SMMH adheres to Colorado Medicaid regulations, which prohibit charging Medicaid patients for certain administrative fees.**

## Medicare-Specific Billing & Refund Compliance

Medicare patients are subject to **federal billing regulations** that may differ from Medicaid, commercial insurance, or self-pay policies.

### *Advance Beneficiary Notice (ABN) for Medicare Patients*

Before receiving certain services, Medicare beneficiaries **may be asked to sign an Advance Beneficiary Notice of Non-Coverage (ABN)** if Medicare is likely to **deny payment** for the service.

- The ABN **informs the patient** that a service may not be covered.
- If the patient **signs the ABN**, they accept responsibility for **out-of-pocket costs** if Medicare denies the claim.
- If the patient **chooses not to sign the ABN**, they may **decline the service** or request additional coverage verification.
- ABNs **only apply to Medicare patients** and are not used for Medicaid or commercial insurance.

### *Medicare Refunds & Overpayments*

If Medicare determines an overpayment, refunds are processed following **Medicare's 60-day refund rule**, as detailed in the **Medicare Billing & Refund Compliance Policy**.

### *Medicare Claim Denials & Appeals*

Medicare patients have the right to **appeal denied claims** under federal regulations. For details on filing an appeal, refer to the **Medicare Billing & Refund Compliance Policy**.

## Medicaid-Specific Billing Restrictions

Patients covered under **Colorado Medicaid (Health First Colorado)** or any affiliated Regional Accountable Entity (RAE) are protected by **strict billing rules**.

- **Missed Appointments:** Medicaid patients **cannot be charged** for missed or canceled appointments.
- **Balance Billing:** SMMH **cannot bill Medicaid patients for the difference** between the Medicaid reimbursement and provider charges.
- **Non-Covered Services:** If a service is **not covered by Medicaid**, SMMH **must obtain signed patient consent** before providing and billing for it.
- **Copays & Cost Sharing:** Medicaid patients may be responsible for **small copays**, but only as allowed by state Medicaid rules.

SMMH follows Colorado Medicaid program guidelines. For more information, visit [www.healthfirstcolorado.com](http://www.healthfirstcolorado.com) or contact the **Billing Department** at (719) 679-5022.

## Self-Pay and Uninsured Patients

- Patients without insurance or those opting to self-pay must sign a **Self-Pay Agreement** before receiving services.
- Under the **No Surprises Act (NSA)**, self-pay patients have the right to receive a **Good Faith Estimate (GFE)** of expected charges.

### *Voluntary Insurance Waiver Option*

Patients who have active health insurance may voluntarily elect not to use their insurance for services at Sunflower Mountain Mental Health (SMMH). In such cases, patients must complete and sign the **SMMH Health Insurance Waiver Questionnaire**, acknowledging full financial responsibility for their care and agreeing not to submit documentation to their insurance provider for reimbursement or deductible application.

This waiver applies only under specific conditions and must comply with federal, state, and payer regulations. For details, staff and patients should refer to the **Insurance Waiver Policy**. Insurance waivers must be signed prior to service and documented in the electronic health record. Patients who elect this option will be charged the full self-pay or sliding scale rate, as applicable.

## No Surprises Act (NSA) Compliance

Self-pay and uninsured patients at SMMH are protected under the **No Surprises Act (NSA)**, which ensures:

- The right to receive a **Good Faith Estimate (GFE)** before receiving non-emergency services.
- The ability to **dispute charges** if the final bill exceeds the GFE by **\$400 or more**.
- Protection from **balance billing** in certain out-of-network situations.

For complete details on Good Faith Estimates, balance billing protections, and dispute resolution, refer to the **No Surprises Act (NSA) Compliance Policy**.

## Payment Expectations & Assistance

### Payment Due at Time of Service

- Patients are expected to **pay co-pays, deductibles, and co-insurance** at the time of service.
- SMMH accepts **credit cards, debit cards, HSA/FSA payments, and other approved payment methods**.
- Patients with **approved payment plans** must adhere to the agreed-upon terms.

### Outstanding Balances & Collections

- Patients are responsible for any **remaining balance after insurance processes claims**.
- Outstanding balances must be **paid in full before scheduling future appointments**, unless a **payment plan is in place**.
- If a balance remains unpaid for more than **90 days**, it may be **sent to a third-party collection agency**.

### Payment Plans for Financial Hardship

SMMH offers **limited financial assistance** for eligible patients through structured **payment plans**:

- Patients must **submit a written request** to the Billing Department.
- Eligibility is determined on a **case-by-case basis**.
- Payment plans generally **cannot exceed six months** unless approved under exceptional circumstances.
- Failure to adhere to the payment plan may result in **debt collection procedures**.

### No Sliding Scale or Discounted Rates

- SMMH **does not offer** a sliding scale or income-based fee adjustments.
- Patients unable to pay for services should explore **Medicaid, financial aid programs, or community resources**.
- SMMH can provide **referrals to external financial assistance programs** when appropriate.

## Refund Policy

- Refunds for **overpayments** will be processed within **30 days** of identification.
- Refunds for **pre-paid services** will only be issued if the service **was not rendered**.
- Medicare patients seeking refunds related to **overpayments, billing corrections, or reimbursement adjustments** should refer to the **Medicare Billing & Refund Compliance Policy** for additional details on processing timeframes and procedures.
- **For commercial insurance and self-pay patients, refunds for overpayments will be issued within 30 days of verification.** Refunds will be made using the original payment method unless otherwise requested.
- **No Surprises Act (NSA) Compliance:** If a self-pay patient's final bill exceeds the **Good Faith Estimate (GFE) by \$400 or more**, the patient may dispute the charge and request a refund in accordance with NSA guidelines.
- Patients must submit a **written refund request** by texting (719) 679-5022.

## Billing Transparency & Dispute Resolution

### Billing Statements & Itemized Charges

- Patients have the right to request a **detailed itemized statement** of their charges at any time.
- SMMH provides **clear and transparent billing statements**, including services rendered, insurance payments, and patient balances.
- Patients will receive **at least three billing statements** before any collections process begins.
- Patients can contact the **Billing Department** for assistance with understanding their statements.

### Disputing a Charge

- Patients who believe they were billed incorrectly may submit a **billing dispute request**.
- Disputes must be submitted **in writing** to the **Billing Department** within **30 days** of receiving the statement.
- The Billing Department will review the claim and provide a **response within 10 business days**.
- If an error is found, a **correction or refund** will be processed as necessary.

### Outstanding Balances & Collections

- Patients are responsible for any **remaining balance after insurance processes claims**.
- If a balance remains unpaid for more than **90 days**, it may be **sent to a third-party collection agency**, unless a **payment plan is in place**.

- Patients may **appeal billing concerns** by contacting the SMMH **Billing Department at (719) 679-5022**.

### Insurance Denials & Appeals

- If an insurance claim is **denied**, patients will be notified of their financial responsibility.
- Patients may appeal an insurance denial through their **insurance provider's appeal process**.
- SMMH can provide **supporting documentation** but does not determine the final outcome of insurance appeals.

### No Surprises Act (NSA) Compliance

- Under the **No Surprises Act (NSA)**, self-pay and uninsured patients are entitled to a **Good Faith Estimate (GFE)**.
- If the final bill **exceeds the GFE by \$400 or more**, patients may dispute the charge through the **U.S. Department of Health and Human Services (HHS)**.
- Patients can contact the **HHS No Surprises Help Desk at 1-800-985-3059** for assistance.

### Policy Compliance & Monitoring

#### Billing Compliance & Audits

- SMMH complies with **Medicare, Medicaid, and commercial insurance billing regulations** to ensure accuracy and transparency in billing practices.
- Patients receive **written financial policies** during the **intake process** and may request a copy at any time.
- All billing practices align with **HIPAA, the No Surprises Act (NSA), and payer-specific requirements**.
- SMMH conducts **regular internal audits** to identify discrepancies and ensure compliance.
- Patients may request a **detailed statement of charges** at any time.

#### Staff Training & Accountability

- All staff receive **annual training** on billing transparency, financial assistance programs, and compliance with regulatory requirements.
- Training includes updates on **insurance requirements, cost-sharing obligations, and financial hardship policies**.

#### Patient Notification of Policy Changes

- Patients will be notified of **significant changes** to billing policies that may impact their financial responsibility.

- Updated policies will be **posted online** and available **upon request**.

### Corrective Actions for Non-Compliance

- If billing discrepancies or compliance issues are identified, corrective actions may include:
  - **Staff retraining** on billing and financial policies.
  - **Policy updates** to address compliance gaps.
  - **Billing corrections** and patient refunds when necessary.

### Reporting & Assistance

- Patients with billing concerns or compliance-related questions can contact the **SMMH Billing Department at (719) 679-5022**.
- Staff are required to report **billing irregularities** or **compliance concerns** to the **SMMH Compliance Office** for review.

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***Last Updated:** March 2025*

For further assistance, please contact SMMH at **(719) 679-5022** or visit [www.sunflowermountainmentalhealth.com](http://www.sunflowermountainmentalhealth.com).