Executive Brief



HOSPITAL DISCOUNTED CARE – SEPTEMBER 2022

ISSUE

On Sept. 1, Colorado's Hospital Discounted Care standards, which were created in 2021 by <u>House Bill (HB) 21-1198</u>, took effect. The law codifies charity care laws and establishes requirements for how hospitals screen, bill, and collect payments from low-income patients. The rules cover any medically necessary service provided in acute care and critical access hospitals, as well as freestanding emergency departments.

WHAT YOU NEED TO KNOW

Screening

As of Sept. 1, hospitals are required to:

- Post the <u>Patient Rights</u> & the <u>Uniform Application</u> on the facility website (linked on the landing page).
- Make Patient Rights information available in patient waiting areas.
- Also make the information available to the patient before they leave the facility.
- Inform the patient of their rights on the billing statement.
- Screen all uninsured patients using the universal application for public health insurance programs and discounted care.
 - Patients can decline to be screened if this occurs, it must be documented.
 - The Presumptive Eligibility program in Colorado provides immediate, temporary medical coverage to children under 19 and pregnant persons if they appear eligible prior to completing the full application.
- Screen all **insured patients** who request to be screened.
- If the hospital is unable to screen in the care setting, it must attempt to screen afterward by contacting patients using their preferred communication method (e.g., phone, email) once a month for six months.

Billing

- For qualifying patients, follow all rate/billing requirements.
- Notify physicians who provide services within the hospital setting of patient's eligibility determination to ensure they bill at the correct rate when billing separately.
- Bill qualifying patients at rates that are the higher of the Medicare or Medicaid rate for that service (capped at 4 percent of the patient's income).
- If hospitals prefer to write off costs instead of billing, HCPF confirmed that is allowed.

KEY CLARIFICATIONS

- A patient qualifies for Hospital Discounted Care if their income is below 250% of the Federal Poverty Level (FPL).
 - Patients are required to provide documentation verifying their income to qualify for discounts.
 - For patients who are eligible for public or commercial insurance but are not enrolled, enrollment would likely significantly lower the patient's obligations beyond any discounts provided through Hospital Discounted Care.
- The discounts only apply to Colorado residents.

WHO SHOULD BE INVOLVED

CFOs, COOs, billing and revenue cycle team, admissions, PIOs/marketing

WHAT CHA IS DOING

- Providing hospitals with training opportunities and educational materials.
- Advocating with HCPF for regulatory improvements.
- Developing data collection strategies and tools to help hospitals quantify the impact of this program.
- Identifying troublesome pain points or contradictory areas of law for potential legislative fixes.

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ADDITIONAL RESOURCES

- HCPF Hospital Discounted Care and Colorado Indigent Care Program Operations Manual
- CHA Hospital Discounted Care webpage
- CHA Hospital Discounted Care Implementation Guide/Q&A
- HCPF Guidance on Federal Poverty Levels
- HCPF Hospital Discounted Care <u>website</u>
- HCPF Hospital Discounted Care Rates
- HCPF Screening, Application, and Screening Best Efforts <u>flowcharts</u>
- <u>CHA HB 21-1198 Issue Brief</u>
- HCPF training recordings and handouts

