Hospital Discounted Care

Shannon Huska, Special Financing Deputy Division Director Chandra Vital, State Programs Manager Taryn Graf, State Programs Work Lead



Agenda

- Welcome and Introductions
 - Sarah Irons, Meeting Chair and Taryn Graf, HCPF 1:00 to 1:15 P.M.
- Committee Purpose and Bylaws, Vice Chair Nominations and Vote
 - > Taryn Graf, HCPF 1:15 to 1:20 P.M.
 - > Committee Discussion 1:20 to 1:25 P.M.
- Overview of Hospital Discounted Care law
 - > Taryn Graf, HCPF 1:25 to 1:45 P.M.
 - > Committee Discussion 1:45 to 2:00 P.M.

Agenda (cont.)

- Patient Demographics Information for Professionals
 - > Taryn Graf, HCPF 2:00 to 2:05 P.M.
 - > Committee Discussion 2:05 to 2:15 P.M
- Decline Screening form Updates
 - > Taryn Graf, HCPF 2:15 to 2:20 P.M.
 - > Committee Discussion 2:20 to 2:40 P.M.
- Future Agenda Items
 - > Committee Discussion 2:40 to 2:50 P.M.
- Open Forum for Public Comment
 - > Public Comment 2:50 to 3:00 P.M.

Welcome and Introductions

Members

- Milena Tayah, Colorado Center on Law and Policy Consumer Advocate
- Sophia Hennessy, Colorado Consumer Health Initiative Consumer Advocate
- Talonnie Granger Consumer
- Kelly Erb Zager, Colorado Rural Health Center Non-Community Health Center Safety Net Provider/Organization
- Erin Varnum, Colorado Community Health Network Community Health Centers Organization
- Christopher Alvarez, Keefe Memorial Health Service District Rural Hospital
- Bernadette O'Keefe, Denver Health Safety Net Hospital with a high Medicaid Inpatient Utilization Rate
- Diane Lawson, CU Medicine Licensed Health Care Professional
- Megan Axelrod, Colorado Hospital Association Hospital Organization
- Sarah Irons, Children's Hospital Colorado Urban Hospital
- Enrique Lujan Department of Health Care Policy and Financing

Committee Purpose and Bylaws

Committee Purpose

• 25.5-3-507 (4) The <u>advisory committee</u> shall advise the state department on the operations and policies of [Hospital Discounted Care] and make recommendations to the state board regarding promulgating rules pursuant to [the Hospital Discounted Care statute].

Committee Makeup

- Eleven seats, appointed by HCPF's executive director
- Chairperson, also appointed by the executive director
- Vice Chairperson, nominated and voted by the Committee
- Secretary, fulfilled by HCPF

Members

- Members shall meet the qualifications for membership at the time of their appointment and at all times while serving on the Committee
- Terms are three years
 - > First appointments were three years for five seats and two years for the other six
- Terms commence on July 1
 - Vacancy appointments will serve out remainder of original term

Attendance

- Members are expected to attend all regular Advisory Committee meetings
- Members who will be unable to attend shall notify the Chair or HCPF prior to the meeting so efforts can be made to ensure a quorum

Quorum

- A majority of the entire membership of the Committee shall constitute a quorum for conducting business
 - Currently all 11 seats are filled, so a quorum would be no less than six Committee members
- Committee may adjourn any meeting to a later time and date without a quorum

Meetings

- Meetings must be at least twice a year, current schedule is once a quarter
- Meetings will be virtual unless otherwise stated
- Special meetings can be called by the Chair or majority vote of the Committee members
- Meetings can be canceled by the Chair or majority vote of the Committee members
- Advisory Committee meetings are subject to the <u>Colorado Open Meeting Law</u>

Workgroups

- Workgroups or subcommittees can be established by vote of the Committee
- Members shall be appointed by the Chairperson and shall serve at the pleasure of the Committee

Bylaw changes

- Committee may amend bylaws by vote of
 - > majority of entire membership, or
 - > if amendment was submitted in writing at the previous meeting, by a two-thirds vote with a quorum being present

Voting

- With a quorum in attendance, a majority vote of members present is required to approve or deny a motion
- All members must vote unless a member is prohibited or excused from voting due to conflict of interest

Meeting Procedures

- Meetings shall be recorded and live streamed
- Follow Robert's Rules of Order, as informal as circumstances permit
- Chairperson or Vice Chair shall chair all meetings
- Chairperson may participate in discussions and vote as any other member
- Agenda shall be established by the Chairperson prior to the meeting
 - Agenda may be changed by Chairperson or majority vote of Committee members present
- Meeting minutes shall be considered unofficial until approved by the Committee

Vice Chair Nominations and Vote

Overview of Hospital Discounted Care Law

- History of law
- Patient protections
- Hospital requirements
- Professional requirements

Timeline 1983-2022

- 1983 Colorado Indigent Care Program (CICP)
- July 6, 2021 <u>HB 21-1198</u> signed into law
- March 12, 2022 Hospital Discounted Care rules passed by Medical Services Board
- May 3, 2022 CICP Advisory Council recommends the program be sunset
- September 1, 2022 Hospital Discounted Care goes into effect

Timeline 2024-2025

- April 18, 2024 HB 24-1399 signed into law
 - > Sunsets the CICP
- May 31, 2024 <u>SB 24-116</u> signed into law
 - > Requires professionals to submit data separately
 - > Presumptive Eligibility (PE) for Health First Colorado
- May 9, 2025 CICP Sunset rules obtain final adoption at Medical Services Board
- July 1, 2025 CICP officially sunset
- September 12, 2025 expected initial rules for PE change at Medical Services Board

Hospital Discounted Care

- Law that hospitals must follow
 - Applies to all general acute and critical access hospitals - 85 hospitals across CO
- Sets minimum standards for hospital charity care programs
- Applies to all medically necessary services
- Professionals working in hospital must also follow, even if they are independently owned

Patient Eligibility

- At or below 250% of the federal poverty guidelines (FPG)
 - > Income only, no assets
- Colorado resident
 - > Hospitals can extend to non-residents
 - > Lawful presence is not considered
- Uninsured or underinsured

Patient Protections

- Uninsured patients required to be screened
- Screening checks potential eligibility for public health coverage and Hospital Discounted Care simultaneously
- Bills must follow HCPF set rates
- Payment plan restrictions
- Restrictions on collection actions
- Legal action allowed if collection rights not met

Payment Plans

- Cannot be more than 36 months of payments
- Limited in monthly amount
 - > 4% for hospital services
 - > 2% for each professional that bills separately
 - > 6% for bills from the hospital where the hospital is also billing for the professional
- Remainder of amount written off once 36 months' worth of payments made

Collections

- Cannot begin prior to 182 days past date of service or date of discharge, whichever is later
 - Screening, decline screening, or screening best efforts must be completed
- Patients must be informed of potential collections at least 30 days prior to account being sent to collections
- Eligible patients cannot be sent to collections for more than HCPF set amount less any payments collected

Hospital Requirements

- Inform all patients of their <u>rights</u> under the law
- Screen all uninsured patients and any insured patients who request financial assistance
- Complete applications for all patients who want to apply
- Coordinate with all non-employed professionals to ensure information for patients determined eligible is communicated properly, appropriately, and timely
 - > Inform HCPF of any issues

Hospital Requirements (cont.)

- Ensure bills, payment plans, and collections meet Hospital Discounted Care policies
- Submit annual data as outlined by the statute and HCPF
- Respond to all complaints and address all appeals
- Keep all documentation for seven state fiscal years past the patient's date of service or date of discharge
- Cooperate with audits and corrective action plans



Professional Requirements

- Coordinate with hospitals to ensure information for patients determined eligible is communicated properly, appropriately, and timely
 - > Inform HCPF of any issues
- Ensure bills, payment plans, and collections meet Hospital Discounted Care policies
- Submit annual data as outlined by the statute and HCPF
- Cooperate with audits and corrective action plans





Patient Demographics Information for Professionals

Demographic Requirements

• 25.5-3-505 (1) Beginning September 1, 2023 and each September 1 thereafter, each health-care facility and licensed health-care professional shall report to the state department data that the state department determines is necessary to evaluate compliance across race, ethnicity, age, and primary-languagespoken patient groups with the screening, discounted care, payment plan, and collections practices required pursuant to this part 5.

Communicated Information

- Hospitals are required to screen and complete applications for patients
- Hospitals are required to inform Professionals of patients who are screening, applying, or have been determined eligible

Recent issues

- Professionals do not always get patient demographic information from hospitals
- Professionals' systems cannot always ingest demographic information

Discussion on Solutions

- Professional data template allows for hospital's MRN to be entered, allowing HCPF to match patients to hospitals' submitted data and tie demographics
- What other options can be explored to assist Professionals in their reporting of patient demographics?

Decline Screening Form Updates

Updates

- Allows for easier use in online checkins/registration
- Will not be required for all patients, will continue to be required for any patient that does not want to be screened

Future Agenda Items

Open Forum for Public Comment

Next meeting

October 27, 2025 1:00 to 3:00 p.m.

Contact Info

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