COLORADO
Department of Health Care Policy & Financing

MINUTES
Hospital Discounted Care Advisory Committee
Department of Health Care Policy & Financing

Join Zoom

July 28, 2025
1:00 to 3:00 P.M.

1. **Welcome and Introductions**
   - ➢ Sarah Irons, Chair, and Taryn Graf, HCPF 1:02 to 1:12 P.M.
   - ➢ Introductions of Committee members.
   - ➢ Members Present: Milena Tayah, Sophia Hennessy, Talonnie Granger, Kelly Erb Zager, Erin Varnum, Christopher Alverez, Bernadette O'Keefe, Diane Lawson, Megan Axelrod, Sarah Irons, Enrique Lujan
   - ➢ Members Excused: None
   - ➢ HCPF Employees Present: Taryn Graf, Chandra Vital, Shannon Huska, Daniel Harper, Nick Pontejos, Alondra Yanez
2. **Meeting Minutes**
   - ➢ There were no minutes for the previous meeting as this is the first meeting of the Hospital Discounted Care Advisory Committee.
3. **Committee Purpose and Bylaws, Vice Chair Nominations and Vote**
   - ➢ Taryn Graf, HCPF, 1:12 to 1:18 P.M.
   - ➢ Committee Purpose and Bylaws
     - Taryn Graf presented the purpose of the Hospital Discounted Care Advisory Committee as outlined in the C.R.S. 25.5-3-507. Taryn outlined the makeup of the Committee with the 11 seats. The Chairperson is appointed by the executive director and Vice Chairperson is nominated and voted by the Committee. The Secretary is fulfilled by HCPF. Taryn Graf highlighted various duties and responsibilities of Committee members as outlined in the Committee Bylaws. Taryn Graf outlined the yearly meeting schedule. All Committee meetings are subject to the Colorado Open Meeting Law.

- ➢ Committee Discussion, 1:18 to 1:20 P.M.
- ➢ Vice Chair Nominations
    - Sarah Irons nominated Kelly Erb Zager for Vice Chairperson. Megan Axelrod seconded. The motion passed for Kelly Erb Zager to serve as Vice Chairperson.

4. Overview of Hospital Discounted Care Law

- ➢ Taryn Graf, HCPF, 1:20 to 1:32 P.M.
- ➢ Taryn Graf shared an overview of Hospital Discounted Care Law with slides (see slides 18-28).
- ➢ Committee Discussion, 1:32 to 1:35 P.M.
- ➢ Erin Varnum asked if there is a timeline set for hospitals to respond to the complaints and appeals?
- ➢ Taryn Graf responded that the patient has 30 calendar days from their determination letter date to appeal the determination. The healthcare facility must confirm receipt of that appeal letter within 3 business days and they have 15 calendar days from the date of the appeal to complete the redetermination. If they uphold their determination, the patient has 15 days from that redetermination to appeal to the Department of Health Care Policy & Financing (HCPF). HCPF has 15 calendar days to review and make a final determination and HCPF's determination would be final. HCPF's internal time frame for complaints is 30 days to respond, but HCPF and the hospitals usually respond much quicker. There is not an official timeline for hospitals to respond to complaints.

5. Patient Demographics Information for Professionals

- ➢ Taryn Graf, HCPF, 1:35 to 1:40 P.M.
- ➢ Taryn Graf went over slides 30-33. There have been issues with professionals not always getting patient demographic information from hospitals. Professionals' systems cannot always ingest demographic information from hospitals.
- ➢ The Professional data template allows for hospitals' MRN to be entered, allowing HCPF to match patients to hospitals' submitted data and tie demographics on the back end, but may not always be the easiest thing for professionals.
- ➢ Committee Discussion, 1:40 to 1:51 P.M.

- Sarah Irons asked for a little clarification on what the issue was.
- Taryn Graf said some professionals are getting all the demographic information they need to submit their data, but some are not getting clean data that works with their system and some don't know who to contact at the hospitals to request the demographic information. There have been instances where the hospitals only send the determinations and won't send anything about the demographics.
- Chrisopher Alvarez asked a clarifying question if the hospitals have to send two reports, one for the hospital and one for the professionals or just one report.
- Taryn Graf stated that hospitals are no longer required to include professional data from professionals that are not directly employed by the hospital. If you do have a relationship with the professionals, you can still put their information into your hospital data reporting if you wish. We will be sent hospital-only submissions and professional-only submissions as well.
- Christopher Alvarez and Kelly Erb Zager stated that they would like to gather more information as to what information can't be implemented into the professional's data systems. They would like to gather more feedback from members about this data.
- Taryn Graf stated there are many different data systems and it would be helpful to have open communication with the hospitals and professionals in providing the needed data. It won't be a one-size-fits-all situation, but having open communication will assist professionals in receiving and submitting their data.
- Enrique Lujan asked if this is a state-wide issue, or just specific hospitals having this issue of data submission for professionals.
- Taryn Graf said HCPF has heard from people around the state about this. They have not heard from as many professionals as they would have thought, and some professional groups didn't know about the law regarding the data submission requirement. HCPF has sent emails, hosted meetings and attempted to reach out to professionals to let them know about the data submission requirement.
- Daniel Harper stated they did get quite a few responses from some professional groups and have helped them to understand when they need to provide data to HCPF. It would be helpful for hospitals to add the email of the Hospital Discounted Care Data team (hcpf_hospdiscountcaredata@state.co.us) when sending patients to them that qualify for Hospital Discounted Care so they can ask the data team questions if they need to about what data needs to be submitted. Some

professionals have stated that they do not have the demographic information of patients when sent to them. HCPF is looking for input on solutions to these issues.

6. **Decline Screening Form Updates**
   - ➢ Taryn Graf, HCPF, 1:51 to 1:54 P.M.
   - ➢ Taryn Graf said the Decline Screening Form has been updated for easier use in online check-ins and registrations. This form is not going to be a new form that is required for everybody. It is going to be a continuation of if a patient does not want to be screened, they would need to fill this decline screening form out.
   - ➢ Taryn Graf presented the Decline Screening Form - Draft changes. The form now states that they do or do not want their eligibility checked.
   - ➢ Committee Discussion, 1:54 to 2:10 P.M.
   - ➢ Christopher Alvarez asked for clarification on who this form is for.
   - ➢ Taryn Graf said you are required to screen any uninsured patient. If a patient does not want to be screened, they must fill out a decline screening form. The changes to the form ensure that the patient truly does not want to be screened.
   - ➢ Diane Lawson asked about the timeline of 181 days changing from 45 days.
   - ➢ Taryn Graf stated that the 181 day timeline is being changed to clearly align with current policy.
   - ➢ Megan Axelrod asked if there is data from past years about the number of patients receiving Hospital Discounted Care and how many filled out the decline screening form. There are costs to changing forms and procedures and would like to see the data behind why the form is being updated. Some members have heard from patients about the burden of excessive paperwork. There have been annoyances with the follow-up requirements for screening as well.
   - ➢ Sarah Irons said they get a lot of feedback from self-pay patients who feel they are being harassed to sign this decline screening form.
   - ➢ Christopher Alvarez stated they are getting similar feedback from recurring patients for multiple visits, with patients hanging up or not taking phone calls.
   - ➢ Taryn Graf clarified that hospitals can fill out the form for them if they decline by phone, that is a verbal opt out. The screening form covers an episode of care, so that can cover multiple visits that are connected to that episode.

- ➢ Sophia Hennessy said the new form is a creative solution to help people stay informed about what this actually means as it would get lost in the stack of paperwork. Can this form be an online form and linked with the patient rights form?
- ➢ Taryn Graf stated that if it was an online form, it can be linked. It would still be the form that would be used as a hard copy for patients who want to decline screening, so it would not be able to be linked on the hard copy.
- ➢ Bernadette O'Keefe would like to have more time to review the form with the staff that deal with screenings to see what challenges they face day to day to ensure a positive outcome for staff and patients.
- ➢ Taryn Graf is noting suggestions during this meeting and planning on sending this form out to stakeholders and getting more feedback before moving forward with anything.
- ➢ Bernadette O'Keefe asked what was being considered when this form was being changed. This form might interrupt the workflow of procedures already in place.
- ➢ Taryn Graf stated the form was spurred on by online check-ins, where patients weren't interacting with anybody while they were filling out the paperwork and knowing that this form is optional. They were filling out the form and not realizing that they didn't have to sign it. Being able to choose an option makes it clearer for the patient.
- ➢ Milena Tayah asked about what languages will the form be translated in.
- ➢ Taryn Graf said per statute there are requirements for translations and the only languages that meet those criteria at this time are English and Spanish. Taryn Graf repeated that feedback will be considered after sending out the form in the newsletter and will continue to monitor emails with any suggestions over the next few weeks. There is no time-line for implementing changes to the form at this time.

7. Future Agenda Items

- ➢ Committee Discussion, 2:10 to 2:13 P.M.
- ➢ Taryn Graf asked for suggestions on topics for future meetings.
- ➢ Sophia Hennessy asked to discuss the most recent data that HCPF has collected for HDC and how the law is working.

- ➢ Diane Lawson wants to make sure that any changes to the billing manual are discussed—just like how we discussed things in today's meeting. Diane Lawson also wants to discuss how the committee can make HDC law easier for patients to understand.
- ➢ Erin Varnum wants to discuss how HCPF addresses compliance issues with hospitals and providers.
- ➢ Milena Tayah wants to discuss the followup process to ensure proper screening.
- ➢ Sarah Irons wants to discuss reporting and data points. Sarah Irons also wants to discuss other forms as was done during today's meeting. This will ensure there is understanding what the forms are used for and what is being required for patients to fill out.
- ➢ Taryn Graf thanked the committee for their suggestions of topics.

8. **Open Forum for Public Comment***
   - ➢ Public Comment 2:13 to 2:14 P.M.
   - ➢ There were no public comments.

*All comments will be limited to a maximum of two minutes unless scheduled in advance.

9. **Next Meeting**
   - ➢ Monday, October 27, 2025 from 1 to 3 P.M.

10. **Adjournment**
    - ➢ 2:16 P.M. – Christopher Alvarez motioned to adjourn the meeting; Kelly Erb Zager seconded the motion.
    - ➢ Meeting adjourned at 2:16 P.M.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-5634 or Taryn.Graf@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.