## **Application and Income Sources**

#### **Hospital Discounted Care**

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## **Objectives**

- Uniform Application
- Income Sources
   >Unearned
   >Earned
- Determination Notice
- Questions



## **Uniform Application**



## **Uniform Application**

- Applications are not to be filled out by patients
- Providers may accept documents in person, through the mail, via email, facsimile, etc.
- Applications can be started at any point between the screening and 181 days past the patient's Date of Service(DOS)/Date of Discharge(DOD), whichever is later



#### Uniform Application Timeline

- Once an application is started, household has 45 days to submit all required documentation
  - If documentation is missing after 45 days, hospital may request new documentation to ensure most recent information is being used
  - If a 45-day application window ends on or after 182 days past the patient's DOS/DOD, the facility may begin the collection process on the 46<sup>th</sup> day



## **Application Flowchart**





## Health First Colorado/CHP+

 Patients who are current Health First Colorado or CHP+ members are considered insured and are not eligible for Hospital Discounted Care or Colorado Indigent Care Program (CICP)
 Not eligible to apply to have as a secondary discount



#### Deductions

- Hospitals are allowed to count deductions as they see fit for their individual patient populations
  - >Deductions must be uniform across all patients and should be spelled out in policy
  - Can be documented or self-declared, based on hospital policy
- Including deductions is completely optional for hospitals



## **Residency Documentation**

- To show Colorado residency (in no particular order):
  - ≻Colorado ID
  - >Pay Stub with home address listed
  - >Rental agreement or mortgage statement
  - Bank statement
  - >Utility bill
  - Any official document that shows their name and address
- Patients can also self-declare their intent to remain in the state to satisfy the residency requirement



#### **Question 1**

- Patient is undocumented and does not have identification. Are they eligible to apply for Hospital Discounted Care?
  - >A. Yes
  - ≻B. No



#### Answer 1

- Patient is undocumented and does not have identification. Are they eligible to apply for Hospital Discounted Care?
   A. Yes
- Neither an ID nor lawful presence documentation are required for the application, facilities are allowed to accept whatever they deem acceptable to prove the person is a Colorado resident



#### **Notes Section**

- Out of the ordinary situations that occur during the application process should be included in the notes section to aid in an audit
- Better to have too much information than not enough
  - >Helpful for auditors as well as for redeterminations for the household



## **Completing the Application**

• Application does not require a wet signature

atient/Guardian Name	Patient/Guardian Signature and Date
$\Box$ Patient was contacted by $\Box$ phone $\Box$ email $\Box$ other:	and documentation of contact is attached in lieu of signature.

 Hospitals have 14 calendar days from the date all required documentation is submitted to complete the household's determination and send the determination notice in writing



## **Determination Card**

- Cards are not mandatory for Hospital Discounted Care
- The Begin and End date cells are unlocked so that they can be changed if needed
  - Begin date should be the earlier of the date the application was started or the first date of service the patient is applying to cover



## **Determination Portability**

- Allowable and encouraged to accept determinations from other Facilities
- Patients that qualify for CICP will automatically qualify for Hospital Discounted Care
   No reason for your facility to do a brand new application
  - You can either clarify income from other provider or ask the patient for their determination letter
- Newest card template (Version 1.6) shows 4% and 2% amounts even if only CICP is selected



## Backdating

- Patients may have determinations from other hospitals
- If the second hospital accepts the first hospital's determination, apply the determination to any account that falls within the effective dates listed on the card
  - Best practice to apply determination to any service within at least the previous 181 days if that time period extends back further than the effective date listed on the card



## **Clinic Determinations**

- Hospitals may accept copay cards or determinations from federally qualified health centers (FQHC), rural health clinics (RHC), or other CICP Clinic
  - >Transfer the patient's household information into the Uniform Application
  - Contact the clinic, FQHC, or RHC and request the patient's calculated monthly or annual household income
    - Additional household members may have been included in the application that do not appear on the patient's clinic issued card or rating letter



## **Clinic Determinations Notes**

- Be sure to include the date, time, and the name of the person from the clinic that gave the patient's information in the notes of the Uniform Application
- Keep a copy of the patient's clinic issued card or rating letter with the Uniform Application



# Questions?



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#### **Income Sources**



## **Income Documentation**

 Facilities may NOT require documentation different from what is listed in the Operations Manual

Patients are not required to provide an ID to complete the application

 Patients who are experiencing homelessness are exempt from the documentation requirements
 >allowed to use self-attested information for the screening and the application



#### **Employment Income Documentation**

- For employed household members:
  - Paycheck stubs
  - Payroll history
  - >Wage records
  - >Letter from employer
  - >Most recent tax return
  - >Facility can call to verify payment information



#### Self-Employment Income Documentation

- For self-employed household members:
  - Paycheck stubs
  - Payroll history
  - >Wage records if they pay themselves as an employee of the business
  - >Business financial records
    - (P&L, ledger, business bank statement showing deposits & withdrawals, invoices & receipts, etc.)
  - >Most recent business tax return



## **Cash Income Documentation**

For household members who work for cash:

 Bank receipts showing cash deposits
 Ledgers (account book, list of income and expenses, etc.) or other documentation of payments from clients/customers,
 Letter from employer



## **Question 2**

- Applicant gets paid in cash. His immigration status doesn't allow him to have a bank account. His employer refuses to write a letter confirming how much the patient is paid. What can be used to calculate this patient's income?
  - >A. Self attested information
  - >B. Can not continue the application



#### Answer 2

- Applicant gets paid in cash. His immigration status doesn't allow him to have a bank account. His employer refuses to write a letter confirming how much the patient is paid. What can be used to calculate this patient's income?
   >A. Self attested information
- Both the screening and the application can be self attested, patient attest by writing a letter or by verbal



#### Unearned Income Documentation

- For household members receiving unemployment benefits, their unemployment compensation documentation
- Short Term Disability payment information
- For adult household members with no income, a letter attesting they have no income



## **Unearned Income**

- Unearned income includes:
  - >Social Security Income (SSI)
  - Social Security Disability Insurance (SSDI)
  - > Tips, Bonuses, and Commissions
  - Short Term Disability
  - > Pension payments
  - Payments from retirement accounts
  - >Lottery winnings disbursements
  - Monthly payments from trust funds
  - >Unemployment income
- SSI and SSDI income is not allowed to be counted for minors or adults with disabilities who are still under the care of their parents or guardians



#### Bonuses, Tips, and Commissions

- Bonuses, tips, or commissions that are **not** on every paycheck should have that information entered in the unearned lines
- Bonuses, tips, or commissions that are on every paycheck or are recurrent should be included in the monthly income calculation



## Unemployment

- Version 1.6 of the application added an Unemployment calculator that automatically set the end date for the household's determination to coincide with when the unemployment payments are expected to end
- Use the patient's original or current unemployment bank amount

>Original would be the max benefit amount

Current would be max minus any payments they've received prior to the date the bank amount is verified



#### Worksheet 1

UNIFORM APPLICATION Worksheet 1 - Earned and Un		me		
Payment Sources	Monthly In	come	ļ	Annualized Income
Earned Income:				
Employment Income	\$0.00			\$0.00
Monthly Unearned Income Sources:		Documented	Self-Declar	ed
Social Security Income (SSI)				\$0.00
Social Security Disability Income (SSDI)				\$0.00
Disbursement from Retirement Accounts				\$0.00
Pension Payments				\$0.00
Payments from Trust Funds				\$0.00
Disbursement from Lottery Winnings				\$0.00
Annual or One Time Income Sources:				
Bonuses (enter full amount of bonuses included on pay stubs)				\$0.00
Short Term Disability (enter full amount of payments from STD)				\$0.00
Unemployment Income (use calculator to right)	\$0.00			\$0.00
Tips and Commissions (only if not normal on pay stub)				\$0.00
Infrequent Overtime				\$0.00
Earned Income Total	\$0.00			\$0.00
Unearned Income Total	\$0.00			\$0.00
Total Income:				\$0.00



#### **Calculator Box**

Unemployment Income		
Amount in Unemployment Bank at check/validate date Total Weekly Payment Date Unemployment Bank checked/validated Date of last received payment		*Required *Required *Required Optional, gives better estimate of payment end
Date of last expected payment Total amount to include in application	\$0.00	



## **Unemployment Example**

Unemployment Income			
Amount in Unemployment Bank at check/validate date	\$	20,306.00	
Total Weekly Payment	\$	781.00	
Date Unemployment Bank checked/validated		11/12/2023	
Date of last received payment		4/21/2024	
Date of last expected payment		5/12/2024	
Total amount to include in application		\$40,612.00	

Original bank amount and effective date

Unemployment Income			
Amount in Unemployment Bank at check/validate date	\$	2,343.00	
Total Weekly Payment	\$	781.00	
Date Unemployment Bank checked/validated		4/21/2024	
Date of last received payment		4/21/2024	
Date of last expected payment		5/12/2024	
Total amount to include in application		\$40,612.00	

Current/more recent bank amount and validation date



## **Unemployment Calculation**

- In in the last example, you can see that the amount that is calculated to include in the application is twice the original max benefit amount
- Unemployment is granted for six months, so even using the full amount over the normal calculation would result in the FPG being halved
- To ensure correct FPG is used, have to double max benefit



## **Calculation Example**

- Weekly amount = \$781
- Monthly amount = \$781 x (52/12) = \$781 x 4.333 = \$3,384.33



## **FPG Calculation Example**

Colorado Indigent Care Progra	Hospital Discounted Care and CICP Federal Poverty Guideline C			
Monthly Household income: Household size:	\$3,384.33 2	OR Annual Household income: Household size:	\$40,612.00 2	
FPG Rate:	199	FPG Rate:	199	

	Hospital Discounted Care and CICP Federal Poverty Guideline C		
HCPF Colorado Indigent Care Progra			
Monthly Household income:	\$3,384.33	OR Annual Household income:	\$20,306.00
Household size:	2	Household size:	2 -
FPG Rate:	199	FPG Rate:	100


# Questions?



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#### Short Term Disability Example

- A household member is being paid bi-weekly and will be on short term disability for six weeks. Their income should be calculated using six weeks of short term disability payments and 23 bi-weekly pay periods of their normal income
- 23 bi-weekly pay periods = 46 weeks + 6 weeks short term disability = 52 total weeks = 1 full year
  Short term disability weekly amount: \$500
  Normal bi-weekly income: \$1,600
  (\$500 x 6 weeks) + (\$1,600 x 23 pay periods) = \$3,000 + \$36,800 = \$39,800 annual income



# Short Term Disability (STD)

- Household members who are collecting short term disability payments are unique cases, and therefore different guidance applies to them
- Short term disability is temporary, and only pays a percentage of normal income
- Income for these household members should be calculated using a combination of their short term disability income and their normal income to make up the full 52-week year



## **Prior Short Term Disability**

- If an applicant has received STD payments in the current calendar year, providers will need to take that into account when calculating income
  - >This does NOT mean that previous STD should be included in the calculation
  - >Using the Average Pay Method (APM) may be a better option, although the Year-to-Date (YTD) can be used if it can be determined how many pay periods were STD instead of normal income



#### **APM with Previous STD**

- Use the most recent pay stubs that DO NOT include any of the time periods that were covered by the STD
- Use the normal method with the normal amount of pay periods
  - Since the STD was in the past, it shouldn't impact the calculation since we look at the coming 12 months



### **YTD with Previous STD**

- When figuring out the average paycheck amount, only the pay periods that had no STD payments should be counted in the total number of pay periods
  - >This also only works if the STD falls fully in a pay period
- In most situations, the APM will be the best option when the applicant had STD during the current calendar year



## Self-Employment

- Worksheet 2 must be included for any household member who owns their own business, with a few exceptions:
  - Household members who pay themselves as any other employee (income can be entered in Worksheet 1)
  - Household members using personal taxes as their documentation (total annual income/12 can be entered in Worksheet 1)
- Businesses that are losing money should still have all information included, they will be counted at \$0 not at the negative amount

The Uniform Application automatically reverts to \$0 if the expenses outweigh the income



#### Home Businesses

- Household members who run their business out of the house can include a portion of the mortgage/rent, utilities, etc. as an expense
   >Must select "Yes" in the first box
  - Follow by filling in the next three boxes for the percentages to be calculated correctly
  - These are the same things that are used in business taxes to calculate countable expenses



#### Worksheet 2

	UNIFORM APPLICATION Worksheet 2 - Net Self-Employment Income		
Squ	ousehold member operate their business from their home? Square footage of household's home: uare footage used for household member's home business: ours per week household member works out of their home:	Yes	•
		Monthly	Annualized
Revenue:	Gross Business Income		\$0.00
usiness Property Expenses:	Mortgage/Rent of Business Property Utilities		\$0.00 \$0.00 \$0.00 \$0.00
)ther Expenses:			
	Advertising Business Phone Business Taxes (non-personal) Fuel for Business-related Travel Gross Wages Insurance Legal Fees License/Certification Fees Paid Merchandise/Cost of goods Office Supplies Repairs/Upkeep of Equipment Tools/Equipment		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
otal Expenses:		\$0.00	\$0.00
let Profit		\$0.00	\$0.00



#### **Question 3**

Is rental income an allowable income source to be counted? >A. Yes ≻B. No



#### Answer 3

• Is rental income an allowable income source to be counted?

>A. Yes

 Having rental property counts as being self-employed for Hospital Discounted Care. The monthly rental amount collected from the tenants would be the income, and the household can include the mortgage, utilities, and other things they cover as related expenses



# Questions?



#### **Determination Notice**



#### **Determination Notice**

- Determination notice must be sent in writing within 14 calendar days of the household submitting all required documentation for the application
  - Patients whose determination notices are not sent within 14 days may appeal within 60 calendar days of the patient submitting all required documentation
- Required notice elements vary depending on what the household is found eligible or likely eligible for



#### **Determination Validity**

- An eligible determination is generally valid for one year from the date of the application or the date of service the patient is applying to cover, whichever is earlier
  - Determinations may be granted for longer periods based on facility's new or existing policies
- An ineligible determination only covers one episode of care



# Eligible Determinations (1/2)

- The programs and discounts for which the patient was determined likely eligible for
  - >Additional information and how to apply for each program including deadlines to apply to have services covered
- The dates for which the discounted care determination is valid
- The household size and income used to determine eligibility and the household calculated Federal Poverty Guideline (FPG)
- The patient's 4% and 2% limits based on their calculated gross household income



# Eligible Determinations (2/2)

- If the patient was applying and approved for CICP, the patient's CICP rating
- If the patient was applying and approved for CICP, the patient's CICP copay cap
- If the Health Care Facility is not a CICP provider, information on where the patient may obtain CICP services
- Information on how to file a complaint and how to file an appeal with the Health Care Facility and HCPF, including but not limited to the contact information of the person at the Facility who handles appeals and HCPF's Hospital Discounted Care email (hcpf\_HospDiscountCare@state.co.us)



# Ineligible Determinations (1/2)

- The basis for denial of discounted care
- The programs and discounts for which the patient was determined likely eligible for
  - This must also include where to find additional information including deadlines to apply to have services covered
- The service date or dates the discounted care denial covers and an explanation that the household may qualify for coverage of future services if there is a change in household size or income



# Ineligible Determinations (2/2)

- The household size and income used to determine eligibility and the household calculated FPG
- Information on how to file a complaint and how to file an appeal with the Health Care Facility and HCPF, including but not limited to the contact information of the person at the Facility who handles appeals and HCPF's Hospital Discounted Care email (hcpf\_HospDiscountCare@state.co.us)



#### **Question 4**

- When is a determination letter required to be sent?
  - >A. After the screening
  - >B. After the application has been completed



#### Answer 4

• When is a determination letter required to be sent?

>B. After the application has been completed

 Providers may choose to send the portion of the determination letter that lists what other programs, discounts, or coverage the patient appears eligible for after the screening instead of waiting until after the application



# Questions?



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2

## **Additional Training**

- Application and Income
  >June 11, 11:00 a.m. to 1:00 p.m.
- Screening and Decline Screening Forms
   >June 12, 12:00 to 2:00 p.m.
- Data Reporting
  >June 6, 10:00 a.m. to 12:00 p.m.
  >June 13, 1:00 to 3:00 p.m.

#### • Q&A

>June 25, 1:00 to 3:00 p.m.



#### **Contact Us**

- Questions should be sent to: <u>HCPF\_HospDiscountCare@state.co.us</u>
- Hospital Discounted Care Website: <u>https://hcpf.colorado.gov/hospital-discounted-care</u>
   >Operations manual, FAQs, flowcharts, and much more
- Office Hours
  - >Every other Wednesday at 9:00 a.m.
  - Meeting link and call-in information available on the Hospital Discounted Care website, no need to register

