Welcome

Meeting Agenda

Topic	Time
Welcome and Review Key Dates	5 min
What's in the House Bill 21-1198 Law?	55 min
Overview of Department's Policies, Forms and Rates	55 min
Reminder of Key Dates	5 min

For more information about HB 21-1198 Hospital Discounted Care visit:

- Website: https://hcpf.colorado.gov/hospital-discounted-care
- Email: HCPF_HospDiscountCare@state.co.us

Key Dates

- Draft Rules Presentation on March 1, 2022
- Medical Services Board Meeting on March 11, 2022
- Public Rule Review Meeting on March 21, 2022
- Final Rule MSB on April 8, 2022

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House Bill 21-1198
What's in the Law?

What’s in the Law? (1 of 5)

- Expands requirements for providing discounted care to uninsured patients and requires Health Care Facilities to screen an insured patient, if the patient asks
- Applies to all acute general and critical access hospitals, all free-standing emergency rooms, and all Licensed Health Care Professionals working within those settings
- States Health Care Facilities and Licensed Health Care Professionals cannot deny discounted care on the basis that a patient has not applied for any public benefits programs or deny admission or treatment of a patient because a patient lacks health insurance, may qualify for discounted coverage, requires extended treatment, or has an unpaid medical bill

What’s in the Law? (2 of 5)

- Requires Health Care Facilities to post information on patient’s rights under HB 21-1198 in patient waiting areas, on the Health Care Facility’s website, on the patient’s billing statement, and make the information available prior to the patient being discharged from the hospital in their primary language
- Requires Health Care Facilities to report data to the Department of Health Care Policy and Financing for the Department to evaluate compliance across race, ethnicity, age, and primary language with the screening, discounted care, payment plan, and collection practices
  - Department shall periodically review to ensure compliance and notify the Health Care Facility or Licensed Health Care Professional if not in compliance
  - Health Care Facility or Licensed Health Care Professional has 90 days to file/submit a corrective action plan with the Department, and may request up to 120 days

What's in the Law? (3 of 5)

- Requires providers to limit bills to low-income patients:
  - 4% of patient's monthly household income on bill from Health Care Facility
  - 2% of patient's monthly household income on bill from each Licensed Health Care Professional who bills separately the hospital
- Establishes limits on payment plans
  - Patient's bill is considered paid in full after a cumulative 36 months' worth of payments
- Establishes regulations on when patients can be sent to collections
- Does not offer funding to Health Care Facilities for implementation
- Hospital Discounted Care begins on June 1, 2022

What’s in the Law? (4 of 5)

Requires Department of Health Care Policy and Financing to:

- Develop patient’s rights for HB 21-1198 to be used by all Health Care Facilities and Licensed Health Care Professionals
- Develop a single, uniform screening process and application to be used by all Health Care Facilities including establishing document retention requirements
- Establish a methodology that all Health Care Facilities must use to determine monthly household income which must not consider a patient’s assets
- Identify the documents required to establish income eligibility for discounted care using the minimum amount of information
- Align the processes of qualifying for and appealing denials of eligibility for the Colorado Indigent Care Program with Hospital Discounted Care

What’s in the Law? (5 of 5)

Requires Department of Health Care Policy and Financing to:

- Establish a patient appeals process regarding eligibility for Hospital Discounted Care
- Establish a process for patients to submit a complaint relating to noncompliance to the Department by phone, mail, or online/email
  - The Department shall conduct a review within 30 days of receiving complaint
- Identify the steps a Health Care Facility or Licensed Health Care Professional must take before sending a patient to debt collection
- Establish rates annually for discounted care limited to the higher of the Medicare or Medicaid rate
- Promulgate Rules by April 1, 2022, and hold at least one stakeholder meeting

Questions?

HB 21-1198: Department Policies, Forms, and Rates

Patient Rights

Health Care Facilities are required to post the patient's rights (developed by the Department):

- In patient waiting areas,
- In a conspicuous spot on the hospital's website,
- On the patient's billing statement, and
- Make the information available prior to the patient being discharged from the hospital in the patient or guardian's primary language

Eligibility Requirements

- Patients with household income at or below 250% of the federal poverty level
- Patients do not need to be lawfully present nor Colorado residents to be eligible for Hospital Discounted Care

Screening

Health Care Facilities are required to:

- Screen patients for all appropriate public health care options (Health First Colorado, Emergency Medicaid, CHP+, Medicare) and other discount programs (CICP, Hospital Discounted Care, etc.)
  - Insured patients must be screened if they request a screening
- Must use the screening questions/form provided by the Department

Uninsured Patients Can Opt Out of Screening

- Health Care Facilities are required to use the opt out of screening form developed by the Department for all uninsured patients who don’t want to be screened
  - The form must be kept on file for six state fiscal years after the date it is signed
- Patients have the right to request a screening at a later date, even if they signed an opt out form

Application

Health Care Facilities are required to:

- Use the uniform application that has been developed by the Department
- Use the household income methodology established by the Department
- Use the minimum documentation established by the Department
- Retain applications on file for six state fiscal years

Notice of Determination

- A Health Care Facility must, within 14 days of the patient providing all required documentation, provide the patient a notice of the hospital's eligibility determination for the patient
  - The notice must include information on how to appeal the determination
  - The notice must be in the patient's preferred language

Questions?

Hospital Discounted Care Rates (1 of 3)

- Department established rates "should approximate and **not be less** than one hundred percent of the **Medicare Rate** or one hundred percent of the **Medicaid Base Rate**"
- Health Care Facilities and Health Care Professionals may not bill more than the Department established rates
- Rates will be annually established
- Rates will be publicly posted on the Department's website

Hospital Discounted Care Rates (2 of 3)

- Inpatient Rates:
  - Medicaid Facility Base Rate compared to Medicare Facility Base Rate
- Outpatient Rates:
  - Medicaid Facility Base Rate compared to Medicare Procedure Base Rate
- Professional Rates:
  - Medicaid Procedure Base Rate compared to Medicare Procedure Base Rate

Hospital Discounted Care Rates (3 of 3)

- Payment Limits:
  - "Four percent of the patient's gross monthly household income on a bill from a health care facility"
  - "Two percent of the patient's gross monthly household income on a bill from **each** licensed health care professional"
  - Consider the bill paid in full after a "cumulative thirty-six months" of payments

Questions?

Payment Plans (1 of 2)

- Patients eligible for Hospital Discounted Care must be offered payment plans for their medical bills
- Monthly installments are capped
  - 4% of the monthly household income for Health Care Facility charges
  - 2% of the monthly household income for each Licensed Health Care Professional that bills separately from the facility

Payment Plans (2 of 2)

- Payment plans can be a maximum of 36 months
- Patient's bills are considered paid in full after a cumulative 36 months' worth of payments

Collections

Prior to selling patient debt to a collection agency or debt buyer, or before pursuing any extraordinary collection action Health Care Facilities and Licensed Health Care Professionals must:

- Screen patients for eligibility for public health care coverage and discount programs as required by Statue and Rule
- Bill any third-party payer that is responsible for providing health care coverage to the patient whether in- or out-of-network
- Provide patients with a plain language explanation of their bill and be notified of potential collections actions

Questions?

Appeals

- Health Care Facilities must inform patients of their right to appeal the eligibility decision
- Patients have 30 calendar dates from date on the determination notice to appeal
- Health Care Facilities have 15 days from date of patient appeal to complete a redetermination of eligibility
- Patients can appeal to the Department within 15 days of the redetermination notice

Complaints

- Health Care Facilities and Licensed Health Care Professionals must inform patients they can submit a complaint directly to the Department and provide patients with the email, phone number, and mailing address of the Department

Reporting Requirements (1 of 2)

- Beginning in June 2023, Health Care Facilities are required to report to the Department regarding Hospital Discounted Care

- Data is required to be disaggregated by race, ethnicity, age, and primary language spoken

Reporting Requirements (2 of 2)

Health Care Facilities must report on:

- Number of screenings completed, the number of decline screening forms signed, and the number of applications processed
- Number of payment plans created, the number of payment plans completed, the number of accounts sent to collections and how many of those were from patients who declined screening or didn't complete the application process versus those who defaulted on established payment plans
- Other information for qualified patients as determined by the Department

Corrective Actions (1 of 2)

- Department will periodically review Health Care Facilities and Licensed Health Care Professionals to ensure compliance
  - If the Department finds they are not in compliance, the Department will notify the Health Care Facility or Health Care Professional
- Health Care Facilities or Licensed Health Care Professionals have 90 days to file a corrective action plan that includes measures to inform the patient about the noncompliance and provide a financial correction

Corrective Actions (2 of 2)

- Department may require a non-compliant Health Care Facility or Health Care Professional to operate under a corrective action plan until the Department determines they are in compliance
- If the Department determines the Health Care Facility or Health Care Professional's noncompliance to be knowing or willful, or if there is a repeated pattern of noncompliance, the Department may issue a fine
  - Maximum fine could be up to $5,000 per week
  - Department shall make information on noncompliance available to the public

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