

Screening and Application

Hospital Discounted Care

Taryn Graf, CACP Administrator
Chandra Vital, State Programs Unit Supervisor



COLORADO
Department of Health Care
Policy & Financing

Objectives

- Processes for Hospital Discounted Care (HDC)
 - Screening
 - Uninsured vs Insured
 - Application
 - Screening Best Efforts
- Timelines
- Questions



Step 1: Patient's Rights



Patient's Rights

- Process starts same for everyone, regardless of insurance status
- First step in the process: Provide patient and/or their guardian with Patient's Rights document in their preferred language
 - Written
 - Verbal
 - Before patient leaves facility



Question 1

- Which of the following are acceptable ways to provide the Patient's Rights document to a patient prior to the patient leaving the facility?
 - A. Verbally
 - B. In writing
 - C. Electronically
 - D. All of the above



Answer 1

- Which of the following are acceptable ways to provide the Patient's Rights document to a patient prior to the patient leaving the facility?
 - A. Verbally
 - B. In writing
 - C. Electronically
 - D. All of the above



Step 2: Screening



Insured vs Uninsured Patients

- Per the bill, all uninsured patients must be screened
 - Patients who sign the Decline Screening form are considered screened
 - “All uninsured patients” makes no exceptions for patients who live out of state or who are over income, these patients must either be screened or sign a Decline Screening form
- Insured patients may request to be screened either after their services or following their first bill after their insurance adjustment



Residency vs Lawful Presence

- Colorado residents who are at or below 250% FPG qualify for HDC
 - Providers can choose to extend HDC to out-of-state residents either by policy or exception
- Lawful presence status does not factor in qualifying for HDC (or CICP)
 - No documents are needed nor should be requested related to lawful presence



Question 2

- Which of the following individuals are not generally eligible for HDC?
 - A. A non-lawfully present Colorado resident
 - B. A lawfully present Colorado resident
 - C. A non-lawfully present non-Colorado resident
 - D. A lawfully present non-Colorado resident
 - E. Both A and C
 - F. Both C and D



Answer 2

- Which of the following individuals are not generally eligible for HDC?
 - A. A non-lawfully present Colorado resident
 - B. A lawfully present Colorado resident
 - C. A non-lawfully present non-Colorado resident
 - D. A lawfully present non-Colorado resident
 - E. Both A and C
 - F. Both C and D
- The important part here is the non-Colorado resident - although hospitals can allow them to apply if they choose



Insured Patients

- Once Patient's Rights distributed, responsibility is complete for now
- Starts again if insured patient requests to be screened
 - Insured patients can request to be screened within 45 days of their date of service (DOS) or date of discharge (DOD), whichever is later OR within 45 days of the date of their first bill after their insurance adjustment
 - Providers can allow insured patients to complete a screening or application outside the two 45-day windows



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 CICP)

Health Sharing Ministries

- Patients who are part of a health sharing ministry are considered insured
- Providers are allowed to continue creating one-time contracts directly with the Health Share for patients who are eligible for HDC



Insured Patient Screening Timeline

- Hospital has three business days to respond to an insured patient's request to be screened
 - Screening does not need to happen in those three days, patient just needs to be contacted to schedule a screening
 - Screening must occur within 45 days of the insured patient requesting the screening
 - Exception for cases in which the patient cannot find a time in their schedule within 45 days
 - Screening may be done in person, over the phone, or via an electronic screening process



Uninsured Patients

- Hospital should attempt to complete screening prior to patient leaving facility if possible
 - Patients who are not in the right state to complete paperwork should not be screened or sign a Decline Screening form
- If a screening cannot be completed prior to the patient leaving, hospital should do their best to schedule a screening appointment
 - Patient may decline to set up an appointment at the time
 - Follow up with patient to set an appointment or to collect a Decline Screening form



Uninsured Patient Screening Timeline

- Screening may be done in person, over the phone, or via an electronic screening process
- Screening should occur on or within 45 days of DOS/DOD
- At least one contact should occur in the first 45 days after DOS/DOD
- If screening has not occurred within 45 days and patient has not signed a Decline Screening form, move into Screening Best Efforts



Question 3

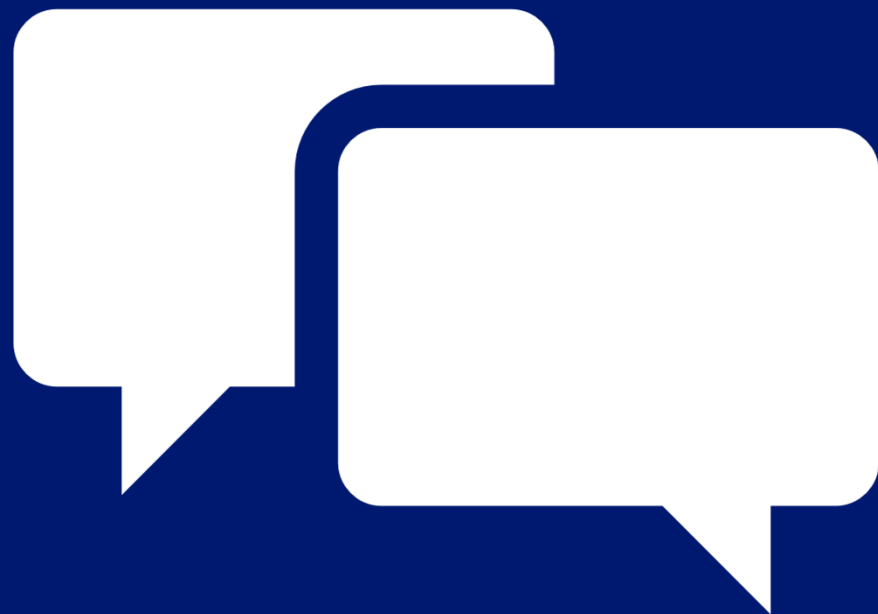
- A patient is seen in the ER and states they are a Health First Colorado member. They are not screened and are not asked to sign a Decline Screening form. The hospital finds out two months later that they were not an eligible member at the time of service. Does the hospital need to screen the patient?
 - A. Yes
 - B. No
 - C. It depends



Answer 3

- Does the hospital need to screen the patient?
 - A. Yes
 - B. No
 - C. It depends
- The patient was not covered under Health First Colorado at the time of service as they thought they were. This means they are uninsured and must be screened.





Questions?



Screening

- Screening is the first tab of the Uniform Application
- All self-attested information, no documentation needed
- Information on household size and income, inquiring about assets is not allowed
- Coded to look at various households based on HDC/CICP and Health First Colorado household definitions



Screening Results

- Results of screening should be communicated to patient at the end of the screening
- Information on how to apply for various programs should be provided to patient to pursue further
 - PEAK/County offices for Health First/CHP+
 - Connect for Health Colorado for private health insurance options
 - Information on how to set up application appointment for HDC/CICP or other charity care



Qualified Patient

- An individual who resides in Colorado whose household income is not more than 250% of the federal poverty guidelines
 - Hospitals can extend to non-Colorado residents
- Household means any person living at the patient's address and any other members who live outside of the state or country that the patient or their guardian provides 50% or more of their support
- Income includes employment, self-employment, and a short list of unearned income sources



Decline Screening Form

- Patients who do not want to be screened must sign a Decline Screening form
 - This form is not a final decision, a patient can request to be screened at a later date
- Signed Decline Screening forms must be kept in the patient's record for auditing purposes
- A Decline Screening form only needs to be collected from patients who do not want to be screened
 - Patients who are screened and choose not to complete an application have completed the process (unless they decide they want to apply later)



Signed Forms

- A Decline Screening form must be signed for each episode of care
 - Patients may not sign a Decline Screening form for any unrelated services that have not yet happened
- One form may be signed for multiple past episodes of care
 - Patient may indicate a PAST date range their signed form covers - must not include any future dates



Date Range Line

First and Last Names of Patient: _____

Signature of Patient: _____

First and Last Name of Legal Guardian or Parent (if needed): _____

Signature of Legal Guardian or Parent (if needed): _____

Today's Date: _____ **Date of Hospital Service:** _____

Signature of Staff Member: _____ Date: _____



Household Decline

- Only one Decline Screening form is needed per household if multiple household members receive services the same day
 - Applies only to spouses and minor children
 - Two unmarried adult household members would each need to sign their own Decline Screening form
- Names of spouses and any minor children who receive service on the same date should be listed on the Decline Screening form



Question 4

- A household consisting of two adult parents, their adult child, and two minor children are involved in a hiking accident in which one parent, the adult child, and one minor child are all injured and receive treatment at the local hospital. How many Decline Screening forms must be collected if none of them want to be screened?
 - A. One
 - B. Two
 - C. Three



Answer 4

- How many Decline Screening forms must be collected if none of them want to be screened?
 - A. One
 - **B. Two**
 - C. Three
- Even though the adult child is part of the household, they must sign their own Decline Screening form since they could be considered their own household due to their age.



Step 2.5: Screening Best Efforts



Screening Best Efforts

- Patients may leave the hospital without being screened or signing a Decline Screening form
- In this situation, hospitals begin Screening Best Efforts
 - Contact household at least once a month
 - Use household's preferred method of contact
- Households who request the provider cease contact about their account should have their request documented in their record, and Screening Best Efforts can be stopped





Questions?



Step 3: Application



Application

- Applications can be started at any point between the screening and 181 days past the patient's DOS/DOD, whichever is later
- 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 46th day



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



Employment Income Documentation

- For employed household members:
 - Paycheck stubs, payroll history, wage records, letter from employer, most recent tax return, or facility can call to verify payment information
- 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 tax return



Employment Income Documentation (cont.)

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



Other Income Documentation

- For household members receiving unemployment benefits, their unemployment compensation documentation
- For household members receiving Short Term Disability, their 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.



Question 5

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



Answer 5

- Is rental income an allowable income source to be counted?
 - A. Yes
 - B. No
- Having rental property counts as being self-employed for HDC (and CICP). 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.



Deductions

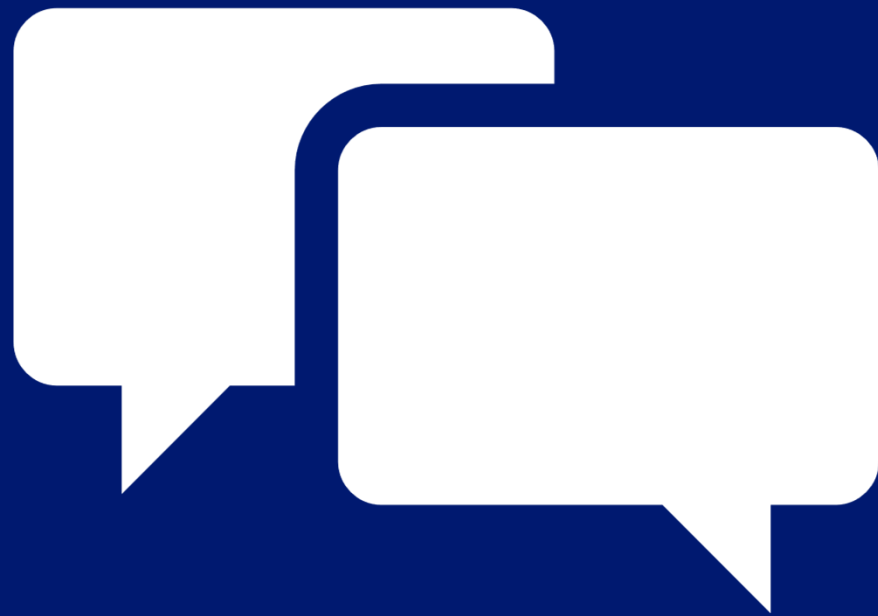
- Hospitals are allowed to count deductions as they see fit for their individual patient populations
 - Deductions must be uniform across all patients and should be spelled out in policy
 - Can be documented or self-declared, based on hospital policy
- Including deductions is completely optional for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



Completing the Application

- Hospital has 14 calendar days from the date all required documentation is submitted to complete the household's determination and send the determination notice





Questions?



Step 4: Determination Notice



Determination Notice

- Determination notice must be sent within 14 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



HDC/CICP Eligible

- 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 FPG
- The patient's 4% and 2% limits based on their calculated gross household income



HDC/CICP Eligible (cont.)

- 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 the Department, including but not limited to the contact information of the person at the Facility who handles appeals and the Department's Hospital Discounted Care email (hcpf_HospDiscountCare@state.co.us)



HDC/CICP Ineligible

- 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



HDC/CICP Ineligible (cont.)

- 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 the Department, including but not limited to the contact information of the person at the Facility who handles appeals and the Department's Hospital Discounted Care email (hcpf_HospDiscountCare@state.co.us)



Process Timeline

- Patients who communicate an interest in applying for HDC/CICP can start the screening and/or application process at any point between the screening and their bill being sent to collections
 - Collections for patients cannot start until the 182nd day past their DOS/DOD, whichever is later



Billing Timeline

- For patients who choose not to be screened - bill can be sent after the Decline Screening form has been signed or the patient has indicated during Screening Best Efforts that they do not want to be screened
- For patients who complete the screening and choose not to apply - bill can be sent after the screening is completed
- For patients who complete the screening and want to apply - bill can be sent after the application has been completed and the determination notice has been sent
- Bills may not be sent while the patient is in the middle of the screening or application process regardless of when that process begins





Questions?



Additional Training

- Screening and Application Processes
 - August 9, 10:00 a.m. to 1:00 p.m.
 - August 11, 1:00 to 4:00 p.m.
- Payment Plans and Collections
 - August 16, 1:00 to 4:00 p.m.
 - August 18, 10:00 a.m. to 1:00 p.m.
- Uniform Application
 - August 23, 10:00 a.m. to 1:00 p.m.
 - August 25, 1:00 to 4:00 p.m.



Office Hours

- Every Wednesday starting at 9:00
 - Through the end of September
 - May extend into October if appears to be a need/want for continuing
- Meeting link and call-in information available on the Hospital Discounted Care website
- Come with any and all questions about HDC or CICP



HDC Go Live

- Hospital Discounted Care begins on September 1
- Applies to any service provided on or after September 1
 - Services provided prior to September 1 can be discounted under HDC but not mandatory
 - For patients who are hospitalized before September 1 and discharged on or after that date, hospital would only be mandated to apply HDC to charges on or after September 1



Contact Info

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Thank you!



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