



COLORADO
Department of Health Care
Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

Hospital Discounted Care Operations Manual

Fiscal Year 2025-26

Section V: Complaints and Appeals

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
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Article I. PATIENT APPEALS	3
Section 1.01 Appeals Process for Ineligible Determinations.....	3
Section 1.02 Appeals for Determination Based on Incorrect Information.....	4
Section 1.03 Appeals for Non-Receipt of Determination Notice.....	4
Section 1.04 Department Monitoring of Appeals	4
Article II. COMPLAINTS	4
Section 2.01 Complaint Process.....	4
Section 2.02 Department Monitoring of Complaints	5

Article I. PATIENT APPEALS

Section 1.01 Appeals Process for Ineligible Determinations

If a patient is determined ineligible after the Hospital Discounted Care application is completed, the patient has the right to appeal the decision. Health Care Facilities must inform the patient in their determination notice that they have the right to appeal their determination. Patient accounts are to be put on hold during an appeal review, meaning they should not be billed or sent to collections until the appeal has been resolved. For a patient to appeal a Health Care Facility's eligibility decision, the following process must be followed:

1. The patient has 30 calendar days from the date on the determination letter to appeal the Health Care Facility's eligibility determination. This must be done in writing via hand delivered or postmarked mail, email, or patient portal message if available to the Health Care Facility that made the determination.
 - a. Health Care Facilities may accept appeals filed after the 30-day window has passed if there exists a good cause as to why the appeal was not filed timely. If a Health Care Facility denies an appeal that was filed after the 30-day window, the facility must inform the patient that they have the right to appeal to Health Care Policy and Financing (HCPF) and provide the patient with HCPF's contact information. HCPF has final say on if the patient's untimely filing was due to a good cause.
2. The Health Care Facility must confirm receipt of the appeal letter to the patient within three business days and should inform HCPF of the appeal at the same time. The Health Care Facility has 15 calendar days from the date of the patient's appeal to complete a redetermination of eligibility and respond to the patient and HCPF. When notifying HCPF, the Health Care Facility should include the patient's original eligibility determination notice, the patient's appeal letter and the patient's redetermination of eligibility.
3. If the Health Care Facility upholds its initial eligibility determination, the patient can proceed to the next step of the appeals process. If the Health Care Facility finds that the initial eligibility determination was inaccurate, they must correct the application and issue a determination notice to the patient following the requirements outlined in Section III Application and Determination Notice, Article 2 Notice of Determination, within this manual.
4. The patient has 15 calendar days from the date of the Health Care Facility's initial appeal decision to contact HCPF in writing. This appeal can be submitted to hcpf_hospdiscountcare@state.co.us with a subject line of, "Appeal of Discounted Care Redetermination" and the patient's name, or a dated letter can be sent to:

Department of Health Care Policy and Financing
Attention: State Programs Unit, Special Financing Division
% Hospital Discounted Care
303 E. 17th Avenue- Suite 1100
Denver, CO 80203

5. HCPF has 15 calendar days from the email date or date of receipt of the letter to review the documentation and make a final determination. A final determination letter will be sent to both the patient and the Health Care Facility. If HCPF deems that the redetermination was inaccurate, the Health Care Facility must resend a determination letter to the patient and HCPF stating they are eligible for discounted care for the care received in the Health Care Facility for that specific date or date span. The redetermination letter must meet the notice requirements outlined in Section III Application and Determination Notice, Article 2 Notice of Determination.

Section 1.02 Appeals for Determination Based on Incorrect Information

A patient has the right to appeal a determination due to incorrect information being used by the Health Care Facility that resulted in a higher determination and payment plan than the patient would have received if the correct information was used. The patient or guardian should use the same process as outlined in Section 1.01 above to appeal a determination using incorrect information.

If a determination was made based on information that was incorrectly provided by the patient due to the patient misunderstanding what was needed from them, the Health Care Facility must complete a redetermination with the corrected information provided by the patient. This includes both ineligible determinations and determinations that resulted in a higher determination and payment than if the patient had submitted the correct information.

Section 1.03 Appeals for Non-Receipt of Determination Notice

If a Health Care Facility fails to issue written notice of the determination to the patient within 21 days of receiving all required documentation to complete the patient's application, the patient may file an appeal. If the appeal is filed within 60 calendar days of the patient submitting all required documentation, the Health Care Facility must review the appeal and respond to the patient or their guardian and HCPF within 15 calendar days of the date of the appeal.

Section 1.04 Department Monitoring of Appeals

HCPF will keep records of all appeals and their final determinations for each Health Care Facility. If HCPF determines a Health Care Facility has a repeated pattern of errors in patient eligibility determination, HCPF will require the Health Care Facility to attend training with HCPF. The Health Care Facility may be subject to random application checks for 12 months following the training to ensure that the errors have been corrected.

Article II. COMPLAINTS

Section 2.01 Complaint Process

If a patient feels that their rights under Hospital Discounted Care have been violated, they can file a complaint against the Health Care Facility or Licensed Health Care Professional for noncompliance.

Patients and their guardians may also file complaints against Health Care Facilities and Licensed Health Care Professionals directly with HCPF. Patients do not need to file a

complaint with the Health Care Facility or Licensed Health Care Professional prior to filing a complaint with HCPF. Complaints sent to HCPF can be submitted by email to the hcpf_HospDiscountCare@state.co.us inbox, by phone at 303-866-2580, or by mail addressed as follows:

Department of Health Care Policy and Financing
Attention: State Programs Unit, Special Financing Division
% Hospital Discounted Care
303 E. 17th Avenue Suite 1100
Denver, CO 80203

HCPF will conduct a review within 30 days after receiving the complaint.

Section 2.02 Department Monitoring of Complaints

HCPF will keep records of all complaints for each Health Care Facility and Licensed Health Care Professional. If HCPF determines there is a repeated pattern in the complaints filed against the facility or professional/group, the facility or professional/ group may be subject to a corrective action plan and/or training. Facilities and professionals will have 90 days to submit a corrective action plan. An additional extension of 30 days may be given at HCPF's discretion, totaling 120 days to submit the corrective action plan.