

GETTING HELP WITH YOUR HOSPITAL BILL

A guide to your rights
as a patient under
Colorado's new
Hospital Discounted
Care law



Colorado Consumer
Health Initiative

CCLP
Colorado Center
on Law and Policy



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*For more information about Hospital Discounted Care, visit
www.cohealthinitiative.org/hospital-discounted-care*

About the authors

This guidebook is provided by a collaboration between Colorado Consumer Health Initiative (CCHI), Colorado Center on Law and Policy (CCLP) and Vedra Law LLC.



Colorado Consumer Health Initiative

Colorado Consumer Health Initiative (CCHI) is a non-profit, consumer-oriented, membership-based health advocacy organization that serves Coloradans whose access to health care and financial security are compromised by structural barriers, affordability, poor benefits, or unfair business practices of the health care industry. CCHI's mission is to advance the consumer voice to improve access to health care for all Coloradans by working statewide for progress toward equity, affordability, and quality.

Learn more at: cohealthinitiative.org



Colorado Center on Law and Policy (CCLP) is a non-profit advocacy organization dedicated to the vision that every Coloradan should have what they need to succeed. Standing with diverse communities, organizations, and individuals, CCLP is but one piece of the rising movement to fight poverty across our state. CCLP serves our fellow Coloradans using the powers of legal advocacy, legislative advocacy, coalition building, community engagement, research, and analysis.

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VEDRA LAW LLC

Vedra Law LLC is a consumer rights law firm that represents individuals in debt collection matters, including medical debt collection.

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about

About this guide

A new law in Colorado (House Bill 21-1198) requires all hospitals to take certain steps to make hospital bills more affordable for low- and moderate-income patients.

For example, hospitals must offer discounts — also known as Hospital Discounted Care — to patients who qualify based on their incomes. This law went into effect on September 1, 2022.

This guide is for patients and people who work with patients. It explains what to expect and what your rights are as a patient under the new law. The guide also answers common questions about the law.

Part 1 explains how to get help *before* you need hospital care.

Read this section to learn more about public health insurance options that help many people pay for health care.

Part 2 explains your rights under the new law.

Read this section to learn more about:

1. Screening
2. Discounts on hospital bills, and
3. Steps hospitals must take before they are allowed to send an unpaid bill to collections.

Part 3 explains how to take action if you have an issue.

Read this section if you have a problem with Hospital Discounted Care and you don't know what your next step is.

Want to learn more?

The **Additional Resources** section describes where to find more information about Hospital Discounted Care.

01

How to get help *before* you need hospital care

A new law in Colorado (House Bill 21-1198) helps protect low- and moderate-income patients against unaffordable hospital bills and medical debt. As part of this law, low- and moderate-income patients can get discounts on their hospital bills. These discounts are also known as **Hospital Discounted Care**.

Hospital Discounted Care is helpful for income-qualifying patients who would normally have to pay the hospital a lot of money for hospital services they received, like uninsured patients and patients with private health insurance who cannot afford their out-of-pocket costs. (You will learn more about Hospital Discounted Care in Part 2 of this guide.)

While Hospital Discounted Care may reduce the amount of money you have to pay the hospital, **public health insurance programs** can be an even better option for patients who qualify.

Why is public health insurance a better option than discounts for many people?

Hospital Discounted Care only helps pay for care that you received in a hospital or a free-standing emergency department. Public health insurance programs typically cover other types of services, too, like doctor's visits and prescription drugs. The exact types of services covered depends on the program.

Additionally, though Hospital Discounted Care may lower your hospital bills, some public health insurance programs may cover all or most of the cost of your health care. For example, a hospital procedure that costs you \$1,000 with Hospital Discounted Care might be free for you if you enroll in Health First Colorado (Colorado's Medicaid program).



Many Coloradans are surprised to learn they qualify for public health insurance programs, some of which are available to people who are not U.S. citizens.

What public health insurance options are available? How can I tell if I qualify? How do I apply?

Health First Colorado (Colorado's Medicaid Program)

Health First Colorado (Colorado's Medicaid Program) is a public health insurance program. It pays for health care services for low-income adults, children, pregnant people, older adults, and people with disabilities.

People with Health First Colorado pay **very little** or **nothing** for health care services covered by the program. To qualify, you must be a resident of Colorado and your household income must be below a certain level. You must also be a U.S. citizen or have a qualified immigration status.

Health First Colorado is a comprehensive health insurance plan, which means it covers many types of care, including doctor's visits, emergency care, prescription drugs, and more.

Health First Colorado can cover services that you received up to three months **before** you submitted your application. This means that you can enroll in Health First Colorado shortly after you visit the hospital, which might greatly reduce your bills.



You can have another form of insurance and still qualify for Health First Colorado, which can pay the remaining balance owed to the hospital after your primary insurance pays its share.

To learn more and apply, visit CO.gov/PEAK, submit a paper application for Health First Colorado, or call 1-800-221-3943. You can apply for Medicaid at any time in the year.

Emergency Medicaid

Emergency Medicaid is a Health First Colorado program that helps low-income non-citizens pay for medical emergencies.

People whose immigration status makes them ineligible for Health First Colorado may be eligible for Emergency Medicaid. This could be people who are undocumented, Deferred Action for Childhood Arrivals (DACA) recipients, and adults with Legal Permanent Residence (also known as “Green Card” holders) who have had that status for less than five years.

Emergency Medicaid only covers emergencies, including severe cases of COVID-19, the birth of a baby, dialysis

for End-Stage Renal Disease, and other life- and limb-threatening emergencies, such as a heart attack. It does not cover routine or ongoing health care services like check-ups, prenatal care, follow-up care for an illness or injury, or care for a chronic condition.

Emergency Medicaid can cover emergency services that you received up to three months **before** you submitted your application. This means that you can enroll in Emergency Medicaid shortly after you visit the hospital, which might greatly reduce your bills.

You can have another form of insurance and still qualify for Emergency Medicaid. Emergency Medicaid can pay the remaining balance owed to the hospital after your primary insurance pays its share.

Until recently, people had to apply for Emergency Medicaid every time they had a medical emergency. Now, you only have to apply for Emergency Medicaid once a year, no matter how many medical emergencies you have in that time. You also no longer need a doctor's note saying that you had an emergency medical condition.

To learn more, visit healthfirstcolorado.com/emergency-medicaid.

To apply, apply online at CO.gov/PEAK, submit a paper application for Health First Colorado, or call 1-800-221-3943. For the online and paper applications, be sure to answer "yes" when asked if you want to apply for Emergency Medicaid and Reproductive Benefits. You can apply for Emergency Medicaid at any time in the year.

Child Health Plan *Plus* (CHP+)

Child Health Plan *Plus* (CHP+) is a public health insurance program for pregnant people and children aged 18 and under. It is for people who earn too much to get Health First Colorado (Medicaid) but not enough to pay for private insurance. To qualify, you must be a resident of Colorado, meet certain income requirements, and be a U.S. citizen or have a qualified immigration status.

Unlike Medicaid, CHP+ will *not* cover services that you received in the three months *before* you submitted your application, and you *cannot* have another form of insurance at the same time.

To learn more, visit hcpf.colorado.gov/child-health-plan-plus or call 1-800-359-1991. When you're ready to apply, visit CO.gov/PEAK. You can apply for CHP+ at any time in the year.

Medicare

Medicare is a federal health insurance program. It is for people aged 65 or older, people under 65 who get Social Security disability benefits, people with End-Stage Renal Disease, and people with Lou Gehrig's Disease (ALS). It helps with the cost of care, but it doesn't cover all medical costs. It also doesn't cover the cost of most long-term care.

To learn more and apply, visit medicare.gov/basics/get-started-with-medicare or call Medicare Customer Service at 1-800-633-4227. You can only apply for Medicare at certain times, such as when you turn 65, during open enrollment, or in some special situations. Learn more about when you can apply for Medicare at the link above.

What if I don't qualify for the public health insurance options listed? Is there any help with private insurance available?

Connect for Health Colorado

Connect for Health Colorado is Colorado's official health insurance marketplace, where Coloradans can purchase private health insurance. People with private health insurance typically pay more for health care than people with public health insurance.

If your income is in a certain range and you buy your insurance plan through Connect for Health Colorado, you may qualify for some financial help. This financial help can lower the amount you have to pay for private health insurance each month and can sometimes lower the amount you have to pay for health care you receive.

Some people may qualify for both financial help through Connect for Health Colorado and Hospital Discounted Care. Others may earn too much to qualify for Hospital Discounted Care but still qualify for financial help through Connect for Health Colorado.

To learn more and apply, visit connectforhealthco.com or call 855-752-6749. You can apply for insurance from Connect for Health Colorado during Open Enrollment (November 1 to January 15 every year) or if you qualify for a Special Enrollment Period. Learn more at the link above.

02

Your rights under Colorado's new Hospital Discounted Care law

A new law means new rights for Colorado patients

Under Colorado's new Hospital Discounted Care law, all hospitals in the state are required to:

1. **Screen** patients to see if they might qualify for help paying their bills
2. Offer **discounts** on hospital care to patients who qualify based on their income
3. Take certain steps before sending an unpaid hospital bill to **collections**

You have rights as a patient under the new law. This section will give you information about your rights to **screening**, **discounts**, and **protections from collections**.



It can be helpful to keep a record of your interactions with the hospital. For example, keep all documents that the hospital gives you or sends you in the mail – including the envelopes! When you call the hospital on the phone, write down who you talked to, when you talked to them, and what they told you. This information can help you if you have a problem down the road.

Screening

You have the right to see if you might qualify for help with your hospital bill.

This process is called screening. If you are interested in getting discounts on your hospital bills, screening is your first step.

Both uninsured patients and insured patients have the right to screening, but insured patients have to ask to be screened — it won't happen automatically.

You don't have to be a U.S. citizen or have a particular immigration status to be screened. People of all immigration statuses and backgrounds can qualify for discounts.

In the screening process, the hospital will ask you some questions to see if you might qualify for:

- 1. Public health insurance programs**, like Health First Colorado (Colorado's Medicaid Program), Emergency Medicaid, Child Health Plan *Plus* (CHP+), and Medicare. These programs can cover all or most of your health care bills.
- 2. Discounts on your hospital bills**, like the Colorado Indigent Care Program (CICP, see below) and Hospital Discounted Care.

What is the Colorado Indigent Care Program (CICP)?

CICP provides discounted health care services to low- to moderate-income people who do not qualify for Health First Colorado or Child Health Plan Plus and who receive care at medical providers who participate in CICP. You don't need to be a U.S. citizen or have a particular immigration status to qualify for CICP. If you apply for Hospital Discounted Care at a hospital that participates in CICP, they will help you apply for both programs at the same time — you don't have to worry about applying for each program separately.



How can I get a screening?

If you **DO NOT** have health insurance...

The hospital is **required** to screen you to see if you might qualify for public health insurance programs or discounts on your hospital bills, *unless you opt out of screening*.

The hospital must screen you **within 45 days** of the date you received services or the date you were discharged from the hospital, whichever is later.

If you **DO** have health insurance...

You must ask the hospital to screen you. If you request screening, the hospital is required to screen you, **but you have to ask**. It is best to request screening as soon as possible.

If you ask to be screened, the hospital must screen you **within 45 days** of the date you received services, the date you were discharged from the hospital, OR the date of your first bill after insurance adjustment, whichever date happens later. (See note below.)

Remember: If you have insurance and want to be screened, you have to ask to be screened. It *won't* happen automatically.

Note:

After you go to the hospital, the hospital may first try to bill your insurance. After your insurance reviews the bill, insurance will send you an “explanation of benefits” telling you what the hospital may bill to you. Then, the hospital may bill you for the remaining balance after insurance has paid its share. This bill is called the first bill after insurance adjustment.

How does the screening work?

The screening process is *simple*.

The hospital will ask you questions about yourself and the people you live with.

If you speak a language other than English, the hospital *must* screen you in your preferred language.

They may use a professional interpreter or a staff member who is fluent in your preferred language. The hospital cannot rely on a family member to interpret for you unless you have been offered a professional interpreter and you request to work with your family member instead.

Try to answer *all* of the screening questions.

You are not required to answer every question, but if you skip some questions, the hospital might say they do not have enough information to see if you qualify for help. The hospital may ask you about your household size and income. The hospital is not allowed to ask you about your assets, such as how much money you have in your bank account. The hospital should not ask you about your citizenship or immigration status as part of the screening process. All of your information will be kept confidential.

The screening process is *unofficial*.

This means that the hospital is checking whether you *probably* qualify for certain programs, based on the information you tell them. In order to get an official

answer or decision, however, you must apply for the program by completing an application. For example, if the hospital says you probably qualify for Child Health Plan *Plus* (CHP+), you still have to fill out an application for that program in order to confirm you qualify and get enrolled. (See pages 6-9 for information on applying for public and private health insurance programs.)

You can also apply for a program even if the hospital says you probably aren't eligible. For example, if the hospital says you probably don't qualify for Health First Colorado (Medicaid), you can still apply for that program to see for sure.

Hospitals *must* tell you the results of the screening.

They must also give you information about programs and discounts you might qualify for, and tell you how to apply for them.

Remember...

Keep all documents that the hospital gives you or sends you in the mail. This way, if you have a problem later on, you can refer back to **what** documents the hospital provided you and **when** you received them.

What if I don't want to be screened?

If you have insurance, you don't need to do anything — the hospital will only screen you if you ask them to.

If you are uninsured, you may choose not to be screened, BUT this means you won't learn if you might qualify for help lowering or paying your bill. You may also lose your right to take legal action against the hospital and medical providers for not screening you or giving you discounts. If you decide you don't want to be screened, you have to fill out a form saying you opt out of screening for that visit.

What if I said no to getting screened but then changed my mind?

Sometimes uninsured patients sign a form that says they don't want to be screened, but later change their minds and decide they want to be screened after all. Patients in this situation can still request to be screened and apply for discounts.

In this situation, it's best to request screening as soon as possible. **If you request to be screened within 30 days of the date on your hospital bill, the hospital *must* screen you.** If it's been more than 30 days since the date on your hospital bill, you should still request screening.

Additionally, when you sign a form to opt out of screening for one set of services (also known as an “episode of care”), you are not opting out of screening for any or all future services. If you return to the hospital in the future for another episode of care, you have the same screening rights: you have the right to be screened or to sign another form to opt out of screening again.

Discounts

Who qualifies for discounts on their hospital bills?

All people whose household income is at or below 250% of the Federal Poverty Level qualify for discounts on their hospital bills, also known as Hospital Discounted Care.

It doesn't matter if you have health insurance or if you are uninsured.

People of all citizenship and immigration backgrounds can qualify for discounts. You don't have to be a U.S. citizen or have a particular immigration status to qualify.

Many people are surprised to learn that they qualify for assistance.

Important tip!

Some hospitals provide discounts to people with even higher incomes. For example, a hospital might provide discounts to people with income up to 400% of the Federal Poverty Level. If your household earns more than 250%, ask your hospital what their policy is — it's possible you may still qualify for some help!



The table below shows how much 250% of the Federal Poverty Level was in 2022. For example, if there are 3 people in your household and your household makes less than \$57,575 each year, you qualify for discounts.

Does my household qualify for Hospital Discounted Care? 2022 Income Eligibility		
Number of people in household	250% Federal Poverty Level If your combined household income is this amount or lower, you qualify for Hospital Discounted Care.	
	Monthly	Yearly
1	\$2,831	\$33,975
2	\$3,815	\$45,775
3	\$4,798	\$57,575
4	\$5,781	\$69,375
5	\$6,765	\$81,175
6	\$7,748	\$92,975
7	\$8,731	\$104,775
8	\$9,715	\$116,575
For households with more than 8 people, add \$983 to monthly income or \$11,800 to yearly income for each additional person.		

Note: These numbers change a little every year. After 2022, visit www.cohealthinitiative.org/hospital-discounted-care to see a more up-to-date income eligibility table.

What is Hospital Discounted Care and how does it work?

Hospital Discounted Care reduces the cost of your hospital bills in two ways, **rate caps** and **monthly payment plans**.

Rate caps

If you qualify for Hospital Discounted Care, hospitals cannot charge more than a certain amount for the care you received. The maximum amount they are allowed to charge for a service is called a “rate cap.” If you are uninsured, this is the amount they will start with when setting up your monthly payment plan. (More on monthly payment plans below.)

Information on the amount of money that hospitals can charge you for different services is posted at:

<https://hcpf.colorado.gov/Hospital-Discounted-Care-Rates>

This information can be hard to understand without knowing the “procedure codes” for the services you received. You can ask the hospital to give you an itemized billing statement that includes procedure codes.



Monthly payment plans

If you qualify for Hospital Discounted Care, hospitals must split up the bill into monthly payments. This is called a monthly payment plan.

Under your payment plan, **hospitals cannot ask you to pay more than 4% of your gross monthly household income each month.**

Medical providers who work at the hospital often send a separate bill. For example, maybe you received a bill from an anesthesiologist or radiologist. These providers must offer you a payment plan, too. Under your payment plan, **a medical provider cannot ask you to pay more than 2% of your gross monthly household income each month.** (This is in addition to the 4% limit on a bill from the hospital.)

Additionally, **your payment plan is not allowed to go on for more than 36 months.** If you make 36 monthly payments on your payment plan and there is still a balance left over, the hospital or medical provider must consider



your bill paid in full, and you do not owe them any more money.

Depending on the size of your bill and your household income, your payment plan may be *shorter* than 36 months. If you pay the full amount due on your payment plan in fewer than 36 monthly payments, your bill is paid in full, and you don't owe the hospital or medical provider any more money. (Thirty-six monthly payments is the *maximum allowable length* of a payment plan, but payment plans can be shorter.)

What kinds of services does Hospital Discounted Care apply to?

For patients who qualify, Hospital Discounted Care applies to **all medically necessary services provided at a hospital or free-standing emergency department**. It applies to emergency and non-emergency services.

Sometimes patients receive care at the hospital from medical providers who bill separately from the hospital, such as anesthesiologists or radiologists. Hospital Discounted Care applies to care provided by these types of health care professionals, too.

On the following page, you will find an example of how the discounts work in practice.

Example

Here is an example of how the discounts work in practice.

Rate caps

A patient with a monthly income of \$2,000 receives surgery in a hospital.

The patient qualifies for Hospital Discounted Care based on their income.

The hospital would normally charge \$30,000 for the surgery, but because the patient qualifies for discounts, the state sets the maximum amount they are allowed to charge the patient. The hospital is not allowed to charge more than \$20,000 for the surgery.

An independent anesthesiologist provided care during the surgery. They usually charge an additional \$8,000, but they aren't allowed to charge more than \$5,000 to patients who qualify for discounts.

Scenario 1: The patient has health insurance.

The patient's insurance pays \$15,000 of the cost of surgery, leaving \$5,000 left over.

The patient's insurance pays \$4,000 of the cost of the anesthesiologist, leaving \$1,000 left over.

Scenario 2: The patient is uninsured.

The hospital is charging the patient \$20,000 for the surgery

The anesthesiologist is charging the patient an additional \$5,000 for their services.

Monthly payment plans

Monthly hospital bill capped at 4% of monthly income

= \$80 per month

Monthly anesthesiologist bill capped at 2% of monthly income

= \$40 per month

The hospital and anesthesiologist are limited to collecting no more than 36 payments.

Hospital bill is paid in full after 36 payments of \$80

= \$2,880 total

Anesthesiologist bill is paid in full after 36 payments of \$40

= \$1,440 total

Note

This example is only to show how discounts *can* lower a patient's bill. It does not reflect actual amounts a patient can expect to pay for a procedure.

If you qualify, Hospital Discounted Care can save you a lot of money on your hospital bills.

In the previous example, the hospital was not allowed to bill the patient more than \$2,880, and the medical provider was not allowed to bill the patient more than \$1,440.

Without Hospital Discounted Care, the patient would have had to pay much more money for their care: \$6,000 if they had insurance, and \$38,000 if they didn't have insurance.

Questions about Hospital Discounted Care

Q: What if I want to pay off my bill more quickly?

A: If you want to pay off your bill all at once and not set up a payment plan, you are allowed to do that. If you go this route, the hospital is not allowed to charge you more than what you would have paid if you had a monthly payment plan.

For example, in the previous example, the hospital was allowed to bill the patient no more than \$1,440 over 36 payments. If this patient preferred to pay their full bill all at once, the hospital could send them a one-time bill of no more than \$1,440.

The hospital is allowed to send you a cheaper bill if they want.



Q: What if I miss a payment?

A: If you have made 36 monthly payments on your payment plan and there is still a remaining balance, the hospital must consider your bill paid in full. The 36 payments do not have to be consecutive (all in a row). If you miss a month, the hospital can add that missed payment to the end of the payment plan. As a result, if you make 36 monthly payments but miss a month here and there, your payment plan may take a little longer than 3 years to complete.

There is no penalty for missing one monthly payment. For example, the hospital is not allowed to charge you a late fee or charge you more money overall because you missed a payment.

If you miss three payments *in a row* and it has been at least 182 days since your date of discharge, the hospital is allowed

to send your unpaid bill to collections or take collection actions against you.

After the second missed payment *in a row*, if it has been at least 152 days since the date of discharge, the hospital must send you a written notice saying that they may start collection actions if you miss a third consecutive payment.

Q: What if my household income changes after my payment plan is set up?

A: After you set up your payment plan, your hospital or medical provider is not allowed to change your discounts or monthly payment plan unless you want them to.

For example, if your household income goes up after you applied for Hospital Discounted Care, you do not need to share this information with the hospital or medical provider, and you do not need to change your monthly payment plan to reflect this change.

Sometimes people *want* the hospital to take another look at their household income because of a change that happened in their household. This is called a “redetermination.”

For example, if your household income went down after you applied for Hospital Discounted Care, you might want your monthly payment plan to be lowered to reflect this change. In this case, you can request to be redetermined. If the hospital agrees that you have a lower household income, they must lower your monthly payments so they are not more than the 4% and 2% limits.

Q: What if I go to the hospital multiple times?

A: All of the health care services you get for one illness or injury are called an “episode of care.” For example, imagine a patient had a heart attack, went to the emergency room, and then was scheduled for a follow-up visit the next week to see how they were recovering. In this example, both the emergency room visit and the follow-up visit would be considered one episode of care.

If the patient later had another illness or injury, it would be considered a separate episode of care.

If you qualify for Hospital Discounted Care, the hospital cannot give you multiple payment plans for services that fall under one episode of care. In the example above, the hospital must give the patient just one payment plan to pay off the cost of the emergency room and follow-up visit. The hospital cannot give the patient one payment plan for emergency room services and one payment plan for the follow-up visit, since these services fall under one episode of care.

If the patient later came back to the hospital for an unrelated illness or injury, like a broken leg, the hospital is allowed to set them up on a new, separate payment plan for that care.

If you get care from a hospital where you were screened and applied for Hospital Discounted Care in the previous 12 months, you do not need to complete the screening and application again. If you get care from a different hospital, or if it has been more than 12 months since you last applied for Hospital Discounted Care, you may have to do the screening and application again.

Q: What if the patient has died?

A: If a patient passes away before they are screened, the hospital must give information about patients' rights to Hospital Discounted Care to the patient's spouse, guardian, power of attorney, or executor of the patient's account. A family member or another representative may complete the screening and application on behalf of the patient. The person who completes the screening process is not responsible for the patient's bills.

How do I apply for Hospital Discounted Care?

After the screening, if you want to apply for discounts on your hospital bill, hospitals must help you fill out an application.

The hospital must help you fill out an application even if they think you probably won't qualify based on the information you gave them during the screening process. (Remember: The screening process is unofficial. To get an official decision about whether you qualify for Hospital Discounted Care, you have to complete an application.)

The hospital will ask you for some documents to prove how much income your household makes. You should provide these documents **within 45 days** of your screening date. Without your documents, your application for Hospital Discounted Care won't be considered complete.

Hospitals must tell you in writing if your application is approved or denied within 14 days of completing your application. They must send you the information in

your preferred language.

If your application is approved, the hospital must give you the discounts described in the "Discounts" section of this guide (page 17).

If your application is denied, the hospital must tell you why you were denied. They must also give you information about how to appeal a decision you don't agree with. (If your application is denied but you believe you qualify for discounts, see the section of this guide called "How to take action if you have a problem" on page 28.)

Q: What questions do I need to answer as part of my application?

A: The hospital will ask you questions about yourself and members of your household, like your contact information and income.

You do not have to be a citizen or have a certain immigration status to qualify for Hospital Discounted Care. If the hospi-

tal asks you a question about your citizenship or immigration status and you do not want to answer, you are allowed to skip the question. Skipping a question about your citizenship or immigration status will not make you ineligible for Hospital Discounted Care. However, answering this question can help the hospital figure out if you might qualify for any other programs.

All information you provide during the screening and application process is confidential.

Q: What documents will I need to provide as part of my application?

A: The hospital will ask you for information about the employer and income of all the working adults in your household.

There are many different types of documents you can use to prove this information, including paycheck stubs, payroll history, tax returns or a letter from the employer saying how much the person makes. You only need to provide **one** of these documents.

You can find a complete list of acceptable documentation in the Hospital Discounted Care Operations Manual published at:

<https://hcpf.colorado.gov/hospital-discounted-care>

The hospital is not allowed to ask you for more documents than is necessary to prove household income.

You have **45 days** from the date of screening to provide the hospital with the required documents. You do not need to have the documents on hand when you go to the hospital to receive

care.

If you are homeless, you do not need to give the hospital any documents to get discounts.

Q: What counts as income?

A: When you apply for Hospital Discounted Care, the following types of income count towards your total household income:

- **Employment and self-employment income from all working adults included on the application who are not students and who are 18 and over**
- Supplemental 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



*Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) payments are **not** allowed to be counted for minors or adults with disabilities who are still under the care of their parents or guardians.

Q: Who should I count in my household on my application for discounts?

A: All households that earn at or below 250% of the Federal Poverty Level qualify for Hospital Discounted Care. (But remember: Some hospitals provide discounts to people with even higher incomes. Ask your hospital what their policy is.)

To calculate whether your household's income qualifies for discounts, the hospital will look at two numbers: 1) the number of people in your household and 2) the amount of money people in your household make.

If you are married, you must count your partner and their income in your household when applying for Hospital Discounted Care.

You are also allowed to count the following people in your household:

- Anyone living at your address, including children under 18.*
- Anyone who lives outside of the state or country who your household supports financially, if your household's financial support makes up at least half of their income
- Children age 18 and older who are attending high school or college, if their parent or guardian supports them financially

- Children with disabilities, regardless of their age, if their parent or guardian supports them financially
- If anyone in your household is pregnant, you can count the number of children that person is expecting.

While you aren't *required* to include anyone besides your spouse on your application, for many patients, it often makes sense to include other people you live with or support financially. Why? Households with more people can qualify for Hospital Discounted Care at higher income levels. For example, a household of 1 person earning up to \$33,975 a year qualifies for Hospital Discounted Care, while a household of 3 people can earn up to \$57,575 and still qualify for Hospital Discounted Care. (Refer to the table on page 16 for more income eligibility information.)

If there are people in your household who are under 18, who are students (of any age), and/or who make no or very little money, you should include them on your application. This is because employment and self-employment income is only counted for working adults who are not students and who are 18 and over.



If someone lives with you but they are not your spouse or civil union partner, they are not a student, AND they are not 65 or older, you have to attest (officially state) that you support them financially in order to include them on your application. If you live with a roommate who you do not support financially, you should not include them on your application.

Protection from collections

Sometimes when a patient doesn't pay off their hospital bill, the hospital or medical provider sends the debt to a collection agency, debt collector, or debt buyer. This is called being “sent to collections.”

Sometimes the individual or group that holds the patient's debt – like the hospital or the collection agency – will get permission from a court to get money back from the patient by garnishing the person's wages (requiring their employer to withhold wages and send them to the individual or group they owe money to), getting money from their bank account (also known as an attachment, seizure, or levy), or putting a lien on their house or car. These types of steps are sometimes called “**collection actions**.”



Under the new Hospital Discounted Care law, patients have the following new rights that help protect them from unfair collection actions:

1. Beginning September 1, 2022, **Hospitals are required to take certain steps** before they send your bill to collections or take any collection actions against you.

If you have been sent to collections or are facing a collection action due to an unpaid hospital bill, review the checklist on the following page. Did the hospital take every step on this list before sending your unpaid bill to collections? If they did not take every required step, you may be able to take legal action against them.

Collections checklist

Before sending your unpaid hospital bill to collections, the hospital is legally required to:

- ☐ Screen you to see if you might qualify for public health insurance or discounts, if you are uninsured or if you asked to be screened.
- ☐ Give you discounts and a payment plan, if you qualify.
- ☐ Explain in clear, simple language what services and fees they are billing you for, and notify you that they might send your unpaid bill to collections. This information must be in your primary language.
- ☐ Bill your health insurance, if you have health insurance.

2. Beginning September 1, 2022, hospitals, medical providers, collection agencies, debt collectors, and debt buyers are **not** allowed to take any collection actions against you until at least 6 months (182 days) from the day you received services or were discharged, whichever is later.
3. Beginning June 1, 2022, hospitals, medical providers, collection agencies, debt collectors, and debt buyers are **not** allowed to foreclose on your home due to debt from hospital bills.
4. Beginning September 1, 2022, hospitals, medical providers, collection agencies, debt collectors, and debt buyers are required to send you a notice at least 30 days before taking any collection action against you for an unpaid hospital bill. The notice must tell you that they might send your bill to collections. The notice must also

tell you about Hospital Discounted Care and how to apply.

Additionally, under existing state and federal laws, collection agencies and debt collectors must send you a notice, letting you know they have debt they are attempting to collect from you and giving you a chance to tell them if there's been a mistake and the information they have is wrong. Under the new Hospital Discounted Care law, these notices (sometimes called "validation of debt notices") must include the following statement: "Pursuant to Colorado law, discounts for hospital services are available for qualified individuals." They must also include a link to an explanation of patients' rights under Hospital Discounted Care.

I got hospital care before September 1, 2022. Does this law still protect me?

Understanding when the new patient protections went into effect can be tricky.

Most of the new law went into effect on September 1, 2022, but a couple collections-related provisions went into effect on June 1, 2022.

Key information on effective dates is summarized below. If you have questions about your specific situation, you can contact the Colorado Consumer Health Initiative at:

www.cohealthinitiative.org/hospital-discounted-care

Screening and discounts

All patients who receive hospital care **on or after September 1, 2022**, have the right to screening and the right to Hospital Discounted Care if they qualify based on their income.

Patients who received hospital care **before September 1, 2022**, may still be eligible for help paying their hospital bills. Check with your hospital for more information about what financial assistance options are available to you. And if you have questions about how the new Hospital Discounted Care law applies to you, contact the Colorado Consumer Health Initiative at:

www.cohealthinitiative.org/hospital-discounted-care

Collections requirements

Beginning **June 1, 2022**, hospitals, medical providers, collection agencies, debt collectors, and debt buyers are **not**

allowed to take any collection actions against you until at least 6 months (182 days) from the day you received services or were discharged, whichever is later.

Beginning **June 1, 2022**, hospitals, medical providers, collection agencies, debt collectors, and debt buyers are prohibited from initiating foreclosure on your home. This protection applies regardless of when you received care.

Beginning **September 1, 2022**, at least 30 days before taking any collection action, hospitals, medical providers, collection agencies, debt collectors, and debt buyers collecting on an unpaid hospital bill must notify you of potential collection actions and give you information about the availability of Hospital Discounted Care and how to apply. This protection applies regardless of when you received care.

Under existing state and federal laws, collection agencies and debt collectors have to send you a notice, letting you know they have debt they are attempting to collect from you and giving you a chance to tell them if there's been a mistake and the information they have is wrong. Beginning **September 1, 2022**, under the new Hospital Discounted Care law, these notices (sometimes called "validation of debt notices") must include a link to a written explanation of patient rights to Hospital Discounted Care and a sentence about the availability of discounts. This protection applies regardless of when you received care.

03

How to take action if you have a problem



What do I do if I have a question for the hospital?

Call the hospital where you received care and say you want to talk to someone about Hospital Discounted Care. Your hospital might also use the words “hospital financial assistance” or “charity care” to talk about discounts on your hospital bills.

To find contact information for your hospital, visit:

www.cohealthinitiative.org/hospital-discounted-care

What do I do if I don't agree with the hospital's decision?


If you disagree with the hospital's decision about your eligibility for Hospital Discounted Care, you have the right to appeal. An appeal is when you ask for your case to be reviewed again. If the review finds that the hospital made a mistake, the hospital must correct the mistake.

You might want to appeal if:


1. The hospital denied your application for Hospital Discounted Care, but you believe you are eligible.

! *If this is your situation and you want to appeal, you have to move quickly: You have **30 days** from the date on the determination letter from the hospital to appeal.*

2. The hospital accepted your application for Hospital Discounted Care, but you believe the amount they list as your household income is more than your actual household income. In this case, your payment plan would be higher than you believe you deserve.

 *If this is your situation and you want to appeal, you have to move quickly: You have **30 days** from the date on the determination letter from the hospital to appeal.*

3. You applied for discounts, and the hospital never told you whether your application was approved or denied. If it has been more than 14 days since you completed your application and you still have not heard back from the hospital about whether you were approved, contact your hospital. Typically, the hospital will help you without you needing to appeal. But if it has been more than 14 days and fewer than 60 days since you completed your application, you have the right to appeal.

 *If this is your situation, first contact the hospital and explain the situation. They should be able to help. If you decide you want to appeal, you have to move quickly: In this situation, you have **60 days** from the date you completed your application for discounts to appeal.*

Here are the steps of the appeals process:

1. You can appeal the hospital's decision **within 30 days** of the date on the determination letter. You can appeal by mail, email, or patient portal message, if the hospital has that option.
2. The hospital must confirm that they got your appeal **within 3 days** of receiving it.
3. The hospital has **15 days** from receiving your appeal to 1) review your application again and decide whether they made a mistake, and 2) tell you and the state agency in charge of Hospital Discounted Care, Colorado Department of Health Care Policy & Financing (also known as "the Department"), what they decided.
4. If the hospital decides that they made a mistake the first time, they must correct their mistake and send you a new notice reflecting the correction. If the hospital decides they

did not make a mistake the first time, you can proceed to Step 5 if you want.

5. If the hospital decides they did not make a mistake, and you want the Department to take a second look at your case, you have **15 days** from the date of the hospital's appeal decision to contact the Department.

There are two ways to contact the Department with an appeal. You can email them at hcpf_hospdiscountcare@state.co.us, subjectline "Appeal of Discounted Care Redetermination" and your name. Or you can send a letter to the following address:

Colorado Department of Health Care Policy and Financing
Attention: Hospital Discounted Care
c/o State Programs Unit, Special Financing Division
1570 Grant Street
Denver, CO 80203

6. The Department has **15 days** from the date they received your email or letter to review your case and make a final decision. They will send a letter with their decision to you and to the hospital. If the Department decides that the hospital made a mistake, the hospital must send you a letter saying you are eligible for discounted care for the specific date or dates you originally applied for.

What do I do if I have a complaint?

Sometimes patients have problems with Hospital Discounted Care, and they want to submit a complaint about their experience. For example, maybe you think the hospital did not screen you the way they were supposed to. Maybe a medical provider is not giving you the discounts you think you qualify for. Or maybe you speak a language other than English, and the hospital is not helping you in the language you speak best.

You have the right to submit a complaint about a hospital or medical provider.

The Colorado Department of Health Care Policy & Financing is responsible for collecting complaints about Hospital Discounted Care.

You can send a complaint to the Department in the following ways:

By email: hcpf_HospDiscountCare@state.co.us

By phone: 303-866-2580

Or by mail, addressed to the mailing address listed on the previous page.

The Department will review your case within 30 days of receiving your complaint.

Sometimes someone from their office can help you with your problem.

Submitting complaints is important because it helps the Department understand what problems are happening on the ground, so they can help fix them. For example, if a hospital is not respecting their patients' rights, the Department can step in to make sure the hospital corrects the problem. If there are repeated problems at a hospital, the Department can even fine the hospital or put them on an improvement plan.

You can also tell patient advocates about your issue.

The patient advocates who wrote this guide — the Colorado Consumer Health Initiative, Colorado Center on Law and Policy, and Vedra Law — are also monitoring how the new law is working for Colorado patients. If you have an experience you want us to know about, you can tell us about your experience at:

www.cohealthinitiative.org/hospital-discounted-care

What do I do if a hospital turns me away or won't treat me?

Hospitals are not allowed to turn you away or refuse to treat you because you might qualify for Hospital Discounted Care, because you don't have health insurance, because you have an unpaid medical bill, or because you need long-term treatment. If a hospital turns you away or refuses to treat you because of any of these things, **they are breaking the law.**

If you think you have been unfairly denied care, submit a complaint with the Colorado Department of Health Care Policy & Financing. (See "What do I do if I have a complaint?") You can also contact the Colorado Consumer Health Initiative at:

www.cohealthinitiative.org/hospital-discounted-care

What do I do if I think my rights as a patient have been violated?

If you think that a hospital, medical provider, collection agency, debt collector, or debt buyer has violated your rights under Colorado's new Hospital Discounted Care law, contact the Colorado Consumer Health Initiative at:

www.cohealthinitiative.org/hospital-discounted-care

The Colorado Consumer Health Initiative does not provide legal assistance, but they may be able to connect you with someone who can help.

I've read this guide, and I still need help. What should I do?

For additional help, contact the Colorado Consumer Health Initiative at

www.cohealthinitiative.org/hospital-discounted-care

resources

Additional Resources

Colorado Consumer Health Initiative, Colorado Center on Law and Policy, and Vedra Law created a Hospital Discounted Care web page for patients and patient advocates. Visit:

www.cohealthinitiative.org/hospital-discounted-care

to find additional materials about Hospital Discounted Care, to download this guide in other languages, to share your story, or to request patient assistance.

Colorado Department of Health Care Policy & Financing is the state agency in charge of Hospital Discounted Care. They have two web pages where you can learn more about Hospital Discounted Care:

<https://hcpf.colorado.gov/hospital-discounted-care> (more detailed)

and:

<https://hcpf.colorado.gov/colorado-hospital-discounted-care> (less detailed)

Review their *Hospital Discounted Care Operations Manual* for more detailed information about discounts.

State law and regulations:

The bill that created Hospital Discounted Care is called House Bill 21-1198:

https://leg.colorado.gov/sites/default/files/2021a_1198_signed.pdf

In 2022, House Bill 22-1403, pushed back the implementation dates of many pieces of House Bill 21-1198 from June 1, 2022, to September 1, 2022:

<https://leg.colorado.gov/bills/hb22-1403>

The Colorado laws — also known as the Colorado Revised Stat-

utes — that provide authority for Hospital Discounted Care are as follows: Section 25.5-3-501 et seq. (definitions, screening requirements, discounts, notification of patient rights, hospital data reporting requirements, state agency enforcement mechanisms and responsibilities, limitations on collection actions); Section 5-16-108 (restrictions on debt collection); Section 6-20-201, 203 (limitations on collection actions).

The rules — also known as the Colorado Code of Regulations — that govern Hospital Discounted Care are found at 10 CCR 2505-10 Section 8.920. To find the rules, go to:

<https://hcpf.colorado.gov/departments-program-rules-and-regulations>

Scroll down, click on “8.900 - 8.999”, and find the “Current Version” of the rules.