

# Are You Eligible for Discounted Care?

## Your Rights as a Patient Under Hospital Discounted Care

If you need help paying a hospital bill, you can see if you qualify for discounted care. You can call the hospital at 970-586-2317 to set up an appointment to see if you qualify.

### Overview:

- You may qualify for discounted care if your income is low.
- If you qualify:
  - Hospitals and providers must limit your bills.
  - You must be offered a payment plan based on your income.
- You may still qualify even if you:
  - Are not a citizen.
  - Are an immigrant.

### Your Rights

- Under the new law you have the right to:
  - Check to see if you qualify for discounted care.
  - Check to see if you qualify for public health care coverage.
  - Be given a payment plan if you qualify.

### Summary of New Law, starting September 1, 2022

- If your gross household income is at or below 250% of the federal poverty level:
  - You may be able to get discounts on your health services.
  - You have the right to a payment plan based on your income.
  - To see if your household income qualifies you may ask the hospital where you received care or visit: <https://hcpf.colorado.gov/colorado-hospital-discounted-care>
- You can get information in your primary language about your rights.
- For more information go to: <https://hcpf.colorado.gov/colorado-hospital-discounted-care>.

### New Law About Bills from Hospital

- The most a hospital can bill for a service is set by the Department of Health Care Policy and Financing.
- The hospital must break the bill into monthly charges.
  - Your monthly bill cannot be more than 4% of your monthly income.
- You may be billed by a provider who works at the hospital.
  - The provider's monthly bill cannot be more than 2% of your monthly income.
- You do not owe any more money
  - Once you make 36 payments, or
  - Pay the full amount due on your payment plan.

### Public Health Coverage and Discounts

- If you do **NOT** have health insurance:
  - The hospital must see if you are eligible for the following:

- Public health coverage and discount programs, like Health First Colorado, Child Health Plus (CHP+), Emergency Medicaid, Colorado Indigent Care Program (CICP), and hospital discounts
  - These can cover all or most of your health care bills. If

you have health insurance:

- You have the right to have your eligibility checked for discounts.
- You must ask to be checked for eligibility for discounts and public health coverage programs.

The hospital must check to see if you qualify within 45 days of when you received the service or ask to be screened.

You may refuse to be screened. If you refuse to be screened, you may lose your right to take legal action against the hospital and providers for:

- Not checking to see if you qualify for programs, or
- Not giving you discounts.

### Bill Collection Under Hospital Discounted Care

- Before sending your bill to collections, a hospital or provider who works at the hospital must:
  - Do what is listed above.
  - Give you a payment plan if you are eligible.
  - Explain all the services and fees on your bill in your primary language.
  - Bill your insurance (if you have insurance).
  - Notify you they may send you to collections.
- If your bill is sent to collections without doing all the steps listed above, you can take legal action.

### Decision and Appeals

- The hospital must notify you of the decision within 14 days of completing an application.
- How to appeal the decision.
  - An appeal happens when you do not agree with a decision.
  - You ask for your case to be reviewed for mistakes.
  - You have 30 days from the date the hospital gave you the decision to file an appeal.
  - For more information on how to appeal visit <https://hcpf.colorado.gov/hospital-discounted-care> or call 1-800-221-3943.

### Complaints

- You can file a complaint if you feel that any of your rights listed above have not been met.
- Complaints can be filed with the hospital or provider.
- Complaints can also be filed with the Department of Health Care Policy and Financing.
  - To file a complaint with the Department, contact 303-866-2580 or [hcpf\\_HospDiscountCare@state.co.us](mailto:hcpf_HospDiscountCare@state.co.us).
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DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.



\_\_\_\_\_  
Name of Patient (printed)

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature of patient or legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time