



Title:	Financial Policies
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Scope:	Huerfano County Hospital District
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Standard/Rule #:	C.R.S. 25-3-112 Colorado Hospital Payment Assistance Program https://hcpf.colorado.gov/cicp I.R.S 501(r) Financial Assistance

POLICY

Huerfano County Hospital District (HCHD) is compliant with federal and state regulations and has the financial stability to provide medical services to residents of Huerfano County.

PURPOSE

This policy is an overview of the HCHD financial practices related to services provided to patients.

PROCEDURE

Payment Responsibility

The guarantor or legal representative is responsible for all charges incurred at the time of service.

Payment for services includes:

- Insurance and other third-party payors
- Cash, check, or credit card
- Monthly interest-free payment plans
- Long-term interest-bearing payment plans
- Financial assistance (Colorado Indigent Care Program or Hospital Discounted Care)

Non-Discrimination of Services

Emergency services are provided regardless of a patient's ability to pay. Services are provided to patients in an inclusive manner that does not discriminate based on race, color, religion, sex, national origin, or sexual orientation.

Emergency Services

Emergency services are provided regardless of a patient's ability to pay; however, the credit policies of HCHD will be enforced after emergency services have been rendered. After a medical screening has been performed per EMTALA regulations, patients will be required to make satisfactory payment arrangements.

Assignment of Benefits

HCHD will bill non-contracted insurance plans as a courtesy to its patients if the patient provides the required insurance information and signs an Assignment of Benefits statement. The Insurance or Worker's Compensation Information Request forms are given to patients who state they have coverage but cannot provide proof at the time of service.

Elective or Non-Covered Services

Payments for all services that are non-emergent are due and payable prior to or at the time of service, including co-payments for entitlement or financial assistance programs. Financial counseling is provided by the HCHD Financial Counselor and other staff.

Financial Assistance Screening

All uninsured patients, and insured patients upon request, are screened for financial assistance at the time of service. Patients may opt out of screening if they wish.

Medicaid Certified Application Assistance Site

HCHD has a Certified Application Counselor trained by the State of Colorado to assist patients with applications for Medicaid.

Colorado Indigent Care Program

Spanish Peaks Regional Health Center (SPRHC) participates in the Colorado Indigent Care Program (CICP) for emergency hospital services per the Program guidelines. SPRHC may include non-emergency services to CICP recipients at their discretion and with the approval of the State.

Patients who qualify for CICP will not be billed and will have their balances adjusted to the hospital's internal financial assistance program.

Hospital Discounted Care

HCHD participates in the State of Colorado Hospital Discounted Care (HDC) House Bill 21-1198 for patient financial assistance.

Patients who qualify for HDC will not be billed and will have their balances adjusted to the hospital's internal financial assistance program.

Pre-admission Program

- Pre-admission information is obtained prior to scheduled hospital admissions and specific outpatient services.
- Third-party payors are contacted to verify benefits and obtain authorization for services, as necessary.
- Patients who are uninsured are screened for the likelihood for financial assistance and referred to the Financial Counselor in the Patient Financial Services Department.

Pre-Admission and Pre-Discharge Collections

Patient deductibles and copayments, including prior balances owed to the hospital or an outside collection agency, are requested:

- During the pre-admission process by the Registration staff.
- At the time of service by the Registration staff.
- During a patient's hospital stay by the Registration staff.

Contractual Allowances

Contractual adjustments, bad debt write-offs, policy adjustments, etc. are handled in accordance with written contracts between third-party payors and HCHD, or according to the PFS Department's policies and procedures.

Discounts

All patients with no other source of payment receive a ten (10%) percent discount from their total charges. Patients who pay their balances in full prior within thirty (30) days of the first statement, and prior to outsourcing to AR Services, will receive a prompt-pay ten (10%) percent discount from the remaining balance. Patients who request an additional discount must apply for financial assistance to prove a financial hardship.

Bad Debt Settlements

If an outside collection agency contacts the hospital with a settlement proposal on a bad debt account, the Revenue Cycle Director may negotiate on a case-by-case basis based on:

- Age of account(s)
- Balance on account(s)
- Amount of proposal
- Ability of guarantor to pay
- Other extenuating circumstances

Third-Party Litigation

HCHD may place a hospital lien on a patient's third-party liability claims (i.e., automobile accidents, liability claims, etc.), except for verified Worker's Compensation Claims.

Third-Party Audits

HCHD recognizes the need for audits of insurance claims by insurance companies or their contracted audit firms. The hospital will cooperate in making available required information as outlined in the Third-Party Audit Guidelines policy.

Refunds

Overpayments will be refunded to the patient or third-party payer. Patient refunds will not be processed until all outstanding accounts are paid in full.

RESCISSION

This document was revised on 08/01/22.