



MANUAL/DEPARTMENT	Administrative Manual
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APPROVED BY	Jeffrey Harrington (SVP Chief Financial Officer)

POLICY: Financial Assistance Policy (FAP) - Public Policy

PURPOSE

1. To define how patients are determined to be eligible for Financial Assistance in accordance with Children's Hospital Colorado's (CHCO's) [Non-Discrimination of Patients](#) policy and IRS regulations.
2. To standardize the process to assess a patient/family's ability to pay for services and for CHCO to collect appropriate payments from patients/families based on their qualifications and the Federal/State poverty guidelines.
3. To define the policy for billing and collecting money from patients/families that are paying for their medical care while making sure that CHCO has a reasonable way to collect payments owed.

SCOPE/PERSONNEL

All CHCO team members at all CHCO locations and all patients treated at any CHCO location.

DEFINITIONS

<i>Accounts Receivables (A/R)</i>	Money owed by customers to CHCO in exchange for care and services that have been delivered or used, but not yet paid.
<i>Bad Debt</i>	An account receivable based on services provided to a patient that is regarded as uncollectable, following reasonable collection efforts and aged at least 120 days from the date CHCO provided the first post-discharge billing statement for the care, consistent with IRS section 501(r) requirements.
<i>Children's Charity Care Program</i>	A CHCO program that provides Financial Assistance for patients who are Uninsured or Underinsured and have demonstrated financial need.
<i>Colorado residence qualification</i>	Proof of residency requires applicants provide a utility or phone bill, lease agreement or mortgage statement, communication from the child's school, identification cards (i.e., Driver's license, state issued ID), bank statement, or a letter of support from a family member or friend.
<i>Extraordinary Collection Actions (ECA)</i>	ECAs are actions taken by CHCO against an individual related to obtaining payment of a bill for care covered under CHCO's FAP that require a legal or judicial process (except certain liens or bankruptcy claims), involve selling an individual's debt to another party unless certain contractual terms are in place, or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus (collectively, credit agencies).
<i>Financial Assistance</i>	The provision of health care services free or at a discounted rate to individuals who meet the criteria established in this Financial Assistance Policy.
<i>Financial Assistance Policy (FAP)</i>	This policy, which describes the: <ul style="list-style-type: none"> • Eligibility rules for financial help and whether such help includes free or discounted care; • Financial assistance and discounts available to qualified individuals; • Basis for calculating the amounts charged to patients; • Method for asking for Financial Assistance; and • List of any providers delivering care in the hospital and which, if any, are covered by the facility's FAP and which are not.
<i>Federal Poverty Level (FPL)</i>	A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain government programs and

	benefits. Federal Poverty Guidelines are published annually by the Federal Government.
<i>Government Program</i>	Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a State health care program (e.g., Medicaid, Child Health Plan [CHP+]), with the exception of the Federal Employees Health Benefits Program.
<i>Guarantor</i>	A person or entity that agrees to be the financially responsible party and/or can legally consent to care by signing the Admission Agreement form
<i>Guarantor Statement</i>	A bill for care given. It is a summary of billing and payment information about patient accounts linked to one guarantor.
<i>Income</i>	Includes earnings, unemployment compensation, workers' compensation, Social Security, supplemental security income, public assistance, veterans payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) are not included in Income. Family income is calculated before taxes and excludes unrealized capital gains or losses. Income can include other unearned income which is countable gross cash received from sources other than employment.
<i>International Individual</i>	Any person receiving services who meets one of the following criteria: <ul style="list-style-type: none"> • A non-U.S. citizen with non-U.S. insurance not living in the U.S. or U.S. territory • A non-U.S. citizen with U.S. insurance not living in the U.S. or U.S. territory • A non-U.S. citizen with no insurance not living in the U.S. or U.S. territory • A non-U.S. citizen that is sponsored by a foreign embassy
<i>Liquid Assets</i>	Assets that can be converted into cash in a relatively short period of time, generally within 30 days. This includes, but is not limited to, checking accounts, saving accounts, trust accounts (if funds are available immediately), the cash value of life insurance, short-term Certificates of Deposit (CDs) and partnership earnings kept in reserve. Retirement accounts and Tax Sheltered Annuities are liquid resources, if the applicant can draw funds out of the account without a penalty.
<i>Medical Emergency</i>	An injury or illness that is acute and poses an immediate risk to a person's life or long term health.
<i>Medical Necessity / Medically Necessary</i>	A covered service will be deemed medically necessary if, in a manner consistent with accepted standards of medical practice, it is found to be an equally effective treatment among other less conservative or more costly options, and meets at least one of the following criteria: The service will, or is reasonably expected to: <ul style="list-style-type: none"> • prevent or diagnose the onset of an illness, condition, primary disability or secondary disability; • cure, correct, reduce or ameliorate the physical, mental, cognitive or developmental effects of an illness, injury or disability; • reduce or ameliorate the pain or suffering caused by an illness, injury or disability; • assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living.
<i>Non-covered charge</i>	Incurred charges that are deemed not a covered benefit per the patient's/guarantor's insurer.
<i>Self-Pay</i>	Patient does not have, or chooses not to use, commercial insurance, government program coverage, or other Financial Assistance. At the time of billing, a 35% discount will be applied to all self-pay balances.
<i>Underinsured</i>	Guarantor has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.
<i>Uninsured</i>	Guarantor has no insurance or third-party assistance to support meeting his/her payment obligations.

GENERAL INFORMATION

1. CHCO is committed to providing Financial Assistance to persons who have health care needs and are Uninsured, Underinsured, ineligible for a Government Program, or otherwise unable to pay for medically necessary care based on their individual financial situation.
2. Consistent with CHCO's mission to improve the health of children through the provision of highquality, coordinated programs of patient care, education, research and advocacy, CHCO strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. CHCO will provide, without discrimination, treatment to stabilize emergency medical conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance, in accordance with EMTALA.
3. To preserve CHCO's ability to serve the pediatric health care needs of the community, Uninsured or Underinsured persons seeking scheduled, non-Medical Emergency but Medically Necessary services will be financially evaluated prior to receiving services. If a patient presents for an emergent or urgent condition, determining Financial Assistance needs will occur after stabilization and treatment. See [EMTALA \(Emergency Medical Treatment and Labor Act\)](#).
4. The Colorado Indigent Care Program (CICP) and the CHCO Charity Program are not insurance programs, but rather discount programs for those who are Uninsured or Underinsured and have demonstrated financial need.
5. CHCO will not participate in nor support any activities (including media access) related to fundraising efforts intended to pay for a specific patient's care.
6. CHCO's Charity Care Program cannot be used for costs associated with housing, food, transportation, immigration status, or services/supplies related to continuity of care (e.g., durable medical equipment, home care).
7. CHCO is available to help identify community based resources, facilitate services, and provide appropriate referral assistance. A Financial Counselor may be contacted at 720-777-7001.
8. CHCO is not obligated to provide Financial Assistance for non-Medical Emergency services.
9. CHCO acts in accordance with Colorado Revised Statute § 25-3-112 and 26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7.
10. Copies of this FAP are available in multiple languages, including English and Spanish.

POLICY**1. Financial Assistance Eligibility Requirements****A. Financial Assistance Eligibility Criteria**

- 1) The applicant(s) Income, with consideration of Liquid Assets, must be below 250%, or in limited circumstances described in paragraph 2 below 500%, of FPL.
- 2) Financial Assistance for Medical Emergency services is available to all patients.
- 3) Financial Assistance for non-Medical Emergency but Medically Necessary care is available only to non-International Individuals:
 - a. Colorado residents age 14 and younger (Colorado residents older than age 14 may be eligible but will require administrative approval); and
 - b. Individuals who can provide proof of Colorado residency but cannot provide documentation of U.S. citizenship may be eligible but will require administrative approval.
- 4) CHCO Charity Care Program will only act as a primary payer if the patient is Uninsured and is ineligible for any Government Program. If an individual only has Emergency Medicaid for an inpatient life or limb threatening condition, an exception may be made, and the applicant may be eligible for Financial Assistance.
- 5) CHCO Charity Care Program may act as a secondary payer if the patient has commercial coverage but is Underinsured. The secondary coverage may provide for a reduction in the amount of co-payments, deductibles, and co-insurance. In addition, CHCO Charity Care Program may also be used in cases when insurance benefits have been exhausted and services are deemed Medically Necessary (e.g., PT/OT, EDU, Audiology, Speech and Learning services).
- 6) A complete application for CHCO Financial Assistance is required to determine eligibility.
 - a. The information required to determine Financial Assistance eligibility is listed in the application.
 - b. If Financial Assistance will be used to cover past dates of service, the patient/family must indicate the request for such assistance on the application.
- 7) Application Period

- a. The application must be completed within 365 days from the date that the first postdischarge billing statement for the care is provided. Any services provided more than 365 days prior to the application date will not be eligible for Financial Assistance.
 - b. If an incomplete application is submitted within the application period, the individual will be informed about missing information, how to get assistance, and will have 60 days to complete the application before ECAs will occur. If ECAs have already started, CHCO will stop ECAs during the 60-day period.
- B. If a complete application is received, ECAs will be suspended until a determination is made about eligibility for Financial Assistance and, if the individual is found eligible, ECAs will be reversed, refunds made, and if amounts are still owed a statement will be provided showing how that amount was determined.
- 1) New Facility Certification Exception. In the event of a pending CMS certification number (CCN), such as a new hospital facility or other location requiring a separate certification, that location may be classified by insurers as out-of-network (not yet contracted with CHCO at that location) for a short period of time following the effective date of the CCN. Therefore, for 120 days after the effective date of the CCN, both Self-Pay patients and patients with insurance coverage for which the new location is out-of-network receiving services at the newly certified location will be eligible for Financial Assistance if the applicant(s) Income is below 500% of FPL based on family size. The patient's insurance will still be billed, and the insurer must process or deny the claim, leaving a patient balance. All eligibility requirements and proof of Income still apply. CHCO will make all reasonable efforts to identify those patients who may qualify for this exception during the limited 120-day time period. Following 120 days after the effective date of the CCN, the eligibility standard will revert to the usual 250% of FPL based on family size, regardless of whether the patient's insurance plan is in-network or out-of-network, according to the established eligibility requirements (section 1.E).
- C. Expectations for patients eligible for Financial Assistance under the CHCO Charity Care Program. The applicant(s) must:
- 1) Notify CHCO if there is a change in financial and/or coverage status; failure to do so may result in termination from the program;
 - 2) Pay the co-payment(s) on the attached schedule at the time of service; and
 - 3) Bring the CHCO Charity Care Program identification card to every visit.
- D. Financial Assistance Ineligibility Criteria – Patients are not eligible for Financial Assistance if:
- 1) CHCO determines or identifies that the patient/family provided false information.
 - 2) The patient is not a Colorado resident / is an International Individual and the care needed is not due to a Medical Emergency. Each non-Colorado resident/International Individual will be reviewed on a case-by-case basis to determine eligibility. The review team will include the manager of operations of Patient Access, Case Management, the executive director of Revenue Cycle, and other CHCO team members when appropriate.
 - 3) The patient/family fails to comply with application requirements for other programs (e.g., Medicaid, CICP, exchange plans, etc.).
 - 4) The patient/family fails to complete an application/provide the required information within 365 days of the first billing statement.
 - 5) Certain services and expenses are normally not covered under CHCO Charity Care Program, including the following:
 - a. Transplants, although they may be covered if a required clinical assessment for nonEmergency Medical care demonstrates the patient can adhere to the post-transplant medical requirements.
 - b. Procedures denied by a medical insurance provider as “Non-Covered” benefits (unless related to the New Facility Certification Exception described above), including:
 - Services incurred prior to obtaining authorization from the patient's insurance;
 - Experimental procedures;
 - Services denied by payers for non-compliance by the member (e.g., coordination of benefits not submitted).
 - c. Services related to research studies or performed under grant funding.
 - d. Services covered by single case agreements.
- E. The Financial Counseling Department is the final authority for determining that CHCO has made reasonable efforts according to the IRS and State of Colorado requirements to determine whether an individual is eligible for Financial Assistance.
- 1) **Note:** CHCO can make changes to the CHCO Charity Care Program and/or the FAP at any time without notice.

2. Income Eligibility Information

A. Federal Poverty Level (FPL) income guidelines chart is used to determine CHCO Charity Care Program Annual Maximum Income Guidelines. Information provided here is updated in February of each year.

<u>Family Size</u>	<u>FPL Annual Income</u>		<u>250% FPL Annual Income</u>	<u>*500% FPL Annual Income</u>
1	\$13,590	\$ 33,975	\$ 65,465	
2	\$ 18,310	\$ 45,775	\$ 88,435	
3	\$ 23,030	\$ 57,575	\$ 111,405	
4	\$27,750	\$ 69,375	\$ 134,375	
5	\$ 32,470	\$ 81,175	\$ 157,345	
6	\$37,190	\$ 92,975	\$ 180,315	
7	\$41,910	\$ 104,775	\$ 203,285	
8	\$ 46,630	\$116,575	\$ 226,255	

<u>Charity Rating</u>	<u>Percent of Federal Poverty Level</u>
N	40%
A	62%
B	81%
C	100%
D	117%
E	133%
F	159%
G	185%
H	200%
I*	250%
Z**	40%

* A Percent of Federal Poverty Level for Charity Rating I of 500% will apply only to patients receiving services at a newly certified location as described above, and only for 120 days after the effective date of the CCN.

** Z ratings are for homeless clients.

3. Billing and Collections Policy

A. CHCO will seek payment on Self-Pay accounts with balances (i.e., patient liabilities). CHCO will not initiate ECAs before making reasonable efforts to decide whether Financial Assistance is available and/or collection efforts have been pursued. Any itemized statement requested by a guarantor will be given within 10 days of such request, in compliance with Colorado Revised Statute § 25-3-112.

B. CHCO will make reasonable efforts to notify patients and families about the FAP through the following methods:

- 1) Orally notify individuals about the FAP and how to obtain assistance with the application process.
- 2) CHCO will refrain from initiating ECAs for at least 120 days from the date CHCO provides the first post-discharge billing statement for the care.
- 3) CHCO will send at least three monthly billing notices, every 30 days, to the Guarantor of an account informing of a balance due.
 - a. First Notice informs the Guarantor that there is an unpaid balance due on an account;
 - b. Second Notice reminds the Guarantor of continued unpaid balance;
 - c. Final Notice of the past due account notifies the Guarantor that he/she has thirty (30) days to resolve the debt, or ECAs may be taken on the debt and will specify the ECAs that CHCO intends to take and include a copy of the copy of plain language summary.
 - Note: The account can either be paid in full, set up on a payment plan, referred to financial counseling, or more insurance information obtained during this timeline. A plain language notice of CHCO's FAP is provided in both English and Spanish on every billing statement.

- 4) After three billing notices have been sent and no payment has been received within 60 days of the Final Notice, the account may be turned to Bad Debt and ECAs may be taken.
 - a. Accounts qualify for Bad Debt when patient balances (i.e., Self-Pay) have not been paid and CHCO has made reasonable efforts, that include but are not limited to phone calls, statements or letters, to decide whether the individual is eligible for Financial Assistance.
 - b. The Bad Debt agency will report to the credit bureau 60 days after an account is placed with such Bad Debt agency if no action is taken by the Guarantor to resolve the balance either by making a payment or by submitting additional dispute information.
 - c. If all other options to collect payment have been taken and an account in Bad Debt has aged more than 60 days without contact from the Guarantor or the Guarantor refuses to resolve the balance, legal action may be taken.
 - 5) Initiation of a Financial Assistance Application
 - a. The application period for Financial Assistance will end no earlier than 240 days from the first post-visit bill.
 - 6) All parties engaged in collection actions for CHCO will follow to this policy.
4. Amounts Generally Billed (AGB)
- A. CHCO limits the amount charged for care it provides to any individual who is eligible for assistance under its FAP. The amounts billed for Medical Emergency and Medically Necessary medical services to patients eligible for Financial Assistance are calculated based on the lookback method and will not be more than the AGB to individuals with insurance covering such care.
- CHCO is using the “look-back” method based on actual past claims paid to the hospital facility by Medicare fee-for-service together with all private health insurers paying claims to the hospital facility (including, in each case, any associated portions of these claims paid by Medicare beneficiaries or insured individuals). CHCO calculates an AGB percentage for each facility and uses the lowest percentage for all facilities, which is 58.38%. The AGB percentage will be reviewed and updated by the 120th day after the 12-month period the hospital facility used in calculating the AGB percentage, which is April every year for CHCO.
5. Provider Information
- A. Determinations of eligibility for Financial Assistance will also apply to the professional services of providers affiliated with the University of Colorado School of Medicine and billed by University Physicians, Inc. d/b/a CU Medicine.
- 1) Charges for professional services of providers affiliated with the following organizations will not be covered by CHCO Charity Care Program. These organizations may have their own financial assistance policies and inquiries should be made directly to these organizations by the patient.
 - a. TCH Radiology Professionals
 - b. Radiology & Imaging Consultants, P.C. (RIC)
 - c. University of Colorado Medicine Pathology Lab
 - d. Poudre Valley Medical Group, LLC d/b/a UC Health Medical Group (UCHMG)
6. Assistance and Methods For Applying
- A. Applications and assistance in completing applications are available for free: 1) Online (<http://www.childrenscolorado.org/about/your-bill>); 2) In-person at:
- a. the Anschutz Medical Campus located at 13123 East 16th Avenue, Aurora, CO 80045, or
 - b. the Colorado Springs Hospital at 4090 Briargate Parkway, Colorado Springs, CO 80920; or
- 3) By calling the Financial Counseling Department at 720-777-7001.
7. Policy and Plain Language Summary Access
- A. A copy of this policy and the plain language summary are available for free:
- 1) Online (<http://childrenscolorado.org/your-visit/insurance-financial-resources/financialassistance-programs/>); 2) In-person at:
 - a. the Anschutz Medical Campus located at 13123 East 16th Avenue, Aurora, CO 80045, or

- b. the Colorado Springs Hospital at 4090 Briargate Parkway, Colorado Springs, CO 80920;
or
- 3) By calling the Financial Counseling Department at 720-777-7001 or Patient Financial Services at 720-777-6422; or
- 4) By email at pfs@childrenscolorado.org

REFERENCES

26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7 <https://www.irs.gov/pub/irs-irbs/irb15-05.pdf>

ATTACHMENTS

[Addendum A - Self Pay Deposit Guideline](#)

[Dental Package](#)

[Financial Assistance Checklist](#)

[Financial Assistance and Payment Plan Information](#)

RELATED DOCUMENTS

[Non-Discrimination of Patients](#)

[EMTALA \(Emergency Medical Treatment and Labor Act\).](#)

[International Individual Scheduling and Financial Clearance](#)

[Self-Pay Agreement - English](#)

[Self-Pay Agreement - Spanish](#)

[Financial Assistance Policy \(FAP\) - Public Policy_Spanish](#)

[Financial Assistance Policy \(FAP\) - Public Policy_Arabic](#)

[Financial Assistance Application - Arabic](#)

[Financial Assistance Policy \(FAP\)-Public Policy_Amharic](#)

[Financial Assistance and Payment Plan Information_Amharic](#)

[Financial Assistance Application_Amharic](#)

[Financial Assistance Policy \(FAP\) - Public Policy_Nepali](#)

[Financial Assistance and Payment Plan Information_Nepali](#)

[Financial Assistance Application_Nepali](#)

[Financial Assistance Policy \(FAP\) - Public Policy_Somali](#)

[Financial Assistance and Payment Plan Information_Somali](#)

[Financial Assistance Application_Somali](#)

Reviewed By: Administrative Policy and Procedure Committee, Kimberly Bruntz (Operations Supervisor), Sarah Heifets (Policy & Advocacy Coord Sr)

“The official version of any CHCO P&P is the electronic copy posted on the intranet. Printed copies of policies required for any legitimate purpose should be printed from the intranet at or near the time required.”



CHCO/CU MEDICINE CICP and Charity Copayment Schedule

Outpatient Clinic Visit (Primary and Preventative care, CHC, ADO MED, YM, CAMP)						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$7	\$7	\$14	\$7	\$0	\$7
41-62%=A	\$15	\$15	\$30	\$15	\$0	\$15
63-81%=B	\$15	\$15	\$30	\$15	\$0	\$15
82-100%=C	\$20	\$20	\$40	\$20	\$0	\$20
101-117%=D	\$20	\$20	\$40	\$20	\$0	\$20
118-133%=E	\$25	\$25	\$50	\$25	\$0	\$25
134-159%=F	\$25	\$25	\$50	\$25	\$0	\$25
160-185%=G	\$35	\$35	\$70	\$35	\$0	\$35
186-200%=H	\$35	\$35	\$70	\$35	\$0	\$35
201-250%=I	\$40	\$40	\$80	\$40	\$0	\$40
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Specialty Outpatient Clinic Visit (Distinctive med care Oncology, Ortho, CCBD, Cardio, etc.)						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$15	\$15	\$30	\$15	\$0	\$15
41-62%=A	\$25	\$25	\$50	\$25	\$0	\$25
63-81%=B	\$25	\$25	\$50	\$25	\$0	\$25
82-100%=C	\$30	\$30	\$60	\$30	\$0	\$30
101-117%=D	\$30	\$30	\$60	\$30	\$0	\$30
118-133%=E	\$35	\$35	\$70	\$35	\$0	\$35
134-159%=F	\$35	\$35	\$70	\$35	\$0	\$35
160-185%=G	\$45	\$45	\$90	\$45	\$0	\$45
186-200%=H	\$45	\$45	\$90	\$45	\$0	\$45
201-250%=I	\$50	\$50	\$100	\$50	\$0	\$50
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Ancillary Services (XR, PFT, Ultrasound, Intervent Radiology, Stress Test, Genetic Testing)						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$15	\$0	\$15	\$15	\$0	\$15
41-62%=A	\$25	\$0	\$25	\$25	\$0	\$25
63-81%=B	\$25	\$0	\$25	\$25	\$0	\$25
82-100%=C	\$30	\$0	\$30	\$30	\$0	\$30
101-117%=D	\$30	\$0	\$30	\$30	\$0	\$30
118-133%=E	\$35	\$0	\$35	\$35	\$0	\$35
134-159%=F	\$35	\$0	\$35	\$35	\$0	\$35
160-185%=G	\$45	\$0	\$45	\$45	\$0	\$45
186-200%=H	\$45	\$0	\$45	\$45	\$0	\$45
201-250%=I	\$50	\$0	\$50	\$50	\$0	\$50
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Inpatient Admission, Observation, Bedded Outpatient and Sleep Studies						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$15	\$7	\$22	\$15	\$7	\$22
41-62%=A	\$65	\$35	\$100	\$65	\$35	\$100
63-81%=B	\$105	\$55	\$160	\$105	\$55	\$160
82-100%=C	\$155	\$80	\$235	\$155	\$80	\$235
101-117%=D	\$220	\$110	\$330	\$220	\$110	\$330
118-133%=E	\$300	\$150	\$450	\$300	\$150	\$450
134-159%=F	\$390	\$195	\$585	\$390	\$195	\$585
160-185%=G	\$535	\$270	\$805	\$535	\$270	\$805
186-200%=H	\$600	\$300	\$900	\$600	\$300	\$900
201-250%=I	\$630	\$315	\$945	\$630	\$315	\$945
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Outpatient Surgery						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$15	\$7	\$22	\$15	\$7	\$22
41-62%=A	\$65	\$35	\$100	\$65	\$35	\$100
63-81%=B	\$105	\$55	\$160	\$105	\$55	\$160
82-100%=C	\$155	\$80	\$235	\$155	\$80	\$235
101-117%=D	\$220	\$110	\$330	\$220	\$110	\$330
118-133%=E	\$300	\$150	\$450	\$300	\$150	\$450
134-159%=F	\$390	\$195	\$585	\$390	\$195	\$585
160-185%=G	\$535	\$270	\$805	\$535	\$270	\$805
186-200%=H	\$600	\$300	\$900	\$600	\$300	\$900
201-250%=I	\$630	\$315	\$945	\$630	\$315	\$945
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Outpatient Services (CT, MRI, PET, EMG, Cath Lab, Nuc Med)						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$30	\$22	\$52	\$30	\$22	\$52
41-62%=A	\$90	\$50	\$140	\$90	\$50	\$140
63-81%=B	\$130	\$80	\$210	\$130	\$80	\$210
82-100%=C	\$185	\$110	\$295	\$185	\$110	\$295
101-117%=D	\$250	\$140	\$390	\$250	\$140	\$390
118-133%=E	\$335	\$185	\$520	\$335	\$185	\$520
134-159%=F	\$425	\$230	\$655	\$425	\$230	\$655
160-185%=G	\$580	\$315	\$895	\$580	\$315	\$895
186-200%=H	\$645	\$345	\$990	\$645	\$345	\$990
201-250%=I	\$680	\$365	\$1,045	\$680	\$365	\$1,045
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

ED & Urgent Care						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$15	\$7	\$22	\$15	\$7	\$22
41-62%=A	\$25	\$35	\$60	\$25	\$35	\$60
63-81%=B	\$25	\$55	\$80	\$25	\$55	\$80
82-100%=C	\$30	\$80	\$110	\$30	\$80	\$110
101-117%=D	\$30	\$110	\$140	\$30	\$110	\$140
118-133%=E	\$35	\$150	\$185	\$35	\$150	\$185
134-159%=F	\$35	\$195	\$230	\$35	\$195	\$230
160-185%=G	\$45	\$270	\$315	\$45	\$270	\$315
186-200%=H	\$45	\$300	\$345	\$45	\$300	\$345
201-250%=I	\$50	\$315	\$365	\$50	\$315	\$365
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Prescription and Optical Shop						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$5	\$0	\$5	\$5	\$0	\$5
41-62%=A	\$10	\$0	\$10	\$10	\$0	\$10
63-81%=B	\$10	\$0	\$10	\$10	\$0	\$10
82-100%=C	\$15	\$0	\$15	\$15	\$0	\$15
101-117%=D	\$15	\$0	\$15	\$15	\$0	\$15
118-133%=E	\$20	\$0	\$20	\$20	\$0	\$20
134-159%=F	\$20	\$0	\$20	\$20	\$0	\$20
160-185%=G	\$30	\$0	\$30	\$30	\$0	\$30
186-200%=H	\$30	\$0	\$30	\$30	\$0	\$30
201-250%=I	\$35	\$0	\$35	\$35	\$0	\$35
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

Outpatient Lab						
Rating	Charity			CICP		
	CHCO	CU MED	Total	CHCO	CU MED	Total
0-40%=N	\$5	\$0	\$5	\$5	\$0	\$5
41-62%=A	\$10	\$0	\$10	\$10	\$0	\$10
63-81%=B	\$10	\$0	\$10	\$10	\$0	\$10
82-100%=C	\$15	\$0	\$15	\$15	\$0	\$15
101-117%=D	\$15	\$0	\$15	\$15	\$0	\$15
118-133%=E	\$20	\$0	\$20	\$20	\$0	\$20
134-159%=F	\$20	\$0	\$20	\$20	\$0	\$20
160-185%=G	\$30	\$0	\$30	\$30	\$0	\$30
186-200%=H	\$30	\$0	\$30	\$30	\$0	\$30
201-250%=I	\$35	\$0	\$35	\$35	\$0	\$35
0%-Z	\$0	\$0	\$0	\$0	\$0	\$0

The Hospital Inpatient & Ambulatory Surgery copayment is required for charges related to non-physician (facility) services incurred while receiving care in a hospital for a continuous stay of 24 hours or longer or Ambulatory Surgery for operative procedures received by a client who is admitted to and discharged from the hospital setting on the same day.

The Inpatient and Emergency Room Physician copayment is required for charges related to services provided directly by the physician in the hospital setting, including emergency room care.

The Outpatient Clinic copayment is required for charges related to non-physician (facility) and physician services received in the outpatient clinic setting. This includes charges for primary and preventative medical care. Does not include charges for outpatient services provided in a hospital (i.e., emergency room care, outpatient surgery, radiology).

The Hospital Emergency Room copayment is required for charges related to non-physician (facility) services incurred while receiving care in the hospital setting for a continuous stay of less than 24 hours, including in the Emergency Room.

The Specialty Outpatient Clinic copayment is required for charges related to non-physician (facility) and physician services received in the specialty outpatient clinic setting, but does not include charges for outpatient services provided in the hospital setting (i.e., emergency room physician, ambulatory surgery). Specialty outpatient charges include distinctive medical care (i.e., oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventative medical care.

The Prescription copayment is required for prescription drugs received at a qualified CICP health care provider's pharmacy.

The Laboratory Services copayment is required for charges related to laboratory tests received by the client that are not associated with an inpatient facility or hospital outpatient charge during the same period; radiology and imaging services in clinic setting.

Outpatient Services- ***Increased*** clients receiving a Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET), Sleep Studies, Catheterization laboratory (cath Lab), or other Nuclear Medicine services in an Outpatient Setting are responsible for the copayment which is reflected in the chart.

Ancillary Services are services that are performed at CHCO outside of a specific Primary Care or Specialty Clinic, Inpatient, Outpatient, Ambulatory Surgery, ED or Urgent Care visits (e.g., X-Rays (flat films), ultrasounds, stress tests, pulmonary function test, ECG, etc)

