



Children's Hospital Colorado

Affiliated with
University of Colorado
Anschutz Medical Campus

Policy | Non-Clinical

Administrative

Policy requires compliance by all affected Team Members.

POLICY: Financial Assistance Policy (FAP) - Hospital Discounted Care (HDC) and Charity Care
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LOCATION(S)

Children's Hospital Colorado (CHCO) - All Locations

TEAM MEMBERS

All CHCO Team Members at all CHCO locations and all patients treated at any CHCO location.

PURPOSE

1. To define the process for patients/families to apply for financial assistance to help with Children's Hospital Colorado (CHCO) medical bills.
2. To define the process CHCO uses to determine patient eligibility for Financial Assistance, including Hospital Discounted Care (HDC).
3. To standardize the process to determine 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 Poverty Guidelines.
4. 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.

DEFINITIONS

Amounts Generally Billed (AGB)	The amounts generally billed for Emergency Care or other Medically Necessary care to individuals with insurance covering such care. CHCO uses 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. The AGB percentage is reviewed and updated annually each April.
Bad Debt	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.
Hospital Discounted Care ("HDC"), also known as Charity Care	CHCO's program that provides Financial Assistance for eligible Qualified Patients consistent with the Health Care Billing for Indigent Patients Act of 2021, CRS 25-3-501, et seq., and the IRS's 501 (r) requirements.
Colorado Residence Qualification	HDC applicants must be residents of Colorado. A Colorado resident is a person who currently lives in Colorado and attests that they intend to remain and live in Colorado. A patient does not have to be lawfully present in the US to be screened or to receive services under HDC. Visitors from other states and students whose primary residence is outside Colorado do not qualify.
Episode of Care	Related visits, which will be registered in the EMR under the same Hospital Account Record ("HAR"). An Episode of Care may be used to determine when to initiate the screening process and the creation of and cap on payment plans.
Extraordinary Collection Actions (ECA)	ECAs are actions taken 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).

Family Size	Non-spouse or civil union partner, non-student adults ages 18-64 must have financial support demonstrated or attested to in order to be included in family size. All minors and those 65 and older do not need documentation of financial support to be counted in family size.
Financial Assistance	The provision of discounted health care services to patients who apply for and meet the criteria established in this Financial Assistance Policy, which may include assistance available through HDC.
Financial Assistance Policy (FAP)	This policy, which describes the: <ul style="list-style-type: none"> Eligibility rules for financial help and whether such help includes 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.
Federal Poverty Guidelines (FPG)	A measure of income level issued annually by the Department of Health and Human Services.
Government Program	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.
Guarantor	A person or entity that is or agrees to be the financially responsible party.
Billing Statement	A patient-facing communication that specifies an amount due for services and instructions for making payment.
Income	Includes earnings, unemployment compensation, workers' compensation, Social Security, supplemental security income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, royalties, income from estates, trusts, educational assistance, 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
International Individual	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
Medical Emergency/Emergency Care	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
Medical Necessity/ Medically Necessary	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: <p>The service will, or is reasonably expected to:</p> <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.
Qualified Patient	An individual who attests to residing in Colorado, whose household Income is not more than 250 percent of the Federal Poverty Guidelines (FPG), and who received an inpatient hospital service or outpatient hospital service at a health care facility.
Self-Pay	Patient does not have, or chooses not to use, commercial insurance, government program coverage, or other Financial Assistance. At the time of billing, if the patient does not have HDC, a standard 35% discount will be applied to all self-pay balances.
Underinsured	Guarantor has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.
Uninsured	An Uninsured individual means an individual who does not have creditable coverage to support meeting his/her payment obligations.

GENERAL INFORMATION

1. CHCO's HDC program is not insurance coverage, but rather a discounted care program for Qualified Patients who are Uninsured or Underinsured and have demonstrated financial need.
2. Consistent with CHCO's mission to improve the health of children through the provision of high-quality, 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 is committed to providing Financial Assistance for Emergency and Medically Necessary services on a non-discriminatory basis to Qualified Patients who are Uninsured, Underinsured, or otherwise unable to pay for medically necessary care based on their individual financial situation.
3. CHCO does not discriminate against applicants or patients based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, immigrant status, or disability. Communication aids, including sign language and interpreter services, are available at no charge.
4. CHCO will not deny discounted care on the basis that a patient has not applied for public benefits, unless during the initial screening, the patient is determined to be presumptively eligible for the State Medical Assistance Program, and CHCO will not deny admission or treatment of a patient because the patient may qualify for HDC.
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 Financial Counselors are available to help identify possible payment sources, community -based resources, facilitate services, and provide appropriate referral assistance. A Financial Counselor may be contacted at 720-777-7001.

POLICY

1. **Patient Rights:** CHCO will make reasonable efforts to notify patients and families about the availability of Financial Assistance and how to obtain help with the application process. Information about the patient's rights to apply for Financial Assistance is widely available in English and Spanish: on CHCO's public website, in patient waiting and admissions areas, verbally or in writing before patient discharge, and is included with each Billing Statement.
2. **Screening, Application, and Determination Notice**
 - A. **Screening Process:** CHCO offers to screen each Uninsured patient for eligibility for HDC, Health First Colorado (Colorado Medicaid), emergency Medicaid, Child Health Plan+, and other public health insurance at each hospital Episode of Care involving Emergency or Medically Necessary care. CHCO Financial Counselors will attempt to complete the screening process within 45 days from the date of service or date of discharge, whichever is later. The screening process consists of the first page (self-attestation) of the Colorado State Uniform Application. The patient can request to be screened for HDC up to 365 days past their date of service or date of discharge. Minors will not be screened separately from his/her parents or guardians unless they are emancipated or there exists a special circumstance.
 - B. **Application:** Any patient or patient's guardian aged 18 and older may apply to receive HDC. If the self-attestation indicates eligibility, CHCO Financial Counselors will provide the patient/Guarantor with a list of information and documents required to complete the application process. A patient/Guarantor can still request to complete the full application even if the screening indicates that they are likely not eligible. The patient/Guarantor will be asked to complete the Colorado State Uniform Application, and submit all required documentation, within 45 days. The patient/guardian will be notified of any missing documentation within 3 business days from receipt of the application. Failure to submit all required information and documentation may result in a delayed determination or denied application.
 - C. **Notification:** CHCO will provide written notice of determination of eligibility for HDC within 14 days of receipt of the completed application and all requested information and documents. The decision regarding eligibility for HDC applies to both the patient and the members of the patient's household. CHCO will send a copy of the determination to applicable providers that treated the patient at CHCO. The patient/Guarantor will be provided an opportunity to appeal the determination within 30 calendar days from the date of the determination letter.
 - D. **Decline Screening:** If the patient/Guarantor declines screening, the patient/Guarantor will be asked to document this declination by signing the decline screening form. CHCO Team Members will document a verbal decline screening on the decline screening form. A patient/Guarantor can change their mind at any time and request to be screened.

- E. **Insured patients:** Insured patients may request screening within 45 days of the date of service, or date of the first Billing Statement after insurance adjustment. CHCO will contact the patient/Guarantor within 3 days of the request to set up the screening.
- F. **Insurance Status Changes:** If a patient is believed to have insurance on the date of service and is subsequently determined to be Uninsured, CHCO will contact the patient/Guarantor within 45 days from date of notification that patient is Uninsured to offer to complete the screening.
- G. **Patient Contact Best Efforts:** If a patient is discharged without being screened or completing the decline screening form for that Episode of Care, CHCO will use "Patient Contact Best Efforts" to attempt to screen the patient. This includes attempts to reach the patient via phone calls, text, emails, and/or MyChart portal messages at least once a month for 6 months after the date of service, with the first round sent prior to the 45-day mark, unless the patient tells us to cease contacts. Billing Statements may be sent beginning 46 days after the date of service.

3. **HDC Financial Assistance Eligibility Criteria**

- A. Financial Assistance Eligibility will be determined at the time of application, based on the information submitted by the patient or the patient's parent/guardian within the completed Colorado State Uniform Application, and accompanying documentation.
- B. The information required to determine Financial Assistance eligibility is listed in the Uniform Application.
- C. An applicant's financial status is determined based on Income and household size. CHCO follows the Income counting methodology established by the Colorado Department of Health Care Policy and Financing and does not consider liquid or illiquid assets or resources in determining eligibility. The FPG is used to determine eligibility and the basis for calculating amounts charged to patients for HDC and for certain other government programs and benefits. HDC is available for all Emergency and Medically Necessary care to all Qualified Patients with an annual family Income of up to 250% FPG, with the level of discount for which an individual is eligible for determined on a sliding fee scale, based upon the individual's rating, or family Income as a percentage of FPG. CHCO provides additional limited financial assistance for Inpatient Services only for individuals 251% to 400% FPG.
- D. CHCO HDC is available only to Qualified Patients and only for Emergency and Medically Necessary care inpatient and outpatient hospital services. CHCO does offer some limited financial assistance for Emergency medical services to all patients, including International Individuals. CHCO will refer applicants as appropriate to Connect for Health Colorado, Colorado's health insurance marketplace, for information about private health insurance.
- E. 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. The application must be completed within 365 days from the date of services or date of discharge. Any services provided more than 365 days prior to the application date will not be eligible for Financial Assistance.
 - 1) If a completed application is received, any ECAs related to the dates of service 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.

4. **Health Care Services Discounts**

- A. **HDC Discounts for Qualified Patients:** CHCO limits the amount billed to HDC-eligible Qualified Patients for Emergency and Medically Necessary care to not more than the lower of the Colorado State Discount Rate (as published on HCPF's website) or the AGB to individuals with insurance covering such care. Discounted charges and amounts billed are set forth in Appendix B.
- B. **Payment Plans:** CHCO will enter into payment plans with Qualified Patients in which the Qualified Patient pays for care in monthly installments. Monthly installments for hospital charges will not exceed 4% of their monthly household Income (2% for professional fees) and not paying more than 6% of the patient's household income on a comprehensive bill containing all health-care facility and licensed health-care professional charges. After a cumulative 36 months of payments, CHCO will treat the Qualified Patient's bill as paid in full and will cease collection activities on any balance that remains unpaid.

5. **Limits on Collection Activities**

- A. Before assigning or selling patient debt to a collection agency or a debt buyer, or pursuing ECAs, CHCO will meet the screening/decline screening requirements and Patient Contact Best Efforts as set forth above, provide discounted care, provide a plain language explanation of services and fees being billed and notify patient of potential collection actions, and bill any applicable third-party payors, consistent with any out of network billing requirements.

- B. CHCO will not commence ECAs on patient debts for uninsured patients who were determined eligible for CHCO's HDC program and have an FPG level at or below 250%, or for those eligible patients for whom the hospital failed to meet the Patient Contact Best Efforts requirements.
- C. Amounts owed by Qualified Patients are limited to the discounted rates set forth in this policy (reduced by any payments received from the patient or third-party payers), and all third parties engaged in collection actions on CHCO's behalf will follow to this policy.
 - 1) CHCO will not initiate ECAs for at least 120 days from the date CHCO provides the first post-discharge billing statement for the care. CHCO will send at least five billing notices, approximately every 30 days, to the Guarantor of an account informing of a balance due: the First three Notice informs the Guarantor that there is an unpaid balance due on an account; the Fourth Notice reminds the Guarantor of continued unpaid balance; the fifth notice reminds the Guarantor of a past due balance and the 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.
 - 2) Accounts can either be paid in full, set up on a payment plan, referred to financial counseling, or more insurance information obtained during this timeline. Information about Financial Assistance is provided with every billing statement.
 - 3) After 5 billing notices have been sent and no payment has been received within 15 days of the Final Notice, the account may be turned to Bad Debt and ECAs may be taken. Accounts qualify for Bad Debt when patient balances 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.
 - 4) If all other options to collect payment have been taken and an account in Bad Debt has aged more than 15 days without contact from the Guarantor or the Guarantor refuses to resolve the balance, ECAs may be taken.

6. Covered and Non-Covered Providers and Services:

- A. CHCO's HDC and financial assistance determinations applies to CHCO's hospital services and CHCO's hospital/facility charges. Some professional services provided by physicians and other health care providers at CHCO facilities may not be covered by this FAP. The health care providers and doctors providing care at CHCO may accept CHCO's HDC eligibility determinations for charges for their professional fees, but the discount rate schedule may differ from CHCO's.
- B. The following organizations have their own financial assistance policies for their professional fees, and inquiries should be made directly to these organizations by the patient:
 - University of Colorado School of Medicine, billed by University Physicians, Inc. d/b/a CU Medicine
 - TCH Radiology Professionals
 - Radiology & Imaging Consultants, P.C. (RIC)
 - University of Colorado Medicine Pathology Lab
 - Poudre Valley Medical Group, LLC d/b/a UC Health Medical Group (UCHMG)
- C. Care and expenses not covered by this FAP:
 - 1) Health care services that are not Emergent or Medically Necessary, including elective or cosmetic surgery, self-pay package, single case agreement, grants & research, or when there is a legal obligation for a third party (e.g., certain individuals, entities, insurers or programs) to pay a claim.
 - 2) CHCO HDC/Financial Assistance does not extend beyond inpatient and outpatient hospital services. It does not extend to costs associated with housing, food, transportation, community services, or services/supplies related to continuity of care or to post-acute care (e.g., durable medical equipment, home health care, hospice, etc.).

7. Assistance and Methods for Applying: A copy of the Colorado State Uniform Application and assistance in completing applications are available for free and upon request:

- A. Online [Financial Assistance Programs | Children's Hospital Colorado](#):
- B. In-person at:
 - Anschutz Medical Campus: 13123 East 16th Avenue, Aurora, CO 80045, or
 - Colorado Springs Hospital: 4090 Briargate Parkway, Colorado Springs, CO 80920; or
- C. By calling the Financial Counseling Department at 720-777-7001.

- 8. Policy, Patient Rights, and Plain Language Summary Access:** A copy of this Policy, HDC patient rights, and the plain language summary are available for free and upon request in English and in Spanish:
 - A. Online <http://childrenscolorado.org/your-visit/insurance-financial-resources/financial-assistance-programs/Financial-Assistance-Programs> | Children's Hospital Colorado
 - B. In-person at all CHCO hospital locations
 - C. By calling the Financial Counseling Department at 720-777-7001 or Patient Financial Services at 720-777-6422; or
 - D. By email at pfs@childrenscolorado.org
- 9. Record Retention:** Financial Assistance related records and notifications are maintained in the patient medical record and retained in accordance with CHCO medical record retention policies.

REFERENCES

Colorado House Bill 21-1198: CRS 25.5-3-501 et seq.
Colorado House Bill 22-1403
Colorado House Bill 24-116
Colorado House Bill 24-1399
10 CCR 2505-10, Section 8.900, et seq. and 8.3000
26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7
<https://www.irs.gov/pub/irs-irbs/irb15-05.pdf>

ATTACHMENTS

[Hospital Discounted Care Patient Rights ATTACHMENT](#)
[Hospital Discounted Care Patient Rights SPANISH ATTACHMENT](#)
[Self Pay Deposit Guideline ATTACHMENT](#)
[Dental Package ATTACHMENT](#)
[Financial Assistance Checklist ATTACHMENT](#)
[Financial Assistance, Charity Care, and Patient Plan Summary Information - English](#)
[Financial Assistance, Charity Care, and Patient Plan Summary Information - Spanish](#)

RELATED DOCUMENTS

[Non-Discrimination of Patients](#)
[EMTALA \(Emergency Medical Treatment and Labor Act\)](#)
[International Individual Scheduling and Financial Clearance](#)
[Financial Assistance and Payment Plan - Self Pay Agreement English](#)
[Financial Assistance and Payment Plan - Self-Pay Agreement Spanish ATTACHMENT](#)
[Financial Assistance Policy \(FAP\) - Public Policy Spanish ATTACHMENT](#)

APPENDIX

[APPENDIX A: Basis for Calculating Discounts Applicable to Patients Approved for Financial Assistance and Federal Poverty Guidelines \(FPG\) Income Guidelines](#)
[APPENDIX B: Hospital Discounted Care \(HDC\) Copay Schedule](#)

Questions, Feedback, and Resources: Visit [Policy Resources](#)

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Owner: Sarah Irons (Mgr Patient Access Services)

Reviewers: Administrative Policy and Procedure Committee, Non-Clinical Policy Administrator, Sarah Radunsky (Associate General Counsel)

Approver: Jeffrey Harrington (SVP Chief Financial Officer)

"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."



Appendix A: Basis for Calculating Discounts Applicable to Patients Approved for Financial Assistance and Federal Poverty Guidelines (FPG) Income Guidelines

Annual Income Limits (Effective March 1, 2025)						
Household Size	100% Federal Poverty Guideline (FPG)	125% FPG	150% FPG	175% FPG	200% FPG	250% FPG
1	\$15,650	\$19,562	\$23,475	\$27,387	\$31,300	\$39,125
2	\$21,150	\$26,437	\$31,725	\$37,012	\$42,300	\$52,875
3	\$26,650	\$33,312	\$39,975	\$46,635	\$53,300	\$66,625
4	\$32,150	\$40,187	\$48,225	\$56,262	\$64,300	\$80,375
5	\$37,650	\$47,062	\$56,475	\$65,887	\$75,300	\$94,125
6	\$43,150	\$53,937	\$64,725	\$75,512	\$86,300	\$107,875
7	\$48,650	\$60,812	\$72,975	\$85,137	\$97,300	\$121,625
8	\$54,150	\$67,687	\$81,225	\$94,762	\$108,300	\$135,375
9	\$59,650	\$74,562	\$89,475	\$104,387	\$119,300	\$149,125
10	\$65,150	\$81,437	\$97,725	\$114,012	\$130,300	\$162,185

APPENDIX B: Hospital Discounted Care (HDC) Copay Schedule

Calendar Year (07/01/25 through 06/30/26)

Outpatient Clinic Visit (Primary & Preventative Care, CHC, ADO MED, YM, CAMP)		
Income Rating	Letter	Discounted Cost
0–40%	N	\$7
41–62%	A	\$15
63–81%	B	\$15
82–100%	C	\$20
101–117%	D	\$20
118–133%	E	\$25
134–159%	F	\$25
160–185%	G	\$35
186–200%	H	\$35
201–250%	I	\$40
0%	Z	\$0

Specialty Clinic Visit Outpatient (Oncology, Ortho, CCBD, Cardio, etc.)		
Income Rating	Letter	Discounted Cost
0–40%	N	\$15
41–62%	A	\$25
63–81%	B	\$25
82–100%	C	\$30
101–117%	D	\$30
118–133%	E	\$35
134–159%	F	\$35
160–185%	G	\$45
186–200%	H	\$45
201–250%	I	\$50
0%	Z	\$0

Ancillary Services (XR, PFT, US, IR, Stress Test, Genetic Testing, Sleep Studies)		
Income Rating	Letter	Discounted Cost
0–40%	N	\$15
41–62%	A	\$25
63–81%	B	\$25
82–100%	C	\$30
101–117%	D	\$30
118–133%	E	\$35
134–159%	F	\$35
160–185%	G	\$45
186–200%	H	\$45
201–250%	I	\$50
0%	Z	\$0

Inpatient Admission, Observation, Extended Recovery, Bedded Outpatient, Air Transportation		
Income Rating	Letter	Discounted Cost
0–40%	N	\$15
41–62%	A	\$65
63–81%	B	\$105
82–100%	C	\$155
101–117%	D	\$220
118–133%	E	\$300
134–159%	F	\$390
160–185%	G	\$535
186–200%	H	\$600
201–250%	I	\$630
0%	Z	\$0

Outpatient Surgery		
Income Rating	Letter	Discounted Cost
0–40%	N	\$15
41–62%	A	\$65
63–81%	B	\$105
82–100%	C	\$155
101–117%	D	\$220
118–133%	E	\$300
134–159%	F	\$390
160–185%	G	\$535
186–200%	H	\$600
201–250%	I	\$630
0%	Z	\$0

Outpatient Services (CT, MRI, PET, EMG, Cath Lab, Nuc Med)		
Income Rating	Letter	Discounted Cost
0–40%	N	\$30
41–62%	A	\$90
63–81%	B	\$130
82–100%	C	\$185
101–117%	D	\$250
118–133%	E	\$335
134–159%	F	\$425
160–185%	G	\$580
186–200%	H	\$645
201–250%	I	\$680
0%	Z	\$0

ED/Urgent Care/ER Ground Transportation			Prescription and Optical			Outpatient Lab		
Income Rating	Letter	Discounted Cost	Income Rating	Letter	Discounted Cost	Income Rating	Letter	Discounted Cost
0–40%	N	\$15	0–40%	N	\$5	0–40%	N	\$5
41–62%	A	\$25	41–62%	A	\$10	41–62%	A	\$10
63–81%	B	\$25	63–81%	B	\$10	63–81%	B	\$10
82–100%	C	\$30	82–100%	C	\$15	82–100%	C	\$15
101–117%	D	\$30	101–117%	D	\$15	101–117%	D	\$15
118–133%	E	\$35	118–133%	E	\$20	118–133%	E	\$20
134–159%	F	\$35	134–159%	F	\$20	134–159%	F	\$20
160–185%	G	\$45	160–185%	G	\$30	160–185%	G	\$30
186–200%	H	\$45	186–200%	H	\$30	186–200%	H	\$30
201–250%	I	\$50	201–250%	I	\$35	201–250%	I	\$35
0%	Z	\$0	0%	Z	\$0	0%	Z	\$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 preventive 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 HDC/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- Clients receiving a Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET), 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.)

Emergency Ground Transportation/Air Transportation - Clients receiving emergency transportation and are approved for Hospital Discounted Care, will be responsible for applicable copay related to Emergency Ground Transportation or Air Transportation.