

Screening and Decline Screening

Hospital Discounted Care

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COLORADO

Department of Health Care
Policy & Financing

Objectives

- Screening
 - Uninsured vs Insured
 - Screening Form
- Decline Screening
- Questions

Screening



Screening Requirements

- An uninsured patient must be screened even if the procedure is not medically necessary
- If an uninsured patient does not want to be screened, must sign the Decline Screening form
- Patients who communicate an interest in applying for financial assistance can start the screening and/or application process at any point between the screening and their bill being sent to collections

Screening Form

- Screening is the first tab of the Uniform Application
 - Hospitals may use their own internal screening forms, must collect all info included in Screening tab of Uniform Application
- All self-attested information, no documentation needed
- Information on household size and income
- Application Assistance Mapping Tool
 - Screening form on the Uniform Application

Screening Tab (1)

SCREENING: Likely Eligibility for Public Health Insurance and Financial Assistance Programs

RESPONSES PROVIDED BY ELIGIBILITY TECHNICIAN

What is the eligibility technician's full name?

Hospital facility name?

Facility phone number?

What is today's date?

Date of service applying to cover?

Did patient receive a CICP-eligible service at a CICP provider, or is the patient scheduled to receive a CICP-eligible service?

Did patient receive care for a medical emergency?

RESPONSES PROVIDED BY PATIENT

Patient Contact Information

Patient's Last Name

Patient's First Name

Patient's Middle Initial (OPTIONAL)

Patient's street address

Patient's city of residence

Patient's zip code

Patient's county

Patient's primary phone number

Patient's primary email address

Patient's preferred method of contact

Is the patient experiencing homelessness?

Screening Tab (2)

Patient Demographic Information

What is your birthday? [MM/DD/YYYY]

Patient Residency

Are you a resident of or currently living in Colorado?

You can say "yes," "no," or "I don't want to answer."

Pregnancy and Children (Optional)

Are you currently pregnant?

You can say "yes," "no," or "I don't want to answer."

People who are pregnant sometimes qualify for some additional programs.

Is anyone in your household under 19 years old?

You can say "yes," "no," or "I don't want to answer."

Children sometimes qualify for some programs that adults don't qualify for.

Disabilities

Do you have a disability?

You can say "yes," "no," or "I don't want to answer."

People with disabilities sometimes qualify for programs that people without disabilities don't qualify for.

Do you receive federal disability income?

You can say "yes," "no," or "I don't want to answer."

People who receive federal disability income can automatically qualify for Medicare.

Question 1

Does the example screening form to the right include all needed information to complete the screening?

- A. Yes**
- B. No**

- Date of service
- Household size information
- Income estimate
- Colorado residency
- Insurance status

In the chat - what is missing from the example screening form?

- Date of service
- Household size information
- Income estimate
- Colorado residency
- Insurance status

Screening Uninsured Patients

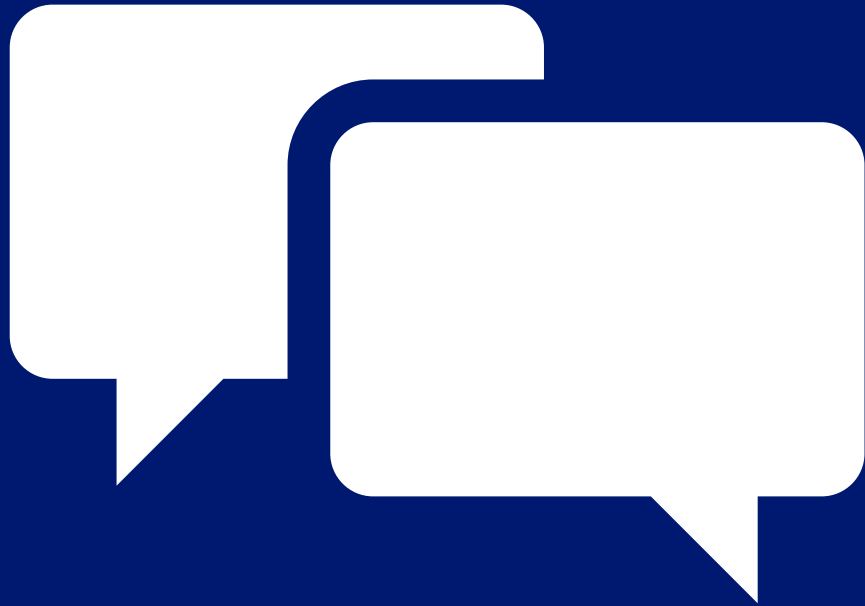
- All uninsured patients must be screened for public health coverage program eligibility
 - “All uninsured patients” makes no exceptions for patients who live out of state or who are over income, these patients must either be screened or sign a Decline Screening form
- Screenings and applications may also be completed during intake, scheduling, or other time prior to scheduling or scheduled services

Uninsured Patients

- Hospital should attempt to complete screening prior to patient leaving facility if possible
 - Patients who are not in the right state to complete paperwork should not be screened nor sign a Decline Screening form
- If a screening cannot be completed prior to the patient leaving, hospital should do their best to schedule a screening appointment

Uninsured Patient Screening Timeline

- Screening should occur on or within 45 days of date of service/date of discharge (DOS/DOD)
- At least one contact via the patient's preferred method of contact (if indicated) should occur in the first 45 days after DOS/DOD
- If screening has not occurred within 45 days and patient has not signed a Decline Screening form, move into Screening Best Efforts



Questions?

Insured Patients

- Once Patient Rights distributed, responsibility is complete for now
- Insured patients need to request to be screened
 - Insured patients who request financial assistance should be screened for Hospital Discounted Care

Screening Insured Patients

- Hospital must complete screening and application for insured patients who request to be screened for financial assistance
 - Insured patients can request to be screened within 181 days of their DOS/DOD, whichever is later OR within 45 days of the date of their first bill after their insurance adjustment
 - Providers can allow insured patients to complete a screening or application outside those two windows

Insured Patient Screening Timeline

- Hospital has three business days to respond to an insured patient's request to be screened for financial assistance
 - Screening does not need to happen in those three days, patient just needs to be contacted to schedule a screening
 - Screening must occur within 45 days of the insured patient requesting the screening
 - Screening may be done in person, over the phone, or via an electronic screening process

Question 2

- Does the screening form require a patient signature?
 - A. Yes
 - B. No

Screening Results

- Screening results should be communicated to patient after screening is completed
 - Does not require a letter to be sent
- Information on how to apply for various programs should be provided
 - PEAK/County offices for Health First/CHP+
 - Application Assistance Mapping Tool
 - Connect for Health Colorado for private health insurance options
 - Information on how to set up application appointment for Hospital Discounted Care or internal charity care

Billing Timeline

- For patients who choose not to be screened - bill can be sent after the Decline Screening form has been signed or the patient has indicated during Screening Best Efforts that they do not want to be screened
- For patients who complete the screening and choose not to apply - bill can be sent after the screening is completed
- For patients who complete the screening and want to apply - bill can be sent after the application has been completed and the determination notice has been sent
- Bills may not be sent while the patient is in the middle of the screening or application process regardless of when that process begins

Bill Request

- Patients may request to receive a copy of their bill prior to being screened and before the 45-day window past their DOS/DOD
- Providers are allowed to provide patient a bill, must include note in patient's account stating patient requested bill

Health Sharing Ministries

- Patients who are part of a health sharing ministry (Medi-Share) are considered **uninsured** and must be screened
- Providers are allowed to continue creating one-time contracts directly with the Health Share for patients who are eligible for Hospital Discounted Care

Third Party Payers

- Patients who have a non-health insurance third party that is responsible for payment of services for the patient should be screened for Hospital Discounted Care if they do not have health insurance
- Hospitals may not delay screening pending receipt of information about the third-party payer

Third Party Payments

- Patients qualifying for Hospital Discounted Care changes nothing about what a third-party payer should pay for services
- Hospitals may continue collecting normal amounts from third-party payers without taking Hospital Discounted Care discounts into consideration

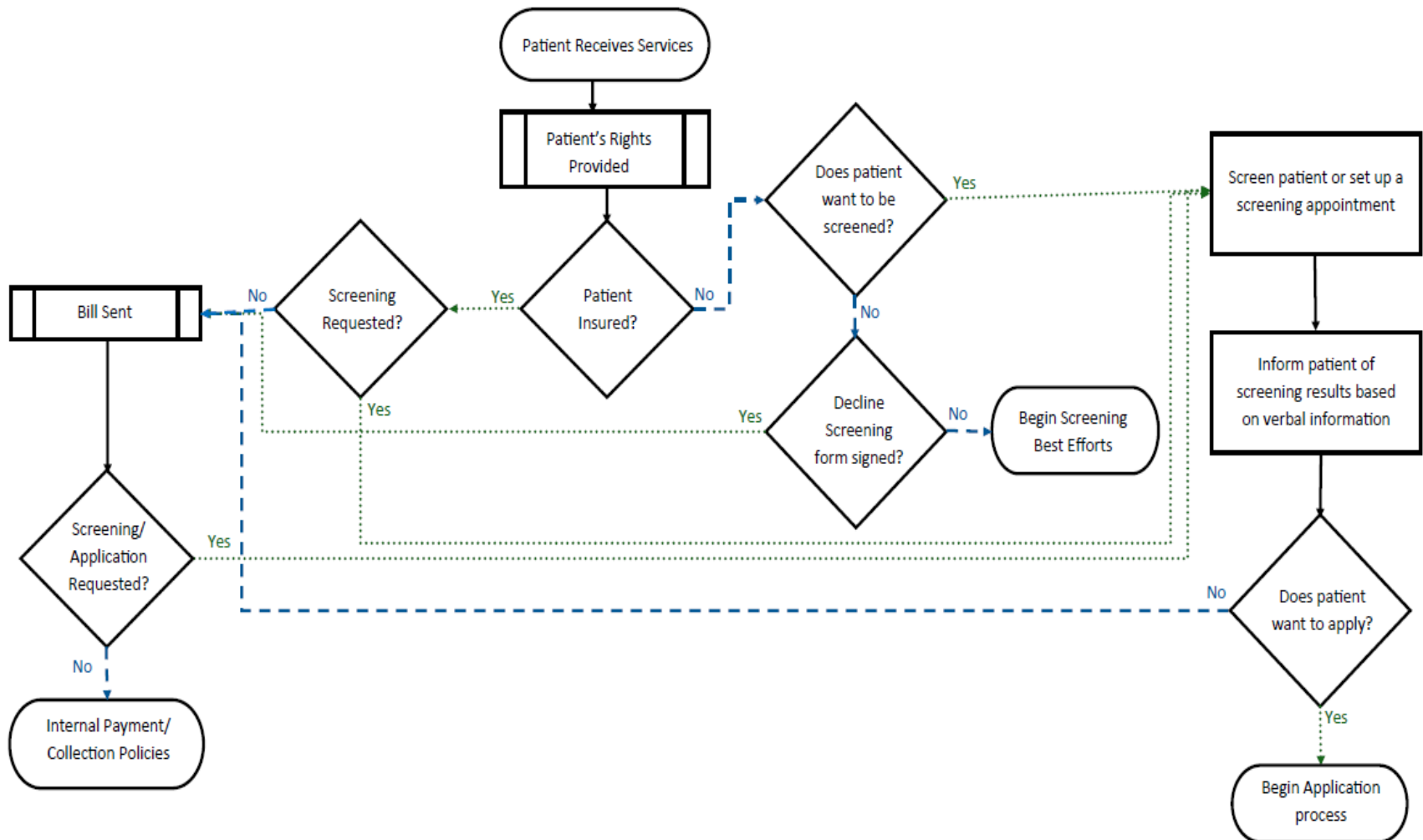
Deceased Patients

- If a patient passes away prior to being screened, the Health Care Facility shall present the Patient Rights document to the patient's spouse, guardian, power of attorney, or executor of the patient's account
- If there is no contact information for next of kin, the Health Care Facility may proceed with their current policy for handling accounts for deceased patients

Deceased Patient Screening

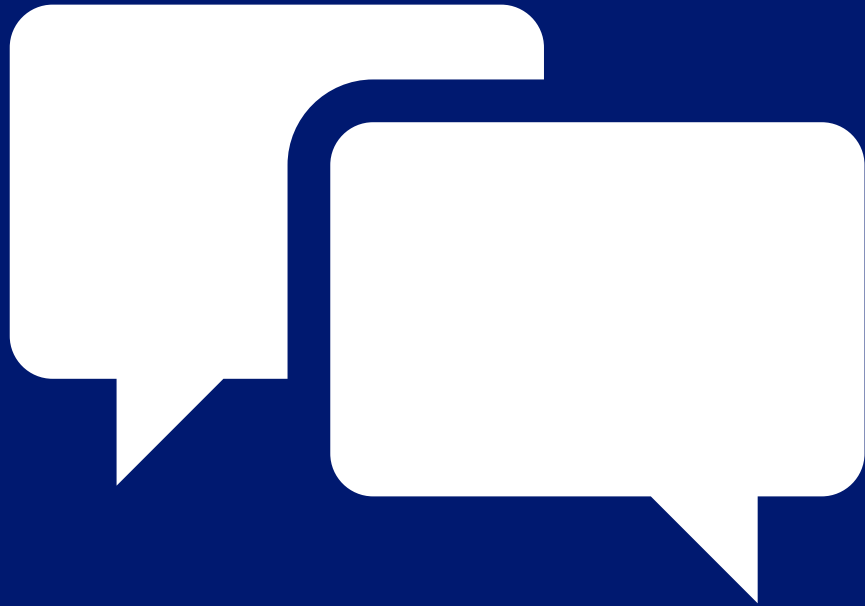
- A family member or other representative may complete the screening and determination process on behalf of the deceased patient or sign the Decline Screening form
- The person completing the screening and determination process is not responsible for the deceased patient's bills

Screening Flow Chart



Question 3

- If you have an uninsured patient that is from out of state, do you still have to screen them?
 - A. Yes
 - B. No



Questions?

Decline Screening Form



Decline Screening

- Uninsured patients who do not want to be screened must sign a Decline Screening form
 - Decision is not final
 - Patient can request to be screened at a later date
- Insured patients do not need to sign a Decline Screening form
- Signed Decline Screening forms must be kept in the patient's record for auditing purposes

Verbal Decline

- Decline Screening can be over the phone during Screening Best Efforts, scheduling, or intake
 - Patients who verbally decline during scheduling or intake should be asked to sign the form once they arrive for their appointment
- Decline Screening form should be completed by staff member who spoke with patient
 - Information included on form and staff signature required

Decline Screening Refusal

- Some patients may refuse to sign Decline Screening form after verbally declining
 - Information must be recorded on Decline Screening form and signed by staff
 - Date and time of refusal, household member spoken to, any reason given
 - Best practice is to have second staff member witness and sign as well

Signed Forms

- A Decline Screening form must be signed for each episode of care and any services provided related to the original episode of care
 - Patients may not sign a Decline Screening form for any unrelated services that have not yet happened
- One form may be signed for multiple past episodes of care
 - Patient may indicate a PAST date range their signed form covers - must not include any future dates

Date Range Line

First and Last Names of Patient: _____

Signature of Patient: _____

First and Last Name of Legal Guardian or Parent (if needed): _____

Signature of Legal Guardian or Parent (if needed): _____

Today's Date: _____ **Date of Hospital Service:** _____

Signature of Staff Member: _____ Date: _____

Household Decline

- Only one Decline Screening form is needed per household if multiple household members receive services the same day
 - Applies only to spouses and minor children
 - Two unmarried adult household members would each need to sign their own Decline Screening form
- Names of spouses and any minor children who receive service on the same date should be listed on the Decline Screening form

Question 4

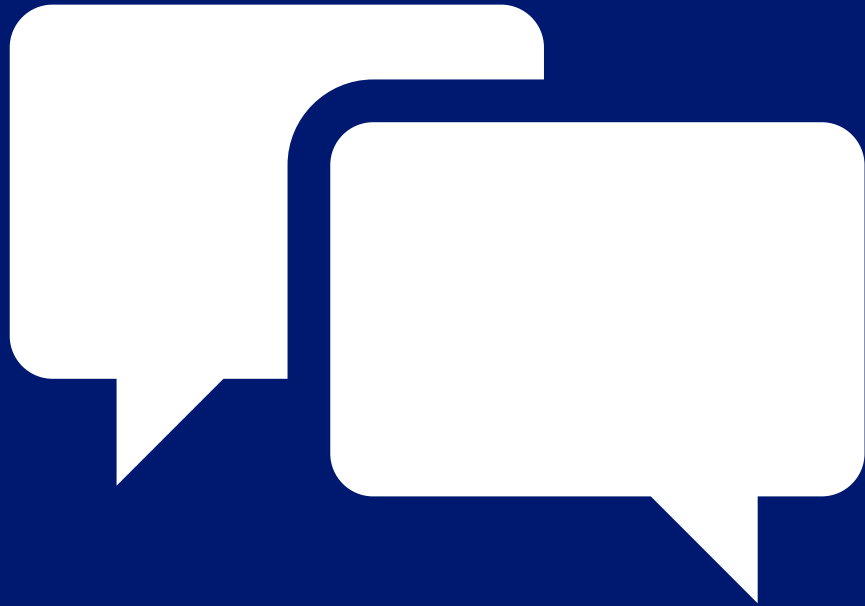
- Does the Decline Screening Form require a facility staff signature if the patient declines over the phone?
 - A. Yes
 - B. No

Ceasing Contact

- Patients who request that the Facility cease contacting them related to completing the screening will be considered to have made an informed decision to decline screening
 - Documentation of the patient's request must be kept in the patient's record
- Providers must still send written notification of any potential collection actions 30 days prior to account being sent to collections

Retention

- Facilities must keep screening and decline screening forms on file until June 30 of the seventh state fiscal year after the patient's date of service or date of discharge, whichever is later



Questions?

Additional Training

- Income Documents & Calculation Examples
 - May 21, 9:00 to 11:00 a.m.
 - June 3, 12:00 to 2:00 p.m.
- Screening & Decline Screening Forms
 - May 22, 1:00 to 3:00 p.m.
 - June 10, 9:00 to 11:00 a.m.
- Hospital Data Reporting Template
 - May 20, 12:00 to 2:00 p.m.
 - June 4, 10:00 a.m. to 12:00 p.m.
- Q&A
 - June 18, 9:00 to 11:00 a.m.

Contact Us

- Questions should be sent to:
HCPF_HospDiscountCare@state.co.us
- Hospital Discounted Care Website:
<https://hcpf.colorado.gov/hospital-discounted-care>
 - Operations manual, FAQs, flowcharts, and much more
- Office Hours
 - Every other Wednesday at 9:00 a.m. through June
 - Third Wednesday of each month beginning July
 - Meeting link and call-in information available on the Hospital Discounted Care website, no need to register