

# Screening and Best Efforts

## Hospital Discounted Care

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**COLORADO**

Department of Health Care  
Policy & Financing

# Objectives

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

# Screening



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# Qualified Patient

- An individual who resides in Colorado whose household income is not more than 250% of the federal poverty guidelines (FPG)
  - Hospitals can extend to non-Colorado residents

# Household

- Household means any person living at the patient's address and any other members who live outside of the state or country that the patient or their guardian provides 50% or more of their support
  - Spouse or civil union partner must be included
  - May, but not required to, include all people living at the same address
  - Unmarried adults must agree to being on the same application

# Residency vs Lawful Presence

- Residency is different than Lawful Presence
  - Residency can be proved with various documents
  - Patients may declare their intent to remain in the state to meet the residency requirement
- Lawful presence status does not factor in qualifying for Hospital Discounted Care
  - No documents are needed nor should be requested related to lawful presence

# Question 1

- An applicant has been residing her in Colorado since 2021. She currently has an employment authorization card, but not a VISA. Is she considered a Colorado resident?
  - A. Yes
  - B. No

# Answer 1

- An applicant has been residing her in Colorado since 2021. She currently has an employment authorization card, but not a VISA. Is she considered a Colorado resident?
  - A. Yes
- Residency and lawful presence are two separate things - a patient may be a resident without being lawfully present, or lawfully present without being a resident. Only residency is a requirement for Hospital Discounted Care.



# 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 Hospital Discounted Care/CICP can start the screening and/or application process at any point between the screening and their bill being sent to collections

# Screening Tab

- Screening is the first tab of the 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 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 may be done in person, over the phone, or via an electronic screening process
- 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

# 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, even if the patient does not request Hospital Discounted Care by name

# 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

- An insured patient has requested to be screened but has not responded to any attempts to set up the screening appointment. Is the hospital required to obtain a Decline Screening form from this patient?
  - A. Yes
  - B. No

# Answer 2

- An insured patient has requested to be screened but has not responded to any attempts to set up the screening appointment. Is the hospital required to obtain a Decline Screening form from this patient?
  - **B. No**
- Since this patient is insured, no Decline Screening form is required. It should be noted on the patient's account that they requested screening but did not respond to scheduling attempts.

# Screening Results

- Screening results should be communicated to patient after screening is completed
- 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/CICP 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

# Billing for Health Share Patients

- Providers may send Health Share patients their bills showing the full charge
  - Must also allow patients to set up payment plans once application is complete
- Once payment is received from the Health Share, the patient's amount due must be reduced by the amount of the payment
  - If any over payment has been made by the patient, the overpayment must be returned to the patient



# 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 Best Efforts



# Screening Best Efforts

- Patients may leave the hospital without being screened or signing a Decline Screening form
- In this situation, hospitals begin Screening Best Efforts
  - Contact household at least once a month for six months

# Best Efforts Procedure

- First contact attempt must be via the patient's preferred method of contact, if indicated
- If not indicated, attempt by any available method following the provider's internal process
  - Phone call - voicemail if necessary
  - SMS Message
  - Mail
  - Email
  - Portal message

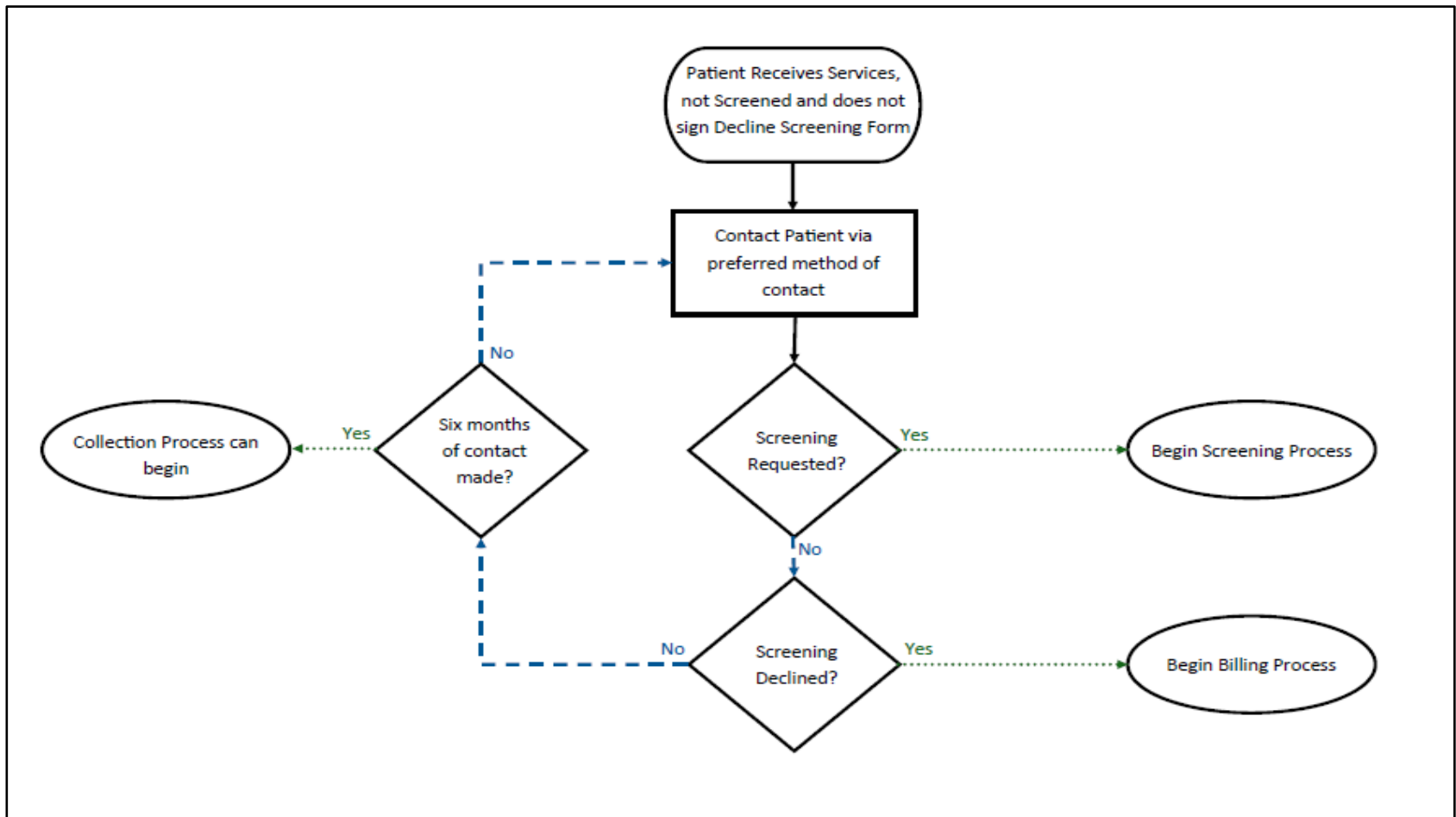
# Best Practice

- Best practice is to attempt contact using patient's preferred method of contact at least twice
- After first attempt, the inclusion of the Patient Rights with the patient's bill can be considered as a screening contact attempt
  - Documentation of these communication attempts that are kept in the patient's record will meet the screening requirements for Health Care Facilities

# Ceasing Contact

- Households who request the provider cease contact about their account should have their request documented in their record, and Screening Best Efforts can be stopped
- Providers must still send notification of any potential collection actions at least 30 days prior to account being sent to collections

# Screening Best Efforts Flow Chart



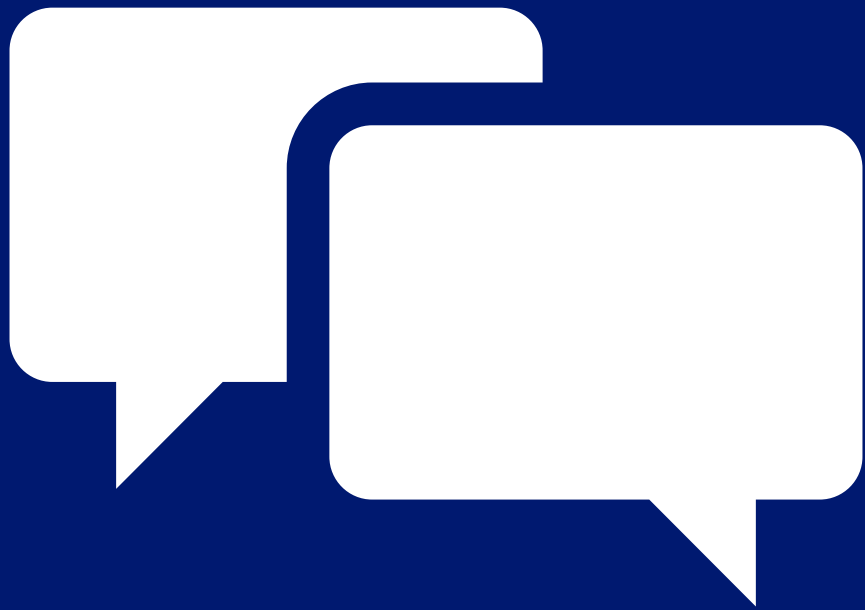
# Question 3

- If you have a patient that is from out of state but is a full-time college student in Colorado, are they eligible for Hospital Discounted Care?
  - A. Yes
  - B. No



# Answer 3

- If you have a patient that is from out of state but is a full-time college student in Colorado, are they eligible for Hospital Discounted Care?
  - **B. No**
- College students who live out of state do not meet the Colorado resident requirements, however your facility has the **option to extend** Hospital Discounted Care either by exception or policy



# 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

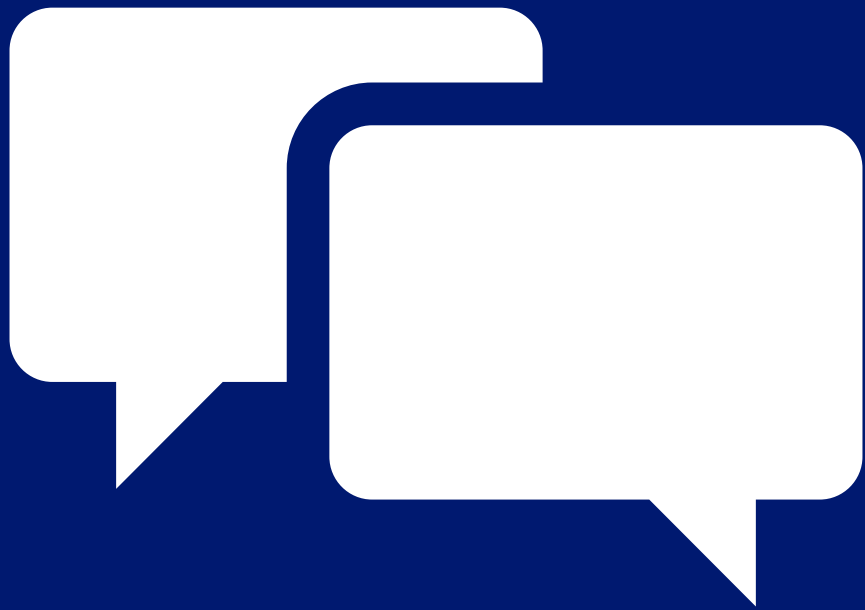
- Only one Decline Screening form is needed per household if multiple household members receive services the same day
  - Applies only to spouses and minor children
  - Two unmarried adult household members would each need to sign their own Decline Screening form
- Names of spouses and any minor children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

# Question 4

- Which of the following does a single Decline Screening form cover?
  - A. All services considered within a single episode of care, past or future
  - B. Past services within a specified time range
  - C. All services for the patient for the next 12 months
  - D. A and B
  - E. All the above

# Answer 4

- Which of the following does a single Decline Screening form cover?
  - **D. A and B**
- A single Decline Screening form can cover all past services within the patient's specified date range, and any future services tied to an ongoing episode of care.
- Decline Screening forms may NOT be signed for future dates.



# Questions?



# Additional Training

- Application and Income
  - June 4, 11:00 a.m. to 1:00 p.m.
  - June 11, 11:00 a.m. to 1:00 p.m.
- Screening and Decline Screening Forms
  - June 12, 12:00 to 2:00 p.m.
- Data Reporting
  - June 6, 10:00 a.m. to 12:00 p.m.
  - June 13, 1:00 to 3:00 p.m.
- Q&A
  - June 25, 1:00 to 3:00 p.m.

# Contact Us

- Questions should be sent to:  
[HCPF\\_HospDiscountCare@state.co.us](mailto: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.
  - Meeting link and call-in information available on the Hospital Discounted Care website, no need to register