



Performance Driven. Patient Oriented.

Subject: eTRUST – Inpatient Referral Contact
Policy: Operations ~ Eligibility
Applies To: All HCFS Employees
Effective Date: December 1, 2016
Revised Date:

PURPOSE:

To specify the standard practice of HCFS as it relates to contacting inpatients for accounts referred to HCFS by its contracted facility; for the purpose of determining the patient’s eligibility for possible third party payors.

EXPLANATION:

HCFS will make every effort to contact a patient of a referred account by one of the following measures: bedside, phone call, letter (electronic/manual) and/or home visit. When contacting a patient, HCFS will utilize the following to acquire contact information and/or to make contact with the patient:

- Additional phone numbers listed in the hospital’s system (or face sheet) for the patient;
- Emergency Contact/Next-of-Kin listed in the hospital’s system (or face sheet) for the patient;
- Employer’s phone number and
- Online Search Engines (i.e. 411.com; whitepages.com).
- Skip Trace

PROCESS –VOICE MAIL

- The scripts in the PHI and Recorded Message Policy are to be used when leaving a voicemail message

PROCESS –NON PATIENT COMMUNICATION

- Permission must be obtained from the patient to speak with anyone else regarding the patients account(s) (screening, discussing account details). The permission should be documented in eTRUST. The exceptions for obtaining permission are:
 - Patient is a minor
 - Patient is unable to communicate
 - The adult has Power of Attorney

PROCESS – INPATIENT ACCOUNTS:

- Check the Medicaid/Medi-Cal eligibility verification system online or by phone.
- Check eTRUST and the facility’s system to check for pertinent information and/or related accounts.
- Visit the patient in-house and in person; ensuring to stop at the nurses station to inquire about the patient’s status and to build rapport with the hospital’s staff.
 - If patient is unavailable, leave a 1st contact letter in a sealed envelope noted with room number on patient’s bed or tray, then attempt to re-see patient later in the day.
- If no contact with patient has been made and patient has been discharged, a **contact attempt must be made within 24 hours of the discharge date:**
 - **1st Attempt:**
 - ✓ Make a phone call to the patient (calling all phone numbers)
 - ✓ Electronically send the initial contact letter.
 - ✓ Suspend the account to be worked 7 calendar days (select 7 day hyperlink)



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- **2nd Attempt :**
 - ✓ Check the Medicaid/Medi-Cal eligibility verification system online or by phone.
 - ✓ Make a phone call to the patient (calling all phone numbers). Suspend the account to be worked 7 calendar days (select 7 *day* hyperlink).
- **3rd Attempt:**
 - ✓ Check the Medicaid/Medi-Cal eligibility verification system online or by phone.
 - ✓ Make a phone call to the patient (calling all phone numbers).
 - ✓ Electronically send the close letter.
 - ✓ Determine if home visit is required.
 - ✓ Suspend the account to be worked 7 calendar days (select 7 day hyperlink).
- **Final Attempt:**
 - ✓ Check the Medicaid/Medi-Cal eligibility verification system online or by phone.
 - ✓ Make a phone call to the patient (calling all phone numbers). Leave a message to prompt call back.
 - ✓ If feasible contact the Medicaid/Medi-Cal office to determine if an application has been filed.
 - ✓ Conduct a home visit (if warranted) and document the results.
 - ✓ Close the account and return it to hospital (or place in 480 if balance warrants it).

This Is The End Of This Section.