



Performance Driven. Patient Oriented.

Subject: eTRUST- Outpatient 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 outpatients 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 – OUTPATIENT ACCOUNTS:

- For accounts with a balance of **\$0 - \$1499.99** (unless otherwise notated in the facility’s protocol):
 - Check Medicaid/Medi-Cal, hospital system;
 - Contact Letter Sent Electronically
 - Suspend for 14 days
 - If there is no response on follow-up date then the account is closed.
- For accounts with a balance of **\$1500 - \$9999.99** (unless otherwise notated in the facility’s protocol):
 - Check Medicaid/Medi-Cal, hospital system;
 - Attempt Contact By Phone (Calling All Numbers)
 - Contact Letter Sent Electronically
 - Suspend for 14 days
 - If there is no response on follow-up date then the account is closed.
- For accounts with a balance of **\$10,000 - higher** (unless otherwise notated in the facility’s protocol):



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1st Attempt:

- Check Medicaid/Medi-Cal, hospital system;
- Attempt Contact By Phone (Calling All Numbers)
- Contact Letter Sent Electronically
- Suspend for 14 days

2nd Attempt

- Check Medicaid/Medi-Cal, hospital system
- Attempt Contact By Phone (Calling All Numbers)
- Send 2nd Contact Letter (determine if home visit is warranted)
- Suspend for 14 days
- If there is no response on follow-up date then the account is closed.

This Is The End Of This Section.