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| Title:Front Desk Intake and Eligibility Registration Procedure | Department:  **Front Desk**  |
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| Effective Date:03/15/2019 | Revision Date: | Reviewed Date: |

**STATEMENT:**

Fourth Street Clinic’s Front Desk Intake and Eligibility team works to ensure that individuals are registered into the center’s Electronic Health Record (EHR), verify patient’s health insurance assess eligibility for the Sliding Fee Discount Program, ensure patients are checked in correctly, and that the data collected at time of check in is up to date and accurate.

**GUIDELINES:**

***Initial Intake and Registration***

The Intake/Eligibility Specialist (Specialist) works directly with individuals to determine

eligibility of service.

The procedures are implemented to maintain the integrity of the clinical data and to determine patients meet eligibility guidelines for Fourth Street Clinic services which are based on the federal eligibility criteria as outlined in the Intake and Eligibility Procedure. This includes screening and referring to federal or state insurance plans, recording income status for federal poverty level, and assessing sliding fee discounts.

* Patient meets with the Intake/Eligibility Specialist to determine eligibility and complete registration.
* If the patient is uninsured and a citizen, screen for eligibility for Medicaid. Refer to Enrollment and Outreach Manager or Department of Workforce Services.
* If the patient is insured, request a copy of their insurance card or check via Utah Department of Health - Medicaid Patient Eligibility Verification web-portal.
* If patient is receiving any income, it is indicated on their “Sliding Scale Fee” agreement form.
* The newly registered patient can then be placed on the waiting list.

***Community Partner Registration***

Case managers and staff members of selected community partners are provided with the

Community Partner phone number (385-234-5683) which they use to scheduled new

patient appointments for their clients. A member of the Intake and Eligibility Team is assigned

to scheduling visits and responding to messages left on this phone line within 48 hours.

***UDS Homeless Status***

Homelessness status follows guidelines set by HRSA (Health Resources and Services Administration) with the requirement that homeless status refers to the patient’s shelter arrangement and is recorded at every patient visit. This is normally assumed to be where the person was housed the prior night to clinic visit, as self-reported by the patient, to the question “Where did you stay last night?”

**How To Report Homeless Data**

Fourth Street Clinic assigns homeless status in accordance with UDS guidelines. Below is the definition for homeless status and a list of community partners that fall into that homeless status. This is not an all-inclusive list.

**HRSA Homelessness definitions:**

* **Homeless Shelter-** Patients who are living in an organized shelter for homeless persons at the time of their first visit. Shelters generally provide for meals as well as a place to sleep. WHHC considers the following to be homeless shelters:
	+ - The Road Home
		- The Road Home Midvale Family
		- Rescue Mission
		- Milestone
		- South Valley Sanctuary
		- Salt Lake City Mission
		- Halfway Houses
			* Fortitude Halfway House
			* NUCC Halfway House
			* Orange Street
			* Atherton
* **Transitional -** Transitional housing units are generally small units (six persons is common) where persons who leave a shelter are provided extended housing in a service rich environment. Transitional housing provides for a greater level of independence than traditional shelters.

WHHC considers the following to be transitional housing:

* + Treatment Centers
		- House Of Hope
		- The Haven
		- First Step House
		- Other side Academy
		- VOA Detox
		- VOA Youth Resource Center
		- The Rescue Haven

Odyssey House

* + Temporary Supportive Housing
	+ Domestic Violence Shelter
		- YWCA
* **Double Up-** Patients who are living with others (i.e. couch surfing). The arrangement is generally considered to be temporary and unstable, though a patient may live in a succession of such arrangements over a protracted period of time.
* **Street-**. Patients who are living outdoors, in a car, in an encampment, in makeshift housing/shelter or in other places generally not deemed safe or fit for human occupancy.
* **Other-** Patients who were housed when first seen *but who were still eligible for the program.* (HCH rules permit a patient to continue to be seen for 12 months after their last visit regardless of their housing status.) Patients residing in SRO (single room occupancy hotels) or motels or other day-to-day paid for housing should also be classified as “other.”
	+ Motels and Single Room Occupancy
		- City Creek Inn
		- Discovery Inn

Alta Motel

* + Independently Housed (Less Than One Year)
	+ Permanent Supportive Housing
		- Grace Mary Manor
		- Gregson Apartments
		- Kelly Benson Apartments
		- Palmer Court
		- Sunrise Metro
* **Not Homeless**- Patient who is independently and stably housed for more than one year in a home/apartment without rental assistance/ vouchers/ etc.

***Appointment Check In and Data Verification***

To ensure that patient information is as up to date as possible, vital information will be updated at each appointment check in.

The following demographic information will be updated/verified at each appointment check in:

* Name and Date of Birth (DoB)
* Address and FSC zip code
* Phone Number
* Sliding Scale Information
* Insurance

Homeless Status

***Insurance Checks and Updates***

Front desk team members are responsible for ensuring that patient insurance information is

updated at the time of check in. Insurance is updated via the Medicaid lookup tool website, by

phone or by obtaining a copy of the insurance card.

Insurance information is entered under the blue “guarantor accounts” folder in the subcategory green “P/F” folder connected with Fourth Street Clinic.

Insurance can be added by either initiating a search or choosing from one of the existing coverages.

***Sliding Fee Scale Determination and Collection***

As part of the registration process prior to patient appointments, the patient will be informed about the sliding fee program and assisted by the eligibility specialist in completing the sliding fee application.

WHHC has an incremental nominal fee for each scope of service as defined in the Sliding Fee Schedule. The nominal fee starts at $0 for patients in the 100% and below of federal poverty guidelines and can increase to a max of $4 for patients at the 200%. Patients over the 200% of FPG are not eligible for the SFDP under the HCP and expected to pay in full.

These fees are collected at check in, in accordance with individual’s ability to pay, no one is turned away based on ability to pay.

***Scheduled Appointments and No-Show Policy***

A **“**No-Show” for an appointment is defined by patient failing to check-in for scheduled appointment at least 15 minutes prior to scheduled appointment time.time frame is for the clinic flow and allows for the appropriate time to complete the check in process, which may include completing consent to treatment forms, questionnaires, and rooming of the patient in preparation for the provider visit. To better meet manage the demands of walk-in appointments, patients are instructed to arrive prior to their scheduled appointment in order to get checked in and solidify their arrival to this appointment.

In the event that the patient does not show for scheduled appointment, appointment spot is utilized for another patient who come to clinic seeking same day appointments. In the event that a patient is late for their check in and their appointment spot has been given to another patient, all efforts will be made to try and schedule the patient for an appointment that day or within the next five days.

Fourth Street Clinic makes every effort to accommodate new or existing patients who need to be

seen for acute, urgent or emergent problems but have no scheduled appointment. This includes

medical, dental and behavior health appointments. FSC utilizes a waiting for no show list to

grant same day appointments. The following outlines the process for the Waiting for Now Show

List:

* The Specialist registers the patient and records the patient complaint in the EHR on the “Waiting for No Show” list.
* A designated registered nurse (RN) interfaces with individuals placed on “Waiting for No Show” list, applies a triage score to designate the acuity of the patient complaint and enters it into the EHR. Refer to FSC Triage Scoring Metric.
* Patients with higher acuity triage scores as noted in the EHR are given priority to triage spots and appointments spots opened by cancelations or no shows.
* The RN, triage provider and FD staff work together to ensure that patient appointment spots are filled in a timely and organized manner.