CMS Partnership with

Florida Association of Community Health Centers (FACHC) and Federally Qualified Health Centers (FQHC)

CMS - FACHC/FQHCs

- 45 FQHC organizations in FL; 300+ sites
- Videoconference presentation on HCT to 15 FQHCs (September 2011)
- MOA to facilitate smooth transition of YSHCN to FQHC adult medical homes
  - When appropriate, CMS Care Coordinators will refer CMS patients to, and communicate with, FQHC providers
  - FACHC will encourage CMS credentialing among FQHC providers
  - GME/training at FQHCs about transition

PanhandleHATS

CMS to Escambia Community Clinic (ECC) FQHC Referral Process

Step 1: CMS Transition client counseled on medical home options. Client consents to FQHC referral and signs CHIN consent

Step 2: Client information entered in CHIN/CareScope by designated CMS staff. Referral information completed in CareScope referral module.

Step 3: CMS assessment/discharge summary is scanned and attached to electronic referral (any specialty clinical notes will also be attached, i.e., neuro, pulmonary, endocrinology)

Step 4: Referral will be received ("picked up") electronically in Carescope/CHIN by designated ECC/FQHC Social Worker (MSW). One contact will be designated for CMS clients.

Step 5: Referred CMS client will be entered into FQHC electronic medical records system and assigned to appropriate PCMH provider support team. Client will be contacted and appointment will be scheduled.

Step 6: Once patient arrives at ECC/FQHC for appointment, client will be greeted by designated social worker and walked through check in process.

Step 7: ECC/FQHC social worker will remain with CMS transition client through visit

Step 8: All additional referrals and resources will be provided and coordinated through designated social services staff and PCMH provider support team referral specialist.

Step 9: Designated social worker will continue to be the client's contact, liaison and advocate (FQHC Case Management Model).

CMS Transition to FQHC Medical Home

Health Navigation Model for CMS Transition Clients to Escambia Community Clinic/Santa Rosa Community Clinics (FQHC)

Eligible Clients

Transition clients Ages 18-21; uninsured and Medicaid enrolled, who consent to be referred to FQHC for their Primary Care Medical Home

Partners

Escambia Community Clinics, Inc. (FQHC)
Children's Medical Services (Pensacola)
Community Health Information Network (CHIN)/NW Florida RHIO

Community Health Information Network (CHIN)

•CHIN is a collaborative effort of healthcare providers to create a share electronic network to securely collect and exchange clinical and facilitative information on patient health status and access to services.

•CHIN is also known at Northwest Florida RHIO, one of eleven health information exchanges in Florida.

•CHIN facilitates information exchange activity among healthcare safety net providers in Escambia, Santa Rosa, Walton, Okaloosa, Bay and Gulf Counties. CHIN was funded from federal and state grants totaling $1.7 M.

• Providers working together to provide accessible and timely care for those who are low income and uninsured – and to create opportunities to reduce costs and eliminate duplicative/unnecessary treatment.

•CHIN is shared electronic network where participants access patient data via the internet using a customized technology product known as *CareScope*. *CareScope* software, created and licensed by Civic Health, has been adapted to meet the needs of CHIN users and can connect with other commercial IT systems.

Patient Centered Medical Home (PCMH) Provider Support Team
Escambia Community Clinic/FQHC

PROVIDER
Leader

PROVIDER NURSE
Direct nursing care of patients, follow-up with no-shows, same day requests, etc. Serves as a Backup to Rest of Support Team

REFERRAL SPECIALIST
Manages and tracks all patient referrals for diagnostic testing and specialty care. Serve as a backup for rest of support team.

SCHEDULER/DOCS MANAGEMENT
Manage Provider schedule, ensure outside records are scanned into the chart and ready for Provider review prior to patient appointment, manage support team phone calls.

RECEPTIONIST
Manage Provider Check-In, Insurance Verification, Financial Counseling, Collection of Payments, Coordinate Patient Flow with Rest of Team