CMS Transition to FQHC Medical Home

PanhandleHATS Coalition

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)

CMS to Escambia Community Clinic (ECC) FQHC Referral Process

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

Step 2: Referral made to CMS social worker if client agrees or requests assistance. Client may transition without assistance. CMS Social Worker or nurse coordinator makes contact with ECC.

Step 3: Referral will be called to assigned ECC Transition Social Worker.

Step 4: Assigned ECC Transition Social Worker will make contact with Patient/Family

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).

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