

## Mercy Family Health Center-Medical Safe Haven

### Patient Clinic Standard Procedure

#### Section 1

##### 1. New Patient

- a. Provide Welcome Letter.
- b. Provide intake form.
- c. Establish contact with agency, connect with case management support, if available.
  - i. Provide program information: Eligibility; scope; appointment availability; and insurance.
- d. Assess needs: Immediate appointment.
- e. Confer with resident/physician staff; provide a copy of patient intake form in preparation for appointment.
- f. Register patient in EMR.
- g. Confirm insurance status: Provide instructions to patient/case manager to establish coverage with accepted insurance; including Medi Cal.

##### 2. Schedule Patient

- a. Attempt to schedule initial appointment on a Medical Safe Haven (SHC) HT block.
- b. Initial appointment: 60 minutes.
- c. Schedule follow up appointments with provider patient previously established care.
- d. Appointment detail: **HT-NPT, HT-FOV, HT-OBV.**
- e. Appointment type: **SPC (MSH).** \*use this code so bill is not sent to the patient.

##### 3. Day Before Appointment

- a. Call or message patient/agency contact to confirm appointment date/time and location.
- b. If transportation support is available, confirm with patient transportation needs.  
\*taxi voucher used if provided by hospital or clinic.

##### 4. Initial Appointment

- a. Complete patient registration process.
  - i. Provide welcome letter, if not sent prior.
  - ii. **Completed/signed** HIPAA Release to share information with outside agency.
  - iii. Medical records release (ROI).
- b. Program staff ensure HT standard lab set is ordered by provider.
  - i. Provide warm handoff for labs, confirm patient will use health insurance or direct bill \*SHC program.
  - ii. Confirm patient has valid identification, if not, alert lab so patient is not turned away.
- c. Establish pharmacy location-ensure same day availability of medications that may be ordered for treatment (i.e. STI) \* consider using hospital indigent program to cover medication cost until enrolled in insurance.

##### 5. Day of appointment (all)

- a. Ensure patient is asked if they'd prefer to be seen alone or with case manager.
  - ii. Seen alone policy will be discussed.
- b. Schedule follow up.

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#### Section 2.

##### Details to consider if you have staff capacity

1. Program Staff (Coordinator/RN/Advocate)
  - a. Check in with patients periodically to provide support for continuum of care needs.
  - b. Provide care coordination for outside referrals: specialty care; diagnostics and medications. (Use warm handoffs when possible.)
  - c. Remind patient that SHC program and staff are available to serve patient even if they choose to leave or are transferred to another community agency.
  - d. Remind patient that they can contact SHC staff on the hotline. Provide messaging number if available.
  - e. **Encourage patient to communicate** with staff if they experience barriers (i.e. transportation) for keeping scheduled appointments or to cancel/reschedule.
  - f. Problem solve with patient, agency, and physicians/residents to meet multi-layered patient needs.
2. Documentation:
  - a. EXCEL Spreadsheet to be created and maintained by SHC program staff and used for reporting. \*Draft Format Provided in Resources Section.
    - i. List each patient and include all available/known information.
    - j. Monthly: track patient appointments, status (kept, no show, cancelled, rescheduled), transportation and special needs/considerations.
  - b. All other information (Evaluation, Diagnosis, Treatment etc.) to be documented by the physician during the scheduled appointment.
  - c. Document patient requests/communication in EHR and include provider and program staff. This will ensure that everyone is informed and to facilitate patient care.
3. Billing: Direct or Medi-Cal.
  - a. Establish SHC patient direct billing process.
    - i. Use coding "SPC"
    - ii. Billing department will use this code in order to directly invoice the clinic or bill Medi-Cal.