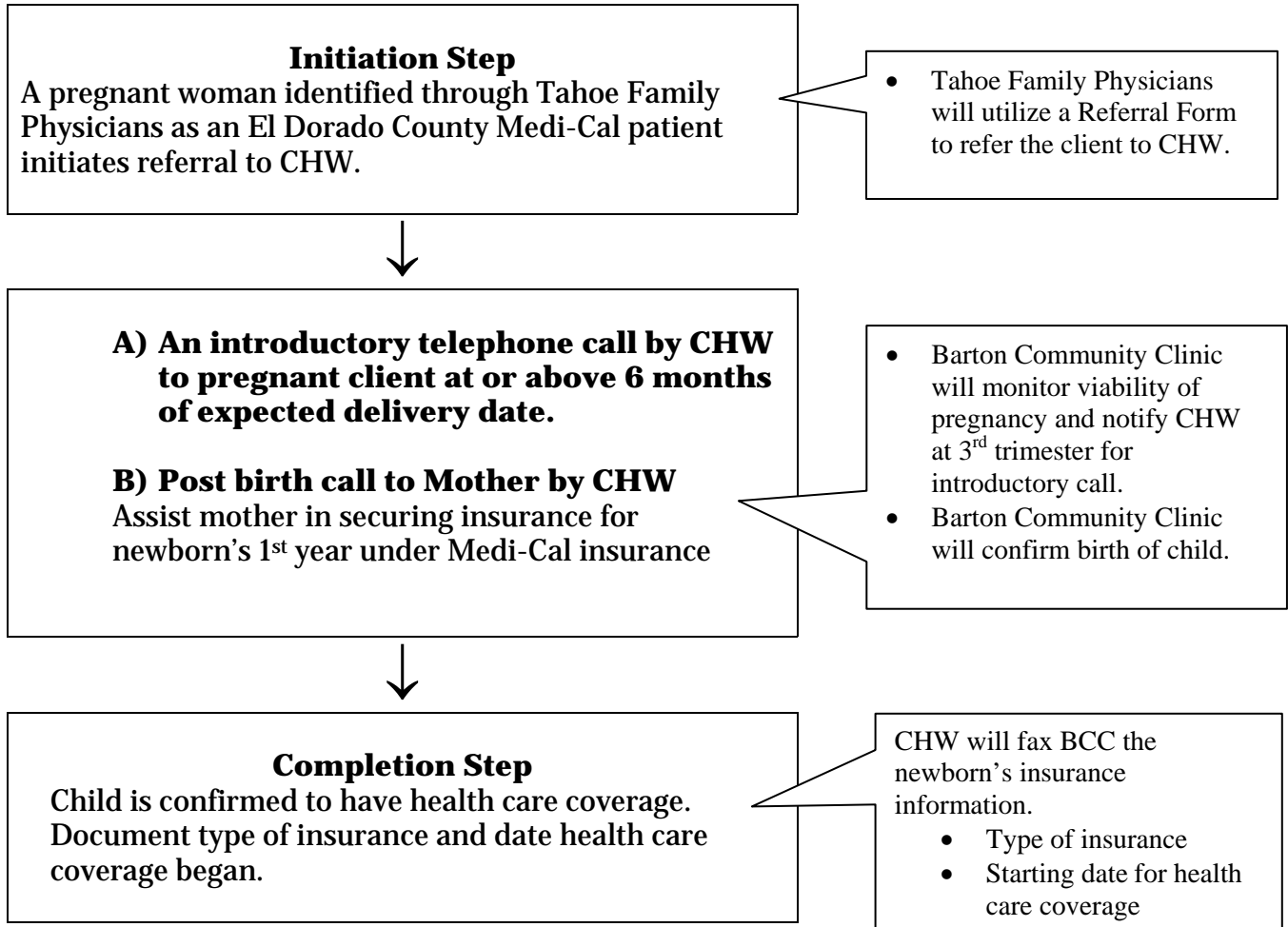


ACCEL Care Pathway Newborn Securing Health Care Coverage-SLT





Newborn Securing Health Care Coverage (NB SHCC) South Lake Tahoe and the Western Slope Process as of July 31, 2007

BACKGROUND

The Newborn SHCC pathway was reviewed and refined in preparation for its transition from a manual/paper process to a protocol that will manage clients using InfoCom's iREACH electronic application. The group that reviewed and refined this pathway include:

- Sandra Dunn - Accel Program Director
- Kim Dickson - Accel Program Manager
- Kirsten Rogers - EDC PHD Supervising Health Education Coordinator
- Trever Lee - IT Project Manager
- Maria Chaves - Business Process Consultant

Important points to consider are:

- This narrative is accompanied by process maps (in PowerPoint and Visio) and milestone and instruction documents (in Excel) for programming into iREACH.
- The process maps and milestones and instructions for programming into the iREACH application were developed from the perspective of the Community Health Worker (CHW) who has the primary responsibility for managing clients through the pathway.
- Process maps were developed based on existing processes and refinements made accordingly. The process maps do not define data entry points into iREACH.
- The milestones and instructions document describes data entry and client management interfaces still to be programmed into iREACH. No user experience analyses were performed to determine optimum navigation through the iREACH application.
- Assistance would be provided to Accel partners (at a later date) to develop and customize their Internal clinic operations for interface with the iREACH application as programmed per the milestones and instructions identified.



PATHWAY PROCESS STEPS

The objective of the NB SHCC pathway is to ensure that the newborn is enrolled into Medi-Cal health care coverage.

A. Identification and entry into the pathway differs by location (E. Slope/South Lake Tahoe area vs. W. Slope/Placerville).

E. Slope/South Lake Tahoe	W. Slope/Placerville
<ul style="list-style-type: none"> • On a weekly basis the Tahoe Family Physician’s Program Coordinator will check scheduled OB confirm appointments for pregnant patients to determine if they are Medi-Cal funded and are El Dorado County residents. • The Program Coordinator will set an appointment for the patient coinciding with the OB confirm appointment. The Program Coordinator will have the patient sign a referral/release form, indicating she understands she will be referred to a Public Health Department Community Health Worker (CHW) for the purpose of enrolling her newborn in insurance. • The TFP Program Coordinator will daily fax all referral forms of patients to Financial Advisor at Barton Community Clinic at: (530)541-5738. • For patients who have not had regular pre-natal care, but present to TFP anytime after their 2nd trimester, TFP will have the patient sign the referral/release for immediate referral to Barton Community Clinic and the CHW (530)-541-8409. • Barton Community Clinic’s Financial Advisor will flag the patient by filing each patient’s referral/release form in a monthly file that corresponds with the month that the client enters her 3rd trimester. At the first of each month, the Financial Advisor will review the forms to determine if the pregnancy is still viable (She will check the Barton Centricity Computer system to confirm patient is still being seen at TFP). The BCC Financial Advisor will 	<ul style="list-style-type: none"> • Marshall Medical Center OB Unit staff identify newborns with Medi-Cal funded deliveries and EDC residency status. • OB staff record list of newborns with Medi-Cal funded births on ACCELL Referral log sheet with data including newborn name, newborn’s no doc status, newborn’s date of birth, mother’s name, assigned PCP for newborn, newborn appt date, time of newborn appt., and name of pediatric provider and medical group, and indicator for Newborn SHCC or UMH. • Mon-Fri: ACCEL staff retrieve ACCEL Referral Log sheet and Client Education Form • The original document containing the referral and consent is picked up by the CHW at the Marshall Hospital OB Unit and kept at the EDC Public Health Dept. • The CHW reviews the mother/newborn list. The CHW will make a face-face meeting with the mother before discharge, if possible. If not possible, the CHW will make an introductory call to the mother.

E. Slope/South Lake Tahoe	W. Slope/Placerville
<p>fax the CHW referral/release and the status of the pregnancy, to trigger the CHW introductory patient phone call at (530)541-8409.</p> <ul style="list-style-type: none"> • The CHW will make an introductory telephone call to the patient at or above 6 months of her expected delivery date. • The BCC Financial Advisor will review the daily hospital birth census. She will check to see if she has the release/referral forms for all Medi-Cal funded births. If she does not have the release form, she will attempt to personally meet the patient in the hospital and get the release, which she will fax to the CHW. If she is not able to obtain the release in the OB unit, she will flag the newborn to be seen at the bilirubin/newborn check. If she does have the release/referral form, she will call the CHW and inform him of the new births. • The BCC Financial Advisor will daily check the BCC schedule for newborn appointments that mark the newborn for CHDP, which would indicate that the newborn has not yet received Medi-Cal status. She will check this child against her referral/release consent forms, and if they have not signed a release, she will flag the patient's chart so that the front check-in desk will refer the patient to her before leaving. She will have the patient sign the form and immediately fax the release to the CHW. • If the CHW has received no call after a week of the patient's expected delivery date the CHW will contact BCC Financial Advisor to identify the status of the birth. • The case will be closed as incomplete by the CHW for "termed pregnancies," "client relocated out of area," and "unknown at 42 weeks." 	



B. Once the mother has delivered her baby, the pathway steps are consistent across both geographic locations.

- The CHW will call the mother within 72 hours of delivery and teleconference in the mother's Medi-Cal eligibility worker to request that the newborn be enrolled in Medi-Cal.
- The CHW will call the mother within 2 weeks of the the Medi-Cal worker conference call to confirm the newborn's Medi-Cal enrollment status. If the mother does not know the newborn's Medi-Cal enrollment status, the CHW faxes a copy of the Accel release to the Medi-Cal worker and confirms that the child is enrolled in Medi-Cal. The CHW will obtain the newborn's insurance number, date of enrollment, name of newborn, and date of birth and enter them into iREACH.
- The CHW will schedule a future appointment for health care coverage review (aka Retention Pathway still TBD) when the infant is 10 months old.
- After the 10th of each month, confirmed insurance information including newborn name, DOB, insurance type, number, date of enrollment, dates of coverage is sent for billing purposes to either Marshall Hospital or Barton Health System designated staff TBD.

C. The pathway is closed.