

POLICY & PROCEDURE



TITLE: Eligibility				
Scope/Purpose: To accurately register all patients for any and all applicable programs for which they qualify.				
Division/Department: HealthPoint Clinics			Policy/Procedure #:	
Original Date: 06/09/14			New <input type="checkbox"/> Replacement for: Same <input checked="" type="checkbox"/>	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
	06/09/2014		July 8, 2014	
Responsible Party: Outreach/ Enrollment/ Call Center Director				

DEFINITIONS:

Federal Poverty Level (FPL) - the set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines.

POLICY:

Prior to seeing a provider, all new patients without health insurance coverage must be screened to determine eligibility for cost-subsidizing healthcare programs and/or insurance according to state, federal, and/or HealthPoint policies.

Eligibility policies for each of the state health care programs are governed by the DSHS policies for Primary Health Care (PHC), Expanded Primary Health Care (EPHC), Family Planning, and Texas Women's Health Program (TWHP).

PROCEDURE:

1. Prior to seeing a provider, staff must first determine whether the patient is covered by another third party payor such as private health insurance, Medicaid or Medicare, TRICARE, Worker's Compensation, Veteran's Administration Benefits, or other federal, state, or local public health care coverage.
2. If the patient is not covered by one of these third party payors, then an eligibility appointment must be made to screen the patient for the most appropriate healthcare coverage based on the individual's Federal Poverty Level and legal status.
3. Staff will first assess if the patient can be enrolled in Medicaid/CHIP or Insurance via the Health Insurance Marketplace.

- a. For patients who are determined to be potentially eligible for Medicaid/CHIP, staff will assist them by completing the online application www.YourTexasBenefits.com.
 - b. For patients who are determined to be potentially eligible for subsidies on the Health Insurance Marketplace, staff will assist them by completing the online application found at www.Healthcare.gov (Spanish version:www.cuidadodesalud.gov).
4. If ineligible for Medicaid/CHIP or Insurance through the Health Insurance Marketplace, the patient will be screened for the following cost subsidizing programs which include state benefit programs administered by BVCAA HealthPoint:
 - Texas Women’s Health Program
 - Family Planning B.1.3
 - Primary Health Care
 - Expanded Primary Healthcare
 - Sliding Fee Scale
 5. Staff will abide by state eligibility guidelines for each of the health care programs to determine a patient's eligibility and follow internal procedures documented in the Eligibility Procedure Guides (attached and contents listed below) and The Verifying & Assigning Appropriate Payor Sources PDF(attached) to determine the assignment of the appropriate program(s):
 - Transitioning patients from SFS to DSHS Programs (EPHC, PHC, B.1.3)
 - How to calculate FPL
 - Program Eligibility Matrix
 - Established Adult Female Patient
 - New Adult Female Patient
 - Adult Male Patient
 - Patient Under 18
 - How to determine whether to provide the Sliding Fee Scale program to an insured patient
 6. Benefit Specialists will scan eligibility documents into eCW under Patient Documents.

RELATED POLICY:

Sliding Fee Scale
Scope of Services

REFERENCES:

PHC/EPHC Policy: <https://www.dshs.state.tx.us/EPHC-Policy-Manual-and-Forms.aspx>
(Section 3: Eligibility)

Family Planning B.1.3 Policy: http://www.dshs.state.tx.us/famplan/pol_man.shtm
(FY14 Family Planning Policy Manual (updated:
<http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=858998737>
2 (Section 2, Chapter 1: Client Eligibility)

TWHP Policy: http://www.hhsc.state.tx.us/WomensHealth/provider-information.shtml#_eligible

Community Partner Program Training:
<https://www.texascommunitypartnerprogram.com/UI/UI/RelatedLinks.aspx>

Health Insurance Marketplace: <https://www.healthcare.gov/>

REQUIRED BY:

Department of State Health Services

ATTACHMENTS/ENCLOSURES:

Eligibility Procedure Guides
Assigning Payor Source Guides
Verifying & Assigning Appropriate Payor Sources in eCW
Household check-in packet English/Spanish
Individual check-in packet English/Spanish
What to Bring English/Spanish

POLICY/PROCEDURE TRACKING FORM (to be added as last page of each P&P for documentation of changes)

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Date of Revision				
Description of Changes				
06/09/2014	Updated with current DSHS requirements			
07//09/2014	Updated with revised procedure guides			