

## Registration Checklist

- Complete/update a **PDCS & HIPAA** form.
- Obtain **proof of residency for programs that require (Health Department) residency. (AH, BCCCP, CH & MH)**
- **Proof of income**- Gross income (before taxes) is requested from **all** clients. FP clients can “self-declare”.
- **Insurance, Medicaid or Medicare** Card (If FP or STD visit, ask client “Is it Ok to Bill Third Party?-If no, use “**Do Not Bill Ins FP/STD**” stamp. **Verify coverage.** If system shows “not eligible”, let the client know we will bill their insurance but if the insurance does not cover the visit, the client will be sent a bill based on their percent pay the date of the visit. < \*Medicaid does not cover Adult Nutrition Services, **except for Diabetes Self Mgmt Classes.** One on one nutritionist visits is NOT covered.> **\*\*Effective July 1, 2018, self-pay clients can be seen for NUTRITION services at NO CHARGE, regardless of county residency. We will continue to file insurance. We DO NOT have to assess income for NUTR clients until further notice from TG.**
- **ID – If no ID is available** 1) Enter client’s name as he/she states it. 2) Make a note in the comments section in the Patient Details tab that ID was requested and reason no ID was obtained, date/initial (Ex: Client states does not have ID, lost ID, etc./6-12-18/JO) **An ID is required before the medical record name change can be made.**
- For Family Planning and STD visits, when applicable, have client sign “Smiley” consent. **All** clients presenting for **pregnancy test**, should be asked about being a “Smiley”. (Applies to any age FP or STD client.)
- Enter/update client **demographics** (Including: **SS#** or **ITIN #**, Country of Origin, Preferred language, Parent/Guardian name if under 18 & Emergency Contact name/phone.)
- Add **flag** when the client: is a **Smiley**, needs an **Interpreter**, is a **ROB** pt. If the client request to “no mail”, check the box beside “No Snail Mail” on the Patient tab in **(add your vendor)**
- Determine **Economic Unit** and enter financial information into system. *Any client that doesn’t bring proof of income at time of visit; will be entered as 100% payable.* Client’s being seen for STD and /or FP should be informed that if their visit crosses over to another program, and there is no proof of income, charges will be accessed at 100%. **Inform client of percent payable.**
- **Collect co-pay/payment if applicable.**

**Economic Unit:** A family is defined as a group of related or non-related individuals who are living together as **one economic unit**. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. **An economic unit must have its own source of income.** Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit

**Does the client’s income cover outgoing expenses or is someone else providing basic necessities for the client.**

A **pregnant woman** is counted as two (2) in determining a family size unless it is in conflict with the client cultural, religious, and/or beliefs. **Foster child** is counted as household of one. **Incarcerated, in an institution or homeless shelter-family of one**

**A family planning client requesting confidential services (a Smiley) is considered a household of one.**

**MHI-1 Appointment** – Fill out Presumptive forms and send to DSS. (See the registration procedures notebook)

- **Scan and link documents** then give back to client
- Tell client **% payable**
- Get **client signature/your signature /Interpreter’s Signature (if applicable) on Declaration of Income**
- Take client **photo**, unless client objects.
- Collect **AH Fee or co-pay or flat fee**, if applicable. **Give receipt**
- Fill out **encounter form**, add label. (Stamp **PAID AH FEE**, write **Paid for flat fee services** or stamp **Don’t Bill INS for FP/STD**, if applicable)
- Enter/update the **NCIR** or enter new clients. *Mother’s maiden name and demographics are especially important.*
- **Select “check-in” on the dashboard or calendar**
- **Page Provider and interpreter (if needed)/Appt. time**, place chart in designated box.

**Computing Income:** Use **Gross Income** or for **self-employed income after business expenses**.

**Weekly** = pay x 52, **Biweekly** = pay x 26, **Twice a month** = pay x 24

**Continuously employed** (worked that last 12 months) can use the regular formula.

If the client is **not employed or has changed jobs in the last 12 months**, use the **Irregular Income Formula** or **Six Month Formula**.

**Unemployed today** = last 6 months income + projected unemployment (if applicable) or zero if client won't receive unemployment. If no unemployment compensation – ask how the client is going to support themselves.

**Employed today but unemployed last 6 months** – Did the client receive unemployment the last 6 months? If no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

If a client states they have **no income or a very low income**:

Ask the client if they have worked in the last year? If yes, when was their last day? Refer to Six Month Formula

Ask what the client pays for: shelter, rent, food, etc. **Compare HH income to the Sliding Fee Scale to see in income at or below federal poverty. Is there more money going out than coming in? Use the Expense Worksheet and scan into EMR**

**If someone outside the home is providing food, clothing or if pays utilities directly to utility company etc., make a note but don't count as income. (If the money is given to the client, to in turn pay their bills, you count as income. (Refer to # 17 & 18)**