



## Texas Women's Healthcare Coalition

PROMOTING ACCESS TO PREVENTIVE  
HEALTHCARE FOR ALL TEXAS WOMEN

### Supporting Patient Enrollment In Healthy Texas Women and other Health Programs

#### Ask your client if they are currently enrolled in a Medicaid Program

Patients can use any of the below to verify their Medicaid status:

- 1** TexMedConnect
- 2** Medicaid Client Portal for Providers
- 3** Check electronic or printed copy of Your Texas Benefits Healthy Women Card
- 4** Call the Automated Inquiry System at 800-925-9126

If they are not currently enrolled a program, you can assist them with their application.



#### Patient Navigator Community Partner Program Support & Consent

Patient Navigators can assist clients with applying for full Medicaid and Healthy Texas Women benefits through the Community Partner Program.

In order to help a client with their online application, they must:

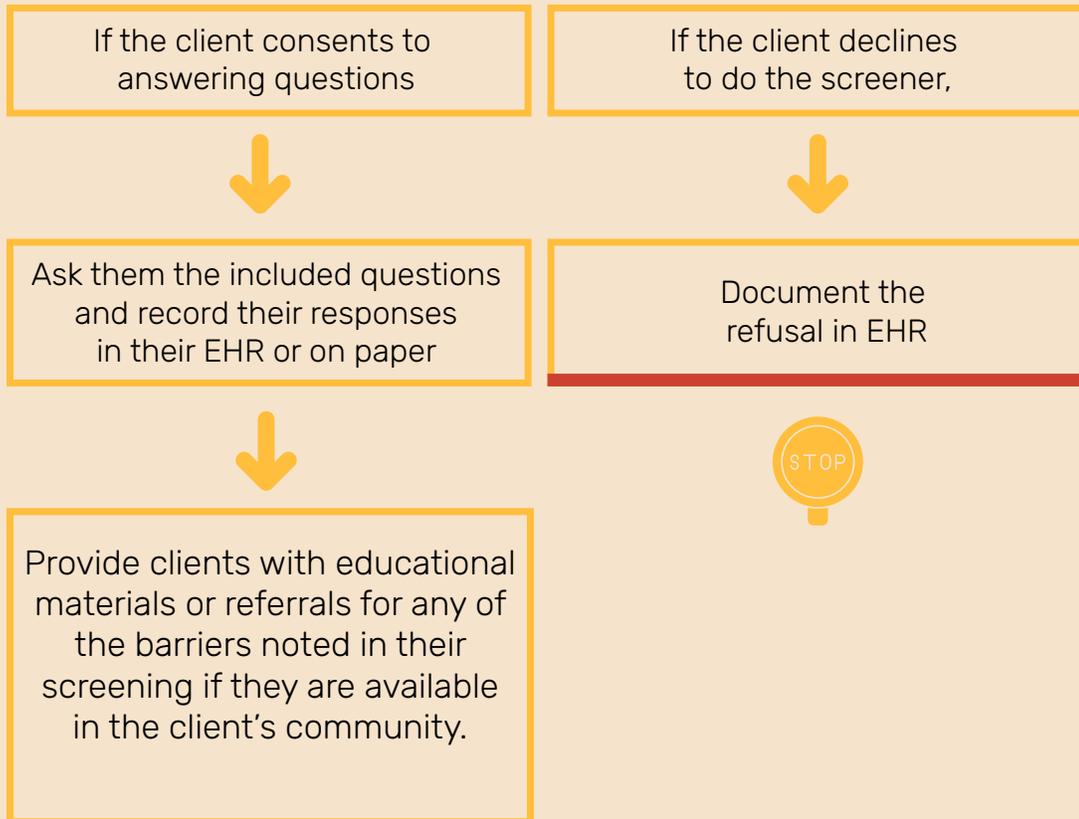
- 1** Setup computer for tracking assistance/be logged into Your Texas Benefits
- 2** Get consent from the patient
- 3** Verify the clients identity
- 4** Search for user account to avoid duplications

Please note, there are different consent form requirements for electronic and paper applications. More detailed information on this process is attached.



## Patient Navigator Non-Medical Needs Screening Tool

**1** Read the client the short description of the screening tool (Attached) and offer them the opportunity to decline to answer questions if they would prefer not to share.



## Follow up Contacts with Client

- 1** Follow up by phone/email/in office with all clients that you provided application assistance to, regardless of final eligibility determination.
- 2** If the client provided the appropriate consent (Form H1826), you may also call 2-1-1 to check the status of their application without having the client present.
- 3** Encourage client to complete their application by obtaining any needed information or documentation, or to complete appointments at the clinic.



## Documenting Client Contact/Follow-up Attempts

- 1** First and second contact attempts may be made by office visit, home visit, or phone. Third attempt must be sent by certified mail.
- 2** Allow enough time between contact attempts for the client to respond (1-2 weeks)
- 3** Attempts must be made in the client's primary language and appropriate provisions provided for visual and hearing-impaired clients.
- 4** Document contact attempts in the EHR.

- 1st Attempt (phone, office, or home visit)
- 2nd Attempt (phone, office, or home visit)
- 3rd Attempt by certified mail



## Patient Navigator Required Reports

- 1** Fill out the HTW Patient Navigator Report FY Template (below)

		<b>Report Due</b>
<b>Quarter 1</b>	<b>9/1/2023- 11/30/2023</b>	<b>December 30, 2023</b>
Quarter 2	12/1/2023- 2/29/2024	March 30, 2024
Quarter 3	3/1/2024- 5/31/2024	June 30, 2024
Quarter 4	6/1/2024- 8/31/2024	September 30, 2024

- 2** Send the HTW-CR Patient Navigation reporting quarterly to [FamPlan@hhs.texas.gov](mailto:FamPlan@hhs.texas.gov)