PPC1: ACCESS AND COMMUNICATION
Element A: Access and Communication Processes

Item 1: Scheduling each patient with PCP for continuity of care

From Provider Manual:

> for conditions which may result in legal action such as child abuse and domestic violence and they specifically require the patient's signature or the signature of a guardian. Medical records should check with the primary care provider before sending any of these "special release" documents.
>
> 2. In accordance with state law, consents for HIV testing are required prior to performing any testing and are scanned into the patient's chart.
> 3. Before records are printed, the primary care provider is asked to sign the release to assure the appropriateness of printing the record.
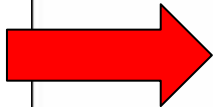>
> **E. Chaperones**
> All providers will have access to a chaperone when caring for patients of any gender. Male providers performing gynecological exams and breast exams are encouraged to have a chaperone in the room during the exam.
>
> **F. Continuity**
> Continuity of care is recognized as one of the most important dimensions of quality care. When a new patient is seen for an appointment other than an acute visit, the patient is assigned that provider as a Primary Care Provider (PCP).
>
> Because the PCP is not always available, the providers in the clinic have been arranged into teams. Every attempt will be made to schedule the patient with the PCP or their team member to improve continuity of clinical staff (medical assistant, case manager, social worker, provider, etc.). In order to help clients identify their PCP, we are using color-coded appointment and business cards. There are also pictures of the providers in the patient care areas at each clinic.
>
> _Principles of Clinical Practice (P.2)_
> _Revised 01/2009_

From CHC-A's Website:

Scheduling "Rules" and Appointment Types and Definitions
Clin326

Author(s): Xxxxx
Quick Reference: N
Scope: All CHC-Al Staff, Office Technicians, Medical Office Managers and Clinic Nurse Managers
Responsible Director(s): Medical
Approval/Date: June 12, 2002

DESCRIPTION:
This procedure defines basic scheduling "rules", as well as defining the appointment types used at CHC-A .

PURPOSE:
The purpose of this procedure is to ensure appropriate staff understands the different appointment types, their definition, any rules associated with them, and their length. The procedure further ensures that patients will be scheduled appropriately: appointment type, length, provider, and time frame.

PROCEDURE:
 "RULES"

- Always schedule patients with their *Primary Care Provider* (*PCP*), unless provider specifies otherwise, or if PCP is on leave; then schedule with a team member.
- Do not schedule *INS physicals* on Thursdays (cannot place PPD).
- After scheduling an appointment, *always review* the appointment in "Make Appointment" or "Find Appointment" to assure it is booked correctly.
- An appointment can be canceled up to 30 min. **before sign in time**; otherwise, it is left in the schedule as a *no show*. Advise the scheduler and triage if an hour long appointment cancels/no shows.

APPOINTMENT TYPES/DEFINITIONS
See page two.

ATTACHMENTS:
REVIEW DATES:

Scheduling Guidelines
September 15, 2004

Existing Patients
1. We open our schedule 2 weeks out.
2. When patients call before 2 hours before the close of the session, we will meet their need that day.
3. When an existing patient wants an appointment, the first thing to know is who the PCP is.
4. If the PCP is there that day and there are open appointments, schedule the patient.
5. If the PCP is there and there are no open appointments, send the call to the nurse.
6. The nurse will either give the patient an appointment with a provider, see the patient in a nurse visit or meet their need some other way.
7. When existing patients call and the PCP is not in that day, ask the patient if they can wait until the PCP is back in the clinic. If they can, give them an appointment for when the PCP is back. All absences should be master scheduled.
8. If the patient cannot wait, give them an appointment with a provider on the pod. If there are no open appointments, the call goes to the nurse who does # 6 above.
9. If patients are going to be seen on another pod, the nurses need to decide that together.
   We need a plan for pods with no nurses.

New Patients
1. Pods now know how many new patients they need to see per week (see the attached spreadsheet).
2. Each pod needs to have a plan for working those new patients into the schedule.
3. The pod plans how they want to see the new patients (i.e. what days to have/not have or how many on what days; what to do when a provider is on vacation and then when they return). (They are accountable for the total over time, not necessarily a set number per week. Let's say, they have to meet their goal numbers every quarter).

   The NTM directs the staff making appointments each morning on how to schedule new patients. The staff then schedules accordingly.
   Any appointment that looks like it will not get filled can be filled with a new patient, even if the number of new patients has been achieved.
   If there is a new Medicaid or Medicare patient with an acute need and the "slots are taken" the call needs to go to the nurse and handled as an existing patient.
   All attempts will be made to make a financial screening appointment for before the provider appointment.
   However, Medicaid and Medicare patients can be verified easily on WINASAP. Screeners or the OT II should do this before the patient arrives or, at the very least, before they leave the clinic.
   If a new patient can come in a day or two ahead of their appointment, that is the best case. However, the patient should always have an appointment close to their screening to decrease the no show rate.
   If/when there are more new patients calling than our goal numbers, each pod/site should keep a running list of names, phone numbers and likely payor code to call in the event we have any appointments it looks like we will not fill or no shows. Every attempt should be made to fill those appointments by calling the names on the list. Patients with Medicaid and Medicare should be called first.

   The team lead keeps daily track of the number of new patients seen that week and the pod can then plan/adjust accordingly.

<div align="center">**Advanced Access Scheduling Guidelines**</div>

Created: 11/03

The daily flow of patients through the clinic and whether or not we get paid for the services we provide depends greatly on scheduling correctly and verifying paycodes. Remember, if we do it right the first time we will not have to fix it later.

- If the PCP is in the clinic, schedule the patient with their PCP.

- If the PCP is not available, and the patient is not calling for acute reasons, tell the patient that their provider is not in and offer them the next available appointment with their PCP. (Explain to the patient that it is really best for them to see their PCP because their PCP knows them best). If the patient insists on coming in today, schedule an appointment with another provider on the same pod.

- Always check the patient's paycode prior to scheduling the appointment. If the patient needs rescreened, schedule them with a screener sometime before the provider appointment.

- If a screening appointment is not available, go ahead and schedule the patient with their provider and alert the screener to the fact that the patient is coming in and what time. The screener will try to work them in to their schedule.

- If the screener is unable to work the patient in to their schedule, the patient should be put up as a Z-Pay, given a Z-Pay letter and a screening appointment for sometime within the next week.

- Unless the patient or provider insists, do not schedule OB-WCC-WELL appointments on Monday or Tuesday. The clinic has a very high demand at the beginning of the week and scheduling those appointments later in the week will help decrease the demand. (If high volume days are not an issue for your site you may eliminate this process. If high volume days are an issue at your clinic, but different from those indicated, change days indicated to suit your clinic.)

<div align="center">**Advanced Access: Managing the Schedule**</div>

Created: 11/03

Daily management of the schedule is critical for the process of Advanced Access Scheduling. Following are a list of scheduling items that should be checked daily.

PCP
- Review each providers schedule to determine if the patients are being scheduled with their PCP.
- If the patient is scheduled with a different PCP, determine if there is a valid reason (i.e. procedure, acute appointment and provider not in clinic, referral to a specialist, etc)
- If the patient is scheduled incorrectly: determine who scheduled the appointment, educate the person as to the correct scheduling procedure and ask the employee to reschedule the appointment correctly.

Monday/Tuesday Appointments: (The high volume days may be different per site…follow the same process except using the days of high volume that you have determined for your site. If filling appointment slots is an issue at the site this process may be disregarded)
- Review the appointments for Monday and Tuesday to see if OB-WCC-WELL exams are scheduled. If they are, speak with the employee who scheduled them to determine if they attempted to schedule them later in the week.

Nurse Visit vs. Provider Visit: (This to be done when short on appointment slots)
- Review appointment notes to determine if an appointment scheduled with the provider could possibly be rescheduled as a nurse visit (confirm with the Pod Nurse that the appointment can be rescheduled). Determine who scheduled the appointment and educate the employee as to how the appointment should have been scheduled. Ask the employee to reschedule the appointment.

Appointments Scheduled Over 2 Weeks:
- Review provider schedules out past 2 weeks to determine if appointments are being scheduled past the 2 week dead line. If appointments are found, determine who scheduled the appointment and determine if the patient requested the appointment on that date. Educate the employee to the proper scheduling guidelines and ask the employee to reschedule the appointment.

Item 2: Coordinating services during the visit

Services provided at our CHC clinics are designed to maximize the delivery of care to patients during one trip. We draw all labs onsite at the time the patient is here and the provider orders them to save the patient the additional trip of going to a third party lab draw station. We have partnered with our local mental health organizations to provider on-site, integrated behavioral health by having a licensed CHC-A social worker on each pod team. These behavioral health specialists then see our patients and provide care that our patients would otherwise have to access at the county mental health provider, saving patients the effort of scheduling their behavioral health visit at a different time and location. Many of our patients will not go the mental health center to receive care because of the stigma associated with mental illness. With integrated behavioral health services our patients can behavioral health care where they are comfortable accessing services. In addition, we have also contracted to have psychiatrists come to see the patients at our sites, so that patients can access psychiatric services at our clinic. We have created fully licensed pharmacy services on site so that patients can access medications at a discount, and pick them up during their visits for their primary care services. We also employ a Registered Dietician who is a Certified Diabetic Educator full time to see our patients in our clinics. Whenever possible, these visits are scheduled when the patients are here for their diabetes visit or prenatal visits.

New patient brochure with some of the coordinated services provided at the visit.

Items 3: Determining through triage how soon a patient needs to be seen

From Provider Manual: Principles of Practice

II. AFTER-HOURS COVERAGE
When the clinic is closed, _____ uses an answering service that includes a nurse help line and provides 24-hour call coverage, seven days a week. There is always a _____ physician on call and available through a pager system that covers all clinics. This physician backs up first-call providers (Nurse Practitioners or Physician Assistants) and manages the inpatient care, assuring continuity to hospitalized patients at _____ Hospital, _____ Hospital and _____ Hospital.

III. MEDICAL ADMINISTRATIVE PRINCIPLES
A. Clinical Guidelines
Clinical guidelines for the high-volume, high-risk and problem-prone areas of ambulatory practice are included in the Clinical Guidelines section of this manual.

B. Triage Procedures
Triage patients, both walk-in and telephone, will be handled in a timely fashion according to the severity of the complaint/problem. Emphasis is on the appropriate management of emergency (life threatening or threat to limb) conditions. Triage contacts will be managed as per the triage protocols.
   1. Phone triage (see attached protocols).
   2. Walk-in triage protocol
      a. Clients will sign in at the front desk and the Nurse Team Manager (NTM) will be notified of the patient's presence.
      b. The NTM will take the patient to a confidential area and triage the patient's complaints.
      c. If an appointment is indicated, the NTM will work up the patient as thoroughly as possible, schedule the patient in the ER and notify the provider of the patient's condition.
      d. If an appointment is not necessary the NTM will recommend home treatment or self care and make a note in the electronic health record (EHR). The patient will be encouraged to follow up if not improving.

Procedure for timely triage of patients for their choice of care:

Screening Triage/Appointment Calls for Established Patients Clin329.2

Author(s): Xxxx, LPN, Xxxx, BSN
Quick Reference: N
Scope: Office Technician, Medical Assistant, Triage Nurse, Medical Office and Clinic Nurse Managers
Responsible Director(s): Operations, Medical
Approval/Date: October 21, 2009

DESCRIPTION:
CHC-A has developed a plan for the forwarding or transferring of calls within the clinic.

PURPOSE:
To ensure quality service with customer's who contact us by telephone and to ensure safety for customer's who call with any degree of illness.

PROCEDURE:

- **Have patient call 911 if: (<u>inform triage nurse</u>)**
  - A) Any life threatening problem.
  - B) Severe Trauma (chest wound)
  - C) Hemorrhaging.
- **Get the triage nurse immediately if:**
  - A) Chest pain.
  - B) Difficulty breathing.
  - C) Severe pain (abdomen, head, burn)
  - D) Drug overdose
  - E) Possible patient in labor.
  - F) Child with a fever >104.
  - G) OB patient who complains of vaginal bleeding.
  - H) OB patient who reports the baby is not moving.
  - * For any OB patient please ask how many weeks/months she is before calling or tasking the nurse.
- **Calls to triage if:**
  - A) Caller states they need an appointment today and there are no open access appointments on their pod or the caller chooses not to wait for an open appointment with the PCP.
  - B) Patients may be informed that under normal circumstances in the clinic, their call will be returned within 6 hours.

ATTACHMENTS:
REVIEW DATES: 6/12/2002, 8/6/2007, 1/20/2010

PROCEDURE FOR TELEPHONE TRIAGE COVERAGE FOR OTHER SITES
CLIN348

Author(s): Xxxx
Quick Reference: Y/N
Scope: Nurse Team Managers, Clinic Directors, Clinic Operations Managers
Responsible Director(s): Clinic Directors, Nursing Services Manager
Approval/Date: June 25, 2007

DESCRIPTION:
This addresses phone triage of patients when a clinic is closed. Urgent calls and Quest calls are also included. Nurses from other sites may be asked to do the triage for a pod or clinic that is closed. The procedure describes the expectations of the clinic that is closing and the clinic or nurse that is doing their triage.

PURPOSE:
Clinics may periodically close for a move or meeting. This procedure ensures that patients will still be triaged in a timely and appropriate manner even if their site is closed.

PROCEDURE:
   PHONE TRIAGE
- If the clinic needs to be closed for a move longer than 2 hours the Clinic Director will request help from another site with phone triage.

- Nurses will be asked to cover triage for a specific pod.
- The nurse will accept all tasks for that pod within the time period coverage is needed.
- A minimum of 2 attempts will be made to contact the patient. These attempts should be at least an hour apart.
- The nurse accepting the task will finish the task.
- Tasks will not be returned to the original site unless the pcp must be consulted.
- Triage phone calls will be done by the end of the session. In other words, calls received in the morning will be returned before lunch, calls in the afternoon will be returned before the end of the day.
- The site that is closed will designate a nurse to carry the nurse cell phone. This can be used by the nurse doing the triage to contact the site regarding scheduling questions.
- When a site is closed for a half session, the Clinic Directors or Clinic Office Managers will review the schedule 1-2 weeks in advance. Based on the number of providers on a pod they will master schedule 1-2 appointments per session. These appointments will be used for acute appointments at the discretion of the nurse doing the triage.

QUEST
- Quest will be notified by the COM if the clinic is going to be closed. They will be informed to call all critical and urgent labs to the site covering triage.
- If the clinic is closed in the morning the site covering triage will print the lab report for the site that is closed and check it for any positive labs and manage the labs appropriately. The closing site will attempt to do as much as possible and if time allows they will take care of this report before the clinic closes.

REVIEW DATES:

Item 4: Same day access

Office Redesign Committee Aims and Measures
Master planning & scheduling

- ■ Aim: Always allocate resources appropriately to meet supply and demand. Always anticipate events and fluctuations in supply and demand for health care services.
- ■ Measures:
  - Decrease in number of unbooked appointments during slow months (April, October-December)
  - Maintain patient satisfaction during peak months
  - Time to third – same day
  - Increase in immunization rates to 90% at all sites for 1, 2 and 5 year olds
  - Percent of staff who reach do not accrue status
  - Percent of dropped calls is maintained at 2-3%
  - Plan for provider leave (PTO, FMLA, and termination)

Advanced access
- ■ Aim: We always provide patients with appointments when they want
- ■ Measures:
  - Panel size
  - Quarterly panel size reports
  - No provider will be over or under paneled by 10% for more than 3 consecutive quarters
  - Time to third – same day
  - Cycle time and value added time

Scheduling Guidelines
September 15, 2004

Existing Patients

1. We open our schedule 2 weeks out.
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7. When existing patients call and the PCP is not in that day, ask the patient if they can wait until the PCP is back in the clinic. If they can, give them an appointment for when the PCP is back. All absences should be master scheduled.
8. If the patient cannot wait, give them an appointment with a provider on the pod. If there are no open appointments, the call goes to the nurse who does # 6 above.
9. If patients are going to be seen on another pod, the nurses need to decide that together. We need a plan for pods with no nurses.

New Patients

1. Pods now know how many new patients they need to see per week (see the attached spreadsheet).
2. Each pod needs to have a plan for working those new patients into the schedule.
3. The pod plans how they want to see the new patients (i.e. what days to have/not have or how many on what days; what to do when a provider is on vacation and then when they return). (They are accountable for the total over time, not necessarily a set number per week. Let's say, they have to meet their goal numbers every quarter).

The NTM directs the staff making appointments each morning on how to schedule new patients. The staff then schedules accordingly.

Any appointment that looks like it will not get filled can be filled with a new patient, even if the number of new patients has been achieved.

If there is a new Medicaid or Medicare patient with an acute need and the "slots are taken" the call needs to go to the nurse and handled as an existing patient.

All attempts will be made to make a financial screening appointment for before the provider appointment.

However, Medicaid and Medicare patients can be verified easily on WINASAP. Screeners or the OT II should do this before the patient arrives or, at the very least, before they leave the clinic.

If a new patient can come in a day or two ahead of their appointment, that is the best case. However, the patient should always have an appointment close to their screening to decrease the no show rate.

If/when there are more new patients calling than our goal numbers, each pod/site should keep a running list of names, phone numbers and likely payor code to call in the event we have any appointments it looks like we will not fill or no shows. Every attempt should be made to fill those appointments by calling the names on the list. Patients with Medicaid and Medicare should be called first.

The team lead keeps daily track of the number of new patients seen that week and the pod can then plan/adjust accordingly.

Advanced Access Scheduling Guidelines

Created: 11/03

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__Items 5: Scheduling same data appointments based on practice's triage of patients conditions__

From Provider Manual: Principles of Practice

Screening Triage/Appointment Calls for Established Patients Clin329.2

Author(s): Xxxx
Quick Reference: N
Scope: Office Technician, Medical Assistant, Triage Nurse, Medical Office and Clinic Nurse Managers
Responsible Director(s): Operations, Medical
Approval/Date: October 21, 2009

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To ensure quality service with customer's who contact us by telephone and to ensure safety for customer's who call with any degree of illness.

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    - D) Any life threatening problem.
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- **Get the triage nurse immediately if:**
    - I) Chest pain.
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    - K) Severe pain (abdomen, head, burn)
    - L) Drug overdose
    - M) Possible patient in labor.
    - N) Child with a fever >104.
    - O) OB patient who complains of vaginal bleeding.
    - P) OB patient who reports the baby is not moving.
    - * For any OB patient please ask how many weeks/months she is before calling or tasking the nurse.
- **Calls to triage if:**
    - C) <mark>Caller states they need an appointment today and there are no open access appointments on their pod or the caller chooses not to wait for an open appointment with the PCP.</mark>
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- If the clinic is closed in the morning the site covering triage will print the lab report for the site that is closed and check it for any positive labs and manage the labs appropriately. The closing site will attempt to do as much as possible and if time allows they will take care of this report before the clinic closes.

REVIEW DATES:

Items 6: Patient/family requests for appointments

Office Redesign Committee Aims and Measures

Master planning & scheduling

- ■ Aim: Always allocate resources appropriately to meet supply and demand. Always anticipate events and fluctuations in supply and demand for health care services.
- ■ Measures:
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  - Maintain patient satisfaction during peak months
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September 15, 2004

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7. When existing patients call and the PCP is not in that day, ask the patient if they can wait until the PCP is back in the clinic. If they can, give them an appointment for when the PCP is back. All absences should be master scheduled.
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   The team lead keeps daily track of the number of new patients seen that week and the pod can then plan/adjust accordingly.

Item 7: Providing telephone advice during office hours

Patients call the call center. If they request nurse advice they are told they will be called by the nurse who works on their pod and who knows them. The nurse on the pod contacts the patient (this case the nurse is Xxxx), and provides nursing care instructions. The same can happen with a physician. See the following two phone notes as examples.

Item 8: Providing urgent phone response within a specific time, with clinician support available 24 hours a day, 7 days a week.

II. **AFTER-HOURS COVERAGE**

When the clinic is closed,   uses an answering service that includes a nurse help line and provides 24-hour call coverage, seven days a week. There is always a   physician on call and available through a pager system that covers all clinics. This physician backs up first-call providers (Nurse Practitioners or Physician Assistants) and manages the inpatient care, assuring continuity to hospitalized patients at   Hospital,   Hospital and   Hospital.

III. **MEDICAL ADMINISTRATIVE PRINCIPLES**

A. Clinical Guidelines

Clinical guidelines for the high-volume, high-risk and problem-prone areas of ambulatory practice are included in the Clinical Guidelines section of this manual.

B. Triage Procedures

Triage patients, both walk-in and telephone, will be handled in a timely fashion according to the severity of the complaint/problem. Emphasis is on the appropriate management of emergency (life threatening or threat to limb) conditions. Triage contacts will be managed as per the triage protocols.

1. Phone triage (see attached protocols).
2. Walk-in triage protocol
   a. Clients will sign in at the front desk and the Nurse Team Manager (NTM) will be notified of the patient's presence.
   b. The NTM will take the patient to a confidential area and triage the patient's complaints.
   c. If an appointment is indicated, the NTM will work up the patient as thoroughly as possible, schedule the patient in the ER and notify the provider of the patient's condition.
   d. If an appointment is not necessary the NTM will recommend home treatment or self care and make a note in the electronic health record (EHR). The patient will be encouraged to follow up if not improving.

CHC-A's Online Call Schedule showing 24/7/365 Coverage of our phones and Xxxx Hospital and Xxxx hospitals.

Call Schedule, 2/1 to 2/28, 2010

		1 February	2 Tu	3 We	4 Th	5 Fr	6 Sa
AAH Med (dy)		MD	MD	MD	MD	MD	MD
AAH Med (nght)		MD	MD	MD	MD	MD	MD
AAH Round'g Help		CNM	ICNM	CNM	CNM		CNM
AAH OB (dy)		MD	LMD	SMD	CMD	MD	MD
AAH OB (nght)		MD	LMD	SMD	rCMD	MD	MD
AAH OB 2nd (day)						SMD	8a - 7:45p - 8p Ehr Tr
AAH OB 2nd (night)						SMD	8p - 7:45a - 8a Ehr Tr
SAN		--	--	--	--	--	--
Med (NP_PAs)		nNP	NP	NP	NP	NP	NP
Admin Back Up		MD	MD	MD	MD	MD	MD
BCH Med		MD	MD	MD	MD	MD	MD
BCH CNM		CNM	8a - 8p - 8a Mid Be	CNM	CNM	CNM	CNM
BCH NHV		CNM	CNM	rCNM	CNM	CNM	CNM
	7 February	8 Mo	9 Tu	10 We	11 Th	12 Fr	13 Sa
AAH Med (dy)	MD	MD	MD	MD	MD	MD	MD
AAH Med (nght)	F	MD	MD	MD	MD	MD	MD
AAH Round'g Help	CNM	CNM	ICNM	CNM	CNM	CNM	CNM
AAH OB (dy)	BFP	MD	LMD	SMD	CMD	MD	MD
AAH OB (nght)	BFP	MD	LMD	SMD	CMD	MD	MD
AAH OB 2nd (day)	8a - 7:45p - 8p Ehr Tr					CMD	CMD
AAH OB 2nd (night)	8p - 7:45a - 8a Ehr Tr					rCMD	CMD

CHC-A contracts to provide 24/7/365 Nurse call coverage through the Xxxx Nurse Line:

City, State; SIP ####-####

Invoice for Services

Customer Name

Community Health Center

Attn:
Address

Date	Period	Description	Quantity	Price	Total
09/21/09	08/01/09-08/31/09	Annual Contract Maintenance Fee	1	$2,000.00	$ 2,000.00
		Ad Hoc Reports	0	125.00	-
		Nurse Triage Services	97	19.00	1,843.00
		Nurse Triage Services-	27	19.00	513.00
		Medical Information Calls-	2	19.00	38.00
		Medical Information Calls-(	1	19.00	19.00
		Referral Services (Paging Physicians)-	110	3.90	429.00
		Referral Services (Paging Physicians)-f	41	3.90	159.90
		Paging Provider and Reporting Newborn Birth Information-	5	3.90	19.50
		Monthly Phone Fee-C	1	30.00	30.00
		Montlhly Phone Fee-	1	30.00	30.00
		Language Translation Service (per minute)-C	472		771.84
		Language Translation Service (per minute)-I	131		214.16
		Total Invoice for Services Rendered			$ 6,067.40

If you have any questions regarding this invoice, please contact
Our Tax Identification Number is

Please make checks payable to the

Thank you for your business. We appreciate the opportunity to serve you.

Item 9: Provide secure email consultations with Clinicians

We have a process to have email exchanges with patients about their health care. E-mails are composed by providers and then sent to our IT department via xxx@CHC-A.org where the emails are converted into secure email and forwarded to the patient, to specialist or others involved in patient care. This is also done with consultations with specialty and other primary care providers. Attached is staff communication around using xxx to communicate with patients and other health care providers:

	Xxxx
Hello All, A couple of weeks ago we discussed the definition of PHI. We also discussed that anyone needing to send patient data outside of CHC-A via computer (except via NextGen) should submit a request to [Send Mail](mailto:) with "PHI Send" in the subject of the email. We will then respond back, log the details, review the data with you, and determine how best to send that information out. This week I would like to expand the understanding of PHI a little. PHI consists of health related information combined with one or more of 18 different potential elements of identifying data. Information with a diagnosis by itself does not constitute protected health information. However, if the diagnosis also includes medical record numbers as an example then it is considered PHI and must be protected since it contains an identifier. Here are some of the more obvious identifiers: 1. Name 2. Address 3. Dates directly related to an individual, including birth date, admission date, discharge date, date of death. In our case an encounter date would be included in this. 4. Phone numbers 5. Fax numbers 6. Electronic mail addresses 7. Social Security numbers 8. Medical record numbers 9. Health plan beneficiary numbers 10. Account numbers Your close attention to this will make sure we don't send patient information in a manner that puts a patients information or CHC-A at risk. Look for more email in this series where we will continue to explore this subject. Also, for	

easy reference, these messages will be collected here:	
http://1XXXBlog.asp Thank you XXXXX	
Hello Everyone, First, I know this is a somewhat lengthy email, but it is extremely important that this is read very closely and understood. Over the next several weeks we will be embarking upon a journey to raise everyone's awareness related to HIPAA and PHI. This will involve a series of fairly short email (except for this one) discussing issues related to HIPAA and PHI. This week is an introduction and in subsequent email we will expand the topic further. These email are absolutely critical for everyone to read and understand. PHI stands for Protected Health Information and is defined as "any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment." New rules and regulations go into effect in a few days related to the transmission of PHI. These rules make it imperative that no patient information is sent out of CHC-A in electronic form in a manner that does not comply with various laws. *** IMPORTANT *** For the time being, if you need to send ANY patient related information to anyone outside CHC-A using email or other tools on a computer (except when transmitting information using NextGen), you MUST contact IT. Let me restate this, please do not send ANY patient related information using a computer (whether email or some other tool) without first contacting IT. For those that do need to send patient information outside CHC-A, please send an email with the subject of "PHI Send" to this address: xxx@CHC-A.org - this address can be found in the Outlook address book. This email address is a distribution list that sends your request to four people so you should expect a reply back very quickly. We will then work with you to log the event and, if necessary, facilitate the secure transmission of the information to and from your recipient. When you contact IT at this email address please include your extension number so we can call you back. *** IMPORTANT *** You might wonder why we are doing this. That is a longer discussion than this email can address completely. The short answer is due primarily to the need to conduct a review of when,	Xxxx

why and how we send patient related information outside of CHC-A. It is also due partly to recent changes in regulations that will be discussed in a forthcoming email. We will not do this for very long, but I couldn't say positively how long this process will be in place.

How do you know if you are sending patient related information? "ANY information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment."

Before you send anything via email, ask yourself "does this contain any patient related information?". If it does, please contact IT first at the email listed above.

Thank you for your understanding and participation.

_____

Xxxxx
IT Director
CHC-A Health Services
xxx.xxx.xxxx Ext xxx

MUST READ - HIPAA Communication Series - #1 - Message (HTML)

File Edit View Insert Format Tools Actions Help Adobe PDF

Reply | Reply to All | Forward

You forwarded this message on 9/24/2009 7:22 AM.
This message was sent with High importance.

From: Sent: Fri 9/18/2009 4:33 PM
To:
Cc:
Subject: MUST READ - HIPAA Communication Series - #1

Hello Everyone,

First, I know this is a somewhat lengthy email, but it is extremely important that this is read very closely and understood.

Over the next several weeks we will be embarking upon a journey to raise everyone's awareness related to HIPAA and PHI. This will involve a series of fairly short email (except for this one) discussing issues related to HIPAA and PHI. This week is an introduction and in subsequent email we will expand the topic further. These email are absolutely critical for everyone to read and understand.

PHI stands for Protected Health Information and is defined as "any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment."

New rules and regulations go into effect in a few days related to the transmission of PHI. These rules make it imperative that no patient information is sent out of   in electronic form in a manner that does not comply with various laws.

*** IMPORTANT ***

For the time being, if you need to send ANY patient related information to anyone outside   using email or other tools on a computer (except when transmitting information using NextGen), you MUST contact IT.

Let me restate this, please do not send ANY patient related information using a computer (whether email or some other tool) without first contacting IT.

For those that do need to send patient information outside   , please send an email with the subject of "PHI Send" to this address: @   .org – this address can be found in the Outlook address book. This email address is a distribution list that sends your request to four people so you should expect a reply back very quickly. We will then work with you to log the event and, if necessary, facilitate the secure transmission of the information to and from your recipient. When you contact IT at this email address please include your extension number so we can call you back.

*** IMPORTANT ***

Start | C:\WINDOW... | Microsoft Excel | Inbox - Micr... | Provider Ma... | Procedures_... | Intra... | MUST READ...   9:44 PM

Below is a sample of a PHI send email that has been forwarded to IT to send via secure email:

Item 10: Providing an interactive practice Web site

Below are screenshots of our CHC-A.org web site. At this time patients cannot access lab results or schedule appointments. We do post information such as recommendations for the flu vaccine, how to apply for Medicaid or sliding fee scales for patients that they can access in the correct language.

We do use the Web site to communicate general information for patients such as recommendations for flu or preventative health screenings intervals.
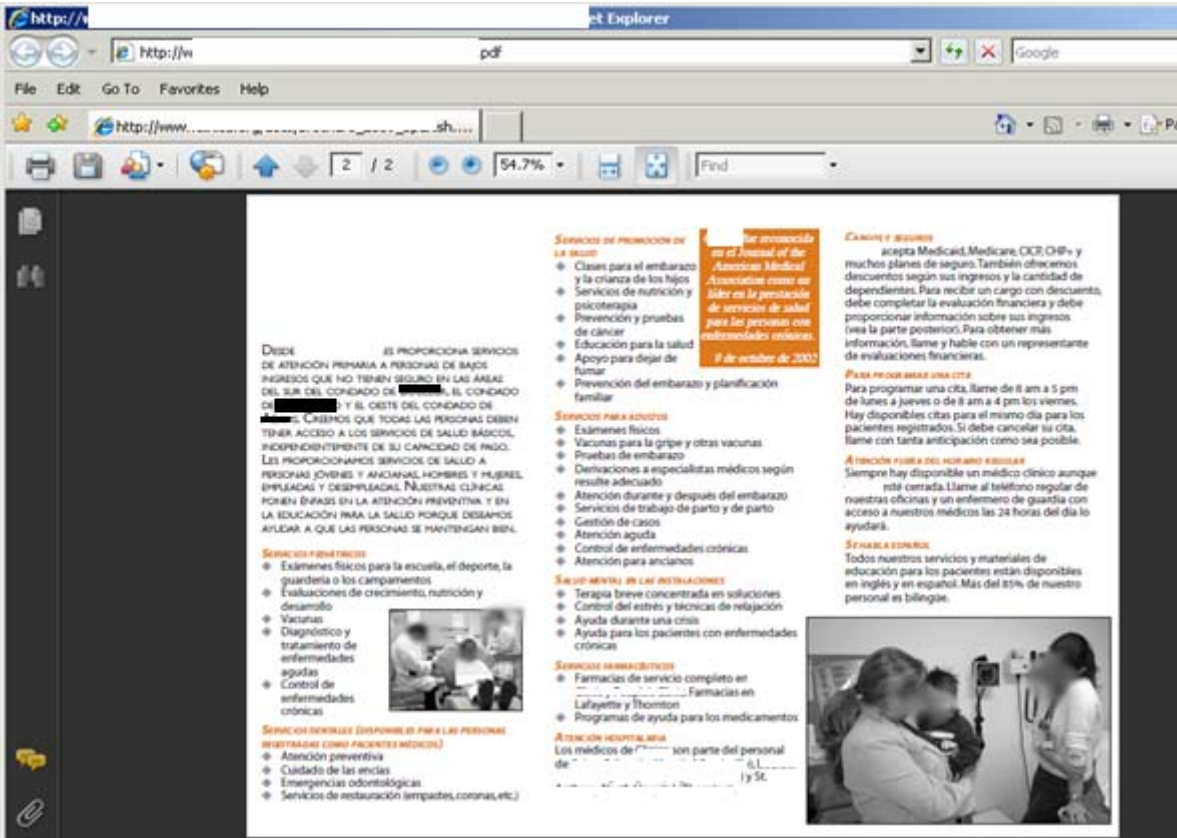
Choosing the active text will take you to pages with decision support on how to apply for low income insurance or the sliding fee scale.

Quality Community Health Care

Home   About C_____   Our Locations   Patient Information   Our Providers   Giving   Employees   Job Opportunities   Contact Us

Click here for an application.   **Haga clic aqui para una solicitud.**

Affordable Health Insurance for You and Your Family

_____ , Medicaid and CHP+ are public health insurance programs for families, children or pregnant women. When you apply, you are applying for both Family Medicaid and CHP+. The program you qualify for depends upon family size, income and your age. _____ accepts both Medicaid and CHP+ at all of its locations.

What is Medicaid?
Medicaid is health care insurance for families with children who are 18 years old or younger and pregnant women. There is no cost for doctor visits or prescription medications to children or pregnant women on Medicaid. Some adults may have to make small co-payments for each doctor visit or prescription medication they buy.

What is the difference between Medicaid and CHP+?
Medicaid and CHP+ have different income limits. The program you or your children might qualify for depends on your income, family size, and expenses.

What Services are Covered by Medicaid or CHP+?
- Regular check-ups
- Routine doctor visits
- Prescription medications
- Hospital care
- Dental care
- Mental health care
- Prenatal and post-partum care
- Immunizations

Who can apply?
People can apply for Medicaid and CHP+ if they live in _____ and if they are a U.S. citizen, a legal permanent resident, an asylum seeker or a refugee. To become a patient of _____ you must complete the financial screening process.

To make an appointment with a financial screener at _____ who can help you with your Medicaid and CHP+ application, please call any of the following phone numbers between 8am and 5pm Monday through Thursday, and between 8am and 4pm on Fridays:

\
(

Click here for a list of documents you will need for your financial screening appointment.

For more information about Medicaid, CHP+ or _____ please call (
4   )7.

_____ provides health care services to people living in _____ County, _____ County and _____ County. If you do not live in this area, please go to w_____ hp to find the community health center nearest you.

Plan De Seguro Economico para Usted y su Familia

, Medicaid y CHP + son programas públicos de seguro médico para familias, niños o mujeres embarazadas. Cuando usted solicita, usted está solicitando para Medicaid y CHP + Familia. El programa al que usted califique depende de tamaño de la familia, los ingresos y su edad. _____ acepta Medicaid y CHP + en todas sus ubicaciones.

¿Qué es Medicaid?
Medicaid es un seguro médico para familias con niños de 18 años o menor y mujeres embarazadas. No cuesta nada para niños y mujeres embarazadas. Es posible que algunos adultos tengan que hacer copagos pequeños por cada consulta médica o medicamentos de receta.

¿Cual es la diferencia entre Medicaid y CHP+?
Medicaid y CHP+ tienen límites de ingresos diferentes. El programa para el que usted o sus hijos califiquen dependerá de sus ingresos, número de personas en la familia y sus gastos.

¿Qué servicios médicos cubren Medicaid y CHP+?
- Chequeos regulares
- Atención hospitalaria
- Atención prenatal y de post-parto
- Consultas médicas
- Atención dental
- Inmunizaciones (vacunas)
- Medicina
- Atención de salud mental

¿Quién puede solicitar?
Una persona puede solicitar Medicaid y CHP+ si:
• Vive en _____
• Es ciudadano de EE.UU. o
• Es residente permanente legal o
• Es un anlado o
• Es un refugiado

Para ser un paciente de la _____ debe completar el proceso de evaluación financiera.

Para hacer una cita con una Financiera en la _____ que le puede ayudar con su solicitud de Medicaid o CHP +, por favor llame a cualquiera de los siguientes números de teléfono entre las 8-5 de Lunes a Jueves, y de 8-4 los Viernes:
(
:

Haga clic aquí para una lista de documentos que necesitará para su cita de evaluación financiera.

Para obtener más información sobre Medicaid, CHP +, o la _____ por favor llame al (

_____ ofrece servicios de atención de salud a las personas que viven en el sur del Condado de _____ d y el oeste del Condado de _____ de _____. Si usted no vive en esta área, por favor vaya a www. _____ php para encontrar el centro comunitario de salud más cercano a usted.

Click here for an application.   **Haga clic para una solicitud.**

Item 11: Making language services available for patients with limited English proficiency

CHC-A Health Services' mission statement states that "Care shall be culturally appropriate and prevention focused."

CHC-A currently utilizes Language Line Services (telephone interpretation) and Purple Language Services (signing for the hearing impaired) to assist our patients with limited English proficiency and/or hearing impairments. Additionally, 265 of our 324 employees are bilingual in English and Spanish (81.8%) and 100% of our Providers are bilingual. The following job descriptions require that candidates be bilingual (proficient in medical Spanish) to be considered for a position at CHC-A:

Behavioral Health Professional
Call Center Attendant, Manager
Case Manager
Clinic Nurse
Dental Assistant
Director of Pharmacy
Financial Screener
Health Tech I, II
Hygienist/Dental Services Support Manager
MA Team Manager
Medical Assistant
Nurse Practitioner
Nurse Team Manager
Office Tech I, II
Patient Benefits Eligibility Manager
Pharmacist
Pharmacy Tech
Physician
Physician Assistant
Receptionist - Admin
Referral Case Manager
Registered Dietitian/Certified Diabetes Educator

At least 50 % of our Billing Specialists must be bilingual.

A sampling of the above listed job descriptions is below. The sampling includes job descriptions for the Nurse Practitioner/Physician Assistant, Case Manger, and Call Center Attendant positions.

CHC-A
Position Description

NURSE PRACTITIONER/PHYSICIAN ASSISTANT

Department: Medical   **Date Prepared: June 2006**
Reports to: Assistant Medical Director   **Location: All**

OVERALL RESPONSIBILITIES:
To uphold CHC-A's mission to serve the medically underserved by providing the highest level of
continuously improving quality medical care, health education and preventive services possible,
embracing the values of:
- Service to Others
- Creativity
- Diversity
- Excellent Teamwork
- Do the Right Thing
- Make CHC-A a Great Place to Work

This job exists to: The purpose of this position is to provide high quality medical care

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Provides preventative, primary health care to all patient populations including pediatrics,
  adolescents, low risk obstetrics, general gynecology and geriatrics, both in acute and chronic
  setting.
- Maintains and models excellent internal and external customer service.
- Maintains quality and standard of care according to medical best practices.
- Fosters patient advocacy by interfacing with community resources when needed.
- Works under the supervision of a designated physician.
- Promotes continuous quality improvement in CHC-A outcomes.
- Participates in chart audits and reviews as needed.
- Precepts and manages mid-level health practitioner students.
- Maintains external rapport with the medical community, local health departments and agencies
  and hospitals.
- Participates in off-hours (24 hour) coverage for the clinics.
- Completes biannual privileging.
- Demonstrates knowledge of the principles of growth and development over the life span.

OTHER DUTIES AND RESPONSIBILITIES:
- Maintains a safe work environment.
- Performs other duties and responsibilities, as required.

SUPERVISION:
- Leadership and modeling of CHC-A values.

SCOPE OF AUTHORITY:

1. Provide medical services to patients and serve as a consultant to medical staff.

2. Works with the Operations Director and Medical Directors to maintain quality of care and efficiency.

Progress is reviewed quarterly and results are measured and formally evaluated annually.

POSITION QUALIFICATIONS:

A.   Education / Experience
1. Must be a graduate of an accredited Nurse Practitioner or Physician Assistant Program.

B.   Knowledge, skills and abilities:
1. One year of experience in ambulatory health care preferred
2. Sensitivity to low income, ethnic minority communities preferred
3. Proficiency in the Spanish language.

PRINCIPAL WORKING RELATIONSHIPS:
- All CHC-A employees and managers and leadership
- Patients
- Outside contacts such as community, other healthcare providers

MATERIALS AND EQUIPMENT DIRECTLY USED:
- Medical supplies and equipment
- Computer
- Data and data-based development and resources
- Telephone

WORKING ENVIRONMENT / PHYSICAL ACTIVITIES:
- Risk of exposure to bloodborne pathogens.
- Usual office environment with sitting, walking, standing, stooping
- Ability to travel from clinic to clinic in own vehicle as required
- Oral and auditory capacity enabling interpersonal communication as well as communication through automated devices such as email and telephone
- Lifting up to 30 pounds.

This is a copy of the Language Line Services invoice for speakers of languages other than English or Spanish.

Language Line services

CALL DETAIL - INTERPRETATION SERVICE

ACCOUNT NUMBER: 9I

INVOICE DATE: Oct 31, 2009

ITEM	DATE	TIME (PST)	LANGUAGE	INTERP NUMBER	PERSONAL CODE	MINUTES	CHARGE	ANI NUMBER	
236085				1s					
1	10/01/09	08:21	Vietnamese	5158	294076	8	$32.00		P
2	10/05/09	10:13	Cantonese	7211	427887	22	$88.00		P
3	10/06/09	13:43	Karen	2546	418919	36	$144.00		L
4	10/06/09	16:54	Spanish	6829	464445	3	$10.50		P
5	10/06/09	16:55	Vietnamese	5209	464445	35	$155.50		P
6	10/06/09	17:55	Vietnamese	4839	464445	7	$31.50		P
7	10/07/09	07:19	Mandarin	4614	209160	4	$16.00		P
8	10/07/09	08:10	Mandarin	6617	209160	12	$48.00		P
9	10/07/09	08:16	Cantonese	1021	296431	20	$80.00		P
10	10/07/09	09:37	Mandarin	6566	462461	10	$40.00		P
11	10/12/09	07:12	Cantonese	8945	276341	18	$72.00		P
12	10/12/09	08:15	Spanish	1412	196560	5	$17.50		P
13	10/12/09	11:25	Spanish	8635	424948	7	$24.50		L
14	10/12/09	13:04	Spanish	797	3924	7	$24.50		P
15	10/13/09	10:22	Karen	6482	450	15	$60.00		L
16	10/14/09	10:51	Cantonese	7211	282980	18	$72.00		L
17	10/14/09	13:41	Bosnian	3832	436801	48	$192.00		P
18	10/15/09	10:25	Farsi	1693	459462	29	$116.00		L
19	10/16/09	14:21	Mandarin	7027	BRIA	20	$80.00		Not ovr Phone #
20	10/20/09	10:31	Tagalog	5316	421680	5	$20.00		T
21	10/20/09	10:36	Tagalog	5316	421680	6	$24.00		T
22	10/20/09	10:40	Thai	1481	421680	20	$80.00		T
23	10/20/09	13:24	Nepali	4604	100534	10	$40.00		P
24	10/26/09	11:21	Spanish	3989	431185	8	$28.00		L
25	10/26/09	14:35	Spanish	8855	405	37	$129.50		L
26	10/29/09	11:22	Korean	1642	463308	20	$80.00		P
27	10/30/09	09:05	Karen	3580	236085	17	$68.00		P

SUMMARY	MINUTES	CHARGES
Over-the-phone Interpretation	447	$1,773.50
Discount		$0.00
Minimum Usage		$0.00
TOTAL CHARGES:		$1,773.50

DIAL OUT FEE INDICATOR

This is a copy of our sign language services invoice.

(12')

Purple

SLA · Visual Language Interpreting
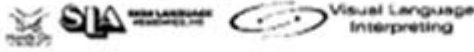
Purple Language Services
595 Menlo Drive
Rocklin, CA 95765

ATTN: Accounts Payable

Customer ID	Invoice Date	Due Date
C	12/7/2009	1/6/2010

Invoice		Amount Due
6	5	$765.00

Contract #:

11/18/2009 10:10 AM - 11:00 AM ___ e ped, C___ r $255.00
Requestor: ___ J6
Participants:
Location:
Job Reference: C ___ '81
Interpreted By: 65045: V ___ L.

   Minimum charge: 2.000 hrs @ 85.000/hr $170.00
   Travel: 85.00 flat rate. $85.00

11/18/2009 11:00 AM - 12:00 PM UTI appointment $255.00
Requestor: ___ J ___ 0
Participants:
Location: C
Job Reference: C ___ M
Interpreted By: 65006.

   Minimum charge: 2.000 hrs @ 85.00G/hr $170.00
   Travel: 85.00 flat rate. $85.00

11/18/2009 3:30 PM - 4:45 PM Follow up Dr Appt $255.00
Requestor: ___ J ___ 6
Participants:
Location:
Job Reference: C' ___ 0
Interpreted By: 65002: C

   Minimum charge: 2.000 hrs @ 85.000/hr $170.00
   Travel: 85.00 flat rate. $85.00

12.16.09
Ok to pay

Invoice Total: $765.00

*** Make sure to include the invoice number on your payment ***
*** Make checks payable to "Purple Language Services" ***

12/16/09

Hi ...
Is there a
to pay?
Thank you

PURPLE
C
Nov. 09 - Hearing Impaired Interpreter

If you have any questions concerning your bill, please contact billing@purple.us

Item 12: Identifying health insurance resources for patients/families without insurance

We employ Financial Screeners whose job is to focus on the needs of patients around health insurance resources. We have one per pod of 3 providers, a total of 14 in the organization.

CHC-A
Position Description

FINANCIAL SCREENER

Department: Medical   **Date Prepared: June 2003**
Reports to: Nurse Team Manager/Eligibility Coordinator   Location: All

OVERALL RESPONSIBILITIES:
To uphold CHC-A's mission to serve the medically underserved by providing the highest level of continuously improving quality medical care, health education and preventive services possible, embracing the values of:
- Service to Others
- Creativity
- Diversity
- Excellent Teamwork
- Do the Right Thing
- Make CHC-A a Great Place to Work

This job exists to: The purpose of this position is to support the pod in enrolling qualified patients into payment programs as expediently as possible, and assisting the billing department in establishing patients in payment programs. This job exists to provide the pro-active support of the medical team in creating a great customer experience for the patient.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Conducts financial screening and documentation gathering for patients to determine qualification for payment programs.
- Compiles and maintains necessary financial records for all payment programs.
- Registers patients into the Management Information/Automated Billing System and updates any changes in patient status.
- Maintains basic knowledge of various programs pertaining to CHC-A reimbursement including but not limited to Medicaid, Medicare, XICP, CHP+, and third party payers.
- Performs Eligibility screenings, paperwork and follow up. Delivers Medicaid packets to Department of Social Services.
- Verifies insurance on a daily basis.
- Completes and passes an annual competency assessment.
- Serves as support staff to front desk when necessary.

OTHER DUTIES AND RESPONSIBILITIES:
- Maintains a safe work environment.

- Performs other duties and responsibilities, as required.

SUPERVISION: No

SCOPE OF AUTHORITY:
1. Assists the front desk with their duties when needed.
2. Request support from professional staff when required.

Progress is reviewed quarterly and results are measured and formally evaluated annually.

POSITION QUALIFICATIONS:

C.   Education / Experience
High school diploma or GED required.

D.   Knowledge, skills and abilities:
1. Fluency in written and spoken Spanish a must.
2. Knowledge of Management Information/Automated Billing systems preferred.
3. Ability to work under pressure with sensitivity to low income, ethnic minority community.
4. One-year experience within a medical facility preferred.

PRINCIPAL WORKING RELATIONSHIPS:
- All CHC-A employees and managers
- Patients
- Outside contacts such as community, payment programs such as Medicaid and Medicare, etc.

MATERIALS AND EQUIPMENT DIRECTLY USED:
- Medical supplies and equipment
- Computer
- Data and data-based development and resources
- Telephone

WORKING ENVIRONMENT / PHYSICAL ACTIVITIES:
- Usual office environment with sitting, walking, standing, stooping
- Ability to travel from clinic to clinic in own vehicle as required
- Oral and auditory capacity enabling interpersonal communication as well as communication through automated devices such as email and telephone
- Lifting up to 20 pounds.

SINCE _____ HAS PROVIDED PRIMARY HEALTH CARE TO LOW- INCOME, UNINSURED PEOPLE LIVING II

_____ OUNTIES. WE BELIEVE THAT EVERYONE SHOULD HAVE ACCESS TO BASIC HEALTH CARE, NO MATTER THEIR ABILITY TO PAY. WE PROVIDE CARE TO YOUNG AND OLD, MEN AND WOMEN, PEOPLE WITH JOBS AND THOSE WITHOUT. OUR CLINICS EMPHASIZE PREVENTIVE CARE AND HEALTH EDUCATION BECAUSE WE WANT TO HELP PEOPLE STAY WELL.

PEDIATRIC SERVICES
- School, sports, day care or camp physicals
- Growth, nutrition and development assessments
- Immunizations
- Diagnosis and treatment of acute illnesses
- Management of chronic conditions

DENTAL SERVICES (AVAILABLE TO THOSE REGISTERD AS MEDICAL PATIENTS)
- Preventive care
- Care of the gums
- Dental emergencies
- Restorative care (fillings, crowns, etc.)

HEALTH PROMOTION SERVICES
- Pregnancy and parenting classes
- Nutrition and counseling services
- Cancer prevention and testing
- Health education
- Smoking cessation support
- Pregnancy prevention and family planning

ADULT SERVICES
- Physical exams
- Flu shots and vaccinations
- Pregnancy testing
- Medical specialist referrals as appropriate
- Care during and after pregnancy
- Labor and delivery services
- Case management
- Acute care
- Management of chronic diseases
- Care for the elderly

ON-SITE BEHAVIORAL HEALTH SERVICES
- Brief solution-focused therapy
- Stress management and relaxation techniques
- Help during a crisis
- Help for patients with chronic diseases

PHARMACEUTICAL SERVICES
- Full-service pharmacies at F clinics nharmacy outlets at clinics
- Drug Assistance Programs

HOSPITAL CARE
_____ physicians are on staff at _____

_____ has been recognized in the *Journal of the American Medical Association* as a leader in providing care to people with chronic diseases.

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___ & INSURANCE
_____ accepts Medicaid, Medicare, ICP, CHP+ and numerous insurance plans. We also offer reduced fees based on your income and the number of dependents you have. To receive a reduced fee, you must complete financial screening and provide income information (see back). For more information, please call to speak with a financial screener.

TO MAKE AN APPOINTMENT
For an appointment, call 8am to 5pm Monday through Thursday or 8am to 4pm on Friday. Same-day appointments are available for registered patients. If you need to cancel your appointment, please give us as much notice as possible.

AFTER-HOURS CARE
A clinician is always available when _____ is closed. Call our regular office telephone number, and an on-call nurse who has 24-hour access to our physicians will assist you.

SE HABLA ESPAÑOL
All of our services and patient education materials are available in English and Spanish. More than 85% of our staff are bilingual.

INDIGENT CARE PROGRAM (_____) CLIENT APPLICATION

Check If Emergency Application ☐

SECTION I : Applicant Information

Last Name	First Name	M.I.	Phone Number ( )

Address	City/Zip

Household Members (First & Last Names)	Residency Code	Relation Code	Birth Date	Social Security or State ID #	Medicaid A	B	C	D	E	F	G	CHIP+ 1	2	3	4	5	6	7
1 APPLICANT		1																
2																		
3																		
4																		
5																		
6																		
7																		

Please Explain Other Type of Ineligibility for Medicaid or CHP+:

Other Information:

Reference Codes

Medicaid Ineligibility Codes

A	Received Medicaid denial letter, attach letter to application
B	Does not meet Medicaid standard of assistance of resource level
C	Applicant is not a U.S. citizen and has not been a legal resident for at least 5 years or have refugee status
D	Applicant is no longer pregnant and beyond post-partum
E	Transitional Medicaid benefits have been discontinued
F	Individual no longer receiving SSI or SSDI
G	Does not meet Medicaid's definition of disability or incapacity and is under 65 years of age

Ineligibility Codes

1	Received CHP+ denial letter, attach letter to application
2	Child is eligible for Medicaid
3	Applicant is not a U.S. citizen and has not been a legal resident for at least 5 years or have refugee status
4	Child has other primary health insurance coverage
5	Child was insured under an employer plan with at least 50% employer coverage in the past 3 months, unless dropped due to change in employment status or employer eliminated coverage
6	A member of the family is eligible for health benefits coverage under a State health benefits plan or public agency in the state (i.e., employed by the State Government)
7	Does not meet age requirement, Adult, 19 years of age or older

Relation Codes: 1 Self 2 Spouse 3 Child 4 Stepchild 5 Other

Residency Codes:
1 resident & US citizen
2 resident & documented legal immigrant
3 Migrant farm worker & US citizen
4 Migrant farm worker & documented legal immigrant
5 Non-resident, counted in family size only
6 Medicaid eligible, counted in family size only
7 Counted in family size only

SECTION II: Calculating Income and Resources

If Homeless, Enter $0 on Lines 6, 11 and 16 and Assign CICP Rate Z

INCOME SOURCE	Monthly Amount	Annualized Total	EQUITY IN RESOURCES	Actual Value	Minus Amount Owed	Equals Equity	Minus Protected	Equity Calculation
1. Gross Employment Income	$	$	7. Vehicle Equity	$	$	$	$ 4,500	$
2. Self Employment Income	$	$	8. Real Property	$	$	$	$ 0	$
3. Unearned Income	$	$	9. Liquid Resources	$	$	$	$ 0	$
4. Total Income (Lines 1+2+3)	$	$	10. Business Equity	$	$	$	$ 50,000	$
5. Monthly Expense or In Kind Income	$	$	11. Total Equity (Lines 7+8+9 +10)					$
6. Income Calculation (Line 4 or 5)	$	$	12. Less Family Size Deduction Family Size ___			X $2,500		$

Rate: _____ Date: ___ / ___ / ___

Client Copayment Annual Cap: _____
(Line 16 times 0.10)

13. Equity Resources CICP Calculation (Line 11 minus line 12; cannot be a negative number)	$
14. Total Family Financial Status (Lines 6+13)	$
15. Minus Allowable Deductions	$
16. Equals Income and Equity in Resources (Line 14 minus Line 15)	$

PENALTY CLAUSE, CONFIRMATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Print or Type Applicant Name _____

Applicant Signature and Date _____

Print or Type Eligibility Technician Name _____

Eligibility Technician Signature and Date _____

Print or Type Facility Name _____

Facility Phone Number _____

NDIGENT CARE PROGRAM

Worksheet 1 - Employment Income and Unearned Income

Record all income and cash from other sources on this page and attach it to the Application

Payment Sources	Monthly Amount		Annualized Amount
Employment income	_____	X 12	_____
Old Age Pension	_____	X 12	_____
Supplemental Security Income (SSI/SSDI)	_____	X 12	_____
Aid to Needy & Disabled	_____	X 12	_____
Pension plans (name plans):	_____	X 12	_____
_____			
_____			
Commissions, bonuses, & tips	_____	X 12	_____
Alimony received	_____	X 12	_____
Rental income	_____	X 12	_____
Interest income	_____	X 12	_____
Monetary gains	_____	X 12	_____
Trust accounts	_____	X 12	_____
Settlements (do not annualize, show total amount received)	_____		_____
Other income (list source)			
_____	_____	X 12	_____
_____	_____	X 12	_____
_____	_____	X 12	_____

Total _____
(use this figure on line 1 or 2 of Section V of the application)

_____   _____
Applicant Signature   Date

_____   _____
Eligibility Technician Signature   Date

_____   _____
Facility   Phone

_____

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INDIGENT CARE PROGRAM

Worksheet 2 - Net Self-Employment Income

Record all monthly business expenses for the applicant on this page and attach it to the Application. Obtain documentation to support these expenses. Do not use tax forms for determining income.

If a self-employed person can document that they are paying themselves, do not complete this worksheet. Show their income on Worksheet 1.

	Monthly Amount		Annualized Amount
Gross Business Deposits	_____	X 12	_____
Business Expenses			
Insurance	_____	X 12	_____
Labor	_____	X 12	_____
Laundry	_____	X 12	_____
Merchandise/wholesale cost of inventory	_____	X 12	_____
Mortgage interest	_____	X 12	_____
Rent	_____	X 12	_____
Taxes	_____	X 12	_____
Upkeep of equipment & upkeep labor	_____	X 12	_____
Utilities	_____	X 12	_____
Supplies	_____	X 12	_____
Professional services	_____	X 12	_____
Education/Licensing/Certification	_____	X 12	_____
Business-related travel	_____	X 12	_____

Total Business Expenses _____

Net Profit (Gross Business Deposits minus Total Business Expenses) _____
(use this figure on line 3 of Section V of the application)

_____ _____
Applicant Signature   Date

_____ _____
Eligibility Technician Signature   Date

_____ _____
Facility   Phone

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