

PPC1 – Access and Communication

Element A – Access and Communication Processes

Item 1: Scheduling each patient with a personal clinician for continuity of care

The following is our Admission & Scheduling Policy which includes information on PCP assignment and continuity of care, as shown in highlighted areas.

CHC-B

Board Policy & Procedure Manual

Subject: Admission & Scheduling Policy

Purpose: To define admission and scheduling for new and established patients.

Policy: Patients will be required to supply adequate information for accurate data entry, billing and federal reporting. Staff members should follow these procedures to assure that patients are properly admitted as a patient.

Procedure(s):

1. When a patient calls for an appointment, the computer system will be checked to determine if the patient data is complete and up to date.
 - a. If all information is complete, the patient has insurance (or another program) and there is not a balance, (Go to step 2 to) schedule an appointment.
 - b. If the patient is new, the minimum entry requires the legal name, date of birth, social security number, and phone number. For work comp, DOT's, and employment physicals, staff must enter the correct work comp carrier, date of injury, the authorizing person, and the effective date(s) in the insurance screen.
 - c. If the patient is uninsured, staff will initiate a discussion about the programs we offer. This should include a discussion about family size and household income. The patient should be referred to an outreach worker for program eligibility and/or payment arrangements before the appointment is made (if not an emergency). If the income is below 250% of poverty the patient should be screened for eligibility in CACP or HPC Slide, Medicaid, CHP+, Cancer Control, and/or Migrant Slide.
 - d. If the patient is over 250% of poverty and uninsured, they should be told that full payment is expected at the time of service. If they are unable to pay the full amount, they will be required to sign a payment agreement.
 - e. If the patient has insurance, he/she will be informed that it is necessary for them to bring their insurance card(s). We must have a copy in order to bill the insurance carrier. Patients may have insurance and still qualify for a discount program for co-pays and/or deductibles. The discussion referred to in (c) above should also occur with insured patients below 250% of poverty.

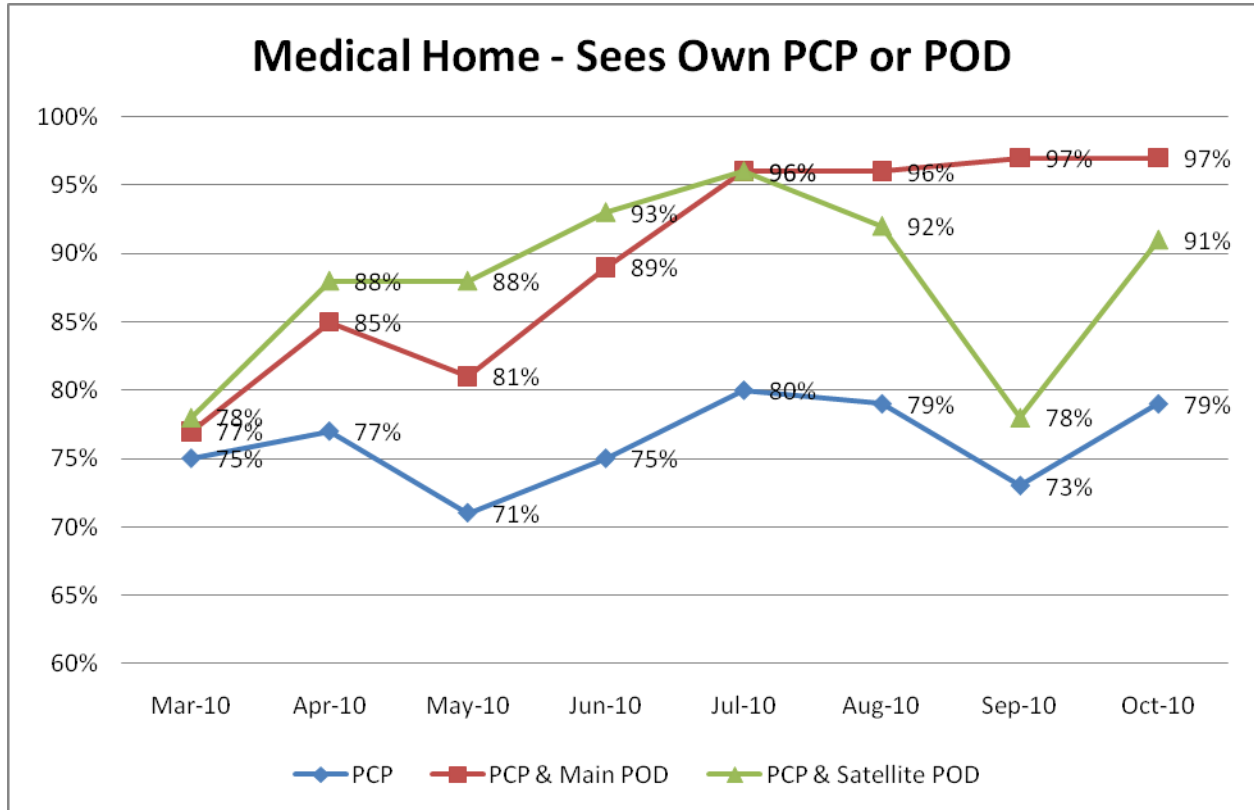
2. Scheduling will be done according to the standards/templates utilized by the individual provider. Appointment durations may vary based on the reason for appointment, new vs. established patient, or procedures.
3. Staff will also verify the patient's Primary Care Provider (PCP) while they are scheduling the patient. If patient is unsure of who their PCP is, staff will use the Four Cut Method to determine which PCP the patient will be assigned to. Staff will try to keep patient with their PCP or the PCP's pod.
4. Upon arrival, new patients need to complete the new patient paperwork. Forms will be provided in English and Spanish. Translation and/or assistance will be provided as needed.
5. For established patients (not on the slide), at every visit staff will inquire about changes to demographic information, scan in identification card or verify if identification has been scanned in, insurance changes, income or family sizes changes, and will make the proper updates in the computer.
6. For patients who do not qualify for a sliding fee, verbal updates to income and family size should occur at each visit. For patients who are slide-eligible, the family size and income determined during the eligibility process will remain in effect according to program rules (typically 1 year but may be shorter based on individual circumstances or other pending applications).
7. All patients will be asked to disclose their family size and income. If a patient declines, the staff will explain the need for this information for our federal funding. If the patient still declines, the staff member will enter a slide level J in the federal screen.
8. The staff member doing the check-in is responsible for the completeness and accuracy of the information on the admission form, and with the insurance cards. Additionally, any missed information during check-in will require a follow up phone call to obtain the information verbally.

The 4 Cut Method is how the PF/MA is to determine which provider is the patient's PCP. The reason we do this is because there are patients who do not know who their PCP is. The 4 Cut Method Workflow is as follows:

- 1st cut include clients who have only seen one provider will be assigned to that provider.
- 2nd cut include clients who have been seen mostly by one provider in the last year will be assigned to that provider.
- 3rd cut include clients who have seen only two providers in the last year will be assigned to the last provider seen.

- 4th cut include clients who have seen multiple providers equally in the last year will be assigned to the last provider seen.

This graph shows the tracking for Care Continuity:



Item 2: Coordinating visits with multiple clinicians and/or diagnostic tests during one trip

At CHC-B, we try to provide as much of our care on site as possible. We draw almost all of our lab work at our clinic and send it each night to an off site lab that imports results into our EMR every morning. We are also able to do some x-Rs on site which is very convenient for our patients. CHC-B also is able to provide mental health services on site as we have partnered with our local mental health organization. Our Outreach Department is also available for patients to help them get on CACP, Medicaid, Child Health Plan Plus, Women's Wellness Connection, and HPC Sliding Fee. Our clinic also has an onsite dispensary that is able to provide patients with medications at a discounted price. Our dispensary helps people to get on patient assistance programs to receive high price medications for a low copayment. Also on site is our Registered Dietitian, who is able to meet with patients who are here to see their provider. Otherwise patients are able to schedule appointments with her directly. We have Health Coaches who work with provider teams to help patients connect with community resources. They are able to provide patients with information to help them with their self management goals and behavior and/or lifestyle changes. We have an SBIRT Educator on staff to talk to patients about substance abuse or risky substance use. We have specialists from out of town providing telehealth appointments on-site.

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

Our PFs and MAs who answer phones and schedule our patients, use a triage book to determine how soon a patient needs to be seen. The triage books lets the PF/MA know what types of questions they may need to ask. The PF/MA will assess what the patient needs to do and will advise them. If the PF/MA determines that the patient needs an office visit and there are no openings, the patient is to be booked on the wait list for their PCP. The PF/MA can also send a phone message to the PCP if they feel it is urgent. **An example out of our 99-page triage book is found below.**

Protocol for Telephone Triage

NAUSEA/VOMITING - CHILD

1. Identify patient -
Pull chart

Cross Reference: ANOREXIA, ABDOMINAL PAIN-CHILD, DIARRHEA-CHILD

2. Assessment:

- a) Patients age and weight
- b) Duration of symptoms
- c) Description:
 - Abdominal pain? Is patient able to take liquids without vomiting?
 - Associated with diarrhea? Last time urinated?
 - Frequency of Vomiting? Normal number of wet diapers or trips to bathroom?
 - Fever? Does patient have tears when he cries?
 - Head Injury? Are lips and mouth dry?
 - Is patient alert and active?
 - Diabetic child?
 - Is skin dry or doughy?

3. Criteria for Treatment:

ER	Home Care	OV Today	OV within 48 hrs
-Vomiting with right lower quadrant tenderness and fever -Temp >100 in infant <12 weeks -Signs and symptoms of dehydration (absence of tears, dry or doughy skin, decreased urine output) -Lethargy -Diabetic child -Head injury	-No fever -Associated with diarrhea -Able to take fluids or eat	- Fever - Unresponsive to home care -Unable to take fluids -Recurrent vomiting not associated with diarrhea	- Unresponsive to home care

4. Home Treatment Instructions:

- a) Nothing to eat or drink for 4 hours after vomiting then--small amounts of clear liquids for 8 hours then--proceed with soft diet.
- b) Try BRAT diet (Bananas, Rice, Applesauce, Toast)
- c) Frequent, small amounts of food and liquids for mild symptoms.

Item 4: Maintaining the capacity to schedule patients the same day they call

The following is our Patient Appointment policy. See highlighted portion.

CHC-B

Board Policy & Procedure Manual

Subject: Patient Appointments

Purpose: To clarify appointment scheduling

Policy: 20 minute (with few exceptions) appointments are made in medical records with the goal to ensure appropriate assignment of appointments, to avoid over-booking and to allow for immediate care of patients.

Procedures:

1. The first appointment each morning is at 8:20 a.m., the last in the morning 12:00 p.m., and the last in the afternoon at 4:00 p.m., unless otherwise instructed by the provider. Each provider will have a certain number of same day appointments on their schedule that may vary depending on the time of year and the associated demand.
2. Patients whose problems seem to be urgent, need to be referred to the emergency room of Xxxx Medical Center or seen the same day. Patient facilitators will use a triage book to help determine what kind of care the patient needs. Examples of patients who would need to be referred to the emergency room include life threatening internal or external bleeding, new fractures that need setting, acute abdominal distress, cardiac emergencies, and imminent child birth. Examples of medical problems that need to be scheduled the same day at the Clinic include high fever, difficulty breathing, minor suturing, and wound care. These patients will be given the next available appointment that day or advised to come into the Clinic to be seen as soon as possible. Patients without immediate needs who call for an appointment will be offered an appointment at the next available time. If a patient wishes to come in without an appointment, and their needs are not urgent, they should be told that they will have to wait until patients with appointments have all been seen. If the appointment book is full, these patients are encouraged to wait for an appointment.
3. Walk-in patients will receive services appropriate to their need. Patients seeking immediate/urgent care services are seen without prior appointment and immediately upon arrival. If the greeter has a question regarding the acuteness of the patient's condition, the patient will be referred to a provider for evaluation. For non-urgent walk-ins, the procedures in #2 above will be utilized.

- Patients who do not keep appointments may be called for rescheduling at the discretion of the provider. If the provider so decides, the Patient Facilitator or Medical Assistant will call the patient to make appropriate arrangements. If the patient does not have a telephone, a letter will be mailed to the patient noting the need for a rescheduled appointment. The telephone call or letter will be noted in the chart.

Below is a schedule for five of our providers. The same day appointments (in dark pink) are blocked until 7:45am when we start taking calls that day.

Time	A Chc Medical	L Chc Medical	M Chc Medical	R Chc Medical	M Chc Medical
8 AM			Kids Sick Call		
20	Va Patient			[40] D .A - APPT40	
40	[20] F .J - APPT20				
9 00	Va Patient	[20] D .R	[20] R .G .G	[20] C .V - APPT20	[20] F .M - APPT20
20	[20] G .C - APPT20	Do Not Book	[20] L .S - APPT20	[20] B .A - APPT20	[20] C .M - APPT20
40	[20] R .B - APPT20		[20] A .S - APPT20	[20] H .A - APPT20	[20] H .M - APPT20
10 00	[20] C .D - APPT20		[20] L .R - APPT20	Same Day Appt 20	[20] C .T - APPT20
20			[20] A .M - APPT20		Same Day Appt 20
40		Same Day Appt 20	[20] S .M - APPT20		
11 00	Va Patient		Same Day Appt 20	[20] H .K - APPT20	
20	Same Day Appt 20	[40] T .T - APPT40		[40] P .M - APPT40	[20] S .B - APPT20
40					[20] L .L - APPT20
12 00					
20					
1 00					
20					
40	Va Patient	[20] T .A - APPT20	Kids Well	[20] P [20] P	Do Not Book
2 00		[20] W .M - APPT20	[20] P .Y - WCC		[20] L .J - APPT20
20	[20] K .J - APPT20	[20] T .S - APPT20	[20] D .N - WCC		[20] D .E - APPT20
40	[20] C .J - APPT20	[20] J .H - APPT20	[20] H .S [20] Huston, D		[20] G .A - APPT20
3 00	Va Patient	[20] C .E	[20] D .M - APPT	[20] C .A [20] Wolever, T	[20] F .A - APPT20
20	[20] R .L - APPT20	Same Day Appt 20	Same Day Appt 20	Same Day Appt 20	[20] S .G - APPT20
40	Same Day Appt 20		[20] E .T - WCC	Same Day Appt 20	[20] B .K Same Day Appt
4 00		Do Not Book	Do Not Book	[20] G .L - APPT20	[20] V .F - APPT20

[27 patient appointment(s), 4 non-patient appointment(s)]

Item 5: Scheduling same day appointments based on practice’s triage of patients’ conditions

Our PFs and MAs who answer phones and schedule our patients, use a triage book to determine how soon a patient needs to be seen. Another example out of our 99-page triage book is found below.

Protocol for Telephone Triage

ABDOMINAL PAIN – ADULT

1. Identify patient - Pull chart

Cross Reference: CONSTIPATION, DIARRHEA, NAUSEA/VOMITTING, PAIN ON URINATION

2. Assessment:

- a) Patients age and weight
- b) Duration of symptoms
- c) Description:

- | | | |
|---|--|-------------------------|
| How long has pain been present? | Bloody bowel movements? | Vomiting? |
| Pain localized? Belly button area? or other location? | Fever? Sore throat? | Excessive gas? Periods? |
| Constipation? | Exposed to anyone with similar symptoms? | |
| Diarrhea? | Does the patient look or feel sick? | |
| Appetite? | Burning with urination? | |
| Chance of pregnancy? | Vaginal discharge? | |

3. Criteria for Treatment:

ER	Home Care	OV Today	OV within 48 hrs
-Fever >101 associated with severe lower abdominal pain -Pregnant -Vomiting blood or coffee ground looking material -Grossly bloody stools	-Patient has been exposed to similar illness -Constipation < 72 hr -Vomiting or Diarrhea < 2-3 times per day -Intermittent pain <24 hr	-Pain localized in lower abdominal area for >24 hours -Constant pain for >2 hours -Green or bile-stained vomit -Black stools -Lethargy -Fever >101 -Burning with urination -Pelvic pain -Any chance of pregnancy -Foul smelling vaginal discharge	-Pain (generalized) for >24 hr. -Diarrhea >48 hr - home care not helping. -Intermittent vomiting <2-3x/day home care not helping. -Constipation >72 hr.

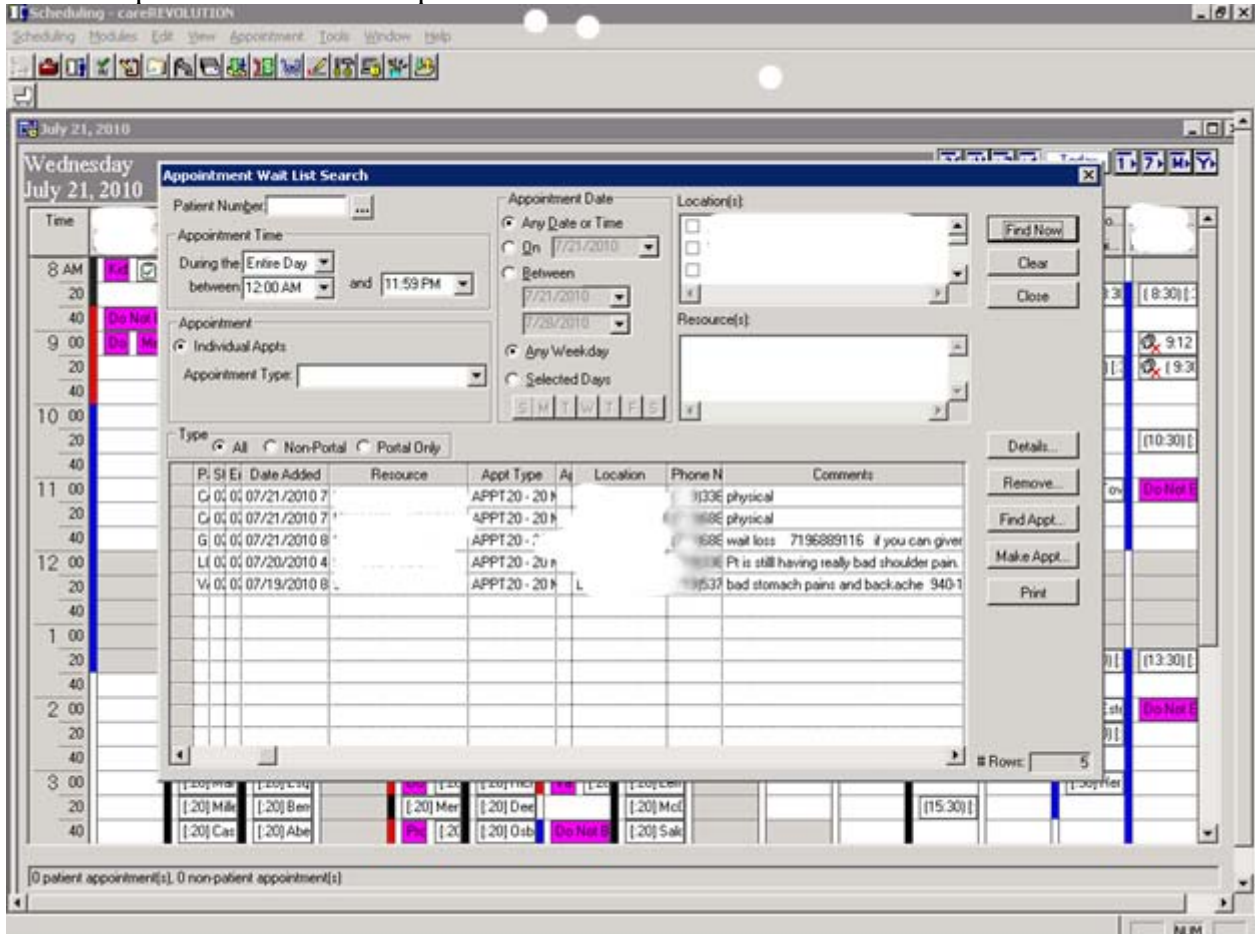
4. Home Treatment Instructions:

- a) Clear liquid diet for 8 hours followed by bland diet (see below) that avoids milk and milk products for 2 - 3 days.
- b) Heating pad set on low setting to the abdomen if it provides symptomatic relief.
- c) Over-the-counter medications such as Pepto Bismal, Kaopectate, Mylanta, Emetrol, Immodium can be used at dosage listed on medication bottle.

CLEAR LIQUID DIET - Jell-O, tea with sugar, flat soda pop, clear soup or broth, No juices.

BLAND DIET - Applesauce, potatoes, banana, rice, rice cereals (no milk) toast with jelly (no butter) boiled chicken (remove skin), eggs (no grease/oil).

After same day appointments are booked for a provider, patients are added to an electronic waitlist. This list is monitored by all teams and supervisors to ensure that PCP teams are working patients into their schedule or arranging care for the patient with another provider in the POD. Also if another patient cancels, the patients waiting to schedule with that provider will “pop up” with the option to schedule that patient in the vacated slot.



Item 6: Scheduling same day appointments based on patient's/family's requests

Same day appointments are made available each morning for each provider. These appointments are booked based on first to call in. Once the schedule is booked, the triage book is used to determine how soon a patient needs to be seen. If a patient still wants to be seen the same day, the following excerpt from the previously pasted Patient Appointments Policy:

“If a patient wishes to come in without an appointment, and their needs are not urgent, they should be told that they will have to wait until patients with appointments have all been seen. If the appointment book is full, these patients are encouraged to wait for an appointment.”

Walk-in patients will receive services appropriate to their need. Patients seeking immediate/urgent care services are seen without prior appointment and immediately upon arrival. If the greeter has a question regarding the acuteness of the patient's condition, the patient will be referred to a provider for evaluation. For non-urgent walk-ins, the procedures in #2 above will be utilized.”

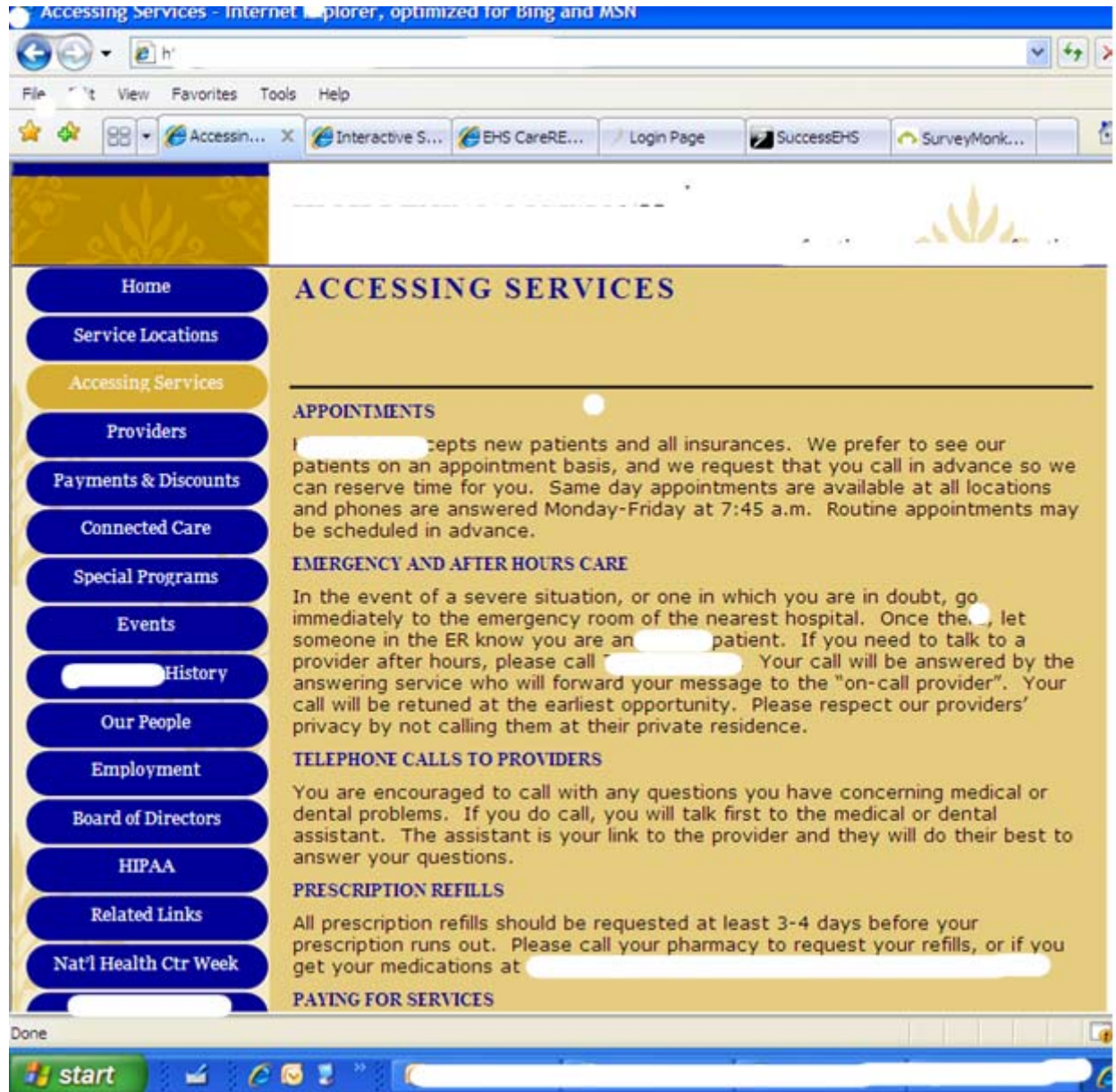
Item 7: Providing telephone advice on clinical issues during office hours by physician, nurse or other clinician with in a specified time

Patients are encouraged to call with questions or concerns. In addition to our main published number, each medical provider team has their own phone number. Once assigned to a PCP, patients are given a card with the direct number for their provider. That number is answered by team members for continuity and improved communication. Phone calls are monitored by teams and supervisors to assure timely response with the goal for the call to be returned the same day by the end of the session, either am or pm. Here is an excerpt from our Patient Handbook:

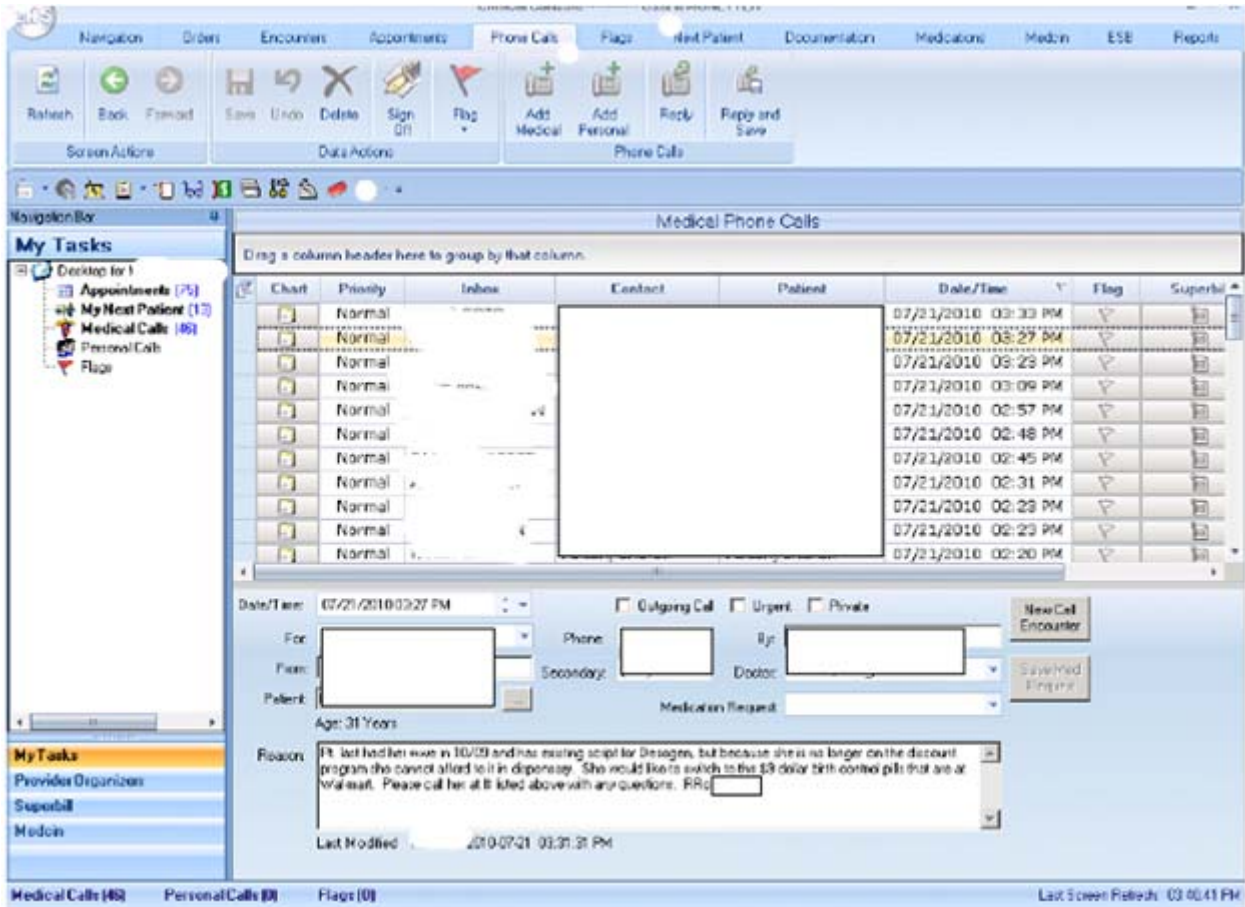
TELEPHONE CALLS TO PROVIDERS

You are encouraged to call with any questions you have concerning medical or dental problems. If you need to call your health or dental care provider, you will talk to an assistant. The assistant is your link to the provider and they will do their best to answer your questions.

Here is a screen shot of what our website states that mirrors the explanation from our Patient Handbook on to how patients access appointments, call providers, etc:



Our EMR system allows incoming and outgoing calls to be tracked in a provider “organizer” that shows all pertinent information. Calls are monitored each day by teams and supervisors for timely response. We strive to return all calls by the end of the session (am/pm) or within 48 hours for medication refills. After a call is signed off, it goes into the patient chart under call history.



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

Patients are encouraged to call with questions or concerns after hours. When the clinic is closed, callers are connected directly to our answering service. The answering service is open 24 hours a day and answers calls for all area providers. Here is an excerpt from our Patient Handbook:

EMERGENCY AND AFTER HOURS CARE

In the event of a severe situation, or one in which you are in doubt, go immediately to the emergency room of the nearest hospital. Once there ask someone at the ER to contact the CHC-B provider on call at xxxx. Also you may call this number after hours to reach our answering service. The answering service will forward all messages to your health or dental care provider. Your call will be returned at the earliest opportunity.

We are also part of a group call schedule for the community that includes providers employed by our local hospital (Xxx) and the only private physician in town. Those on call take calls from community patients from 5 pm to 7 am weekdays and 24 hours per day on the weekends.

PMC Provider Call Calendar

July 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Group-A Peds - F Nursery-F	2 Group-B Nursery-R	3 Group-B Nursery-R
4 Group-B Nursery-R	5 Group-B Nursery-R	6 Group-W Nursery-W	7 Group-A Peds - F Nursery-F	8 Group-T Nursery-F	9 Group-P Nursery-F	10 Group-P Nursery-F
11 Group-P Nursery-F	12 Group-R Nursery-F	13 Group-S Nursery-S	14 Group-T Nursery-F	15 Group-T Nursery-D	16 Group-S Nursery-S	17 Group-S Nursery-S
18 Group-S Nursery-S	19 Group-R Nursery-R	20 Group-R Nursery-R	21 Group-W Nursery-W	22 Group-S Nursery-S	23 Group-T Nursery-K	24 Group-T Nursery-K
25 Group-T Nursery-K	26 Group-S Nursery-S	27 Group-W Nursery-W	28 Group-R Nursery-R	29 Group-W Nursery-W	30 Group-A Peds - W Nursery-W	31 Group-A Peds - W Nursery-W

The following is an excerpt from the Rules and Regulations for Medical Staff for Xxx Medical Center dated January 27, 2010. Our providers are part of the Medical Staff at Xxx and participate in group call and hospital call coverage. These rules govern the on-call schedule, coverage, response times, failure to respond, and consequences if regulations are not followed.

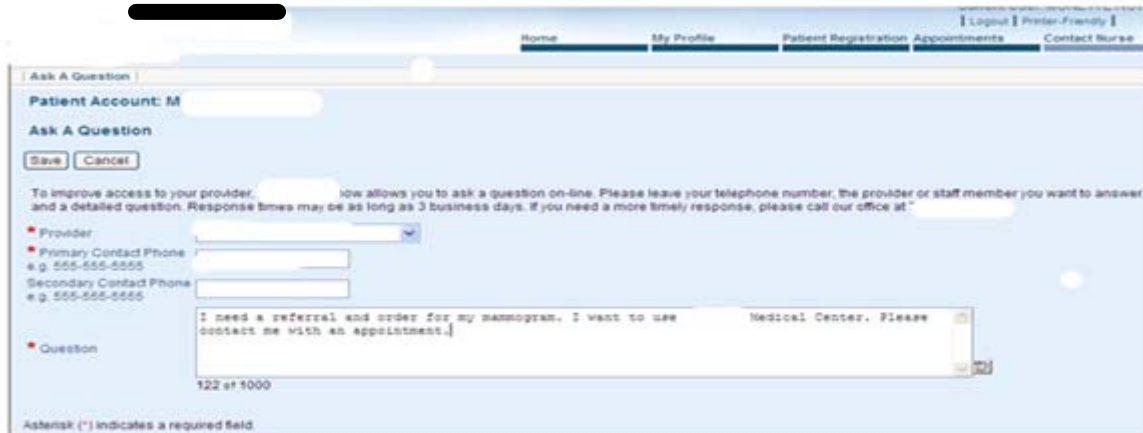
III) MEDICAL PROVIDER ON CALL SYSTEMS

A) Primary Care On Call System

- 1) There will be a schedule of primary care providers on call or on duty for Primary Care, Newborn care, Orthopedics, Obstetrics, Surgery, and the Emergency Department. The schedules will be published 5-15 days in advance of the month to which it applies.
- 2) Primary Care Call is a community wide system that will take after hours calls (5:00 PM to 7:00 AM) from patients and the Emergency Department. All Primary Care Medical Providers are required to participate in this rotation and must be within 30 minutes of the hospital when on call. Failure to participate will result in loss of Medical Staff membership and admitting privileges. The Medical Executive Committee may excuse a practitioner for health or other reasons on the basis of an individual appeal.
 - (a) Not all Primary Care Providers have newborn privileges and there will be a parallel on call system made up of those PCPs with newborn privileges and Pediatricians who will cover this patient population.
- 3) Single specialty call will be arranged by the individual Medical Provider. They will be required to follow the guidelines of their respective Academies or Colleges with regard to post-operative coverage and / or continuity of care.
- 4) If for some reason the On-Call Provider cannot continue on-call coverage, it is their responsibility to arrange for a substitute. In that case, the Medical Provider must also notify the Emergency Department, their paging service and the main nursing station. If the circumstances are such that the On-Call Medical *Provider* cannot make such arrangements, the Chief of Staff or the Hospital CEO will be notified.
- 5) Emergency Department pages will be answered within 10-15 minutes.
- 6) Failure to respond to Emergency Department call may lead to the revocation of admitting privileges after review by the Medical Executive Committee.
- 7) Recurring issues with availability or failure to respond to calls will lead to a review of the circumstances by the Medical Executive Committee and may lead to revocation of admitting privileges.
- 8) Revocation of privileges will be reported to the State and to the National Practitioner Databank.

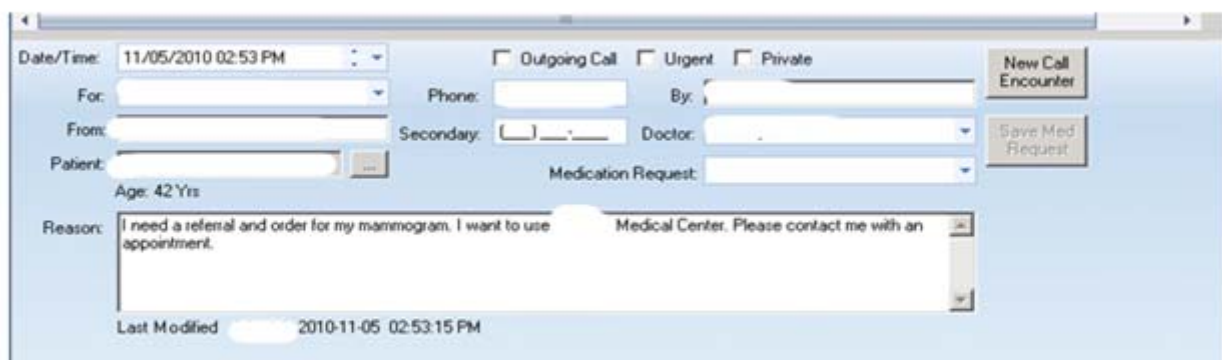
Item 9: Providing secure email consultations with physicians or other clinician on clinical issues, answering within a specified time

We utilize a Patient Portal as a secure means for patients use email to communicate with their PCP and PCP team members. Patients use “Ask A Question” on our interactive web-site:



The screenshot shows a web browser window with a navigation bar at the top containing links for Home, My Profile, Patient Registration, Appointments, and Contact Nurse. Below the navigation bar is a header for "Ask A Question" with a "Patient Account: M" and a "Log out" link. The main form area is titled "Ask A Question" and includes "Save" and "Cancel" buttons. A message states: "To improve access to your provider, this form allows you to ask a question on-line. Please leave your telephone number, the provider or staff member you want to answer, and a detailed question. Response times may be as long as 3 business days. If you need a more timely response, please call our office at [redacted]". The form contains several fields: "Provider" (a dropdown menu), "Primary Contact Phone" (with an example "e.g. 555-555-5555"), "Secondary Contact Phone" (with an example "e.g. 555-555-5555"), and a large text area for the "Question". The question text reads: "I need a referral and order for my mammogram. I want to use [redacted] Medical Center. Please contact me with an appointment." Below the text area is a character count "122 of 1000" and a note "Asterisk (*) indicates a required field".

This sends a message directly to the designated staff member in the provider organizer:

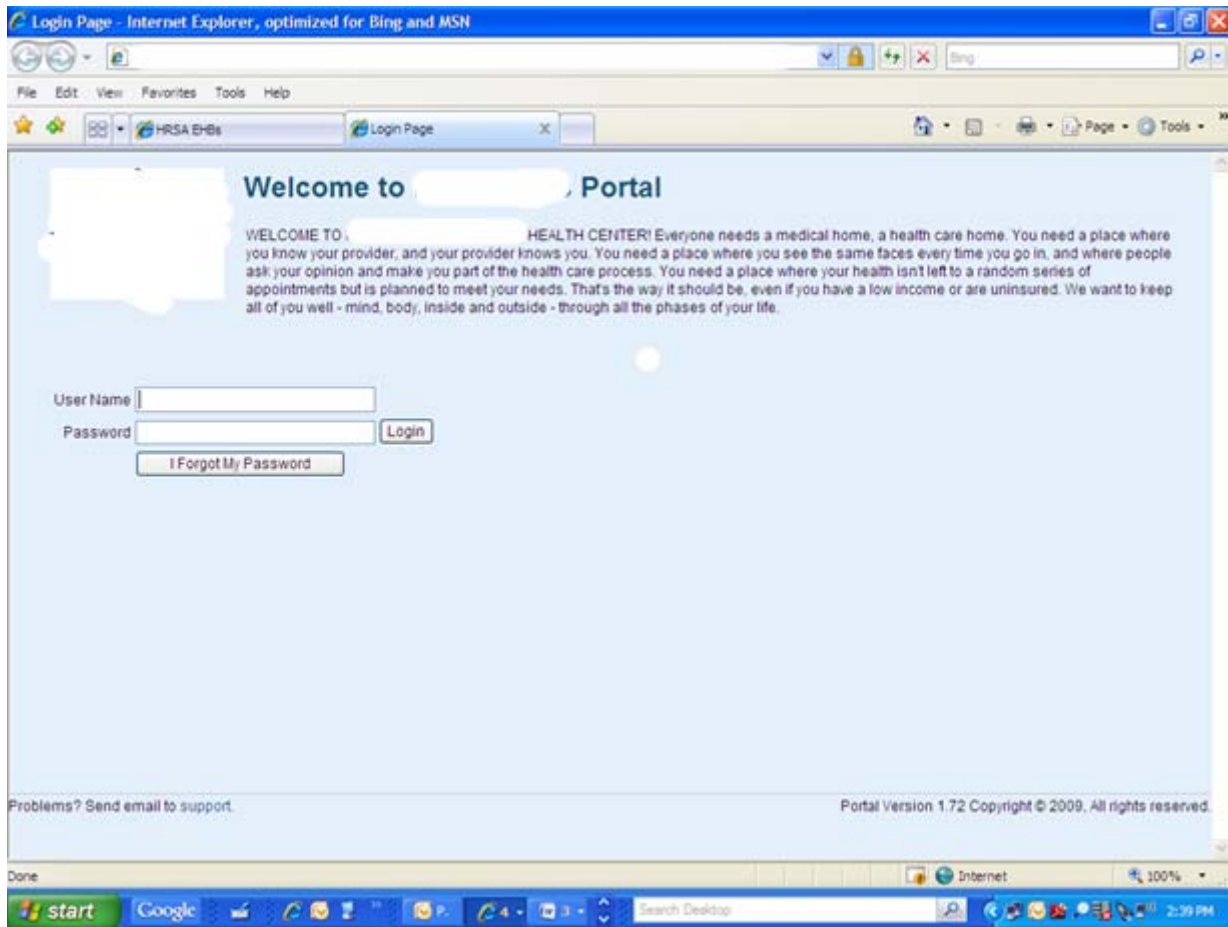


The screenshot shows a provider organizer interface with a light blue background. At the top, it displays "Date/Time: 11/05/2010 02:53 PM" and three checkboxes: "Outgoing Call", "Urgent", and "Private". Below this are fields for "For:" (a dropdown), "Phone:" (a text box), and "By:" (a text box). There are also buttons for "New Call Encounter" and "Save Med Request". The "From:" field is a dropdown, and the "Secondary:" field is a text box. The "Doctor:" field is a dropdown. Below these is a "Patient:" field with a dropdown and a "Medication Request:" dropdown. The "Reason:" field is a large text area containing the text: "I need a referral and order for my mammogram. I want to use [redacted] Medical Center. Please contact me with an appointment." At the bottom, it shows "Last Modified" followed by a date and time: "2010-11-05 02:53:15 PM".

The timeframe for response to emails is the same as phone calls (same session, either am or pm with 48 hours for medication refill requests).

Item 10: Providing an interactive practice website

CHC-B utilizes an interactive Patient Portal to communicate with patients:



Our portal allows patients to change demographics, view office documents & calendars, request appointments, contact their providers, ask questions, request referrals, etc.

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

We make every effort to provide services and written materials in the patient’s preferred language. Many of our staff members are bi-lingual and it is required for some positions. We provide an additional \$0.25 per hour for bi-lingual staff. Spanish is the only language necessary in our area and 11% of our patients require Spanish translation. All staff members receive annual training on cultural competency. Those doing translation receive training for proper medical translation services. Providers receive training about how to properly utilize a translator. In creating provider teams, staff schedules and community events, we always consider the mix of bi-lingual employees necessary to serve our patients. Forms and paperwork used within the practice are also available in Spanish. Here is an example of a job description:

CHC-B

Performance Based Job Description – Patient Facilitator

Major Goal: To achieve excellence in providing accessible primary health care services to the people of Xxxx with particular concern for the unserved and underserved.

Specific Goal: Care is provided on a patient centered basis characterized by excellent customer service, timely appointment scheduling and rapid visit cycle times.

Supervisor of Position: Medical Operations Supervisor

Key Result Areas

		<u>Benefit</u>
KRA #1	Qualifications	Quality
KRA #2	Phone Work	Triage
KRA #3	Records	Documentation
KRA #4	Greeting	Organization
KRA #5	Patient Prep	Information
KRA #6	Provider Assistance	Efficiency
KRA #7	Patient Check-out	Closure
KRA #8	Ancillary Responsibilities	Order

KRA #1 Supportive Goal: Patient Facilitators are employed with the skills necessary to accomplish the Major and Specific Goals.

Performance Standards: The desired results in the area of Qualifications will have been satisfactorily performed when:

1. **The Patient Facilitator has traits which include a warm, friendly and helpful demeanor, demonstration of team participation, willingness to learn all skills needed and grace under pressure.**
 2. The Patient Facilitator has at least a high school degree or equivalent.
 3. The Patient Facilitator is able to follow oral and written instructions and comply with personnel policies.
 4. A reference check produces at least three (3) positive references.
 5. The Patient Facilitator has some training or experience with basic computer skills.
 6. The Patient Facilitator has a wide range of physical capabilities which include being on their feet for up to eight hours per day, moving at a rapid pace from place to place within the building, lifting up to 30 pounds and assisting non-ambulatory patients, climbing stairs, sitting in one place for up to four hours at a time which includes telephone answering and computer usage of up to eight hours per day.
 7. **The Patient Facilitator has Spanish oral and written skills** (not required).
-

We employ 65 employees and strive to maintain a good number who are bi-lingual. Here's is the break-down of bi-lingual employees by positions:

Medical Providers (1/8)

Dental Providers (2/4)

Patient Facilitators Medical (10/21)

Patient Facilitators Dental (5/9)

Outreach Workers (2/2)

School Outreach Worker (1/1)

Billing Tech (2/4)

Health Coaches (2/4)

Finance Department (1/2)

Item 12: Identifying health insurance resources for patients or families who do not have insurance

We screen for program eligibility each time we schedule an appointment, as explained in our Admission & Scheduling Policy in item 1. Below is our policy on different programs that we have to assist our patients that do not have insurance. We have two full-time outreach workers who assist families with program enrollment. We also have special, limited grants that assist with dental treatment for pregnant women, dental treatment for children, free colonoscopies, and outreach and enrollment in Medicaid and CHP+ within our county schools.

CHC-B

Board Policy & Procedure Manual

Subject: Sliding Fee Schedules & Program Enrollment

Purpose: To define sliding fee schedules and assistance in program enrollment.

Policy: CHC-B will offer medical, laboratory, x-R, pharmacy, and dental services on an ability-to-pay basis.

Procedure(s):

1. Federal Poverty Levels (FPL) is released yearly by the Federal Government. The Board of Directors will approve the Ability to Pay Scale annually based on the FPL.
2. Outreach Workers or other staff will be employed to determine eligibility for various programs, assist patients with applications and provide translation services, as necessary.
3. Enrollment for the following programs will be available at CHC-B:
 - a. **Xxxxxx INDIGENT CARE PROGRAM (XICP):** State sponsored program for Xxxx Residents for discounted medical services based on family size and income less than 250% FPL. Office visits for a copay of \$7 - \$35, formulary prescription benefits, and other visits according to XICP Client Copayment Table. Eligibility will be based on the current XICP Manual. Accepted by CHC-B, Xxx & other hospitals within the state.
 - b. **XXCHC SLIDING SCALE DISCOUNT:** In-house program for non-Xxxx residents, undocumented patients and dental patients for discounted services based on family size and income less than 200% FPL. Medical office visits for a copay of \$7 - \$35, dental discounts of 20-80%, and formulary prescription benefits. Eligibility will be based on the current XICP guidelines, but will not include XICP residency requirements or asset testing. Could also include a

once/year/family Emergency Application based on verbal family size and income for urgent care. Accepted by CHC-B only.

- c. **MIGRANT PROGRAM DISCOUNT:** In-house program for migrant or seasonal farm workers for discounted services based on family size and income less than 200% FPL. Level N will be assigned to all eligible. Medical office visits for a copay of \$7, dental discounts of 80%, and formulary prescription benefits. Eligibility will be based on migrant status and verbal family size and income. Accepted by CHC-B only.

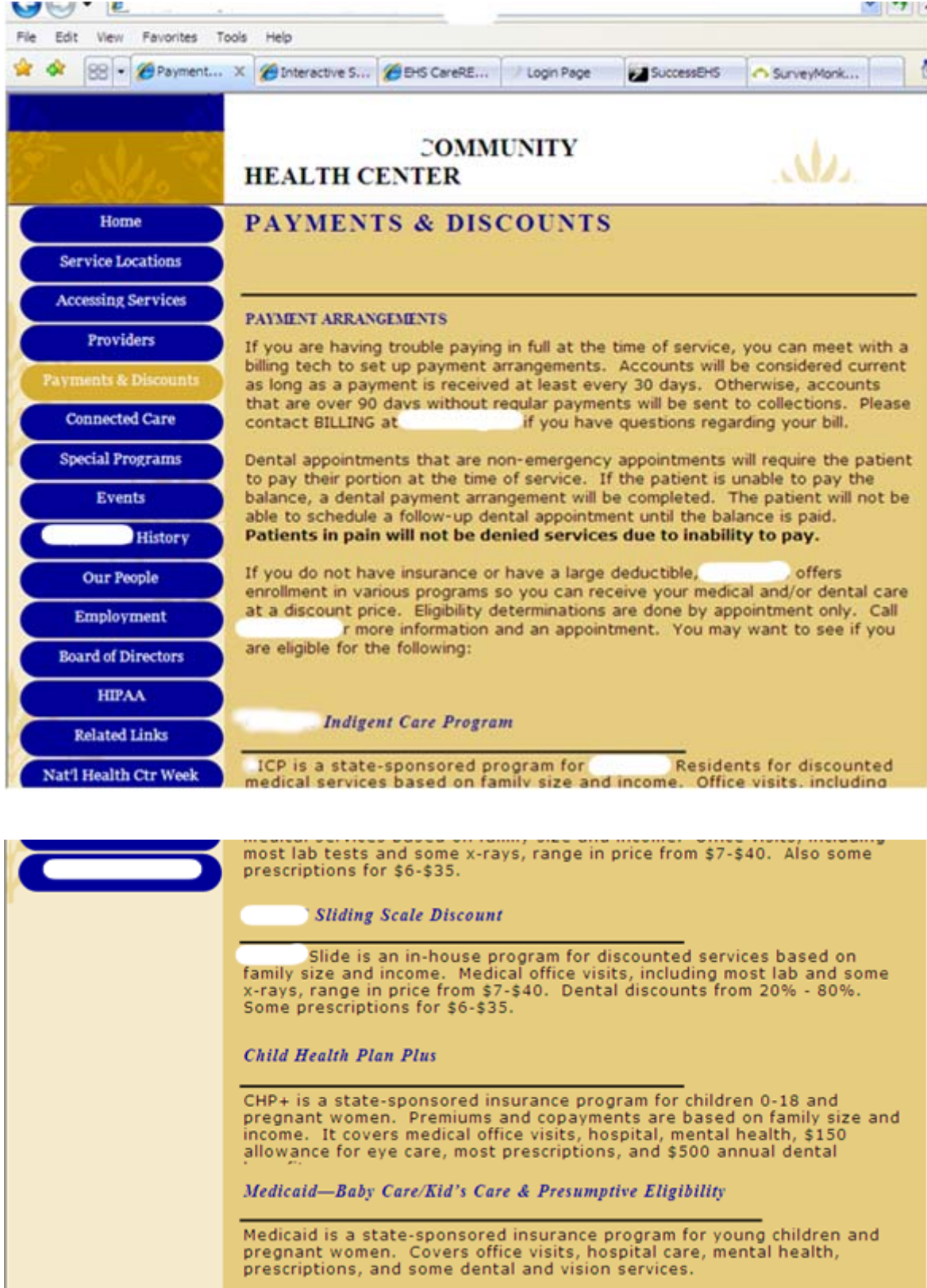
- d. **CHILD HEALTH PLAN PLUS (CHP+):** State sponsored health insurance for children 0-18 years old. Premiums and copays based on family size and income. Covers office visits, hospital, mental health, \$150 allowance for eye care and most prescriptions. \$500 Dental benefit. Eligibility will be based on current CHP+ guidelines and determinations will be made by the CHP+ Program. Accepted by all area doctors, hospitals, and some eye care providers.

- e. **BABY CARE / KIDS CARE MEDICAID and PRESUMPTIVE ELIGIBILITY MEDICAID:** State-sponsored insurance programs for young children and pregnant women. Covers office visits, hospital care, mental health, prescriptions and some dental and vision services. Eligibility will be based on current Medicaid guidelines and final determinations will be made by the Medicaid Program.

- f. **TEEN SERVICES-XXXXXX INDIGENT CARE PROGRAM (XICP):** State sponsored program for Xxxx Residents for discounted confidential adolescent care up to the patient's 20th birthday (limited to: birth control, pregnancy testing, venereal disease, drug use, drug addiction, mental health services) Eligibility will be based on the current XICP guidelines, but will not include XICP residency requirements or asset testing. Covers office visits, related laboratory/injectable for a copay of \$7 (all income levels <200% FPL) and related formulary prescription benefits.

- g. **WELL WOMENS CONNECTION (WWC):** State/Federal sponsored program for Xxxxx Residents for free breast and cervical cancer screening for women based on age, family size and income less than 250% FPL. Eligibility will be based on current WCCI guidelines.

Screenshot of our website letting patients know about programs for assistance with financial barriers to health care:



Home

Service Locations

Accessing Services

Providers

Payments & Discounts

Connected Care

Special Programs

Events

History

Our People

Employment

Board of Directors

SPECIAL PROGRAMS

participate in many special programs to assist our patients in accessing affordable, quality health care:

WOMEN'S WELLNESS CONNECTION

Free cancer screenings for uninsured women:

Age 40-49: Free pap, pelvic exam & breast exam

Age 50-64: Free mammogram, pap, pelvic & breast exam

FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1	\$2,256	\$27,075
2	\$3,035	\$36,425
3	\$3,815	\$45,775
4	\$4,593	\$55,125

Eligibility: Income & age eligible, uninsured or underinsured, one year since last pap or mammogram.

VETERAN'S SERVICES

contracts with the Veteran's Administration to provide primary medical care services to area veterans. For more information, call our VA Line at

CHRONIC CARE AND HEALTH DISPARITIES COLLABORATIVES

To eliminate health disparities and improve functional and clinical outcomes, has changed the way we deliver care. has special programs for patients who have diabetes, cardiovascular disease, asthma, depression or oral health needs. We follow specific clinical guidelines for treating these illnesses and contact our patients for necessary care and testing throughout the year. By being proactive, we can help patients better manage their chronic illness. For more