## LOW INCOME POOL MILESTONE REPORTING REQUIREMENTS

HOSPITAL SERVICES:		
UNDUPLICATED COUNT OF MEDICAID, UNINSURED AND UNDERINSURED Inpatient Outpatient TOTAL	Medicaid	Uninsured/ Underinsured
Types of Hospital services provided Hospital Inpatient (Days) Hospital Outpatient (OP)* (encounters) Emergency Care (encounters) Ancillary Care** (encounters) Prescription Drug (number of Prescriptions)	Medicaid	Uninsured/ Underinsured
*Hospital OP Care Includes (Check those that app Primary Care/Preventative Care Visit Specialist Visit Surgical Care in Provider's Office Surgical Care in Outpatient Facility Outpatient Facility Care Speech, Physical and Occupational Therapies Other	oly to your facility)	
**Hospital Ancillary Care (Check those that apply Home Health Care Durable Medical Equipment Prosthetic and Orthotic Devices Diagnostic X-Ray and laboratory	to your facility)	
NON-HOSPITAL PROVIDERS:		
UNDUPLICATED COUNT OF MEDICAID, UNINSURED AND UNDERINSURED INVIDUALS SERVED: Federally Qualified Health Centers (FQHC) County Health Department (CHD) St John's River Rural Health Network (SJRRHN) Other TOTAL	Medicaid	Uninsured/ Underinsured
Types of Non-Hospital Provider Services Primary Care (encounters) OB / GYN (encounters) Disease Management (encounters) Mental Health/Substance Abuse (encounters) Dental Services (encounters) Preventive Services (encounters) Pharmacy Services (encounters)	Medicaid	Uninsured/ Underinsured