

LOW INCOME POOL MILESTONE REPORTING REQUIREMENTS

HOSPITAL SERVICES:

UNDUPLICATED COUNT OF INDIVIDUALS SERVED:	Medicaid	Uninsured / Underinsured
Inpatient	22	21
Outpatient	20	32
Unduplicated (IP&OP Combined) Count	30	45

Types of Hospital services provided	Medicaid	Uninsured / Underinsured
Hospital Inpatient (Days)	15,000	5,700
Hospital Discharges	3,500	3,000
Emergency Care (encounters)	3,000	4,000
Hospital Outpatient (OP)* (encounters)	1,500	1,789
Affiliated Services** (encounters)	2,300	165
Prescription Drug (number of prescriptions filled)	5,000	25,000

***Hospital OP Care Includes (Check those that apply to your facility)**

Diagnostic X-Ray and laboratory	X
Surgical Care in Outpatient Facility	X
Outpatient Facility Care	X
Speech, Physical and Occupational Therapies	X

****Hospital Affiliated Services (Check those that apply to your facility)**

Primary Care/Preventative Care Visit	X
Specialist Visit	X
Surgical Care in Provider's Office	X
Home Health Care	X
Durable Medical Equipment	X
Prosthetic and Orthotic Devices	X
Skilled Nursing Home	

DRAFT, January 5, 2007

Additional Services Provided with LIP distributions: _____

NON-HOSPITAL PROVIDERS:

UNDUPLICATED COUNT OF INDIVIDUALS SERVED:	Medicaid	Uninsured / Underinsured
Federally Qualified Health Centers (FQHC)		
County Health Department (CHD)		
St John's River Rural Health Network (SJRRHN)		
Other _____		
TOTAL		

Types of Non-Hospital Provider Services	Medicaid	Uninsured / Underinsured
Primary Care (encounters)		
OB / GYN (encounters)		
Disease Management (encounters)		
Mental Health/Substance Abuse (encounters)		
Dental Services (encounters)		
Preventive Services (encounters)		
Prescription Drug (number of Prescriptions filled or encounters?)		

Additional Services Provided with LIP distributions: _____

New, revised, or moved
Questions remaining
 FQHC/DOH will define and prioritize