

**LOW INCOME POOL MILESTONE REPORTING REQUIREMENTS**

**A                      B                      C**

**HOSPITAL SERVICES:**

**UNDUPLICATED COUNT OF INDIVIDUALS SERVED:**

	Medicaid	Uninsured / Underinsured
1 Inpatient	22	21
2 Outpatient	20	32
3 Unduplicated (IP&OP Combined) Count	30	45

**Types of Hospital services provided**

	Medicaid	Uninsured / Underinsured
4 Hospital Discharges	3,500	3,000
5 Case Mix Index		
6 Hospital Inpatient (Days)	15,000	5,700
7 Emergency Care (encounters)	3,000	4,000
<b>Number of Outpatient ER visits All Payors:</b>		
7a Level 1 (CPT 99281)		
7b Level 2 (CPT 99282)		
7c Level 3 (CPT 99283)		
7d Level 4 (CPT 99284)		
7e Level 5 (CPT 99285)		
7f Trauma/Critical Care (CPT 99291)		
8 Hospital Outpatient (OP)* (encounters)	1,500	1,789
9 Affiliated Services** (encounters)	2,300	165
10 Prescription Drugs (number of prescriptions filled)	5,000	25,000

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

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

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

15 Primary Care/Preventative Care Visit	X
16 Specialist Visit	X
17 Surgical Care in Provider's Office	X
18 Home Health Care	X
19 Durable Medical Equipment	X
20 Prosthetic and Orthotic Devices	X
21 Nursing Home	X

22 **Additional Services Provided with LIP Distributions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NON-HOSPITAL PROVIDERS:**

**UNDUPLICATED COUNT OF INDIVIDUALS SERVED:**

Medicaid                      Uninsured / Underinsured

**LOW INCOME POOL MILESTONE REPORTING REQUIREMENTS**

<b>A</b>	<b>B</b>	<b>C</b>
23 Federally Qualified Health Centers (FQHC)		
24 County Health Department (CHD)		
25 St John's River Rural Health Network (SJRRHN)		
26 Other _____		

**Types of Non-Hospital Provider Services**

	Medicaid	Uninsured / Underinsured
27 Primary Care (encounters)		
28 OB / GYN (encounters)		
29 Disease Management (encounters)		
30 Mental Health/Substance Abuse (encounters)		
31 Dental Services (encounters)		
32 Prescription Drug (number of Prescriptions filled or encounters?)		
33 Laboratory Services (encounters)		
34 Radiology Services (encounters)		
35 Specialty Encounter (encounters)		
36 Care Coordination Encounter (encounters)		

37 **Additional Services Provided with LIP Distributions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_