



## FY2003 Indigent Care Trust Fund, Primary Care Plans Database Instructions for Completing the Forms

### USING THE ACCESS FORMS

The Primary Care Plan database consists of two Microsoft Access forms within a single database file – the Main Form and the Signature Form. The database is available in both Access97 and Access2000 formats.

The Access database will start automatically with the Main Form as the opening screen. You may print a blank version of this form by clicking the Print Form button.

**Do not make multiple copies of the Access file. All data for a given hospital must be entered on a single, common file. The file can be placed on a computer network for access by multiple users, but should remain as one file.**

You must respond to all fields where appropriate. **Do not leave any fields blank.** (You may leave the field “Continuation from Previous Year” blank if that is appropriate.) Indicate “not applicable” if a field does not apply to your facility. All numeric values are pre-filled with zero by default. You must enter zero or some other number in numeric fields or else the Access form will give you an error message.

You may obtain guidance for common problems or errors and general information about the Access file by clicking the Help button found on each form.

**The deadline for filing the completed Primary Care Plan database for your hospital is December 4, 2002.**

**Please send only an electronic version. Do not fax or mail a hard copy. Once the forms have been completed and any errors resolved, the database should be saved and e-mailed to:**

[pcplan@dch.state.ga.us](mailto:pcplan@dch.state.ga.us)

If you have any questions, please contact Stephanie Simmons, Program Specialist, at (404) 657-9126 or [ssimmons@dch.state.ga.us](mailto:ssimmons@dch.state.ga.us)

If any projects require submission of an additional plan(s), documentation or approval from the district health director, **you may e-mail those documents along with your primary care plan database.** If you choose to send these documents by some other route (postal services, etc.), please mail them to:

**Stephanie Simmons, Program Specialist  
Hospital Services Unit, Medical Assistance Plans  
2 Peachtree Street, NW, 37<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159**

### IMPORTANT NOTICE ABOUT ACCURACY

Your organization is responsible for ensuring the accuracy of the information and data reported in the Primary Care Plan Summary. The information that you provide will be used for review and approval of your primary care plan submission. Further, it will be used to track program compliance in current and future years. Please be certain that the information you are submitting is thorough, accurate and in compliance with ICTF guidelines.

## **PRIMARY CARE PLAN SUMMARY (MAIN FORM)**

Enter one project per form. To start a new project, click on the New Project button. To move to the next or previous project, use the navigation buttons at the bottom of the screen. Use the buttons at the top of the form to print the current project, print all projects, delete a project, or go to the Signature Form. Please note that before you delete a project, YOU MUST first delete all counties in the Service Area for the project (see item 16).

When you are finished entering all projects, click on the Signature Form button and complete the requested information. The Primary Care Plan Summary WILL NOT BE ACCEPTED without an authorized signature.

### **FIELDS ON THE MAIN FORM**

#### **1. Facility UID**

Select the unique identifier for this hospital using the pull-down list. Please be careful that you use the correct UID for all projects. A project ID will automatically be generated for the project based on the number of projects submitted in previous years. Project ID's created by the system usually will be consecutive, but this may not always be the case. (**Important note:** Because you have downloaded the database, the data you enter will not be available for viewing by other facilities.)

#### **2. Project Name**

Enter the name of the primary care project. Please ensure that the name is appropriately descriptive of the project. This project name and the associated number will be used to track the project in current and future years.

#### **3. Summary Purpose**

This field offers a pull down menu. Enter the service planned for this project. You must select from one of the choices in the pull-down list. Services marked with an asterisk are pre-approved. Other services require the submission of a separate primary care plan for approval.

#### **4. Targeted Population**

Describe the target population to be served (e.g., children with special needs, persons with hypertension, senior citizens in need of prescription drug assistance, etc.)

#### **5. Assessed Health Need**

Enter a brief assessment of the health need for the project. Provide data supporting the area(s) of health need or documentation of community request for the services.

#### **6. Project Description**

Enter a brief description of the project. This field allows for unlimited narrative. However, you are encouraged to briefly and succinctly describe the project in a manner that reviewers, community users and auditors will clearly understand.

#### **7. Projected Outcomes**

Provide an overview of the desired outcomes of the project (e.g., decreased hospitalizations, increased primary care staffing capacity, increased PeachCare enrollment, etc.) The projected outcomes should correlate to the *assessed health need* (i.e., an outcome should make some improvement to or full amelioration of the identified need).

#### **8. Provider of Service**

Identify, by full legal name, the provider of the primary care services outlined in the plan. In some cases, the provider of service will be the hospital itself. If the services will be provided under contract, provide the name of the contractor or local provider (e.g., community health center, local college, county health department, etc.)

#### **9. Provider (Service Location) County**

This field offers a pull down menu. Enter the county where the service site is located (the physical location). The service may be provided to residences in many other counties. This field simply seeks the county location where the service will be provided or delivered.

**10. Provider (Service Location) Zip**

Enter the zip code for the location where the service will be provided. This zip code should be located in the county identified for the service location. (Note: This may or may not be the zip code of the main office of the service provider.)

**11. Begin Date**

Enter the beginning date of the project.

**12. End Date**

Enter the date by which expenditures are to be completed.

**13. Continuation from Prior Year**

Place a check in this box if the project is a continuation of a previously approved Indigent Care Trust Fund project. Projects may be continued from prior years; however, the primary care funding must remain in individual plans for each of the state fiscal years. You may not consolidate prior year unspent funds into a current year project. You may, however, seek redirection of prior year funds to support a similar kind of project. Prior year funds will be tracked by the fiscal year in which they were allocated.

**14. Project Budget**

Enter the total budget for this project. The total project budget may include funding in addition to that provided through ICTF Primary Care Funds.

**15. ICTF Primary Care Funds in the Budget**

Enter the amount of Indigent Care Trust Fund Primary Care Plan funds in the total project budget. This amount may equal the amount listed in Field 14 or it may be less. (Note: The amount cannot exceed the amount in Field 14.)

**Calculated Fields:** This area of the form includes a pre-loaded, fixed field listing the **Total ICTF allocation** for the hospital. The primary care plans set-aside amount must total to fifteen percent (15%) or more of the total allocation. The calculated fields include **Total for Primary Care Projects** and **Cumulative % of ICTF Allocation**. These fields will automatically update as each successive plan is entered – to provide a running total of primary care funds allocated and the percentage that those funds represent of the total ICTF allocation. All plans must sum together to reach at least 15% of the total ICTF dollars.

**16. Service Area**

Enter the counties for which services will be available (i.e., list the counties whose residents would be eligible to receive the services outlined in the plan). All other fields on the form must be completed before entering the service area. If you try to enter the service area before completing the rest of the form, you will receive a series of error messages. To delete a county, click in the margin to the left of the county name and press the delete key.

After you have entered all of the primary care plan projects proposed by your hospital, click on the Signature Form button and complete the requested information as explained below.

**SIGNATURE FORM**

Select the unique identifier for this hospital using the pull-down list. Please be careful that you use the same UID that was used on the main form.

The chief executive officer (CEO) must sign to certify that the responses are complete and accurate. The name of the hospital CEO should be entered as the authorized signature to certify that the completed Primary Care Plan Summary has been thoroughly reviewed and that the information provided is complete and accurate. The typed version of this name will be accepted as the original signature of this authorized person pursuant to the Georgia Electronic Records and Signature Act.

The signature should be completed only AFTER all data entered for primary care projects has been finalized. The Primary Care Plan Summary WILL NOT BE ACCEPTED without an authorized signature.

Provide the name, title, and phone numbers of the person authorized to respond to inquiries. This person must retain a copy of the completed Primary Care Plan database. It is also recommended that you print a hard copy of the forms.

Thank you for your efforts in serving Georgia's citizens. We hope you find this year's electronic submission process for the primary care plans to be convenient and user-friendly. We encourage you to keep an additional copy of the database to use in managing your projects locally. We also welcome your feedback and suggestions about the database and the filing process.