

FY2005 Indigent Care Trust Fund, Primary Care Plan Summary Database

Instructions for Completing the Forms

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.

USING THE ACCESS DATABASE

Do not make multiple copies of the Access file for a single hospital. 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. However, if you are responsible for entering data for more than one hospital, you must enter the projects for each hospital in a separate copy of the database.

When you open the Access database, the first screen that you will see is the Opening Screen. You can use the pull-down list on this form to go to the other two forms in the database. When you have completed your Primary Care Plan Summary, you can return to the Opening Screen and use the "Create Zip File for Emailing" button to zip the database so that it can be emailed to the Department of Community Health.

You must respond to all fields where appropriate. **Do not leave any fields blank** (with the exception of "Continuation from Previous Year" if 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.

IF YOU NEED ASSISTANCE

When you are working in the database, you may view these instructions by clicking the Help button found on each form. You can get specific instructions for any **item in blue** on the form by clicking the item.

If you can't find the answer to your problem on the Help screens, check the "Frequently Asked Questions" document on the web page where you downloaded the database. This document will be updated periodically as new questions arise.

If you still have any questions after reviewing the documentation above, please contact Stephanie Simmons, Program Specialist, at (404) 657-9126 or ssimmons@dch.state.ga.us

INSTRUCTIONS FOR SUBMITTING THE DATABASE

The deadline for filing the completed Primary Care Plan database for your hospital is July 29, 2005.

Once you have completed your Primary Care Plan Summary and resolved any data validation issues, you should submit the database to the Department of Community Health (DCH) via e-mail. Please send only an electronic version. **Do not fax or mail a hard copy.** Please follow the steps below:

1. You must sign the Signature Form before submitting the database. The Primary Care Plan Summary will not be deemed complete without an authorized signature.
2. Please be sure to print a copy of your completed forms before submission and retain a copy of the Access file for your records.
3. To submit your database, click the "Create Zip File for Emailing" button on the Opening Screen and follow the on-screen instructions. A zip file will be created that you can easily attach to an email message. Send the

email message to: pcplan@dch.state.ga.us. Attach additional files as necessary (see below). After you send the message, you can check the Sent-Items box in your email program to see if the message was sent. You will not get an automated reply from DCH. **Note that if you revise your survey, you must click the "Create Zip File for Emailing" button again in order to update the zip file before resending it.**

4. If the "Create Zip File for Emailing" button does not work, close the database and create a new email message using your email program. Attach the database to the message as you would any file. The database should be located at C:\DCH unless it was moved after being downloaded initially. The database file will have an MDB extension. If your email system does not allow MDB attachments, you will need to rename the file before you send it. Change the MDB extension to MDX.

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 send them to:

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

PRIMARY CARE PLAN SUMMARY (MAIN FORM)

All primary care projects must be entered in the database. If a separate primary care plan is required, the database should represent a summary of the information in the full plan. 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. When you move to another project, the entries for the current project are **automatically saved**. Use the buttons at the top of the form to print the current project, print all projects, or delete a project. Use the "Go to Another Form" pull-down list to return to the Opening Screen or to go to the Signature form.

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

FIELDS ON THE MAIN FORM

Note that the space allowed for some fields is limited by design to force respondents to be brief.

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:** 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

Identify and 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.) for each of the proposed projects. Please remember that the services provided are for **citizens** of Georgia and must be for the un/underinsured.

5. Assessed Health Need

Demonstrate that the hospital has evaluated the needs of the community and coordinated development of its plan with the District Health Director, area community and rural health centers, other appropriate primary care providers and patient advocates. Provide assurance that the hospital gave specific consideration to federally qualified health center or rural health clinic services. Enter a brief assessment of the health need for the project.

6. Project Description

List and describe the services to be provided and include a brief description of the project. Please list specifically what the ICTF funds are supporting, i.e., FTE's, equipment, etc. 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 project budget.)

Calculated Fields: This area of the form shows the preloaded ICTF allocation, the preloaded ICTF obligation for the hospital and the ICTF total for primary care projects. Click the Recalculate button to provide a running total of ICTF primary care funds allocated as each successive project is entered. The ICTF total for primary care projects must be greater than or equal to the ICTF obligation.

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, use the "Go to Another Form" pull-down list at the top of the form to switch to the Signature form. Complete the Signature Form 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.

<p>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.</p>
