



Uninsured Adult Health Care Safety-Net Application - Community & Faith -Based Providers 2022

General Information

Note:

Eligible Community & Faith-Based providers must meet the following criteria:

Operate as a free and charitable clinic and not-for-profit entity providing services in Tennessee, and utilizing volunteers (licensed health professionals and/or non-clinical support personnel) to deliver services, to uninsured adults in Tennessee ages 19-64

And/Or Operate as a Rural Health Clinic (RHC) in accordance with the Code of Federal Regulations [42 CFR 491 Subpart A](#) and [42 CFR 405.2400 Subpart X](#) ; [Health Center Program Statute: Section 330 of the Public Health Service Act](#) ; and The Bipartisan Budget Act of 2018 amended Section 330 of the Public Health Service Act ([42 U.S.C. 254b](#))

OR Operate as an FQHC or FQHC Look-Alike in accordance with the federal requirements for [42 CFR 491 Subpart A](#) and [42 CFR 405.2400 Subpart X](#) ; [Health Center Program Statute: Section 330 of the Public Health Service Act \(42 U.S.C. §254b\)](#); and The Bipartisan Budget Act of 2018 amended Section 330 of the Public Health Service Act ([42 U.S.C. 254b](#))

- Provide primary medical care services in an ambulatory setting
- Provide oral health care services to low-income, Medicare, TennCare, under-insured, uninsured individuals for free, discounted or sliding-fee scale rates
- Deliver services using a medical home model
- Does not deny services based upon the type of insurance or patient's inability to pay

Applicant Legal Entity Name

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Explanation of different name, and organizational entity, if applicable

If legal name varies from the name registered with the Tennessee Department of Health, please explain the relationship between the parties, below

DBA/Nickname

1) What Category of Service provision are you applying for as a primary care Community & Faith-Based Safety Net provider? Check one

New Safety-Net Provider Not Currently Contracted - Provides primary care to low income, uninsured, under insured, Medicare and TennCare patients, and does not deny services based upon the type of insurance or the patient's inability to pay. - new Access point

Current Safety Net Dental provider applying for new Primary Care Services.

Provide the following Geographic Information for your center

2) Name of County Where main Clinic is Located

3) Name of County or Counties that encompass your patient care service area

Use the [HRSA find shortage areas by address](https://data.hrsa.gov/tools/shortage-area/hpsa-find) to look-up HPSAs, MUA/P and click here <https://data.hrsa.gov/tools/shortage-area/hpsa-find> for a list of current Distressed Counties

4) Access to Care

**Is your clinic located in any of the following officially designated geographic areas?
Check all that apply.**

- Health Professional Shortage Area (HPSA)
- Medically Underserved Area/Population (MUA/P)
- Economically Distressed County
- Rural Area (non-Metropolitan county outside of Davidson, Hamilton, Knox or Shelby)
- Other - Describe circumstances that create barriers for uninsured adults to access care,:

5) Type of Center – Check all that apply

Faith Based

Community Based

Free or Charitable Clinic

Public (City, County or State government owned/managed)

Rural Health Clinic (formally designated by CMS)

Other - Write In:

Not-for-Profit

Private Not-for-Profit 501(c) 3

Owned or Managed by a corporate entity or health system Name (required below):

Name - Write In:

6) Place of Incorporation (if different from Tennessee)

7) Federal Employer Identification Number (FEIN)

8) Edison ID Number (If contracted with the Department of Health)

Contact Information

9) Contacts

Primary Contact

Name:

Title:

Email Address:

Phone Number:

Secondary Contact

Name:

Title:

Email Address:

Phone Number:

10) Authorized Signatory

Name:

Title:

11) Clinic Address and Contact Information

Street Address:

P.O. Box Address:

Location County:

Service Area County (or Counties):

Phone number:

Fax number:

Website address:

Application Content

Describe the primary care medical home services that your center will provide to uninsured adults ages 19 to 64, including, but not limited to the following:

12.a. Access to Acute Primary Care

12.b. Chronic Disease Management

12.c. Access to Pharmacy Services

12. d. Access to Laboratory Services

12. e. Access to Behavioral Health Services

12. f. Access to other Providers including referrals to Clinical Specialists and care coordination services

12. g. Telemedicine

Telemedicine – the use of electronic information and telecommunications technology to support distance clinical health care. Technologies include videoconferencing, internet and telephone consultation to conduct a complete primary care or specialist consultation, including assessment, diagnosis, management, and treatment of acute and chronic conditions, including mental health, emergency oral health care services and pharmacy assistance

Does Not include: prescription refills, appointment scheduling, patient triage or any other services not included in the aforementioned description

11. h. Other Services

Background Information

13) State the length of time your center has provided primary care services to uninsured adults. Provide the start date and corresponding county location(s) for your clinic practice sites for uninsured adult patient population

MM/DD/YY:

County:

14) Describe your Governing Body including regulatory agencies and include the process used to evaluate and monitor the provision of primary care services to uninsured adults.

15) Provide clinic payer demographic percentages for your total patient population, as applicable for insured, uninsured and self-paying patients during the July 1, 2020 – June 30, 2021 period

Insured: %:

Uninsured: %:

Uninsured Adults only (ages 19 – 64): %:

Self-Paying: %:

16) Service Volumes – Please provide the number of unduplicated patients served from July 1, 2020 - June 30, 2021.

	Uninsured Adult Primary Care Patient Volume (unduplicated uninsured adults ages (19 -64 only)	Total Primary Care Patient Volume (unduplicated patient volume for all patients - include insured, uninsured, and self-pay)
July 1, 2020 - June 30, 2021		

17) Upload (on last page of application) a copy of your facility's sliding fee scale and policy for services provided regardless of the inability of the patient to pay. If your center does not provide services to uninsured adults on a sliding fee scale basis, describe the methodology of how the center charges primary care services at a reduced cost or not cost to uninsured adults. Please explain how the percentage discount offered to uninsured adults compares to the usual and customary fees charged by the clinic. Please verify that services are not denied based on non-payment

18) Does your clinic use an electronic medical record or Electronic Health Record system?

Yes

No

19) If you answered yes to question number 18 what is the name of the Electronic Health Record system?

20) Describe your agency policy and protocols for documenting care provided to uninsured adult patients, in detail for the following:

20a.Verification of Patient's Uninsured Status:

20b.Patient Registration:

20c.Appointment Scheduling:

20d.Accounts Management/Tracking:

20e.Unduplicated Uninsured Patient Numbers:

20f.Medical Encounter Numbers (type and number of services reported by date of service:

21) Describe your capacity for data collection and reporting the following information which is required to be included in the Uninsured Adult Safety Net Provider Quarterly Service Report. How will you collect data and report on the following:

21.a. number of uninsured adult medical encounters and date of service provided each quarter:

21.b. number of unduplicated uninsured adult patients who received care within a quarterly (3 month) reporting period and annually:

22) Describe and Upload (on last page of application) a Clinical Staffing Plan/Structure to include the job title, discipline and Full-Time Equivalent (FTE - 1 FTE = 40 hours per week) for all licensed practitioners, indicated as paid, volunteer, donated services or collaborative agreement for each clinician. Include physicians, certified nurse-midwife, advanced practice nurse, physician assistant, and mental or behavioral health practitioners and professionals.

23) What are your daily clinic operating hours?

From

To

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

24) List community partnerships and key collaborators that support the provision of oral health care for uninsured adults in your service area. Include any engagement activities with your Local Health Department

25) Describe innovative approaches you may have to expand access to emergency dental and oral health services for uninsured adults ages 19 to 64.

Signature

Date signed

Document Uploads

1. Sliding Fee Scale

2. Clinical Staffing Plan

3. Fiscal Year 2021 Financial Statement

4. Fiscal Year 2021 Itemized Annual Operating Budget and Expenses

5. Fiscal Year 2021 Itemized Annual Operating Budget and Expenses

6. Policies & Procedures

7. Other Documents

Thank for completing the application.
