

## KANSAS CHARITABLE HEALTH CARE PROVIDER PROGRAM

# Point of Entry/Indigent Health Care Clinic Application

For more information: <a href="http://www.kdheks.gov/olrh/CHP.htm">http://www.kdheks.gov/olrh/CHP.htm</a>

Email questions to: kdhe.primarycare@ks.gov

In 1991 Kansas enacted legislation allowing indigent health care clinics and charitable health care providers to receive limited medical liability coverage under the Kansas Tort Claims Act. Complete a separate application form for each clinic location to be designated as a Charitable Health Care Provider Clinic.

An indigent health care clinic must charge uninsured patients living in a household earning less than 200% of the federal poverty level a discounted fee based on the patient's ability to pay (sliding fee schedule) and may submit claims to public or private insurance. The sliding fee schedule must be in writing, and information must be publicly posted to ensure that patients are aware of its availability.

As an indigent health care clinic, the clinic agrees to:

- determine whether individuals seen through the clinic are medically indigent;
- either directly provide care through its employees or refer medically indigent individuals to a charitable health care provider either at the clinic or in another location; and
- maintain patient and program records and submit an annual activity report to KDHE (KAR 28-53-1).

Failure to fulfill any of these duties will result in cancellation of the Agreement by the Secretary of the Kansas Department of Health and Environment.

| Clinic Na | me:   |                                       |  |   |  |  |
|-----------|---|---------------------------------------|--|---|--|--|
| Address:  |   |                                       | City:  | KS Zip:                                 |  |  |
| Medical/[ | Dental Dire   | ector:                                |  |   |  |  |
| Primary F | Point of Co   | ontact:                               |  |   |  |  |
|           |   |                                       | Email:   |   |  |  |
|           |   | ckboxes below:                        |  |   |  |  |
|           |   | •                                     | site accept new patients?                                    | of income an atotic or ability to pay 2 |  |  |
| ☐ YES     |   | Does the practice  Does practice site |  | of insurance status or ability to pay?  |  |  |
| ☐ YES     | ☐ YES ☐ NO Does the practice site accept new Medicare patients?               |                                       |  |   |  |  |
| ☐ YES     | YES NO Does practice site accept Medicaid/KanCare?                            |                                       |  |   |  |  |
| ☐ YES     | ☐ NO  | Does the practice                     | loes the practice site accept new Medicaid/KanCare patients? |   |  |  |
| ☐ YES     | YES NO Does the practice site utilize a sliding fee schedule based on income? |                                       |  |   |  |  |
| □ YES     |   | Is the sliding fee s                  | chedule posted in a prominent loc                            | ation                                   |  |  |

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### For services listed below, check all boxes below that apply to the clinic.

| Services                             | Provided directly by clinic | Referred to another organization | Not provided or referred to another organization |
|--------------------------------------|-----------------------------|----------------------------------|--|
| Women/Children                       | directly by chine           | organization                     | to another organization                          |
| Prenatal care                        |                             |                                  |  |
| Delivery/postnatal care              |                             |                                  |  |
| Newborn screenings & wellness checks |                             |                                  |  |
| Well woman checks                    |                             |                                  |  |
| Other screenings & preventive care   |                             |                                  |  |
| Dental Care                          |                             |                                  |  |
| Dental screenings & preventive care  |                             |                                  |  |
| Dental treatments                    |                             |                                  |  |
| All Other Services                   |                             |                                  |  |
| Chronic care coordination            |                             |                                  |  |
| Chronic disease self-management      |                             |                                  |  |
| Immunizations                        |                             |                                  |  |
| Mental/behavioral health services    |                             |                                  |  |
| Prescription assistance              |                             |                                  |  |
| Smoking cessation                    |                             |                                  |  |
| Substance abuse treatment            |                             |                                  |  |

### List number of health care providers that provide charitable health care services at the clinic.

| Health Care Profession                       | Contracted | Employed | Volunteer |
|--|------------|----------|-----------|
| Physicians (MD/DO)                           |            |          |           |
| Physician Assistants (PA)                    |            |          |           |
| Advanced Practice Registered Nurses (APRN)   |            |          |           |
| Registered Nurses (RN)                       |            |          |           |
| Licensed Practical Nurses (LPN)              |            |          |           |
| Dentists (DDS/DMD)                           |            |          |           |
| Registered Dental Hygienists (RDH)           |            |          |           |
| Pharmacists                                  |            |          |           |
| Licensed Behavioral Health Providers         |            |          |           |
| Optometrists                                 |            |          |           |
| Occupational Therapists/Therapist Assistants |            |          |           |
| Physical Therapists/Therapist Assistants     |            |          |           |
| Respiratory Therapists                       |            |          |           |
| Podiatrists                                  |            |          |           |
| Chiropractors                                |            |          |           |

The authorized signature on this agreement constitutes the intent of this clinic/health department to serve as an indigent health care clinic and affirms that the clinic is an outpatient medical care clinic operated on a not-for-profit basis. The clinic will be added to the CHCP once the application is approved and signed by the Secretary of the Kansas Department of Health and Environment.

See next page for signature block.

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NOTE: If an indigent health care clinic, its employee(s), or a charitable health care provider is sued by the recipient of care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)). Indigent health care clinics, their employee(s), or charitable health care providers served with a summons or petition should immediately contact the Kansas Attorney General's office at 785-296-2215.

| I certify that the information provided is accurate and complete                 | e to the best of my knowledge. |  |
|--|--------------------------------|--|
| Signature of Authorized Site Representative                                      | Date                           |  |
| Printed Name of Authorized Clinic Representative                                 | _                              |  |
| Jeff Andersen<br>Acting Secretary<br>Kansas Department of Health and Environment | Date                           |  |

#### Return all documents to:

Charitable Health Care Provider Program
Bureau of Community Health Systems
Kansas Department of Health and Environment
1000 SW Jackson St, Ste 340
Topeka, KS 66612-1365

Email: kdhe.primarycare@ks.gov

Fax: 785-559-4247

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