

BPHC New Start Protocol

Assessment Item	Comments	TA Needed
MISSION AND STRATEGY		
<p>MISSION STATEMENT Is there a written mission statement (Y/N)? Does it encompass services to the underserved (Y/N)? Is it Board approved (Y/N)? When did the Board last review/ approve it? __/__/__</p>		
<p>CULTURAL COMPETENCY Are the following employees bilingual: Operator (Y/N), Front Desk (Y/N), Cashier (Y/N)? Are Registration, Sliding Fee Scale and other pertinent documents provided to patients in more than one language (Y/N)?</p>		
<p>NEEDS ASSESSMENT Do you have a written, site-specific Needs Assessment (Y/N)? Was it reviewed and approved by the Board (Y/N)? What is the date the last needs assessment was completed? __/__/__ What date did the Board review the needs assessment? __/__/__ What priority needs were identified? What action was taken to address them?</p>		
<p>MARKET KNOWLEDGE Describe your local, regional, state and national marketplace trends and their impact on your organization (including local managed care activities, Medicaid policies and trends, waivers, impact on financial viability):</p>		

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<p>PLANNING</p> <p>Do you have a long-term (3 year) strategic plan (Y/N)? Date approved by Board ___/___/___</p> <p>Is there a short-term (1 year) strategic plan (Y/N), Date approved by Board ___/___/___</p> <p>Is there an annual operating/business plan (Y/N) Date approved by Board ___/___/___</p> <p>Is there a capital plan (Y/N)? Date approved by Board ___/___/___</p> <p>Do the plans reflect your needs assessment (Y/N)?</p> <p>When did the Board last review / approve the Plans? ___/___/___</p> <p>Is the annual operating plan linked to the center's annual budget (Y/N)?</p> <p>How often does the management and staff review variance from the operating plan?</p> <p>How often does the Board review variance?</p> <p>What process is in place to address/ track significant variance?</p>		
<p>ANNUAL HEALTH CARE PLAN</p> <p>Does the plan address the identified highest priority needs and health disparities in the community/needs assessment (Y/N)? What are they?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Are clinical health status outcomes monitored (Y/N), analyzed (Y/N) and reflected (Y/N) in the implementation of the plan?</p> <p>How often does the medical staff review the plan?</p> <p>How often does the Board review/approve the plan?</p> <p>When did the Board last review/approve the plan ? ___/___/___</p> <p>Does the management information system supply data required for developing (Y/N) and monitoring (Y/N) the health care plan? Is the clinical staff familiar with the plan (Y/N)?</p> <p>Does the center's management information system supply data required for developing (Y/N) and monitoring (Y/N) the plan? ___/___/___</p> <p>Is the plan monitored under the Quality Improvement/Management program (Y/N)? How?</p>		

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<p>QUALITY IMPROVEMENT/ MANAGEMENT PLAN</p> <p>Does the Center have a Quality Improvement/Management Plan (Y/N)? Was it reviewed and approved by the Board (Y/N)? When (___/___/___)? Which staff member(s) (_____) and board committee(s) (_____) are responsible for the plan? Is there a Quality Improvement/Management Committee (Y/N)? Who is on the committee?</p> <hr/> <p>Does the committee meet at least quarterly (Y/N) and does the committee report at least quarterly to the board (Y/N)? Are there systems to monitor performance and improvement (Y/N) in the following?:</p> <p>Patient Satisfaction – (Y/N), Access – (Y/N), Quality of clinical care – (Y/N), Quality of workforce/environment– (Y/N), Cost – (Y/N), Productivity – (Y/N), Health Status – (Y/N)</p>																											
<p>COLLABORATION</p> <p>List local (L), statewide (S) and National (N) collaborative agreements, noting if they are informal (I) or formal (F), the date executed (or informally agreed to) and if they are in compliance with PIN 98-24.</p> <table border="0"> <thead> <tr> <th data-bbox="231 901 367 925">Agreement</th> <th data-bbox="577 901 693 925">L, S or N</th> <th data-bbox="735 901 808 925">I or F</th> <th data-bbox="850 901 913 925">Date</th> <th data-bbox="945 901 1197 925">In Compliance (Y/N)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>___</td> <td>___</td> <td>_____</td> <td>___</td> </tr> <tr> <td>_____</td> <td>___</td> <td>___</td> <td>_____</td> <td>___</td> </tr> <tr> <td>_____</td> <td>___</td> <td>___</td> <td>_____</td> <td>___</td> </tr> <tr> <td>_____</td> <td>___</td> <td>___</td> <td>_____</td> <td>___</td> </tr> </tbody> </table>	Agreement	L, S or N	I or F	Date	In Compliance (Y/N)	_____	___	___	_____	___	_____	___	___	_____	___	_____	___	___	_____	___	_____	___	___	_____	___		
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GOVERNANCE																											
<p>BOARD COMPOSITION</p> <p>Does the Board composition meet the requirements of the PHS Law 9-15 members (Y/N) and 51% consumers (Y/N)? What expertise is currently on the Board: Health (Y/N), Finance (Y/N), Business (Y/N), Management (Y/N), Government (Y/N)?</p>																											

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<p>BOARD STRUCTURE</p> <p>When were the By-Laws last reviewed and approved by the Board? (__/__/__)</p> <p>Do the bylaws address board structure and responsibilities (Y/N), nomination/selection of members/officers (Y/N), length/number of allowable terms for members (Y/N), length/number of allowable terms for officers (Y/N), meeting attendance expectations (Y/N), removal of inactive board members (Y/N), board meeting frequency (Y/N), and board standing committees (Y/N)?</p> <p>Does the board meet monthly? What senior management staff members are invited to attend the meetings _____?</p> <p>Does the Center maintain monthly board minutes (Y/N) that document major issues/actions (Y/N) and do you have a mechanism to track the implementation of decisions and procedures (Y/N)?</p> <p>Are monthly board packets sent to Board members in advance of the meeting (Y/N)?</p> <p>What board committees are currently functioning _____?</p> <p>Are these committees cited in the bylaws (Y/N)?</p> <p>Do the committees meet on a regular monthly/other _____ basis (Y/N)?</p> <p>Are meeting minutes documented and maintained (Y/N)?</p> <p>Does the Center have an orientation program for new board members (Y/N) and plans for ongoing board member training (Y/N)?</p>		
MANAGEMENT AND FACILITY		
<p>ORGANIZATION</p> <p>Is your center part of a larger organization (Y/N)? If yes, is there a separate CEO for the center (Y/N)? To whom does the CEO report _____ ?</p> <p>If you have multiple sites, what systems are in place to manage/coordinate operations among sites _____?</p> <p>Does the Center have an organizational chart (Y/N)?</p> <p>When did the Board last approve it? __/__/__</p>		

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<p>MANAGEMENT</p> <p>Which of the following positions are included in the senior management team – Chief Executive Officer (Y/N), Medical Director (Y/N), Nursing/Health Services Director (Y/N), Chief Financial Officer (Y/N), Chief Information Officer (Y/N), other _____?</p> <p>Is the CFO full-time (Y/N)? If not, ___ FTE. What is the background of the CFO _____? Does he/she appear competent and knowledgeable (Y/N)? Does he/she understand healthcare (Y/N)?</p> <p>Is the Medical Director full-time (Y/N)? If not, __ FTE.</p> <p>What is the background of the Medical Director _____?</p> <p>What percent of his/her time is allocated to patient care ___% and to administration ___% ?</p> <p>Does the Medical Director have access to clerical help (Y/N)? Hours per week?</p> <p>Does he/she advise the CEO/Board on clinical issues (Y/N), have the lead responsibility to hire/dismiss clinical staff (Y/N) and have sufficient time in his/her weekly schedule to adequately carry out the dual responsibilities of provider and administrator (Y/N)?</p> <p>Are there regularly scheduled clinical staff meetings (Y/N)? How Often?</p> <p>Are there regularly scheduled meetings for the senior management team (Y/N), for the CEO and individual senior management staff members (Y/N), for each major department (Y/N) and for general staff (Y/N)?</p>		
<p>RISK MANAGEMENT</p> <p>Is there a Safety Committee (Y/N), and /or Safety Officer (Y/N)?</p> <p>Is there a written procedure to report/track incidents/potential risks (Y/N)?</p> <p>Are incidents analyzed (Y/N), are patterns observed and improvements made (Y/N) and are persons responsible to track/report (Y/N)?</p> <p>Does the center meet the requirements to be deemed eligible for FTCA professional liability coverage (Y/N) and is there any pending litigation (Y/N)?</p>		

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<p>FACILITY</p> <p>Do hours include evenings and weekends (Y/N)?</p> <p>Is the internal/external signage (including exit signs) clear (Y/N), properly placed (Y/N), sufficient in number (Y/N) and in appropriate languages (Y/N)?</p> <p>Is the facility in compliance with the Rehabilitation Act of 1973 (Y/N), Americans with Disabilities (Y/N), fire and safety codes (Y/N) and have actions been taken/planned if non-compliance (Y/N)?</p> <p>Is the building lease in compliance with Federal regulations, i.e. ADA (Y/N)?</p>		
<p>PERSONNEL</p> <p>Does the Center have a Personnel manual (Y/N)?</p> <p>When was it most recently approved by the board __/__/__?</p> <p>Does each new employee receive a copy of the Personnel manual (Y/N)?</p> <p>Do employees receive policy updates as available (Y/N)?</p> <p>Are personnel files maintained in a secure location (Y/N), with restricted access (Y/N)?</p> <p>Are there rules on access/information release (Y/N) and is access recorded (Y/N)?</p> <p>Is there a standard format for non-clinical personnel files (Y/N), for clinical personnel files (Y/N) and for terminated personnel files (Y/N)?</p> <p>Are position descriptions maintained in a central location (Y/N), written for all categories of staff (Y/N) and have a standard format (Y/N)?</p> <p>Do employees have a current job description (Y/N), have they signed their job description (Y/N) and is their job consistent with the description (Y/N)?</p> <p>Are evaluations conducted at least annually (Y/N), is there a standard form (Y/N), does the employee sign the evaluation (Y/N), does the supervisor sign the evaluation (Y/N), is there a place for employee comments (Y/N) and is there an employee appeal process (Y/N)?</p> <p>Is there a formal provider credentialing and privileging process (Y/N), has it been approved by the board (Y/N)? If so, when __/__/__?</p> <p>Is there a documented provider recruitment and retention plan (Y/N)?</p> <p>Do the provider contracts includes contract length (Y/N), on-call requirements (Y/N), cross coverage requirements (Y/N), compensation (Y/N), incentives (Y/N), continuing education (Y/N), moonlighting (Y/N), non-compete provisions (Y/N), malpractice coverage (Y/N)?</p> <p>Is there adequate leave (Y/N) and funding (Y/N) for continuing professional education?</p> <p>What is the budgeted FTE provider staffing for the current calendar year _____ and what is the actual FTE provider staffing ___?</p> <p>Is the clinical staff appropriate for serving the patient population (Y/N) and are staff being hired in a timely manner (Y/N)?</p>		

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FINANCE AND MANAGEMENT INFORMATION SYSTEMS		
<p>FEES AND BILLING</p> <p>Is there a fee schedule that covers the cost of all types of visits (Y/N), procedures (Y/N), lab tests (Y/N) and other ancillary services performed (Y/N)? How often is it updated? How does the fee schedule compare to charges by other providers in the area? Other CHC's in the State?</p> <p>Does the Center have an encounter form (Y/N)?</p> <p>Does the encounter form reflect the scope of practice of each of your providers (Y/N)?</p> <p>Do the ICD and CPT Codes reflect the most current updates (Y/N); meet State billing coding requirements (Y/N)?</p> <p>Does the encounter form include all billable services (on-site and off-site) (Y/N)?</p> <p>Are all encounters recorded in the MIS within 24 hours of service (Y/N)?</p> <p>If not, what is the lag time _____? Is a procedure in place to identify and find missing encounter forms on a timely basis (Y/N)?</p> <p>Are off site encounters reported and billed on a timely basis (Y/N)? How does the grantee know all off site activity is being reported _____?</p> <p>Have you received Medicaid (Y/N) and Medicare (Y/N) provider numbers?</p> <p>Are Medicare and Medicaid billed electronically (Y/N)?</p> <p>Are Medicare and Medicaid and other material third party payers billed at least weekly (Y/N)?</p> <p>What is the billing procedure _____?</p> <p>How many days of net revenue are tied up in accounts receivable (Y/N)?</p> <p>What does the accounts receivable-aging look like _____?</p> <p>Are both indicators acceptable or are receivable collections lagging _____?</p> <p>Are rejected claims corrected and resubmitted within a week (Y/N)? If not, what is the lag time _____?</p> <p>Are "cross over" patients billed to the secondary payer within a week of payment by the primary payer (Y/N)? If not, what is the lag time _____?</p> <p>If a third party billing is not responded to in 30 days, are effective follow up procedures done (Y/N)?</p> <p>If self pay billings are not paid in 30 days, what is done _____?</p> <p>Is payment at the time of service strongly encouraged (Y/N)?</p> <p>Are delinquent patients urged to enroll in the SFSD program? (Y/N)</p> <p>What process is used to qualify patients for Medicaid?</p> <p>Are accounts that are 90 days delinquent sent to a collection agency (Y/N)?</p>		

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<p>SLIDING FEE SCALE DISCOUNT PROGRAM</p> <p>Does the Center have a written policy for the SFSD program (Y/N) including discount scale based on current Federal Poverty Standards (Y/N), eligibility standards (Y/N), application form (Y/N)?</p> <p>Does the SFS program reflect/require documentation for Household size (Y/N), Age/ Date of Birth (Y/N)/ Name(s) (Y/N) ?</p> <p>Is the SFSD application bilingual? (Y/N)</p> <p>Does the SFSD application define family/household in accordance with Board policy (Y/N)?</p> <p>Does the SFSD Form list all forms of income? (Y/N)</p> <p>Does the SFSD application have a place for a signature? (Y/N)</p> <p>Does the SFSD app. form have a statement about providing false information? (Y/N)</p> <p>Is the information documented by signature of patient/guardian and staff member (Y/N)?</p> <p>Are there signs in your lobby and at the exit/cashier's desk (in all languages appropriate to the patient mix) announcing the availability of discounts for eligible low-income persons (Y/N)?</p> <p>Is access provided for services without regard to the patient's ability to pay (Y/N)?</p> <p>Have documented arrangements been made for SFSD patients to receive discounted lab (Y/N), X-ray (Y/N) and pharmacy services (Y/N) elsewhere if the Center does not offer these services?</p>		
<p>FINANCIAL MANAGEMENT</p> <p>Is there a monthly cash budget for the Center (Y/N)?</p> <p>Are monthly financial statements prepared for review by the Finance Committee and Board (Y/N)?</p> <p>Do the statements include a comparative balance sheet (Y/N), an income statement showing variances from budget (Y/N), a report on encounter activity compared to budget by payer type (Y/N) and a comparative report on the status of receivables (either an aging summary or report of days of income in receivables or both) (Y/N)?</p> <p>Do the last three monthly financial statements reveal trends (Y/N)?</p> <p>Do they reveal adequate cash on hand/working capital (Y/N), a reasonable level of accounts receivable (Y/N) and reasonable level of accounts payable (Y/N)?</p> <p>Are expenses appropriately allocated to cost centers (Y/N), multiple funding sources (Y/N) and multiple sites (Y/N)?</p> <p>Does the Center have written purchasing and cash disbursements policies (Y/N)? Is there a reasonable separation of disbursement duties (Y/N)? In some way, is every</p>		
<p>FINANCIAL MANAGEMENT (CONTINUED)</p>		

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<p>disbursement reviewed and approved by two people (Y/N) and is this documented? (Y/N)?</p> <p>Is the chart of accounts adequate to yield good financial statements (Y/N)?</p> <p>Can it provide adequate income data by major payer with discount and allowance information and expense information at an acceptable object level (Y/N)?</p> <p>Are full fee for service charges recorded for every encounter regardless of payer source (including for capitated services) and appropriate allowances being recorded in offsetting accounts (Y/N)?</p> <p>Is provider productivity being tracked and reported on a regular basis (Y/N)?</p> <p>Is the provider productivity adequate per the center's established standards (Y/N), per national benchmarks (Y/N)?</p> <p>Does the Center participate in managed care programs (Y/N)?</p> <p>If participating, what level of risk does the Center assume _____?</p> <p>Will your MIS enable you to manage the risks/rewards (Y/N)?</p> <p>Does the Managed Care module of your MIS meet your needs? (Y/N)?</p>		

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<p>MANAGEMENT INFORMATION SYSTEMS</p> <p>Does the Center operate its own Management Information System/MIS (Y/N) or collaborate with another organization on MIS (Y/N)?</p> <p>Are the following automated MIS applications operated by the center (C), by another entity (E), not automated (N) ---- billing (___), capitation management (___), general ledger (___), registration (___), scheduling (___), patient tracking (___), referral tracking (___), medical records (___), pharmacy (___), word processing (___), email (___), internet access (___) and spreadsheet (___).</p> <p>Is there sufficient hard drive for the next 24 months (Y/N), sufficient workstations for staff (Y/N) and a user group for MIS feedback (Y/N)?</p> <p>Are the reports available to meet management needs (Y/N), Board of Director needs (Y/N), Clinical Staff (Y/N), Billing Staff (Y/N)?</p> <p>Are MIS policies documented (Y/N)? Do they address data collection (Y/N), organization (Y/N), storage (Y/N), maintenance (Y/N), security (Y/N), presentation (Y/N), external access (Y/N) and transfer of information (Y/N)?</p> <p>Are there appropriate data backup procedures(Y/N)? Is backup data stored off-site (Y/N)? What is the frequency of transfer off site _____?</p> <p>Are you familiar with the UDS reporting requirements (Y/N)?</p> <p>Will your MIS be able to generate the necessary data (Y/N)?</p> <p>Are you familiar with the FSR reporting requirements (Y/N)?</p> <p>Will your MIS be able to generate the necessary data (Y/N)?</p> <p>Have all modules purchased for the MIS been activated (Y/N)?</p>		
CLINICAL PROGRAM		
<p>REQUIRED SERVICES – PRIMARY, PREVENTIVE, EMERGENCY, PHARMACY</p> <p>Are the following <u>Primary Care Services</u> provided directly (P), by formal referral (F), by informal referral (I), or not provided (N):</p> <p>Perinatal ____, Pediatric ____, Adolescent ____, Adult ____, Geriatric ____?</p> <p>Are the following <u>Preventive Services</u> provided (P) or not provided (N): cancer screening ____, TB testing for high-risk patients ____, lead screening ____, Domestic Violence screening and referral ____, HIV/STD assessment and management ____, pediatric vision/hearing screening ____, oral health education family planning and counseling?</p> <p>Are the following <u>Perinatal Preventive Services</u> provided directly (P), by formal referral (F), by informal referral (I), or not provided (N): Pregnancy Outreach ____, On-Demand Testing ____, Immediate Result Availability ____, Case Management ____, Nutritional</p>		

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<p>Counseling ___ Laboratory Testing ___ Physician/CNMW Services ____, Post-Partum Family Planning ___?</p> <p>For those pregnant patients referred for care: Is there a tracking system documented in the medical record that insures that prenatal care was received (Y/N) and that the patient and child returned for ongoing care at the center (Y/N)?</p> <p>Are the following perinatal educational services provided directly (P), by referral (R), or not provided (N): Childbirth education ____, Parenting Skills, Tobacco Cessation ____, Substance Abuse ____, Nutrition ____, BBTD ____, Family Planning ____, Pre/Intra-conceptual Counseling __.</p> <p>Are the following services provided (P), referred (R), or not provided (N): vaginal deliveries ____, Surgical Deliveries ____, Sonography ____, Fetal Monitoring ____, Genetic Counseling Services ___?</p> <p>Does the Center have written protocols for “In-house” <u>Emergency Care</u> (Y/N)? Is the staff adequately trained and currently certified in emergency procedures (Y/N)? Is a crash cart on site (Y/N)? If so, is content compliance monitoring documented (Y/N)? Do procedures exist for the orderly transfer of patient to the hospital via EMS (Y/N)? Is a contract in place for patients to receive care for emergency dental problems (Y/N)? Do your patients receive written material explaining procedures for accessing emergency medical/dental care after hours (Y/N)? Have arrangements been made with a <u>Pharmacy</u> so that all patients are able to fill written prescriptions (Y/N)? Has a clinical committee established a formulary in order to insure cost-effective prescribing (Y/N)? Is there a policy regarding acceptance, stocking, logging, and recording of dispensed sample medications (Y/N)? Are all medications stored/secured/dispensed in accordance with appropriate Federal and State laws and regulations (Y/N)? Is there a <u>pharmacy on-site</u> (Y/N)? If yes, is there a current, written, Board approved, pharmacy policy and procedure manual (Y/N)? Is the pharmacy licensed/certified (Y/N) and supervised by a licensed pharmacist (Y/N)? Does the pharmacy provide linguistically sensitive patient education (Y/N), maintain individual patient drug profiles (Y/N) and participate in the Federal Drug Pricing program (Y/N)? Is there a <u>pharmacy off-site</u> (Y/N)? If yes, is their license verified (Y/N)? Is there a contract that outlines services and fees (Y/N)? Do they provide a sliding fee discount for the uninsured (Y/N)? Do they participate in the Federal Drug Pricing program (Y/N)?</p>		

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<p>COMPREHENSIVE SERVICE ACCESS- SOCIAL SERVICES, RADIOLOGY, LABORATORY, DENTAL</p> <p>Is there evidence that the patient’s personal health care is integrated with other services provided in the health center such as social services, dental, and health education (Y/N)? Does the center assist the patients in procurement of referrals for mental health and substance abuse services (Y/N)? Is there a system in place to assist patients who have transportation needs (Y/N)?</p> <p>If <u>Radiology Services</u> are performed on-site, is there a written, current, board-approved, policy & procedure manual (Y/N)?</p> <p>Are all personnel adequately supervised (Y/N) and all x-rays interpreted by a Board-certified radiologist (Y/N)? Are all technicians qualified by appropriate training and/or experience (Y/N)?</p> <p>Is staff radiation exposure measured, monitored, and fall within recommended limits as established by NCRPM standards (Y/N) ? Are copies of all reports kept on file (Y/N)?</p> <p>Is there a high degree of provider satisfaction with the quality and timeliness of services (Y/N)? Is the radiology equipment inspected at appropriate intervals by qualified personnel (Y/N)?</p> <p>If radiology services are done off-site is there a written document of agreement outlining services and fees (Y/N)? Does this radiology group have proper licensure and meet applicable regulations (Y/N)? Are there arrangements made that assure access to the underserved through a sliding fee discount (Y/N)?</p> <p>If <u>Laboratory Services</u> are performed on-site, what category (Waived, PPM, MC) is currently approved _____?</p> <p>What is the expiration date ___/___/___?</p> <p>Is there a written, Board-approved laboratory policy and procedure manual (Y/N)</p> <p>Is the staff qualified by training or experience and adequately supervised (Y/N)?</p> <p>Is there a protocol for reporting panic values (Y/N)? Are quality control logs maintained for each test performed (Y/N)?</p> <p>For off-site laboratory services, is there a written contract outlining the specific agreements (Y/N)?</p> <p>Has the reference laboratory accreditation and the chief pathologist’s certification been verified (Y/N)?</p> <p>Are there arrangements that assure necessary laboratory tests for the uninsured/underinsured (Y/N)?</p>		

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<p>INPATIENT CONTINUITY OF CARE</p> <p>Do your physicians admit and follow hospitalized patients (Y/N)? If not, is there a formal, written agreement outlining compensation for services rendered (Y/N) and expected continuity of care issues such as admission notification, discharge follow-up and copies of inpatient care records (Y/N)?</p>		
<p>SPECIALTY REFERRALS</p> <p>Are there written procedures for referring patients for specialty care/diagnostic services (Y/N)? Through formal and informal arrangements has the center been able to access specialty care for the underserved (Y/N)? Are there tracking mechanisms in place for specialty referrals (Y/N)?</p>		
<p>AFTER-HOURS COVERAGE</p> <p>Do you have a system for after-hour clinical consultation/care made available and communicated to the patients (Y/N)? Is the answering service and/or provider multilingual in order to communicate effectively with special populations (Y/N)?</p>		
<p>CONSUMER BILL OF RIGHTS</p> <p>Have you developed a Patient Bill of Rights and Responsibilities that has been adopted by the Board (Y/N)? Does this document address at a minimum: choice of health care providers (Y/N), access to emergency services (Y/N), participation in treatment decisions (Y/N), respect and non-discrimination (Y/N), ability to make informed decisions about the patient's personal health plan (Y/N), confidentiality of health care information (Y/N), access to records (Y/N), and procedures for resolving complaints (Y/N)? Is the Bill of Right in the Waiting Room (Y/N)?</p>		
<p>MANAGED CARE</p> <p>Is the clinic staff aware of all managed care contracts in place (Y/N) and the degree of financial risk associated with each (Y/N)? Are there clear requirements for prior authorization and utilization of specific panel specialists (Y/N)? Are written policies and procedures in place that describe the utilization review process and management of this data (Y/N)? Are all Center providers approved providers (Y/N)? If No, why not?</p>		
<p>CLINICAL DOCUMENTATION</p> <p>Does the Center maintain a clinical record for every patient receiving ongoing care at the health center (Y/N)? Is there an individual qualified by training or experience responsible for the supervision and direction of the medical records system (Y/N)? Are portable immunization or prenatal records made available to the patients (Y/N)? Are medical records properly secured during times when the medical record staff is not present (Y/N)? Are procedures in place to enable patients to give consent for release of medical record</p>		

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information (Y/N)? Are there appropriate sign out procedures in place? (Y/N)? Is there a follow-up procedure to pursue unreturned medical records (Y/N)?		