

WEST VIRGINIA  
Department of

**Health &  
Human  
Resources**



**BUREAU FOR PUBLIC HEALTH**

Office of Community Systems and Health Promotion

Division of Primary Care

Free Clinic  
Application for  
Uncompensated Care  
and Equipment and  
Capital Cost Funding

Fiscal Year

**2017**

Facility Name:



## Identification

Organization Name: DBA (If applicable): Street Address: Mailing Address (if different):  City: State:	Organization Phone: Organization Fax: FEIN: Number of Service Delivery Sites: Total Medicaid Patients: Total Health Insurance Exchange Patients: Total Patients for all Sites: Total Visits for all Sites:  Application Submission Date:
Zip	

<b>Administrator:</b> Administrator Phone: Administrator E-mail: <b>Person completing Application:</b> Phone (if different): Person completing E-Mail: Person completing Fax: <b>Chief Financial Officer (CFO):</b> CFO Phone: CFO E-mail: <b>Clinical Director:</b> Clinical Director Phone: Clinical Director E-Mail:	Ext.  Ext.  Ext.  Ext.
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## Audit/Report Information

Send one copy of the most recent audit with management letter to: <b>David Haden, Director</b> <b>Division of Primary Care</b> <b>350 Capitol Street</b> <b>Charleston, WV 25301</b>	Send one copy of the most recent independent audit and management letter to: <b>Division of Compliance and Monitoring</b> <b>One Davis Square, Suite 401</b> <b>Charleston, WV 25301</b>
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**Service Site 1**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Tuesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Wednesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Thursday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Friday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Saturday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Sunday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 2**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Tuesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Wednesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
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Friday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Saturday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Sunday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 3**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Tuesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Wednesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Thursday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Friday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Saturday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Sunday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 4**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Tuesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Wednesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Thursday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Friday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Saturday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Sunday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 5**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 6**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Tuesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Wednesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
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Saturday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Sunday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 7**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Tuesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Wednesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Thursday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Friday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Saturday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Sunday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 8**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Tuesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Wednesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Thursday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Friday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Saturday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Sunday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 9**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Tuesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Wednesday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Thursday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Friday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Saturday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>
Sunday	<input style="width: 95%; height: 20px;" type="text"/>	to	<input style="width: 95%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Service Site 10**

Name:

Address:

City:  State:  Zip:

Directions (from Charleston, WV):

Patient Visits:

Meds-Only Visits

Total Patients

Employed Patients

Medicaid Patients

Health Exchange  
Insurance Patients

List your site's scheduled days and specific hours of operation:

Monday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Tuesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Wednesday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Thursday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Friday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Saturday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>
Sunday	<input style="width: 100%; height: 20px;" type="text"/>	to	<input style="width: 100%; height: 20px;" type="text"/>

Number of Prescriptions:

Donated Medications Value:

Medications AWP Cost:

**Table A - Patients by Age and Gender**

Age Group	Male Patients	Female Patients	Total Patients
Age 0-18			
Age 19			
Age 20			
Age 21			
Age 22			
Age 23			
Age 24			
Age 25-29			
Age 30-34			
Age 35-39			
Age 40-44			
Age 45-49			
Age 50-54			
Age 55-59			
Age 60-64			
Age 65-69			
Age 70-74			
Age 75-79			
Age 80-84			
Age 85 and over			
Total Patients			

**Table B - Patient Characteristics**

**Characteristics**

**Number of Patients**

**Income as Percent of Poverty Level**

- 1 100% and below
- 2 101% - 150%
- 3 151% - 200%
- 4 201% and above


**Total Patients Income**

--

**Principal Third Party Medical Insurance**

- None/Uninsured
- Regular Medicaid (Title XIX)
- CHIP Medicaid


**Total Medicaid**

--

- Medicare (XVII)
- Other Public Insurance CHIP


**Total Medicare**

--

Private Insurance

**Special Populations**

- Migrant
- Seasonal
- Homeless (Doubling Up)
- Veterans
- Others


**Total Special Populations**

--

**Patients by Race**

- White
- Black/African American
- Hispanic
- Pacific Islander
- Other (specify)
- Unreported

--


## Table C - Counties Served

Tell us where the patients you treat come from.

<b>Barbour</b>	<b>Jefferson</b>	<b>Pocahontas</b>
<b>Berkeley</b>	<b>Kanawha</b>	<b>Preston</b>
<b>Boone</b>	<b>Lewis</b>	<b>Putnam</b>
<b>Braxton</b>	<b>Lincoln</b>	<b>Raleigh</b>
<b>Brooke</b>	<b>Logan</b>	<b>Randolph</b>
<b>Cabell</b>	<b>Marion</b>	<b>Ritchie</b>
<b>Calhoun</b>	<b>Marshall</b>	<b>Roane</b>
<b>Clay</b>	<b>Mason</b>	<b>Summers</b>
<b>Doddridge</b>	<b>McDowell</b>	<b>Taylor</b>
<b>Fayette</b>	<b>Mercer</b>	<b>Tucker</b>
<b>Gilmer</b>	<b>Mineral</b>	<b>Tyler</b>
<b>Grant</b>	<b>Mingo</b>	<b>Upshur</b>
<b>Greenbrier</b>	<b>Monongalia</b>	<b>Wayne</b>
<b>Hampshire</b>	<b>Monroe</b>	<b>Webster</b>
<b>Hancock</b>	<b>Morgan</b>	<b>Wetzel</b>
<b>Hardy</b>	<b>Nicholas</b>	<b>Wirt</b>
<b>Harrison</b>	<b>Ohio</b>	<b>Wood</b>
<b>Jackson</b>	<b>Pendleton</b>	<b>Wyoming</b>
	<b>Pleasants</b>	
<b>Out-of-State</b>		

**Table D - Staffing and Utilization**

<b>Personnel by Major Service Category</b>		<b>FTE ( a )</b>	<b>Clinic Visits ( b )</b>	<b>Patients ( c )</b>
1	Family Physicians			
2	General Practitioners			
3	Internist			
4	Gynecologists			
5	Medical Assistants; Health Educators			
6	<b>Total</b>			
7	Nurse Practitioners			
8	Physicians Assistants			
9	<b>Total "Midlevels"</b>			
10	RNs and LPNs			
11	Other Medical Personnel			
12	<b>Total Medical</b>			
13	Dentists			
14	Dental Hygenists			
15	Dental Assistants, Aides, Techs			
16	<b>Total Dental Services</b>			
17	Psychiatrists			
18	Licensed Clinical Psycholgists			
19	Clinical Social Workers			
20	Other Licensed Mental Health Providers			
21	Other Mental Health Staff			
22	<b>Total Mental Health</b>			
23				
24	Other Professional Services (e.g., services provided by occupational and physical therapists, podiatrist)			
25	Pharmacy Personnel			
26	Other Programs/Services (specify)			
27	<b>Total Other Programs/Services</b>			
28	Management and Support Staff			
29	IT Staff			
28	Administration Staff			
29	Facility Staff			
30	Patient Support Staff			
31	<b>Total administrative &amp; Patient Educators Support Staff</b>			
32	<b>Total FTEs   Visits   Patients</b>			

**Table E - Projections**

Please enter the actual and projected data in the appropriate columns

Projection	Actual Data-FY 2015	Projection for FY2017	Difference
Total Patients			
Total Visits			
Total Accrued Costs			
Total Uncompensated Cost			

**Electronic Health Records**

Yes/No

Is your Electronic Health Record system installed and operational?

If "No" explain when it will be completed?

**Table F - Chronic Diseases**

**List the top five frequently diagnosed chronic diseases**

**Table G - Selected Services Provided**

Diagnostic Category	Grantee Provided	Grantee Referral
<b>Selective Diagnostic Tests/Screenig/Preventive Services</b>		
1 Mammogram		
2 Clinical Breast Exam		
3 Pap Test		
4 Colonoscopy		
5 Endoscopy		
6 Select Immunizations: Tetnus, Hepatitis A		
7 Seasonal Flu Vaccine		
8 Glycosylated Hemoglobin Measurement		
9 Urinary Microalbumin Measurement		
10 Dilated Eye Exam (Diabetes)		
11 Foot Exam (Diabetes)		
12 Blood Choloesterol Screening		
13 Diagnostic X-ray		
14 Smoke and Tobacco Use Cessation, Counseling		
15 Screening Brief Intervention and Referral to Treatment (SBIRT)		
<b>Selected Dental Services</b>		
16 Oral Exam		
17 Emergency Services		
18 Oral Surgery (extractions and other surgical procedures)		
19 Restorative Services		
<b>Other Selected Professional Services</b>		
20 Surgery: In-patient and Out-patient		
21 Emergency Room		
22 Other Hospital		
23 Hearing Screening		
24 Podiatry		
25 Physical Therapy		
26 Occupational Therapy		
27 Other (specify)		

**Table H - Financial Costs**

**Personnel**

**Costs**

- Medical
- Mental Health
- Dental
- Other Clinical
- Non Clinical
- Contractual

**Operational Expenses**

- Administration
- Clinical Supplies

- Facility Maintenance
- Office
- Pharmaceuticals

Depreciation

**Total Financial Costs**

**Table H - Financial Costs**

<b>Personnel</b>	<b>Costs</b>	
Medical		
Mental Health		
Dental		
Other Clinical		
Non-Clinical		
Contractual		
	<b>Total h</b>	<b>Costs</b>
<b>Operational Expenses</b>		
Administration		
Clinical Supplies		
Facility Maintenance		
Office		
Pharmaceuticals		
	<b>Total \</b>	<b>-</b>
	<b>Total Financial Costs</b>	
Depreciation		

**Table I - Revenue**

Source	Amount
<b>Federal Grants</b>	
Ryan White Part C HIV Early Intervention	<input type="text"/>
Other Federal Grants (specify) <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
<b>Total Federal Grants</b>	<input type="text"/>
Health Insurance Exchange Payments	<input type="text"/>
Medicaid	<input type="text"/>
<b>Grants or Contracts</b>	
State Government Grants and Contracts (specify) <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
Local Government Grants and Contracts (specify) <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
Foundation/Private Grants (specify) <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
Patient Donations <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
Other Donations <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
<b>Total Grants/Contracts/Donations</b>	<input type="text"/>
Other Revenue (non-patient related revenue not reported elsewhere) <input style="width: 300px; height: 30px;" type="text"/>	<input type="text"/>
<b>Total Revenue</b>	<input type="text"/>

# Narratives

**General Narrative**

Use this space to report any change(s) in patient care services. Briefly explain those in the planning process. Any changes to the clinic operations may be included here.



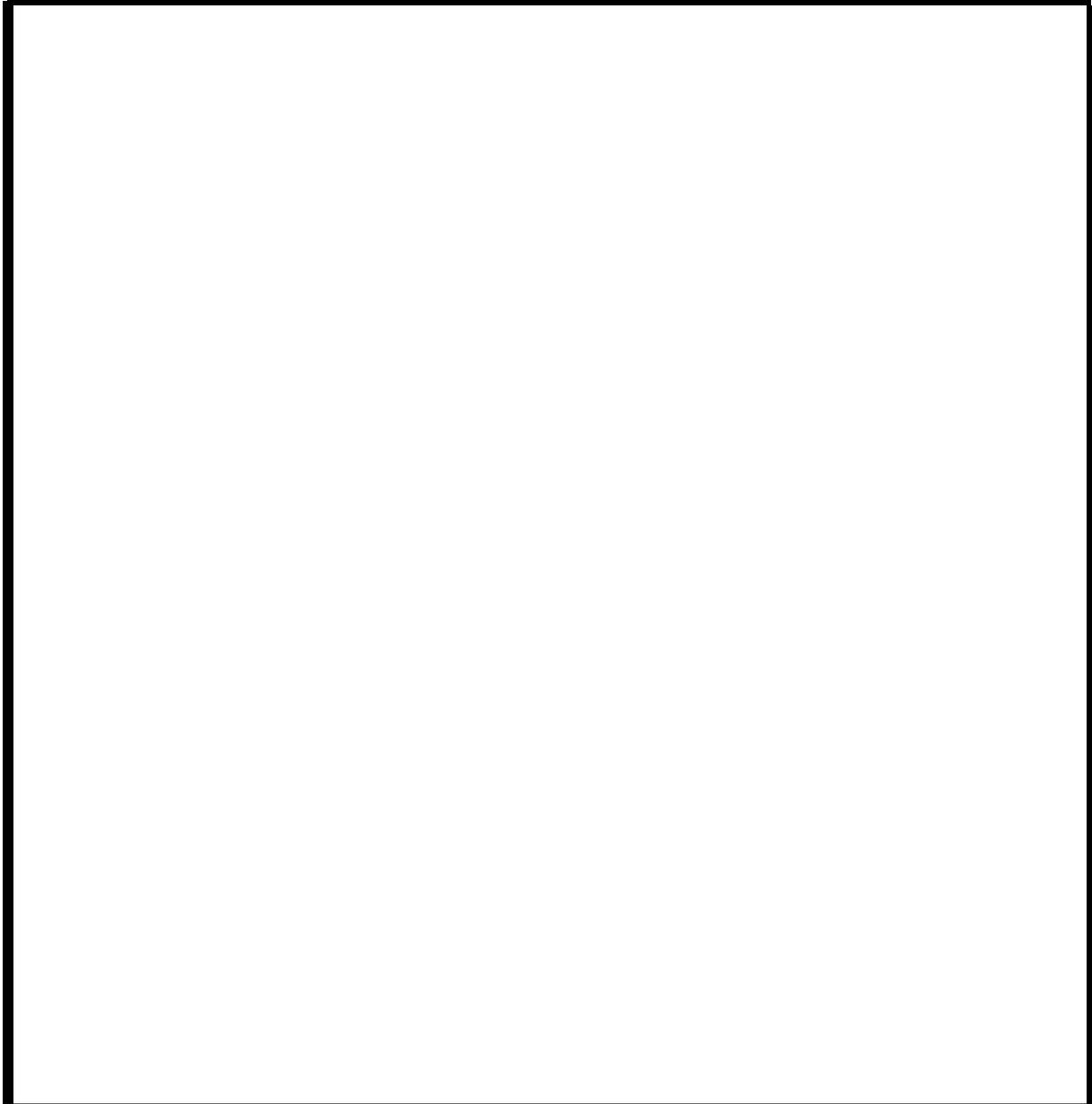
**Data Entry Narrative**

Use this space to tell us about the overall experience about completing this application.

A large, empty rectangular box with a black border, intended for the user to enter their narrative about the application process.

**Financial Change Narrative**

The ACA-Medicaid Service payment or the provision of the Health Insurance Exchange has had what effect on your clinic operation? What effect has the ACA-Medicaid Services had on client services and clinic operation?



**Application Signatures**

Free Clinic Application for Uncompensated Care and Equipment and Capital Cost Funding  
Fiscal Year 2017  
July 1, 2014 - June 30, 2015

(Please sign in blue ink)

\_\_\_\_\_  
CEO Name

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President Name

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Date