



COMMUNITY HEALTH CENTERS

MicroMD CHC

KEY Features

Accuracy and Efficiency for Community Health

- Meet reporting requirements with accuracy and consistency
- Streamline your staff workflow
- Enhance the speed and responsiveness of your service delivery
- Leverage the comprehensive set of MicroMD practice management features

Sliding Fee Calculation

- Create and manage sliding fee schedules, base poverty levels and default write-off codes
- Link minimum payment requirements to insurance plans
- Calculate patients' write-off amounts instantly

Documentation and Reporting

- Assign UDS reporting details in patient records
- Generate accurate, fully formatted UDS reports quarterly or yearly
- Track comprehensive patient statistics such as age, gender, ethnicity and socioeconomic status
- Produce staffing and utilization profiles
- Comply with the reporting requirements of other funding sources

Integrated Dental Practice Management

- Manage both dental and medical billing at once
- Track patients' deductibles
- Generate pre-estimates and pre-estimate reports
- Create recall reminders

Reporting Accuracy and Administrative Simplicity

Federally Qualified Health Centers and other community health providers face distinct reporting, operational and service challenges. MicroMD® for Community Health Centers offers features designed specifically to ensure reporting accuracy, streamline workflow and enhance services.

With advanced scheduling, billing, patient information, claims management, mobile computing and many other features, the award-winning MicroMD practice management system establishes a strong foundation of functionality. But because proper reporting and flexible service are vital to maintain funding for community health organizations, MicroMD PM includes special tools to capture and track patient details.

Streamlined Sliding Fee Calculation

Based on yearly federal information, MicroMD CHC simplifies the process of managing sliding fee schedules, calculating poverty levels and defining default write-off codes. The system creates multiple fee levels and minimum payment requirements that can be linked to different insurance plans, whether medical or dental. MicroMD CHC will then calculate qualified patients' write-off amounts automatically.

| ID | Effective Date | Effective Date End | Minimum | Base Poverty Level | Base Add'l Member |
|----|----------------|--------------------|---------|--------------------|-------------------|
| 1 | 1/1/2005 | 12/31/2008 | \$0.00 | \$9,570.00 | \$3,260.00 |
| 2 | 1/1/2004 | 12/31/2004 | \$0.00 | \$9,270.00 | \$3,150.00 |

Effective Date: 1/1/2005 Effective Date End: 12/31/2008

Default Minimum Amount: 0.00 Plan Set: (All)

Base Annual Poverty Level: 9,570.00

Base Annual Additional Member: 3,260.00

Default Level Writeoff Code: 78

Sliding Fee Scale: Yearly

Accurate Documentation and Reporting

Clinic staff use MicroMD CHC to save time and minimize errors while compiling and cross-referencing the patient information needed to meet federal and other reporting requirements. Within each patient record, your staff can assign the UDS (Uniform Data System) reporting profile details the system uses to generate accurate, fully formatted UDS reports quarterly or yearly. MicroMD tracks comprehensive patient statistics such as age, gender, racial or ethnic category, and socioeconomic status while preventing omission and duplication in your reports. For ease of use, MicroMD CHC incorporates standard tables and charts with which your office staff is already familiar. As a complement to its UDS features, MicroMD CHC can generate staffing and utilization profiles, as well as produce a variety of reports for compliance with the requirements of alternative funding sources.

The screenshot displays two windows from the MicroMD CHC software. The left window, titled 'UDS Tables 3A and 3B - Age/Gender/Race', shows a report for the period January 1, 2006, through December 31, 2006. It contains 'TABLE 3A - USERS BY AGE AND GENDER' with the following data:

| AGE GROUPS | MALE USERS (a) | FEMALE USERS (b) |
|---------------|----------------|------------------|
| 1 Under age 1 | 1 | 0 |
| 2 Age 1 | 0 | 0 |
| 3 Age 2 | 0 | 0 |
| 4 Age 3 | 0 | 0 |
| 5 Age 4 | 0 | 0 |
| 6 Age 5 | 0 | 0 |
| 7 Age 6 | 0 | 0 |
| 8 Age 7 | 10 | 2 |
| 9 Age 8 | 4 | 4 |
| 10 Age 9 | 6 | 6 |

The right window, titled 'UDS Table 4 - Socioeconomic Characteristics', also shows a report for the same period. It contains 'TABLE 4 - SOCIOECONOMIC CHARACTERISTICS' with two tables. The first table shows income levels:

| INCOME AS A PERCENT OF POVERTY LEVEL | NUMBER OF USERS (a) |
|--------------------------------------|---------------------|
| 100% and below | 0 |
| 101 - 150% | 0 |
| 151 - 200% | 0 |
| Over 200% | 0 |
| Unknown | 840 |
| TOTAL | 840 |

The second table shows insurance sources:

| PRINCIPAL THIRD PARTY INSURANCE SOURCE | 0-19 (a) | 20 And Older (b) |
|--|------------|------------------|
| None/Uninsured | 203 | 637 |
| Regular Medicaid (Title XIX) | 0 | 0 |
| CHIP Medicaid | 0 | 0 |
| Total Medicaid | 0 | 0 |
| Medicare | 0 | 0 |
| Other Public Insurance Non-CHIP | 0 | 0 |
| Other Public Insurance CHIP | 0 | 0 |
| Total Public Insurance | 0 | 0 |
| Private Insurance | 0 | 0 |
| TOTAL | 203 | 637 |

CHC Wraparound Billing

MicroMD PM provides CHC practices the ability to create Medicaid wraparound claims using the T1015 HCPCS encounter code and modifiers. The system can automatically process your posting activity and translate it into the appropriate layout on the claim form—printing fees and codes accordingly.

Integrated Dental Practice Management

Of particular benefit to many rural health centers, MicroMD PM lets clinics manage both dental and medical billing concurrently. The system captures ADA codes and dental staffing/utilization data for UDS reports. MicroMD supports ADA dental insurance form submission and provides deductible tracking by family, family maximum, individual and individual maximum. Among the dental module's other advantages, staff can easily generate pre-estimates, pre-estimate reports, missing teeth charts and recall reminders.

The screenshot shows the 'Patient Detail' window for '1001.0 SMITH, ANTHONY'. It features two dental charts: 'Permanent' and 'Primary'. The 'Permanent' chart shows teeth numbered 1 through 32, with some teeth shaded black to indicate missing status. The 'Primary' chart shows teeth numbered A through U. A legend for 'Missing Permanent' teeth includes options: 'All teeth', 'All upper teeth', 'All lower teeth', and 'None of the above'. The 'None of the above' option is selected.