



LINCOLN COMMUNITY HEALTH CENTER, INC.

1301 Fayetteville Street • P.O. Box 52119

Durham, North Carolina 27717 – 2119

SUBJECT: FORMS PROCEDURE

APPROVAL DATE: 3/2008

REVISION DATE(S): 2/2011; 12/2016; 6/2019; 4/2022

REVIEWED DATE(S):

APPENDIX: Graphic Depiction of Forms Process.

PURPOSE: To ensure forms include required assessments and are completed accurately and timely.

PROCEDURE:

**LCHC does not accept or complete forms for Commercial Driver's License (CDL) physicals. LCHC does not accept disability questionnaires from attorneys. Patients may request letters supporting disability claims from the providers, which may be provided at the providers' discretion. If the patient does not qualify for the item/service in question, the provider will inform the patient of this and will not complete the form.

- A. Form completion timeframe is: 7-10 business days from date received in HIMS or at clinical appointment for the form.
- B. Health Information Management Services Department (HIMS) will receive forms to be processed according to guidelines (whether or not an appointment is required and HIMS Department procedure).
- C. Forms will not be held. All forms will be processed to provider for completion or returned to patient or company/agency, advising the reason for non-completion, such as patient needs an appointment, declined service/equipment by provider, etc.
- D. All forms completed by a provider should be directed to HIMS for documentation and, if necessary, handling and final processing to patient and/or company/agency.
 - 1. It is expected that in most cases in which services are approved, if possible, the provider will complete the form at the visit. The provider/clinical staff should:
 - Photocopy the completed form, indicate it has been provided to the patient and/or submitted to the agency/company as part of the visit on the copy.
 - Route the copy to the HIMS Department for placement in the patient's record.
 - 2. If the form requires a co-signature of the supervising provider for an Advanced Practice Professional (APP) and the supervising provider is not available during the visit, the form will be held for the supervising provider's attention and submitted to HIMS upon completion to process to the patient and/or company/agency.
 - 3. If the form is processed to the provider without patient visit required, the provider will complete the form or indicate declination with reason and return the form to HIMS Department (See Forms Procedure Flowsheet attached).



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E. HIMS staff will:

1. To determine if an appointment is required, check patient's appointment desk/EHR for recent visit with provider (last 3-6 months) information pertaining to the form. If there is a recent visit, HIMS staff will use discretion in accepting the form.
2. Enter in the log the day received and processed to provider.
3. When an appointment is required, instruct the patient to make an appointment and to bring the form to the appointment. **Note:** If the patient presents to the appointment without the form in hand, they must reschedule and bring the form to the new appointment.
 - Script to be used to inform patient or company/agency:

“LCHC, and in some cases the law, requires that you be assessed by the provider in person before the provider can complete this form. Please make an appointment specifically for the completion of this form. The patient must bring the form with them to the appointment. The visit will be to address this issue and get the form completed. The provider may be unable to address any other issues during this visit.”

4. Inform the patient/agency that:
 - An appointment is required and the need for the patient to bring the form to the appointment, **OR**
 - The form is being directed to provider who may complete or return with indication that the patient needs an appointment with provider in order for the form to be completed.
5. Once provider has completed form, notify patient/agency.

F. **Appointment is required for the following:**

- FL2 (if not previously completed for the patient by the same provider within the past 90 days).
- Family Medical Leave Act (FMLA)
- Personal Care Services (PCS) initial requests
- Work or School physical (except for pediatric patients seen for a physical in past 12 months)
- Pre-operative forms
- Scooters, wheelchairs: both motorized and non-motorized (needs OT referral/evaluation or appointment). Message provider to enter OT referral.
- Disability/Disability letter/Disability Insurance forms (needs OT referral for mobility/function evaluation or appointment). Message provider to enter OT referral.
- Department of Motor Vehicles (DMV) Physical/Medical Evaluation to maintain license
- Air Conditioners/rent/credit card deferment/alimony, child support/probation deferment
- Housing: Request for first floor apartment or one with space for 24-hr attendant
- Durable medical supplies (DME) –unless accompanied by a current prescription from the provider



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Examples of DME: diabetic shoes, heating pads, walkers, wheelchair/scooters, home supplies: hospital bed, toilet seat, lift chair, etc.

- Property Tax Letter

G. Appointment not usually necessary for the following:

- Home health orders/Care Plans/Assessments/Certification of Medical Necessity
- Incontinence or ostomy care supplies
- Physician orders, i.e. hospice care, PT/OT
- Intellectual/Developmental Disability services
- Albuterol nebulizer renewal forms (nurse managers will facilitate these when possible)
- CPAP oxygen supply machine
- Personal Care Services (PCS) renewals
- Forms that are incomplete or require clarification, as long as form is not older than one (1) month and clearly indicates what is lacking/needed.

H. Appointment may be required for the following:

- Hospital bed (if required documentation is in the EHR. If not, will need a visit).
- Supplemental Nutritional Assistance Program (SNAP) (could schedule with social work rather than provider).
- DATA transportation/ACCESS van
- Excuse for Jury duty, work, power company, school
- Oxygen or respiratory supplies (appointment may not be needed if oxygen saturation is documented within 3–6-month timeframe but may need at least yearly documentation of oxygen saturation).

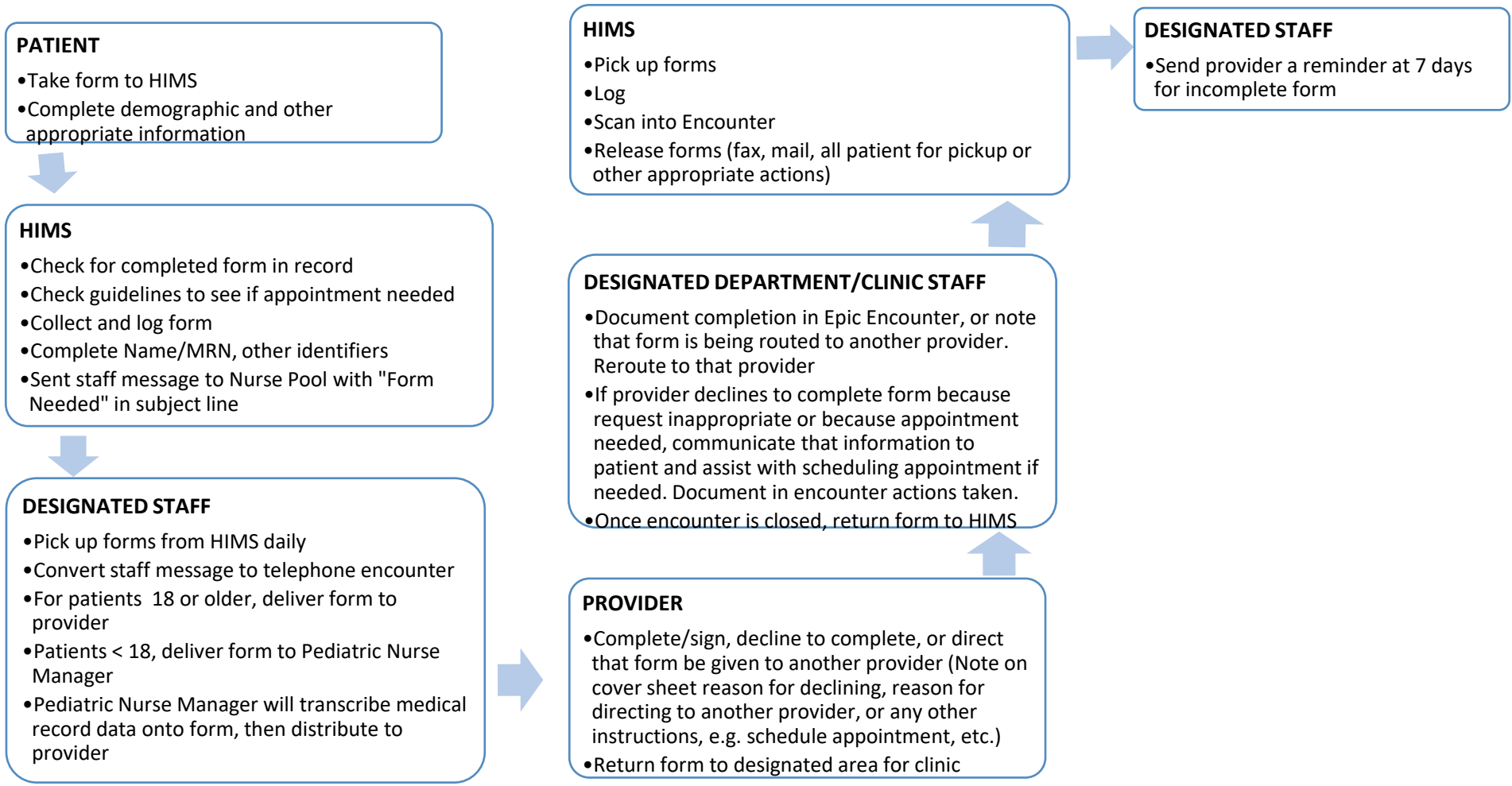
PREPARED BY: *Lisa Lovelace* DATE: 6-1-22
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APPROVED BY: *Kristin Ito* DATE: 4/8/2022
 Kristin Ito, MD, MPH, Chief Medical Officer

APPROVED BY: _____ DATE: 06/06/2022
 Juliana Hodges, DNP, RN, CPNP-PC, Quality Improvement & Risk Management Director



Processing Time: 7 – 10 Business Days





LCHC DOES NOT COMPLETE

- Commercial Driver's License (CDL) physicals
- Disability questionnaires from attorneys



MAY REQUIRE APPOINTMENT

- Disability supporting documents provided at providers' discretion
- Durable Medical Supplies (DME): diabetic shoes, heating pads, walker, hospital bed, toilet seat, lift chair
- Oxygen renewal may require annual documentation of O2 saturation
- Food stamps



USUALLY REQUIRES APPOINTMENT

- FL2 (If not previously completed by the same provider within 90 days)
- Family Medical Leave Act (FMLA)
- Personal Care Services (PCS) initial application
- Physicals: Work and School (Exception for pediatric patients seen within past 12 months)
- Pre-operative forms
- Motorized and non-motorized wheelchair and scooter
- Disability (letter) and Insurance forms
- Air Conditioners, rent, credit card deferment, alimony, child support, and probation deferment.
- Housing: 1st floor apartment
- DMV physical to maintain license



APPOINTMENT NOT USUALLY NECESSARY

- Home health orders/care plans, assessments, certification of medical necessity (if provider is comfortable)
- Incontinence or ostomy care supplies
- Physician orders, i.e. hospice care
- Intellectual/developmental disability services, if documented in EHR
- Albuterol nebulizer renewal forms
- CPAP oxygen supply machine
- Personal Care Services (PCS) renewals
- Incomplete forms that require clarification, as long as form not older than one month and clearly states lack/need.