

TIER 1 – PROJECT IMPACT FORM

If Application is for more than one site location then applicant must complete a separate Tier 1 – Project Impact Form for each site location.

Project Type: Primary Care Dental Both

IN ORDER TO BE ELIGIBLE FOR TIER 1 FUNDING APPLICANT MUST CHECK ONE OF THE FOLLOWING, BY COMPLETING THE APPROPRIATE SECTIONS:

A. This application is to provide Primary Care Services at a New Practice Site located in an area with a current federal designation.

Yes No

If applicant answered “yes” then fill out Section I and Section II

B. This application is for an Expansion of Primary Care Services at an Existing Practice Site located in an area with a current federal designation. Yes No

If applicant answered “yes” then fill out Section I and Section II

C. This application is for an Expansion of Primary Care Services at an Existing Practice Site NOT located in an area with a current federal designation *and* 30% of patients served from July 1, 2010 to June 30, 2011 were identified as low-income. Yes No

If applicant answered “yes” then fill out Section II and Section III

D. This application is for an Expansion of Primary Care Services at an Existing Practice Site NOT located in an area with a current federal designation *and* 30% of patients served from July 1, 2010 to June 30, 2011 were residents of an area with a current federal designation.

Yes No

If applicant answered “yes” then fill out Section II and Section I V

SECTION I:

If applicant answered “yes” to A or B then fill out this section.

Primary Care Project: PC HPSA Name & # _____

OR

Dental Care Project: Dental HPSA Name & # _____

OR

MUA/P Name & # _____

To determine if proposed clinic site address is in a designated area use the following websites: DOH website at www.health.state.pa.us/pco or Health Resources Service Administration (HRSA) website at <http://datawarehouse.hrsa.gov/geoadvisor/> .

SECTION II:

If applicant answered “yes” to A, B, C, or D then fill out both Tables 1 and 2.

- ❖ **TABLE 1 – PATIENT NUMBERS:** Provide current number of unduplicated patients and projections of the total number of unduplicated patients during each year of the project period by coverage type in the following format.

Coverage Type	Current # Patients (07/01/10-6/30/11)	Proposed # Patients (07/01/12-06/30/13)	Proposed # Patients (07/01/13-06/30/14)
Number of patients served with Medicare			
Number of patients served with Medical Assistance (MA)			
Number of patients served with Children’s Health Insurance Program (CHIP)			
Number of patients served not charged due to inability to pay			
Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of patients with full pay/commercial insurance			
TOTAL Number of Patients			

- ❖ **TABLE 2 – PATIENT VISITS:** Provide current number of patient visits and projections of the total number of patient visits during each year of the project period by coverage type in the following format.

Coverage Type	Current # Patient Visits (07/01/10-6/30/11)	Proposed # Patient Visits (07/01/12-06/30/13)	Proposed # Patient Visits (07/01/13-06/30/14)
Number of visits for patients with Medicare			
Number of visits for patients with Medical Assistance (MA)			
Number of visits for patients served with Children’s Health Insurance Program (CHIP)			
Number of visits for patients not charged due to inability to pay			
Number of visits for patients that could not pay full amount but paid something (discounted/sliding fee scale)			
Number of visits for patients with full pay/commercial insurance			
TOTAL Number of Patient Visits			

SECTION III:

If applicant answered “yes” to C then fill out this section.

PATIENT PROFILE STUDY: The proposed site location is a safety net health care provider to the community and the surrounding area by providing primary care services to the underserved populations as evidenced by the table below:

Coverage Type	# Patients Served (07/01/10-6/30/11)	% Patients Served (07/01/10-6/30/11)
1. Number of patients served with Medicare		
2. Number of patients served with Medical Assistance (MA) *		
3. Number of patients served with Children’s Health Insurance Program (CHIP)		
4. Number of patients served not charged due to inability to pay *		
5. Number of patients served that could not pay full amount but paid something (discounted/sliding fee scale) *		
6. Number of patients with full pay/commercial insurance		
TOTAL Number of Patients		

**The total sum of Rows 2, 4, and 5 must be at least 30% of total patients served.*

SECTION IV:

If applicant answered “yes” to D then fill out this section.

PATIENT OF ORIGIN STUDY: In determining if the proposed site (from July 1, 2010 to June 30, 2011) has served a minimum of 30% of patients that reside in a current HPSA or MUA/P then the applicant must complete a patient of origin study. The patient of origin study must be conducted by following the procedures in completing the table below:

- To determine if patient address is in a designated area use the following websites: DOH website at www.health.state.pa.us/pco or Health Resources Service Administration (HRSA) website at <http://datawarehouse.hrsa.gov/geoadvisor/>. (mental health HPSA does not apply)
- To determine which township, borough or census tract the patient resides in for the study, use the following websites: American FactFinder (US Census Bureau) at www.factfinder.census.gov. (On the far left of the screen in the box that says “Address Search” click onto the words “street address”. On the next screen enter the street address, city, state, and zip code. This will provide the township, borough and census tract (CT).) An additional website for this purpose is www.ffiec.gov/geocode. **You will not be able to access the information using a post office box.**
- In the table below in Column A identify all census tracts or minor civil divisions where all of the patients reside.

