COMPASS COMMUNITY PARTNERS

• GETTING STARTED
• SIGN UP FOR THE COUNTY JAIL TO BE A COMPASS COMMUNITY PARTNER
• WILL NEED TO ESTABLISH A
  – Log in ID
  – Password
BENEFITS OF ACT 22
SUBSTANTIAL SAVINGS FOR COUNTY JAILS

• INPATIENT HOSPITAL CHARGES WILL BE REIMBURSED WITH MEDICAID FEES (a Medicare DRG will be assigned)

• OUTPATIENT CHARGES WILL BE REIMBURSED USING MEDICARE FEES
WHAT YOU NEED TO KNOW

• COMPASS APPLICATION IS TO BE FILED WHEN
  – INMATE RETURNS TO THE PRISON/JAIL FROM AN INPATIENT HOSPITALIZATION

• OUTPATIENT CHARGES
  a. REPRICED USING MEDICARE FEES
  a. AMBULANCE FEES TRANSPORTING THE INMATE FROM JAIL TO HOSPITAL REGARDLESS IF INMATE HAS AN “ER” VISIT OR IS ADMITTED
INMATE NAME
DATE OF BIRTH
SOCIAL SECURITY NUMBER
MARITAL STATUS OF INMATE
DATES OF INPATIENT STAY
COUNTY PRISON INPATIENT ELIGIBILITY FORM

Pennsylvania Department of Public Welfare

APPLICANT'S INFORMATION
NAME
BIRTH DATE
INMATE NUMBER
SOCIAL SECURITY NUMBER
COUNTY PRISON ADDRESS
CONTACT PHONE NUMBER

TO BE COMPLETED BY MEDICAL PROVIDER (must be a licensed physician, physician's assistant, certified nurse practitioner, or psychologist):

I. DIAGNOSIS OF MEDICAL CONDITION:

SSA DISABILITY CRITERIA CATEGORIES: Check all that apply: (See Reverse Side)
Musculoskeletal
Visual/Speech
Respiratory
Cardiovascular
Dietary
Renal Disorders
Hematological
Skin Disorders
Endocrine
Multiple Systems
Neurological
Malignancy
Immune System
Mental Disorders
None of the Above

Pregnant? □ Yes □ No. If Yes, please provide estimated due date

Appropriate clinical information must be on file at the county prison, such as History and Physical (H&P), discharge summary, progress notes, x-rays, labs to verify the condition is/was an emergency.

II. MEDICAL TREATMENT: Please list the emergency medical treatment needed for each diagnosis.

III. TREATMENT DATES:

BEGIN DATE
END DATE

IV. HOSPITAL INFORMATION:
HOSPITAL NAME
HOSPITAL NA PROVIDER NUMBER
HOSPITAL PHONE NUMBER
HOSPITAL ADDRESS

As County Prison Medical staff, I certify that all of the information provided on this form is true and correct to the best of my professional knowledge. I understand and agree that the diagnosis and supporting documentation may be subjected to review by the Department of Public Welfare.

County Prison Health Care Official Signature

County Prison Health Care Official (Please Print) DATE
E-MAIL ADDRESS
TELEPHONE NUMBER

(For more information see reverse side)

MA Form County Prison Craft $140511

COMPLETED BY YOUR "SICKLINE" PHYSICIAN
SSA Disability Criteria: Category Impairments

Musculoskeletal: Major dysfunction of any joint; Reconstructive surgery/surgical arthrodesis of a major weight bearing joint; Disorders of the spine resulting in nerve root compression, arachnoiditis, or stenosis; Amputation of hands, extremities, or hemipelvectomy/hip disarticulation; Fracture of femur, iliac, pelvis or tarsal bones with nonunion and inability to ambulate; Fracture of upper extremity with nonunion; Soft tissue injury with impairment of major function > 12 months

Visual/Speech: BLIND = Loss of visual acuity with residual acuity in better eye <20/200; Contraction of visual field in better eye; Loss of visual efficiency with better eye 20% or less after best correction; Disturbance of labyrinthine-vestibular function; Loss of speech; DEAF = Hearing loss threshold >90DB Air or 80DB Bone +/- cochlear implant

Respiratory: Chronic pulmonary insufficiency; Asthma, poorly controlled; Cystic fibrosis; Pneumocociosis; Bronchiectasis; Sleep-related breathing disorders; Lung transplant

Cardiovascular: Chronic heart failure; Ischemic heart disease; Recurrent arrhythmias; Symptomatic congenital heart disease; Heart transplant; Aneurysm of aorta or major branches; Chronic venous insufficiency; Peripheral arterial disease

Digestive: Gastrointestinal hemorrhage requiring blood transfusion; Chronic liver disease; Inflammatory bowel disease; Short bowel syndrome; Weight loss due to any digestive disorder; Liver transplantation

Renal: Impaired renal function-hemodialysis; transplantation; elevated creatinine; Nephrotic syndrome

Hematologic: Chronic anemia; Sickle cell disease or variant; Chronic thrombocytopenia; Hereditary telangiectasia; Coagulation defects; Polycythemia vera; Myelofibrosis; Chronic granulocytopenia; Aplastic anemia with bone marrow or stem cell transplantation

Skin Disorders: Ichthyosis; Bullous disease; Chronic infections of skin or mucous membranes; Dermatitis; Hereditary suppurative; Genetic photosensitivity disorder; Burns

Endocrine: Disorders of pituitary; thyroïd, parathyroid; adrenal; pancreatic glands; Complications of diabetes mellitus

Multiple Systems: Non-mosaic Down Syndrome

Neurological: Epilepsy-convulsive & non-convulsive; Central nervous system vascular accident; Benign brain tumors; Parkinson's syndrome; Cerebral palsy; Spinal cord or nerve root lesion; Multiple sclerosis; Amyotrophic lateral sclerosis; Anterior poliomyelitis; Myasthenia gravis; Muscular dystrophy; Peripheral neuropathies; Subacute combined cord degeneration (Pernicious Anemia); Degenerative diseases (Huntington's Chorea, Friedrich's Ataxia); Cerebral trauma; Syringomyelia

Malignancy: Tumor of skin; soft tissue; bone; or other body organ/gland; Lymphoma; Leukemia; Multiple myeloma; Tumor of unknown origin; Tumor treated by bone marrow/stem cell transplantation

Immune System: Systemic lupus erythematosi; Systemic vasculitis; Systemic sclerosis (Scleroderma); Polymyositis and dermatomyositis; Undifferentiated & mixed connective tissue disease; Immune deficiency disorder; Human immunodeficiency disorder with infectious or non-infectious complication; Inflammatory arthritis; Sjogren's syndrome

Mental Disorders: Organic mental disorders; Schizophrenia & other psychotic disorders; Affective disorders; Mental retardation; Anxiety-related disorders; Somatoform disorders; Personality disorders; Substance addiction disorders; Autistic disorder & other pervasive developmental disorder

For Full text: http://www.ssa.gov/disabilityprofesional/bluebook/AdultListings.htm

Central Unit Contact Information
(Preferred Method) Electronic Fax Number: 1-866-322-2678
E-mail: ra-sclma@pa.gov
VISIT CCAP’S WEBSITE FOR A TUTORIAL ON ACT 22
CONTACT INFORMATION

CCAP

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