

## **APPENDIX**

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<b><u>TAB #</u></b>	<b><u>FORM/POLICY/GUIDELINE</u></b>
<b>1</b>	SHP Phone & Contact Summary
<b>2</b>	Benefits Summary
<b>3</b>	Medicaid Services Chart
<b>4</b>	Child Health Plus Formulary
<b>5</b>	NPI Applications
<b>6</b>	Referral Voucher Form
<b>7</b>	IVR Instruction Update
<b>8</b>	Practice Information Change Form
<b>9</b>	Medical Records Review Tool – Users Guidelines
<b>10</b>	Transportation reimbursement log
<b>11</b>	CAGE Test
<b>12</b>	TWEAK Test
<b>13</b>	Mini Mental State
<b>14</b>	PHQ-9
<b>15</b>	Child Teen Health Program
<b>16</b>	AMA GAP
<b>17</b>	Preventive Care Guidelines for Adults
<b>18</b>	PCAP Prenatal Care Requirements
<b>19</b>	Appointment Standards
<b>20</b>	24 Hour Access Contact System Requirements
<b>21</b>	AIDS Institute Order Form
<b>22</b>	Prenatal Care Notification Form
<b>23</b>	Diseases and Conditions That Must Be Reported to the NYCDOH
<b>24</b>	Incident Report Form
<b>25</b>	Asthma Action Plan
<b>26</b>	Asthma Care Guideline
<b>27</b>	Adult Diabetes Care Guidelines
<b>28</b>	Smoking Cessation Guideline
<b>29</b>	Ambulatory Surgery Procedures Requiring Precertification
<b>30</b>	QARR Guidelines
<b>31</b>	NHP SHP Benefit Authorization and Referral Guide FINAL 09_24_2009.xls
<b>32</b>	Preventing Colorectal Cancer

<b>33</b>	Childhood Lead Poisoning Prevention and Management
<b>34</b>	School Admission Immunization Requirements
<b>35</b>	Hypertension Guideline
<b>36</b>	Treating Nicotine Addiction Guideline
<b>37</b>	Rapid HIV Test
<b>38</b>	Influenza Control
<b>39</b>	SHP CM Referral Form.doc
<b>40</b>	SHP Compliance Program