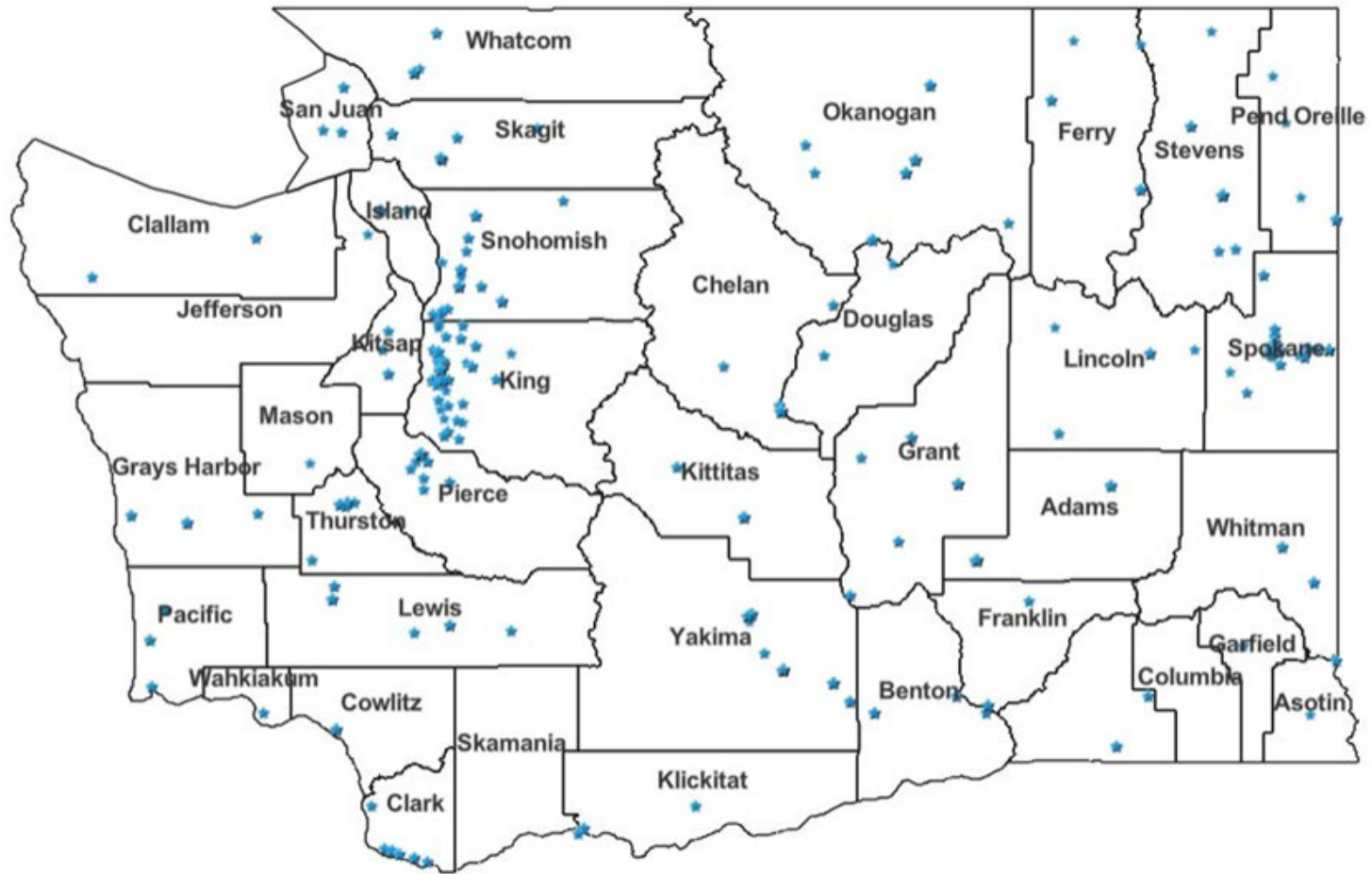




PARTNER SPOTLIGHT

Breast, Cervical, and Colon Health Program

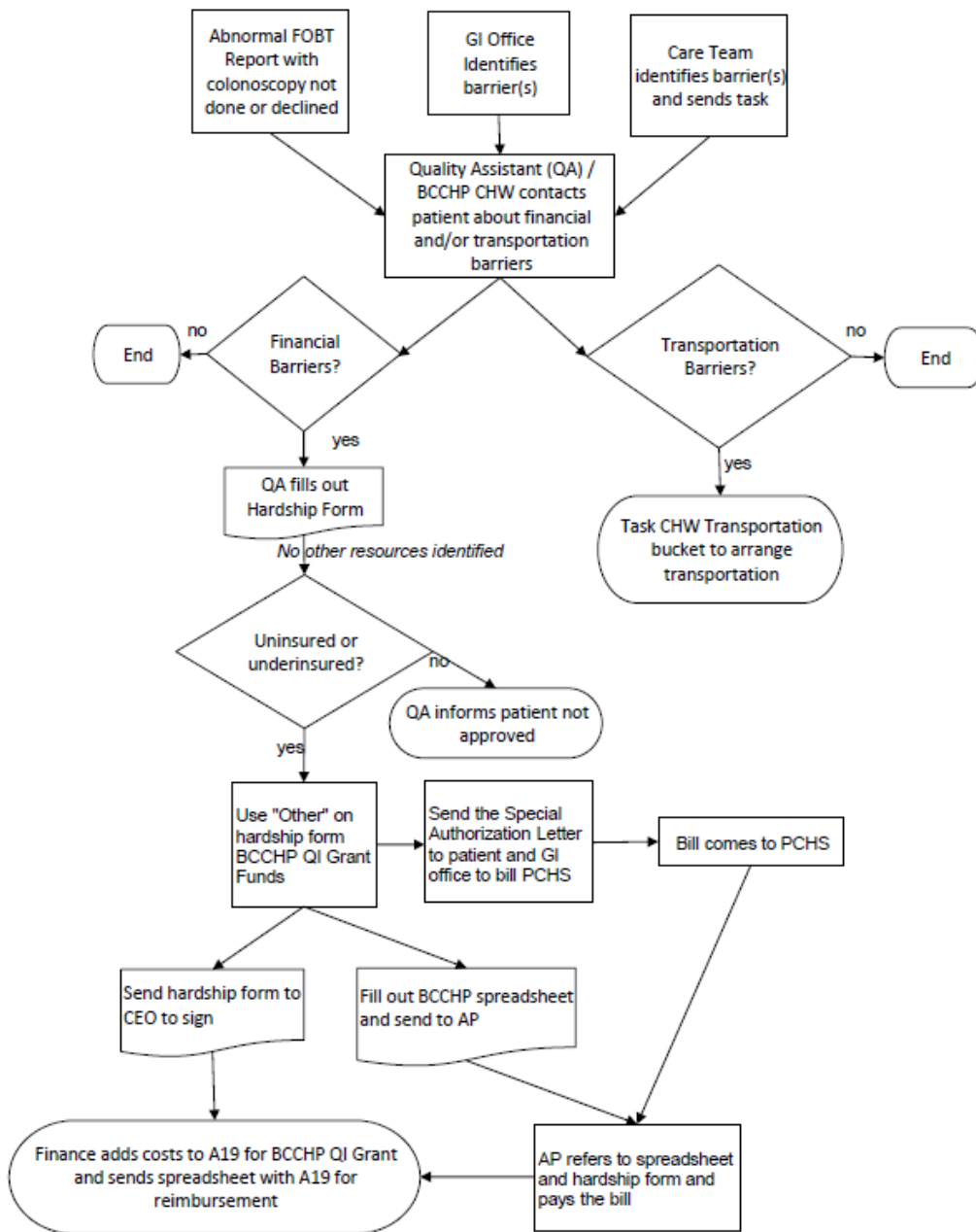


Our program works with more than 500 clinics, imaging centers, laboratories, and health care providers throughout the state to deliver services. In this map, stars represent the communities in which our Breast, Cervical, and Colon Health Program clinical services are currently available.



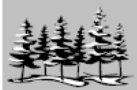
Peninsula Community Health Services

[Peninsula Community Health Services](#) (PCHS), located in Kitsap County, is one of our partners. They serve all patients regardless of their insurance status or ability to pay.



PCHS successfully addresses financial barriers for patients. This workflow shows their process for supporting patients who need a follow-up colonoscopy.

Patients who cannot pay for medications, tests, or other expenses work with community health workers to find pathways to address barriers.



Peninsula Community Health Services

Patient Balance Adjustment/Write Off Form

Name of Patient: _____

Patient DOB: _____ Patient MRN: _____

Date of Request: _____ Amount: \$ _____

Purpose of Funds: _____

Section One – Answer in Full

Request Assessment Questionnaire

- Yes No N/A Has the patient met with or have an appointment with a Navigator?
- Yes No N/A Does the patient qualify for WA Apple Health/Medicaid or Medicare?
- Yes No N/A Does the patient have a current sliding scale on file?
- Yes No N/A Does the patient qualify for the Breast, Cervical, & Colon Health Program?
- Yes No N/A Does the patient qualify for the Family Planning Program?

Fund Type Requested

- The Tegenfeldt Patient Care Fund (PAF)
 - Patient must have a current slide (A-E) on file
- The Immigrant Health Fund (IHF)
- The Willow Fund
- Tough Enough to Wear Pink
- Listed fund types are not applicable
 - Complete Section Two, route to CEO for review

Funds Requested for the Following Services

- Imaging
- Lab Work
- Medications
- Confidential Services
- Reproductive Health
- Other

Provider/Coordinator Signature _____ Date: _____

Provider/Coordinator Name (Print) _____

Please route completed and signed form to Finance/Controller, or complete Section Two.

Section Two – Hardship & Special Circumstance Requests

Complete Sections One and Two, and then route all Hardship & Special Circumstance Requests to the CEO for approval. Attach all supporting documentation and briefly explain the nature of the hardship or circumstance.

Explanation: _____

This request is: Approved Denied Use COVID-19 Funds Use Family Planning Grant

By: _____ Date: _____

Jennifer Kreidler-Moss, CEO

Rev. 03/18/2021

Here’s an example of a financial hardship form that the community health worker fills out with the patient.

This workflow also helps the health system track funds utilized for patients and identify needs for future funding opportunities.



PCHS also has excellent provider engagement and a positive work culture. While many health systems and clinics in Washington have experienced worker shortages, PCHS has kept most of their staff, increased their cancer screening rates, and maintained a positive work environment for staff and providers.

Peninsula Community Health Services



PCHS has frequent staff appreciation and engagement activities, including morale-boosting “spirit days” like the one pictured.

They have also supported staff by providing cash stipends since the pandemic started. The funds are intended to offset increased costs of scrubs, which staff now go through faster as they use more bleach and cleaning solutions.

Get in touch

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