Monthly documentation of Medical Liaison Service Hours

Local Agency_____

Signature of Medical Liaison _____ Site _____

Month/Year:_____ Number of Primary Care Physicians Using HIO report

ML Name Number of ML Service Hours and Number of Outreach Contacts

Week 1			Week 2			Week 3		
HIN	Portal	Outreach	HIN	Portal	Outreach	HIN	Portal	Outreach

Totals

HIN = Hours spent tracking and documenting WVHIN information and data

Portal = Hours spent tracking and documenting portal information and data

Outreach = Outreach hours reported under the Innovation Grant should reflect time speaking (or preparing for prese systems (who are currently participating in the HIN) to introduce the Innovation Grant and discuss partnering in orde time, ect.

Attacment #5, Policy 5.16

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:ing:_____

Week 4			Week 5		
HIN	Portal	Outreach	HIN	Portal	Outreach

ntation) with physicians, health care providers, or health care
r to streamline certification process, reduce appointment