

## Table: Patients by ZIP Code

Reporting Period: January 1, 2019, through December 31, 2019

| ZIP Code(a) | None/ Uninsured(b) | Medicaid/ CHIP/Other Public(c) | Medicare(d) | Private(e) | Total Patients (f) |
| --- | --- | --- | --- | --- | --- |
| [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] |
| [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] |
| Other ZIP Codes | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] |
| Unknown Residence | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] |
| **Total**  | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] | [Blank for demonstration] |

Note: This is a representation of the form. The actual online input process looks significantly different and the printed output from the EHBs may be modified.

## Table 3A: Patients by Age and by Sex Assigned at Birth

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Age Groups | Male Patients(a) | Female Patients(b) |
| --- | --- | --- | --- |
| 1 | Under age 1 | <blank for demonstration> | <blank for demonstration> |
| 2 | Age 1 | <blank for demonstration> | <blank for demonstration> |
| 3 | Age 2 | <blank for demonstration> | <blank for demonstration> |
| 4 | Age 3 | <blank for demonstration> | <blank for demonstration> |
| 5 | Age 4 | <blank for demonstration> | <blank for demonstration> |
| 6 | Age 5 | <blank for demonstration> | <blank for demonstration> |
| 7 | Age 6 | <blank for demonstration> | <blank for demonstration> |
| 8 | Age 7 | <blank for demonstration> | <blank for demonstration> |
| 9 | Age 8 | <blank for demonstration> | <blank for demonstration> |
| 10 | Age 9 | <blank for demonstration> | <blank for demonstration> |
| 11 | Age 10 | <blank for demonstration> | <blank for demonstration> |
| 12 | Age 11 | <blank for demonstration> | <blank for demonstration> |
| 13 | Age 12 | <blank for demonstration> | <blank for demonstration> |
| 14 | Age 13 | <blank for demonstration> | <blank for demonstration> |
| 15 | Age 14 | <blank for demonstration> | <blank for demonstration> |
| 16 | Age 15 | <blank for demonstration> | <blank for demonstration> |
| 17 | Age 16 | <blank for demonstration> | <blank for demonstration> |
| 18 | Age 17 | <blank for demonstration> | <blank for demonstration> |
| 19 | Age 18 | <blank for demonstration> | <blank for demonstration> |
| 20 | Age 19 | <blank for demonstration> | <blank for demonstration> |
| 21 | Age 20 | <blank for demonstration> | <blank for demonstration> |
| 22 | Age 21 | <blank for demonstration> | <blank for demonstration> |
| 23 | Age 22 | <blank for demonstration> | <blank for demonstration> |
| 24 | Age 23 | <blank for demonstration> | <blank for demonstration> |
| 25 | Age 24 | <blank for demonstration> | <blank for demonstration> |
| 26 | Ages 25–29 | <blank for demonstration> | <blank for demonstration> |
| 27 | Ages 30–34 | <blank for demonstration> | <blank for demonstration> |
| 28 | Ages 35–39 | <blank for demonstration> | <blank for demonstration> |
| 29 | Ages 40–44 | <blank for demonstration> | <blank for demonstration> |
| 30 | Ages 45–49 | <blank for demonstration> | <blank for demonstration> |
| 31 | Ages 50–54 | <blank for demonstration> | <blank for demonstration> |
| 32 | Ages 55–59 | <blank for demonstration> | <blank for demonstration> |
| 33 | Ages 60–64 | <blank for demonstration> | <blank for demonstration> |
| 34 | Ages 65–69 | <blank for demonstration> | <blank for demonstration> |
| 35 | Ages 70–74 | <blank for demonstration> | <blank for demonstration> |
| 36 | Ages 75–79 | <blank for demonstration> | <blank for demonstration> |
| 37 | Ages 80–84 | <blank for demonstration> | <blank for demonstration> |
| 38 | Age 85 and over | <blank for demonstration> | <blank for demonstration> |
| 39 | **Total Patients**(Sum of Lines 1-38) | <blank for demonstration> | <blank for demonstration> |

## Table 3B: Demographic Characteristics

Reporting Period: January 1, 2019, through December 31, 2019

Patients by Race and Hispanic or Latino Ethnicity

| Line | Patients by Race | Hispanic/ Latino(a) | Non-Hispanic/ Latino(b) | Unreported/Refused to Report Ethnicity(c) | Total(d)(Sum Columns a+b+c) |
| --- | --- | --- | --- | --- | --- |
| 1 | Asian | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 2a | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 2b | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 2 | Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b) | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 3 | Black/African American  | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 4 | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 5 | White  | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 6 | More than one race | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 7 | Unreported/Refused to report race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 8 | **Total Patients** (Sum of Lines 1 + 2 + 3 to 7) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

| Line | Patients Best Served in a Language Other than English | Number(a) |
| --- | --- | --- |
| 12 | Patients Best Served in a Language Other than English | <blank for demonstration> |

| Line | Patients by Sexual Orientation | Number (a) | divider | Line | Patients by Gender Identity | Number (a) |
| --- | --- | --- | --- | --- | --- | --- |
| 13 | Lesbian or Gay | <blank > | divider | 20 | Male | <blank> |
| 14 | Straight (not lesbian or gay) | <blank > | divider | 21 | Female | <blank > |
| 15 | Bisexual  | <blank > | divider | 22 | Transgender Male/Female-to-Male | <blank > |
| 16 | Something else | <blank > | divider | 23 | Transgender Female/Male-to-Female | <blank > |
| 17 | Don’t know | <blank > | divider | 24 | Other | <blank > |
| 18 | Chose not to disclose | <blank n> | divider | 25 | Chose not to disclose | <blank > |
| 19 | **Total Patients** (Sum of Lines 13 to 18) | <blank > | divider | 26 | **Total Patients** (Sum of Lines 20 to 25) | <blank> |

## Table 4: Selected Patient Characteristics

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Income as Percent of Poverty Guideline | Number of Patients(a) |
| --- | --- | --- |
| 1 | 100% and below | <blank for demonstration> |
| 2 | 101–150% | <blank for demonstration> |
| 3 | 151–200% | <blank for demonstration> |
| 4 | Over 200% | <blank for demonstration> |
| 5 | Unknown | <blank for demonstration> |
| 6 | **TOTAL** (Sum of Lines 1–5) | <blank for demonstration> |

| Line | Principal Third-Party Medical Insurance | 0-17 years old(a) | 18 and older(b) |
| --- | --- | --- | --- |
| 7 | **None/Uninsured** | <blank for demonstration> | <blank for demonstration> |
| 8a | Medicaid (Title XIX) | <blank for demonstration> | <blank for demonstration> |
| 8b | CHIP Medicaid  | <blank for demonstration> | <blank for demonstration> |
| 8 | **Total Medicaid** (Line 8a + 8b) | <blank for demonstration> | <blank for demonstration> |
| 9a | Dually Eligible (Medicare and Medicaid) | <blank for demonstration> | <blank for demonstration> |
| 9 | **Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries) | <blank for demonstration> | <blank for demonstration> |
| 10a | Other Public Insurance (Non-CHIP) (specify)  | <blank for demonstration> | <blank for demonstration> |
| 10b | Other Public Insurance CHIP  | <blank for demonstration> | <blank for demonstration> |
| 10 | **Total Public Insurance** (Line 10a + 10b)  | <blank for demonstration> | <blank for demonstration> |
| 11 | **Private Insurance** | <blank for demonstration> | <blank for demonstration> |
| 12 | **TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11) | <blank for demonstration> | <blank for demonstration> |

| Line | Managed Care Utilization | Medicaid(a) | Medicare(b) | Other Public Including Non-Medicaid CHIP(c) | Private(d) | TOTAL(e) |
| --- | --- | --- | --- | --- | --- | --- |
| 13a | Capitated Member Months  | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 13b | Fee-for-service Member Months  | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 13c | **Total Member Months** (Sum of Lines 13a + 13b) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

## Table 4: Selected Patient Characteristics (continued)

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Special Populations | Number of Patients(a) |
| --- | --- | --- |
| 14 | Migratory (330g awardees only) | <blank for demonstration> |
| 15 | Seasonal (330g awardees only) | <blank for demonstration> |
| 16 | **Total Agricultural Workers or Dependents**(All health centers report this line) | <blank for demonstration> |
| 17 | Homeless Shelter (330h awardees only) | <blank for demonstration> |
| 18 | Transitional (330h awardees only) | <blank for demonstration> |
| 19 | Doubling Up (330h awardees only) | <blank for demonstration> |
| 20 | Street (330h awardees only) | <blank for demonstration> |
| 21a | Permanent Supportive Housing (330h awardees only) |  |
| 21 | Other (330h awardees only) | <blank for demonstration> |
| 22 | Unknown (330h awardees only) | <blank for demonstration> |
| 23 | **Total Homeless** (All health centers report this line) | <blank for demonstration> |
| 24 | **Total School-Based Health Center Patients**(All health centers report this line) | <blank for demonstration> |
| 25 | **Total Veterans** (All health centers report this line) | <blank for demonstration> |
| 26 | **Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site**(All health centers report this line) | <blank for demonstration> |

## Table 5: Staffing and Utilization

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Virtual Visits (b2) | Patients (c) |
| --- | --- | --- | --- | --- | --- |
| 1 | Family Physicians | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 2 | General Practitioners | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 3 | Internists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 4 | Obstetrician/Gynecologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 5 | Pediatricians | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 7 | Other Specialty Physicians | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 8 | **Total Physicians** (Lines 1–7) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 9a | Nurse Practitioners | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 9b | Physician Assistants | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 10 | Certified Nurse Midwives | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 10a | **Total NPs, PAs, and CNMs** (Lines 9a–10) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 11 | Nurses | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 12 | Other Medical Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 13 | Laboratory Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 14 | X-ray Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 15 | **Total Medical** (Lines 8 + 10a through 14) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 16 | Dentists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 17 | Dental Hygienists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 17a | Dental Therapists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 18 | Other Dental Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 19 | **Total Dental Services** (Lines 16–18) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a | Psychiatrists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20a1 | Licensed Clinical Psychologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20a2 | Licensed Clinical Social Workers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20b | Other Licensed Mental Health Providers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20c | Other Mental Health Staff | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20 | **Total Mental Health** (Lines 20a–c) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21 | **Substance Use Disorder Services** | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 22 | **Other Professional Services** (specify\_\_\_) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

## Table 5: Staffing and Utilization (continued)

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Virtual Visits (b2) | Patients (c) |
| --- | --- | --- | --- | --- | --- |
| 22a | Ophthalmologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 22b | Optometrists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 22c | Other Vision Care Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 22d | **Total Vision Services** (Lines 22a–c) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 23 | **Pharmacy Personnel** | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 24 | Case Managers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 25 | Patient/Community Education Specialists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 26 | Outreach Workers | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 27 | Transportation Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 27a | Eligibility Assistance Workers | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 27b | Interpretation Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 27c | Community Health Workers | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 28 | Other Enabling Services (specify\_\_\_) | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 29 | **Total Enabling Services** (Lines 24–28) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 29a | **Other Programs/Services** (specify\_\_\_) | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 29b | **Quality Improvement Staff** | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 30a | Management and Support Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 30b | Fiscal and Billing Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 30c | IT Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 31 | Facility Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 32 | Patient Support Staff | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 33 | **Total Facility and Non-Clinical Support Staff** (Lines 30a–32) | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 34 | **Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |

## Table 5: Selected Service Detail Addendum

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Personnel by Major Service Category:Mental Health Service Detail | Personnel (a1) | Clinic Visits (b) | Virtual Visits (b2) | Patients (c) |
| --- | --- | --- | --- | --- | --- |
| 20a01 | Physicians (other than Psychiatrists) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a02 | Nurse Practitioners | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a03 | Physician Assistants | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a04 | Certified Nurse Midwives | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| **Line** | **Personnel by Major Service Category:****Substance Use Disorder Detail** | **Personnel (a1)** | **Clinic Visits (b)** | **Virtual Visits (b2)** | **Patients (c)** |
| 21a | Physicians (other than Psychiatrists) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21b | Nurse Practitioners (Medical) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21c | Physician Assistants | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21d | Certified Nurse Midwives | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21e | Psychiatrists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21f | Licensed Clinical Psychologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21g | Licensed Clinical Social Workers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21h | Other Licensed Mental Health Providers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

## Table 6A: Selected Diagnoses and Services Rendered

Reporting Period: January 1, 2019, through December 31, 2019

## Table 6A: Selected Diagnoses

| Line | Diagnostic Category | Applicable ICD-10-CM Code | Number of Visits by Diagnosis Regardless of Primacy (a) | Number ofPatients withDiagnosis (b) |
| --- | --- | --- | --- | --- |
| Selected Infectious and Parasitic Disease | **Selected Infectious and Parasitic Diseases** | Selected Infectious and Parasitic Diseases | Selected Infectious and Parasitic Diseases | Selected Infectious and Parasitic Diseases |
| 1-2 | Symptomatic/Asymptomatic human immunodeficiency virus (HIV) | B20, B97.35, O98.7-, Z21 | <blank for demonstration> | <blank for demonstration> |
| 3 | Tuberculosis  | A15- through A19-, O98.0- | <blank for demonstration> | <blank for demonstration> |
| 4 | Sexually transmitted infections | A50- through A64- (exclude A63.0) | <blank for demonstration> | <blank for demonstration> |
| 4a | Hepatitis B | B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4- | <blank for demonstration> | <blank for demonstration> |
| 4b | Hepatitis C | B17.10, B17.11, B18.2, B19.20, B19.21 | <blank for demonstration> | <blank for demonstration> |
| Selected Diseases of the Respiratory System | **Selected Diseases of the Respiratory System** | Selected Diseases of the Respiratory System | Selected Diseases of the Respiratory System | Selected Diseases of the Respiratory System |
| 5 | Asthma  | J45- | <blank for demonstration> | <blank for demonstration> |
| 6 | Chronic lower respiratory diseases | J40- through J44-, J47- | <blank for demonstration> | <blank for demonstration> |
| Selected Other Medical Conditions | **Selected Other Medical Conditions** | Selected Other Medical Conditions | Selected Other Medical Conditions | Selected Other Medical Conditions |
| 7 | Abnormal breast findings, female  | C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60-, N63-, R92- | <blank for demonstration> | <blank for demonstration> |
| 8 | Abnormal cervical findings  | C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820 | <blank for demonstration> | <blank for demonstration> |
| 9 | Diabetes mellitus  | E08- through E13-, O24- (exclude O24.41-) | <blank for demonstration> | <blank for demonstration> |
| 10 | Heart disease (selected)  | I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52- | <blank for demonstration> | <blank for demonstration> |
| 11 | Hypertension  | I10- through I16-, O10-, O11- | <blank for demonstration> | <blank for demonstration> |
| 12 | Contact dermatitis and other eczema  | L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58- | <blank for demonstration> | <blank for demonstration> |
| 13 | Dehydration  | E86- | <blank for demonstration> | <blank for demonstration> |
| 14 | Exposure to heat or cold  | T33-, T34-, T67-, T68-, T69-, W92-, W93- | <blank for demonstration> | <blank for demonstration> |
| 14a | Overweight and obesity  | E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52) | <blank for demonstration> | <blank for demonstration> |
| Selected Childhood Conditions (limited to ages 0 thru 17) | **Selected Childhood Conditions (limited to ages 0 through 17)** | Selected Childhood Conditions (limited to ages 0 thru 17) | Selected Childhood Conditions (limited to ages 0 thru 17) | Selected Childhood Conditions (limited to ages 0 thru 17) |
| 15 | Otitis media and Eustachian tube disorders  | H65- through H69- | <blank for demonstration> | <blank for demonstration> |
| 16 | Selected perinatal/neonatal medical conditions  | A33-, P19-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89 | <blank for demonstration> | <blank for demonstration> |
| 17 | Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.  | E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3 | <blank for demonstration> | <blank for demonstration> |
| Selected Mental Health and Substance Abuse Conditions | **Selected Mental Health Conditions and Substance Use Disorders** | Selected Mental Health and Substance use Conditions | Selected Mental Health and Substance use Conditions | Selected Mental Health and Substance use Conditions |
| 18 | Alcohol-related disorders  | F10-, G62.1, O99.31- | <blank for demonstration> | <blank for demonstration> |
| 19 | Other substance-related disorders (excluding tobacco use disorders)  | F11- through F19- (exclude F17-), G62.0, O99.32- | <blank for demonstration> | <blank for demonstration> |
| 19a | Tobacco use disorder | F17-, O99.33- | <blank for demonstration> | <blank for demonstration> |
| 20a | Depression and other mood disorders  | F30- through F39- | <blank for demonstration> | <blank for demonstration> |
| 20b | Anxiety disorders, including post-traumatic stress disorder (PTSD)  | F06.4, F40- through F42-, F43.0, F43.1-, F93.0 | <blank for demonstration> | <blank for demonstration> |
| 20c | Attention deficit and disruptive behavior disorders  | F90- through F91- | <blank for demonstration> | <blank for demonstration> |
| 20d | Other mental disorders, excluding drug or alcohol dependence  | F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 | <blank for demonstration> | <blank for demonstration> |

## Table 6A: Selected Services Rendered

| Line | Service Category | Applicable ICD-10-CMCode or CPT-4/II Code | Number of Visits (a) | Number ofPatients (b) |
| --- | --- | --- | --- | --- |
| Selected Diagnostic Tests/Screening/Preventive Services | **Selected Diagnostic Tests/ Screening/Preventive Services** | Selected Diagnostic Tests/Screening/Preventive Services | Selected Diagnostic Tests/Screening/Preventive Services | Selected Diagnostic Tests/Screening/Preventive Services |
| 21 | HIV test  | **CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 | <blank for demonstration> | <blank for demonstration> |
| 21a  | Hepatitis B test  | **CPT-4**: 86704 through 86707, 87340, 87341, 87350 | <blank for demonstration> | <blank for demonstration> |
| 21b  | Hepatitis C test | **CPT-4**: 86803, 86804, 87520 through 87522 | <blank for demonstration> | <blank for demonstration> |
| 22 | Mammogram  | **CPT-4**: 77065, 77066, 77067 OR **ICD-10**: Z12.31 | <blank for demonstration> | <blank for demonstration> |
| 23  | Pap test  | **CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR**ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) | <blank for demonstration> | <blank for demonstration> |
| 24  | Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B  | **CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648,90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748 | <blank for demonstration> | <blank for demonstration> |
| 24a | Seasonal flu vaccine | **CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90749, 90756 | <blank for demonstration> | <blank for demonstration> |
| 25 | Contraceptive management  | **ICD-10**: Z30- | <blank for demonstration> | <blank for demonstration> |
| 26 | Health supervision of infant or child (ages 0 through 11)  | **CPT-4**: 99381 through 99383, 99391 through 99393**ICD-10**: Z00.1- | <blank for demonstration> | <blank for demonstration> |
| 26a | Childhood lead test screening (9 to 72 months)  | **ICD-10:** Z13.88**CPT-4**: 83655 | <blank for demonstration> | <blank for demonstration> |
| 26b | Screening, Brief Intervention, and Referral to Treatment (SBIRT) | **CPT-4**: 99408, 99409**HCPCS**: G0396, G0397, G0443, H0050 | <blank for demonstration> | <blank for demonstration> |
| 26c | Smoke and tobacco use cessation counseling | **CPT-4**:  99406, 99407 OR**HCPCS**: S9075 OR **CPT-II**: 4000F, 4001F, 4004F | <blank for demonstration> | <blank for demonstration> |
| 26d | Comprehensive and intermediate eye exams | **CPT-4**: 92002, 92004, 92012, 92014 | <blank for demonstration> | <blank for demonstration> |

| Line | Service Category | Applicable ADA Code | Number of Visits (a) | Number ofPatients (b) |
| --- | --- | --- | --- | --- |
| Selected Dental Services | **Selected Dental Services** | Selected Dental Services | Selected Dental Services | Selected Dental Services |
| 27  | Emergency services  | **ADA:** D0140,D9110  | <blank for demonstration> | <blank for demonstration> |
| 28  | Oral exams  | **ADA:** D0120, DO145, D0150, D0160, D0170, D0171, D0180  | <blank for demonstration> | <blank for demonstration> |
| 29  | Prophylaxis–adult or child  | **ADA:** D1110, D1120  | <blank for demonstration> | <blank for demonstration> |
| 30  | Sealants  | **ADA:** D1351  | <blank for demonstration> | <blank for demonstration> |
| 31  | Fluoride treatment–adult or child  | **ADA:** D1206, D1208**CPT-4:** 99188  | <blank for demonstration> | <blank for demonstration> |
| 32  | Restorative services  | **ADA:** D21xx through D29xx  | <blank for demonstration> | <blank for demonstration> |
| 33  | Oral surgery (extractions and other surgical procedures)  | **ADA:** D7xxx | <blank for demonstration> | <blank for demonstration> |
| 34  | Rehabilitative services (Endo, Perio, Prostho, Ortho)  | **ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx  | <blank for demonstration> | <blank for demonstration> |

### Sources of Codes:

* ICD-10-CM (2019)–[National Center for Health Statistics (NCHS)](https://www.cdc.gov/nchs/icd/icd10cm.htm)
* CPT (2019)–[American Medical Association (AMA)](https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology)
* Code on Dental Procedures and Nomenclature CDT Code (2019)–Dental Procedure Codes. [American Dental Association (ADA)](http://www.ada.org/en/publications/cdt)

Note: “X” in a code denotes any number including the absence of a number in that place. Dashes (–) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead, they are used to point out that other codes in the series are to be considered.

## Table 6B: Quality of Care Measures

Reporting Period: January 1, 2019, through December 31, 2019

| 0 | Prenatal Care Provided by Referral Only (Check if Yes) | [blank for demonstration] |
| --- | --- | --- |

Section A – Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

| Line | Age | Number of Patients (a) |
| --- | --- | --- |
| 1 | Less than 15 years | [blank for demonstration] |
| 2 | Ages 15-19 | [blank for demonstration] |
| 3 | Ages 20-24 | [blank for demonstration] |
| 4 | Ages 25-44 | [blank for demonstration] |
| 5 | Ages 45 and over | [blank for demonstration] |
| 6 | Total Patients (Sum of Lines 1-5) | [blank for demonstration] |

Section B - Early Entry into Prenatal Care

| Line | Early Entry into Prenatal Care | Women Having First Visit with Health Center (a) | Women Having First Visit with Another Provider (b) |
| --- | --- | --- | --- |
| 7 | First Trimester | [blank for demonstration] | [blank for demonstration] |
| 8 | Second Trimester | [blank for demonstration] | [blank for demonstration] |
| 9 | Third Trimester | [blank for demonstration] | [blank for demonstration] |

Section C - Childhood Immunization Status

| Line | Childhood Immunization Status | Total Patients with 2nd Birthday (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Immunized (c) |
| --- | --- | --- | --- | --- |
| 10 | MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section D - Cervical Cancer Screening

| Line | Cervical Cancer Screening | Total Female Patients Aged 23 through 64 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Tested (c) |
| --- | --- | --- | --- | --- |
| 11 | MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

| Line | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Total Patients Aged 3 through 17 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Counseling and BMI Documented (c) |
| --- | --- | --- | --- | --- |
| 12 | MEASURE: Percentage of patients 3–17 years of age with a BMI percentile and counseling on nutrition *and* physical activity documented | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section F – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

| Line | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | Total Patients Aged 18 and Older (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c) |
| --- | --- | --- | --- | --- |
| 13 | MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section G – Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

| Line | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Total Patients Aged 18 and Older (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c) |
| --- | --- | --- | --- | --- |
| 14a | MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section H – Use of Appropriate Medications for Asthma

| Line | Use of Appropriate Medications for Asthma | Total Patients Aged 5 through 64 with Persistent Asthma (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Acceptable Plan (c) |
| --- | --- | --- | --- | --- |
| 16 | MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section I - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

| Line | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Prescribed or On Statin Therapy (c) |
| --- | --- | --- | --- | --- |
| 17a | MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy  | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

| Line | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Documentation of Aspirin or OtherAntiplatelet Therapy (c) |
| --- | --- | --- | --- | --- |
| 18 | MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section K - Colorectal Cancer Screening

| Line | Colorectal Cancer Screening | Total Patients Aged 50 through 75 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Appropriate Screening for Colorectal Cancer(c) |
| --- | --- | --- | --- | --- |
| 19 | MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section LL - HIV Linkage to Care

| Line | HIV Linkage to Care | Total Patients First Diagnosed with HIV (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c) |
| --- | --- | --- | --- | --- |
| 20 | MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section M – Preventive Care and Screening: Screening for Depression and Follow-Up Plan

| Line | Preventive Care and Screening: Screening for Depression and Follow-Up Plan | Total Patients Aged 12 and Older (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c) |
| --- | --- | --- | --- | --- |
| 21 | MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool *and,* if screening was positive, (2) had a follow-up plan documented | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section N – Dental Sealants for Children between 6–9 Years

| Line | Dental Sealants for Children between 6–9 Years | Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Sealants to First Molars (c) |
| --- | --- | --- | --- | --- |
| 22 | MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

## Table 7: Health Outcomes and Disparities

Reporting Period: January 1, 2019, through December 31, 2019

Section A: Deliveries and Birth Weight

| Line | Description | Patients (a) |
| --- | --- | --- |
| 0 | HIV-Positive Pregnant Women | <blank for demonstration> |
| 2 | Deliveries Performed by Health Center’s Providers | <blank for demonstration> |

| Line  | Race and Ethnicity | Prenatal Care Patients Who Delivered During the Year(1a) | Live Births: <1500 grams(1b) | Live Births: 1500–2499 grams(1c) | Live Births: ≥2500 grams(1d) |
| --- | --- | --- | --- | --- | --- |
| <section divider cell> | **Hispanic/Latino** | <section divider cell> | <section divider cell> | <section divider cell> | <section divider cell> |
| 1a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Hispanic/Latino* | <cell not reported> | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Non-Hispanic/Latino** | <section divider cell> | <section divider cell> | <section divider cell> | <section divider cell> |
| 2a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Non-Hispanic/Latino* | <cell not reported> | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Unreported/Refused to Report Race & Ethnicity** | <section divider cell> | <section divider cell> | <section divider cell> | <section divider cell> |
| h | Unreported/Refused to Report Race and Ethnicity | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| i | **Total** | <cell not reported> | <cell not reported> | <cell not reported> | <cell not reported> |

Section B: Controlling High Blood Pressure

| Line | Race and Ethnicity | Total Patients 18 through 85 Years of Age with Hypertension(2a) | Number Charts Sampled or EHR Total(2b) | Patients with Hypertension Controlled(2c) |
| --- | --- | --- | --- | --- |
| <blank for demonstration> | **Hispanic/Latino** | <section divider cell> | <section divider cell> | <section divider cell> |
| 1a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Hispanic/Latino* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Non-Hispanic/Latino** | <section divider cell> | <section divider cell> | <section divider cell> |
| 2a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Non-Hispanic/Latino* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Unreported/Refused to Report Race and Ethnicity** | <section divider cell> | <section divider cell> | <section divider cell> |
| h | Unreported/Refused to Report Race and Ethnicity | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| i | **Total** | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

Section C: Diabetes: Hemoglobin A1c Poor Control

| Line  | Race and Ethnicity | Total Patients 18 through 75 Years of Age with Diabetes(3a) | Number Charts Sampled or EHR Total(3b) | Patients with HbA1c >9% or No Test During Year(3f) |
| --- | --- | --- | --- | --- |
| <blank for demonstration> | **Hispanic/Latino** | <section divider cell> | <section divider cell> | <section divider cell> |
| 1a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| Subtotal | *Subtotal Hispanic/Latino* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Non-Hispanic/Latino** | <section divider cell> | <section divider cell> | <section divider cell> |
| 2a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| Subtotal | *Subtotal Non-Hispanic/Latino* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Unreported/Refused to Report Race and Ethnicity** | <section divider cell> | <section divider cell> | <section divider cell> |
| h | Unreported/Refused to Report Race and Ethnicity | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| i | **Total** | <cell not reported> | <cell not reported> | <cell not reported> |

## Table 8A: Financial Costs

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Cost Center | Accrued Cost (a) | Allocation of Facility and Non-Clinical Support Services (b) | Total Cost After Allocation of Facility and Non-Clinical Support Services (c) |
| --- | --- | --- | --- | --- |
| [section divide] | **Financial Costs of Medical Care** | [section divide] | [section divide] | [section divide] |
| 1 | Medical Staff | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 2 | Lab and X-ray | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 3 | Medical/Other Direct | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 4 | **Total Medical Care Services** (Sum of Lines 1 through 3) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| [blank for section divide] | **Financial Costs of Other Clinical Services** | [blank for section divide] | [blank for section divide] | [blank for section divide] |
| 5 | Dental  | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 6 | Mental Health | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 7 | Substance Use Disorder | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 8a | Pharmacy not including pharmaceuticals | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 8b | Pharmaceuticals | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 9 | Other Professional(Specify: \_\_\_\_\_\_) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 9a | Vision | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 10 | **Total Other Clinical Services**(Sum of Lines 5 through 9a) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| [blank for section divide] | **Financial Costs of Enabling and Other Services** | [blank for section divide] | [blank for section divide] | [blank for section divide] |
| 11a | Case Management | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11b | Transportation | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11c | Outreach | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11d | Patient and Community Education  | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11e | Eligibility Assistance | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11f | Interpretation Services | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11g | Other Enabling Services(Specify: \_\_\_\_\_\_) | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11h | Community Health Workers | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 11 | **Total Enabling Services Cost** (Sum of Lines 11a through 11h) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 12 | Other Related Services(Specify: \_\_\_\_\_\_) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 12a | Quality Improvement | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| 13 | **Total Enabling and Other Services**(Sum of Lines 11, 12, and 12a) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

| Line | Cost Center | Accrued Cost (a) | Allocation of Facility and Non-Clinical Support Services (b) | Total Cost After Allocation of Facility and Non-Clinical Support Services (c) |
| --- | --- | --- | --- | --- |
| [blank for section divide] | **Facility and Non-Clinical Support Services and Totals** | [blank for section divide] | [blank for section divide] | [blank for section divide] |
| 14 | Facility | [blank for demonstration] | [Cell not reported] | [Cell not reported] |
| 15 | Non-Clinical Support Services | [blank for demonstration] | [Cell not reported] | [Cell not reported] |
| 16 | **Total Facility and Non-Clinical Support Services** (Sum of Lines 14 and 15) | [blank for demonstration] | [Cell not reported] | [Cell not reported] |
| 17 | **Total Accrued Costs**(Sum of Lines 4 + 10 + 13 + 16) | [blank for demonstration] | [Cell not reported] | [blank for demonstration] |
| 18 | Value of Donated Facilities, Services, and Supplies (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | [Cell not reported] | [Cell not reported] | [blank for demonstration] |
| 19 | **Total with Donations**(Sum of Lines 17 and 18) | [Cell not reported] | [Cell not reported] | [blank for demonstration] |

## Table 9D: Patient Related Revenue

Reporting Period: January 1, 2019, through December 31, 2019

|  |  |  |  | Retroactive Se | ttlements, Receipts | , and Paybacks (c) |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Line | Payer Category | Full Charges This Period(a) | Amount Collected This Period(b) | Collection of Reconciliation/ Wrap-Around Current Year(c1) | Collection of Reconciliation/ Wrap-Around Previous Years(c2) | Collection of Other Payments: P4P, Risk Pools, etc.(c3) | Penalty/ Payback(c4) | Allowances(d) | Sliding Fee Discounts(e) | Bad Debt Write Off(f) |
| 1 | Medicaid Non-Managed Care  | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 2a | Medicaid Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 2b | Medicaid Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 3 | **Total Medicaid**(Sum of Lines 1 + 2a + 2b) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 4 | Medicare Non-Managed Care  | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 5a | Medicare Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 5b | Medicare Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 6 | **Total Medicare**(Sum of Lines 4 + 5a + 5b) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 7 | Other Public, including Non-Medicaid CHIP, Non-Managed Care | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 8a | Other Public, including Non-Medicaid CHIP, Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 8b | Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 9 | **Total Other Public**(Sum of Lines 7 + 8a + 8b) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 10 | Private Non-Managed Care  | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] |  | [not reported] | [not reported] |
| 11a | Private Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 11b | Private Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 12 | **Total Private**(Sum of Lines 10 + 11a + 11b) | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 13 | **Self-pay** | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [not reported] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] |
| 14 | **TOTAL**(Sum of Lines 3 + 6 + 9 + 12 + 13) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

## Table 9E: Other Revenues

Reporting Period: January 1, 2019, through December 31, 2019

| Line | Source | Amount(a) |
| --- | --- | --- |
| [blank] | **BPHC Grants (Enter Amount Drawn Down – Consistent with PMS 272)** | [blank] |
| 1a | Migrant Health Center | [blank] |
| 1b | Community Health Center | [blank] |
| 1c | Health Care for the Homeless | [blank] |
| 1e | Public Housing Primary Care  | [blank] |
| 1g | **Total Health Center** (Sum Lines 1a through 1e) | [blank] |
| 1k | Capital Development Grants, including School-Based Health Center Capital Grants | [blank] |
| 1 | **Total BPHC Grants**(Sum of Lines 1g + 1k) | [blank] |
| [blank] | **Other Federal Grants** | [blank] |
| 2 | Ryan White Part C HIV Early Intervention | [blank] |
| 3 | Other Federal Grants (specify: \_\_\_\_\_\_\_) | [blank] |
| 3a | Medicare and Medicaid EHR Incentive Payments for Eligible Providers | [blank] |
| 5 | **Total Other Federal Grants**(Sum of Lines 2–3a) | [blank] |
| [blank] | **Non-Federal Grants or Contracts** | [blank] |
| 6 | State Government Grants and Contracts (specify: \_\_\_\_\_\_\_) | [blank] |
| 6a | State/Local Indigent Care Programs (specify: \_\_\_\_\_\_\_) | [blank] |
| 7 | Local Government Grants and Contracts (specify: \_\_\_\_\_\_\_) | [blank] |
| 8 | Foundation/Private Grants and Contracts (specify: \_\_\_\_\_\_\_) | [blank] |
| 9 | **Total Non-Federal Grants and Contracts**(Sum of Lines 6 + 6A + 7 + 8) | [blank] |
| 10 | Other Revenue (non-patient related revenue not reported elsewhere) (specify:\_\_\_\_\_\_\_\_\_) | [blank] |
| 11 | **Total Revenue** (Sum of Lines 1 + 5 + 9 + 10) | [blank] |

# Appendix D: Health Center Health Information Technology (HIT) Capabilities

## Instructions

The HIT Capabilities Form includes a series of questions on HIT capabilities, including EHR interoperability and eligibility for Meaningful Use. The HIT Form must be completed and submitted as part of the UDS submission. The form includes questions about the health center’s implementation of an EHR, certification of systems, and how widely adopted the system is throughout the health center and its providers.

## Questions

The following questions appear in the EHBs. Complete them before you file the UDS Report. Instructions for the HIT questions are on-screen in EHBs as you complete the form. Respond to each question based on your health center *status as of December 31*.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
	1. Yes, installed at all sites and used by all providers
	2. Yes, but only installed at some sites or used by some providers
	3. No

If the health center installed it, indicate if it was in use by December 31, by:

1. **Installed at all sites and used by all providers**: For the purposes of this response, “providers” mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives. Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support staff, this is not required to choose response a. For the purposes of this response, “all sites” means all permanent sites where medical providers serve health center medical patients and does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis. You may check this option even if a few, newly hired, untrained employees are the only ones not using the system.
2. **Installed at some sites or used by some providers:** Select option b if one or more permanent sites did not have the EHR installed, or in use (even if this is planned), or if one or more medical providers (as defined above) do not yet use the system. When determining if all providers have access to the system, the health center should also consider part-time and locum providers who serve clinic patients. Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.
3. Select “no” if no EHR was in use on December 31 even if you had the system installed and training had started.

This question seeks to determine whether the health center installed an EHR by December 31 and, if so, which product is in use, how broad is access to the system, and what features are available and in use. Do not include PMS or other billing systems even though they can often produce much of the UDS data. If the health center purchased an EHR, but has not yet placed it into use, answer “no.”

If a system is in use (i.e., if a or b has been selected above), indicate it has been certified by the Office of the National Coordinator - Authorized Testing and Certification Bodies.

1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?

1. Yes
2. No

Health centers are to indicate in the blanks the vendor, product name, version number, and ONC-certified health IT product list number. (More information is available at <https://chpl.healthit.gov/#/search>). If you have more than one EHR (if, for example, you acquired another practice with its own EHR), report the EHR that will be the successor system.

1a1. Vendor

1a2. Product Name

1a3. Version Number

1a4. ONC-certified Health IT Product List Number

1b. Did you switch to your current EHR from a previous system this year?

1. Yes
2. No

If “yes, but only at some sites or for some providers” is selected above, a box expands for health centers to identify how many sites have the EHR in use and how many (medical) providers are using it. Please enter the number of sites (as defined above) where the EHR is in use and the number of providers who use the system (at any site). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one site as just one provider.

1c. How many sites have the EHR system in use?

1d. How many providers use the EHR system?

1e. When do you plan to install the EHR system?

With reference to your EHR, BPHC would like to know if your system has each of the specified capabilities that relate to the CMS Meaningful Use criteria for EHRs and if you are using them (more information on [Meaningful Use](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp)). For each capability, indicate:

1. **Yes** if your system has this capability and it is being used by your center;
2. **No** if your system does not have the capability or it is not being used; or
3. **Not sure** if you do not know if the capability is built in and/or do not know if your center is using it.

Select “a” (has the capability and it is being used) if the software can perform the function and some or all of your medical providers are using it. It is not necessary for all providers to be using a specific capability in order to select “a.”

Select “b” or “c” if the capability is not present in the software, if the capability is present but still unused, or if it is not currently in use by any medical providers at your center. Select “b” or “c” only if none of the providers use the function.

1. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
	1. Yes
	2. No
	3. Not sure
2. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
3. Yes
4. No
5. Not sure
6. With which of the following key providers/health care settings does your center electronically exchange clinical information? (Select all that apply)
7. Hospitals/Emergency rooms
8. Specialty clinicians
9. Other primary care providers
10. None of the above
11. Other (please describe \_\_\_\_\_\_)
12. Does your center engage patients through health IT in any of the following ways? (Select all that apply)
13. Patient portals
14. Kiosks
15. Secure messaging
16. Other (please describe \_\_\_\_\_\_\_)
17. No, we do not engage patients using HIT
18. Question removed.
19. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
20. We use the EHR to extract automated reports
21. We use the EHR but only to access individual patient charts
22. We use the EHR in combination with another data analytic system
23. We do not use the EHR
24. Question removed.
25. Question removed.
26. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply)
27. Quality improvement
28. Population health management
29. Program evaluation
30. Research
31. Other (please describe \_\_\_\_\_\_)
32. We do not utilize HIT or EHR data beyond direct patient care
33. Does your health center collect data on individual patients’ social risk factors, outside of the data reportable in the UDS?
34. Yes
35. No, but we are in planning stages to collect this information
36. No, we are not planning to collect this information
37. Which standardized screener(s) for social risk factors, if any, do you use? (Select all that apply)
38. Accountable Health Communities Screening Tools
39. Upstream Risks Screening Tool and Guide
40. iHELP
41. Recommend Social and Behavioral Domains for EHRs
42. Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE)
43. Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education (WE CARE)
44. WellRx
45. Other (please describe \_\_\_\_\_\_\_\_\_\_)
46. We do not use a standardized screener

# Appendix E: Other Data Elements

## Instructions

Health centers are becoming increasingly diverse and comprehensive in the care and services provided. These questions capture the changing landscape of healthcare centers to include expanded services and delivery systems.

## Questions

Report on these data elements as part of your UDS submission. Topics include medication-assisted treatment (MAT), telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status *as of December 31*.

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder
	1. How many physicians, certified nurse practitioners, and physician assistants,[[1]](#footnote-1) on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?
	2. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?
2. Did your organization use telemedicine to provide remote clinical care services?

*(The term “telehealth” includes “telemedicine” services but encompasses a broader scope of remote healthcare services. Telemedicine is specific to remote clinical services whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.)*

1. Yes

2a1. Who did you use telemedicine to communicate with? (Select all that apply)

1. Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
2. Specialists outside your organization (e.g., specialists at referral centers)

2a2. What telehealth technologies did you use? (Select all that apply)

1. Real-time telehealth (e.g., live videoconferencing)
2. Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)
3. Remote patient monitoring
4. Mobile Health (mHealth)

2a3. What primary telemedicine services were used at your organization? (Select all that apply)

1. Primary care
2. Oral health
3. Behavioral health: Mental health
4. Behavioral health: Substance use disorder
5. Dermatology
6. Chronic conditions
7. Disaster management
8. Consumer health education
9. Provider-to-provider consultation
10. Radiology
11. Nutrition and dietary counseling
12. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
13. No. If you did not have telemedicine services, please comment why (Select all that apply).
14. Have not considered/unfamiliar with telehealth service options
15. Policy barriers (Select all that apply)
	* 1. Lack of or limited reimbursement
		2. Credentialing, licensing, or privileging
		3. Privacy and security
		4. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
16. Inadequate broadband/ telecommunication service (Select all that apply)
17. Cost of service
18. Lack of infrastructure
19. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
20. Lack of funding for telehealth equipment
21. Lack of training for telehealth services
22. Not needed
23. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
24. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters’ activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Assists do not count as visits on the UDS tables.

# Appendix F: Workforce

## Instructions

It is important to understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals. This section includes a series of questions on health center workforce.

## Questions

Report on these data elements as part of your UDS submission. Topics include health professional education/training and satisfaction surveys. Respond to each question based on your health center status *as of December 31*.

1. Does your health center provide health professional education/training? Health professional education/training does not include continuing education units.
2. Yes
3. No

1a. If yes, which category best describes your health center’s role in the health professional education/training process?

1. Sponsor[[2]](#footnote-2)
2. Training site partner[[3]](#footnote-3)
3. Other (please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category within the last year.

|  | a. Pre-Graduate/Certificate | b. Post-Graduate Training |
| --- | --- | --- |
| **Medical** | [blank] | [blank] |
| 1. Physicians | [blank for demonstration] | [blank for demonstration] |
| a. Family Physicians | [blank for demonstration] | [blank for demonstration] |
| b. General Practitioners | [blank for demonstration] | [blank for demonstration] |
| c. Internists | [blank for demonstration] | [blank for demonstration] |
| d. Obstetrician/Gynecologists | [blank for demonstration] | [blank for demonstration] |
| e. Pediatricians | [blank for demonstration] | [blank for demonstration] |
| f. Other Specialty Physicians | [blank for demonstration] | [blank for demonstration] |
| 2. Nurse Practitioners | [blank for demonstration] | [blank for demonstration] |
| 3. Physician Assistants | [blank for demonstration] | [blank for demonstration] |
| 4. Certified Nurse Midwives | [blank for demonstration] | [blank for demonstration] |
| 5. Registered Nurses | [blank for demonstration] | [blank for demonstration] |
| 6. Licensed Practical Nurses/ Vocational Nurses | [blank for demonstration] | [blank for demonstration] |
| 7. Medical Assistants | [blank for demonstration] | [blank for demonstration] |
| **Dental** | **[blank]** | **[blank]** |
| 8. Dentists | [blank for demonstration] | [blank for demonstration] |
| 9. Dental Hygienists | [blank for demonstration] | [blank for demonstration] |
| 10. Dental Therapists | [blank for demonstration] | [blank for demonstration] |
| **Mental Health and Substance Use Disorder** | **[blank]** | **[blank]** |
| 11. Psychiatrists | [blank for demonstration] | [blank for demonstration] |
| 12. Clinical Psychologists | [blank for demonstration] | [blank for demonstration] |
| 13. Clinical Social Workers | [blank for demonstration] | [blank for demonstration] |
| 14. Professional Counselors | [blank for demonstration] | [blank for demonstration] |
| 15. Marriage and Family Therapists | [blank for demonstration] | [blank for demonstration] |
| 16. Psychiatric Nurse Specialists | [blank for demonstration] | [blank for demonstration] |
| 17. Mental Health Nurse Practitioners | [blank for demonstration] | [blank for demonstration] |
| 18. Mental Health Physician Assistants | [blank for demonstration] | [blank for demonstration] |
| 19. Substance Use Disorder Personnel | [blank for demonstration] | [blank for demonstration] |
| **Vision** | **[blank]** | **[blank]** |
| 20. Ophthalmologists | [blank for demonstration] | [blank for demonstration] |
| 21. Optometrists | [blank for demonstration] | [blank for demonstration] |
| **Other Professionals** | **[blank]** | **[blank]** |
| 22. Chiropractors | [blank for demonstration] | [blank for demonstration] |
| 23. Dieticians/Nutritionists | [blank for demonstration] | [blank for demonstration] |
| 24. Pharmacists | [blank for demonstration] | [blank for demonstration] |
| 25. Other (please specify \_\_\_\_\_\_\_\_) | [blank for demonstration] | [blank for demonstration] |

1. Provide the number of health center staff serving as preceptors at your health center \_\_\_\_
2. Provide the number of health center staff (non-preceptors) supporting health center training programs \_\_\_\_
3. How often does your health center implement satisfaction surveys for providers?
4. Monthly
5. Quarterly
6. Annually
7. We do not currently conduct provider satisfaction surveys
8. Other (please describe \_\_\_\_\_\_\_\_\_)
9. How often does your health center implement satisfaction surveys for general staff?
10. Monthly
11. Quarterly
12. Annually
13. We do not currently conduct staff satisfaction surveys
14. Other (please describe \_\_\_\_\_\_\_\_\_)
1. With the enactment of the Comprehensive Addiction and Recovery Act of 2016, [Public Law 114-198](https://www.gpo.gov/fdsys/search/pagedetails.action?collectionCode=PLAW&browsePath=114%2FPUBLIC%2F%5B100+-+199%5D&granuleId=&packageId=PLAW-114publ198&fromBrowse=true), opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs) and physician assistants (PAs). [↑](#footnote-ref-1)
2. A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program). [↑](#footnote-ref-2)
3. A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students). [↑](#footnote-ref-3)