

OMB No. 0915-0193
Expiration: XX/XX/20XX

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ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)
22033				

Total Patients (f)

|

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)
Other ZIP Codes		
Unknown Residence		
Total (Zip Codes + Other Zip Codes)		

Comments

Medicare (d) Private (e) Total Patients (f)

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1		
2.	Age 1		
3.	Age 2		
4.	Age 3		
5.	Age 4		
6.	Age 5		
7.	Age 6		
8.	Age 7		
9.	Age 8		
10.	Age 9		
11.	Age 10		
12.	Age 11		
13.	Age 12		
14.	Age 13		
15.	Age 14		
16.	Age 15		
17.	Age 16		
18.	Age 17		
	Subtotal Patients(Sum lines 1-18)		
19.	Age 18		
20.	Age 19		
21.	Age 20		
22.	Age 21		
23.	Age 22		
24.	Age 23		
25.	Age 24		
26.	Ages 25-29		
27.	Ages 30-34		
28.	Ages 35-39		
29.	Ages 40-44		
30.	Ages 45-49		
31.	Ages 50-54		
32.	Ages 55-59		
33.	Ages 60-64		
	Subtotal Patients(Sum lines 19-33)		
34.	Ages 65-69		
35.	Ages 70-74		
36.	Ages 75-79		
37.	Ages 80-84		
38.	Ages 85 and over		
	Subtotal Patients(Sum lines 34-38)		
39.	Total Patients(Sum Lines 1-38)		

Comments

S.No	Patients by Race	Hispanic/Latino (a)
1.	Asian	
2a.	Native Hawaiian	
2b.	Other Pacific Islander	
2.	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	
3.	Black/African American	
4.	American Indian/Alaska Native	
5.	White	
6.	More than one race	
7.	Unreported/Refused to report race	
8.	Total Patients (Sum Lines 1 + 2 + 3 to 7)	

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	
14.	Straight (not lesbian or gay)	
15.	Bisexual	
16.	Something else	
17.	Don't know	
18.	Chose not to disclose	
19.	Total Patients (Sum Lines 13 to 18)	

S.No	Patients by Gender Identity	Number (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to-Male	
23.	Transgender Female/ Male-to-Female	
24.	Other	
25.	Chose not to disclose	
26.	Total Patients (Sum Lines 20 to 25)	

Comments

Non-Hispanic/Latino (b) Unreported/Refused to Report Ethnicity (c)

Total (d) (Sum Columns a+b+c)

S.No

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

S.No

- 7.
- 8a.
- 8b.
- 8.
- 9a.
- 9.
- 10a.
- 10b.
- 10.
- 11.
- 12.

S.No

- 13a.
- 13b.
- 13c.

S.No

- 16.
- 23.
- 24.
- 25.
- 26.

Comments

Characteristic

100% and below
101 - 150%
151 - 200%
Over 200%
Unknown
Total (Sum lines 1-5)

Principal Third Party Medical Insurance Source

None/Uninsured
Medicaid (Title XIX)
CHIP Medicaid
Total Medicaid (Sum lines 8a+8b)
Dually eligible (Medicare and Medicaid)
Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)
Other Public Insurance (Non-CHIP) (specify)
Other Public Insurance CHIP
Total Public Insurance (Sum lines 10a+10b)
Private Insurance
Total (Sum lines 7+8+9+10+11)

Managed Care Utilization

Capitated Member Months
Fee-for-service Member Months
Total Member Months (Sum lines 13a+13b)

Special Populations

Total Agricultural Workers or Dependents (All health centers report this line)
Total Homeless (All health centers report this line)
Total School Based Health Center Patients (All health centers report this line)
Total Veterans (All health centers report this line)
Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)

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Number of Patients (a)

Specify	0-17 Years Old (a)	18 and Older (b)

Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)

Number of Patients (a)

Private (d)	Total (e)

S.No	Personnel by Major Service Category
------	-------------------------------------

Medical Care Services	
-----------------------	--

- | | |
|------|--|
| 1. | Family Physicians |
| 2. | General Practitioners |
| 3. | Internists |
| 4. | Obstetrician/Gynecologists |
| 5. | Pediatricians |
| 7. | Other Specialty Physicians |
| 8. | Total Physicians (Sum lines 1-7) |
| 9a. | Nurse Practitioners |
| 9b. | Physician Assistants |
| 10. | Certified Nurse Midwives |
| 10a. | Total NP, PA, and CNMs (Sum lines 9a - 10) |
| 11. | Nurses |
| 12. | Other Medical Personnel |
| 13. | Laboratory Personnel |
| 14. | X-Ray Personnel |
| 15. | Total Medical (Sum lines 8+10a through 14) |

Dental Services	
-----------------	--

- | | |
|------|---|
| 16. | Dentist |
| 17. | Dental Hygienists |
| 17a. | Dental Therapists |
| 18. | Other Dental Personnel |
| 19. | Total Dental Services (Sum lines 16-18) |

Mental Health Services	
------------------------	--

- | | |
|-------|---|
| 20a. | Psychiatrists |
| 20a1. | Licensed Clinical Psychologists |
| 20a2. | Licensed Clinical Social Workers |
| 20b. | Other Licensed Mental Health Providers |
| 20c. | Other Mental Health Staff |
| 20. | Total Mental Health (Sum lines 20a-20c) |

Substance Use Disorder Services	
---------------------------------	--

- | | |
|-----|---------------------------------|
| 21. | Substance Use Disorder Services |
|-----|---------------------------------|

Other Professional Services	
-----------------------------	--

- | | |
|-----|-------------------------------------|
| 22. | Other Professional Services Specify |
|-----|-------------------------------------|

Vision Services	
-----------------	--

- | | |
|------|---|
| 22a. | Ophthalmologists |
| 22b. | Optometrists |
| 22c. | Other Vision Care Staff |
| 22d. | Total Vision Services (Sum lines 22a-22c) |

Pharmacy Personnel	
--------------------	--

- | | |
|-----|--------------------|
| 23. | Pharmacy Personnel |
|-----|--------------------|

Enabling Services	
-------------------	--

- | | |
|-----|---|
| 24. | Case Managers |
| 25. | Patient/Community Education Specialists |
| 26. | Outreach Workers |

- 27. Transportation Staff
- 27a. Eligibility Assistance Workers
- 27b. Interpretation Staff
- 27c. Community Health Workers
- 28. Other Enabling Services Specify
- 29. Total Enabling Services (Sum lines 24-28)

Other Programs/Services

- 29a. Other Programs/Services Specify:
- 29b. Quality Improvement Staff

Administration and Facility

- 30a. Management and Support Staff
- 30b. Fiscal and Billing Staff
- 30c. IT Staff
- 31. Facility Staff
- 32. Patient Support Staff
- 33. Total Facility and Non-Clinical Support Staff (Lines 30a - 32)

Grand Total

- 34. Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)

Comments

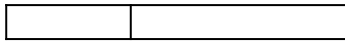
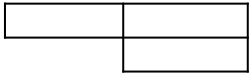
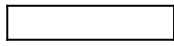
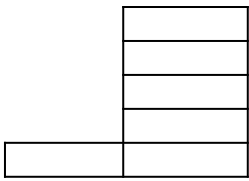
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Specify FTEs (a) Clinic Visits (b) Patients (c)

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S.No	Health Center Staff	Persons (a) Full and Part Time
1.	Family Physicians	
2.	General Practitioners	
3.	Internists	
4.	Obstetrician/Gynecologists	
5.	Pediatricians	
7.	Other Specialty Physicians	
9a.	Nurse Practitioners	
9b.	Physician Assistants	
10.	Certified Nurse Midwives	
11.	Nurses	
16.	Dentists	
17.	Dental Hygienists	
17a.	Dental Therapists	
20a.	Psychiatrists	
20a1.	Licensed Clinical Psychologists	
20a2.	Licensed Clinical Social Workers	
20b.	Other Licensed Mental Health Providers	
22a.	Ophthalmologist	
22b.	Optometrist	
30a1.	Chief Executive Officer	
30a2.	Chief Medical Officer	
30a3.	Chief Financial Officer	
30a4.	Chief Information Officer	

Comments

S.No

Selected Infectious and Parasitic Diseases

- 1-2.
- 3.
- 4.
- 4a.
- 4b.

Selected Diseases of the Respiratory System

- 5.
- 6.

Selected Other Medical Conditions

- 7.
- 8.
- 9.

- 10.

- 11.
- 12.
- 13.

- 14.

- 14a.

**Selected Childhood Conditions
(limited to ages 0 through 17)**

- 15.

- 16.

- 17.

**Selected Mental Health and Substance
Use Disorder Conditions**

- 18.
- 19.
- 19a.
- 20a.
- 20b.
- 20c.
- 20d.

S.No

**Selected Diagnostic
Tests/Screening/Preventive Services**

- 21.
- 21a.
- 21b.
- 22.
- 23.

24.

- 24a.
- 25.
- 26.
- 26a.
- 26b.
- 26c.
- 26d.

**S.No
Selected Dental Services**

- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 33.
- 34.

Sources of Codes:

- International Classification of Diseases, 2017, (ICD-10-CM).
- National Center for Health Statistics (NCHS).
- Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
- Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).

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.

Comments

Diagnostic Category

Symptomatic / Asymptomatic HIV
Tuberculosis
Sexually transmitted infections
Hepatitis B
Hepatitis C

Asthma
Chronic lower respiratory diseases

Abnormal breast findings, female
Abnormal cervical findings
Diabetes mellitus

Heart disease (selected)

Hypertension
Contact dermatitis and other eczema
Dehydration

Exposure to heat or cold

Overweight and obesity

Otitis media and Eustachian tube disorders

Selected perinatal medical conditions

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.

Alcohol related disorders
Other substance related disorders (excluding tobacco use disorders)
Tobacco use disorder
Depression and other mood disorders
Anxiety disorders including PTSD
Attention deficit and disruptive behavior disorders
Other mental disorders excluding drug or alcohol dependence

Service Category

HIV test
Hepatitis B test
Hepatitis C test
Mammogram
Pap test

Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B

Seasonal flu vaccine
Contraceptive management
Health supervision of infant or child (ages 0 through 11)
Childhood lead test screening (9 to 72 months)

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Smoke and tobacco use cessation counseling
Comprehensive and intermediate eye exams

Service Category

Emergency Services
Oral Exams
Prophylaxis - adult or child
Sealants
Fluoride treatment - adult or child
Restorative services
Oral surgery (extractions and other surgical procedures)
Rehabilitative services (Endo, Perio, Prostho, Ortho)

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Applicable ICD-10-CM Code

B20, B97.35, O98.7-, Z21
A15- through A19-, O98.01
A50- through A64- (exclude A63.0)
B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-
B17.10, B17.11, B18.2, B19.20, B19.21

J45-
J40- through J44-, J47-

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-, N
C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820
E08- through E13-, O24-(exclude O24.41-)
I01-, I02- (exclude I02.9),
I20- through I25-,
I27-, I28-,
I30- through I52-
I10- through I16-
L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-
E86-
T33-, T34-,
T67-, T68-,
T69-
E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)

H65- through H69-
A33-, P19-, P22-through P29-
(exclude P29.3),
P35- through P96-
(exclude P54-, P91.6-, P92-,
P96.81),
R78.81, R78.89

E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7),
R63.2, R63.3

F10-, G62.1
F11- through F19- (exclude F17-), G62.0, O99.32-
F17-, O99.33
F30- through F39-
F06.4, F40- through F42-,
F43.0, F43.1-, F93.0
F90- through F91-
F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99-

Applicable ICD-10-CM Code or CPT-4/II Code

CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806

CPT-4: 86704 through 86707, 87340, 87341, 87350

CPT-4: 86803, 86804, 87520 through 87522

CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31

CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42,

CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697,

CPT-4: 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749,
ICD-10: Z30-

CPT-4: 99381 through 99383, 99391 through 99393

ICD-10: Z13.88 CPT-4: 83655

CPT-4: 99408, 99409

HCPCS: G0396, G0397, H0050

CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F, 4004F

CPT-4: 92002, 92004, 92012, 92014

Applicable ADA Code

ADA: D9110

ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180

ADA: D1110, D1120

ADA: D1351

ADA: D1206, D1208 CPT-4:99188

ADA: D21xx through D29xx

ADA:D7xxx

ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx

Number of Visits by Diagnosis Regardless of Primacy (a) Number of Patients with Diagnosis (b)

Number of Visits (a) Number of Patients (b)

Prenatal Care Provided by Referral Only (Yes or No)

S.No

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

S.No

- 7.
- 8.
- 9.

S.No

- 10.

S.No

- 11.

S.No

- 12.

S.No

- 13.

S.No

- 14a.

S.No

- 16.

S.No

- 17.

S.No

- 18.

S.No

- 19.

S.No

20.

S.No

21.

S.No

22.

Comments

Age

Less than 15 years
Ages 15-19
Ages 20-24
Ages 20-24
Ages 45 and over
Total Patients (Sum lines 1-5)

Early Entry into Prenatal Care

First Trimester
Second Trimester
Third Trimester

Childhood Immunization Status

MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday

Cervical Cancer Screening

MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

MEASURE: Percentage of patients 3–17 years of age with a BMI percentile and counseling on nutrition and physical activity documented

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

MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented outside normal parameters

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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

Use of Appropriate Medications for Asthma

MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication

Coronary Artery Disease (CAD): Lipid Therapy

MEASURE: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy

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

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

Colorectal Cancer Screening

MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer

HIV Linkage to Care

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

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool, (2) whose screen was positive, (3) who had a follow-up plan documented

Dental Sealants for Children between 6-9 Years

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

--

Number of Patients (a)

Women Having First Visit with Health Center (a)

Total Patients with 2nd Birthday (a)

--

Total Female Patients Aged 23 through 64 (a)

--

Total Patients Aged 3 through 17 (a)

--

Total Patients Aged 18 and Older (a)

--

Total Patients Aged 18 and Older (a)

--

Total Patients Aged 5 through 64 years of age with Persistent Asthma (a)

--

Total Patients Aged 18 and Older with CAD Diagnosis (a)

--

Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)

--

Total Patients Aged 50 through 75 (a)

--

Total Patients First Diagnosed with HIV (a)

--

Total Patients Aged 12 and Older (a)

--

Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)

--

Women Having First Visit with Another Provider (b)

Number Charts Sampled or EHR Total (b)

--

Number Charts Sampled or EHR Total (b)

--

Number Charts Sampled or EHR Total (b)

--

Number Charts Sampled or EHR Total (b)

--

Number Charts Sampled or EHR Total (b)

--

Number Charts Sampled or EHR Total (b)

--

Number Charts Sampled or EHR Total (b)

--

Charts Sampled or EHR Total (b)

--

Charts Sampled or EHR Total (b)

--

Charts Sampled or EHR Total (b)

--

Charts Sampled or EHR Total (b)

--

Charts Sampled or EHR Total (b)

--

Number of Patients Immunized (c)

Number of Patients Tested (c)

Number of Patients with Counseling and BMI Documented (c)

Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)

Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)

Number of Patients with Acceptable Plan (c)

Number of Patients Prescribed a Lipid Lowering Therapy (c)

Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)

Number of Patients with Appropriate Screening for Colorectal Cancer (c)

Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)

--

Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)

--

Number of Patients with Sealants to First Molars (c)

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S.No	Prenatal Services
0	HIV-Positive Pregnant Women
2	Deliveries Performed by Health Center's Providers

S.No	Race and Ethnicity
Hispanic/Latino	
1a.	Asian
1b1.	Native Hawaiian
1b2.	Other Pacific Islander
1c.	Black/African American
1d.	American Indian/Alaska Native
1e.	White
1f.	More Than One Race
1g.	Unreported/Refused to Report Race
	Subtotal Hispanic/Latino

Non-Hispanic/Latino	
2a.	Asian
2b1.	Native Hawaiian
2b2.	Other Pacific Islander
2c.	Black/African American
2d.	American Indian/Alaska Native
2e.	White
2f.	More Than One Race
2g.	Unreported/Refused to Report Race
	Subtotal Non Hispanic/Latino

Unreported/Refused to Report Race and Ethnicity	
h.	Unreported/Refused to Report Race and Ethnicity
i.	Total

Comments	<input type="text"/>
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Patients (a)	
	23
	23

Prenatal Care Patients Who Delivered During the Year (1a) Live Births: < 1500 grams (1b)

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Live Births: 1500 - 2499 grams (1c) Live Births: > = 2500 grams (1d)

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S.No	Race and Ethnicity
Hispanic/Latino	
1a.	Asian
1b1.	Native Hawaiian
1b2.	Other Pacific Islander
1c.	Black/African American
1d.	American Indian/Alaska Native
1e.	White
1f.	More Than One Race
1g.	Unreported/Refused to Report Race
	Subtotal Hispanic/Latino
Non-Hispanic/Latino	
2a.	Asian
2b1.	Native Hawaiian
2b2.	Other Pacific Islander
2c.	Black/African American
2d.	American Indian/Alaska Native
2e.	White
2f.	More Than One Race
2g.	Unreported/Refused to Report Race
	Subtotal Non Hispanic/Latino
Unreported/Refused to Report Race and Ethnicity	
h.	Unreported/Refused to Report Race and Ethnicity
i.	Total

Total Patients 18 through 85 Years of Age with Hypertension (2a)

--

Charts Sampled or EHR Total (2b) Patients with Hypertension Controlled (2c)

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S.No	Race and Ethnicity
Hispanic/Latino	
1a.	Asian
1b1.	Native Hawaiian
1b2.	Other Pacific Islander
1c.	Black/African American
1d.	American Indian/Alaska Native
1e.	White
1f.	More Than One Race
1g.	Unreported/Refused to Report Race
	Subtotal Hispanic/Latino
Non-Hispanic/Latino	
2a.	Asian
2b1.	Native Hawaiian
2b2.	Other Pacific Islander
2c.	Black/African American
2d.	American Indian/Alaska Native
2e.	White
2f.	More Than One Race
2g.	Unreported/Refused to Report Race
	Subtotal Non Hispanic/Latino
Unreported/Refused to Report Race and Ethnicity	
h.	Unreported/Refused to Report Race and Ethnicity
i.	Total

Total Patients 18 through 75 Years of Age with Diabetes (3a) Charts Sampled or EHR Total (3b)

--	--

Patients with HbA1c >9% or No Test During Year (3f)

--

S.No

*** Column c is equal to the sum of column a and column b.**

Financial Costs for Medical Care

- 1.
- 2.
- 3.
- 4.

Financial Costs for Other Clinical Services

- 5.
- 6.
- 7.
- 8a.
- 8b.
- 9.
- 9a.
- 10.

Financial Costs Of Enabling And Other Services

- 11a.
- 11b.
- 11c.
- 11d.
- 11e.
- 11f.
- 11g.
- 11h.
- 11.
- 12.
- 12a.
- 13.

Facility and Non-Clinical Support Services and Totals

- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

Comments

Cost Center	Specify	Accrued Cost (a) \$
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Medical Staff		
Lab and X-ray		
Medical/Other Direct		
Total Medical Care Services (Sum lines 1-3)		

Dental		
Mental Health		
Substance Use Disorder		
Pharmacy not including pharmaceuticals		
Pharmaceuticals		
Other Professional Specify		
Vision		
Total Other Clinical Services (Sum lines 5-9a)		

Case Management		
Transportation		
Outreach		
Patient and Community Education		
Eligibility Assistance		
Interpretation Services		
Other Enabling Services Specify		
Community Health Workers		
Total Enabling Services Cost (Sum lines 11a-11h)		
Other Professional Specify		
Quality Improvement		
Total Enabling and Other Services (Sum Lines 11, 12, and 12a)		

Facility		
Non-Clinical Support Services		
Total Facility And Non-Clinical Support Services (Sum Lines 14 And 15)		
Total Accrued Costs (Sum lines 4+10+13+16)		
Value of Donated Facilities, Services and Supplies Specify		
Total with Donations (Sum lines 17 and 18)		

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Allocation Of Facility and Non-Clinical Support Services (b) \$

	201926
	195806
	10

Total Cost After Allocation of Facility and Non-Clinical Support Services (c) \$

	122294
	14331402

S.No	Payer Category
1.	Medicaid Non-Managed Care
2a.	Medicaid Managed Care (capitated)
2b.	Medicaid Managed Care (fee-for-service)
3.	Total Medicaid (Sum lines 1+2a+2b)
4.	Medicare Non-Managed Care
5a.	Medicare Managed Care (capitated)
5b.	Medicare Managed Care (fee-for-service)
6.	Total Medicare (Sum lines 4+5a+5b)
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)
9.	Total Other Public (Sum lines 7+8a+8b)
10.	Private Non-Managed Care
11a.	Private Managed Care (capitated)
11b.	Private Managed Care (fee-for-service)
12.	Total Private (Sum lines 10+11a+11b)
13.	Self pay
14.	Total (Sum lines 3+6+9+12+13)

Comments	
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Full Charges This Period (a) \$ Amount Collected This Period (b) \$

Collection of Reconciliation / Wrap Around Current Year (c1) \$

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Collection of Reconciliation / Wrap Around Previous Year (c2) \$

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Collection of Other Payments: P4P, Risk Pools, etc. (c3) \$	Penalty/Payback (c4) \$
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Allowances (d) \$	Sliding Fee Discounts (e) \$	Bad Debt Write Off (f) \$
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S.No

BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)

- 1a.
- 1b.
- 1c.
- 1e.
- 1g.
- 1j.
- 1k.
- 1.

Other Federal Grants

- 2.
- 3.
- 3a.
- 5.

Non-Federal Grants Or Contracts

- 6.
- 6a.
- 7.
- 8.
- 9.
- 10.
- 11.

Comments

Source

Specify

Migrant Health Center
Community Health Center
Health Care for the Homeless
Public Housing Primary Care
Total Health Center (Sum lines 1a through 1e)
Capital Improvement Program Grants
Capital Development Grants, including School Based Health Center Capital Grants
Total BPHC Grants (Sum lines 1g+1j+1k)

Ryan White Part C HIV Early Intervention
Other Federal Grants Specify:
Medicare and Medicaid EHR Incentive Payments for Eligible Providers
Total Other Federal Grants (Sum lines 2-3a)

State Government Grants and Contracts Specify:
State/Local Indigent Care Programs Specify:
Local Government Grants and Contracts Specify:
Foundation/Private Grants and Contracts Specify:
Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)
Other Revenue (non-patient related revenue not reported elsewhere) Specify:
Total Revenue (Sum lines 1+5+9+10)

Amount (a) \$

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

1a. How many physicians, certified nurse practitioners and physician assistants, on-site or with whom the health center has a DATA waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration for this indication?

1b. 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?

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor, outreach and enrollment assisters). Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage.

Enter number of assists

Comments

Answers

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