Patients by ZIP Code(PBZC)

<BHCMIS ID - Grant Number: Health Center Name, City, State>

ZIP Code (a)	None/Uninsured (b)	Medicaid / CHIP/ Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
# of ZIP Codes>					
Other ZIP Codes					
Unknown Residence					
Total	**0**	**0**	**0**	**0**	**0**

Comments (Max 4000 characters)

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

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Line	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		
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		
34	Ages 65-69		
35	Ages 70-74		
36	Ages 75-79		
37	Ages 80-84		
38	Ages 85 and over		
39	**Total Patients (Sum of Lines 1-38)**	0	0

Comments (Max 4000 characters)

Table 3B: Demographic Characteristics

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/o (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)
1a	Asian Indian			
1b	Chinese			
1c	Filipino			
1d	Japanese			
1e	Korean			
1f	Vietnamese			
1g	Other Asian			
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)			
2a	Native Hawaiian			
2b	Other Pacific Islander			
2c	Guamanian or Chamorro			
2d	Samoan			
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b+2c+2d)			

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Line				
3	Black/African American			
4	American Indian/Alaska Native			
5	White			
6	More than one race			
7	Unreported/Choose not to disclose race			
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)			

Patients Best Served in a Language Other than English

12	Patients Best Served in a Language Other than English

Line	Patients by Sexual Orientation		Number (a)
13	Lesbian or Gay		
14	Heterosexual (or straight)		
15	Bisexual		
16	Something else		
17	Don't know		
18	Chose not to disclose		
18a	Unknown		
19	Total Patients (Sum of Lines 13 to 18a)		

Comments (Max 4000 characters)

Yes, Another Hispanic, Latino/a or Spanish origin (a4)	Latino/a, or Spanish origin (a) (Sum Columns a1+a2+a3+a4)	Not Hispanic, Latino/a, or Spanish origin (b)	Unreported/ Choose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
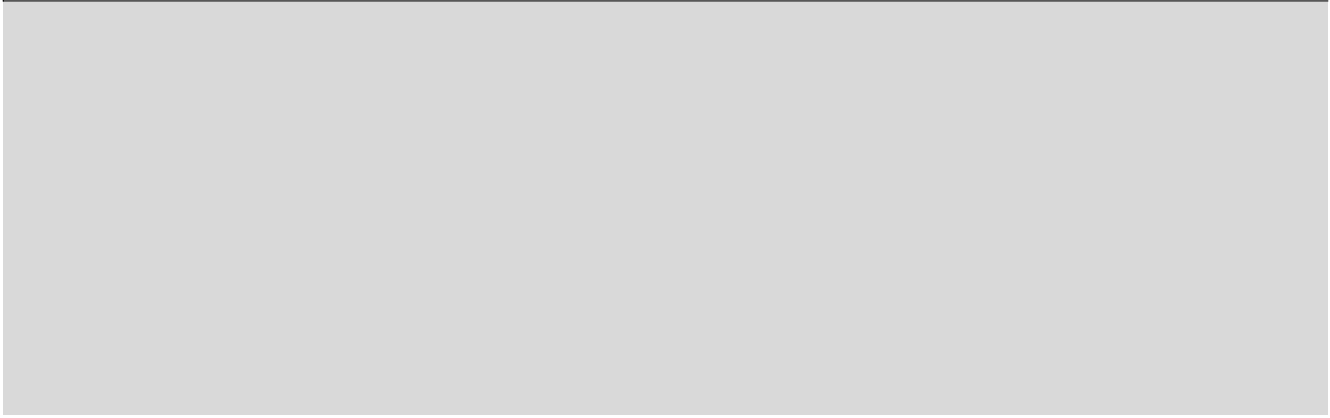
**Number
(a)**

Patients by Gender Identity	Number (a)
Male	
Female	
Transgender Man/Transgender Male/Transmasculine	
Transgender Woman/Transgender Female/Transfeminine	
Other	
Chose not to disclose	
Unknown	
Total Patients
(Sum of Lines 20 to 25a)	

Table 4: Selected Patient Characteristics

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Line	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Guideline			
1	100% and below		
2	101 - 150%		
3	151 - 200%		
4	Over 200%		
5	Unknown		
6			

Line	Primary Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7	None/Uninsured		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	Total Medicaid (Sum lines 8a+8b)	0	0
9a	Dually Eligible (Medicare and Medicaid)		
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)		
10a	Other Public Insurance (Non-CHIP) (specify_____)		
10b	Other Public Insurance CHIP		
10	Total Public Insurance (Sum lines 10a+10b)	0	0
11	Private Insurance		
12	Total (Sum of Lines 7+8+9+10+11)		

Managed Care Utilization

S.No	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a	Capitated Member Months					
13b	Fee-for-service Member Months					
13c	Total Member Months (Sum of Lines 13a+13b)	0	0	0	0	0

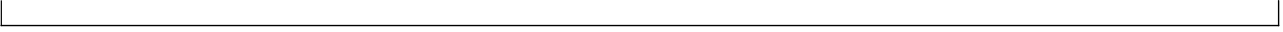| S.No	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	
15	Seasonal (330g awardees only)	
16	Total Agricultural Workers or Dependents (All health centers report this line)	
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling Up (330h awardees only)	
20	Street (330h awardees only)	
21a	Permanent Supportive Housing (330h awardees only)	
21	Other (330h awardees only)	
22	Unknown (330h awardees only)	
23	Total Homeless (All health centers report this line)	
24	Total School-Based Service Site Patients (All health centers report this line)	
25	Total Veterans (All health centers report this line)	
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	

Comments (Max 4000 characters)

Table 5: Staffing and Utilization

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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 Care Services** (Sum lines 8+10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services** (Sum lines 16-18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Sum lines 20a-c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** (specify__)				
22a	Ophthalmologists				
22b	Optometrists				
22c	Other Vision Care Personnel				
22d	**Total Vision Services** (Sum lines 22a-c)				
23	**Pharmacy Personnel**				
23a	Pharmacist				
23b	Clinical Pharmacist				
23c	Pharmacy Technician				
23d	Other Pharmacy Personell				
24	Case Managers				
25	Patient and Community Education Specialists				
26	Outreach Workers				
27	Transportation Personnel				
27a	Eligibility Assistance Workers				
27b	Interpretation Personnel				
27c	Community Health Workers				
28	Other Enabling Services (specify__)				
29	**Total Enabling Services** (Lines 24-28)				
29a	**Other Programs and Services** (specify__)				
29b	**Quality Improvement Personnel**				
30a	Management and Support Personnel				
30b	Fiscal and Billing Personnel				
30c	IT Personnel				
31	Facility Personnel				
32	Patient Support Personnel				
33	**Total Facility and Non-Clinical Support Personnel** (Lines 30a - 32)				
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)				

Table 5: Selected Service Detail Addendum

<BHCMIS ID - Grant Number: Health Center Name, City, State>

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)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

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)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinial Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Comments (Max 4000 characters)

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)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinial Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Table 6A - Selected Diagnoses and Services Rendered

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Diagnostic Category		Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2	Symptomatic / Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.0		
4	Sexually transmitted infections	A50- through A64-		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-		
4b	Hepatitis C	B17.1-, B18.2, B19.2-		
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1		
4d	Post COVID-19 condition	U09.9		
Selected Diseases of the Respiratory System				
5	Asthma	J45-		
6	Chronic lower respiratory diseases	J40 (count J40 only when code U07.1 **is not** present), J41- through J44-, J47-		
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.82, J12.89, J20.8, J40, J22, J98.8, J80 (count codes listed only when code U07.1 is also present)		
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-		
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820		
9	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)		
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-		
11	Hypertension	I10- through I16-, O10-,O11-		
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-		
13	Dehydration	E86-		
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-		
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)		
Selected Childhood Conditions (limited to ages 0 through 17)				
15	Otitis media and Eustachian tube disorders	H65- through H69-		
16	Selected perinatal/neonatal medical conditions	A33, P19-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P92-, P96.81), R78.81, R78.89		
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		
Selected Mental Health Conditions, Substance Use Disorders, and Exploitations				
18	Alcohol-related disorders	F10-, G62.1, O99.31-		
19	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-, Z72.0		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		
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-, F64-, 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		
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11		

Service Category		Applicable ICD-10-CM, CPT-4/I/II/PLA or HCPCS Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4:** 80074, 86704 through 86707, 87340, 87341, 87350, 87912		
21b	Hepatitis C test	**CPT-4:** 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4:** 87426, 87428, 87635, 87636, 87637 **HCPCS:** U0001, U0002, U0003, U0004 **CPT PLA:** 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4:** 86318, 86328, 86408, 86409, 86413, 86769 **CPT PLA:** 0224U, 0226U **CDT:** D0605		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP	**Possible codes to explore for PrEP management:** **CPT-4:** 99401-99404 **ICD-10:** Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure AND limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF), emtricitabine/tenofovir alafenamide (FTC/TAF), or cabotegravir for PrEP		
22	Mammogram	**CPT-4:** 77063, 77065, 77066, 77067 **ICD-10:** Z12.31 **HCPCS:** G0279		
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) **HCPCS:** G0144, G0145, G0147, G0148		
24	Selected immunizations: hepatitis A; hemophilus Influenza B (HiB); pneumococcal; diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, 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		
24a	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756		
24b	Coronavirus (SARS-CoV-2) vaccine	**CPT-I:** 0001A-0004A, 0011A- 0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A, 0072A, 91300-91307, 91308-91310		
25	Contraceptive management	**ICD-10:** Z30-		
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393 **ICD-10:** Z00.1-, Z76.1, Z76.2		
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655		
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0050		
26c	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 **HCPCS:** S9075 **CPT-II:** 4000F, 4001F, 4004F		

		Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014		
26e	Childhood Development Screenings and Evaluations	**ICD-10: Z13.4**		
	Service Category	**Applicable ADA Code**	**Number of Visits (a)**	**Number of Patients (b)**

Selected Dental Services

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

Sources of codes:
- ICD-10-CM (2022) National Center for Health Statistics (NCHS)
- (CPT) (2022). American Medical Association (AMA).
- Code on Dental Procedures and Nomenclature CDT Code (2022) – 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 (Max 4000 characters)

Table 6B: Quality of Care Measures

<BHCMIS ID - Grant Number: Health Center Name, City, State>			
0	**Prenatal Care Provided by Referral Only? (Indicate Yes or No)**		

Section A—Age Categories for Prenatal Patients: Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)	
1	Less than 15 years		
2	Ages 15-19		
3	Ages 20-24		
4	Ages 25-44		
5	Ages 45 and over		
6			

Section B—Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Section C—Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number of Records Reviewed (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received ageappropriate vaccines by their 2nd birthday			

Section D—Cervical and Breast Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number of Records Reviewed (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23–64 years of age who were screened for cervical cancer			

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number of Records Reviewed (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51–73 years of age who had a mammogram to screen for breast			

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/Adolescents	Total Patients Aged 3 through 16 (a)	Number of Records Reviewed (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3–16 years of age with a BMI percentile and counseling on nutrition and physical activity documented			

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 of Records Reviewed (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			

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 of Records Reviewed (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 during the measurement period, and (2) if identified to be a tobacco user received cessation counseling			

Section H—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients High Risk of Cardiovascular Events (a)	Number of Records Reviewed (b)	Number of Patients with Acceptable Plan (c)
17a	MEASURE: Percentage of patients at high risk of cardiovascular events who were prescribed or were on statin therapy			

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

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number of Records Reviewed (b)	Number of Patients with Documentation of Use of Aspirin or Other Antiplatelet (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			

Section J—Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number of Records Reviewed (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer			

Section K—HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number of Records Reviewed (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis			

Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number of Records Reviewed (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range			

Section L—Depression Measures

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number of Records Reviewed (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)

Line		Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number of Records Reviewed (b)	Number of Patients who Reached Remission (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 documente			
Line	**Depression Remission at Twelve Months**	**Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)**	**Number of Records Reviewed (b)**	**Number of Patients who Reached Remission (c)**
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event			

Section M—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 of Records Reviewed (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			

Comments (Max 4000 characters)

Table 7: Health Outcomes and Disparities

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Section A: Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
2	Deliveries Performed by Health Center's Providers	

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)
Hispanic or Latino/a					
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/Chose Not to Disclose Race				
Subtotal Hispanic or Latino/a					
Non-Hispanic or Latino/a					
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/Chose Not to Disclose Race				
Subtotal Non-Hispanic or Latino/a					
Unreported/Chose Not to Disclose Race and Ethnicity					
h	Unreported /Chose Not to Disclose Race and Ethnicity				
i	Total				

Section B: Controlling High Blood Pressure

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
Hispanic or Latino/a				
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/Chose Not to Disclose Race			
Subtotal Hispanic or Latino/a				
Non-Hispanic or Latino/a				
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/Chose Not to Disclose Race			
Subtotal Non-Hispanic or Latino/a				
Unreported/Chose Not to Disclose Race and Ethnicity				
h	Unreported /Chose Not to Disclose Race and Ethnicity			
i	Total			

Section C: Diabetes: Hemoglobin A1c Poor Control

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanic or Latino/a				
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/Chose Not to Disclose Race			
Subtotal Hispanic or Latino/a				
Non-Hispanic or Latino/a				
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/Chose Not to Disclose Race			
Subtotal Non-Hispanic or Latino/a				
Unreported/Chose Not to Disclose Race and Ethnicity				
h	Unreported /Chose Not to Disclose Race and Ethnicity			
i	Total			

Comments (Max 4000 characters)

Section A: Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
2	Deliveries Performed by Health Center's Providers	

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)
	Mexican, Mexican American, Chicano/a		
1a1m	Asian Indian		
1a2m	Chinese		
1a3m	Filipino		
1a4m	Japanese		
1a5m	Korean		
1a6m	Vietnamese		
1a7m	Other Asian		
1b1m	Native Hawaiian		
1b2m	Other Pacific Islander		
1b3m	Guamanian or Chamorro		
1b4m	Samoan		
1cm	Black/African American		
1dm	American Indian/Alaska Native		
1em	White		
1fm	More than One Race		
1gm	Unreported/Chose Not to Disclose Race		
	Subtotal Mexican, Mexican American, Chicano/a		
	Puerto Rican		
1a1p	Asian Indian		
1a2p	Chinese		
1a3p	Filipino		
1a4p	Japanese		
1a5p	Korean		
1a6p	Vietnamese		
1a7p	Other Asian		
1b1p	Native Hawaiian		
1b2p	Other Pacific Islander		
1b3p	Guamanian or Chamorro		
1b4p	Samoan		
1cp	Black/African American		
1dp	American Indian/Alaska Native		
1ep	White		
1fp	More than One Race		
1gp	Unreported/Chose Not to Disclose Race		

	Subtotal Puerto Rican		
	Cuban		
1a1c	Asian Indian		
1a2c	Chinese		
1a3c	Filipino		
1a4c	Japanese		
1a5c	Korean		
1a6c	Vietnamese		
1a7c	Other Asian		
1b1c	Native Hawaiian		
1b2c	Other Pacific Islander		
1b3c	Guamanian or Chamorro		
1b4c	Samoan		
1cc	Black/African American		
1dc	American Indian/Alaska Native		
1ec	White		
1fc	More than One Race		
1gc	Unreported/Chose Not to Disclose Race		
	Subtotal Cuban		
	Another Hispanic, Latino/a, or Spanish Origin		
1a1a	Asian Indian		
1a2a	Chinese		
1a3a	Filipino		
1a4a	Japanese		
1a5a	Korean		
1a6a	Vietnamese		
1a7a	Other Asian		
1b1a	Native Hawaiian		
1b2a	Other Pacific Islander		
1b3a	Guamanian or Chamorro		
1b4a	Samoan		
1ca	Black/African American		
1da	American Indian/Alaska Native		
1ea	White		
1fa	More than One Race		
1ga	Unreported/Chose Not to Disclose Race		
	Subtotal Another Hispanic, Latino/a, or Spanish Origin		
	Subtotal Total Hispanic, Latino/a, or Spanish Origin		
	Not Hispanic, Latino/a, or Spanish Origin		
2a1	Asian Indian		
2a2	Chinese		
2a3	Filipino		
2a4	Japanese		
2a5	Korean		

2a6	Vietnamese		
2a7	Other Asian		
2b1	Native Hawaiian		
2b2	Other Pacific Islander		
2b3	Guamanian or Chamorro		
2b4	Samoan		
2c	Black/African American		
2d	American Indian/Alaska Native		
2e	White		
2f	More than One Race		
2g	Unreported/Chose Not to Disclose Race		
	Subtotal Total Not Hispanic, Latino/a, or Spanish Origin		
Unreported/Chose Not to Disclose Race and Ethnicity			
h	Unreported/Chose Not to Disclose Race and Ethnicity		
i	**Total**		

Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
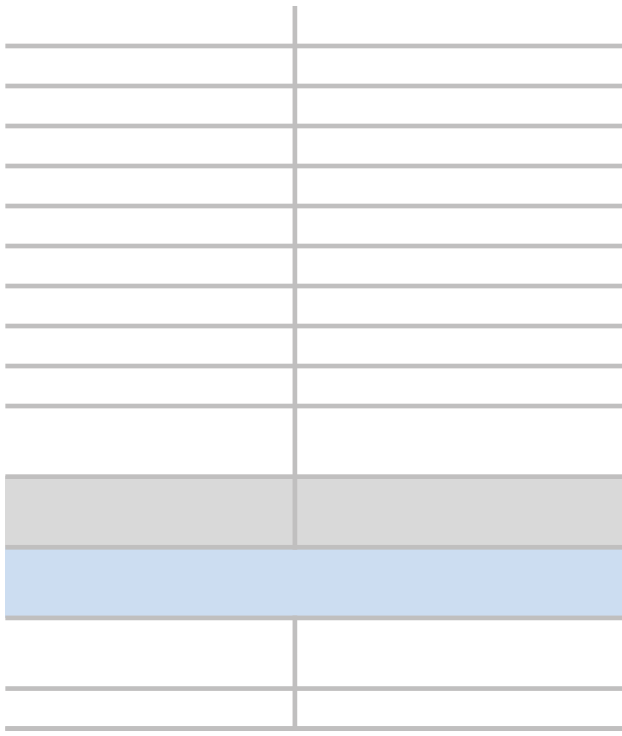
Table 8A: Financial Costs

<BHCMIS ID - Grant Number: Health Center Name, City, State>

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)
Financial Costs for Medical Care				
1	Medical Personnel			
2	Lab and X-ray			
3	Medical/Other Direct			
4	**Total Medical Care Services** (Sum of Lines 1 through 3)			
Financial Costs for Other Clinical Services				
5	Dental			
6	Mental Health			
7	Substance Use Disorder			
8a	Pharmacy (not including pharmaceuticals)			
8b	Pharmaceuticals			
9	Other Professional (specify: ___)			
9a	Vision			
10	**Total Other Clinical Services** (Sum of Lines 5 through 9a)			
Financial Costs of Enabling and Other Program Related Services				
11a	Case Management			
11b	Transportation			
11c	Outreach			
11d	Patient and Community Education			
11e	Eligibility Assistance			
11f	Interpretation Services			
11g	Other Enabling Services (specify: ___)			
11h	Community Health Workers			
11	**Total Enabling Services** (Sum of Lines 11a-11h)			
12	Other Program-Related Services (specify:___)			
12a	Quality Improvement			
13	**Total Enabling and Other Services** (Sum of Lines 11, 12, and 12a)			
Facility and Non-Clinical Support Services and Totals				
14	Facility			
15	Non-Clinical Support Services			
16	**Total Facility and Non-Clinical Support Services** (Sum of Lines 14 and 15)			
17	**Total Accrued Costs** (Sum of Lines 4+10+13+16)			
18	Value of Donated Facilities, Services and Supplies (specify: ___)			
19	**Total with Donations** (Sum of Lines 17 and 18)			

Table 9D: Patient Service Revenue

<BHCMIS ID - Grant Number: Health Center Name, City, State>

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)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
1	Medicaid Non-Managed Care									
2a	Medicaid Managed Care (capitated)									
2b	Medicaid Managed Care (fee-for-service)									
3	**Total Medicaid** (Sum of 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 of 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)									
8c	Other Public, including COVID-19 Uninsured Program									
9	**Total Other Public** (Sum of Lines 7+8a+8b+8c)									
10	Private Non-Managed Care									
11a	Private Managed Care (capitated)									
11b	Private Managed Care (fee-for-service)									
12	**Total Private** (Sum of Lines 10+11a+11b)									
13	**Self-Pay**									
14	**TOTAL** (Sum of Lines 3+6+9+12+13)									

Comments (Max 4000 characters)

Table 9E: Other Revenues

<BHCMIS ID - Grant Number: Health Center Name, City, State>

Line	Source	Amount (a)
BPHC Grants (Enter Amount Drawn Down—Consistent with PMS-272)		
1a	Migrant Health Center	
1b	Community Health Center	
1c	Health Care for the Homeless	
1e	Public Housing Primary Care	
1g	**Total Health Center** (Sum Lines 1a through 1e)	
1k	Capital Development Grants, including School-Based Service Site Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	American Rescue Plan (ARP) (H8F, L2C, C8E)	
1p	Other COVID-19-Related Funding from BPHC (specify_____)	
1q	**Total COVID-19 Supplemental** (Sum of Lines 1l through 1p)	
1	**Total BPHC Grants** (Sum of Lines 1g + 1k + 1q)	
Other Federal Grants		
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants (specify:___)	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
3b	Provider Relief Fund (specify _____)	
5	**Total Other Federal Grants** (Sum of Lines 2 through 3b)	
Non-Federal Grants Or Contracts		
6	State Government Grants and Contracts (specify_____)	
6a	State/Local Indigent Care Programs (specify_____)	
7	Local Government Grants and Contracts (specify_____)	
8	Foundation/Private Grants and Contracts (specify_____)	
9	**Total Non-Federal Grants and Contracts** (Sum of Lines 6 + 6a + 7 + 8)	0
10	Other Revenue (non-patient service revenue not reported elsewhere) (specify_____)	
11	**Total Revenue** (Sum of Lines 1+5+9+10)	0
Comments (Max 4000 characters)		

Appendix D: Health Center Information Technology (HIT) Capabilites

<BHCMIS ID - Grant Number: Health Center Name, City, State>

1. Does your health center currently have an electronic health record (EHR) system installed and in use, at minimum for medical care, by December 31?

Indicate one option (a, b, or c)

a.Yes, isntalled at all service delivwery 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 personnel, this is not required to choose response (a).
• For the purposes of this response, "all service delivery sites" means all permanent service delivery sites where medical providers serve health center medical patients.
• It 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 if a few newly hired, untrained personnel are the only ones not using the system.

b. Yes, but only installed at some sites or used by some providers
Select option (b) if one or more permanent service delivery sites did not have the EHR installed or in use (even if this is planned), or if one or more medical providers (as defined on this page under [a]) 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.

c. No
Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started.
If the health center purchased an EHR but has not yet put it into use, answer "no."
• If response is "c. No." skip to Question 11.

If "Yes, but only installed at some service delivery sites or used by some providers" is selected, a box expands for health centers to identify how many service delivery sites have the EHR in use and how many (medical) providers are using it. Please enter the number of service delivery sites (as defined under question 1) where the EHR is in use and the number of providers who use the system (at all service delivery sites). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one service delivery site as just one provider

1a.Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program? (Yes or No)	
Please indicate your EHR vendor, product name, version number, and ONC-certified health IT product list number:	
1a1. Vendor	
1a2.Product Number	
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? (Yes or No)	
1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization? (Yes or No)	
1c1. If yes, what is the reason? (Select all that apply)	
1c1. a. Additional EHR/data system(s) are used during transition from one primary EHR to another	
1c1. b. Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health, care coordination)	
1c1. c. Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition	
1c1. d. Additional EHR/data system(s) are used for analysis and reporting (such as for clinical quality measures or custom reporting)	
1c1. e. Other (please describe _____)	
1d. Question removed.	
1e. Question removed.	
2. Question removed.	
3. Question removed.	
4. Which of the following key providers/health care settings does your health center electronically exchange clinical or patient information with? (Select all that apply.)	
a. Hospitals/Emergency rooms	
b. Specialty providers	
c. Other primary care providers	
d. Labs or imaging	
e. Health information exchange (HIE)	
f. Community-based organizations/social service partners	
g. None of the above	
h. Other (please describe _____)	
5. Does your health center engage patients through health IT in any of the following ways? (Select all that apply.)	
a. Patient portals	
b. Kiosks	
c. Secure messaging between patient and provider	
d. Online or virtual scheduling	
e. Automated electronic outreach for care gap closure or preventive care reminders	
f. Application programming interface (API)-cased patient access to their health record through mHealth apps	
d. Other (please describe _____)	
e. No, we DO NOT engage patients using HIT	
6. Question removed.	
7. Question removed.	
a. We use the EHR to extract automated reports	
b. We use the EHR but only to access individual patient health records	
c. We use the EHR in combination with another data analytic system	
d. We DO NOT use the EHR	
8. Question removed.	
9. Question removed.	
10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.)	
a. Quality improvement	
b. Population health management	
c. Program evaluation	
d. Research	
e. Other (please describe _____)	
f. We DO NOT utilize HIT or EHR data beyond direct patient care	
11. Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?	
a. Yes	
b. No, but we are in planning stages to collect this information	
c. No, we are not planning to collect this information	
11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is "a. Yes.")	
12. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply. Only respond to this if Question 11a is greater than 0.)	

a. Accountable Health Communities Screening Tools	
b. Upstream Risks Screening Tool and Guide	
c. iHELLP	
d. Recommend Social and Behavioral Domains for EHRs	
e. Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	
f. Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education (WE CARE)	
g. WellRx	
h. Health Leads Screening Toolkit	
i. Other (please describe _____)	
j. We DO NOT use a standardized screener (skip to Question 12b)	

12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple social risks and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.):

a. Food insecurity	
b. Housing insecurity	
c. Financial strain	
d. Lack of transportation/access to public transportation	

12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.) (Only respond to this question if Question 11a is zero or Question 12, option J is selected.)

a. Have not considered/unfamiliar with standardized screeners	
b. Lack of funding for addressing these unmet social needs of patients	
c. Lack of training for personnel to discuss these issues with patients	
d. Inability to include with patient intake and clinical workflow	
e. Not needed	
f. Other (please describe _____)	

13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?

a. Yes	
b. No	
c. Not sure	

Comments (Max 4000 characters)

Appendix E: Other Data Elements

<BHCMIS ID - Grant Number: Health Center Name, City, State>

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

a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives, on-site or with whom the health center has contracts, have 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) (i.e., buprenorphine) for that indication during the calendar year?	
b. b. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or certified nurse midwife with a DATA waiver working on behalf of the health center?	

2. Telemedicine

2. Did your organization use telemedicine to provide remote (virtual) clinical care services? (Yes or No)	
If yes, who did you use telemedicine to communicate with? (Select all that apply.) a. Patients at remote locations from your organization (e.g., home telemedicine, satellite locations) b. Specialists outside your organization (e.g., specialists at referral centers)	
If yes, what telehealth technologies did you use? (Select all that apply.) a. Real-time telehealth (e.g., live video conferencing) b. Store-and-forward medicine (e.g., secure email with photos or videos of patient examinations) c. Remote patient monitoring d. Mobile Health (mHealth)	
If yes, what primary telemedicine services were used at your organization? (Select all that apply.) a. Primary care b. Oral health c. Behavioral health: Mental health d. Behavioral health: Substance use disorder e. Dermatology f. Chronic conditions g. Disaster management h. Consumer health education i. Provider-to-provider consultation j. Radiology k. Nutrition and dietary counseling l. Other (Please describe: _____)	

If no, you did not have telemedicine services, please comment why. (Select all that apply.)
a.. Have not considered/unfamiliar with telehealth service options
b. Policy barriers (Select all that apply)
    i. Lack of or limited reimbursement
    ii. Credentialing, licensing, or privileging
    iii. Privacy and security
    iv. Other (Please describe: _____)
c. Inadequate broadband/telecommunication service (Select all that apply)
    i. Cost of service
    ii. Lack of infrastructure
    iii. Other (Please describe: _____)
d. Lack of funding for telehealth equipment
e. Lack of training for telehealth services
f. Not needed
g. Other (Please describe: _____)	

3. 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 (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about third-party primary care 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
<BHCMIS ID - Grant Number: Health Center Name, City, State>
1. Does your health center provide any health professional education/training that is hands-on, practical,
Indicate Yes or No
If yes, which category best describes your health center's role in the health professional education/training process? (Select all that apply.) a. Sponsor b. Training site partner c. Other (please describe _____)
2. Please indicate the range of health professional education/training offered at your health center and h **within the calendar year.**
Medical
1. Physicians
a. Family Physicians
b. General Practitioners
c. Internists
d. Obstetrician/Gynecologists
e. Pediatricians
f. Other Specialty Physicians
2. Nurse Practitioners
3. Physician Assistants
4. Certified Nurse Midwives
5. Registered Nurses
6. Licensed Practical Nurses/ Vocational Nurses
7. Medical Assistants
Dental
8. Dentists
9. Dental Hygienists
10. Dental Therapists
10a. Dental Assistants
Mental Health and Substance Use Disorder
11. Psychiatrists
12. Clinical Psychologists
13. Clinical Social Workers
14. Professional Counselors
15. Marriage and Family Therapists
16. Psychiatric Nurse Specialists
17. Mental Health Nurse Practitioners
18. Mental Health Physician Assistants
19. Substance Use Disorder Personnel
Vision
20. Ophthalmologists
21. Optometrists
Other Professionals
22. Chiropractors

23. Dieticians/Nutritionists
24. Pharmacists
25. Other (please describe _____)

3. Provide the number of health center personnel serving as preceptors at your health center

4. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs

5. How often does your health center conduct satisfaction surveys to providers (as identified in Appendix (Select one.)

a. Monthly
b. Quarterly
c. Annually
d. We DO NOT currently conduct provider satisfaction surveys
e. Other (please describe _____)

6. How often does your health center conduct satisfaction surveys for general personnel (as identified in center (report provider surveys in question 5 only)? (Select one.)

a. Monthly
b. Quarterly
c. Annually
d. We DO NOT currently conduct personnel satisfaction surveys
e. Other (please describe _____)

Comments (Max 4000 characters)

, or clinical experience?

ow many individuals you have trained in each category

a. Pre-Graduate/Certificate	b. Post-Graduate Training

a. Pre-Graduate/Certificate	b. Post-Graduate Training

a. Pre-Graduate/Certificate	b. Post-Graduate Training

a. Pre-Graduate/Certificate	b. Post-Graduate Training

a. Pre-Graduate/Certificate	b. Post-Graduate Training

A, Listing of Personnel) working for the health center?

Appendix A, Listing of Personnel) working for the health