

Patients By ZIP CODE

Zip Code	Patients
Other Zip Codes	
Unknown Residence	
TOTAL	

Note: This is a representation of the form, however the actual on-line input process will look significantly different, as may the printed output from the EHB.



TABLE 3A – PATIENTS BY AGE AND GENDER

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	Age 85 and over		
39	TOTAL PATIENTS (SUM LINES 1-38)		

TABLE 3B – PATIENTS BY HISPANIC OR LATINO ETHNICITY / RACE / LANGUAGE

PATIENTS BY RACE		PATIENTS BY HISPANIC OR LATINO ETHNICITY			
		HISPANIC/ LATINO (a)	NOT HISPANIC/ LATINO (b)	UNREPORTED/ REFUSED TO REPORT (c)	TOTAL (d)
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Hawaiian/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				
8.	TOTAL PATIENTS (SUM LINES 1+2 + 3 TO 7)				

PATIENTS BY LANGUAGE		NUMBER (a)
12.	Patients Best Served in a Language Other Than English	

TABLE 4 – SELECTED PATIENT CHARACTERISTICS

CHARACTERISTIC		NUMBER OF PATIENTS (a)				
INCOME AS PERCENT OF POVERTY LEVEL						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	TOTAL (SUM LINES 1 – 5)					
PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE		0-19 YEARS OLD (a)		20 AND OLDER (b)		
7.	None/ Uninsured					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	TOTAL MEDICAID (LINE 8A + 8B)					
9.	MEDICARE (TITLE XVIII)					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	TOTAL PUBLIC INSURANCE (LINE 10a + 10b)					
11.	PRIVATE INSURANCE					
12.	TOTAL (SUM LINES 7 + 8 + 9 +10 +11)					
MANAGED CARE UTILIZATION						
Payor Category		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 (13a + 13b)					
CHARACTERISTICS – SPECIAL POPULATIONS				NUMBER OF PATIENTS -- (a)		
14.	Migrant (330g grantees only)					
15.	Seasonal (330g grantees only)					
16.	TOTAL MIGRANT/SEASONAL AGRICULTURAL WORKER OR DEPENDENT (ALL LOOK-ALIKES REPORT THIS LINE)					
17.	Homeless Shelter (330h grantees only)					
18.	Transitional (330h grantees only)					
19.	Doubling Up (330h grantees only)					
20.	Street (330h grantees only)					
21.	Other (330h grantees only)					
22.	Unknown (330h grantees only)					
23.	TOTAL HOMELESS (ALL LOOK-ALIKES REPORT THIS LINE)					
24.	TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL LOOK-ALIKES REPORT THIS LINE)					
25.	TOTAL VETERANS (ALL LOOK-ALIKES REPORT THIS LINE)					

TABLE 5 – STAFFING AND UTILIZATION

Personnel by Major Service Category		FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6				
7	Other Specialty Physicians			
8	Total Physicians (Lines 1 - 7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total NP, PA, CNMs (Lines 9a - 10)			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	Total Dental Services (Lines 16 - 18)			
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 (Lines 20a-c)			
21	Substance Abuse Services			
22	Other Professional Services (specify___)			
22a	Ophthalmologist			
22b	Optometrist			
22c	Other Vision Care Staff			
22d	Total Vision Services (Lines 22a-c)			
23	Pharmacy Personnel			
24	Case Managers			
25	Patient / Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify___)			
29	Total Enabling Services (Lines 24-28)			
29a	Other Programs / Services (specify___)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
30	Total Administrative Staff (Lines 30a-30c)			
31	Facility Staff			
32	Patient Support Staff			
33	Total Admin & Facility (Lines 30 - 32)			
34	Total Lines 15+19+20+21+22+22d+23+29+29a+33)			

TABLE 6B – QUALITY OF CARE INDICATORS

(NO PRENATAL CARE PROVIDED? CHECK HERE: <input type="checkbox"/>)				
SECTION A: AGE CATEGORIES FOR PRENATAL PATIENTS (LOOK-ALIKES WHO PROVIDE PRENATAL CARE ONLY)				
DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS				
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	TOTAL PATIENTS (SUM LINES 1 – 5)			
SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE				
TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR		Women Having First Visit with Look-Alike (a)	Women Having First Visit with Another Provider (b)	
7	First Trimester			
8	Second Trimester			
9	Third Trimester			
SECTION C – CHILDHOOD IMMUNIZATION				
CHILDHOOD IMMUNIZATION		TOTAL NUMBER PATIENTS WITH 2 ND BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	Children who have received age appropriate vaccines who had their 2 nd birthday during measurement year (on or prior to 31 December)			
SECTION D – CERVICAL CANCER SCREENING				
PAP TESTS		TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS TESTED (c)
11	Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			
SECTION E – WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS				
CHILD AND ADOLESCENT WEIGHT ASSESSMENT AND COUNSELING		TOTAL PATIENTS AGED 3 – 17 ON DECEMBER 31 (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH COUNSELING AND BMI DOCUMENTED (c)
12	Children and adolescents aged 3 - 17 with a BMI percentile, and counseling on nutrition and physical activity documented for the current year			

SECTION F – ADULT WEIGHT SCREENING AND FOLLOWUP				
ADULT WEIGHT SCREENING AND FOLLOWUP		TOTAL PATIENTS 18 AND OVER (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c)
13	Patients aged 18 and over with (1)BMI charted and (2) follow-up plan documented if patients are overweight or underweight			
SECTION G1 – TOBACCO USE ASSESSMENT				
TOBACCO ASSESSMENT		TOTAL PATIENTS 18 AND OVER (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS ASSESSED FOR TOBACCO USE (c)
14	Patients queried about tobacco use one or more times in the measurement year or prior year			
SECTION G2 – TOBACCO CESSATION INTERVENTION				
TOBACCO CESSATION INTERVENTION		TOTAL PATIENTS WITH DIAGNOSED TOBACCO DEPENDENCE (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS ADVISED TO QUIT (c)
15	Tobacco users aged 18 and above who have received cessation advice or medication			
SECTION H – ASTHMA PHARMACOLOGICAL THERAPY				
ASTHMA TREATMENT PLAN		TOTAL PATIENTS AGED 5 - 40 WITH PERSISTENT ASTHMA (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH ACCEPTABLE PLAN (c)
16	Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan			

Reporting Period: January 1, 2011 through December 31, 2011

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

0	HIV Positive Pregnant Women				
2	Deliveries Performed by Look-Alike's Providers				
	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/Latino					
1a	Asian				
1b1	Native Hawaiian				
1b2	Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
Non-Hispanic/Latino					
2a	Asian				
2b1	Native Hawaiian				
2b2	Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
Unreported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity				
i	Total				

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES
 Section B: Hypertension By Race and Hispanic/Latino Ethnicity

	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a	Asian			
1b1	Native Hawaiian			
1b2	Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic/Latino</i>			
Non-Hispanic/Latino				
2a	Asian			
2b1	Native Hawaiian			
2b2	Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic/Latino</i>			
Unreported/Refused to Report Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES
 Section C: Diabetes by Race and Hispanic/Latino Ethnicity

	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c <7% (3c)	Patients with 7%<= Hba1c <8% (3d)	Patients with 8%<= Hba1c <=9% (3e)	Patients with Hba1c >9% Or No Test During Year (3f)
Hispanic/Latino							
1a	Asian						
1b1	Native Hawaiian						
1b2	Pacific Islander						
1c	Black/African American						
1d	American Indian/Alaska Native						
1e	White						
1f	More than One Race						
1g	Unreported/Refused to Report Race						
	<i>Subtotal Hispanic/Latino</i>						
Non-Hispanic/Latino							
2a	Asian						
2b1	Native Hawaiian						
2b2	Pacific Islander						
2c	Black/African American						
2d	American Indian/Alaska Native						
2e	White						
2f	More than One Race						
2g	Unreported/Refused to Report Race						
	<i>Subtotal Non-Hispanic/Latino</i>						
Unreported/Refused to Report Ethnicity							
h	Unreported/Refused to Report Race and Ethnicity						
i	Total						

TABLE 8A – FINANCIAL COSTS

		ACCRUED COST (a)	ALLOCATION OF FACILITY AND ADMINISTRATION (b)	TOTAL COST AFTER ALLOCATION OF FACILITY AND ADMINISTRATION (c)
FINANCIAL COSTS FOR MEDICAL CARE				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	TOTAL MEDICAL CARE SERVICES (SUM LINES 1 THROUGH 3)			
FINANCIAL COSTS FOR OTHER CLINICAL SERVICES				
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify _____)			
9a.	Vision			
10.	TOTAL OTHER CLINICAL SERVICES (SUM LINES 5 THROUGH 9)			
FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES				
11a.	Case Management			
11b.	Transportation			
11c.	Outreach			
11d.	Patient and Community Education			
11e.	Eligibility Assistance			
11 f.	Interpretation Services			
11g.	Other Enabling Services (specify: _____)			
11.	Total Enabling Services Cost (Sum lines 11a through 11g)			
12.	Other Related Services (specify: _____)			
13.	TOTAL ENABLING AND OTHER SERVICES (SUM LINES 11 AND 12)			
Overhead and Totals				
14.	Facility			
15.	Administration			
16.	TOTAL OVERHEAD (SUM LINES 14 AND 15)			
17.	TOTAL ACCRUED COSTS (SUM LINES 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services and Supplies (specify: _____)			
19.	TOTAL WITH DONATIONS (SUM LINES 17 AND 18)			

TABLE 9D (Part I of II) –PATIENT RELATED REVENUE (Scope of Project Only)

		FULL CHARGES THIS PERIOD	AMOUNT COLLECTED THIS PERIOD	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)			ALLOWANCES	SLIDING DISCOUNTS	BAD DEBT WRITE OFF	
				COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD				PENALTY/ PAYBACK
PAYOR CATEGORY		(a)	(b)	(c1)	(c2)	(c3)	(c4)	(d)	(e)	(f)
1.	Medicaid Non-Managed Care									
2a.	Medicaid Managed Care (capitated)									
2b.	Medicaid Managed Care (fee-for-service)									
3.	TOTAL MEDICAID (LINES 1+ 2A + 2B)									
4.	Medicare Non-Managed Care									
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)									
6.	TOTAL MEDICARE (LINES 4 + 5A+ 5B)									
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)									
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)									

TABLE 9D (Part II of II) –PATIENT RELATED REVENUE (Scope of Project Only)

PAYOR CATEGORY		Full Charges This Period	AMOUNT COLLECTED THIS PERIOD	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)			ALLOWANCES	SLIDING DISCOUNTS	BAD DEBT WRITE OFF	
				COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD				PENALTY/ PAYBACK
		(a)	(b)	(c1)	(c2)	(c3)	(c4)	(d)	(e)	(f)
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)									
9.	TOTAL OTHER PUBLIC (LINES 7+ 8A +8B)									
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	TOTAL PRIVATE (LINES 10 + 11A + 11B)									
13.	Self Pay									
14.	TOTAL (LINES 3 + 6 + 9 + 12 + 13)									

TABLE 9E –OTHER REVENUES

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 CLUSTER (SUM LINES 1A THROUGH 1E)	
1j.	Capital Improvement Program Grants (excluding ARRA and ACA)	
1k.	Capital Development Grants	
1.	TOTAL BPHC GRANTS (SUM LINES 1G + 1J + 1K)	
OTHER FEDERAL GRANTS		
2.	Ryan White Part C HIV Early Intervention	
3.	Federal Grants (specify:_____)	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
4.	American Recovery and Reinvestment Act (ARRA) New Access Point (NAP) and Increased Demand for Services (IDS)	
4a	American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	
5.	TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 – 4A)	
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 LINES 6 + 6A+7+8)	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify:_____)	
11.	TOTAL REVENUE (LINES 5+9+10)	