

Health Center Quarterly Reporting (HCQR)

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Health Center Quarterly Reporting (HCQR)

Top 11 HCQR Questions

1. Where do I find my HCQR?

Open your H80 grant handbook. Click “Performance Reports.” The HCQR is listed there along with any other performance reports that may be due.

2. How do I access my HCQR once I’ve submitted it?

1. Log into your EHB account.
2. Select “view portfolio” from the menu box on the left side.
3. Select “open grant handbook” for your H80 grant.
4. Select “performance reports” under Submissions in the menu box on the left side.
5. Select “Search” in the upper right side of the screen.
6. In the first box, marked “Schedule Status,” highlight “submitted”.
7. Select “Search” at the bottom right side of the screen.
8. You will see a link to your HCQR report and any other submitted performance reports.

3. To determine our project status, do we use percentage of funds spent or percentage of project completed?

The project status should be based on your project completion status, and not on the amount of money expended to date. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

4. We are still confused about the definition of new and unduplicated patients. With IDS funding, we hired a pediatrician. Are we supposed to report new patients seen only by the newly hired pediatrician, or all new pediatric patients, or all new patients program-wide for the entire clinic?

For reporting purposes, a new patient is an individual who had never been seen by the grantee prior to receipt of its ARRA funding, and who has subsequently had at least one visit as a result of ARRA funding. If the pediatrician has allowed other providers to see new adult patients, you may count those patients.

If the pediatrician only saw new pediatric patients, you would count new pediatric patients, including the new patients of other pediatricians. If 100% of the new patients had 100% of their clinical visits with the new pediatrician, you would count only the new pediatrician’s patients.

5. We are a section 330 Health Care for the Homeless grantee. We used our IDS funds to expand our dental program to evenings and weekends, when we see non-homeless as well as homeless patients. Can we count new non-homeless patients, or just homeless patients?

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In addition to the new homeless patients, you may also count new non-homeless patients who have had at least one visit as a result of the ARRA supported expanded dental program.

6. Are FTEs calculated in the same way for HCQR and Section 1512 reports?

Yes. FTEs are calculated using the same methodology and, therefore, the total FTEs should be identical on both reports. Refer to the [HCQR Reporting Manual](#), Staffing and Utilization, for FTE calculation instructions.

7. We haven't drawn down any ARRA funds yet. Should we report FTEs?

Report FTEs only if you have paid salaries with other funds that will be **reimbursed** with ARRA dollars. If the salaries will not be reimbursed with ARRA dollars, you would not report FTEs.

8. Where in EHB do I find the HCQR?

You may access the HCQR in your H80 grant handbook. Select "Performance Reports" under the "Submissions" header on the left side of the screen. A common mistake is looking for the HCQR in your IDS or CIP grant handbook. Please call the BPHC Help Desk at 301-443-7356 or 1-877-974-BPHC (2742) for assistance in locating the HCQR.

9. I am confused why we need to do two different reports?

The Federal government is collecting basic information about award amounts and the number of jobs created. Congress and other interested parties, however, are interested in more details about program impact. The HCQR is designed to report the grants' impact on health centers and the patients we serve. We encourage people to complete the HCQR report first, and then use that information to assist in completing your Federal-level report.

Recovery Act recipients required to submit a Section 1512 recipient report shall be classified as non-compliant if they willfully fail to submit a recipient report by the deadline established by the Recovery Board. Sanctions for non-compliance include withholding of payment, award termination, post-award suspension, and Government-wide suspension or debarment.

10. How can I go back in and edit the HCQR that I've already submitted?

In order to edit an HCQR report that has been submitted, you must send an email request to the BPHC Help Desk. Only System Administrators can access the system to unlock the report. Once the report is available for edit, you will be notified, via email, by the BPHC Help Desk.

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11. If we met all the goals in our IDS grant proposal and we have finished drawing down all the funds, should we keep submitting the IDS reports in HCQR and the Federal Section 1512 reports?

For the HCQR, if you have met your grant goals and drawn down all funds, we expect you to continue to report. As for Section 1512 reporting, you no longer need to report and you can mark that report as final.

HCQR CIP and/or FIP Project Status & Closeout

1. If I have completed all of my CIP projects, will I receive an NGA that closes out my C81 grant?

Once a grantee has marked all of its projects as complete and HRSA has verified that the answers provided to the Completion questions posed in PPR3 are sufficient, HRSA will begin the grant close-out process. However, a grantee must first submit all required submissions related to each project (requirements vary by project type—refer to the CIP Grantee Implementation and Submissions Guide at <http://bphc.hrsa.gov/recovery/cip/CIPFIPMonitoringandSubmissionsGuideJun2010.pdf>), and those submissions must be reviewed and approved by HRSA. Upon approval of all required submissions for all projects, HRSA will request that the grantee complete a Federal Financial Report (FFR), SF425. The final FFR cannot contain unliquidated obligations. The final expenditures reported to the Division of Payment Management on the quarterly Federal Financial Report (SF425) must agree with the total level of expenditures reported on the FFR. Once HRSA has accepted the final FFR, an NGA closing out the C81 grant will be issued. Please note that due to processing times, official grant close out may not occur until several months after a grantee has reported completing all of its CIP projects. However, the grantee will not be required to continue to report on the CIP grant in subsequent HCQRs once all its projects have been accepted by HRSA as Complete.

2. SF-PPR Page 4 of the CIP project closeout report requests the number of patients with an EHR. Should we extend our project end date into the future to accommodate this request?

No. The end date is the actual date when the project is complete. Please see the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#) for instructions regarding projecting the number of patients with an EHR within one year of project implementation.

3. To determine our project status, do we use percentage of funds spent or percentage of project completed?

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The project status should be based on your project completion status, and not on the amount of money expended to date. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

4. In our IDS application, we proposed hiring a nurse practitioner. We have since expended all IDS funds on her salary. Should this be our final report for the IDS grant?

No. The ARRA IDS grant was awarded for a 2 year time period. The “Final Report” button in EHB has been disabled until CY 2011. You should continue to report the cumulative total of patients and visits generated by the ARRA supported practitioner. If ARRA funds are no longer being used for this position, you would not report the FTE from the date ARRA funding ended.

5. For our CIP grant, we proposed two projects: an equipment purchase and a renovation. The equipment purchase is complete but the renovation continues. How do we report on this in the HCQR?

HCQR reporting requires a separate SF-PPR Page 3 for each project, indicating the project’s status. In this case, select “complete” for the equipment project. After the project is marked as complete, the grantee will also need to fill out SF-PPR Page 4 for the equipment project.

Select the appropriate project status for the ongoing renovation on a separate SF-PPR Page 3. The report for the CIP grant will not be marked as “final” until both CIP projects have been completed.

6. I am preparing to issue an RFP and to select a vendor and sign a contract for our new telephone system; however, we have not yet acquired any equipment or incurred any associated costs. What is my project status?

Your project status is “not started” since you have not yet incurred any costs or expended any funds. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

7. Our health center is building a new center for a total project cost of \$1 million. \$750,000 is from ARRA funds and the other \$250,000 is being paid “out-of-pocket” by the health center to purchase the land. The land has been purchased and we have incurred costs of \$20,000 for environmental assessments, but no other work has begun. What is our project status?

Your project status is “less than or equal to 50% complete” due to the fact that less than half of your purchases and work has been completed. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

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- 8. We bought an old two-story warehouse across town that needs to be updated and renovated and the parking lot needs to be repaved. Once the renovation is completed, we will also implement a new phone system as part of this renovation project at our site. The entire project will cost \$800,000. To date, we have incurred and drawn down \$340,000 in costs, which includes the environmental assessment and contractors for the actual renovation, approximately one-third of which has been completed. The remaining \$460,000 will be used to complete the renovation and purchase and install equipment after the renovation is complete. What is our project status?**

Your project status is “less than or equal to 50% complete” due to the fact that less than half of your purchases and work has been completed. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

- 9. Our health center is implementing a new EHR at a cost of \$350,000. This includes purchasing and installing associated equipment, hiring an EHR implementation manager, training the staff, and purchasing the system and a site license. All of the equipment and software has been purchased and installed and the implementation manager has been hired. We plan to train the staff and begin inputting patient data into the system by October 1, 2010. What is our project status?**

Your project status is “greater than 50% and less than 100% complete,” due to the fact that between 51% and 99% of your purchases and work has been completed. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

- 10. Our health center has purchased \$150,000 in medical and office equipment. We have drawn down funds out of our PMS account to pay all of the costs incurred; however, there is a \$350 balance remaining due to cost-savings and we do not need any more equipment. What is our project status?**

Your project status is “completed,” even though you have not expended all of your funds due to a cost-savings of \$350. HRSA will work with the grantee to ensure that all funds and payment information are reconciled during the grant close-out process. For project status definitions, refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

- 11. I have marked my project completed on line 1 of SF-PPR Page 3, but no more questions appeared.**

You must save the form using the “save” button on the bottom of the screen. The series of verification questions will then appear.

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12. I have marked my project complete on line 1 of SF-PPR Page 4, but answered, “No,” to the question, “Do the total project costs incurred reflect the approved budget for this project, and have all of the funds for this project been drawn down from the PMS account?” I did not spend the entire amount for which I received funding due to some cost savings. I explained all of this in the form.

If an answer is “No,” BPHC will normally assume that the project is not, in fact, “complete.” If a grantee feels an explanation is sufficient to demonstrate completion, they will be advised to proceed to the next page by clicking on the “SF-PPR Page 4 – Closeout Data” button.

13. Are attachments required to support the project narrative?

No, the project narrative, SF-PPR Page 3 Line 2, should include milestones, accomplishments, and barriers to progress. It should also contain barrier mitigation strategies and measures to avoid anticipated obstacles.

The attachments section of the SF-PPR Page 3 Line 3 should not be used as a continuation of the narrative, but rather to support the narrative (i.e., the narrative section should be understood without the support of attachments.) Attachments, such as photos or press releases/news articles, may reinforce facts presented within the narrative.

14. We didn’t take “before” photos of our alteration project, which SF-PPR Page 3 indicates will be required for close-out. What should we do?

When you are ready to submit documentation for close-out, please submit any photos you may have on hand that show your health center before the renovation. Any photos, from past events or newsletters, for example, would be fine.

15. Are square feet improved and square feet increased different categories?

Total square feet improved and total square feet increased are mutually exclusive categories (i.e., a foot counted as increased cannot also be counted as improved and vice versa). For construction projects, both categories will be available for editing by the grantee. It is expected that construction projects will have square feet increased, and may have square feet improved (e.g., if the grantee is adding a wing onto an existing building and also renovating part of the existing space).

For renovation projects, only “total square feet improved” will be open for editing, since, by definition, renovation projects are occurring in existing constructed space. Refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#) for more details.

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16. How should I report on square footage improved (in SF-PPR Page 4 for completed CIP projects) for alteration/repair/renovation projects that did not renovate a specific room/area? (e.g., projects that included replaced roof, replaced windows, installed/updated my HVAC or electrical systems, installation of fixed equipment, repaved parking lot?)

If a grantee has multiple repair/renovation components within one site/project, the grantee should estimate the combined square footage improved for each component at the overall site/project. However, if improved space overlaps/benefits from more than one component, it should only be counted once (i.e., the overall square footage improved cannot exceed the total square footage of the site).

For components where the square footage is clear but the work was a replacement/repair (e.g., repaved parking lot, replaced roof), the grantee can still report the entire square footage (e.g., of the parking lot or of the roof) as improved in PPR4. For components where the square footage improved is not immediately obvious (e.g., replaced windows, rewiring, updated HVAC), the grantee should consider if the specific alteration/repair/renovation work improved certain rooms/areas/entire building and, if so, can report on that space as square footage improved in PPR4. For example, if all the windows of the building have been replaced, the grantee may report the entire square footage of all rooms with new windows. It is acceptable for the grantee to report 0 square feet improved in cases of minor repairs/replacements.

17. The system will not allow me to enter square feet increased for my A/R/R project. Why not?

An A/R/R project is not a construction project. Therefore, square feet will not be increased. For renovation projects, only “total square feet improved” will be open for editing, since, by definition, renovation projects are occurring in existing constructed space. Refer to the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#) for more details.

18. As a result of installing our EHR equipment, we are now able to use a closet that was previously empty. Should I enter this square footage on Line 2 - square feet improved?

No, space resulting from IT Equipment, HIT, and EHR projects should not be included on Line 2. The [HCQR Reporting Manual](#) section on “Detailed ARRA-Supported Activities” defines Square Feet Improved.

19. Is our EHR project considered complete if we have installed the system and all associated equipment and trained the staff with test records? We plan to transfer patient data from paper records when we have time.

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No, completion means you are starting to use the system for day-to-day patient care. In this case, your status would be “greater than 50% and less than 100% complete.” See project status definition of “complete” – costs incurred & work completed.

20. Is a no-cost extension prohibited under ARRA?

Grantees are encouraged to spend funds and complete projects within the two-year project timeframe. However, we recognize that there may be circumstances that impact your ability to expend funds within the timeframe. When we get close to the end of the project period, there will be a case by case review of extension requests. However, grantees should not assume that extensions will be available.

21. If we go over budget, will we get any supplemental funds?

No. There is no supplemental funding for ARRA grants. ARRA grants are a one-time funding opportunity and are limited to the award period.

22. Is there a threshold for reporting our expenses? For example, if we have several purchases of approximately \$100, do you want to see them all?

No, there is no threshold for reporting expenses. You only need to separately list purchases over \$25,000. Purchases under \$25,000 may be reported in aggregate.

23. We've expanded our CIP project beyond what we proposed in our application with other funds. Should we discuss this in our narrative?

Yes. HRSA is very interested in learning how you have expanded the CIP project by leveraging other funding in addition to the ARRA grant. Describe the change in plans in the Performance Narrative, Line 10 of the SF-PPR.

24. In our CIP application, we proposed purchasing some equipment that we've decided not to buy. What should we do?

If the scope of your project has changed, you will need to do a CIP update in EHB. Talk to your CIP project officer. If your budget has changed, please speak with your grants management specialist.

EVM Refresher

Earned Value Management for CIP and FIP Construction and A/R/R Projects (SF-PPR Page 3A)

- 1. Earned Value Management (EVM) reporting is required for all construction and alteration/repair/renovation (a/r/r) projects with a total project cost of more than \$1 million. What is the definition of the total project cost?***

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Total project cost corresponds to cell 16c of the SF424C Budget that the grantee completed during the CIP/FIP application process (or any subsequent budget that may have been updated and approved by HRSA). Total project cost includes the CIP or FIP grant award allocated to that project, plus any other sources of funding that will be supporting the construction or a/r/r work. Total project cost does not include any appropriately identified unallowable costs (as noted in Column B of the SF424C Budget form), which are not integral to the construction or a/r/r itself. For example, unallowable land/building purchase costs or the unallowable cost of relocating the grantee's office are not considered within the \$1 million threshold for EVM reporting.

2. We have a construction project in our CIP grant. The federal share of the project is \$950,000 and the non-federal share is \$100,000. Do we need to fill out SF-PPR Page 3A?

Yes, you will need to fill out the EVM information on SF-PPR Page 3A because the **total** project cost (federal and non-federal) exceeds \$1 million.

3. We have an EHR project as part of our CIP grant that will cost \$1.2 million. Should we report on this project in SF-PPR Page 3A?

No. SF-PPR Page 3A is **only** for construction or alteration/repair/renovation projects. You will not be able to see this section in HCQR for IT/Equipment, HIT, and EHR projects.

4. Due to better than expected weather conditions, our FIP project is expected to be completed at least one month ahead of the project completion date. Do we have to provide a revised completion date?

No, you do not have to revise the project completion date if you expect the FIP project to be completed ahead of schedule. However, if the estimated project cost is affected due to the early completion, you would report such in the Budget Section.

5. We have multiple CIP projects. Do we report in SF-PPR Page 3A on the schedule and budget separately for each project for all projects as a whole?

You will report in SF-PPR Page 3A by project. The forms will appear for those projects that are appropriate.

Counting HCQR Patients

1. We are still confused about the definition of new and unduplicated patients. With IDS funding, we hired a pediatrician. Are we supposed to report new patients seen only by the newly hired pediatrician, or all new pediatric patients, or all new patients program-wide for the entire clinic?

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For reporting purposes, a new patient is an individual who had never been seen by the grantee prior to receipt of its ARRA funding, and who has subsequently had at least one visit as a result of ARRA funding. If the pediatrician has allowed other providers to see new adult patients, you may count those patients.

If the pediatrician only saw new pediatric patients, you would count new pediatric patients, including the new patients of other pediatricians. If 100% of the new patients had 100% of their clinical visits with the new pediatrician, you would count only the new pediatrician's patients.

- 2. *We didn't hire a doctor until this reporting quarter, in August 2010. Should we count new patients since this provider came on board? Or can we count all new patients since we received the grant in March 2009?***

If you used ARRA dollars for other activities (such as extended hours) that led to new patients, you may count those patients. If no ARRA dollars were spent until you hired the doctor in August 2010, you may only count new patients since the doctor was hired. Please refer to the [HCQR Reporting Manual](#) section "Detailed ARRA-Supported Activities", Staffing and Utilization for more details.

- 3. *We haven't used any ARRA funds yet because the doctor we're hiring with the grant hasn't started. Can we count any new patients?***

No, if you have not used ARRA funds for staff or activities that led to new patients, you may not count patients.

- 4. *With our ARRA IDS funding, we retained several social workers whose private grant ran out on August 1, 2010. When do we begin to count new patients?***

All visits that are generated as a result of ARRA funding are to be reported, including those that were generated by providers who were supported in part by program income or other grants or contracts. Start counting patients on August 1, 2010, when you began funding the social workers with ARRA dollars.

- 5. *What about the social workers' existing patients? Are they new patients now that the social workers are funded with ARRA dollars?***

No, a new patient must be an individual who has never been seen by your organization prior to receipt of ARRA funding and who has subsequently had at least one visit as a result of ARRA funding.

- 6. *We hired a public health nurse (PHN) with our IDS funds. However, our population is about 7,000 people, and we won't be able to count any new patients since they've all been seen previously by other PHNs.***

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No, you may not include those patients in your new, unduplicated patient count. You want to describe your situation on Line 10, Performance Narrative. Numbers are important, but it is also important to tell us the story of what you are accomplishing through these dollars.

7. *We are a section 330 Health Care for the Homeless grantee. We used our IDS funds to expand our dental program to evenings and weekends, when we see non-homeless as well as homeless patients. Can we count new non-homeless patients, or just homeless patients?*

In addition to the new homeless patients, you may also count new non-homeless patients who have had at least one visit as a result of the ARRA supported expanded dental program.

8. *Since we are now open evenings and weekends, can we count people who come during the expanded hours even if they previously were a weekday patient?*

No, a new patient must be an individual who has never been seen by your organization prior to receipt of ARRA funding and who has subsequently had at least one visit as a result of ARRA funding.

9. *With our IDS funding we hired a part-time provider who does migrant pediatric work in the field. May we count the children seen in the field as new patients?*

Count any individual who has never been seen by your organization prior to receipt of ARRA funding and who has subsequently had at least one visit as a result of ARRA funding as a new patient.

10. *We are unsure about the concept of cumulative reporting. On our last HCQR report, we reported about 100 new patients, but we realized that was incorrect. The actual figure was 50, and we've seen 25 new patients this quarter. How do we report that? Should we report zero until we catch up to 100?*

Line 10a requests the total cumulative unduplicated new patients seen to date. Report 75 new patients, your current cumulative total, and explain in the narrative on Line 10 why the number has decreased from your previous report.

11. *We added a new site through our CIP project, and it is now open. May we count the patients at this site as new?*

If all of your CIP projects are complete, you may report Patients on SF-PPR Page 1. You may report the new site's patients only if they were never before counted as part of

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your 330 scope of project, whether in a previous HCQR or the UDS. The patients must be new to your 330 scope of project. Please see “Special instructions for ARRA-CIP projects only” in the [HCQR Reporting Manual](#).

12. *We have an existing, pre-ARRA patient that lost their health insurance after 2/17/2009. Should they now be counted as an ARRA uninsured patient?*

Yes, any existing patient that lost their health insurance after 2/17/2009 should be counted as a new, uninsured patient on Page 1 of the SF-PPR because ARRA funds are being used to provide services to the now uninsured patient.

13. *What if our CIP or FIP projects are not entirely complete, yet we have already started seeing patients - do we have to report them?*

Keep a count of patients that you are seeing and report them when the project is complete.

Counting HCQR Visits

1. *If a new medical patient sees other service providers, such as a mental health provider, can we count those visits?*

Yes. All visits that are generated as a result of ARRA funding may be reported. For example, a patient who receives multiple types of service (e.g., medical and dental) should be counted under each category of service but only once for each category. Please see “Cumulative Visits by Service Provided: Column B” in the HCQR Reporting Manual

2. *We have expended all our IDS funds; the physician we hired with the grant is now supported by other funding sources. We believe the current visits by the new patients who resulted from hiring that physician should still be reported. May we do so?*

Yes, if the visits are related to the original ARRA supported provider, you may report them. Even if you think current visits were not a result of the ARRA grant, you would still report your cumulative total of visits and new patients that were generated by that ARRA supported provider. If no ARRA funds were used during the quarter to support that provider, however, you would not report any FTE for the provider.

3. *We haven't used any ARRA funds yet because the doctor we're hiring with the grant hasn't started. Can we count any new visits?*

No, if you have not used ARRA funds for staff or activities that led to additional visits, you may not count visits.

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- 4. We didn't hire a doctor until this reporting quarter, in August 2010. Should we count additional visits since this provider came on board? Or should we count all visits since we received the grant in March 2009?**

If you used ARRA dollars for other activities (such as extended hours) that led to new visits, you may count those visits. If no ARRA dollars were spent until you hired the doctor in August 2010, you may only count visits since the doctor was hired. Please refer to the [HCQR Reporting Manual](#) section "Detailed ARRA-Supported Activities", Staffing and Utilization for more details.

Counting HCQR Full Time Equivalents (FTEs)

- 1. Are FTEs calculated in the same way for HCQR and Section 1512 reports?**

Yes. FTEs are calculated using the same methodology and, therefore, the total FTEs should be identical on both reports. Refer to the [HCQR Reporting Manual](#), Staffing and Utilization, for FTE calculation instructions.

- 2. We hired our two new providers with our IDS funds in June. How do we calculate the FTE for this quarterly reporting period?**

Calculate FTEs by taking the number of hours the two providers worked during the reporting quarter (e.g., July 1, 2010 –September 30, 2010) and divide by the number of hours in a full-time schedule for the quarter.

For example, if the providers worked full-time during the entire quarter (e.g., 1056 hours), you would divide the number of hours worked in the quarter by the number of hours in a full-time schedule (e.g., 528 hours) for a total of 2.0 FTE. You would not count the hours worked in June since it is prior to the current quarterly reporting period. Please see the "Full Time Equivalents (FTEs): Column A" section in the [HCQR Reporting Manual](#) for additional information.

- 3. Should we report the FTEs for consultants who we hired for our CIP EHR project?**

Yes, report the FTEs for the consultants if you are using your ARRA funds to support those consultants. If you paid your consultant by the hour, count their equivalent FTE. If you paid them by the job, you may need to have the consulting company give you an estimate of the FTEs for the quarter.

- 4. We have hired a project manager for our CIP construction project. Where and how do we report on him?**

If you are using ARRA dollars to pay the project manager, you want to include them in your construction worker FTE count in the HCQR. Please see the "Special Instructions

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for CIP and FIP Projects” section in the [HCQR Reporting Manual](#) for additional information.

5. How do we estimate the number of jobs?

The calculation to determine the number of jobs has been simplified by counting only those jobs supported by ARRA funds during a given quarter. Job calculations will no longer be cumulative from quarter-to-quarter. The FTE count resets at the beginning of each quarter.

$$\text{FTE} = \frac{\text{Total Number of Hours Worked and Funded by ARRA Grant within Reporting Quarter}}{\text{Total Hours in a Full-Time Schedule for the Quarter}}$$

Please see the “Full Time Equivalent (FTEs): Column A” section in the [HCQR Reporting Manual](#) for additional information.

6. How many total hours are there in a Full-Time Schedule for this reporting quarter?

In this quarterly reporting period, July 1, 2010 through September 30, 2010, there are 528 Total Hours in a Full-Time Schedule.

7. Do we count jobs not paid for by ARRA funds?

No. If jobs are paid for by program or other funds, you would not count them. Grantees are responsible for allocating positions or portions of positions between ARRA grant support and other funds, and are to report only on the portion supported by ARRA. However, if the payments for these positions will be reimbursed by ARRA funds, then you may count the FTEs. Please see the “Staffing and Utilization” section of the [HCQR Reporting Manual](#) for additional information.

8. We haven’t drawn down any ARRA funds yet. Should we report FTEs?

Report FTEs only if you have paid salaries with other funds that will be **reimbursed** with ARRA dollars. If the salaries will not be reimbursed with ARRA dollars, you would not report FTEs.

9. We don’t know how much was paid to each individual employee out of ARRA funds, so how do we calculate FTEs?

Calculate FTEs by using the proportion of the ARRA funds allocated to the overall project to calculate the percentage of FTEs that can be attributed to ARRA funds.

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For example, if you had 3 staff working full-time during a quarter for a total of 1,584 hours (3 x 528 hours), and the project was 50% funded by ARRA dollars, then the number of FTEs would be 1.5, calculated as follows:

$$\frac{1,584 \text{ total hours worked in the quarter}}{528 \text{ hours in a full-time schedule}} = 3 \text{ FTEs}$$

$$3 \text{ Total FTEs} \times 50\% = 1.5 \text{ FTEs}$$

Please see the “Full Time Equivalent (FTEs): Column A” section of the [HCQR Reporting Manual](#) for additional information.

10. Because our pay periods cross calendar months, an employee may have worked several hours in this quarter, but was paid for those hours in a different quarter. Should we calculate the FTEs based on hours worked in the quarter, or hours paid in the quarter?

You may use either hours worked or hours paid, but please be consistent from quarter to quarter in your calculations. The main purpose of reporting FTEs is to show hours worked that were supported by ARRA funding.

11. If we used our IDS funds to give staff salary increases, can we count the staff as retained, since they stayed instead of looking for another, better-paying job?

No, do not count the staff as retained in your FTE calculations. According to the HCQR Reporting Manual, a retained FTE is one “that had been proposed for elimination or which would have been cut – in whole or in part – if it were not for the ARRA funds.” Please see the section on “Detailed ARRA-Supported Activities” in the [HCQR Reporting Manual](#).

12. In our IDS application, we said we would hire an internist, but we had difficulty finding one. Instead, we hired a pediatrician. Should we apply for a change in scope?

No, you do not need to apply for a change in scope. You are still meeting the requirements of the grant. Describe the change in plans in the Performance Narrative, Line 10 of the SF-PPR.

13. We didn't hire most of our staff until the third reporting quarter of 2010. Can we use the unexpended IDS funds for activities like training for staff?

Yes, you are able to use the funds for staff training that supports their current functions, as long as the training does not comprise 25% or more of your project budget. Grantees are expected to spend funds and complete projects within the two-year project

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timeframe. Since you do have the two years to use the funds, the money isn't really unexpended.

EHB/HCQR Systems Related

1. *When is the Health Center Quarterly Report (HCQR) due?*

The HCQR for the reporting period July 1, 2010 through September 30, 2010 is due on October 10, 2010 at midnight Eastern Standard Time (EST). For each reporting period, the reports are due 10 days after the end of the quarter at midnight EST.

2. *Where in EHB do I find the HCQR?*

You may access the HCQR in your H80 grant handbook. Select "Performance Reports" under the "Submissions" header on the left side of the screen. A common mistake is looking for the HCQR in your IDS or CIP grant handbook. Please call the BPHC Help Desk at 301-443-7356 or 1-877-974-BPHC (2742) for assistance in locating the HCQR.

3. *Who can work on the HCQR?*

EHB users who have been granted the "edit performance report" privilege by their Project Director may work on the HCQR. There may be more than one user who has the "edit performance report" privilege.

4. *Who can submit the HCQR?*

As is the case for multiple EHB users having "edit performance report" privileges, any EHB user who has been granted the "submit performance report" privilege by their Project Director may submit the report to HRSA.

5. *How does the Authorizing Official (AO) submit the report?*

Once the data audit report is run and there are no errors, the AO has two options to submit the report. They may select "save and continue." The AO may also select "submit" from the HCQR Report menu box on the left side of the screen. They are taken to a page where they can view and print the various sections of the report. Select "continue." The AO is then taken to a page where they must acknowledge that the information in the report is correct, and then select "submit report."

6. *How do I know if my report is complete and what I still need to work on?*

The second option on the left side of the HCQR Report menu box is the status overview. Select this link and you will see an overview that includes all report sections and their statuses (not started, in progress, or complete), and a link that takes you to any report section.

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7. How do I designate a point of contact for the HCQR?

Each reporting period, grantees are requested to provide a name and contact information for a designated point of contact. Grantees will provide this information on PPR Page 1 for each grant; the information is not pre-populated. **Since BPHC will reach out to the point of contact regarding any questions we may have about the HCQR, the contact person should be someone who can be available and responsive in the post-submission period.**

8. If BPHC feels we made an error in our HCQR report, how will you let us know?

BPHC will send an EHB-generated e-mail message to the person designated in your report as the HCQR point of contact. The message will contain instructions for making corrections to the report within a designated time frame. **If BPHC does not hear back from a grantee, we will attempt to contact them again by phone.**

9. Will the help desks offer extended hours to support our submission?

Yes. The BPHC Help Desk will be available from 8:30 am to 8:00 pm EST on July 12th, 13th, and 14th. You may reach the BPHC Help Desk at 301-443-7356 or 1-877-974-BPHC (2742).

Date	Regular Hours	Extended Hours
Wednesday, 10/06/2010	8:30am – 5:30pm	5:30pm – 8:00pm
Thursday, 10/07/2010	8:30am – 5:30pm	5:30pm – 8:00pm
Friday, 10/08/2010	8:30am – 5:30pm	5:30pm – 7:00pm
Saturday, 10/09/2010		10:00am – 3:00pm
Sunday, 10/10/2010		1:00pm – 4:00pm

The HRSA Call Center will be available during these extended hours as well to provide assistance with EHB access and account issues. You may reach the HRSA Call Center at 877-464-4772.

Technical Assistance Resources

Find HCQR User Manual, TA conference call schedule, technical assistance information, go to <http://bphc.hrsa.gov/recovery/hcqr/> for the most updated resources.