

HRSA Electronic Handbooks (EHB)

Look-Alike Annual Certification Application User Guide

Last updated on July 19, 2016



Contents

1. Starting the Look-Alike Annual Certification Application	3
2. Completing the Look-Alike Cover Page section of the application.....	4
3. Completing the Appendices Form.....	4
4. Completing the Program Specific Forms.....	5
4.1 <i>Form 3 - Income Analysis.....</i>	7
4.1.1 Completing the Payer Category section	8
4.1.2 Completing the Comments/Explanatory Notes section	9
4.2 <i>Form 3A – Budget Information.....</i>	9
4.2.1 Completing the Expense section	9
4.2.2 Completing the Revenue section.....	10
4.3 <i>Form 5A – Services Provided.....</i>	10
4.4 <i>Form 5B – Service Sites.....</i>	12
4.5 <i>Form 5C - Other Activities/Locations.....</i>	12
4.6 <i>Scope Certification</i>	13
4.7 <i>Program Narrative Update.....</i>	14
4.7.1 Completing Environment and Organizational Capacity.....	14
4.7.2 Completing Patient Capacity	15
4.7.2.1 Patient Capacity	15
4.7.3 Completing Clinical/Financial Performance Measures.....	17
4.7.4 Completing the Program Narrative Update forms.....	21
5. Reviewing and Submitting the Look-Alike Annual Certification Application to HRSA.....	21
6. Submitting a Change Requested Progress Report	23

This user guide describes the steps you need to follow to submit an Annual Certification application to the Health Resources and Services Administration (HRSA).

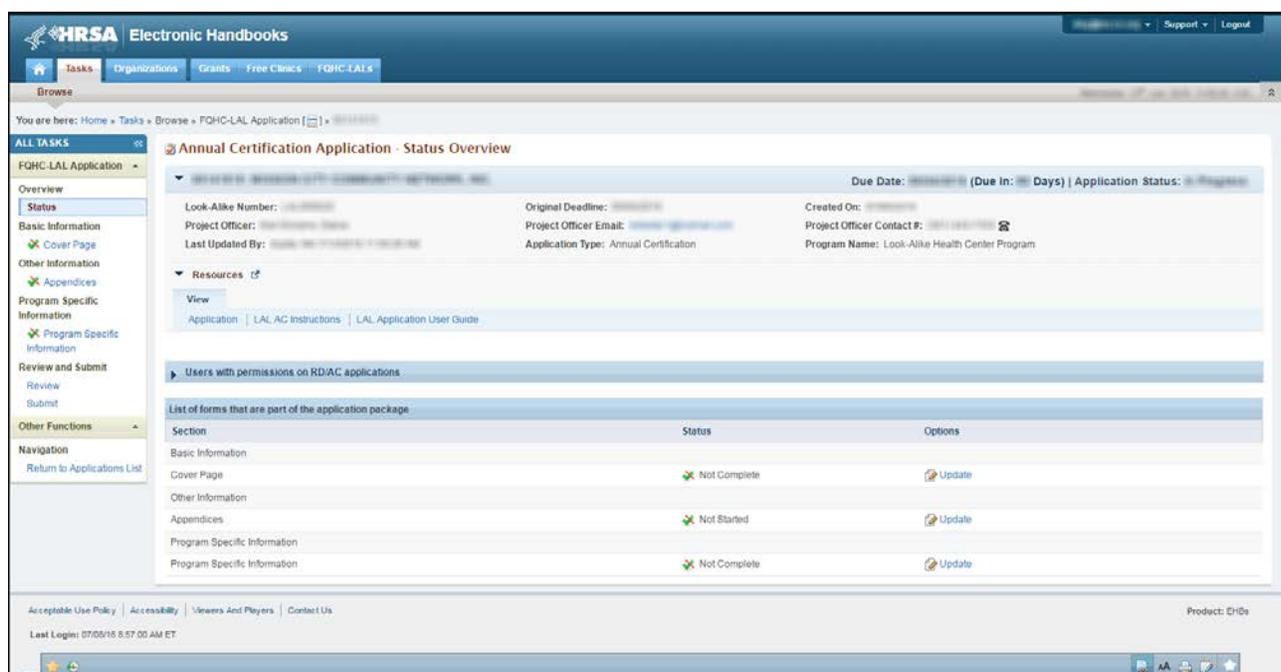
1. Starting the Look-Alike Annual Certification Application

You must have an EHB user account to access Look-Alike Annual Certification (AC) application. After logging into EHB, click the Tasks tab on the EHB Home page to navigate to the **Pending Tasks – List** page.

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the **HRSA Contact Center** (<http://www.hrsa.gov/about/contact/ehbhelp.aspx>) at (877) 464-4772.

1. Locate your Look-Alike AC application using the EHB application tracking number received in an email and click the **Start** link to begin working on the application in EHB (if you have previously accessed the application, the **Start** link will be replaced with **Edit**).
2. The system opens the **Annual Certification Application - Status Overview** page of the application ([Figure 1](#)).

Figure 1: Application - Status Overview Page



The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete all of these sections in order to submit your application to HRSA.

2. Completing the Look-Alike Cover Page section of the application

The Cover Page ([Figure 2](#)) requires the following information, as indicated by the red asterisks to the left of these fields:

- Select Target Population(s) ([Figure 2, 1](#)) – select the target population type(s) served by the applicant health center: Community Health Centers (CHC), Health Care for the Homeless (HCH), Migrant Health Centers (MHC), and/or Public Housing (PHPC).
- Person to be contacted on matters involving this application ([Figure 2, 2](#)) – enter the point of contact for the look-alike AC application.
- Authorized Representative ([Figure 2, 3](#)) – enter the person who is authorized by the board of directors to submit the look-alike AC application.

Figure 2: Cover Page of FQHC-LAL Application

Cover Page

MISSION CITY COMMUNITY NETWORK, INC. Due Date: 09/04/2019 (Due In: 10 Days) | Section Status: Not Complete

Look-Alike Number: LAL-000000 Original Deadline: 09/04/2019 Created On: 07/09/2019
 Project Officer: Kim Quaresima, Dharma Project Officer Email: kquaresima@hrsa.gov Project Officer Contact #: (877) 460-7388
 Last Updated By: Dharma Kim 7/13/2019 11:50:08 AM Application Type: Annual Certification Program Name: Look-Alike Health Center Program

Resources

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Fields with * are required

Applicant Information

Legal Name MISSION CITY COMMUNITY NETWORK, INC.
 Employer Identification Number (e.g. 53-2079819) 99-4029199
 Organizational DUNS 601962761
 Mailing Address 1028 NORTHVIEW ST NORTH HAVEN, CT 06460-5500

* **Select Target Population(s)** 1

Select	Target Population Type
<input checked="" type="checkbox"/>	Community Health Centers
<input type="checkbox"/>	Health Care for the Homeless
<input type="checkbox"/>	Migrant Health Centers
<input type="checkbox"/>	Public Housing

Fields with * are required

* **Point of Contact (POC) Information** 2 Add

No Point of Contact added.

Fields with * are required

* **Authorizing Official (AO) Information** 3 Add

No Authorizing Official added.

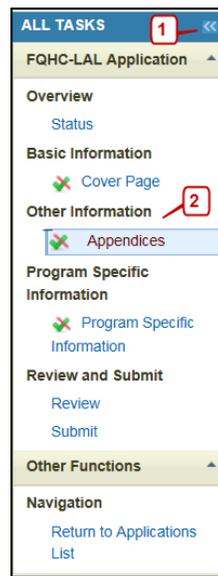
Go to Previous Page Save Save and Continue

Once completed, click the Save and Continue button to proceed to the **Appendices** form.

3. Completing the Appendices Form

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page ([Figure 3, 1](#)). Click on the **Appendices** link ([Figure 3, 2](#)) to navigate to the **Appendices** form.

Figure 3: Left Navigation Menu



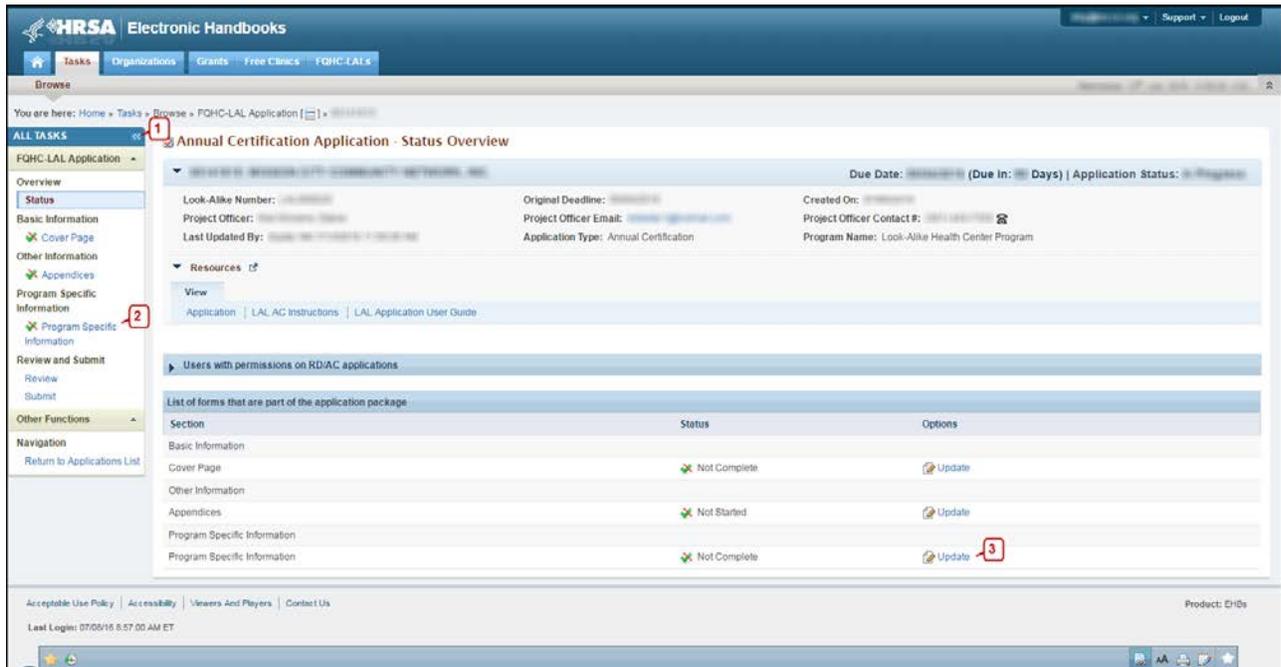
2. Upload the **Budget Narrative (required)** attachment by clicking the associated Attach File buttons.
3. After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

4. Completing the Program Specific Forms

To access the program specific section of the progress report, you can choose one of the following options:

- Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 4, 1**). Click on the Program Specific Information link in the left menu (**Figure 4, 2**).
- On the **Annual Certification Application - Status Overview** page, click on the Update link for the Program Specific Information line item (**Figure 4, 3**)

Figure 4: Accessing the program specific information section



➤ The **Program Specific Information – Status Overview** page opens (Figure 5).

IMPORTANT NOTE: Click on the Update link for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.

Figure 5: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	Status	Options
Budget Information		
Form 3 - Income Analysis	✗ Not Started	Update ▾
Form 3A - Budget Information	✗ Not Started	Update ▾
Sites and Services		
Form 5A - Services Provided	✗ Not Complete	
Required Services	✓ Complete	Update ▾
Additional Services	✗ Not Started	Update ▾
Specialty Services	✗ Not Started	Update ▾
Form 5B - Service Sites	✗ Not Started	Update ▾
Form 5C - Other Activities/Locations	✓ Complete	Update ▾
Scope Certification	✗ Not Started	Update ▾
Other Forms		
Program Narrative Update	✗ Not Started	
Environment and Organizational Capacity	✗ Not Started	Update ▾
Patient Capacity	✗ Not Started	Update ▾
Clinical/Financial Performance Measures	✗ Not Started	Update ▾
Return to Complete Status		

4.1 Form 3 - Income Analysis

Form 3: Income Analysis projects program income, by source, for the upcoming certification period (one year). This form comprises of the following sections:

1. [Payer Category](#) (Figure 6, 1)
2. [Comments/Explanatory Notes](#) (Figure 6, 2)

Figure 6: Form 3: Income Analysis

Form 3 - Income Analysis

Note(s):

- The value in column (d) - Projected Income should equal column (b) - Billable visits multiplied by column (c) - Income per Visit. If not, explain in the Comments/Explanatory Notes box.
- The program income total on this form must match the program income total on Form 3A.

DEPARTMENT OF HEALTH AND HUMAN SERVICES | COMMUNITY NETWORK, INC. | Due Date: 10/24/2019 (Due In: 33 Days) | Section Status: Not Started

Resources

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Fields with * are required

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
* 1. Medicaid					
* 2. Medicare					
* 3. Other Public					
* 4. Private					
* 5. Self Pay					
6. Total (Lines 1 - 5) Calculate Total and Save	0	0	N/A	\$0	\$0
Part 2: Other Income - Federal, State, Local and Other Income					
* 7. Federal	N/A	N/A	N/A		
* 8. State Government	N/A	N/A	N/A		
* 9. Local Government	N/A	N/A	N/A		
* 10. Private Grants/Contracts	N/A	N/A	N/A		
* 11. Contributions	N/A	N/A	N/A		
* 12. Other	N/A	N/A	N/A		
* 13. Applicant (Retained Earnings)	N/A	N/A	N/A		
14. Total Other (Lines 7 - 13) Calculate Total and Save	N/A	N/A	N/A	\$0	\$0
Total Income (Program Income Plus Other)					
15. Total Income (Lines 6 + 14) Calculate Total and Save	N/A	N/A	N/A	\$0	\$0

Comments/Explanatory Notes (If applicable)

Approximately 2 pages (Max 2500 Characters): 2500 Characters left.

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

4.1.1 Completing the Payer Category section

The Payer Category section is further divided into the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Federal, State, Local and Other Income
- Total Income: Program Income Plus Other

To complete the **Payer Category** section, follow the steps below:

1. In column (a), provide the number of Patients by Primary Medical Insurance for each payer category. Enter 0 if not applicable (Figure 6, 3).
2. In column (b), provide the number of Billable Visits that is greater than or equal to the number of Patients by Primary Medical Insurance, i.e. column (a), for each payer category. Enter 0 if not applicable (Figure 6, 4).

3. In column (c), provide the amount of Income per Visit for each payer category. Enter 0 if not applicable. (Figure 6, 5).
4. In column (d), provide the amount of Projected Income for each payer category. Enter 0 if not applicable (Figure 6, 6).
5. In column (e), provide the amount of Prior FY Income. Enter 0 if not applicable (Figure 6, 7).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Part 1 (Figure 6, 8).

IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be 0 if the number of Patients by Primary Medical Insurance in column (a) for a payer category is 0.
- The value in column (d) – Projected Income for a payer category should be equal to the value calculated by multiplying column (b) – Billable visits by column (c) – Income per Visit for that category. If these values are not equal, provide an explanation in the [Comments/Explanatory Notes](#) box.
- The columns **Patients By Primary Medical Insurance (a)**, **Billable Visits (b)** and **Income Per Visit (c)** in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Income: Program Income Plus Other** section to calculate and save the values for each Payer Categories in Part 1 and 2 (Figure 6, 9).

4.1.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form (Figure 6, 2).

1. If the value for any payer category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (d) with Income per Visit (c), provide an explanation in this section. Provide justification for each payer category for which these numbers are not equal. If these numbers are equal for all the payer categories, providing comments in this section is optional.
2. Click the Save and Continue button to save your work and proceed to **Form 3A – Budget Information** form.

4.2 Form 3A – Budget Information

Form 3A: Budget Information shows the program budget, by category, for the upcoming certification period. This form has the following sections:

- [Expenses](#) (Figure 7, 1)
- [Revenue](#) (Figure 7, 2)

4.2.1 Completing the Expense section

In the Expenses section, enter the projected expenses for the upcoming certification period for each Health Center Program type for which the look-alike is designated (i.e., CHC, MHC, HCH, PCPH). Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 1. (Figure 7, 3 & 4).

Figure 7: Form 3A: Budget Information

Form 3A - Budget Information

Note(s):
 The program income total on this form must match the program income total on Form 3.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT, INC. Due Date: 08/08/2016 (Due In: 53 Days) | Section Status: Not Started

Resources

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Fields with * are required

Budget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	Health Care for Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC - 330(i))	Total
1. Expenses ¹					
a. Personnel					\$0.00
b. Fringe Benefits					\$0.00
c. Travel					\$0.00
d. Equipment					\$0.00
e. Supplies					\$0.00
f. Contractual					\$0.00
g. Construction					\$0.00
h. Other					\$0.00
i. Total Direct Charges (sum of a through h) Calculate Total and Save ³	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
j. Indirect Charges					\$0.00
k. Total Expenses (sum of i and j) Calculate Total and Save ⁴	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Revenue ²					
a. Applicant					\$0.00
b. Federal					\$0.00
c. State					\$0.00
d. Local					\$0.00
e. Other					\$0.00
f. Program Income					\$0.00
g. Total Revenue (sum of a through f) Calculate Total and Save ⁵	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page Save Save and Continue

4.2.2 Completing the Revenue section

In the Revenue section, enter the projected revenue for the upcoming certification period by funding source for each Health Center Program type for which the look-alike is designated (i.e., CHC, MHC, HCH, PCPH). Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 2. (Figure 7, 5).

IMPORTANT NOTE: The value for the Total Program Income in the Revenue section (line (f)) should equal the value for the Total Program Income on **Form 3**, line 6, column (d).

Click the Save and Continue button to save your work and proceed to **Form 5A - Services Provided**.

4.3 Form 5A – Services Provided

Form 5A: Services Provided is pre-populated with the services in the current scope that HRSA has on file for your organization.

Form 5A will be non-editable. You will be required to visit the Required Services, Additional Services, and the Specialty Services sections at least once in order to change the status of the form to Complete.

Figure 8: Form 5A - Services Provided

Form 5A - Services Provided (Required Services)

Note(s):
 Review the list of services retrieved from your scope on file as of 07/27/2016 10:38:48 AM. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

Organization: **BRIDGES CITY COMMUNITY NETWORK, INC.** Due Date: **08/03/2016** (Due In: **66** Days) | Section Status: **Not Complete**

Resources

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Required Services Additional Services Specialty Services

Refresh from Scope

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[X]	[X]
Diagnostic Radiology	[_]	[X]	[X]
Screenings	[X]	[_]	[X]
Coverage for Emergencies During and After Hours	[X]	[_]	[X]
Voluntary Family Planning	[X]	[_]	[X]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[X]	[X]
Gynecological Care	[X]	[_]	[X]
Obstetrical Care			
Prenatal Care	[X]	[X]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[X]	[X]
Postpartum Care	[X]	[X]	[X]
Preventive Dental	[X]	[X]	[_]
Pharmaceutical Services	[X]	[X]	[_]
HCH Required Substance Abuse Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[X]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[X]	[X]
Translation	[X]	[X]	[X]

Go to Previous Page **Continue**

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the Refresh from Scope button (**Figure 8, 1**) to refresh the data and display the latest scope of project.

Form 5A will be complete when the status of the **Required Services**, **Additional Services** and **Specialty Services** sections are all complete. The completed status of these sections is indicated with a green tick mark icon in the section tabs (**Figure 8, 2**).

After visiting all the sections on **Form 5A**, click the Continue button (**Figure 8, 3**) to proceed to **Form 5B – Service Sites** form.

4.4 Form 5B – Service Sites

Form 5B: Service Sites is pre-populated with the sites in the current scope that is on file for your organization.

Form 5B will be non-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

Figure 9: Form 5B - Service Sites

The screenshot displays the 'Form 5B - Service Sites' interface. At the top, there is a 'Note(s)' section. Below it, the organization name 'MISSION CITY COMMUNITY NETWORK, INC.' is shown along with a 'Due Date' and 'Section Status'. A 'Resources' section includes links for 'LAL AC User Guide' and 'LAL AC Instructions'. A 'Refresh From Scope' button is highlighted with a red circle and the number '1'. Below this is a table titled 'Existing Sites in Scope' with columns for Site Name, Physical Address, Service Site Type, Location Type, Performance Site Address Category, and Options. Two rows of site data are visible, each with a 'View' link in the Options column, the second of which is highlighted with a red circle and the number '2'. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

Site Name	Physical Address	Service Site Type	Location Type	Performance Site Address Category	Options
Mission City Community Network - Northridge	5500 Resende Blvd., Northridge, CA 91324-4622	Administrative/Service Delivery Site	Permanent	Accountable	View
Mission City Community Network - Hollywood	4800 Hollywood Blvd, Los Angeles, CA 90027	Service Delivery Site	Permanent	Accountable	View

If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the **Refresh from Scope** button (Figure 9, 1) to refresh the data and display the latest scope of project. If you need to view the details of a particular site displayed on this form, you can do so by clicking on the View link (Figure 9, 2).

Click the Save and Continue button on **Form 5B** to proceed to **Form 5C - Other Activities/Locations** form.

4.5 Form 5C - Other Activities/Locations

Form 5C – Other Activities/Locations is pre-populated with the activities/locations in the current scope that is on file for your organization.

Form 5C will be non-editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

Figure 10: Form 5C – Other Activities/Locations

Form 5C - Other Activities/Locations

Note(s):
 Review the list of activities and locations retrieved from your scope on file as of 1/7/2019 10:56:19 AM. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

DEPARTMENT: MISSOURI CITY COMMUNITY NETWORK, INC. Due Date: 01/04/2019 (Due In: 03 Days) | Section Status: **Complete**

Resources
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Refresh From Scope 1

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted
Immunizations	2-4 times per year	Community Immunization	Other (Community Based Organizations such as churches, schools, etc.)
Health Fairs	2-3 times a year	Attend and provide some limited services at health fairs.	Various Health Fairs in the community.
Home visits	As needed - part of Outreach Activity	Provide Case Management, mental health for residential homes.	Homes, Residential Homes, Board and care

Go to Previous Page Continue

If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the latest scope of project (**Figure 10, 1**).

Click the Continue button on **Form 5C** to proceed to **Scope Certification** form.

4.6 Scope Certification

The **Scope Certification** form requires you to certify if the look-alike scope of your organization, as displayed in [Form 5A: Services Provided](#) and [Form 5B: Service Sites](#) of this progress report, is correct.

Figure 11: Scope Certification

Scope Certification

DEPARTMENT: MISSOURI CITY COMMUNITY NETWORK, INC. Due Date: 01/04/2019 (Due In: 03 Days) | Section Status: **Not Started**

Resources
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 LAL AC User Guide | LAL AC Instructions

Fields with * are required

* 1. **Scope of Project Certification - Services – Select only one below** 1

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it requires changes that I have submitted through the change in scope process.

* 2. **Scope of Project Certification - Sites – Select only one below** 2

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

Go to Previous Page Save Save and Continue

To complete this form, follow the steps below:

1. Select an option to certify that the [Form 5A: Services Provided](#) form of this Annual Certification application accurately reflects all services and service delivery methods included in your current approved project scope or that it requires changes that you submitted through the Change in Scope process (**Figure 11, 1**).

2. Select an option to certify that the [Form 5B: Service Sites](#) form of this Annual Certification application accurately reflects all sites included in your current approved project scope or that it requires changes that you submitted through the Change in Scope process ([Figure 11, 2](#)).
3. Click the Save and Continue button to save the information and proceed to **Program Narrative Update** form.

4.7 Program Narrative Update

The **Program Narrative Update** form addresses progress and changes that have impacted the community/target population and the look-alike organization over the past year. It also addresses the look-alike's plans for the upcoming certification period. This form is comprised of the following sections:

1. [Environment and Organizational Capacity](#)
2. Patient Capacity
3. [Clinical/Financial Performance Measures](#)

4.7.1 Completing Environment and Organizational Capacity

Figure 12: Program Narrative Update (Environment and Organizational Capacity)

To complete this section, follow the steps below:

1. Provide a narrative description for the Environment ([Figure 12, 1](#)) and Organizational Capacity ([Figure 12, 2](#)) sections.
2. Click the Save and Continue button ([Figure 12, 3](#)) to proceed to the **Patient Capacity** section, OR click the Save button ([Figure 12, 4](#)) at the bottom of the **Environment and Organizational Capacity** section and select the **Patient Capacity** tab below the **Resources** section ([Figure 12, 5](#)).

4.7.2 Completing Patient Capacity

The Patient Capacity section of Program Narrative Update form consists of the following sub-sections:

- [Patient Capacity \(Figure 13\)](#)

4.7.2.1 Patient Capacity

In the **Patient Capacity** section, discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories. Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals. ([Figure 13](#)).

To complete this section, follow the steps below:

1. Review the numbers populated in the **2013 - 2015 Patient Number** columns ([Figure 13, 1, 2, 3](#)). These numbers are populated from respective UDS Reports that you previously submitted to HRSA.

IMPORTANT NOTES:

- For the **Total Unduplicated Patients** row ([Figure 13, 4](#)), the **2013 - 2015 Patient Numbers** are pre-populated from Table 3a of the respective UDS Reports. If there is no data available to pre-populate, the system displays “Data not available” under these columns.
- For the **Special Populations** rows ([Figure 13, 5](#)), the **2013 - 2015 Patient Numbers** are pre-populated from Table 4 of the respective UDS Reports. If there is no data available to pre-populate, the system displays “Data not available” under these columns.
- Since the **2013 Public Housing Residents Patients** data was not included in Table 4 of the UDS Report, this field will be editable ([Figure 13, 6](#)). If data is not provided in this cell, provide 2013 Public Housing patient numbers, as applicable, for your health center.

Figure 13: Patient Capacity

Program Narrative Update - Patient Capacity

Note(s):
 Describe the progress made from the beginning of a designee's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

Due Date: 10/30/2018 (Due In: Days) | Section Status: Not Started

Resources

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Fields with * are required

Environment and Organizational Capacity Patient Capacity Clinical/Financial Performance Measures

▼ Patient Capacity

- Referencing the % Change 2013-2015 Trend, % Change 2014-2015, and % Progress Toward Goal columns:
 - Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories.
 - Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals.

Notes:

- % Change and % Progress Data are pre-populated calculations based on UDS reporting.
- 2013-2015 Patient Number data are pre-populated from Table 3a in the UDS Report.

Designation Period: (Pre-populated from most recent Notice of Look-Alike Designation)

Unduplicated Patients	2013 Patient Number	2014 Patient Number	2015 Patient Number	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Designation Period)
Total Unduplicated Patients								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Notes:

- 2013 - 2015 Patient Number data are pre-populated from Table 4 of the UDS report.
- The Projected Number of Patients column is pre-populated from the patient projection in the application that initiated your current designation period (Renewal of Designation / Initial Designation).
- If pre-populated patient projections are not accurate, provide adjusted projections and explanation in the Patient Capacity Narrative section.
- % Change and % Progress data are pre-populated calculations based on UDS reporting.
- 2014 and 2015 public housing patient data are pre-populated from UDS. Since the 2013 public housing patient data were not included in Table 4 of the UDS Report, Please provide 2013 public housing patient numbers, as applicable, from your health center data.

Designation Period: (Pre-populated from most recent Notice of Look-Alike Designation)

Special Populations	2013 Patient Number	2014 Patient Number	2015 Patient Number	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Designation Period)
Total Migratory and Seasonal Agricultural Worker Patients								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.
Total People Experiencing Homelessness Patients								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.
Total Public Housing Resident Patients								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Go to Previous Page Save Save and Continue

2. Review the numbers populated in the **Projected Number of Patients** column (Figure 13, 7).

IMPORTANT NOTES: For the Total Unduplicated Patients (Figure 13, 4) and Special Populations rows (Figure 13, 5), the Projected Number of Patients (Figure 13, 7) is pre-populated from the patient projection in the application that initiated your current designation period (Renewal of Designation / Initial Designation)

3. Review the values displayed in the **% Change 2013-2015 Trend** (Figure 13, 9), **% Change 2014-2015 Trend** (Figure 13, 10), and **% Progress Toward Goal** (Figure 13, 11) columns. The system calculates these values using the numbers displayed in the corresponding columns.

IMPORTANT NOTES:

- To view the formula(s) used to calculate these values, hover over the information icons displayed for those columns headers.
- If data is not available for any of the corresponding columns that are used in the formulas, “Data not available” is displayed for the system calculated fields for that patient category.

4. In the **Patient Capacity Narrative** column (Figure 13, 12), provide a narrative describing your progress for each patient category by referencing the numbers displayed in the **% Change 2013-2015 Trend**, **% Change 2014-2015 Trend**, and **% Progress Toward Goal** columns. If pre-populated patient numbers or projections are not accurate, adjusted projections should also be provided and explained in the **Patient Capacity Narrative** column.
5. Click the Save and Continue button to save the information and proceed to **Program Narrative Update - Clinical/Financial Performance Measures** tab.

4.7.3 Completing Clinical/Financial Performance Measures

In the **Clinical/Financial Performance Measures** section, discuss the trends and report progress for the performance measures listed in the following sub-sections:

- Perinatal Health (Figure 14, 1)
- Preventive Health Screenings and Services (Figure 14, 2)
- Chronic Disease Management (Figure 14, 3)
- Financial Measures (Figure 15, 1)
- Additional Measures (Figure 15, 2)

Figure 14: Clinical/Financial Performance Measures

Program Narrative Update - Clinical/Financial Performance Measures

Note(s):
 Describe the progress made from the beginning of a designee's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

Due Date: (Due In: Days) | Section Status: Not Started

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Fields with * are required

Environment and Organizational Capacity Patient Capacity Clinical/Financial Performance Measures

Clinical/Financial Performance Measures

- Referencing the % Change 2013-2015 Trend, % Change 2014-2015, and % Progress Toward Goal columns:
 - Discuss the trends in Clinical and Financial Performance Measures.
 - Maintenance or improvement in performance is expected; downward trends or limited progress towards the projected goals must be explained.
 - In the Clinical/Financial Performance Measures Narrative column, describe the following as they relate to the data:
 - Progress toward goals;
 - Key contributing and restricting factors impacting/affecting progress toward goals; and
 - Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Notes:

- Designees are required to provide goals for all clinical and financial performance measures in this submission. Reference the goals from your last LAL submission and, as needed, the metric definitions provided on the AC TA Webpage when providing the goals. If any goals differ from those included in your last LAL submission, use the Measure Narrative column to provide an explanation.
- Since the Oral health—sealants, HIV linkage to care, and Depression screening and follow-up measures were not included in previous ID, RD, or AC applications, designees must establish a goal to be reached by the end of the designation period for these measures. See the metric definitions provided on the AC TA Webpage for details.
- Due to the fact that designees set their diabetes goals and reported UDS data based on different diabetes measure definitions, N/A will be shown for all fields, and narrative progress toward the goal is not required in this submission. However, work should continue in this priority area and progress should be shown in the 2018 UDS report.
- Self-defined Oral Health and Behavioral Health measures that were included in previous LAL submissions will appear in the Additional Measures section.

Perinatal Health 1

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Access to prenatal care in 1st trimester	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	
Low birth weight (< 2500 grams)	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	

Measure Narrative
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Preventive Health Screenings and Services 2

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Oral Health (Sealants)	Data not available	Data not available		Data not available	Data not available	Data not available	
Weight assessment and counseling for children and adolescents (ages 2-17)	Data not available	Data not available	25.2717	Data not available	Data not available	63.18%	
Adult weight screening and follow up	Data not available	Data not available	67.2660	Data not available	Data not available	168.17%	
Tobacco Use Screening and Cessation	Data not available	41.4286	9.9196	Data not available	-76.06%	Data not available	
Colorectal cancer screening (ages 50-75)	Data not available	Data not available	21.9912	Data not available	Data not available	75.83%	
Cervical cancer screening (ages 21-64)	Data not available	Data not available	8.2388	Data not available	Data not available	41.19%	
Childhood immunizations (on or before 3rd birthday)	Data not available	Data not available	0.0000	Data not available	Data not available	0.00%	

Measure Narrative
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Chronic Disease Management 3

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Asthma treatment – pharmacologic therapy (ages 5 – 40)	Data not available	Data not available	14.0244	Data not available	Data not available	18.70%	
Coronary artery disease (CAD) and lipid-lowering therapy (adult)	Data not available	Data not available	3.1297	Data not available	Data not available	7.82%	
Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy (adult)	Data not available	Data not available	68.5039	Data not available	Data not available	126.86%	
Blood pressure control (adult hypertensive patients with blood pressure < 140/90)	Data not available	Data not available	58.6265	Data not available	Data not available	68.97%	
Diabetes Control (diabetic patients with HbA1c <= 9%)	N/A	N/A	N/A	N/A	N/A	N/A	
HIV Linkage to Care	Data not available	50.0000	100.0000	Data not available	100.00%	Data not available	
Depression Screening and Follow Up	Data not available	5.7143	6.1928	Data not available	8.37%	Data not available	

Measure Narrative
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Figure 15 : Clinical/Financial Performance measures (Contd.)

Financial Measures 1

Performance Measure	2013 Measures (i)	2014 Measures (i)	2015 Measures (i)	% Change 2013-2015 Trend (i)	% Change 2014-2015 Trend (i)	% Progress toward Goal (i)	Measure Goals
Total cost per patient	Data not available	Data not available	411.8739	Data not available	Data not available	96.91%	
Medical cost per medical visit	Data not available	Data not available	92.4080	Data not available	Data not available	52.80%	

Measure Narrative

Approximately 2 pages (i) (Max 3000 Characters): 3000 Characters left.

Note(s):
 If any of the Additional Measures listed below are not applicable to you at this time, answer 'No' to the question 'Is this Performance Measure applicable?'. Otherwise, answer 'Yes'.

Additional Measures 2

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend (i)	% Change 2014-2015 Trend (i)	% Progress toward Goal (i)	Measure Goals	Is This Performance Measure Applicable?
(Oral Health) Oral Exams				Data not available	Data not available	Data not available		<input checked="" type="radio"/> Yes <input type="radio"/> No
(Behavioral Health) Mental Health				Data not available	Data not available	Data not available		<input checked="" type="radio"/> Yes <input type="radio"/> No

Measure Narrative

Approximately 2 pages (i) (Max 3000 Characters): 3000 Characters left.

Go to Previous Page Save Save and Continue

To complete this section, follow the steps below:

1. Review the numbers populated in the **2013 - 2015 Patient Measures** columns (Figure 16, 1, 2, 3). These numbers are populated from the respective UDS Reports that you previously submitted to HRSA. If there is no data available to pre-populate, the system displays “Data not available” under these columns. The %Progress Toward Goal field will be prepopulated if a goal was provided in the last application, however, a goal must be established in the AC application if one was not established last year.

IMPORTANT NOTES:

- For the ‘Oral Health (Sealants)’ performance measure (Figure 16, 4), data is unavailable for the **2013** and **2014 Measures**. For the **2015 Measure**, enter the data for your organization.
- For the ‘Diabetes Control (diabetic patients with HbA1c <= 9%)’ performance measure (Figure 16, 5), “N/A” is displayed for all fields, and narrative progress toward the goal is not required in this submission. However, work should continue in this priority area and progress should be shown in the 2016 UDS report.
- For the measures listed under the **Additional Measures** sub-section, provide information in the **2013 - 2015 Measure** columns, as applicable.

Figure 16 : Clinical/Financial Performance Measures Details

Preventive Health Screenings and Services							
Performance Measure	2013 Measures ⁽¹⁾	2014 Measures ⁽²⁾	2015 Measures ⁽³⁾	% Change 2013-2015 Trend ⁽⁶⁾	% Change 2014-2015 Trend ⁽⁷⁾	% Progress toward Goal ⁽⁸⁾	Measure Goals ⁽⁹⁾
Oral Health (Sealants) ⁽⁴⁾	Data not available	Data not available		Data not available	Data not available	100%	100%
Weight assessment and counseling for children and adolescents (ages 2-17)	10,000	10,000	10,000	100%	100%	100%	10,000
Adult weight screening and follow up	10,000	10,000	10,000	100%	100%	100%	10,000
Tobacco Use Screening and Cessation	10,000,000,000	10,000	10,000	100,000,000,000%	1,000%	100%	10,000
Colorectal cancer screening (ages 50-75)	10,000	10,000	10,000	100%	100%	100%	10,000
Cervical cancer screening (ages 21-64)	10,000	10,000	10,000	100%	100%	100%	10,000
Childhood immunizations (on or before 3rd birthday)	10,000	10,000	10,000	100%	100%	100%	10,000

*** Measure Narrative ⁽¹⁰⁾**

Approximately 1 page ⁽¹⁾ (Max 3000 Characters): 3000 Characters left.

Chronic Disease Management							
Performance Measure	2013 Measures ⁽¹⁾	2014 Measures ⁽²⁾	2015 Measures ⁽³⁾	% Change 2013-2015 Trend ⁽⁶⁾	% Change 2014-2015 Trend ⁽⁷⁾	% Progress toward Goal ⁽⁸⁾	Measure Goals
Asthma treatment – pharmacologic therapy (ages 5 – 40)	10,000	10,000	10,000	100%	100%	100%	10,000
Coronary artery disease (CAD) and lipid-lowering therapy (adult)	10,000	10,000	10,000	100%	100%	100%	10,000
Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy (adult)	10,000	10,000	10,000	100%	100%	100%	10,000
Blood pressure control (adult hypertensive patients with blood pressure < 140/90)	10,000	10,000	10,000	100%	100%	100%	10,000
Diabetes Control (diabetic patients with HbA1c <= 9%) ⁽⁵⁾	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HIV Linkage to Care	10,000,000,000	10,000	10,000,000,000	100,000,000,000%	100,000,000,000%	100,000,000,000%	10,000
Depression Screening and Follow Up	10,000,000,000	10,000	10,000,000,000	100,000,000,000%	100%	100%	10,000

- Review the values displayed in the **% Change 2013-2015 Trend (Figure 16, 6)**, **% Change 2014-2015 Trend (Figure 16, 7)**, and **% Progress Toward Goal (Figure 16, 8)** columns. The system calculates these values using the numbers displayed in the corresponding Measure columns.

IMPORTANT NOTES:

- To view the formulas used to calculate **% Change 2013-2015 Trend**, **% Change 2014-2015 Trend**, and **% Progress Toward Goal** values, hover over the information icons displayed for those columns headers.
- If data is not available for the **2013 Measure**, **2014 Measure**, or **2015 Measure** columns for a performance measure, the system displays ‘Data not available’ for **% Change 2013-2015 Trend**, **% Change 2014-2015 Trend**, and **% Progress Toward Goal**, if used in the formula, for that performance measure.
- Look-Alikes are required to provide goals for all clinical and financial performance measures in this submission. Reference the goals from your last look-alike submission and, as needed, the metric definitions provided on the **AC TA webpage** (<http://bphc.hrsa.gov/programopportunities/lookalike/ac/index.html>) when providing the goals. If any

goals differ from these included in your last look-alike submission, use the Measure Narrative column to provide an explanation.

3. In the **Measure Narrative** field (Figure 16, 10), provide a narrative describing your progress for each performance measure sub-section by referencing the numbers displayed in the corresponding columns.
4. In the **Additional Measures** sub-section only, the system displays the column 'Is this Performance Measure Applicable?' (Figure 17, 1). Answer Yes or No under this column to indicate if the measures are applicable or not.

Figure 17: Additional Measures sub-section

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend ⓘ	% Change 2014-2015 Trend ⓘ	% Progress toward Goal ⓘ	Measure Goals	Is This Performance Measure Applicable?
(Oral Health) Increase the percent of 2 to 5 year olds who have had dental anticipatory guidance (includes a dental referral or confirmation of a dental provider) at a well child visit in the measurement year from 94% to 95%	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data not available	Data not available	Data not available	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
(Oral Health) Percentage of children age 6-9 years at "elevated" risk who received a sealant on permanent first molar tooth within the measurement year.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data not available	Data not available	Data not available	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

* Measure Narrative

4.7.4 Completing the Program Narrative Update forms

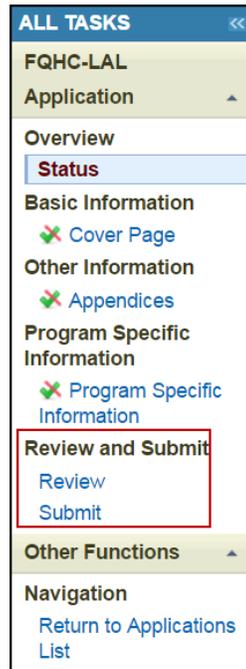
The **Program Narrative Update** form will be complete when the status of all the 3 sections is complete. The completed status of all these sections is indicated with a green tick mark in the section tabs.

5. Reviewing and Submitting the Look-Alike Annual Certification Application to HRSA

To review your application, follow these steps:

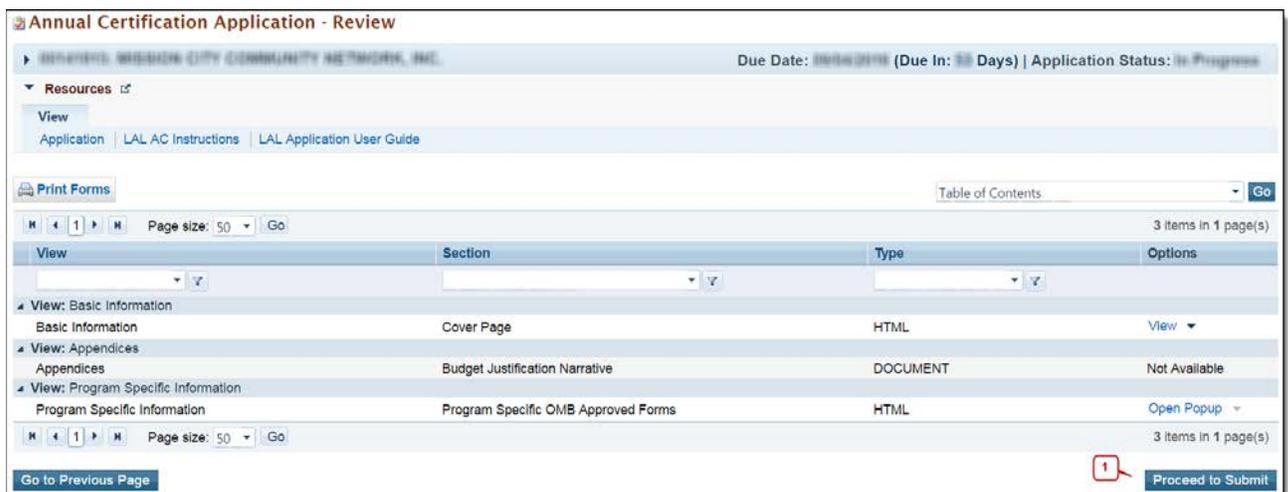
1. Click on the **Status** link on the left side menu.

Figure 18: Left menu – Review and Submit



2. On the **Application – Status Overview** page, click the **Review** link in the Review and Submit section of the left menu.
 - The system navigates to the **Review** page (Figure 39).

Figure 19: Review page



3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (Figure 39, 1).
 - The system navigates to the **Submit** page (Figure 40).
5. Click the Submit to HRSA button at the bottom of the **Submit** page (Figure 40, 1).

- The system navigates to a confirmation page.

Figure 20: Submit to HRSA

Annual Certification Application - Submit

BETHLEHEM MICHIGAN CITY COMMUNITY NETWORK, INC. Due Date: 08/04/2018 (Due In: 55 Days) | Application Status: In Progress

Look-Alike Number: LAL000000 Original Deadline: 08/04/2018 Created On: 07/06/2018
 Project Officer: [redacted] Project Officer Email: [redacted] Project Officer Contact #: (817) 462-7700
 Last Updated By: [redacted] Application Type: Annual Certification Program Name: Look-Alike Health Center Program

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Users with permissions on RD/AC applications

Section	Status	Options
Basic Information		
Cover Page	✓ NOT Complete	Update
Other Information		
Appendices	✓ Not Started	Update
Program Specific Information		
Program Specific Information	✓ NOT Complete	Update

Cancel 1 Submit to HRSA

6. Check the Application Certification to electronically sign the application and click the Submit to HRSA button (Figure 40, 1)
7. If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742, ext. 3 or <http://www.hrsa.gov/about/contact/bphc.aspx>.

6. Submitting a Change Requested Progress Report

HRSA will send a 'Change Requested' email to you if your AC application needs to be revised. To revise your progress report, access it in EHB using the steps described in the section titled [Starting Look-Alike Annual Certification application](#) of this user guide. Edit the progress report as indicated in the email sent by HRSA, and re-submit the AC Application by following the steps in section [Reviewing and Submitting the Look-Alike Annual Certification to HRSA](#) of this user guide.