HRSA Electronic Handbook

Look-Alike Renewal of Designation Application User Guide

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U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Contents

Contents 2

1. Starting the Look-Alike Renewal of Designation Application 4

2. Completing the Look-Alike Cover Page section of the application 5

3. Completing the Appendices Form 5

4. Completing the Program Specific Forms 7

4.1 Form 1A – General Information Worksheet 7
4.1.1 Completing the Applicant Information section 9
4.1.2 Completing the Proposed Service Area section 9

4.2 Form 1C – Documents on File 12

4.3 Form 4 - Community Characteristics 13
4.3.1 Completing the Form 4 sections 15
4.3.2 Completing the Special Populations and Select Population Characteristics section 15

4.4 Form 2 – Staffing Profile 16
4.4.1 Completing the Staffing Positions by Major Service Category sections 19
4.4.2 Completing the Total FTEs section 19

4.5 Form 3 - Income Analysis 20
4.5.1 Completing the Payer Categories section 20
4.5.2 Completing the Comments/Explanatory Notes section 21

4.6 Form 3A – Budget Information 21
4.6.1 Completing the Expenses section 22
4.6.2 Completing the Revenue section 22

4.7 Form 5A – Services Provided 23
4.7.1 Completing the Required, Additional & Specialty Services Section 24

4.8 Form 5B – Service Sites 24

4.9 Form 5C – Other Activities/Locations 25

4.10 Scope Certification 26

4.11 Form 6A – Current Board Member Characteristics 26

4.12 Form 6B - Request for Waiver of Governance Requirements 28
4.12.1 Completing Form 6B when it is not applicable 28
4.12.2 Completing Form 6B when it is applicable 29

4.13 Form 8 - Health Center Agreements 30
4.13.1 Completing Part I of Form 8 31
4.13.2 Completing Part II of Form 8 31

4.14 Form 10 – Emergency Preparedness Report 32

4.15 Form 12 – Organization Contacts 33

4.16 Clinical Performance Measures 34
4.16.1 Completing the Required Clinical Performance Measures 35
4.16.2 Adding Additional Clinical Performance Measures 37

4.17 Financial Performance Measures *38*
4.17.1 Completing the Required Financial Performance Measures 38
4.17.2 Adding Additional Financial Performance Measures 41

5. Reviewing and Submitting the Look-Alike Renewal of Designation Application to HRSA 41

This user guide describes the steps you need to follow to submit a Look-Alike Renewal of Designation (RD) application to the Health Resources and Services Administration (HRSA).

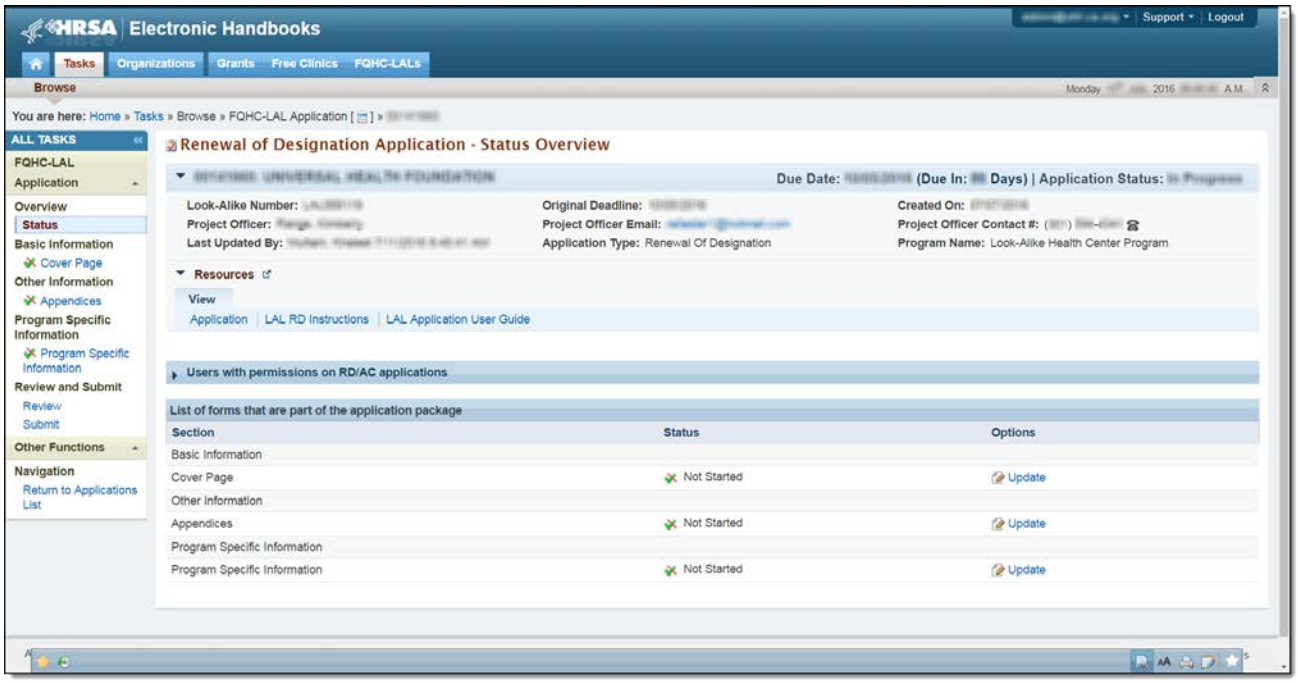
1. Starting the Look-Alike Renewal of Designation Application

You must have an EHB user account to create a Look-Alike application (also known as an Renewal of Designation). 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 at (877) 464-4772.

1. Locate the Look-Alike RD 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**).
   - The system opens the **Renewal of Designation Application - Status Overview** page of the application (**Figure 1**).

Figure 1: Application - Status Overview Page



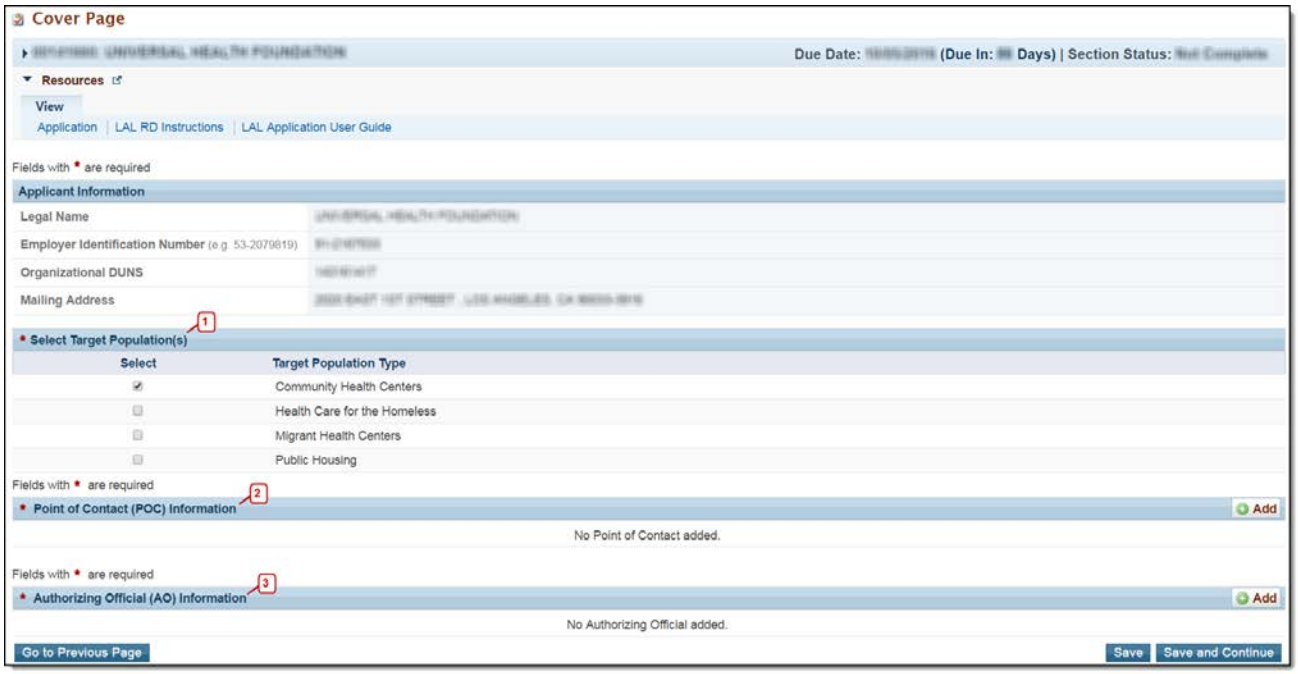
The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete all of these sections in order to submit your application to HRSA.

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 Renewal of Designation application.
- Authorized Representative (**Figure 2**, **3**) – enter the person who is authorized by the board of directors to submit the look-alike Renewal of Designation application.

Figure 2: Cover Page of FQHC-LAL Application

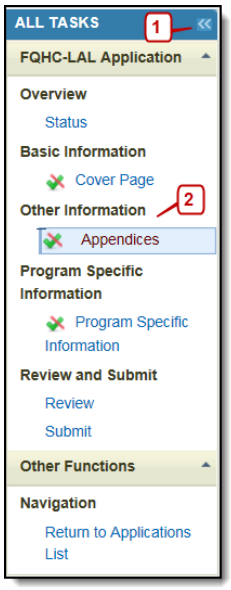


Once completed, click the Save and Continue button to proceed to the **Appendices** form.

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 following attachments by clicking the associated Attach File buttons:
   - Project Abstract (required)
   - Project Narrative (required)
   - Attachment 1—Service Area Map and Table (required)
   - Attachment 2—Corporate Bylaws (required)
   - Attachment 3—Organizational Chart (required)
   - Attachment 4—Position Descriptions for Key Personnel (required)
   - Attachment 5—Biographical Sketches for Key Personnel (required)
   - Attachment 6—Co-Applicant Agreement for Public Centers (as applicable)
   - Attachment 7—Summary of Contracts and Agreements (as applicable)
   - Attachment 8— Letters of Support (required)
   - Attachment 9— Sliding Fee Discount Schedule/ Schedule of Charges (required)
   - Attachment 10— Most Recent Independent Financial Audit (required)
   - Attachment 11—Budget Narrative (required)
   - Attachment 12—Other Relevant Documents (as applicable)

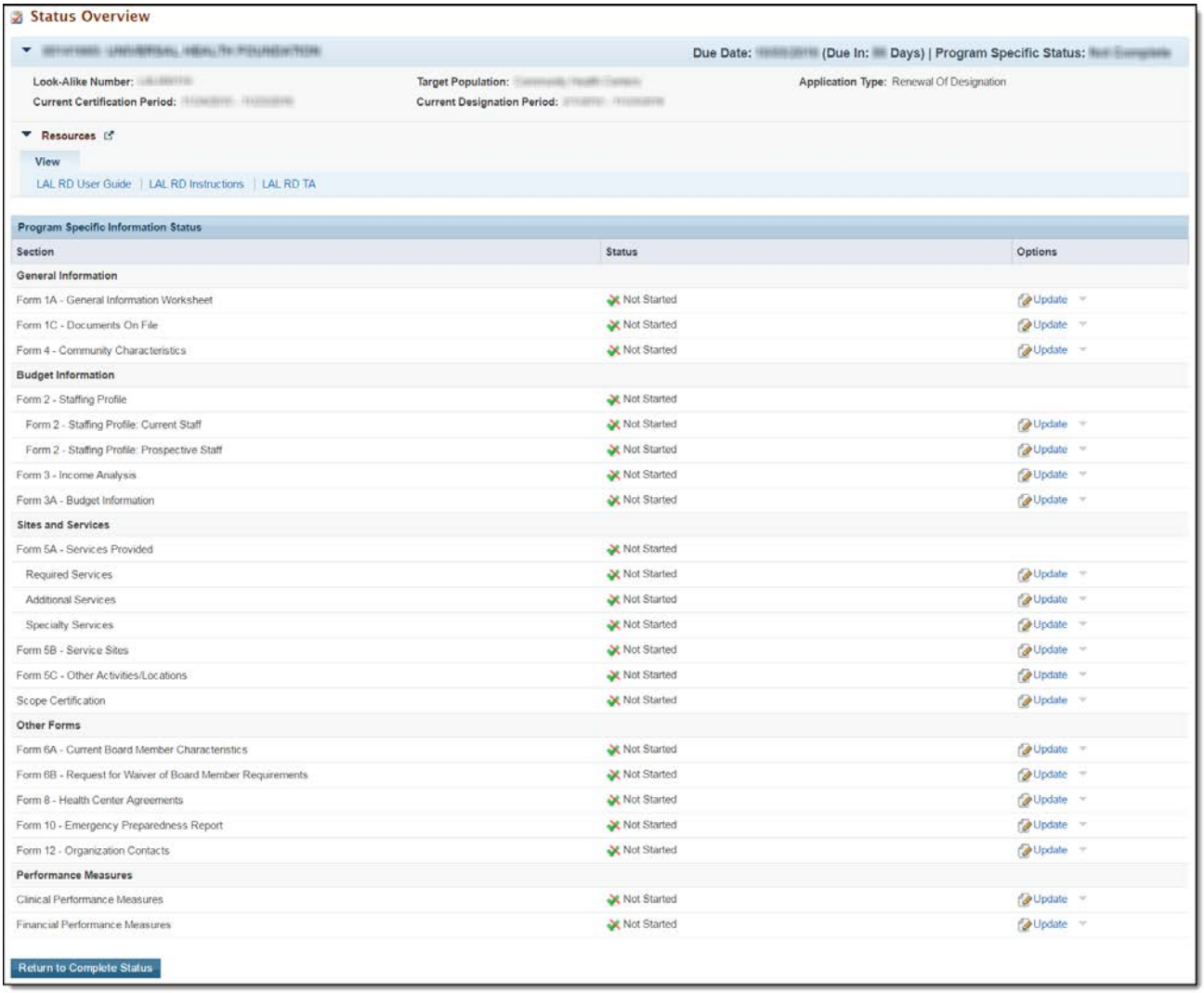
Provide up to 5 attachments in Attachment 12 of the Appendices section if applicable.

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

1. Click the **Update** link to edit each form. Once completed, click on the Save and Continue button to proceed to the next listed form.

Figure 4: Status Overview Page for Program Specific Forms



4.1 Form 1A – General Information Worksheet

Form 1A - General Information Worksheet provides information related to the applicant, proposed service area, population, and patient and visit projections. This form has the following sections:

1. Applicant Information (**Figure 5**, **1**)
2. Proposed Service Area (**Figure 5**, **2**)

Figure 5: Form 1A – General Information Worksheet

Form 1A - General Information Worksheet

Due Date: (Due In: Days) | Section Status:

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Fields with * are required

1

1. Applicant Information

Applicant Name	
* Fiscal Year End Date	Select Option
Application Type	Renewal Of Designation
* Business Entity	Select Option
* Organization Type (Select all that apply)	All Faith based Hospital State government City/County/Local Government or Municipality University Community based organization Other If 'Other' please specify: (maximum 100 characters)

2

2. Proposed Service Area

Note(s):
Applicants applying for Community Health Center Designation must provide at least one designated service area ID under an MUA or MUP.

2a. Service Area Designation

* Select MUA/MUP
(Each ID must be a 5 digit integer. Use commas to separate multiple IDs, without spaces)

Find an MUA/MUP

Medically Underserved Area (MUA) ID #
Medically Underserved Population (MUP) ID #
Medically Underserved Area Application Pending ID #
Medically Underserved Population Application Pending ID #

2b. Service Area Type

* Choose Service Area Type
Urban
Rural
Sparsely Populated - Specify population density by providing the number of people per square mile: (Provide a value ranging from 0.01 to 7)

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

* How many unduplicated patients are projected to be served by end of the Designation Period?

Population Type	Current Number		Projected by End of Designation Period	
	Patients	Visits	Patients	Visits
* Total	2143	6572		
* General Underserved Community (Include all patients/visits not reported in the rows below)	2116			
* Migratory and Seasonal Agricultural Workers and Families	0			
* Public Housing Residents	0			
* People Experiencing Homelessness	27			

Patients and Visits by Service Type

Service Type	Current Number		Projected by End of Designation Period	
	Patients	Visits	Patients	Visits
* Total Medical Services	2143	6572		
* Total Dental Services	0	0		
Behavioral Health Services				
* Total Mental Health Services	0	0		
* Total Substance Abuse Services	0	0		
* Total Enabling Services	0	0		

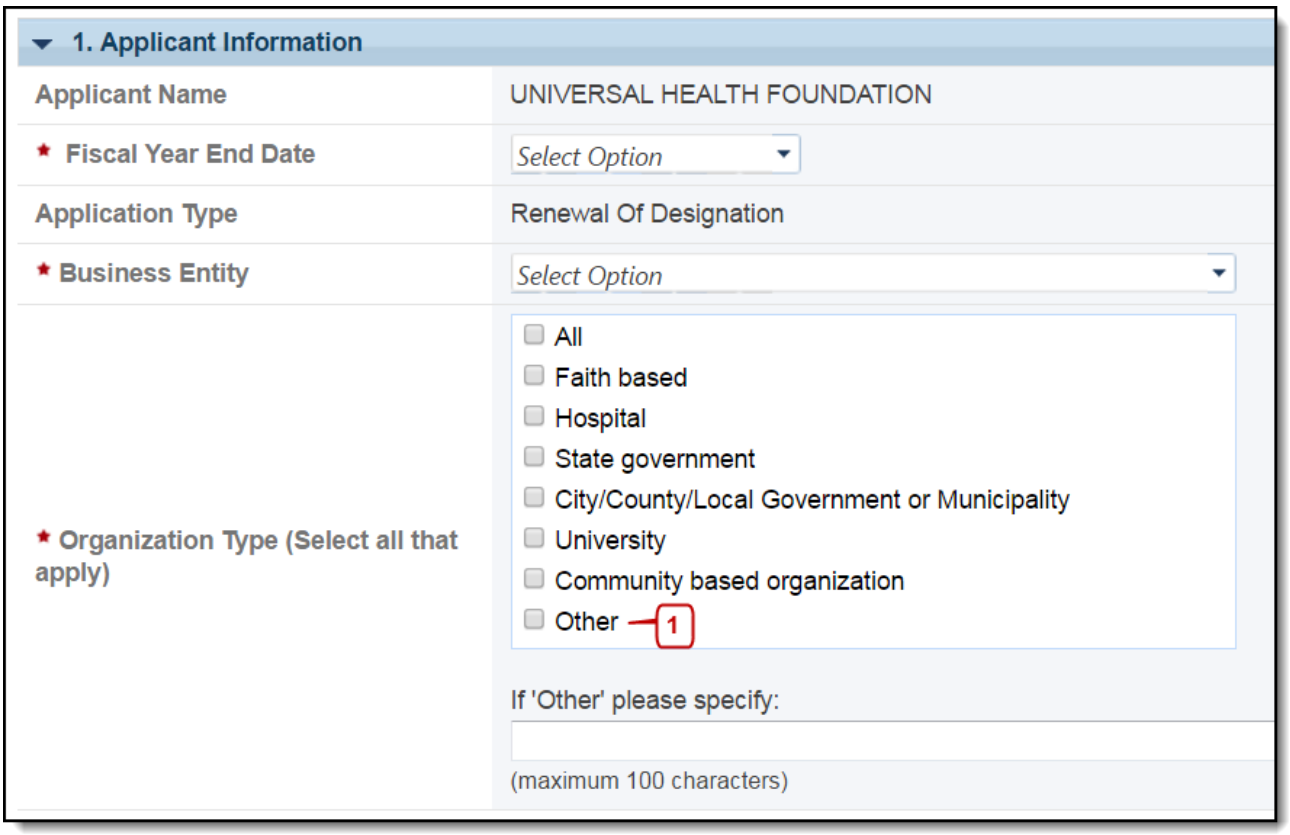
Go to Previous Page | Save | Save and Continue

4.1.1 Completing the Applicant Information section

The **Applicant Information** section is pre-populated with the applicant name and application type. Complete this section by providing information in the required fields (**Figure 6**).

1. Select the applicant organization's fiscal year end date (e.g., June 30) from the drop-down menu.
2. Select one option in the Business Entity section. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
3. Select one or more categories for the Organization Type section. You must specify the organization type if you select 'Other' (**Figure 6**, **1**).

Figure 6: Applicant Information section



4.1.2 Completing the Proposed Service Area section

The Proposed Service Area section is divided into the following sub-sections:

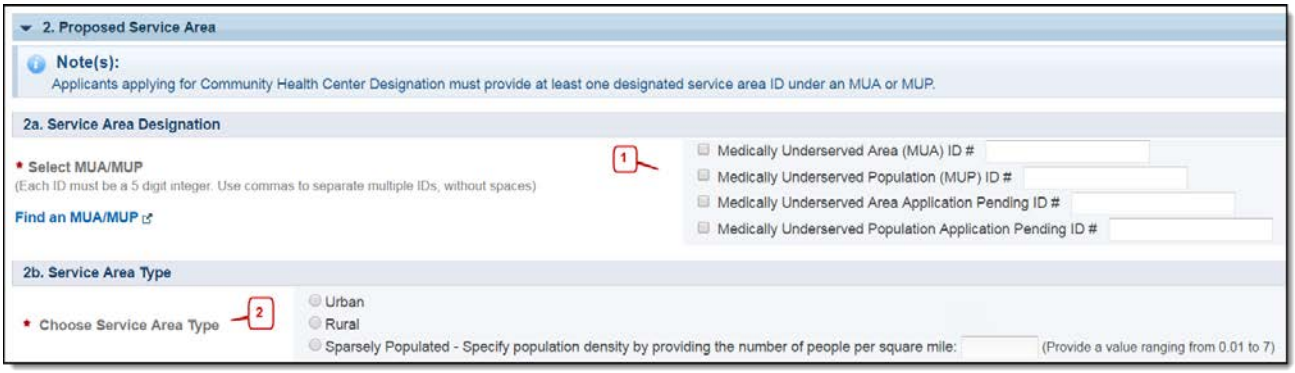
- 2a. Service Area Designation
- 2b. Service Area Type
- 2c. Patients and Visits
  - Unduplicated Patients and Visits by Population Type
  - Patients and Visits by Service Type

4.1.2.1 Completing 2a. Service Area Designation

In the Select MUA/MUP field (**Figure 7**, **1**), select the option(s) that best describe the designated service area you propose to serve. Enter ID number(s) for the MUA and/or MUP in the proposed service area.

IMPORTANT NOTE: For inquiries regarding MUAs or MUPs, visit the Shortage Designation web site or call 1-888-275-4772 (option 1 then option 2), or contact the Shortage Designation Branch at sdb@hrsa.gov or 301-594-0816.

Figure 7: Proposed Service Area section



4.1.2.2 Completing 2b. Service Area Type section

In the **Service Area Type** field (**Figure 7**, **2**), indicate whether the service area is urban, rural, or sparsely populated. If sparsely populated is selected, specify the population density by providing the number of people per square mile (values must range from .01 to 7).

IMPORTANT NOTE: For information about rural populations, visit the Office of Rural Health Policy's web site.

4.1.2.3 Completing 2c. Patients and Visits

4.1.2.3.1 Unduplicated Patients and Visits by Population Type

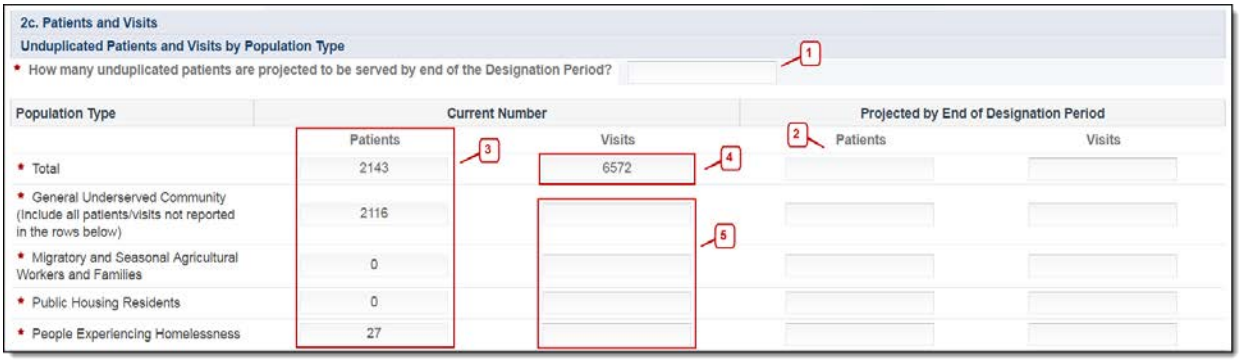
To complete this section, follow these steps:

1. Answer the question, 'How many unduplicated patients are projected to be served by End of Designation Period' (**Figure 8**, **1**).
2. The system will auto-populate the number in the Total row of the Patients column under the Projected by End of Designation Period heading (**Figure 8**, **2**) when the user clicks on the Save or Save and Continue button.
3. Patient data under the Current Number heading (**Figure 8**, **3**) is pre-populated from the Uniform Data System (UDS) for the Total and for the Population Types corresponding to the sub programs selected in Cover page - Select Target Population(s) section of this application.
4. The Total Visits under the Current Number heading (**Figure 8**, **4**) is pre-populated from the Uniform Data System (UDS). You must enter the number of visits for Population Types

corresponding to the sub programs selected in the Cover page - Select Target Population(s) section of this application (**Figure 8**, **5**). For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected in the Cover page.

5. The number of patients and visits under the Projected by End of Designation Period heading for each Population Type that corresponds to the sub programs selected in the Cover page - Select Target Population(s) section of this application, should be greater than zero. For the remaining Population Types, you may provide zeros if there are no projections. You may also provide data for the Population Types beyond those selected in the Cover page.

Figure 8: Unduplicated Patients and Visits by Population Type



IMPORTANT NOTES:

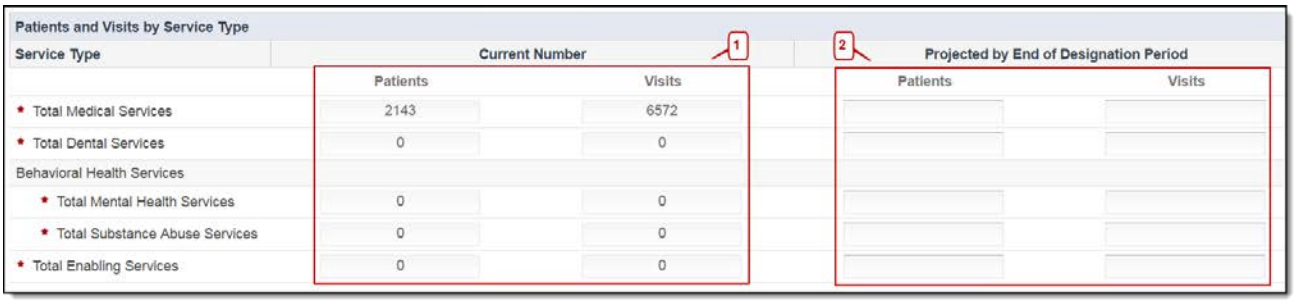
- The General Underserved Community row should include all patients/visits not captured in other Population Types
- Across all Population Type categories, an individual can only be counted once as a patient.

4.1.2.3.2 Patients and Visits by Service Type

To complete this section, follow these steps:

1. Patients and Visits under the Current Number heading (**Figure 9**, **1**) is pre-populated from the Uniform Data System (UDS) for each Service type.
2. Provide the number of patients and visits under the Projected by End of Designation Period heading for each Service Type (**Figure 9**, **2**).

Figure 9: Patients and Visits by Service Type



IMPORTANT NOTE:

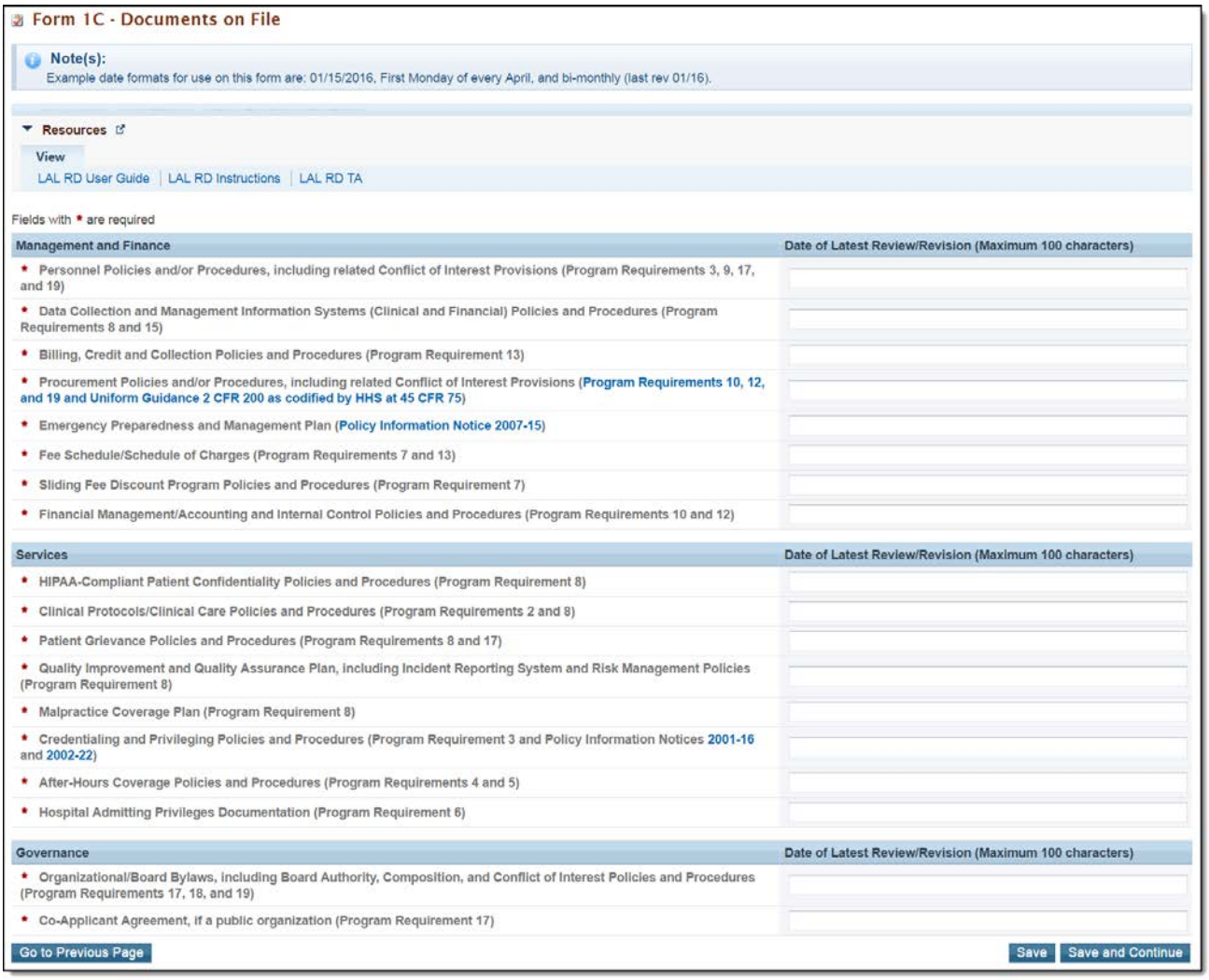
- 'UDS/Baseline Value' refers to the number of patients and visits for the proposed service area at the time of application.
- Projected Patients and Visits for Medical Services must be greater than 0.
- In the Patients and Visits by Service Type section, Projected Medical Patients (by end of designation period) must be greater than the projected number of patients for each of the other service types.
- Project the number of patients and visits anticipated within each Service Type category by the end of the designation period.
- To maintain consistency with the patients and visits reported in UDS, do not report patients and visits for vision or pharmacy services, or services outside the proposed scope of project. Refer to the Scope of Project (http://bphc.hrsa.gov/about/requirements/scope) policy documents.
- The Patients and Visits by Service Type section does not display total values, since an individual patient may be included in multiple Service Type categories.
- Providing numbers for all the Service Types is required. Zeros are acceptable, except Total Medical Services.

3. After completing all sections of Form 1A: General Information Worksheet, click the Save and Continue button to save your work and proceed to the next form.

4.2 Form 1C – Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by your organization.

Figure 10: Form 1C - Documents on File



Form 1C - Documents on File

Note(s):
Example date formats for use on this form are: 01/15/2016, First Monday of every April, and bi-monthly (last rev 01/16).

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Fields with * are required

Management and Finance	Date of Latest Review/Revision (Maximum 100 characters)
* Personnel Policies and/or Procedures, including related Conflict of Interest Provisions (Program Requirements 3, 9, 17, and 19)	
* Data Collection and Management Information Systems (Clinical and Financial) Policies and Procedures (Program Requirements 8 and 15)	
* Billing, Credit and Collection Policies and Procedures (Program Requirement 13)	
* Procurement Policies and/or Procedures, including related Conflict of Interest Provisions (Program Requirements 10, 12, and 19 and Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75)	
* Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	
* Fee Schedule/Schedule of Charges (Program Requirements 7 and 13)	
* Sliding Fee Discount Program Policies and Procedures (Program Requirement 7)	
* Financial Management/Accounting and Internal Control Policies and Procedures (Program Requirements 10 and 12)	

Services	Date of Latest Review/Revision (Maximum 100 characters)
* HIPAA-Compliant Patient Confidentiality Policies and Procedures (Program Requirement 8)	
* Clinical Protocols/Clinical Care Policies and Procedures (Program Requirements 2 and 8)	
* Patient Grievance Policies and Procedures (Program Requirements 8 and 17)	
* Quality Improvement and Quality Assurance Plan, including Incident Reporting System and Risk Management Policies (Program Requirement 8)	
* Malpractice Coverage Plan (Program Requirement 8)	
* Credentialing and Privileging Policies and Procedures (Program Requirement 3 and Policy Information Notices 2001-16 and 2002-22)	
* After-Hours Coverage Policies and Procedures (Program Requirements 4 and 5)	
* Hospital Admitting Privileges Documentation (Program Requirement 6)	

Governance	Date of Latest Review/Revision (Maximum 100 characters)
* Organizational/Board Bylaws, including Board Authority, Composition, and Conflict of Interest Policies and Procedures (Program Requirements 17, 18, and 19)	
* Co-Applicant Agreement, if a public organization (Program Requirement 17)	

Go to Previous Page | Save | Save and Continue

1. To complete Form 1C, enter the date that each document was last reviewed or revised (**Figure 10**).

IMPORTANT NOTE: Example date formats for use on this form are 01/15/2016, First Monday of every April, and bi-monthly (last rev 01/16).

2. After completing all sections of Form 1C, click the Save and Continue button to save your work and proceed to the next form.

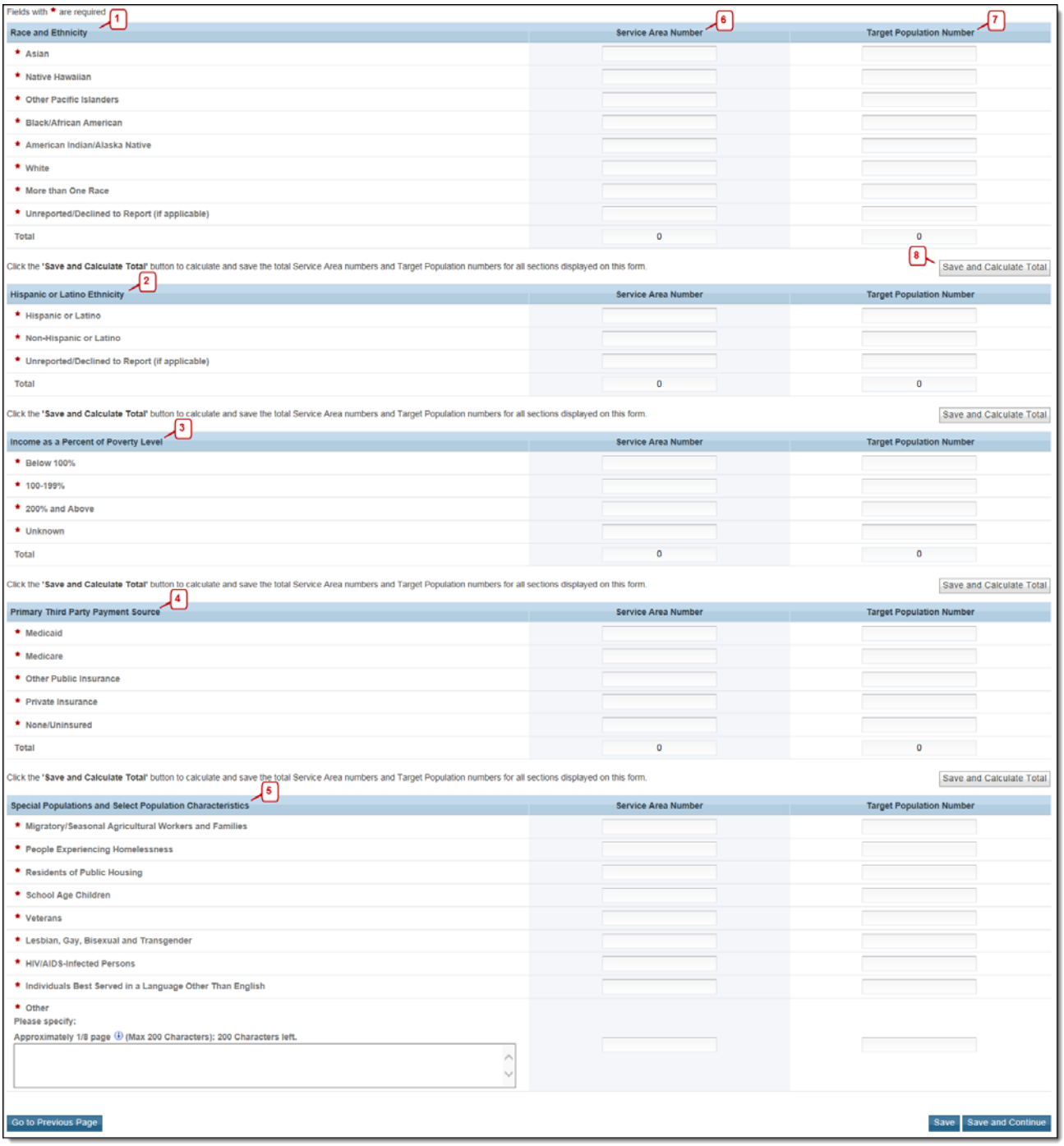
4.3 Form 4 - Community Characteristics

Form 4 – Community Characteristics reports current service area population and target population data for the entire scope of the project (i.e. all sites). This form has the following sections:

1. Race and Ethnicity (**Figure 11**, **1**)
2. Hispanic or Latino Ethnicity (**Figure 11**, **2**)
3. Income as a Percent of Poverty Level (**Figure 11**, **3**)

4. Primary Third Party Payment Source (**Figure 11**, **4**)
5. Special Populations and Select Population Characteristics (**Figure 11**, **5**)

Figure 11: Form 4 – Community Characteristics



4.3.1 Completing the Form 4 sections

To complete the **Race and Ethnicity**, **Hispanic or Latino Ethnicity**, **Income as a Percent of Poverty Level**, and **Primary Third Party Payment Source** sections (**Figure 11**, **1, 2, 3, 4**), enter the **Service Area Number** (**Figure 11**, **6**) and **Target Population Number** for each of the respective categories (**Figure 11**, **7**).

IMPORTANT NOTES:

- Target Population data is a subset of Service Area data, and in most cases is a greater than the number of patients projected on Form 1A. Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.
- The 'Service Area Percentage' and 'Target Population Percentage' are auto-populated and can be viewed in the read-only version of form 4.
- If information for the service area is not available, extrapolate data from the U.S. Census Bureau, local planning agencies, health departments, and other local, state, and national data sources. Estimates are acceptable.
- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as a designating factor.
- When entering data, the total Service Area Numbers for the Race and Ethnicity, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal. Likewise, the total Target Population Numbers for each of these categories should be equal.

In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click on the Save and Calculate Total button (**Figure 11**, **8**) under any of the sections.

4.3.2 Completing the Special Populations and Select Population Characteristics section

1. Under the Special Populations and Select Population Characteristics section (**Figure 12**), enter the **Service Area Number** and **Target Population Number** for each special population group listed.
2. If you select the target population related to special populations (i.e., MHC, HCH and/or PHPC) in the **Cover Page** form of this application, you must provide a Service Area Number and Target Population Number that is greater than 0 for the following line items under the Special Populations section on **Form 4** as applicable: Migratory/Seasonal Agricultural Workers and Families, People Experiencing Homelessness, and Residents of Public Housing.
3. In the 'Other' row (**Figure 12**, **1**), specify a population group that is not listed (if desired), and enter the Service Area Number and the Target Population Number for the specified population group.
4. Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.

Figure 12: Special Populations section

Special Populations and Select Population Characteristics	Service Area Number	Target Population Number
* Migratory/Seasonal Agricultural Workers and Families		
* People Experiencing Homelessness		
* Residents of Public Housing		
* School Age Children		
* Veterans		
* Lesbian, Gay, Bisexual and Transgender		
* HIV/AIDS-Infected Persons		
* Individuals Best Served in a Language Other Than English		
* Other 1 Please specify: Approximately 1/8 page (Max 200 Characters): 200 Characters left.		

5. After completing all sections of Form 4, click the Save and Continue button to save your work and proceed to the next form.

4.4 Form 2 – Staffing Profile

Form 2 – Staffing Profile reports current and prospective staffing for the look-alike. This form is completed twice; once for current staffing at the time of application, and once for prospective staffing at the end of the designation period. It has the following sections:

1. Staffing Positions by Major Service Category sections
    - Key Management Staff/Administration (**Figure 13**, **1**)
    - Facility and Non-Clinical Support Staff (**Figure 13**, **2**)
    - Physicians (**Figure 13**, **3**)
    - Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives (**Figure 13**, **4**)
    - Medical (**Figure 13**, **5**)
    - Dental Services (**Figure 13**, **6**)
    - Behavioral Health (Mental Health and Substance Abuse) (**Figure 14**, **7**)
    - Professional Services (**Figure 14**, **8**)
    - Vision Services (**Figure 14**, **9**)
    - Pharmacy Personnel (**Figure 14**, **10**)
    - Enabling Services (**Figure 14**, **11**)
    - Other Programs and Services (**Figure 14**, **12**)
2. Total FTEs (**Figure 14**, **13**)

Figure 13: Form 2 – Staffing Profile

Form 2 - Staffing Profile

Note(s):
Allocate staff time by function among the positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category, with the FTE allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. Refer to the 2015 UDS manual for position descriptions.

Due Date: (Due In: Days) | Section Status:

Resources

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Form 2 - Staffing Profile: Current Staff | Form 2 - Staffing Profile: Prospective Staff

Fields with * are required

1

Key Management Staff/Administration

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Project Director/Chief Executive Officer (CEO)		Yes No
* Finance Director/Chief Fiscal Officer/CFO		Yes No
* Chief Operating Officer/COO		Yes No
* Chief Information Officer/CIO		Yes No
* Clinical Director/Chief Medical Officer/CMO		Yes No
* Administrative Support Staff		Yes No

2

Facility and Non-Clinical Support Staff

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Fiscal and Billing Staff		Yes No
* IT Staff		Yes No
* Facility Staff		Yes No
* Patient Support Staff		Yes No

3

Physicians

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Family Physicians		Yes No
* General Practitioners		Yes No
* Internists		Yes No
* Obstetricians/Gynecologists		Yes No
* Pediatricians		Yes No
* Other Specialty Physicians Please Specify: (Maximum 40 characters)		Yes No

4

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Nurse Practitioners		Yes No
* Physician Assistants		Yes No
Please Specify: (Maximum 40 characters)		Yes No

5

Medical

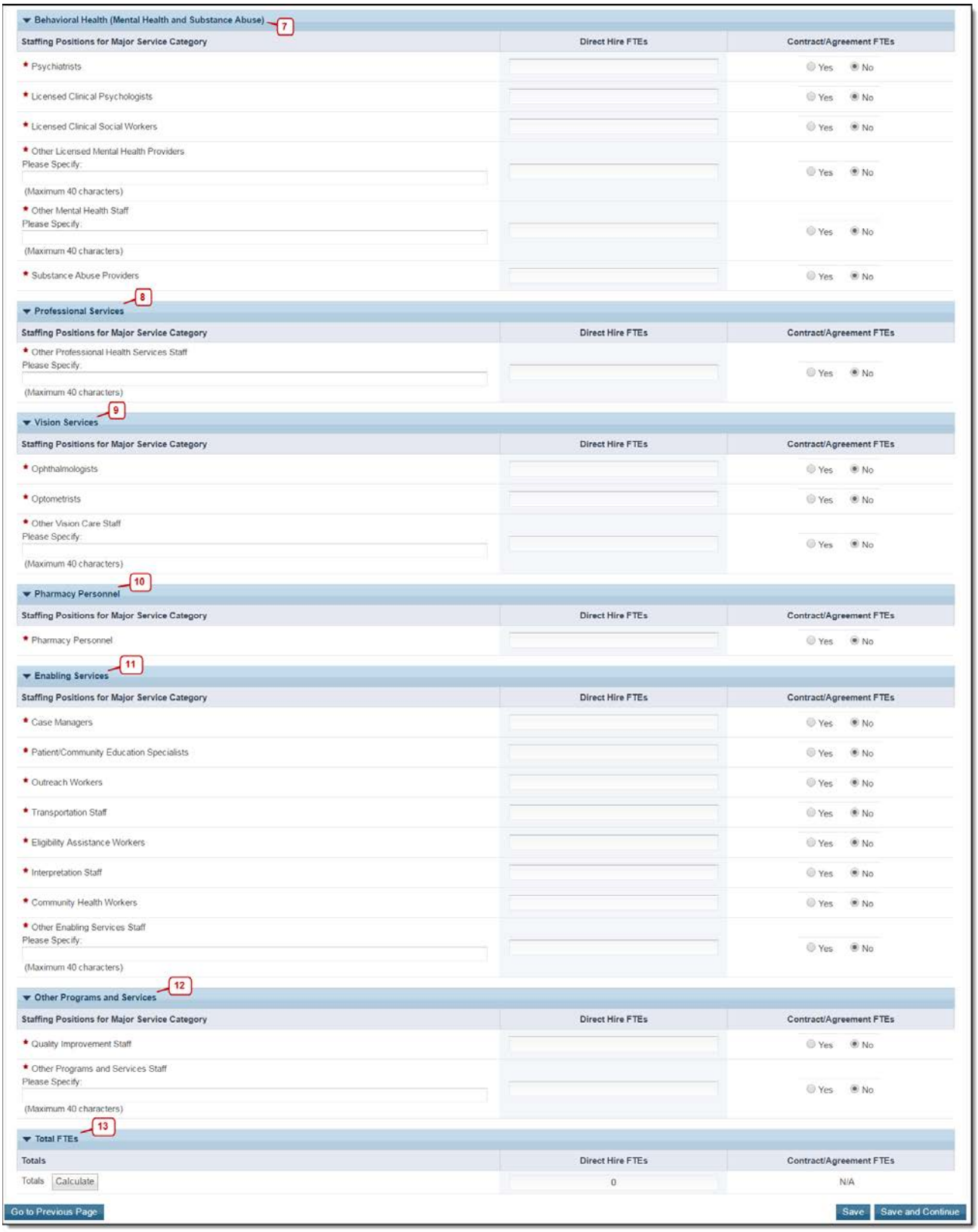
Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Nurses		Yes No
* Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)		Yes No
* Laboratory Personnel		Yes No
* X-Ray Personnel		Yes No

6

Dental Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Dentists		Yes No
* Dental Hygienists		Yes No
* Dental Therapists		Yes No
* Other Dental Personnel Please Specify: (Maximum 40 characters)		Yes No

Figure 14: Form 2- Staffing Profile continued…



▼ Behavioral Health (Mental Health and Substance Abuse) 7

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Psychiatrists		Yes No
* Licensed Clinical Psychologists		Yes No
* Licensed Clinical Social Workers		Yes No
* Other Licensed Mental Health Providers Please Specify: (Maximum 40 characters)		Yes No
* Other Mental Health Staff Please Specify: (Maximum 40 characters)		Yes No
* Substance Abuse Providers		Yes No

▼ Professional Services 8

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Other Professional Health Services Staff Please Specify: (Maximum 40 characters)		Yes No

▼ Vision Services 9

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Ophthalmologists		Yes No
* Optometrists		Yes No
* Other Vision Care Staff Please Specify: (Maximum 40 characters)		Yes No

▼ Pharmacy Personnel 10

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Pharmacy Personnel		Yes No

▼ Enabling Services 11

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Case Managers		Yes No
* Patient/Community Education Specialists		Yes No
* Outreach Workers		Yes No
* Transportation Staff		Yes No
* Eligibility Assistance Workers		Yes No
* Interpretation Staff		Yes No
* Community Health Workers		Yes No
* Other Enabling Services Staff Please Specify: (Maximum 40 characters)		Yes No

▼ Other Programs and Services 12

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
* Quality Improvement Staff		Yes No
* Other Programs and Services Staff Please Specify: (Maximum 40 characters)		Yes No

▼ Total FTEs 13

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals Calculate	0	N/A

Go to Previous Page | Save | Save and Continue

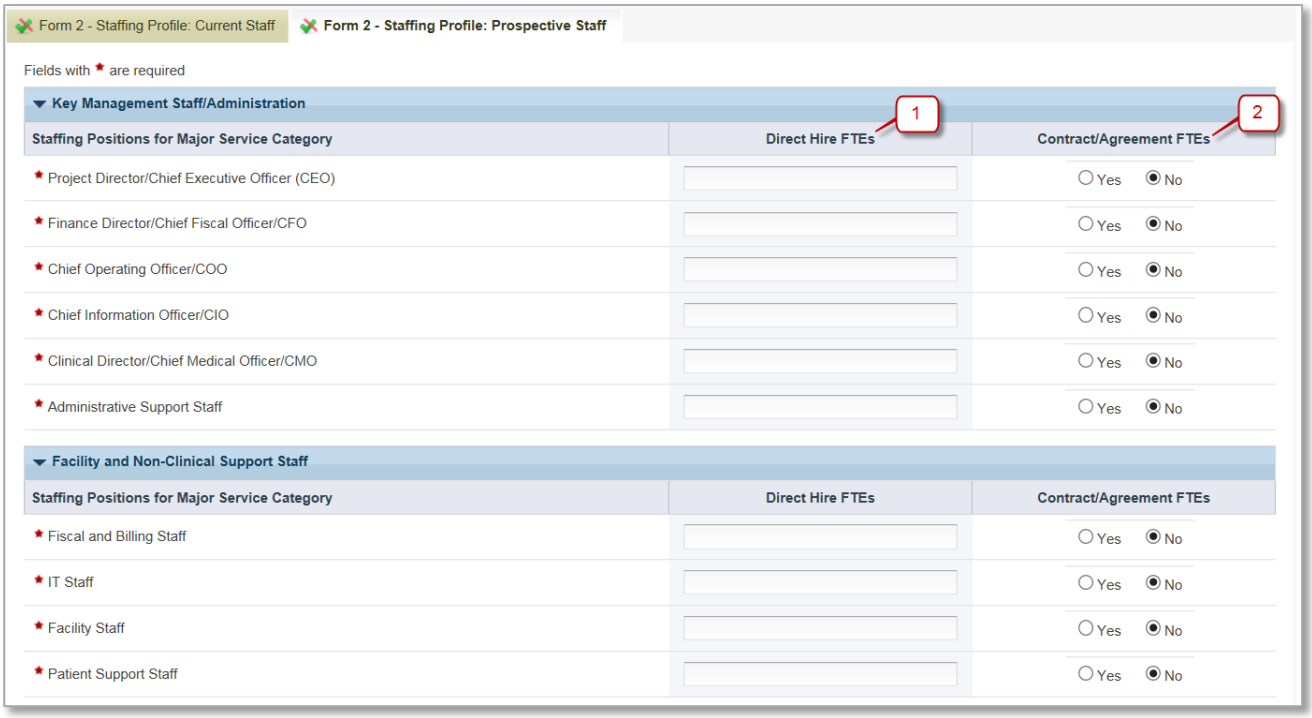
4.4.1 Completing the Staffing Positions by Major Service Category sections

1. In the Direct Hire FTEs column, provide only the number of Full Time Employees (FTEs) directly hired by the health center for each staffing position. Enter 0 if not applicable (**Figure 15**, **1**).
2. In Contract/Agreement FTEs column, indicate whether contracts are used for each staffing position (**Figure 15**, **2**). Contracted staff should be summarized in Attachment 7: Summary of Contracts and Agreements and/or included in contracts uploaded to **Form 8: Health Center Agreements**, as applicable.

IMPORTANT NOTES:

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's FTE should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE allocated to each position (e.g., CMO 0.3 FTE and family physician 0.7 FTE). Do not exceed 1.0 FTE for any individual. For position descriptions, refer to the UDS Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/index.html).
- If a staffing position is not listed, you may specify in the Other section up to 40 characters.
- Volunteers should be recorded in the Direct Hire FTEs column.

Figure 15: Direct Hire and Contract/Agreement FTEs columns

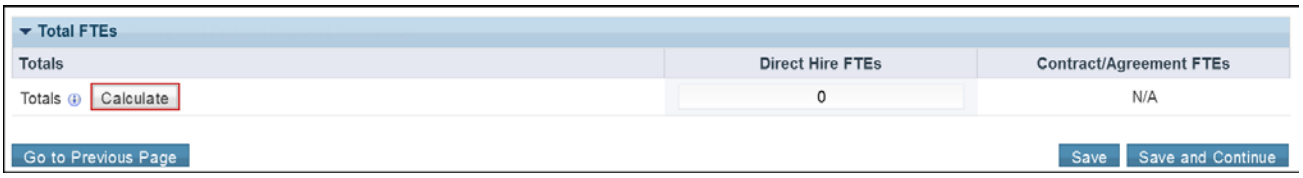


4.4.2 Completing the Total FTEs section

This row displays the sum of Direct Hire FTEs for the Staffing Positions by Major Service Categories.

1. To calculate the totals, click the Calculate button (**Figure 16**).

Figure 16: Total FTEs



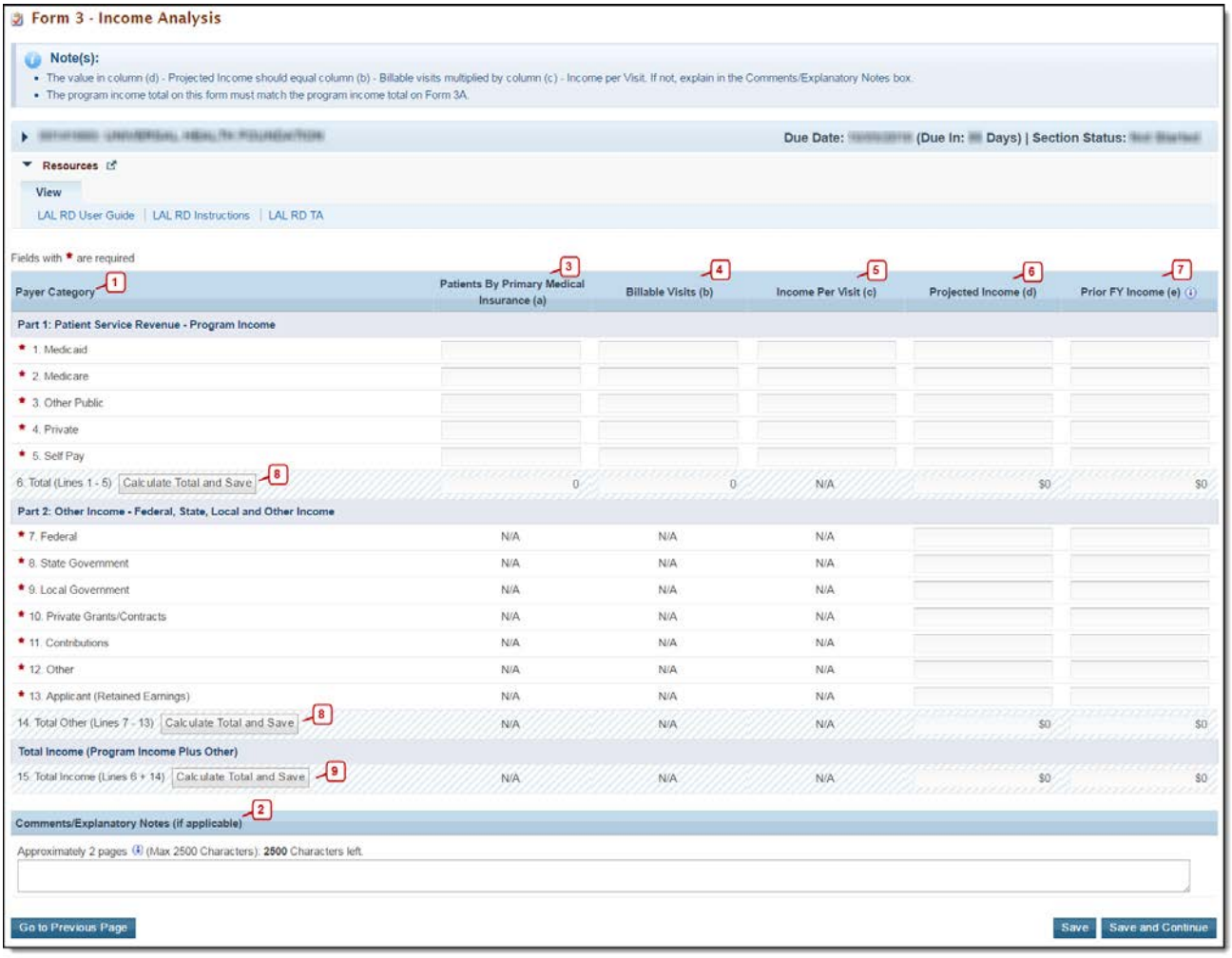
2. Click the Save and Continue button to save your work and proceed to the next form.

4.5 Form 3 - Income Analysis

Form 3 – Income Analysis projects program income, by source, for Year 1 of the proposed designation period. This form has the following sections:

1. Payer Categories (**Figure 17**, **1**)
2. Comments/Explanatory Notes (**Figure 17**, **2**)

Figure 17: Form 3 – Income Analysis



4.5.1 Completing the Payer Categories section

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

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

To complete the **Payer Categories** section, follow these steps:

1. In column (a), provide the number of Patients by Primary Medical Insurance for each of the Payer Categories in Part 1 (**Figure 17**, **3**). Enter 0 if not applicable.
2. In column (b), provide the number of Billable Visits for each of the Payer Categories in Part 1 (**Figure 17**, **4**). Visits must be greater than or equal to the number of Patients by Primary Medical Insurance (i.e., column (a)). Enter 0 if not applicable.
3. In column (c), provide the amount of Income per Visit for each of the Payer Categories in Part 1 (**Figure 17**, **5**). Enter 0 if not applicable.
4. In column (d), provide the amount of Projected Income for each of the Payer Categories in Parts 1 and 2. (**Figure 17**, **6**). Enter 0 if not applicable.
5. In Prior FY Income column (e), provide the amount of income from the prior fiscal year for each of the Payer Categories in Parts 1 and 2 (**Figure 17**, **7**). Enter 0 if not applicable.
6. Click the Calculate Total and Save button to calculate and save the values for each of the Payer Categories in Part 1. (**Figure 17**, **8**).

IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be Zero if the number of Patients by Primary Medical Insurance in column (a) for a Payer Categories is Zero.
- The value for the Total Program Income (line 6, column (d)) should equal the value for the Total Program Income on **Form 3A**, line (f) under section 2. Revenue.
- The **Patients By Primary Medical Insurance (a)**, **Billable Visits (b)** and **Income Per Visit (c)** columns 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 of the Payer Categories in Parts 1 and 2. (**Figure 17**, **9**).

4.5.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form.

1. For each of the Payer Categories in Part 1, the value in the Projected Income (d) column should equal the value obtained by multiplying Billable Visits (b) and Income per Visit (c). If these values are not equal, provide an explanation in this section. 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 the next form.

4.6 Form 3A – Budget Information

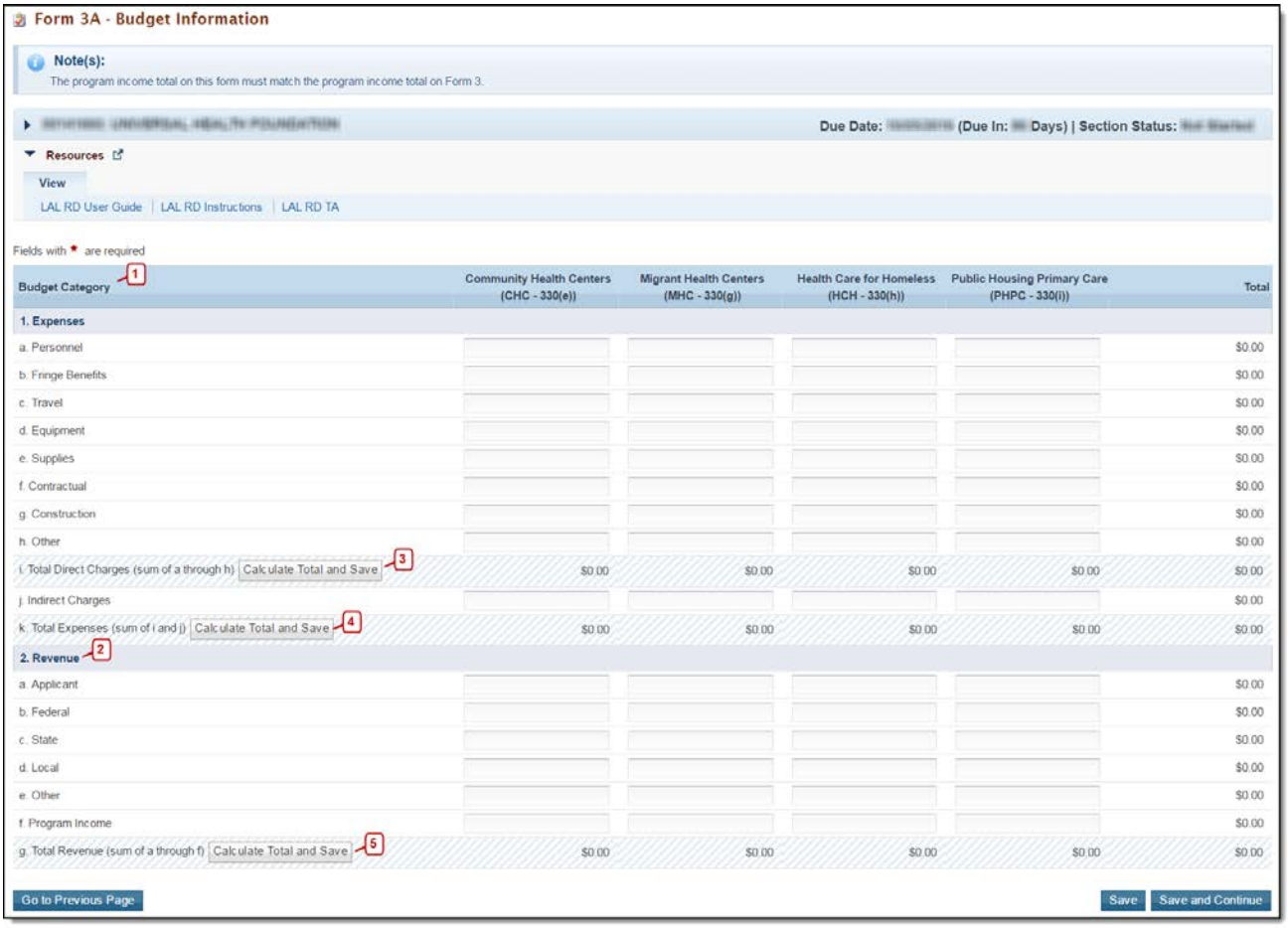
Form 3A: Budget Information shows the program budget, by category, for Year 1 of the proposed designation period. This form has the following sections:

- Expenses (**Figure 18**, **1**)
- Revenue (**Figure 18**, **2**)

4.6.1 Completing the Expenses section

In the Expenses section, enter the projected first year of expenses for each Health Center Program type for which designation is requested (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 18**, **3 & 4**).

Figure 18 – Form 3A – Budget Information



4.6.2 Completing the Revenue section

In the Revenue section, enter the projected first year of revenue by funding source for each Health Center Program type for which designation is requested (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 18**, **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).

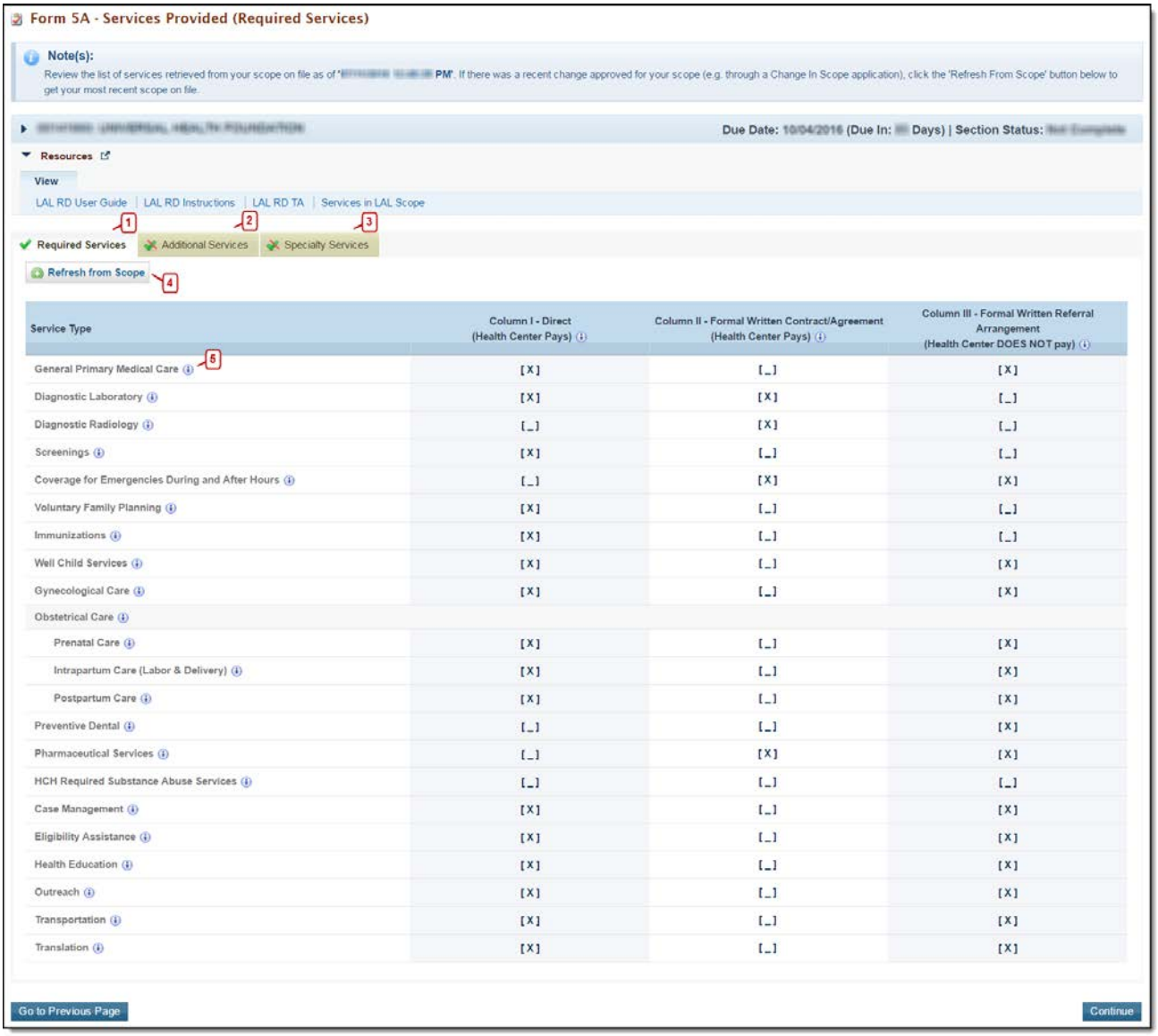
Click the Save and Continue button to save your work and proceed to the next form.

4.7 Form 5A – Services Provided

Form 5A – Services Provided identifies the services to be provided, and how they will be provided by the applicant organization. For Renewal of Designation applications, **Form 5A – Services Provided** has the following sections:

- Required Services (**Figure 19**, **1**)
- Additional Services (**Figure 19**, **2**)
- Specialty Services (**Figure 19**, **3**)

Figure 19: Form 5A – Services Provided (Required Services)



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]	[_]	[X]
Diagnostic Laboratory	[X]	[X]	[_]
Diagnostic Radiology	[_]	[X]	[_]
Screenings	[X]	[_]	[_]
Coverage for Emergencies During and After Hours	[_]	[X]	[X]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[X]
Gynecological Care	[X]	[_]	[X]
Obstetrical Care			
Prenatal Care	[X]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[X]	[_]	[X]
Postpartum Care	[X]	[_]	[X]
Preventive Dental	[_]	[_]	[X]
Pharmaceutical Services	[_]	[X]	[X]
HCH Required Substance Abuse Services	[_]	[_]	[_]
Case Management	[X]	[_]	[X]
Eligibility Assistance	[X]	[_]	[X]
Health Education	[X]	[_]	[X]
Outreach	[X]	[_]	[X]
Transportation	[X]	[_]	[X]
Translation	[X]	[_]	[X]

HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (**Table 1**). See the Form 5A Column Descriptors at

http://bphc.hrsa.gov/programrequirements/scope.html for descriptions and requirements for using each of the three service delivery modes.

Table 1: Modes of Service Provision

Service Delivery Methods	Your Organization Provides the Service	Your Organization Pays for the Service
Service provided directly by health center	Yes	Yes
Service provided by formal written contract/agreement	No	Yes
Service provided by formal written referral arrangement	No	No

4.7.1 Completing the Required, Additional & Specialty Services Section

The **Form 5A: Service Provided** is pre-populated with the services in the current Health Center Program scope that HRSA has on file for your organization and is non-editable.

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the Refresh from Scope button (**Figure 19**, **4**) to refresh the data and display the approved changes

You will be required to visit the Required Services, Additional Services, and Specialty Services sections (**Figure 19**, **1, 2** & **3**) at least once by clicking the Continue button on each section in order to change the status of the form to Complete.

Form 5A: Services Provided will be complete when each of the Required Services, Additional Services and Specialty Services sections are complete, indicated with a green tick mark in the section tabs (**Figure 20**).

Figure 20: Completed Form 5A

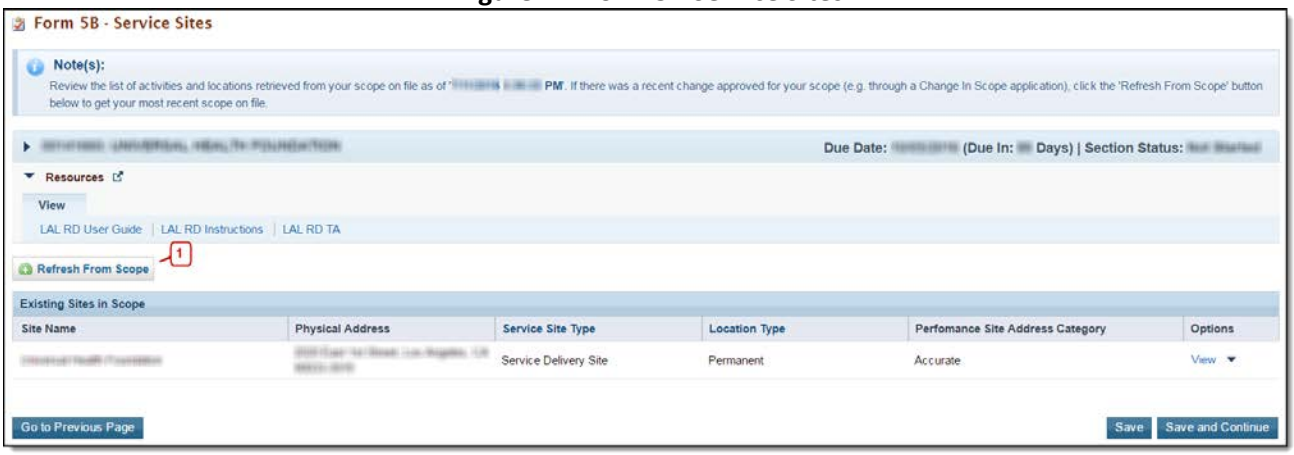
After completing all the sections on **Form 5A**, click the Save and Continue button to save your work and proceed to Form 5B.

4.8 Form 5B – Service Sites

Form 5B – Service Sites identifies the sites in your scope of project. Form 5B is pre-populated with the sites in the current Health Center Program scope that HRSA has on file for your organization.

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

Figure 21: Form 5B Service Sites



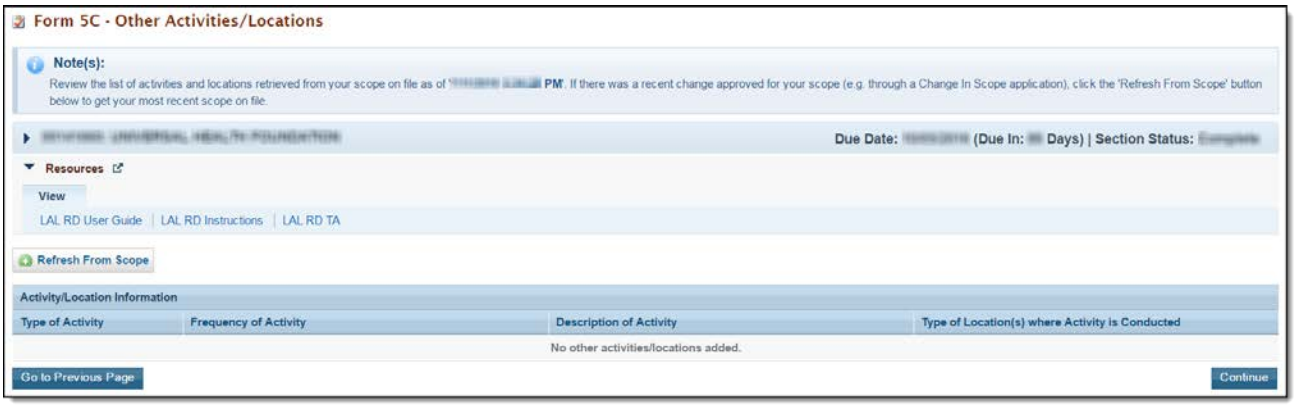
If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the approved changes (**Figure 21**, **1**).

After providing complete information on **Form 5B – Edit** page, click the Save and Continue button.

4.9 Form 5C – Other Activities/Locations

The **Form 5C - Other Activities/Locations** is pre-populated with the activities/locations Information in the current Health Center Program scope that HRSA has on file for your organization and is not editable. You will be required to visit this form at least once in order to change the status of the form to Complete

Figure 22: Form 5C – Other Activities/Locations



After completing **Form 5C**, click Continue button to save your work and proceed to the next form.

4.10 Scope Certification

Scope Certification allows you to certify if the scope of your organization, displayed in Form 5A: Services Provided and Form 5B: Service Sites of this progress report, is correct.

Figure 23: Scope Certification

To complete this form, follow the steps below:

1. Select an option in section 1 - Scope of Project Certification - Services to certify that the Form 5A: Services Provided form of this Renewal of Designation 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 23**, **1**).
2. Select an option in section 2 - Scope of Project Certification - Sites to certify that the Form 5B: Service Sites form of this Renewal of Designation 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 23**, **2**).
3. Click the **Save and Continue** button to save the information and proceed to the next form

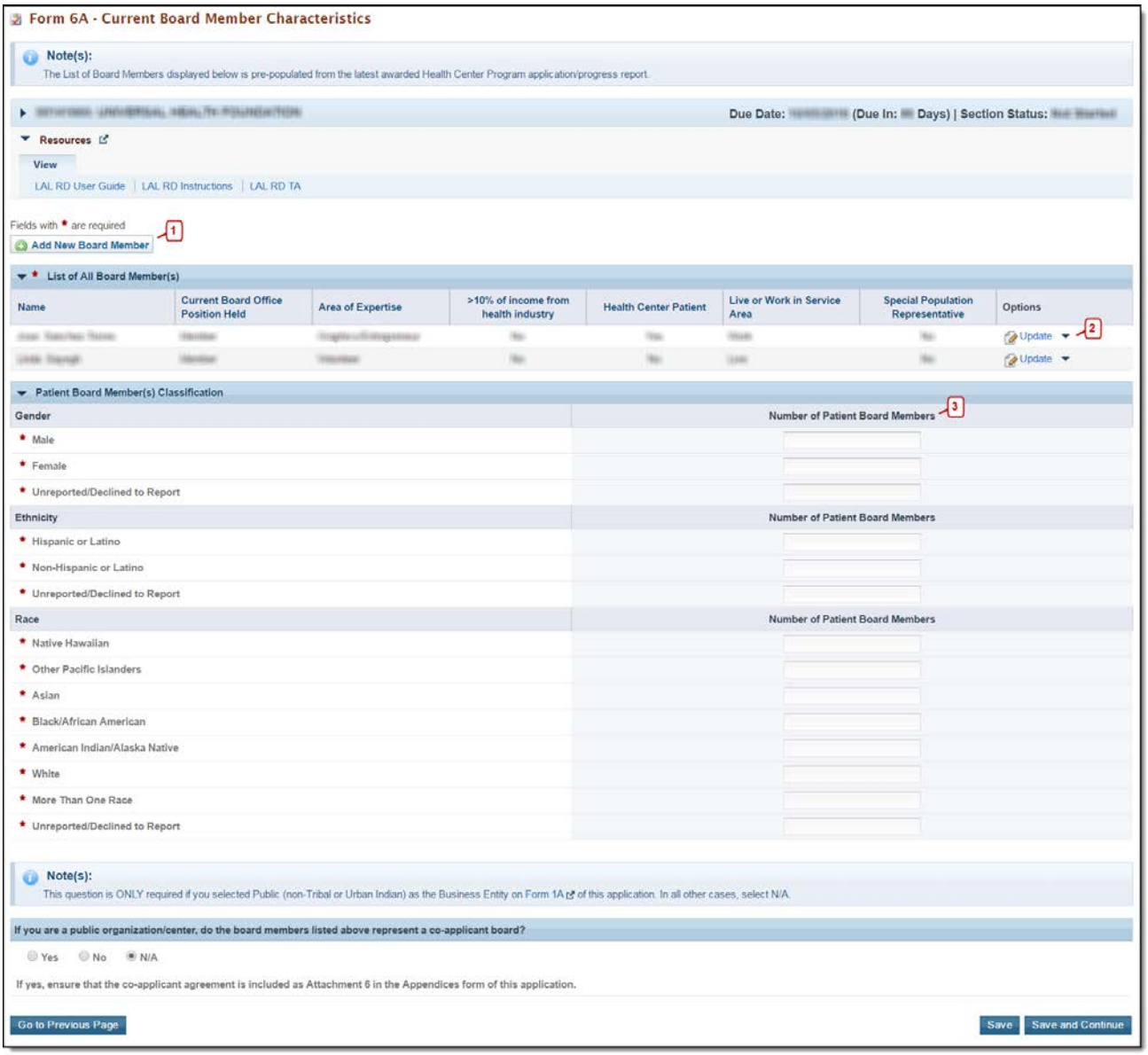
4.11 Form 6A – Current Board Member Characteristics

Form 6A: Current Board Member Characteristics provides information about your organization's current board members.

IMPORTANT NOTES:

- This form is optional if you selected "Tribal Indian" or "Urban Indian" as the Business Entity in **Form 1A –** General Information Worksheet. You can click the Save or the Save and Continue button at the bottom of the page to proceed to the next form. If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.
- If you chose a Business Entity other than "Tribal Indian" or "Urban Indian," you must enter all required information on **Form 6A.**

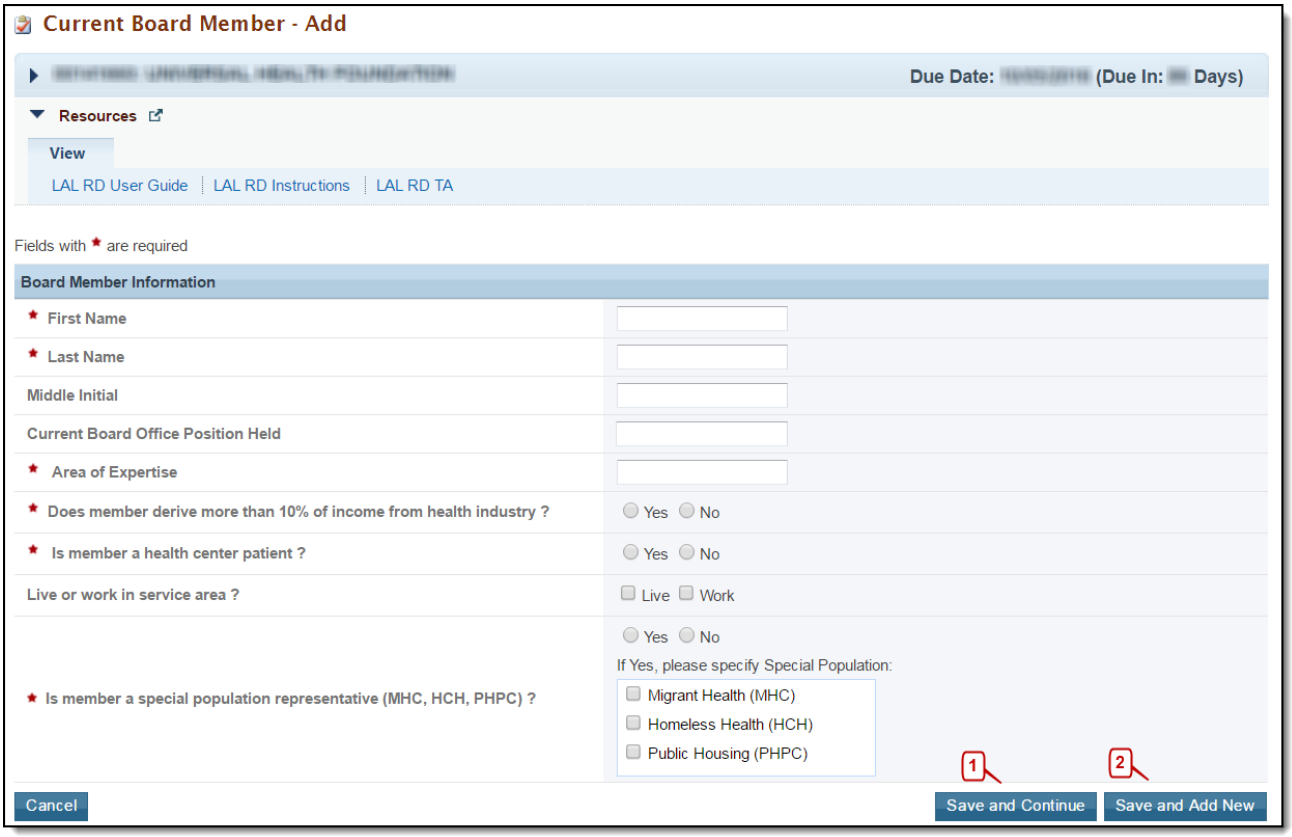
Figure 24: Form 6A – Current Board Member Characteristics



1. To add the board member information, click the Add Board Member button (**Figure 24**, **1**). You must provide a minimum of 9 and maximum of 25 board members.
   - ➢ The system navigates to the **Current Board Member – Add** page (**Figure 25**).
2. Provide the required board member information on this page. Click the Save and Continue button to save the information and navigate back to the **Form 6A** list page (**Figure 25, 1**), or the Save and Add New button to save the information and add a new board member (**Figure 25, 2**).
3. To update or to delete information for any board member, click on **Update** or **Delete** link under the options column in the **List of All Board Members** section (**Figure 24**, **2**).
4. Enter the gender, ethnicity and race of board members who are patients of the health center in the Number of Patient Board Members sections (**Figure 24**, **3**).
5. If you selected Public (non-Tribal or Urban Indian) as the business entity in Form 1A of this application, then select 'Yes' or 'No' for the public organization/center related question. If you selected a different

business entity in Form 1A, then select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the co-applicant agreement is included as Attachment 6 in the **Appendices** form of this application.

Figure 25: Current Board Member – Add Page



IMPORTANT NOTES:

- The totals of each Patient Board Member Classification sections should be equal.
- The total number of patient board members under each classification section should be less than or equal to the total number of board members added in the List of All Board Members section.

6. After providing complete information on **Form 6A**, click the Save and Continue button to save the information and proceed to the next form.

4.12 Form 6B - Request for Waiver of Governance Requirements

If you are proposing to serve only Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care, **Form 6B** is used to request a waiver of the patient majority governance requirement. HRSA will not grant a waiver request if your organization is applying to serve the general underserved community (Community Health Center (CHC)).

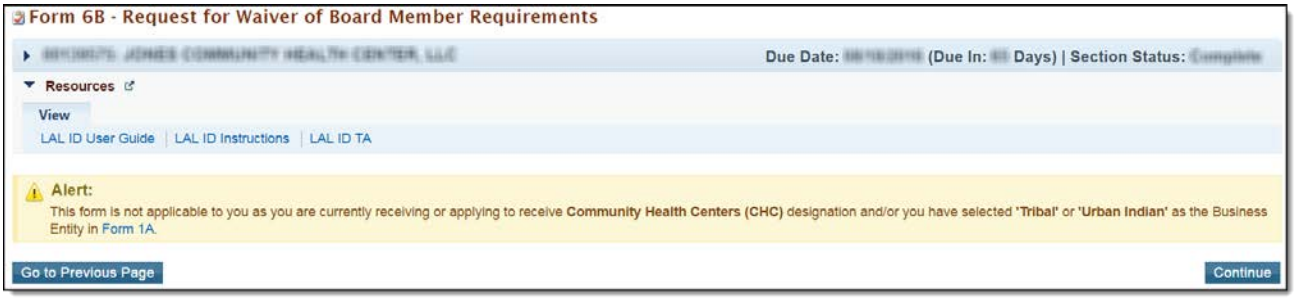
4.12.1 Completing Form 6B when it is not applicable

Form 6B will not be applicable in the following cases:

- You have selected Community Health Centers (CHC) as the Target Population in the Cover Page form of this application.
- You selected “Tribal” or “Urban Indian” as the Business Entity in Form 1A.

Click on the Continue button provided at the bottom of the form to complete and proceed to the next form (**Figure 26**).

Figure 26: Form 6B when Not Applicable

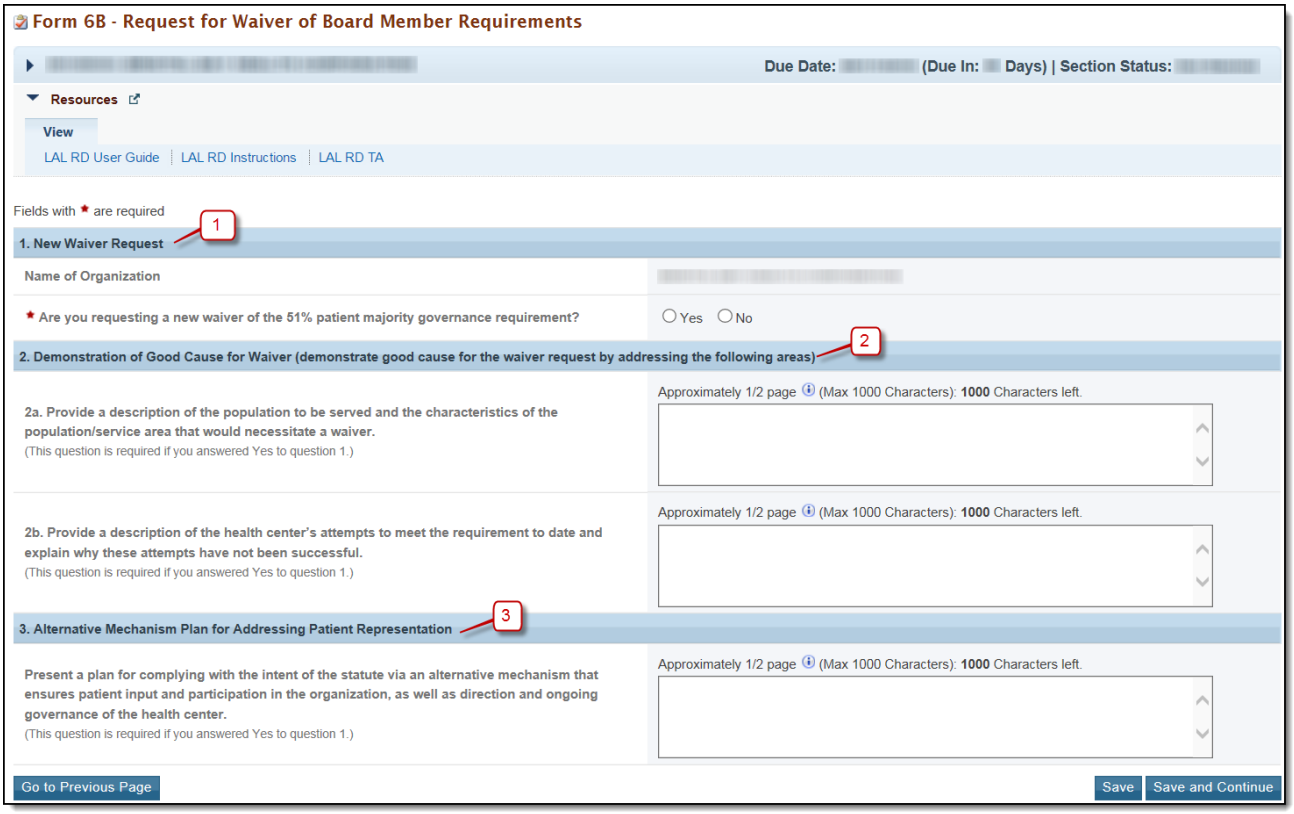


4.12.2 Completing Form 6B when it is applicable

To complete **Form 6B** when it is applicable and necessary for your organization, follow these steps:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the New Waiver Request section (**Figure 27**, **1**). If you answer “Yes”, you must then complete the Demonstration of Good Cause for Waiver section (**Figure 27**, **2**) and the Alternative Mechanism for Addressing Patient Representation section (**Figure 27**, **3**).

Figure 27: Form 6B when Applicable



2. Answer the remaining questions on the form as applicable.

IMPORTANT NOTE: Questions 2a, 2b, and 3 are required if you answered 'Yes' to question 1.

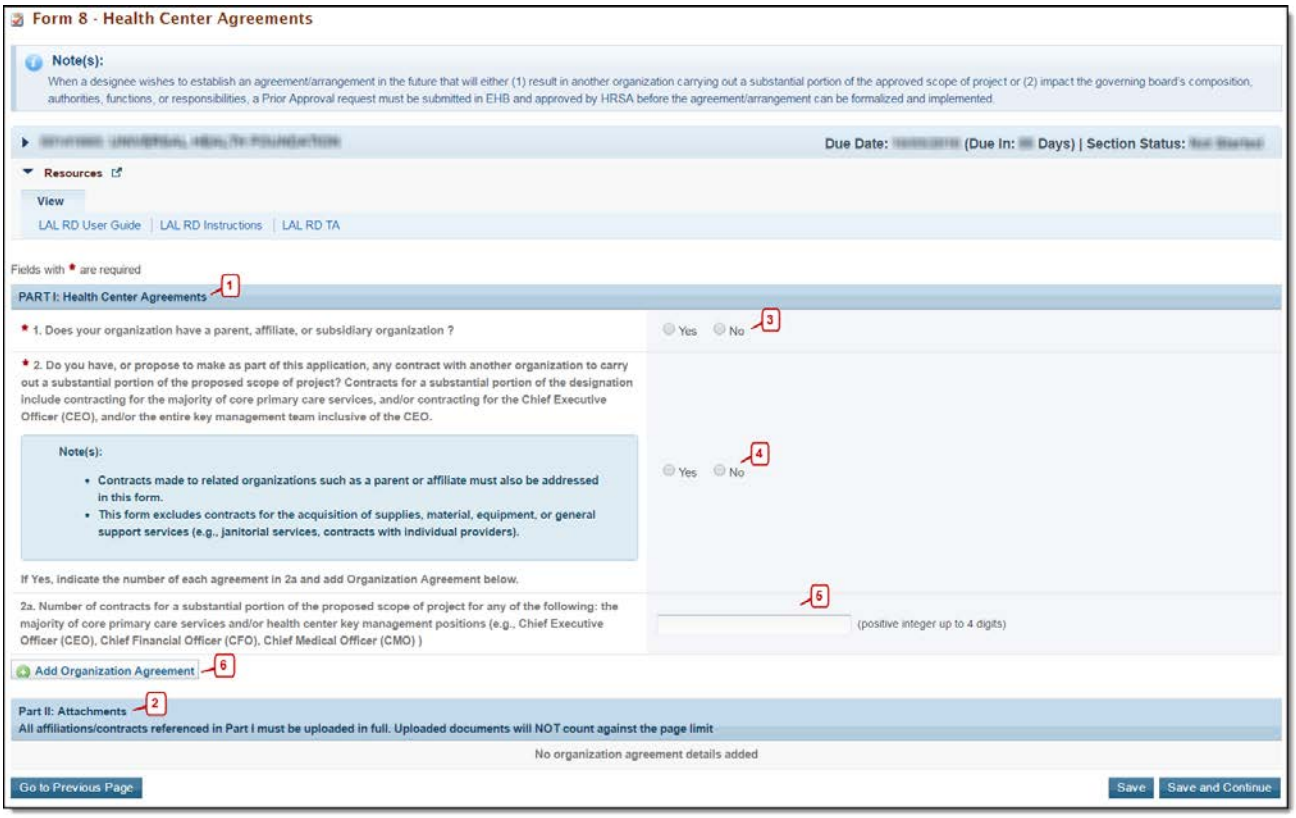
After completing **Form 6B**, click the Save and Continue button to save your work and proceed to the next form.

4.13 Form 8 - Health Center Agreements

Form 8 indicates whether you have 1) any agreements with a parent, affiliate, or subsidiary organization; and/or 2) any agreements that will constitute a substantial portion of the proposed scope of project, including a proposed site operated by a contractor, as identified in Form 5B: Service Sites. This form has the following sections:

1. Part I: Health Center Agreements (**Figure 28**, **1**)
2. Part II: Attachments (**Figure 28**, **2**)

Figure 28: Form 8 – Health Center Agreements



4.13.1 Completing Part I of Form 8

To complete Part I: Health Center Agreements, follow these steps:

3. In Part I, question 1 (**Figure 28**, **3**), answer if your organization has a parent, affiliate, or subsidiary organization.
4. Select '**Yes'** in question 2 (**Figure 28**, **4**), if any current or proposed agreements exist with another organization to carry out a substantial portion of your organization's approved scope of project. If 'Yes' is selected, complete 2a (**Figure 28**, **5**).

IMPORTANT NOTE: If any of the sites proposed in Form 5B: Service Sites are operated by a contractor, the system will auto select 'Yes' for question 2 and make it non-editable**.**

4.13.2 Completing Part II of Form 8

If you answered 'Yes' to questions 1 or 2, provide each agreement with external organizations as noted in Part I. The agreements will be organized by organization. To add agreements, follow these steps:

1. Click on Add Organization Agreement (**Figure 28**, **6**) to open the Organization Agreement – Add page (**Figure 29**).

Figure 29: Organization Agreement – Add page

2. Provide the required information for the agreement in the Organization Agreement Detail section on this page (Upload at least one document related to the agreement in the Attachments section at the bottom of this page by clicking the Attach File button.

IMPORTANT NOTE:

- Before uploading a document for Form 8, rename the file to include the affiliated organization's name (e.g., 'CincinnatiHospital_MOA.doc')**.**
- Part II will accept a maximum of five document uploads for 10 organizations. Additional documentation that exceeds this limit should be included in Attachment 12: Other Relevant Documents.
- Attachments to Form 8 will not count toward the application page limit of 160 pages.

3. Click Save and Continue to return to **Form 8 – Health Center Agreements** page**.** Following the steps described above, enter additional organizations and corresponding agreements as referenced in Part I.
4. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

4.14 Form 10 – Emergency Preparedness Report

The **Emergency Preparedness Report** assesses your organization's overall emergency readiness.

1. Complete the sections of this form by selecting a 'Yes' or 'No' response for the required questions (**Figure 30**).
2. After providing complete information on **Form 10**, click the Save and Continue to save the information and proceed to the next form.

Figure 30: Form 10 – Emergency Preparedness Report

Form 10 - Emergency Preparedness Report

Due Date: (Due In: Days) | Section Status:

Resources

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Fields with * are required

Section I : Emergency Preparedness and Management (EPM) Plan

* 1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: (mm/dd/yyyy)	Yes No
* 2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board: (mm/dd/yyyy) If No, skip to Readiness section below.	Yes No
3. Does the EPM plan specifically address the four disaster phases? This question is mandatory if you answered Yes to Question 2.	
3a. Mitigation	Yes No
3b. Preparedness	Yes No
3c. Response	Yes No
3d. Recovery	Yes No
4. Is your EPM plan integrated into your local/regional emergency plan? This question is mandatory if you answered Yes to Question 2.	Yes No
5. If no, has your organization attempted to participate with local/regional emergency planners? This question is mandatory if you answered Yes to Question 2 and No to Question 4.	Yes No
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? This question is mandatory if you answered Yes to Question 2.	Yes No

Section II : Readiness

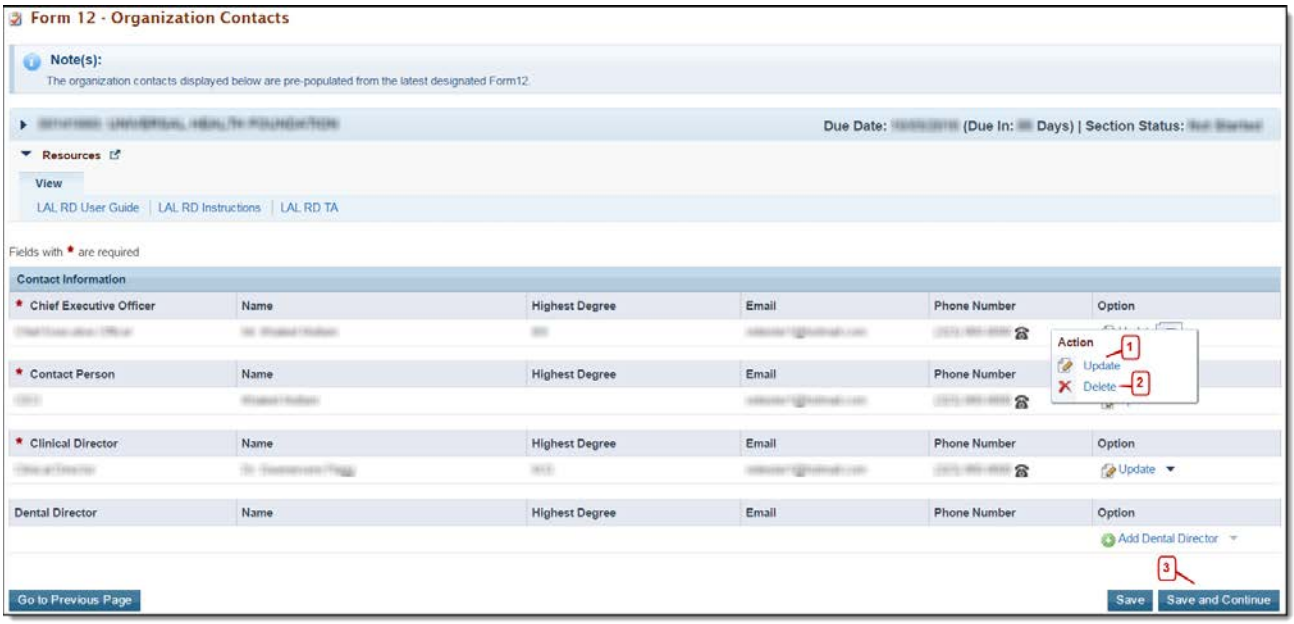
* 1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during emergency?	Yes No
* 2. Does your organization conduct annual planned drills?	Yes No
* 3. Does your organization's staff receive periodic training on disaster preparedness?	Yes No
* 4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	Yes No
* 5. Does your organization have arrangements with Federal, State and/or local agencies for the reporting of data?	Yes No
* 6. Does your organization have a back-up communication system?	
6a. Internal	Yes No
6b. External	Yes No
* 7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	Yes No
* 8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines and medical supplies?	Yes No
* 9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. insurance coverage for short-term closure)	Yes No
* 10. Does your organization have an off-site back up of your information technology system?	Yes No
* 11. Does your organization have a designated EPM coordinator?	Yes No

Go to Previous Page | Save | Save and Continue

4.15 Form 12 – Organization Contacts

The Contact information shall be pre-populated on this form, if you wish to update or Delete any of the contact information, follow the following steps:

Figure 31: Form 12 – Organization Contacts



- The system directs you to the data entry page for the corresponding contact.

1. To update the contact information provided, click on the **Update** link under the options column (**Figure 30, 1**).
2. To delete the contact information already provided, click on the **Delete** link under the options column (**Figure 30, 2**).
3. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the next form (**Figure 30, 3**).

4.16 Clinical Performance Measures

Use this form to provide information about Clinical Performance Measures.

IMPORTANT NOTE: Refer to the Look-Alike Renewal of Designation instructions for more information on completing the **Clinical Performance Measures** form.

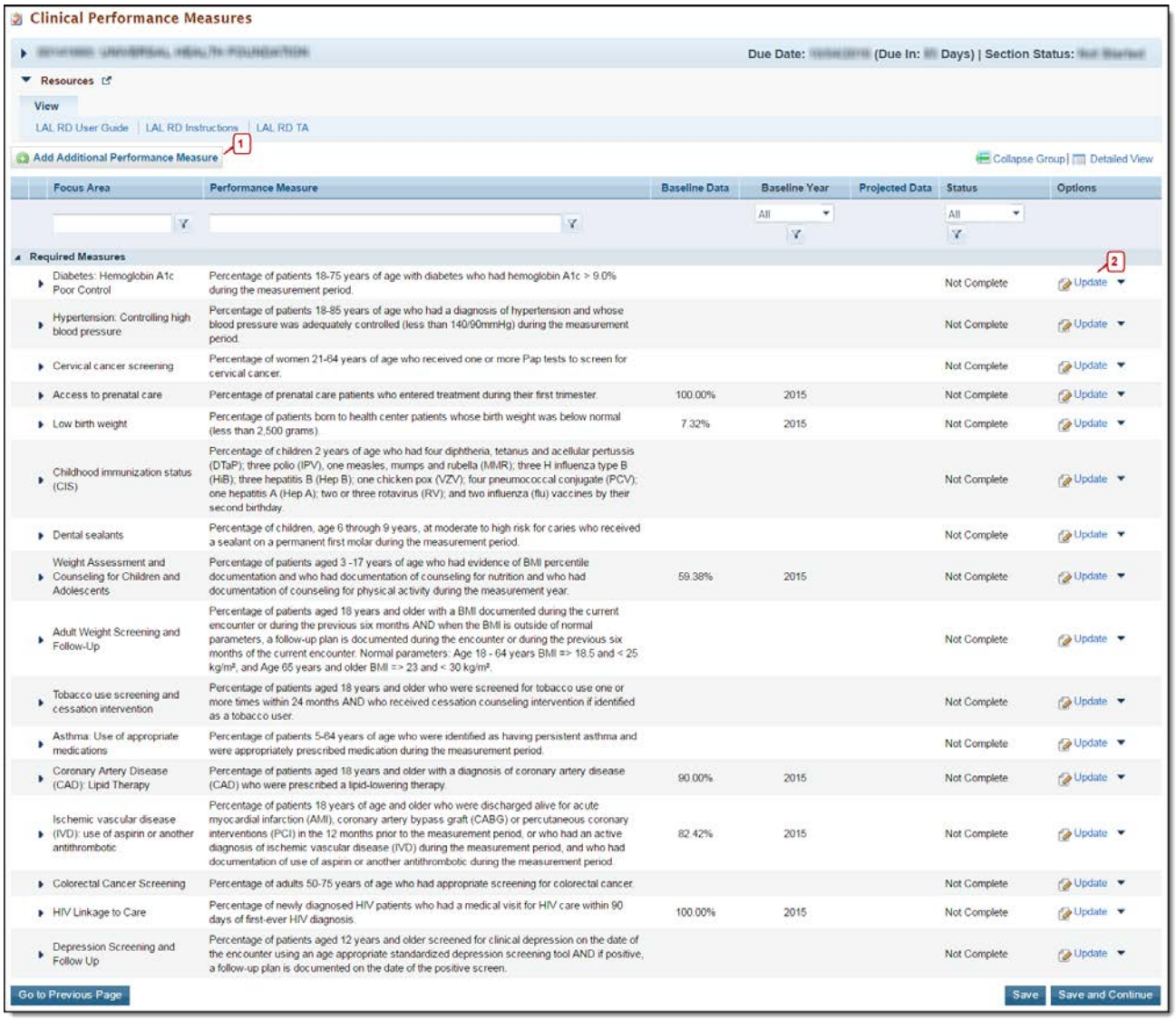
The **Clinical Performance Measures** form displays Required and Additional Measures. The **Required Measures** are pre-defined measures; applicants are required to provide requested information for all the required measures. If desired, applicants may enter **Additional Measures**. These measures are optional.

IMPORTANT NOTE:

- Refer to Appendix B in the RD instructions for more information on completing the **Clinical Performance Measures** form**.**
- In the Required section, 10 out of 16 Clinical Performance Measures have been updated.
- The system will pre-populate baseline data for six of the Clinical Performance Measures from the 2015 Uniform Data System (UDS) report. Baseline data must be entered for the other 10.

4.16.1 Completing the Required Clinical Performance Measures

Figure 32: Clinical Performance Measures page



Clinical Performance Measures

[redacted] Due Date: [redacted] (Due In: [redacted] Days) | Section Status: [redacted]

Resources

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Add Additional Performance Measure (1)

Collapse Group | Detailed View

Focus Area	Performance Measure	Baseline Data	Baseline Year	Projected Data	Status	Options
			All		All	
Required Measures						
Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.				Not Complete	Update (2)
Hypertension: Controlling high blood pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period.				Not Complete	Update
Cervical cancer screening	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.				Not Complete	Update
Access to prenatal care	Percentage of prenatal care patients who entered treatment during their first trimester.	100.00%	2015		Not Complete	Update
Low birth weight	Percentage of patients born to health center patients whose birth weight was below normal (less than 2,500 grams).	7.32%	2015		Not Complete	Update
Childhood immunization status (CIS)	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.				Not Complete	Update
Dental sealants	Percentage of children, age 6 through 9 years, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period.				Not Complete	Update
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients aged 3 -17 years of age who had evidence of BMI percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement year.	59.38%	2015		Not Complete	Update
Adult Weight Screening and Follow-Up	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal parameters: Age 18 - 64 years BMI => 18.5 and < 25 kg/m², and Age 65 years and older BMI => 23 and < 30 kg/m².				Not Complete	Update
Tobacco use screening and cessation intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.				Not Complete	Update
Asthma: Use of appropriate medications	Percentage of patients 5-84 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.				Not Complete	Update
Coronary Artery Disease (CAD): Lipid Therapy	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) who were prescribed a lipid-lowering therapy.	90.00%	2015		Not Complete	Update
Ischemic vascular disease (IVD): use of aspirin or another antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	82.42%	2015		Not Complete	Update
Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.				Not Complete	Update
HIV Linkage to Care	Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.	100.00%	2015		Not Complete	Update
Depression Screening and Follow Up	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.				Not Complete	Update

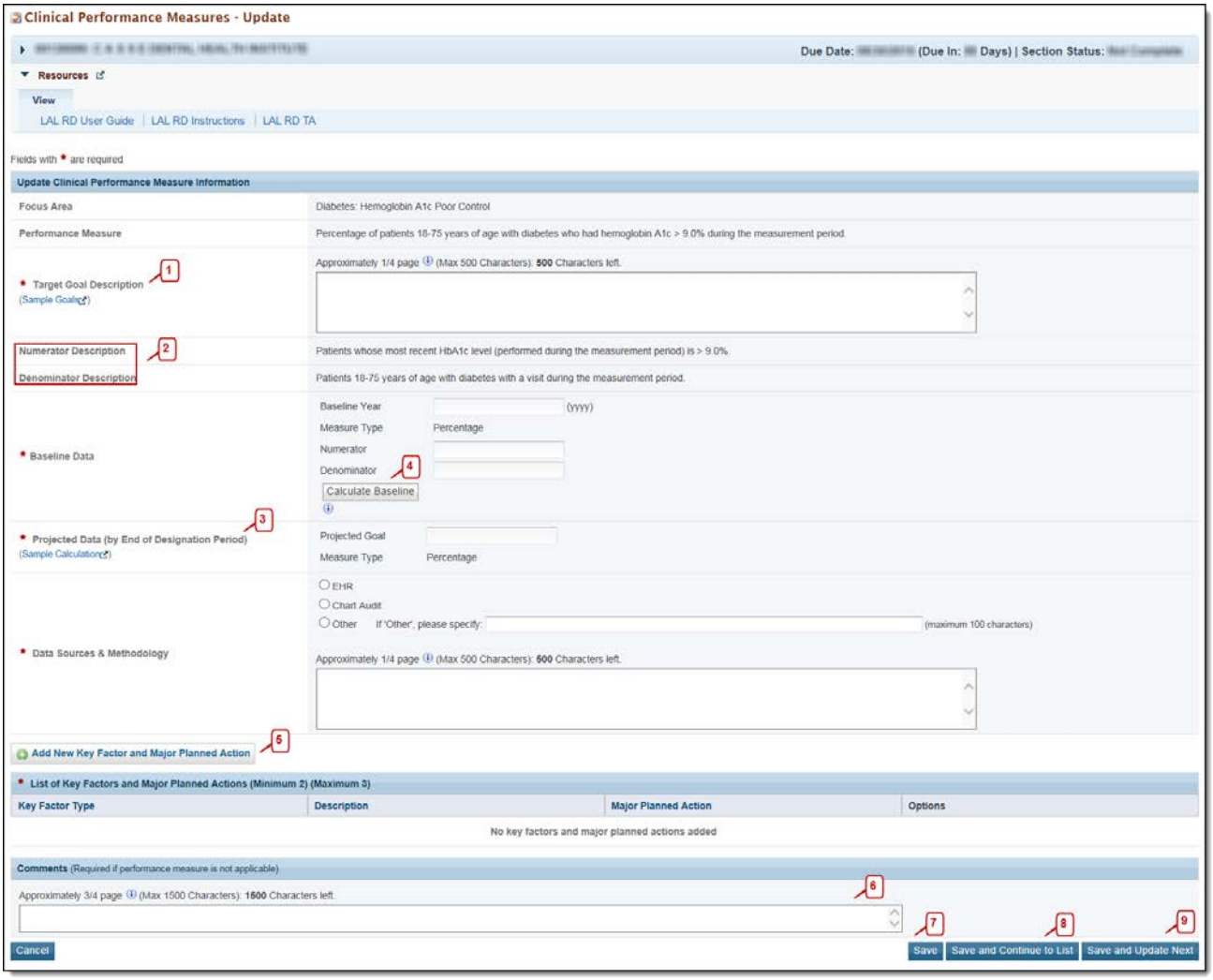
Go to Previous Page | Save | Save and Continue

1. Click on the **Update** link to start working on a performance measure (**Figure 32**, **2**).
   - ➢ The system navigates to the **Clinical Performance Measure – Update** page (**Figure 33**).

IMPORTANT NOTES:

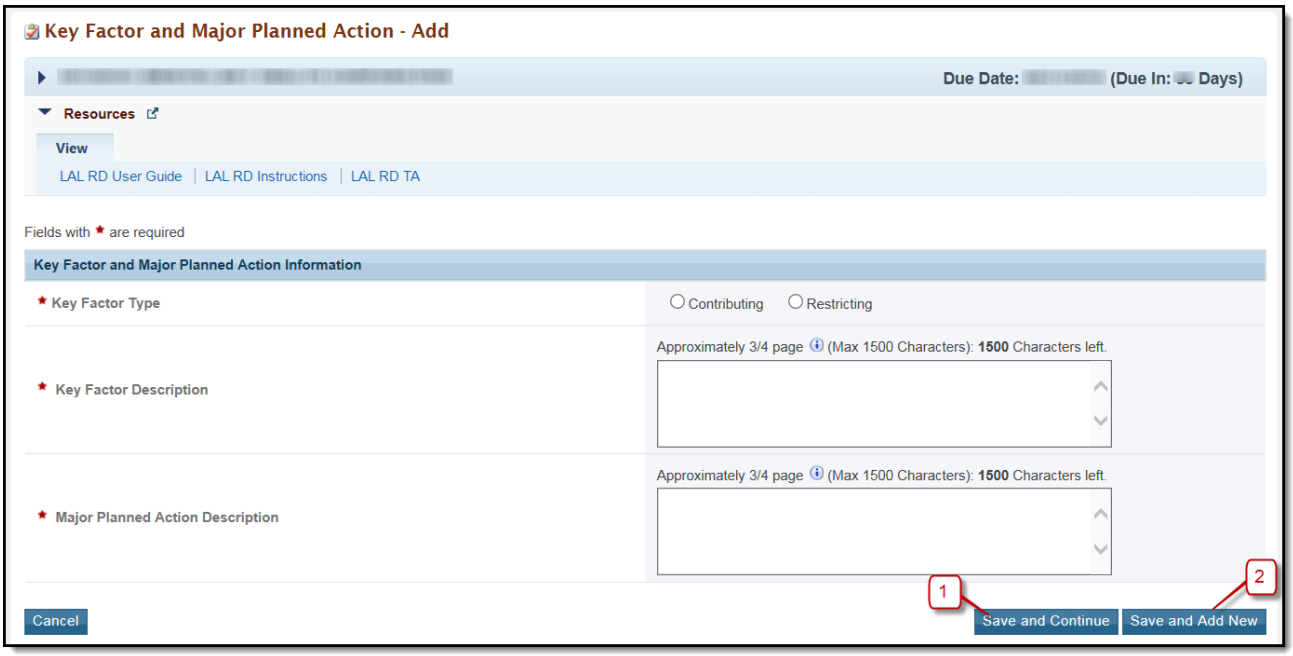
- All HRSA-defined Clinical Performance Measures are required.
- The **Clinical Performance Measures** form will become 'Complete' when the statuses of all required performance measures and additional performance measures are 'Complete'.

Figure 33: Clinical Performance Measure - Update page



2. Provide a **Target Goal Description** for each performance measure (**Figure 33**, **1**). For all required measures, the Numerator and Denominator descriptions are pre-populated (**Figure 33**, **2**).
3. For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given. Click the Calculate Baseline button to show the baseline percentage (**Figure 33**, **4**).
4. Enter the projected goal by the end of the designation period as a percentage (**Figure 33**, **3**).
5. Select an appropriate response in the Data Sources & Methodology field. If 'Other' is selected, specify a name and description.
6. Click on the Add New Key Factor and Major Planned Action button to add Key Factors (**Figure 33**, **5**).
   - The system navigates to the **Key Factor and Major Planned Action – Add** page (**Figure 34**).
7. Provide all the required information.

Figure 34: Key Factors and Major Planned Action - Add page



8. Click the Save and Continue button (**Figure 34**, **1**) to save the information on this page and proceed to the **Clinical Performance Measures – Update** page, or click the Save and Add New button (**Figure 34**, **2**) to save the key factor information you provided and proceed to add a new key factor.

IMPORTANT NOTE: Provide information for at least one restricting and one contributing Key Factor type.

9. Provide comments in the Comment field if needed (**Figure 33**, **6**).
10. Click on the Save button to save the information on the Update Measure page (**Figure 33**, **7**). To proceed to the **Clinical Performance Measures – List** page, click on the Save and Continue to List button (**Figure 33**, **8**) or click on the Save and Update Next button to update the next performance measure (**Figure 33**, **9**).

IMPORTANT NOTE: If the goal for Oral Health performance measure for sealants is set to 0, at least one self-defined Oral Health performance measure must be entered in the Additional Clinical Performance Measures section.

4.16.2 Adding Additional Clinical Performance Measures

If there were previously defined Additional Clinical Performance Measures the system shall display them here. To add an Additional Clinical Performance Measure to your application, follow these steps:

1. Click the Add Additional Performance Measure button on the **Clinical Performance Measures – List** page (**Figure 32**, **2**).
   - The **Add Clinical Performance Measure** page opens.

Figure 35: **Add Clinical Performance Measure**

2. Select a focus area from the drop-down menu (**Figure 35**, **1**).
3. If you select Oral Health or Behavioral Health as the focus area, click on the Load Performance Measure Category button (**Figure 35**, **2**) to load the performance measure categories and then select one or more, as applicable.
4. If you select Other as the focus area, you must specify the performance measure focus area.
5. Provide the required information on this page.
6. Click on the Add New Key Factor and Major Planned Action button to add Key Factors. Provide information for at least one restricting and one contributing Key Factor type.
7. Click on the Save button to save the information on the Update Measure page. To proceed to the **Clinical Performance Measures – List** page, click the Save and Continue button. The newly added measure will be listed under the Additional Measures section.
8. Additional measures can be updated and/or deleted by using the **Update** and/or **Delete** links provided as options.

4.17 Financial Performance Measures

The **Financial Performance Measures** form displays Required and Additional Measures. The **Required Measures** are pre-defined measures and the system will pre-populate Baseline Data from the 2015 Uniform Data System (UDS) report, applicants may enter Additional Measures. These measures are optional.

IMPORTANT NOTE: Refer to the Look-Alike Renewal of Designation instructions for more information on completing the **Financial Performance Measures** form.

4.17.1 Completing the Required Financial Performance Measures

There are two required performance measures listed in this form. To complete this form:

1. Click on the **Update** link to start working on a performance measure (**Figure 36**, **1**).
   - The system navigates to the **Financial Performance Measure – Update** page (**Figure 37**).

Figure 36: Financial Performance Measures – List page

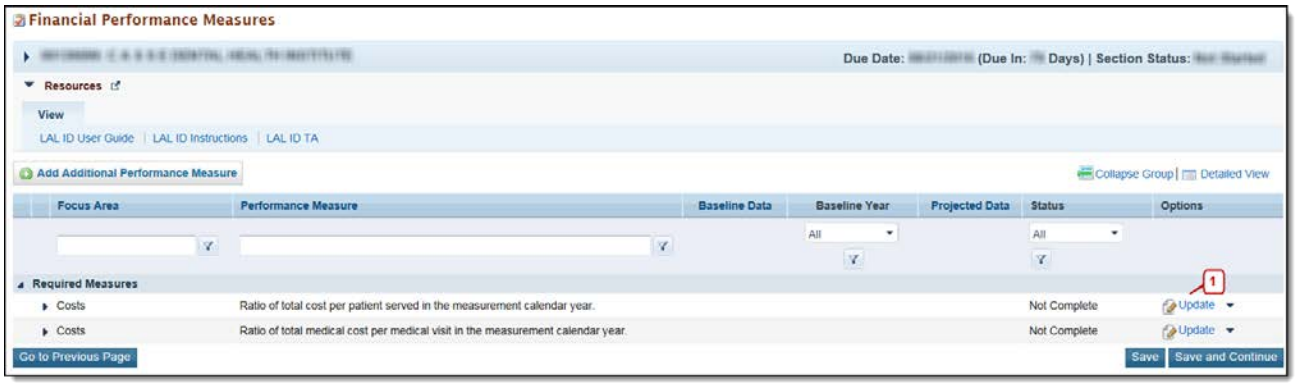
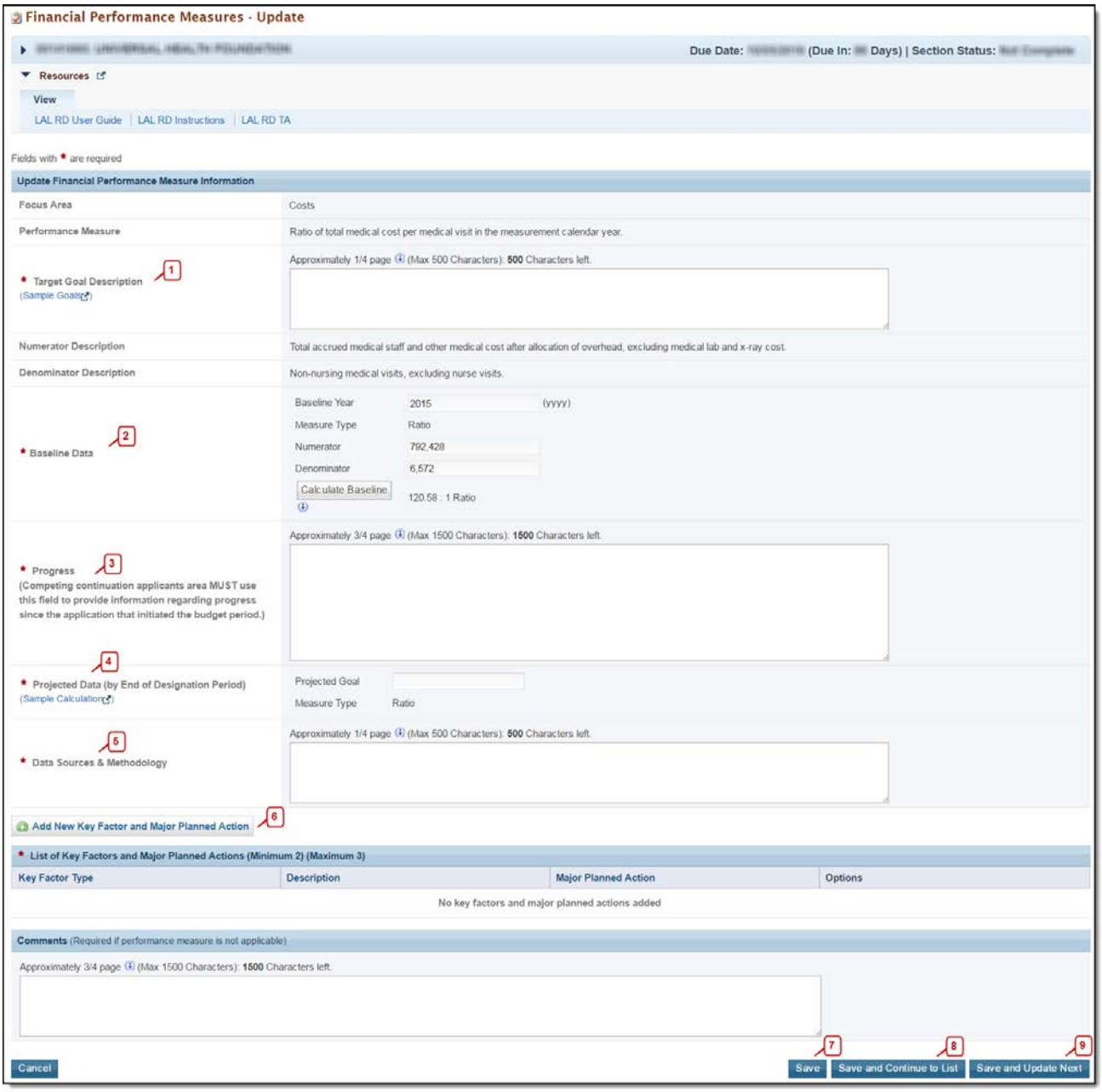


Figure 37: Financial Performance Measure – Update Page



2. Provide a **Target Goal Description** for each performance measure (**Figure 37**, **1**).
3. For Baseline Data, the Calculate Baseline button will calculate the baseline data based on the numerator and denominator values entered. The Baseline data will be pre-populated from the 2015 Uniform Data System (UDS) report (**Figure 37**, **2**).
4. Provide the progress on the performance measure (**Figure 37**, **3**). State if progress cannot be reported due to the measure being revised.
5. Enter the projected data by the end of the designation period.
6. Enter the Data Sources & Methodology used for the measure.

7. Click on the Add New Key Factor and Major Planned Action button to add Key Factors. Provide information for at least one restricting and one contributing Key Factor type.
8. Click the Save and Continue button to save the information on the **Key Factor and Major Planned Action – Add** page and proceed to the **Financial Performance Measures – Update** page, or click the Save and Add New button to save the key factor information and proceed to add a new key factor.
9. The Comments field is optional: If you would like to report more current baseline data, the information should be included in Comments field
10. Click on the Save button to save the information on this page. To proceed to the **Financial Performance Measures – List** page, click on the Save and Continue to List button or click on the Save and Update Next button to update the next performance measure.

4.17.2 Adding Additional Financial Performance Measures

If there were previously defined Additional Financial Performance Measures the system shall display them here. To add an Additional Financial Performance Measure to your application, follow these steps:

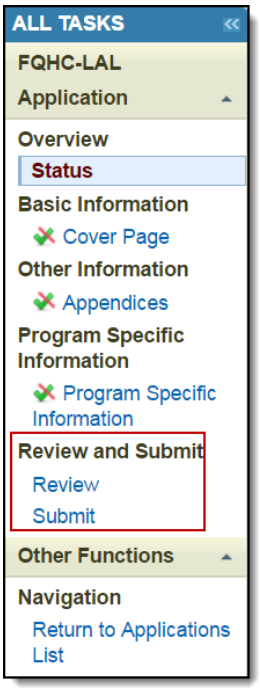
1. Click the Add Additional Performance Measure button on the **Financial Performance Measures – List** page.
   - The **Add Financial Performance Measures** page opens.
2. Provide the required information on this page.
3. If you select Other as the focus area, you must specify the performance measure focus area.
4. To add the key factors, click on the Add New Key Factor and Major Planned Action button. Provide information for at least one restricting and one contributing Key Factor type.
5. Click on the Save button to save the information on the Update Measure page. To proceed to the performance measure list page, click on the Save and Continue button. The newly added measure will be listed in the Additional Measures section on the **Financial Performance Measures – List** page.
6. Additional measures can be updated and/or deleted by using the **Update** and/or **Delete** links provided as options.

5. Reviewing and Submitting the Look-Alike Renewal of Designation Application to HRSA

To review your application, follow these steps:

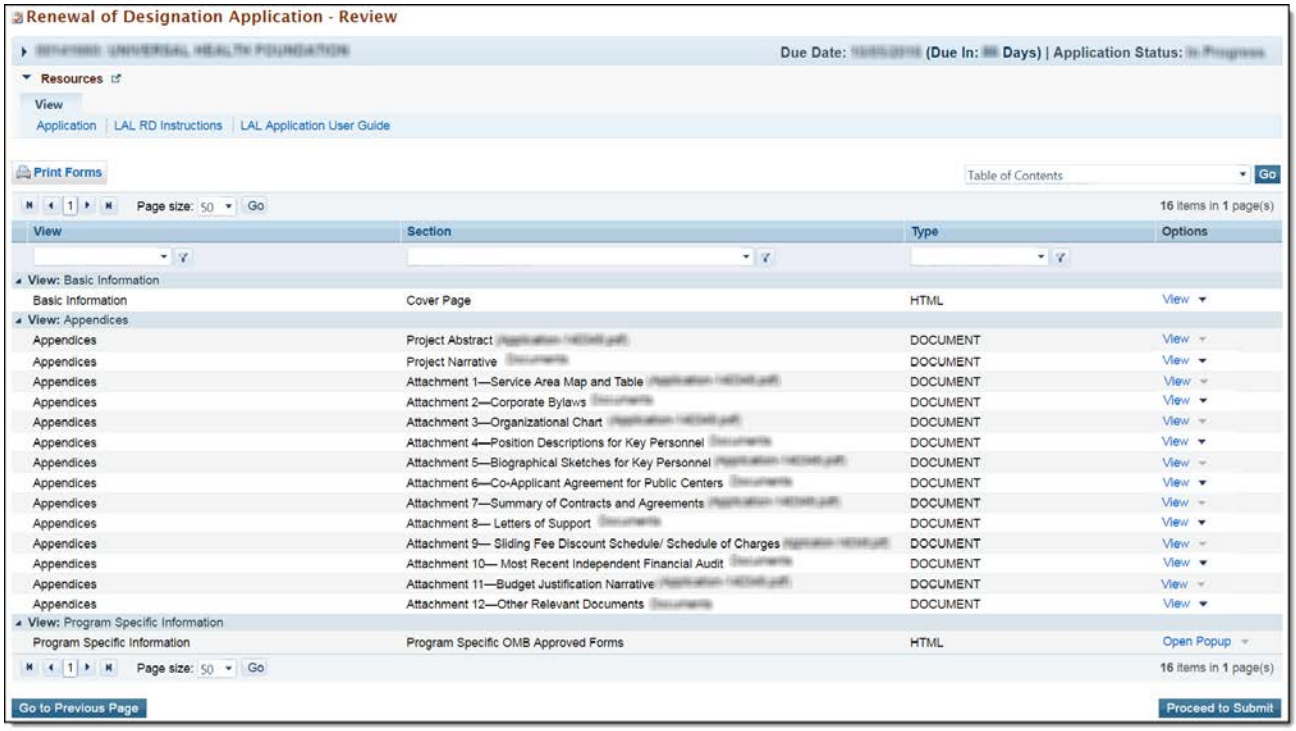
1. Click on the **Status** link on the left side menu.

Figure 38: Left menu – Review and Submit



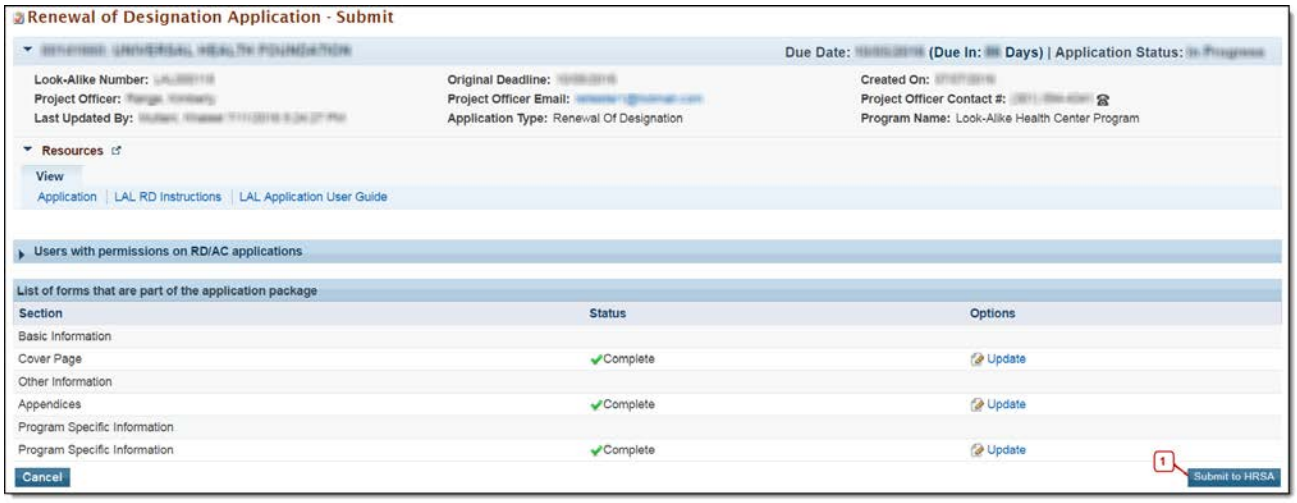
2. On the **Application – Status Overview** page, click the **Review** link in the Review and Submit section of the left menu.
   - ➢ The system navigates to the **Review** page (**Figure 39**).

Figure 39: 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 40: Submit to HRSA



6. Check the Application Certification to electronically sign the application and click the Submit to HRSA button.
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.