



Fiscal Year 2020 Health Center Controlled Networks Non-Competing Continuation Progress Report Instructions

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Purpose

Health Center Controlled Networks (HCCNs) are groups of health centers¹ working together to use health information technology (health IT) to improve operational and clinical practices. HCCNs support health centers to leverage health IT to increase their participation in value-based care by:

- Enhancing the patient and provider experiences,
- Advancing interoperability, and
- Using data to enhance value.

Submission and approval of this HCCN Non-Competing Continuation (NCC) progress report, (hereafter referred to as the progress report), will provide funding for the fiscal year (FY) 2020 budget period (August 1, 2020 through July 31, 2021). Continued funds are dependent upon Congressional appropriation, satisfactory progress toward meeting project objectives, and a decision that continued funding would be in the best interest of the federal government.

Submission and Award Information

Progress report submissions are due in the HRSA Electronic Handbook (EHBs) by **5 p.m. ET on March 24,**

¹ Organizations funded under section 330 (e), (g), (h), and/or (i), of the Public Health Service Act, as amended, as well as organizations with look-alike designation.

2020. HRSA anticipates making awards on or around the FY 2020 budget period start date of August 1, 2020.

General Instructions

You will complete the progress report in the HRSA EHBs by providing progress updates on HCCN activities from the start of the project period (August 1, 2019) through February 29, 2020. The progress report submission must include all forms and attachments identified in [Table 1: Forms and Attachments](#). Forms are to be completed online directly in EHBs. Attachments must be uploaded into EHBs.

NEW for HCCN: You will complete two different Project Work Plan forms in EHBs, the FY 2019 Project Work Plan Update and the FY 2020 Project Work Plan.

Progress reports lacking required information will be considered incomplete or non-responsive and will be returned via a “Change Requested” notification in EHBs for the provision of missing information. If HRSA does not receive the progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in Notice of Award (NoA) issuance or a lapse in funding could occur.

The progress report must not exceed **40 pages** when printed by HRSA (approximately 5 MB). Narrative documents submitted as attachments must be single-spaced with 12 point, easily readable font (e.g., Times New Roman, Arial, and Calibri) and one-inch margins. You may use smaller font (no less than 10 point) for tables, charts, and footnotes.

NOTE: Attachments count towards the 40-page limit and forms do not.

Table 1: Forms and Attachments

HCCN NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR2	Form	Instructions are included in the HCCN User Guide available on the HCCN technical assistance webpage .
Budget Information: Budget Details Form	Form	Refer to Budget Details Form instructions.
Budget Narrative (Required)	Attachment	Upload the Budget Narrative. Refer to Budget Narrative instructions.
Attachment 1: Project Narrative (Required)	Attachment	Refer to Attachment Instructions .
Attachments 2-8 (As applicable)	Attachment	Refer to Attachment Instructions .
FY 2019 Project Work Plan Update	Form	Refer to Appendix A: Instructions for the FY 2019 Project Work Plan Update .
FY 2020 Project Work Plan	Form	Refer to Appendix B: Instructions for the FY 2020 Project Work Plan .
Progress Report Table	Form	Refer to Appendix C: Instructions for the Progress Report Table .

Attachment Instructions

Attachment 1: Project Narrative *(Required)*

Provide a brief narrative highlighting **significant progress and challenges** that have impacted your HCCN project from August 1, 2019 through February 29, 2020. The Project Narrative should expand on and not duplicate information you enter in the FY 2019 Project Work Plan Update. Specifically, the Project Narrative must include a discussion of the following:

- **Any significant progress.** Describe significant progress made on the approved HCCN project that requires more explanation than space permits in the FY 2019 Project Work Plan Update. Include significant progress made on activities to address the unique needs of Participating Health Centers (PHCs) and outcomes as a result of activities that will contribute to achievement of goals, objectives, and target percentages.
- **Any significant challenges and activity changes.** Describe the following:
 - Any significant challenges
 - Challenges in obtaining data from or working with PHCs
 - Strategies used to overcome challenges
 - Significant changes to approved activities as a result of identified challenges, including strategies used to address the unique needs of PHCs.
- **Any significant changes to collaborations, partnerships, and coordinated activities.** Describe any significant changes to planned or current collaborations or partnerships, including activities coordinated with Primary Care Associations (PCAs), HRSA's Health IT National Cooperative Agreement (NCA) award recipient, other NCAs,² and other organizations that address issues related to health care quality and/or health IT. Address how these changes will support achievement of the goals and objectives outlined in the Project Work Plan.
- **Any significant changes to project staffing.** Describe revisions to your HCCN staffing plan since your FY 2019 HCCN application. Address any significant challenges encountered in recruiting and retaining key HCCN management or project staff needed to accomplish the objectives of the Project Work Plan. Refer to [Attachment 3: Staffing Plan](#) and [Attachment 4: Position Descriptions for Key Personnel](#), as appropriate.
- **Other significant expected changes, plans, or considerations.** Include any other significant information not captured in other parts of the progress report.

Attachment 2: Project Organizational Chart *(As Applicable)*

If the organizational chart has changed since you submitted your FY 2019 HCCN application, upload a revised one-page document that graphically depicts the HCCN's organizational structure, including the network governing board, key personnel, staffing, and any sub-recipients or affiliated organizations. Clearly indicate any organizational changes, and include a brief rationale for those changes in the attachment.

Attachment 3: Staffing Plan *(As Applicable)*

²NCAs will be referred to as NTTAP (National Training and Technical Assistance Partners) starting July 1, 2020.

If the staffing plan has changed (e.g., new staff hired) since you submitted your FY 2019 HCCN application, upload a revised table that identifies the changes. For each position, the table must include:

- Position Title (e.g., Chief Executive Officer),
- Staff Name (if the individual is not yet identified for this position, indicate “To Be Determined”),
- Education/Experience Qualifications,
- General Grant Project Responsibilities,
- Annual Salary, and
- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN grant project.

Attachment 4: Position Descriptions for Key Project Personnel (As Applicable)

If position descriptions for key HCCN staff have changed since you submitted your FY 2019 HCCN application, including vacant positions, upload new job descriptions. Position descriptions must be limited to one page and include, at a minimum:

- Position title,
- Description of duties and responsibilities,
- Position qualifications,
- Supervisory relationships,
- Salary range, and
- Work hours.

If key positions have been combined or changed to part-time (e.g., CEO and CFO roles are shared), document these changes in the salary table of your [Budget Narrative](#).

Attachment 5: Biographical Sketches for Key Project Staff (As Applicable)

If there have been any new key management staff (e.g., Chief Executive Officer, Chief Financial Officer, Program Lead, Project Manager) hired since you submitted your FY 2019 HCCN application, upload biographical sketches for the individuals. Each biographical sketch should be limited to one page.

Attachment 6: Summary of Contracts and Agreements (As Applicable)

Provide a summary describing any new, revised, or newly proposed contracts and/or agreements since you submitted your FY 2019 HCCN application. Attachment 6 must align with your budget narrative. The summary must address the following items for each contract and/or agreement:

- Name and contact information for each affiliated agency;
- Type of contract and/or agreement (e.g., contract, memorandum of understanding or agreement);
- Brief description of the purpose and scope of the contract and/or agreement, including how and where services are provided; and
- Timeframe for each contract and/or agreement (e.g., ongoing contractual relationship, specific duration).

Only include a contract or agreement with a PHC if: 1) the organization will support the HCCN project in a capacity beyond its role as a PHC, and 2) the proposed activities are not included in the PHC Memorandum of Agreement (Attachment 2: PHC Memorandum of Agreement).

Attachment 7: Other Documents (As Applicable)

Provide other relevant documents to support the progress report (e.g., survey instruments, needs assessment reports, other evaluations). If you:

- Include indirect costs in your budget, you **must** upload a copy of your most recent Indirect Cost Rate Agreement.
- Updated your network bylaws, include them.
- Have recently removed a PHC from your project (between November 30, 2019 and January 31, 2020) and it has not been prepopulated in the Progress Report in EHBs, submit all information included in [Appendix C: Progress Report Table](#) and in the sample Progress Report Table on the [HCCN technical assistance webpage](#) for this PHC.

Merge all items into a single document before uploading. Note that these documents will count toward the page limit.

Budget Instructions

A complete budget presentation includes the [Budget Information: Budget Details Form](#) and the [Budget Narrative](#) (attachment) for the FY 2020 budget period (August 1, 2020 to July 31, 2021).

HCCN funds may only be used for allowable costs. Examples of unallowable costs include, but are not limited to:

- Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs;
- Direct patient care;
- Fundraising;
- Incentives (e.g., gift cards, food);
- Construction/renovation costs;
- Facility or land purchases; or
- Vehicle purchases.

1. Budget Information: Budget Details Form (Required)

Complete the following in HRSA EHBs **for the upcoming 12-month budget period** (August 1, 2020 to July 31, 2021). Include only federal funds requested for the HCCN project.

Recommended Federal Budget: This figure is prepopulated at the top of the Budget Information: Budget Details Form, and corresponds with the recommended future support figure (Item or Box 13) provided in your most recent HCCN NoA. The Recommended Federal Budget total is for reference in read-only format is not editable.

Section A: Budget Summary: The annual HCCN funding request in the Federal column is prepopulated in read-only format and may not be edited. The Federal funding request equals the Recommended Federal Budget figure referenced directly above and listed at the top of the Budget Information: Budget Details form.

Section B: Budget Categories: Provide a breakdown of the budgeted funds by object class category (e.g., Personnel, Fringe Benefits). You may use the SF-424A: Budget Information Form included in your FY 2019 HCCN application as a reference point, noting that the total value for each object class category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

HRSA EHBs will automatically calculate the amounts in the Total Direct Charges row and the Total column. Indirect costs may only be claimed with an approved indirect cost rate agreement (see details in the [Budget Narrative](#) section below).

Section C: Non-Federal Resources: Do not provide other sources of funding. Leave this section blank.

2. Budget Narrative (Required)

Upload a line-item Budget Narrative in HRSA EHBs that provides information for the next 12-month budget period (August 1, 2020 to July 31, 2021). The Budget Narrative must explain the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details Form. See the sample Budget Narrative on the [HCCN technical assistance webpage](#) and include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).

Include the following in the Budget Narrative:

Personnel Costs: List each staff member to be supported by HCCN funds, and include the name (if possible), position title, percent full time equivalency (FTE), and annual salary.

Fringe Benefits: List the components of the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement). Fringe benefits must be directly proportional to the portion of personnel costs.

Travel: List expenses associated with travel for staff to attend or lead HCCN-related meetings, trainings, or workshops. Travel expenses and associated costs must be outlined for each person and should include transportation/airfare, lodging, parking, and per diem. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members traveling. Long-distance travel must include registration fees, cost for transportation, lodging, and per diem for each trip. Name the traveler(s) if possible, describe the purpose of the travel, and provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested. More information, including per diem calculations, is available at on the [U.S. General Services Administration's Per Diem Rates webpage](#).

Equipment: List equipment costs and provide a justification for equipment needs to accomplish program goals. Equipment includes moveable items that are non-expendable, tangible, personal property having a useful life of more than 1 year and an acquisition cost that equals or exceeds \$5,000.

Supplies: List the items necessary for implementing the HCCN project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). Equipment items such as laptops, tablets, and desktop computers, are classified as a supply if the value is under the \$5,000 per unit cost threshold.

Contractual Services: Provide a clear explanation of each contract purpose, including how you estimated costs, and the specific contract deliverables. You are responsible for ensuring that your organization/institution has an established and adequate procurement system in place with fully developed written procedures for awarding and monitoring contracts. All contractual costs must be included with every expense clearly identified and explained. If there are new or updated contracts since you submitted your FY 2019 HCCN application, you must include a summary of such contracts in Attachment 6.

Note: For consultant services, list the total costs for all consultant services. Identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, organizational membership fees, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Include costs for common or joint objectives that cannot be readily identified, but are necessary for organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). Visit the [Program Support Center's Financial Management webpage](#) to learn more about indirect cost rate agreements, including the process for applying for an agreement. If your budget request includes indirect costs, you must upload a copy of your most recent indirect cost rate agreement under Attachment 7: Other Documents.

HRSA recommends the following resources to facilitate development of an appropriate budget:

- The [HHS Grants Policy Statement](#)
- The [HHS Policy on Promoting Efficient Spending](#)

Technical Assistance Contacts

ASSISTANCE NEEDED	PLEASE CONTACT
General Technical Assistance	The HCCN technical assistance webpage contains sample forms, the Electronic Handbooks (EHBs) user guide, frequently asked questions (FAQs), a slide presentation, and other resources.
Budget/Fiscal Questions	Christie Walker Grants Management Specialist Division of Grants Management Operations, OFAM HRSA Bureau of Primary Health Care 301-443-7742 cwalker@hrsa.gov
HCCN NCC Progress Report Requirements Questions	HCCN TA Response Team 301-594-4300 Submit a Web Request at https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form <ul style="list-style-type: none"> • Complete the BPHC Contact Form, Contact Record • For Requester Type, select Current Award Recipient • For Health Center or HRSA EHBs Question, select Health Center • For BPHC Category, select Non-Competing Continuation (NCC) Progress Reports • For BPHC Sub-Category, select Health Center Controlled Networks (HCCN); then complete the Issue Description page.
HRSA EHBs Submission Assistance	Health Center Program Support 877-464-4772 Contact Health Center Program Support at https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form <ul style="list-style-type: none"> • Complete the BPHC Contact Form, Contact Record

ASSISTANCE NEEDED	PLEASE CONTACT
	<ul style="list-style-type: none">• For Requester Type, select Current Award Recipient• For Health Center or HRSA EHBs Question, select Electronic Handbooks (EHBs)• For BPHC Category, select Non-Competing Continuation (NCC) Progress Reports• For BPHC Sub-Category, select Health Center Controlled Networks (HCCN); then complete the Issue Description page.

Appendix A: Instructions for the FY 2019 Project Work Plan Update

In the FY 2019 Project Work Plan Update, report progress on objective data and activities you proposed to conduct in the first 12 months of the project period.

HRSA EHBs will prepopulate the FY 2019 Project Work Plan Update with the information submitted in your FY 2019 HCCN application. Report progress to date from the start of the project period (August 1, 2019) through February 29, 2020. Also provide expected progress for the remainder of the current budget period (March 1, 2020-July 31, 2020). Refer to Table 2 below for guidance on completing the editable fields. Additional resources that include a sample Project Work Plan Update and EHBs User Guide are available on the [HCCN technical assistance webpage](#).

Table 2: FY 2019 Project Work Plan Update Field Guide

FY 2019 Field	Is this Field Editable?	Details/Instructions
Objective Title	NO	Prepopulated from your FY 2019 HCCN application.
Objective Description	NO	Prepopulated from your FY 2019 HCCN application.
Baseline Percentage	NO	Prepopulated from your FY 2019 HCCN application.
Target Percentage	NO	Prepopulated from your FY 2019 HCCN application.
Baseline Data Source	NO	Prepopulated from your FY 2019 HCCN application.
Current Numerator	YES	Enter data for each required objective. See the Goals and Objectives Development Guide available on the HCCN technical assistance webpage for details on the numerator for each objective.
Current Denominator	YES	For each objective, enter the total number of participating health centers.
Current Percentage	NO	Automatically calculated after the numerator and denominator are entered.
Progress Toward Target Percentage	NO	Automatically calculated using the following formula: $(\text{Current Percentage} - \text{Baseline Percentage}) \div (\text{Target Percentage} - \text{Baseline Percentage}) \times 100$

FY 2019 Field	Is this Field Editable?	Details/Instructions
Progress Toward Target Percentage Narrative	YES	Describe progress made toward achieving the Target Percentage by the end of the 3-year project period. If there were errors in your Baseline or Target Percentage, include a description here. You may provide corrected data in the FY 2020 Project Work Plan.
Key Factor Type	NO	Prepopulated from your FY 2019 HCCN application.
Key Factor Description	NO	Prepopulated from your FY 2019 HCCN application.
Activity Name	NO	Prepopulated from your FY 2019 HCCN application.
Activity Description	NO	Prepopulated from your FY 2019 HCCN application.
Person/Group Responsible	NO	Prepopulated from your FY 2019 HCCN application.
Start Date	NO	Prepopulated from your FY 2019 HCCN application.
End Date	NO	Prepopulated from your FY 2019 HCCN application.
Activity Progress Update (maximum 5,000 characters)	YES	Provide a progress description for each activity, including the expected progress by the end of the current budget period (July 31, 2020).

Appendix B: Instructions for the FY 2020 Project Work Plan

In the FY 2020 Project Work Plan, revise activities and corresponding fields, as needed, to outline plans for the upcoming 12-month budget period (August 1, 2020 through July 31, 2021).

HRSA EHBs will prepopulate the FY 2020 Project Work Plan with the information provided in FY 2019 Project Work Plan Update form. Refer to Table 3 below for guidance on completing the editable fields.

Note: If you need to modify the baseline percentage and/or target percentage for an objective (e.g., to correct calculation errors in your FY 2019 HCCN application, to update changes in the baseline number of PHCs), enter the updated baseline and/or target percentages and provide explanations for the changes in the FY 2020 Project Work Plan. **Discuss any changes with your Project Officer before updating baseline or target percentages.**

Update activities as follows:

- Update activity descriptions as needed to reflect the activities planned for the FY 2020 budget period (August 1, 2020 through July 31, 2021) and describe changes as necessary (e.g., revised the number of webinars from five to 15 based on year 2 plans).
- If you will discontinue an activity in your FY 2020 budget period, either delete the activity or update the corresponding fields with new/replacement activity information.

Additional resources that include a sample Project Work Plan and EHBs User Guide are available on the [HCCN technical assistance webpage](#).

Table 3: FY 2020 Project Work Plan Guidance by Field Instructions

FY 2020 Field	Is this Field Editable?	Instructions
Objective Title	NO	Prepopulated from your FY 2019 HCCN application.
Objective Description	NO	Prepopulated from your FY 2019 HCCN application.
Baseline Percentage	NO	Prepopulated from your FY 2019 HCCN application.
Updated Baseline Percentage (Optional)	YES	If applicable, enter an Updated Baseline Percentage.
Updated Baseline Percentage Explanation	YES	If Updated Baseline Percentage was entered, provide an explanation for updating the baseline.
Baseline Data Source	YES	If Updated Baseline Percentage was entered, provide an updated Baseline Data Source, if necessary.

FY 2020 Field	Is this Field Editable?	Instructions
Target Percentage	NO	Prepopulated from your FY 2019 HCCN application.
Updated Target Percentage (Optional)	YES	If applicable, enter an Updated Target Percentage.
Target Percentage Update Explanation	YES	If Updated Target Percentage was entered, provide an explanation for updating this target.
Current Percentage	NO	Prepopulated from the FY 2019 Project Work Plan Update.
Progress Toward Target Percentage	NO	Prepopulated from the FY 2019 Project Work Plan Update.
Updated Progress Toward Target Percentage	NO	<p>If the Baseline and/or Target Percentages have been updated, Updated Progress Toward Target Percentage will calculate using the following formula (which assumes both were updated):</p> $\frac{\text{Current Percentage} - \text{Updated Baseline Percentage}}{\text{Updated Target Percentage} - \text{Updated Baseline Percentage}} \times 100$ <p>If either the Baseline or Target Percentage is not updated, the previously provided value will be used in the formula.</p>
Key Factor Type	YES	Prepopulated from your FY 2019 HCCN application. Update as needed. Ensure a total of 2-3 factors that are expected to contribute to and restrict progress toward the selected Objective, with at least 1 Contributing and 1 Restricting Key Factor.
Key Factor Description	YES	Prepopulated from your FY 2019 HCCN application. Update as needed.
Activity Name	YES	Prepopulated from your FY 2019 HCCN application. Update as needed to focus on plans for the upcoming budget period.
Activity Description	YES	Prepopulated from your FY 2019 HCCN application. Update, add, or delete as needed to focus on plans for the upcoming budget period. Added activities should describe major planned activities to be conducted in the upcoming budget period to support Target Percentage attainment by the end of the 3- year project period. Ensure 2-3 activities for each Objective.
Person/Group Responsible	YES	Prepopulated from your FY 2019 HCCN application. Update as needed to focus on plans for the upcoming budget period.

FY 2020 Field	Is this Field Editable?	Instructions
Start Date	YES	Prepopulated from your FY 2019 HCCN application. Update as needed for the FY 2020 budget period. The start date must be on or after August 1, 2019, and no later than July 31, 2021.
End Date	YES	Prepopulated from your FY 2019 HCCN application. Update as needed for the upcoming budget period. The end date must be on or after the start date, and no later than July 31, 2022.

Appendix C: Instructions for Progress Report Table

The Progress Report Table will be completed entirely in HRSA EHBs for each PHC (i.e., if you have 10 PHCs in your approved network, you will complete a separate version of this form for each of the 10 PHCs).

Participating Health Center

The PHC section contains the Health Center Program award recipient name and grant/look-alike number. Information in these fields is prepopulated and not editable.

Note: You may not propose changes to your PHCs via the progress report. You must request such changes via submission in the HCCN PHC Management Module, as appropriate. If you have recently removed a PHC from your project (after November 30, 2019) and it is not prepopulated in the Progress Report, you **must** upload progress report information included in this section under Attachment 7: Other Documents.

Patient Details

In the Patient Details section, the Total Patients field is prepopulated with 2018 UDS data.

Enter the number of PHC sites (baseline) from August 1, 2019. The Number of Sites (Current) is prepopulated from Form 5B.

Note: You must gather data from each PHC in your approved network to respond to each question under each goal. See the required questions in the sample Progress Report Table form on the [HCCN technical assistance webpage](#).

Appendix D: Goals and Objectives Development Guide

All denominators are the total number of participating health centers.

Goal	Objective	Objective Description	Numerator
Goal A: Enhance the patient and provider experience	Objective A1: Patient Access	Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).	Number of PHCs with at least 50 percent of patients having accessed their patient portal accounts within the last 12 months.
	Objective A2: Patient Engagement	Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g., patient use of remote monitoring devices, better medication adherence with text reminders).	Number of PHCs with at least 30 percent of patients who have used a digital tool (e.g., electronic messages sent through the patient portal to providers, remote monitoring) between visits to communicate health information with the PHC within the last 12 months.
	Objective A3: Provider Burden	Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).	Number of PHCs that have improved provider satisfaction (e.g. survey results) through implementation of at least one HIT facilitated intervention (e.g. improved CDS, EHR template customization/optimization, telehealth, eConsults, mobile health, dashboards, other reporting tools) within the last 12 months.
Goal B: Advance interoperability	Objective B1: Data Protection	Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.	Number of PHCs that have implemented a breach mitigation and response plan based on their annual security risk assessment.
	Objective B2: Health Information Exchange	Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards or national standards as specified in the ONC Interoperability Standards Advisory and share information securely with other key providers and health systems.	Number of PHCs that transmitted summary of care record to at least 3 external health care providers and/or health systems in the last 12 months using certified EHR technology through

Goal	Objective	Objective Description	Numerator
			platforms that align with HL7 or national standards specified in the ONC Interoperability Standards Advisory.
Goal C: Use data to enhance value	Objective B3: Data Integration	Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.	In the last 12 months, the number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources.
	Objective C1: Data Analysis	Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).	Number of PHCs using a dashboard and/or standard reports to present useful data to inform value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs) in the last 12 months.
	Objective C2: Social Risk Factor Intervention	Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.	Number of PHCs that use health IT to collect or share social risk factor data with care teams and use this data to inform care plan development on at least 50 percent of patients identified as having a risk factor (e.g. care teams use patient reported data on food insecurity or other social risk factors to better tailor care plans/interventions and community referrals to improve chronic disease management and outcomes) in the last 12 months.
	Objective C3: Applicant Choice	Applicants will develop an objective and outcome measure to address an emerging issue based on the needs	N/A

Goal	Objective	Objective Description	Numerator
		of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability with Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).	