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

1. Starting the Look-Alike Annual Certification Application

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

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

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

![Figure 1: Application - Status Overview Page](image)

The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete these sections 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).
- **Point of Contact on matters involving this application (Figure 2, 2)** – enter the point of contact for the look-alike AC application.
- **Authorized Representative (Figure 2, 3)** – enter the person authorized by the board of directors to submit the look-alike AC application.

![Figure 2: Cover Page of FQHC-LAL Application](image)

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.
2. Upload the **Budget Narrative (required)** attachment by clicking the associated Attach File buttons.

3. After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

### 4. Completing the Program Specific Forms

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

- Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page ([Figure 4, 1](#)). Click on the Program Specific Information link in the left menu ([Figure 4, 2](#)).

- On the **Annual Certification Application - Status Overview** page, click on the Update link for the Program Specific Information line item ([Figure 4, 3](#))
The Program Specific Information – Status Overview page opens (Figure 5).

IMPORTANT NOTE: Click on the Update link for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.
4.1 Form 3 - Income Analysis

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

1. Payer Category (Figure 6, 1)
2. Comments/Explanatory Notes (Figure 6, 2)
4.1.1 Completing the Payer Category section

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

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

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

1. In column (a), provide the number of Patients by Primary Medical Insurance for each payer category. Enter 0 if not applicable (Figure 6, 3).

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

3. In column (c), provide the amount of Income per Visit for each payer category. Enter 0 if not applicable. (Figure 6, 5).
4. In column (d), provide the amount of Projected Income for each payer category. Enter 0 if not applicable (Figure 6, 6).

5. In column (e), provide the amount of Prior FY Income. Enter 0 if not applicable (Figure 6, 7).

6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Part 1 (Figure 6, 8).

**IMPORTANT NOTES:**

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

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

**4.1.2 Completing the Comments/Explanatory Notes section**

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

1. If the value for any payer category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (d) with Income per Visit (c), provide an explanation in this section. Provide justification for each payer category for which these numbers are not equal. If these numbers are equal for all the payer categories, providing comments in this section is optional.

2. Click the Save and Continue button to save your work and proceed to Form 3A – Budget Information form.

**4.2 Form 3A – Budget Information**

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

- Expenses (Figure 7, 1)
- Revenue (Figure 7, 2)

**4.2.1 Completing the Expense section**

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

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

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

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

4.3 Form 5A – Services Provided

Form 5A: Services Provided is pre-populated with the services in the current scope that HRSA has on file for your organization.
Form 5A will be non-editable. You will be required to visit the Required Services, Additional Services, and the Specialty Services sections at least once to change the status of the form to Complete.

**Figure 8: Form 5A - Services Provided**

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

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

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

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

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

Figure 9: 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 (Figure 9, 1) to refresh the data and display the latest scope of project. If you need to view the details of a site displayed on this form, you can do so by clicking on the View link (Figure 9, 2).

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

4.5 Form 5C - Other Activities/Locations

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

Form 5C will be non-editable. You will be required to visit this form at least once to change the status of the form to Complete.
If the pre-populated data on Form 5C does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the latest scope of project (Figure 10, 1). Click the Continue button on Form 5C to proceed to Scope Certification form.

### 4.6 Scope Certification

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

To complete this form, follow the steps below:

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

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

**4.7 Program Narrative Update**

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

1. Environment and Organizational Capacity
2. Patient Capacity
3. Clinical/Financial Performance Measures

**4.7.1 Completing Environment and Organizational Capacity**

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

To complete this section, follow the steps below:

1. Provide a narrative description for the Environment ([Figure 12, 1](#)) and Organizational Capacity ([Figure 12, 2](#)) sections.

2. Click the Save and Continue button ([Figure 12, 3](#)) to proceed to the Telehealth section, OR click the Save button ([Figure 12, 4](#)) at the bottom of the Environment and Organizational Capacity section and select the Telehealth tab below the Resources section ([Figure 12, 5](#)).

**4.7.2 Completing Telehealth**

In the Telehealth section, describe your use of telehealth to provide comprehensive primary health care services and engage in professional education, as applicable. Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
Figure 13: Program Narrative Update (Telehealth)

To complete this section, follow the steps below:

3. Provide a narrative description for the Telehealth (Figure 13, 1).
   Click the Save and Continue button (Figure 13, 1) to proceed to the Patient Capacity section, OR click the Save button (Figure 13, 2) at the bottom of the Telehealth section and select the Patient Capacity tab below the Resources section (Figure 13, 4).

4.7.3 Completing Patient Capacity
The Patient Capacity section of Program Narrative Update form consists of the following sub-sections:
In the Patient Capacity section, discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories. Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals. (Figure 14).

In the sub-section Patients and Visits by Service Type (Figure 15), review the patient projects and trends (Figure 15, 2) and provide a narrative for each service type (Figure 15, 3).

To complete this section, follow the steps below:
1. Review the numbers populated in the 2013 - 2015 Patient Number columns (Figure 14, 1, 2, 3). These numbers are populated from respective UDS Reports that you previously submitted to HRSA.

IMPORTANT NOTES:
- For the Total Unduplicated Patients row (Figure 13, 4), the 2013 - 2015 Patient Numbers are pre-populated from Table 3a of the respective UDS Reports. If there is no data available to pre-populate, the system displays “Data not available” under these columns.
- For the Special Populations rows (Figure 13, 5), the 2013 - 2015 Patient Numbers are pre-populated from Table 4 of the respective UDS Reports. If there is no data available to pre-populate, the system displays “Data not available” under these columns.
- Since the 2013 Public Housing Residents Patients data was not included in Table 4 of the UDS Report, this field will be editable (Figure 13, 6). If data is not provided in this cell, provide 2013 Public Housing patient numbers, as applicable, for your health center.
**Figure 14: Patient Capacity**

### Program Narrative Update - Patient Capacity

**Notes:**
- Describe the progress made from the beginning of a designer's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

### Resources
- View
- [LAL AC User Guide](#)
- [LAL AC Instructions](#)

**Fields:**
- Environment and Organizational Capacity
- Patient Capacity
- Clinical/Financial Performance Measures

#### Patient Capacity

- Referencing the % Change 2013-2015 Trend, % Change 2016-2018, and % Progress toward Goal columns:
  - Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories.
  - Explain key factors driving significant changes in patient numbers, and any downward trends or limited progress towards the projected patient goals.

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

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

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**Notes:**
- 2013-2015 Patient Number data are pre-populated from Table 4 of the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projection in the application that initiated your current designation period (Renewal of Designation/Initial Designation).
- If pre-populated patient projections are not accurate, provide adjusted projections and explanation in the Patient Capacity Narrative section.
- % Change and % Progress data are pre-populated calculations based on UDS reporting.
- 2016 and 2018 public housing patient data are pre-populated from UDS. Since the 2013 public housing patient data were not included in Table 4 of the UDS Report, please provide 2013 public housing patient numbers, as applicable, from your health center data.

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

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**Notes:**
- Approximately 2 pages (Max 3000 Characters): 1000 Characters left.

#### Total Migratory and Seasonal Agricultural Worker Patients

- Approximately 2 pages (Max 3000 Characters): 1000 Characters left.

#### Total People Experiencing Homelessness Patients

- Approximately 2 pages (Max 3000 Characters): 1000 Characters left.

#### Total Public Housing Residents Patients

- Approximately 2 pages (Max 3000 Characters): 1000 Characters left.

**Back to Previous Page**
2. Review the numbers populated in the Projected Number of Patients column (Figure 14, 7).

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

3. Review the values displayed in the % Change 2015-2017 Trend (Figure 14, 9), % Change 2016-2017 Trend (Figure 14, 10), and % Progress Toward Goal (Figure 14, 11) columns. The system calculates these values using the numbers displayed in the corresponding columns.

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

4. In the Patient Capacity Narrative column (Figure 14, 12), provide a narrative describing your progress for each patient category by referencing the numbers displayed in the % Change 2015-2017 Trend, % Change 2016-2017 Trend, and % Progress Toward Goal columns. If pre-populated patient numbers or projections are not accurate, adjusted projections should also be provided and explained in the Patient Capacity Narrative column.

5. Click the Save and Continue button to save the information and proceed to Program Narrative Update - Clinical/Financial Performance Measures tab.

**4.7.4 Completing Clinical/Financial Performance Measures**

In the Clinical/Financial Performance Measures section, discuss the trends and report progress for the performance measures listed in the following sub-sections:
• Measures Aligned with HRSA and BPHC Clinical and Financial Priorities
  o Clinical Measures
  o Financial Measures
• Perinatal Health
• Preventive Health Screenings and Services
• Chronic Disease Management
• Financial Measures
• Additional Measures
Figure 16: Clinical/Financial Performance Measures

### Clinical/Financial Performance Measures

**Overview**
- Evaluate the performance trends from the beginning of a grantee's current certification period and the date of the last audit conducted. If the period ends in the certification period, analyze the performance trends from the end of the certification period to the date of the last audit conducted.

**Narrative**

**Clinical/Financial Performance Measures**
- Highlight the measures aligned with HRSA's strategic priorities:
  - Patient Engagement
  - Preventive Services
  - Mental Health Screening
  - Chronic Disease Management
  - Healthy Women, Healthy Children

**Clinical/Financial Performance Measures Narrative**
- Highlight the measures that are applicable to the grantee.

**Clinical/Financial Performance Measures**
- List the measures that are applicable to the grantee and discuss the trends.

**Clinical/Financial Performance Measures Narrative**
- Discuss the narrative for the applicable measures.

### Measures Against Targets and CMP/Clinical/Financial Performance

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<th>% Change 2016/2017 (X)</th>
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### Financial Measures

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To complete this section, follow the steps below:

Review the numbers populated in the **2015-2017 Patient Measures** columns (Figure 18, 1, 2, 3). These numbers are populated from the respective UDS Reports that you previously submitted to HRSA. If there is no data available to pre-populate, the system displays “Data not available” under these columns. The % Progress Toward Goal field will be prepopulated if a goal was provided in the last application; however, a goal must be established in the AC application if one was not established last year.
1. Review the values displayed in the % Change 2015-2017 Trend (Figure 18, 6), % Change 2016-2017 Trend (Figure 18, 7), and % Progress Toward Goal (Figure 18, 8) columns. The system calculates these values using the numbers displayed in the corresponding Measure columns.

**IMPORTANT NOTES:**

- To view the formulas used to calculate % Change 2015-2017 Trend, % Change 2016-2017 Trend, and % Progress Toward Goal values, hover over the information icons displayed for those columns headers.
- If data is not available for the 2015 Measure, 2016 Measure, or 2017 Measure columns for a performance measure, the system displays ‘Data not available’ for % Change 2015-2017 Trend, % Change 2016-2017, and % Progress Toward Goal, if used in the formula, for that performance measure.
- Look-Alikes are required to provide goals for all clinical and financial performance measures in this submission. If any goals differ from these included in your last look-alike submission, use the Measure Narrative column to provide an explanation.
2. In the **Measure Narrative** field (Figure 18, 10), provide a narrative describing your progress for each performance measure sub-section by referencing the numbers displayed in the corresponding columns.

3. In the **Additional Measures** sub-section only, the system displays the column ‘**Is this Performance Measure Applicable?**’ (Figure 19, 1). Answer Yes or No under this column to indicate if the measures are applicable or not.

![Figure 19: Additional Measures sub-section](image)

4.7.5 **Completing the Program Narrative Update forms**

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

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

To review your application, follow these steps:

1. Click on the **Status** link on the left side menu.
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 21).

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 21, 1).
   - The system navigates to the Submit page (Figure 22).

5. Click the Submit to HRSA button at the bottom of the Submit page (Figure 22, 1).
6. Check the Application Certification to electronically sign the application and click the Submit to HRSA button (Figure 22, 1)

7. If you experience any problems with submitting the application in EHB, contact the BPHC Helpline at 1-877-974-2742, ext. 3 or http://www.hrsa.gov/about/contact/bphc.aspx.

6. Submitting a Change Requested Progress Report

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