

WEST VIRGINIA  
Department of

# Health & Human Resources



**BUREAU FOR PUBLIC HEALTH**

Office of Community Health Systems and Health Promotion  
Division of Primary Care

## Community Health Center

## Uncompensated Care

and

## School-Based Health Center

## Grant Application

# Fiscal Year 2016

CHC Name:



Data reported from January 1, 2014 to December 31, 2014

**Identification**

CHC Name:	Number of Satellite Clinics:	Total Patients:
DBA (If applicable):	Number of School-Based Health Centers:	Total Visits:
Street Address:		Total Patients:
Mailing Address (if different):		Total Visits:
Organization Phone:	Total Patients All Sites:	
Organization Fax:	Total Visits All Sites:	
City:		
State:	Zip:	
FEIN:		

FHQC-330 <input type="checkbox"/>	If FHQC, enter Cost-Based Rate: <input type="text"/>
FHQC-LA <input type="checkbox"/>	
RHC <input type="checkbox"/>	Month and Year Status Acquired: <input type="text"/> <input type="text"/>

NCQA Recognition  If Yes, timeframe:  Level:

**CEO:**  
 CEO Phone:  Ext.   
 CEO E-mail:

**Person completing Application:**  
 Phone (if different):  Ext.   
 E-Mail:   
 Fax:

**CFO:**  
 CFO Phone:  Ext.   
 CFO E-mail:

**Clinical Director:**  
 Clinical Director Phone:  Ext.   
 Clinical Director E-Mail:

**Medical Director:**  
 Medical Director Phone:  Ext.   
 Medical Director E-mail:



Most Recent Independent Audit:

Send one copy of the most recent audit with management letter to: <b>David Haden, Director</b> <b>Division of Primary Care</b> <b>350 Capitol Street, Room 515</b> <b>Charleston, WV 25301</b>	Send one copy of the most recent independent audit and management letter to: <b>Division of Compliance and Monitoring</b> <b>One Davis Square, Suite 401</b> <b>Charleston, WV 25301</b>
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## Pharmacy Services

What was the Average Wholesale Price (AWP) value of all donated pharmaceuticals provided to patients?

What was the Full-Time Equivalent (FTE) for work performed in directly assisting patients with indigent drug programs?

### 340b Covered Entities

Did the CHC have dispensing services in 2014?

If yes, please provide the following information:

1. Were dispensing services provided in-house?

2. Were dispensing services provided by a contracted pharmacy?

3. What was the cost of the 340b medications purchased during 2014?

4. What was the amount of revenue received from patient purchased 340b medications?

7. How many patients were served through the program?

8. How many prescriptions were dispensed through the program?

















**Table 3A - Patients by Age and Gender**

	<b>Age Groups</b>	<b>Male Patients</b>	<b>Female Patients</b>	<b>Total Patients</b>
1	Under Age 1			
2	Age 1			
3	Age 2			
4	Age 3			
5	Age 4			
6	Age 5			
7	Age 6			
8	Age 7			
9	Age 8			
10	Age 9			
11	Age 10			
12	Age 11			
13	Age 12			
14	Age 13			
15	Age 14			
16	Age 15			
17	Age 16			
18	Age 17			
19	Age 18			
20	Age 19			
21	Age 20			
22	Age 21			
23	Age 22			
24	Age 23			
25	Age 24			
26	Ages 25-29			
27	Ages 30-34			
28	Ages 35-39			
29	Ages 40-44			
30	Ages 45-49			
31	Ages 50-54			
32	Ages 55-59			
33	Ages 60-64			
34	Ages 65-69			
35	Ages 70-74			
36	Ages 75-79			
37	Ages 80-84			
38	Age 85 and Over			
39	<b>Total Patients</b>			

**Table 3B - Patients by Race and Ethnicity**

PATIENTS BY RACE		PATIENTS BY HISPANIC OR LATINO ETHNICITY			
		HISPANIC/ LATINO (a)	NOT HISPANIC/ LATINO (b)	UNREPORTED/ REFUSED TO REPORT (c)	TOTAL (d)
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Hawaiian/Pacific Islander (SUM LINES 2A + 2B)				
3.	Black / African American				
4.	American Indian / Alaska Native				
5.	White				
6.	More than one race				
7.	Unreported / Refused to report				
8.	TOTAL PATIENTS (SUM LINES 1+2 + 3 TO 7)				

**Table 3B - Patients by Language**

PATIENTS BY LANGUAGE		NUMBER (a)
12.	Patients Best Served in a Language Other Than English	

**Table 4 - Selected Patient Characteristics**

CHARACTERISTIC		NUMBER OF PATIENTS ( a )				
<b>INCOME AS PERCENT OF POVERTY LEVEL</b>						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	<b>TOTAL (SUM LINES 1 – 5)</b>					
<b>PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE</b>		<b>0-19 YEARS OLD ( a )</b>	<b>20 AND OLDER ( b )</b>			
7.	<b>None/ Uninsured</b>					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	<b>TOTAL MEDICAID (LINE 8A + 8B)</b>					
9.	<b>MEDICARE (TITLE XVIII)</b>					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	<b>TOTAL PUBLIC INSURANCE (LINE 10a + 10b)</b>					
11.	<b>PRIVATE INSURANCE</b>					
12.	<b>TOTAL (SUM LINES 7 + 8 + 9 +10 +11)</b>					
<b>MANAGED CARE UTILIZATION</b>						
Payor Category		MEDICAID ( a )	MEDICARE ( b )	OTHER PUBLIC INCLUDING NON- MEDICAID CHIP ( c )	PRIVATE ( d )	TOTAL ( e )
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	<b>TOTAL MEMBER MONTHS ( 13a + 13b)</b>					
<b>CHARACTERISTICS – SPECIAL POPULATIONS</b>				<b>NUMBER OF PATIENTS -- (a)</b>		
16.	<b>TOTAL AGRICULTURAL WORKERS AND DEPENDENTS (ALL HEALTH CENTERS REPORT THIS LINE)</b>					
17.	Homeless Shelter	(330h grantees only)				
18.	Transitional	(330h grantees only)				
19.	Doubling Up	(330h grantees only)				
20.	Street	(330h grantees only)				
21.	Other	(330h grantees only)				
22.	Unknown	(330h grantees only)				
23.	<b>TOTAL HOMELESS (ALL HEALTH CENTERS REPORT THIS LINE)</b>					
24.	<b>TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL HEALTH CENTERS REPORT THIS LINE)</b>					
25.	<b>TOTAL VETERANS (ALL HEALTH CENTERS REPORT THIS LINE)</b>					

## Table 5 - Staffing and Utilization

Personnel by Major Service Category		FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6				
7	Other Specialty Physicians			
8	<b>Total Physicians (Lines 1 – 7)</b>			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	<b>Total NP, PA, CNMs (Lines 9a - 10)</b>			
11	Nurses			
12	Other Medical personnel			
13	Laboratory Personnel			
14	X-ray Personnel			
15	<b>Total Medical (Lines 8 + 10a through 14)</b>			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	<b>Total Dental Services (Lines 16 – 18)</b>			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	<b>Total Mental Health (Lines 20a-c)</b>			
21	<b>Substance Abuse Services</b>			
22	<b>Other Professional Services (specify _____)</b>			
22a	Ophthalmologist			
22b	Optometrist			
22c	Other Vision Care Staff			
22d	<b>Total Vision Services (Lines 22a-c)</b>			
23	<b>Pharmacy Personnel</b>			
24	Case Managers			
25	Patient / Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify _____)			
29	<b>Total Enabling Services (Lines 24-28)</b>			
29a	<b>Other Programs / Services (specify _____)</b>			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
31	Facility Staff			
32	Patient Support Staff			
33	<b>Total Facility and Non-Clinical Support Staff (Lines 30a-32)</b>			
34	<b>Total Lines 15+19+20+21+22+22d+23+29+29a+33)</b>			

**Table 5A - Tenure For Health Center Staff**

Health Center staff		Full and part time		Locum, On-call, etc	
		Persons (a)	Total months (b)	Persons (c)	Total months (d)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
11	Nurses				
16	Dentists				
17	Dental Hygienists				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
22a	Ophthalmologist				
22b	Optometrist				
30a1	Chief Executive Officer				
30a2	Chief Medical Officer				
30a3	Chief Financial Officer				
30a4	Chief Information Officer				

## Table 6A - Diagnoses and Services

Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis <i>regardless of Primacy</i> (A)	Number of Patients with Diagnosis (B)
<b>Selected Infectious and Parasitic Diseases</b>			
1-2E	Symptomatic/Asymptomatic HIV	042 , 079.53, V08	
1-2a.	First-time diagnosis of HIV	see instructions	
3.	Tuberculosis	010.xx – 018.xx	
4.	Syphilis and other sexually transmitted diseases	090.xx – 099.xx	
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32	
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71	
<b>Selected Diseases of the Respiratory System</b>			
5.	Asthma	493.xx	
6.	Chronic bronchitis and emphysema	490.xx – 492.xx	
<b>Selected Other Medical Conditions</b>			
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 238.3793.8x	
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	
9.	Diabetes mellitus	250.xx; 648.0x; 775.1x	
10.	Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx	
11.	Hypertension	401.xx – 405.xx;	
12.	Contact dermatitis and other eczema	692.xx	
13.	Dehydration	276.5x	
14.	Exposure to heat or cold	991.xx – 992.xx	
14a.	Overweight and obesity	ICD-9 : 278.0 – 278.02 or V85.xx excluding V85.0, V85.1, V85.51 V85.52	
<b>Selected Childhood Conditions</b>			
15.	Otitis media and eustachian tube disorders	381.xx – 382.xx	
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)	
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive)--does not include sexual or mental development; Nutritional deficiencies	260.xx – 269.xx; 779.3x; 783.3x – 783.4x;	

**Table 6A - Diagnoses and Services**

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Diagnosis <i>regardless of Primacy</i> (A)	Number of Patients with Diagnosis (B)
<b>Selected Mental Health and Substance Abuse Conditions</b>				
18.	Alcohol related disorders	291.xx, 303.xx; 305.0x 357.5x		
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x 304.xx, 305.2x – 305.9x 357.6x, 648.3x		
19a.	Tobacco use disorder	305.1		
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx		
20b.	Anxiety disorders including PTSD	300.0x, 300.2x, 300.3, 308.3,309.81		
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx		
20d.	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)		

**TABLE 6A – SELECTED SERVICES RENDERED**

Service Category		Applicable ICD-9-CM or CPT-4 Code	Number of Visits (A)	Number of Patients (B)
<b>Selected Diagnostic Tests/Screening/Preventive Services</b>				
21.	HIV test	<b>CPT-4:</b> 86689; 86701-86703; 87390-87391		
21a.	Hepatitis B test	<b>CPT-4:</b> 86704, 86706, 87515-17		
21b.	Hepatitis C test	<b>CPT-4:</b> 86803-04, 87520-22		
22.	Mammogram	<b>CPT-4:</b> 77052, 77057 OR <b>ICD-9:</b> V76.11; V76.12		
23.	Pap test	<b>CPT-4:</b> 88141-88155; 88164- 88167, 88174-88175 OR <b>ICD-9:</b> V72.3; V72.31; V76.2		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	<b>CPT-4:</b> 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748		
24a.	Seasonal Flu vaccine	<b>CPT-4:</b> 90655 - 90662		

**Table 6A - Diagnoses and Services**

Service Category		Applicable ICD-9-CM or CPT-4 Code	Number of Visits (A)	Number of Patients (B)
24b.	Flu vaccine	<b>CPT-4:</b> 90663; 90470		
25.	Contraceptive management	<b>ICD-9:</b> V25.xx		
26.	Health supervision of infant or child (ages 0 through 11)	<b>CPT-4:</b> 99391-99393; 99381-99383;		
26a.	Childhood lead test screening (9 to 72 months)	<b>CPT-4:</b> 83655		
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	<b>CPT-4:</b> 99408-99409		
26c.	Smoke and tobacco use cessation counseling	<b>CPT-4:</b> 99406 and 99407; S9075		
26d.	Comprehensive and intermediate eye exams	<b>CPT-4:</b> 92002, 92004, 92012, 92014		

  

Service Category		Applicable ADA Code	Number of Visits (A)	Number of Patients (B)
<b>Selected Dental Services</b>				
27.	I. Emergency Services	<b>ADA :</b> D9110		
28.	II. Oral Exams	<b>ADA :</b> D0120, D0140, D0145, D0150, D0160, D0170, D0180		
29.	Prophylaxis – adult or child	<b>ADA :</b> D1110, D1120,		
30.	Sealants	<b>ADA :</b> D1351		
31.	Fluoride treatment – adult or child	<b>ADA :</b> D1203, D1204, D1206		
32.	III. Restorative Services	<b>ADA :</b> D21xx – D29xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	<b>ADA :</b> D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	<b>ADA :</b> D3xxx, D4xxx, D5xxx , D6xxx, D8xxx		

Sources of codes:

- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
- Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
- Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

NOTE: x in a code denotes any number including the absence of a number in that place.

**Table 6B - Quality of Care Indicators**

(No prenatal care provided? Check here: )

SECTION A: AGE CATEGORIES FOR PRENATAL PATIENTS (HEALTH CENTERS WHO PROVIDE PRENATAL CARE ONLY)				
DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS				
AGE		NUMBER OF PATIENTS (a)		
1	LESS THAN 15 YEARS			
2	AGES 15-19			
3	AGES 20-24			
4	AGES 25-44			
5	AGES 45 AND OVER			
6	TOTAL PATIENTS (SUM LINES 1 – 5)			
SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE				
TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR		Women Having First Visit with Grantee (a)	Women Having First Visit with Another Provider (b)	
7	First Trimester			
8	Second Trimester			
9	Third Trimester			
SECTION C – CHILDHOOD IMMUNIZATION				
CHILDHOOD IMMUNIZATION		TOTAL NUMBER OF PATIENTS WITH 3 <sup>RD</sup> BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	MEASURE: Children who have received age appropriate vaccines who had their 3 <sup>rd</sup> birthday during measurement year (prior to January 1 of the following year.)			
SECTION D – CERVICAL CANCER SCREENING				
PAP TESTS		TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS TESTED (c)
11	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			

**Table 6B - Quality of Care Indicators**

SECTION E – WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS			
CHILD AND ADOLESCENT WEIGHT ASSESSMENT AND COUNSELING	TOTAL PATIENTS AGED 3 – 17 ON DECEMBER 31 (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH COUNSELING AND BMI DOCUMENTED (c)
12	MEASURE: Children and adolescents aged 3 – through 17 during measurement year (on or prior to 31 December) with a BMI percentile, <b>and</b> counseling on nutrition and physical activity documented for the current year		
SECTION F – ADULT WEIGHT SCREENING AND FOLLOW-UP			
ADULT WEIGHT SCREENING AND FOLLOW-UP	TOTAL PATIENTS AGED 18 AND OVER (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c)
13	MEASURE: Patients aged 18 and over with (1) BMI charted <b>and</b> (2) follow-up plan documented <b>if</b> patients are overweight or underweight		
SECTION G - TOBACCO USE SCREENING AND CESSATION INTERVENTION			
TOBACCO USE SCREENING AND CESSATION INTERVENTION	TOTAL PATIENTS AGED 18 AND OLDER (a)	NUMBER OF CHARTS SAMPLED OR EHR TOTAL (B)	NUMBER OF PATIENTS ASSESSED FOR TOBACCO USE AND PROVIDED INTERVENTION IF A TOBACCO USER (C)
14	MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year AND (2) for those found to be a tobacco user, received cessation counseling intervention or medication		
SECTION H – ASTHMA PHARMACOLOGICAL THERAPY			
ASTHMA TREATMENT PLAN	TOTAL PATIENTS AGED 5 - 40 WITH PERSISTENT ASTHMA (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH ACCEPTABLE PLAN (c)
16	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan		

**Table 6B - Quality of Care Indicators**

SECTION I – CORONARY ARTERY DISEASE (CAD): LIPID THERAPY				
LIPID THERAPY		TOTAL PATIENTS AGED 18 AND OLDER WITH CAD DIAGNOSIS (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS PRESCRIBED A LIPID LOWERING THERAPY (c)
17	MEASURE: Patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			
SECTION J – ISCHEMIC VASCULAR DISEASE (IVD): ASPIRIN OR ANTITHROMBOTIC THERAPY				
ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY		TOTAL PATIENTS 18 AND OLDER WITH IVD DIAGNOSIS OR AMI, CABG, OR PTCA PROCEDURE (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY (c)
18	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy			
SECTION K – COLORECTAL CANCER SCREENING				
COLORECTAL CANCER SCREENING		TOTAL PATIENTS 51 THROUGH 74 YEARS OF AGE (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH APPROPRIATE SCREENING FOR COLORECTAL CANCER (c)
19	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer			

**Table 7 - Health Outcomes and Disparities Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity**

0	HIV Positive Pregnant Women				
2	Deliveries Performed by Prenatal Care Providers				
Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500-2499 grams (1c)	Live Births: =>2500 grams (1d)
<b>Hispanic/Latino</b>					
1a	Asian				
1b1	Native Hawaiian				
1b2	Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
<b>Non-Hispanic/Latino</b>					
2a	Asian				
2b1	Native Hawaiian				
2b2	Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
<b>Unreported/Refused to Report Ethnicity</b>					
h	Unreported/Refused to Report Race and Ethnicity				
i	<b>Total</b>				

**Table 7 - Health Outcomes and Disparities** Section B: Hypertension by Race and Hispanic/Latino Ethnicity

#	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<b>Hispanic/Latino</b>				
1a	Asian			
1b1	Native Hawaiian			
1b2	Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic/Latino</i>			
<b>Non-Hispanic/Latino</b>				
2a	Asian			
2b1	Native Hawaiian			
2b2	Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic/Latino</i>			
<b>Unreported/Refused to Report Ethnicity</b>				
h	Unreported/Refused to Report Race and Ethnicity			
<b>i</b>	<b>Total</b>			

**Table 7 - Health Outcomes and Disparities Section C: Diabetes by Race and Hispanic/Latino Ethnicity**

#	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with <del>AAA</del> Hba1c <8% (3dF)	Patients with 8%<= Hba1c <=9% (3e)	Patients with Hba1c >9% Or No Test During Year (3f)
<b>Hispanic/Latino</b>						
1a	Asian					
1b1	Native Hawaiian					
1b2	Pacific Islander					
1c	Black/African American					
1d	American Indian/Alaska Native					
1e	White					
1f	More than One Race					
1g	Unreported/Refused to Report Race					
	<i>Subtotal Hispanic/Latino</i>					
<b>Non-Hispanic/Latino</b>						
2a	Asian					
2b1	Native Hawaiian					
2b2	Pacific Islander					
2c	Black/African American					
2d	American Indian/Alaska Native					
2e	White					
2f	More than One Race					
2g	Unreported/Refused to Report Race					
	<i>Subtotal Non-Hispanic/Latino</i>					
<b>Unreported/Refused to Report Ethnicity</b>						
h	Unreported/Refused to Report Race and Ethnicity					
i	<b>Total</b>					

**Table 8A - Financial Costs**

		ACCRUED COST  ( a )	ALLOCATION OF FACILITY AND NON-CLINICAL SUPPORT SERVICES  ( b )	TOTAL COST AFTER ALLOCATION OF FACILITY AND NON- CLINICAL SUPPORT SERVICES  ( c )
<b>FINANCIAL COSTS FOR MEDICAL CARE</b>				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	<b>TOTAL MEDICAL CARE SERVICES</b> (SUM LINES 1 THROUGH 3)			
<b>FINANCIAL COSTS FOR OTHER CLINICAL SERVICES</b>				
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify _____)			
9a	Vision			
10.	<b>TOTAL OTHER CLINICAL SERVICES</b> (SUM LINES 5 THROUGH 9A)			
<b>FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES</b>				
11a.	Case Management			
11b.	Transportation			
11c.	Outreach			
11d.	Patient and Community Education			
11e.	Eligibility Assistance			
11 f.	Interpretation Services			
11g.	Other Enabling Services (specify: _____)			
11.	Total Enabling Services Cost (SUM LINES 11A THROUGH 11G)			
12.	Other Related Services (specify: _____)			
13.	<b>TOTAL ENABLING AND OTHER SERVICES</b> (SUM LINES 11 AND 12)			
<b>FACILITY AND NON-CLINICAL SUPPORT SERVICES AND TOTALS</b>				
14.	Facility			
15.	Non Clinical Support Services			
16.	<b>TOTAL FACILITY AND NON CLINICAL SUPPORT SERVICES</b> (SUM LINES 14 AND 15)			
17.	<b>TOTAL ACCRUED COSTS</b> (SUM LINES 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services, and Supplies (specify: _____)			
19.	<b>TOTAL WITH DONATIONS</b> (SUM LINES 17 AND 18)			

**Table 9D - (Part I of II) Patient Related Revenue (Scope of Project Only)**

PAYOR CATEGORY		FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)				ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
				COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)	PENALTY/ PAYBACK (c4)			
				1.	Medicaid Non-Managed Care					
2a.	Medicaid Managed Care (capitated)									
2b.	Medicaid Managed Care (fee-for-service)									
3.	<b>TOTAL MEDICAID</b> (LINES 1+ 2A + 2B)									
4.	Medicare Non-Managed Care									
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)									
6.	<b>TOTAL MEDICARE</b> (LINES 4 + 5A+ 5B)									
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)									
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)									

**Table 9D - (Part II of II) Patient Related Revenue (Scope of Project Only)**

PAYOR CATEGORY		FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)				ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
				COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)	PENALTY/ PAYBACK (c4)			
				8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)					
9.	<b>TOTAL OTHER PUBLIC</b> (LINES 7+ 8A +8B)									
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	<b>TOTAL PRIVATE</b> (LINES 10 + 11A + 11B)									
13.	Self Pay									
14.	<b>TOTAL</b> (LINES 3 + 6 + 9 + 12 + 13)									

**Table 9E - Other Revenue**

SOURCE		AMOUNT (a)
<b>BPHC GRANTS (ENTER AMOUNT DRAWN DOWN – CONSISTENT WITH PMS-272)</b>		
1a.	Migrant Health Center	
1b.	Community Health Center	
1c.	Health Care for the Homeless	
1e.	Public Housing Primary Care	
1g.	<b>TOTAL HEALTH CENTER</b> (SUM LINES 1A THROUGH 1E)	
1j.	Capital Improvement Program Grants (excluding ARRA)	
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	
<b>1.</b>	<b>TOTAL BPHC GRANTS</b> (SUM LINES 1G + 1J + 1K)	
<b>OTHER FEDERAL GRANTS</b>		
2.	Ryan White Part C HIV Early Intervention	
3.	Other Federal Grants (specify: _____)	
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
4a.	American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	
5.	<b>TOTAL OTHER FEDERAL GRANTS</b> (SUM LINES 2 – 4A)	
<b>NON-FEDERAL GRANTS OR CONTRACTS</b>		
6.	State Government Grants and Contracts (specify: _____)	
6a.	State/Local Indigent Care Programs (specify: _____)	
7.	Local Government Grants and Contracts (specify: _____)	
8.	Foundation/Private Grants and Contracts (specify: _____)	
9.	<b>TOTAL NON-FEDERAL GRANTS AND CONTRACTS</b> (SUM LINES 6 +6A + 7+8)	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify: _____)	
11.	<b>TOTAL REVENUE (LINES 1+5+9+10)</b>	

## Budget Projections

		<b>Data CY2014</b>	<b>Projected CY2015</b>	<b>Difference</b>
1.	Total Accrued Costs			
2.	Total Patient Revenues			
3.	Total Patient Collections			
4.	Total Patients (All Sites)			
5.	Total Visits (All Sites)			
6.	Total Uncompensated Cost			

## General Narrative

**Please report changes in patient services (new site(s)/location, specialty programs, loss of services, etc.).  
List new services and ones to be implemented during CY 2014.**

## Financial Change Narrative

Use this space to report increase or decrease in costs and/or revenue and the resulting impact on patient services.

## Data Entry Narrative

**What was your overall experience completing the new portfolio application? How well did we do providing technical assistance response?**

## Application Signatures

Calendar Year 2014  
Fiscal Year 2016  
July 1, 2015 - June 30, 2016

West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Community Health Systems and Health Promotion  
Division of Primary Care  
Community Health Center Uncompensated Care and Equipment and Capital Cost Funding

(Please sign in blue ink)

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President Name

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Preparer

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Date

# Satellite Sites\*

\*Do not include School-Based Health Centers



## Service Sites and Services Rendered

Name:

Site Visits:

Address:

Site Patients:

City:  State  Zip

Phone:

Fax:

Full-Time

Part-Time

Evening Hours

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	Provided By Grantee	By Referral/ Grantee	By Referral/ Grantee Doesn't Pay

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Saturday	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>

Counties Served

## Service Sites and Services Rendered

### Services Offered and Delivery Method

<b>Service Type</b>	<b>Delivery Method</b>		
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	Provided By Grantee	By Referral/ Grantee	By Referral/ Grantee Doesn't Pay

#### **Dental Care Services**

Dental Care – Preventive Dental Care – Restorative Dental Care – Rehabilitative Dental Care – Emergency
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#### **Mental Health/Substance Abuse Services**

Mental Health Treatment/Counseling Developmental Screening 24-Hour Crisis Intervention/Counseling Other Mental Health Services Substance Abuse Treatment/Counseling Other Substance Abuse Services Comprehensive Mental Health/Substance Abuse Screening
--

## Service Sites and Services Rendered

Name:

Site Visits:

Address:

Site Patients:

City:  State  Zip

Phone:

Fax:

Full-Time

Part-Time

Evening Hours

Weekend Hours

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Counties Served

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Counties Served

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Counties Served

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Counties Served

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Counties Served

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Counties Served

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# School-Based Sites



**Site Information**

**Site Name:**

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
Total number of patients for this site:  Total Number of Visits for this site:  <b>Number of schools served by this site:</b>	

**School Information for this Site**

**School:**

School Physical Address: School City: School State: School Zip Code: School County:
---

**Site Posted Hours of Operation**

List your site's scheduled days and specific hours of operation:

Monday	<input type="text"/>	to	<input type="text"/>
Tuesday	<input type="text"/>	to	<input type="text"/>
Wednesday	<input type="text"/>	to	<input type="text"/>
Thursday	<input type="text"/>	to	<input type="text"/>
Friday	<input type="text"/>	to	<input type="text"/>
Saturday	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>

**Site Information**

**Site Name:**

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
Total number of patients for this site:  Total Number of Visits for this site:  <b>Number of schools served by this site:</b>	

**School Information for this Site**

**School:**

School Physical Address: School City: School State: School Zip Code: School County:	
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**Site Posted Hours of Operation**

List your site's scheduled days and specific hours of operation:

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

**Site Information**

**Site Name:**

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
Total number of patients for this site:  Total Number of Visits for this site:  <b>Number of schools served by this site:</b>	

**School Information for this Site**

**School:**

School Physical Address: School City: School State: School Zip Code: School County:
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**Site Posted Hours of Operation**

List your site's scheduled days and specific hours of operation:

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
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Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
Total number of patients for this site:  Total Number of Visits for this site:  <b>Number of schools served by this site:</b>	

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**School:**

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**Site Information**

**Site Name:**

Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
Total number of patients for this site:  Total Number of Visits for this site:  <b>Number of schools served by this site:</b>	

**School Information for this Site**

**School:**

School Physical Address: School City: School State: School Zip Code: School County:
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Site Physical Address: City: State: Zip Code: County: On-site Contact Person: Phone: E-mail:	
Total number of patients for this site:  Total Number of Visits for this site:  <b>Number of schools served by this site:</b>	

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**School:**

School Physical Address: School City: School State: School Zip Code: School County:	
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Monday		to	
Tuesday		to	
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