

Introduction: Site Assessment

Dear Title X Service Site:

This survey is intended to be completed by individual Title X health centers/service sites. Please complete this survey in its entirety.

The purpose of the survey is to assist sites and grantees in understanding their readiness to respond to health system changes. The Office of Population Affairs (OPA) at the US Department of Health and Human Services (HHS) will use the information collected by this tool to identify technical assistance and training needs. Please note that OPA will not use the information to make funding decisions. The information may be shared with the grantee organization from whom you receive Title X funding.

Please answer the questions only as they relate to your site. If you are completing this information on behalf of another site, please complete one assessment for each site. Please do not combine sites. Some survey questions may require specific expertise and information that you will need to obtain from other staff within your organization. Below is a list of the survey sections and the staff role(s) that can help you with answers:

Site Information - Site Manager/Administrator

Enrollment Activities - Site Manager/Administrator or Outreach Coordinator

Primary Care - Site Manager/Administrator

Electronic Health Records (EHR) System - Site Manager/Administrator, Information Technology Director, or Data Management Director

Quality Monitoring - Site Manager/Administrator or Clinical Director

Quality Improvement - Site Manager/Administrator or Clinical Director

Revenue - Financial Administrator or Billing/Office Manager

Cost Analysis - Financial Administrator or Billing/Office Manager

Organizational-level staff (e.g., staff from the Title X grantee or sub-recipient agencies) may respond to this data request, but ONE form should be completed PER SERVICE SITE in the respective network. In order to verify information and ensure accuracy and consistency across the network, we need site-specific information to be submitted in this survey.

Thank you for your time in completing this assessment! If you have questions, please contact the agency from whom you receive Title X funding.

Sincerely,

Office of Population Affairs

Form Approved

OMB No. 0990-0442

Exp Date 12/31/2018

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0442. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Site Information

A Site Manager/Administrator may provide the information necessary to complete this section on Site Information. Note that a site is an individual clinic or health center.

1. Please provide your contact information in case we have questions about the information you have provided.

Name

Email Address

Phone Number

* 2. Please provide information on the service site for which you are providing information. Note: complete one survey per individual service site.

Site Name

Site Address

Site Address 2

Site City/Town

Site State/Province

Site ZIP/Postal Code

* 3. What is the name of the Title X grantee associated with this site? Note: the Title X grantee is the organization that receives Title X funds directly from the HHS Office of Population Affairs. If you don't see your grantee listed, it's possible you receive funding from a sub-recipient agency. Please contact the entity you receive funding from to find out who the Title X grantee is.

* 4. Please select the option that best describes this site's organization type.

- Community Health Center/Federally Qualified Health Center
- Correctional facility-based
- Faith-based
- Free-standing Family Planning Organization
- Health Department (e.g., state, county, local)
- Hospital-based
- Other Private Nonprofit
- Planned Parenthood
- School-based
- Tribal health center
- University-based
- Other (please specify)

* 5. How many Title X visits did your organization report in your most recent annual FPAR submission (e.g. encounters/visits from January 1, 2015 to December 31, 2015). Note: include visits and not total clients.

Enrollment Activities: Helping Clients Enroll into Health Insurance Programs

A Site Manager/Administrator or Outreach Coordinator may help provide the information necessary for this Enrollment Activities section.

* 6. Has your organization ever received specific funding to support enrollment activities?

Yes

No

Enrollment Activities: Helping Clients Enroll into Health Insurance Programs

* 7. What was the source of the enrollment activity-specific funding? Please select all that apply.

- Funding from Title X
- Federal funding other than Title X
- State funding other than Title X
- Local government funding
- Foundation or other private funding

* 8. What federal and/or non-federal support has this site received to conduct enrollment activities? Please select all that apply:

- Training
- Technical assistance
- Materials to distribute to clients
- Equipment (e.g., mobile devices or computers to assist people with enrollment)
- None of the above

Other (please specify)

* 9. Do you have dedicated staff that do onsite enrollment (i.e., help clients enroll into health insurance programs onsite)?

- Yes: for state Medicaid programs ONLY (including SPA/Waiver programs)
- Yes: for family planning WAIVER or SPA ONLY
- Yes: for Qualified Health Plans (QHP) ONLY
- Yes: for ALL insurance plans available in the state
- No: we do not provide any onsite enrollment activities.

Other (please specify)

10. If you provide onsite enrollment, approximately when did your site start doing onsite enrollment?

Month (mm)

Year (yyyy)

11. What other activities does this site conduct to educate clients about health insurance? Select all that apply.

- Provide brochures and educational materials
- Provide referrals to other organizations
- Work with other organizations to have their staff do enrollment events or onsite enrollment
- Other activities your site does to inform clients about their health insurance options. (Please specify)

Enrollment Activities: Helping Clients Enroll into Health Insurance Programs

- * 12. Between April 1, 2015 and March 31, 2016 how many trained staff did you have to educate clients about health insurance? Note: A trained staff member is someone who has completed all of the State/Federal training requirements.

Trained staff for Waiver/SPA only

Trained staff for Medicaid only

Trained staff for marketplace plans only

Trained staff for ALL health insurance

- * 13. Between April 1, 2015 and March 31, 2016 how many individuals did you ASSIST with enrollment. Note, assisting includes educating them about health insurance by a trained staff member.

Assisted for Waiver/SPA only

Assisted for Medicaid only

Assisted for marketplace plans only

Assisted for ALL health insurance programs

- * 14. Between April 1, 2015 and March 31, 2016 how many individuals did you ENROLL? Note, enrolling means that the individual completed an application (whether or not you can confirm that they submitted the application and paid the premium).

Enrolled for Waiver/SPA only

Enrolled for Medicaid only

Enrolled for marketplace plans only

Enrolled for ALL health insurance programs

* 15. Has the site experienced any of the following after providing enrollment services?

- Increase in client volume
- Decrease in client volume
- No change in client volume
- Too early to tell or we don't know if there is an impact on client volume
- Other (please specify)

16. Have you quantified the impact of enrollment services by considering client volume before and after you began providing enrollment services?

After enrollment Increased
client volume by (provide
percent) ->

After enrollment
decreased client volume
by (provide percent) ->

Other (specify)

Primary Care

The Site Manager/Administrator may be able to provide the information necessary to complete this section on Primary Care.

* 17. Please select the answer that best describes the primary care services offered by your site.

- We provide a full range of primary care services onsite.
- We are co-located with another primary care organization.
- We have a formal referral agreement with primary care providers in the area (that are not co-located).
- We provide referrals to primary care providers in the area but do not have specific agreements with those providers.
- We do NOT have relationships with primary care providers.
- Other (please specify)

Electronic Health Records (EHR) System

The Site Manager/Administrator, Information Technology Director, Data Manager, or whoever is most knowledgeable about your EHR implementation and usage may provide the information necessary to complete this section on Electronic Health Records (EHR) Systems.

Electronic Practice Management (EPM) Systems are software that support front- and back-office functions such as patient demographic and contact information, appointment scheduling, insurance tracking, billing tasks, and revenue cycle management reports.

The EHR system is a "repository of information regarding the health status of a subject of care, in computer processable form. EHRs make it possible to share patient health information between authorized users and the primary role of the EHR is to support continuing, efficient, and quality integrated health care."[1]

Sometimes the EPM is integrated with the EHR system, which is primarily used by providers to support clinical functions, although both systems may include the same information (e.g., patient demographics).

**[1] "Health Informatics-Electronic Health Record-Definition, Scope, and Context," Technical Report 20514 (2005). International Organization for Standardization: 2. Web. 15 Sept.2014.
[http://tc215.behdasht.gov.ir/uploads/244_514_ISO_TR_20514_2005\(E\).pdf](http://tc215.behdasht.gov.ir/uploads/244_514_ISO_TR_20514_2005(E).pdf)**

* 18. Do you have an Electronic Practice Management System (EPM)?

- Yes
- No
- Don't know

Electronic Health Records (EHR) System (continued)

* 19. What is the name of your Electronic Practice Management vendor?

Vendor Name

Please select the vendor.

Other, please specify the vendor's company name and system name:

* 20. Is your Electronic Practice Management System integrated with your Electronic Health Record system?

- Yes
- No
- Not applicable

* 21. Please select the answer that best describes your Electronic Health Records (EHR) system adoption, implementation, or usage:

- We have implemented and are using an EHR
- Currently transitioning to or implementing an EHR system, but it's not live yet
- Signed contract with a vendor to implement EHR system
- Working with a vendor and plan to implement in the next 12 months, but do not have a signed contract with a vendor yet
- Currently planning to adopt EHR, but have not identified a vendor
- Have no plans to adopt or implement EHR in the next 24 months

Electronic Health Records (EHR) System (continued)

- * 22. If you are using an EHR or have a contract to implement one, please select the name of the EHR vendor with whom you have an existing or intended contract:

Vendor name

Please select vendor.

Other, please specify the vendor's company name and system name:

- * 23. Is your EHR system certified under the Office of the National Coordinator for Health IT (ONC) Health IT Certification program?

- Yes
- No
- Don't know
- Not applicable -- we are not using an EHR

24. If you know your EHR software version number, please provide it:

- * 25. Are your eligible providers participating in the Centers for Medicare and Medicaid (CMS) EHR Incentive Program commonly known as "Meaningful Use"?

- Yes, all eligible providers at all sites are participating
- Yes, some eligible providers at some sites are participating
- No, our eligible providers are not yet participating
- No, because our providers are not eligible
- Not sure
- Not applicable -- we are not using an EHR

* 26. Can your EHR system export data to another industry-standards format (e.g., Microsoft Excel, Comma Separated Values, etc.) for analysis and reporting?

- Yes
- No
- Don't know
- Not applicable -- we are not using an EHR system

Electronic Health Records System (continued)

* 27. Have you or your staff ever reported data from your EHR system?

- Yes
- No
- Don't know
- Not applicable -- we are not using an EHR

* 28. What type of reports do you currently produce from your EHR system? Please select all that apply.

- Financial Performance
- Provider Productivity
- Clinical Quality Measures
- Lab orders and results
- Family Planning Annual Report (FPAR) data
- Other Population Health Management Reports
- Physician Quality Reporting System (PQRS) data
- Not applicable -- we are not using an EHR
- Other: Please fill in details below

Other (please specify)

* 29. Please describe the most significant barrier to using your EHR system for data export, analysis, or reporting purposes. Select ONE.

- Inadequate staff support to extract data from EHR
- EHR not formatted to produce reports
- Insufficient funding to support development of reports by vendors
- Electronic reports are not needed at this time
- Currently using paper-based reports
- Not applicable -- we are not using an EHR
- Not experiencing any barriers
- Other: Please fill in details below

Other (please specify)

Electronic Health Records System (continued)

* 30. If you have not yet implemented an EHR system, will your agency perform a formal Health Information Technology (HIT) readiness assessment? Components might include assessing organizational readiness, goals for implementing an EHR system, workflow assessment, vendor selection, or other engagements with your Regional Extension Center or other consultant(s).

- Yes, we have already undergone a HIT readiness assessment.
- Yes, we are in the process of assessing HIT readiness.
- We plan to assess HIT readiness, but have not done so yet.
- No, we do not have plans to assess HIT readiness.
- Not applicable, EHR already implemented.

Electronic Health Records System (continued)

Please answer the following questions regarding how your site currently sends and receives patient information.

* 31. Which type(s) of systems do you currently use to collect the information required for FPAR? Check all that apply.

- Electronic Health Record (EHR) or Electronic Medical Record (EMR)
- Electronic Practice Management System (EPM)
- Other electronic system (e.g., Ahlers, state-sponsored system)
- Locally-built database (e.g., Excel, Access, SQL)

* 32. My site SENDS clinical care summaries to external providers using the following methods. Check all that apply.

- Within EHR
- Secure electronic mail
- Other electronic method
- Paper records (including fax or copy of paper records)
- Not sure
- Do not typically SEND clinical care summaries to external providers in any format

* 33. What is the format of the patient health information that is electronically SENT to external providers? Check all that apply. Electronically refers to sending within your EHR, by secure electronic mail or other electronic method.

- Scanned images of paper (PDF, JPEG)
- Web pages or text documents (portal, blue button)
- Specific transactions (such as HL7 version 2.x)
- Structured documents (such as CCD/C-CDA)
- Application programming interfaces (such as FHIR)
- Best available national standards
- Do not know
- Not applicable, do not send patient health information electronically to external providers

* 34. My site RECEIVES clinical care summaries from external providers using the following methods. Check all that apply.

- Within EHR
- Secure electronic mail
- Other electronic method
- Paper records (including fax or copy of paper records)
- Not sure
- Do not typically RECEIVE clinical care summaries from external providers

* 35. What is the format of the patient health information that is electronically RECEIVED from external providers? Check all that apply. Electronically refers to sending within your EHR, by secure electronic mail or other electronic method.

- Scanned images of paper (PDF, JPEG)
- Web pages or text documents (portal, blue button)
- Specific transactions (such as HL7 version 2.x)
- Structured documents (such as CCD/C-CDA)
- Application programming interfaces (such as FHIR)
- Best available national standards
- Do not know
- Not applicable, do not send patient health information electronically to external providers

* 36. Do health care providers at your site have the technical capability to electronically look up and view patient health information from external providers?

- Yes
- No
- Don't know

Quality Improvement

Your Site Manager/Administrator or Clinical Director may provide you with the information necessary to complete this section on Quality Improvement.

Quality improvement is defined as "the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving health. It refers to a continuous and on-going effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes, which improve the health of the community."

* 37. Please describe your quality improvement activities for the following aspects of service delivery.

	Not measuring	Working on measuring	Reporting this measure to patients, partners, and/or other key stakeholders at least annually	Using the measure for improving clinical outcomes at least annually
Contraceptive use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other measures you are using for improving the quality of clinical outcomes on at least an annual basis.

* 38. What is the total number of female clients between the ages of 15-44 (inclusive) seen at the clinic between January 1, 2015 and December 31, 2015.

* 39. How many female clients between 15-19 at this site used each of the following methods at the last visit between January 1, 2015 and December 31, 2015:

Female sterilization

Intrauterine device

Hormonal Implant

Hormonal Injection

Oral Contraceptive

Contraceptive Patch

Vaginal Ring

Cervical cap or diaphragm

Contraceptive Sponge

Female Condom

Spermicide (used alone)

Fertility Awareness
Method

Abstinence

Withdrawal or Other
Method

Rely on Male Method:
Vasectomy

Rely on Male Method:
Male Condom

No method:
Pregnant/Seeking
Pregnancy

No Method: Other Reason

Method Unknown

Total Female
Users Aged 15-19

* 40. How many clients female between 20-44 at this site used each of the following methods at the last visit between January 1, 2015 and December 31, 2015:

Female sterilization

Intrauterine device

Hormonal Implant

Hormonal Injection

Oral Contraceptive

Contraceptive Patch

Vaginal Ring

Cervical cap or diaphragm

Contraceptive Sponge

Female Condom

Spermicide (used alone)

Fertility Awareness
Method

Abstinence

Withdrawal or Other
Method

Rely on Male Method:
Vasectomy

Rely on Male Method:
Male Condom

No method:
Pregnant/Seeking
Pregnancy

No Method: Other Reason

Method Unknown

Total Female Users Aged
20-44 (inclusive)

* 41. Please list the total number of female clients served and the total female clients screened for chlamydia by age group between January 1, 2015 and December 31, 2015.

Total female clients age
15-19

Total female clients age
15-19 screened for
chlamydia

Total female clients age
20-24

Total female clients age
20-24 screened for
chlamydia

Revenue

Your Financial Administrator or Billing/Office Manager may be able to provide you with the information necessary to complete this section on Revenue.

* 42. How do you primarily bill third party payers?

	Electronic billing	Paper billing
Medicaid	<input type="radio"/>	<input type="radio"/>
Private Payers	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 43. Please describe your net collection rate (dollar amount collected divided by dollar amount charged at contracted rates) by type of payer for the period January 1 to December 31 of the last calendar year. Please enter a percentage between 0 and 100%

Medicaid	<input type="text"/>
Medicare	<input type="text"/>
State Children's Health Insurance Plan	<input type="text"/>
Other public health insurance	<input type="text"/>
Private Health Insurance (includes Qualified Health Plans on the Health Insurance Marketplace)	<input type="text"/>

* 44. Please describe your average number of days in accounts receivable for the period January 1 to December 31 of the last calendar year.

Medicaid	<input type="text"/>
Medicare	<input type="text"/>
State Children's Health Insurance Plan	<input type="text"/>
Other public health insurance	<input type="text"/>
Private Health Insurance (includes Qualified Health Plans on the Health Insurance Marketplace)	<input type="text"/>

* 45. Please describe your average claims denial rate (dollar amount of claims denied divided by dollar amount of claims submitted) for the period January 1 to December 31 of the last calendar year. Please enter a percent between 0 and 100%

Medicaid

Medicare

State Children's Health
Insurance Plan

Other public health
insurance

Private Health Insurance
(includes Qualified Health
Plans on the Health
Insurance Marketplace)

* 46. Have you attempted to contract with private health insurance plans?

Yes

No

* 47. If you have attempted to contract with private health plans, have you been successful?

Yes

No

Don't know

Other (please specify)

Revenue

* 48. Please characterize any of your organization's barriers to contracting with private health insurance plans (including private plans on the Health Insurance Marketplace).

	Barrier encountered?	Barrier overcome?
Insurers not accepting new providers.	<input type="checkbox"/>	<input type="checkbox"/>
Clinic staffing (type, model) did not meet insurer's requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Clinic could not demonstrate insurer-required linkages to primary care.	<input type="checkbox"/>	<input type="checkbox"/>
Coverage hours were not adequate for insurers.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to negotiate adequate payment rates.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to provide required data (e.g., efficiency or quality reports).	<input type="checkbox"/>	<input type="checkbox"/>

Other barriers (please specify)

Cost Analysis

Specific staff expertise needed to complete the Cost Analysis section may be from your Financial Administrator or Billing/Office Manager.

* 49. Approximately when did you last update your service fees based on a cost analysis?

Month (mm)

Year (yyyy)

THANK YOU!

Thank you for your time and attention in completing this valuable survey for OPA!