HRSA Electronic Handbooks (EHB)

Look-Alike Annual Certification Application User Guide

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

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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).

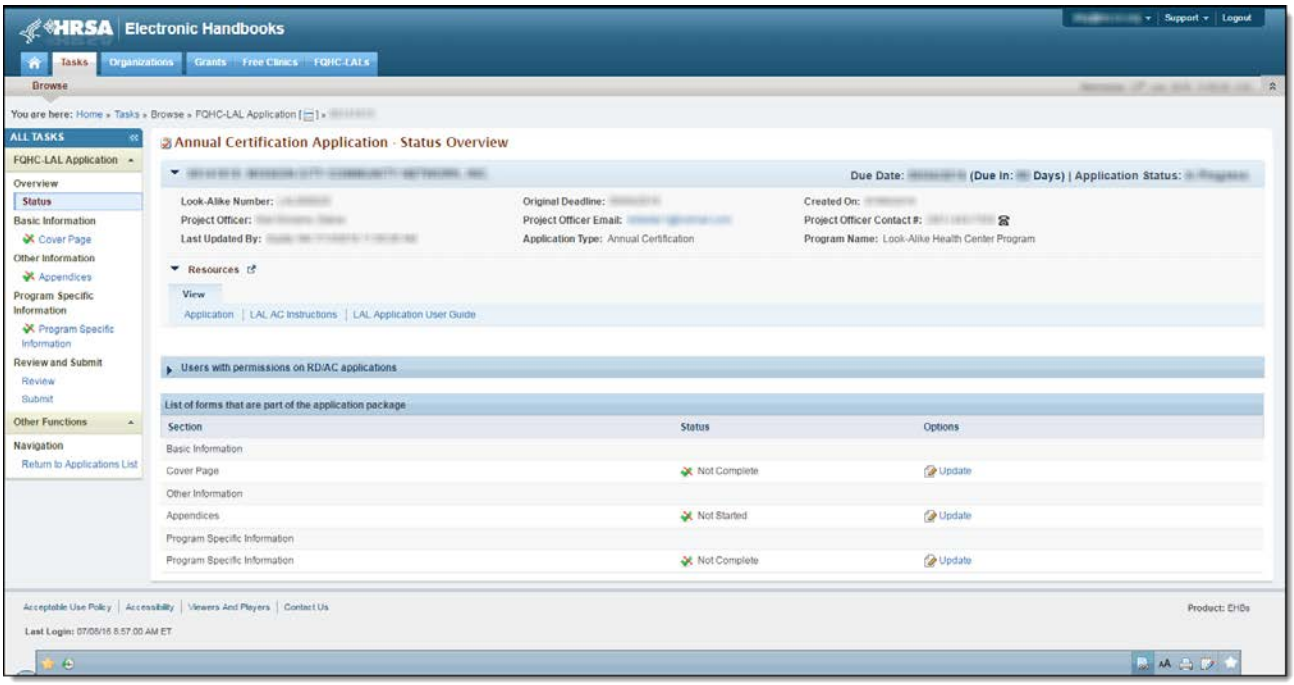
1. Starting the Look-Alike Annual Certification Application

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) 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



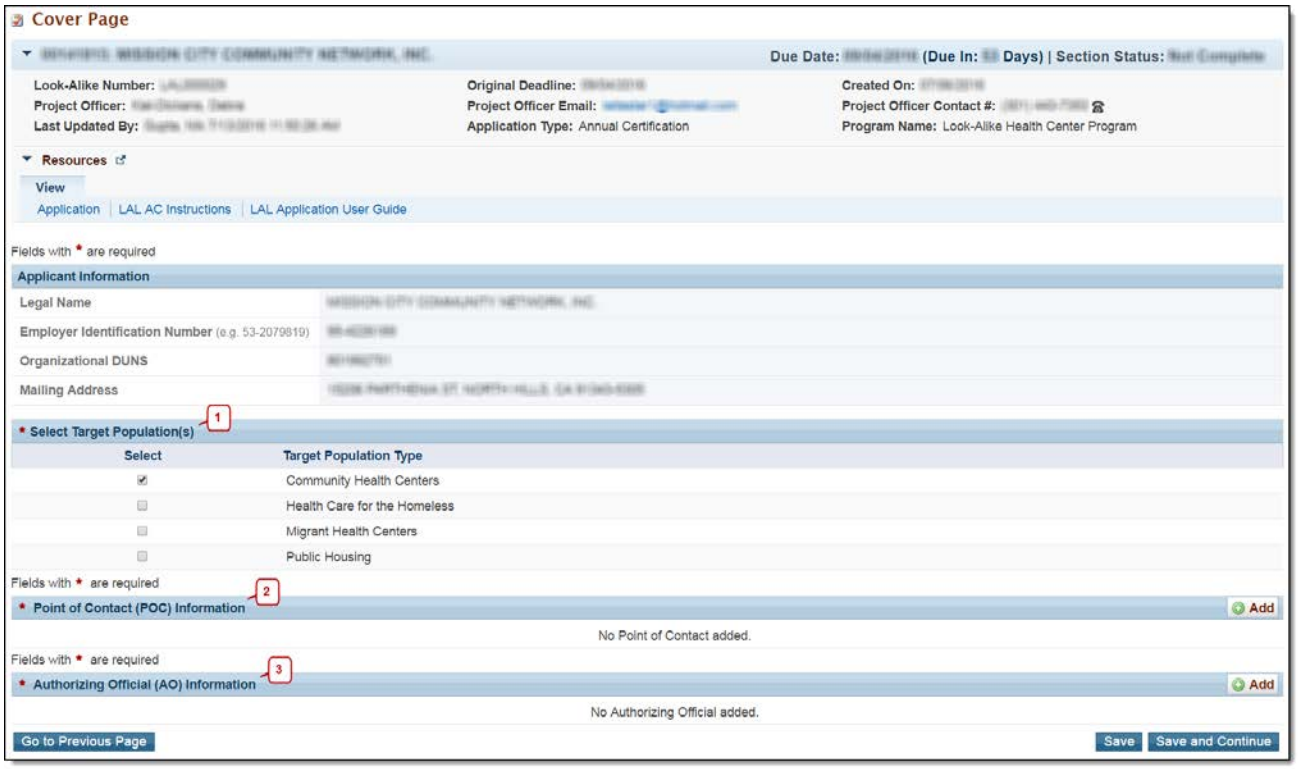
The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete all of these sections in order to submit your application to HRSA.

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

The Cover Page (**Figure 2**) requires the following information, as indicated by the red asterisks to the left of these fields:

- Select Target Population(s) (**Figure 2**, **1**) – select the target population type(s) served by the applicant health center: Community Health Centers (CHC), Health Care for the Homeless (HCH), Migrant Health Centers (MHC), and/or Public Housing (PHPC).
- Person to be contacted on matters involving this application (**Figure 2**, **2**) – enter the point of contact for the look-alike AC application.
- Authorized Representative (**Figure 2**, **3**) – enter the person who is authorized by the board of directors to submit the look-alike AC application.

Figure 2: Cover Page of FQHC-LAL Application

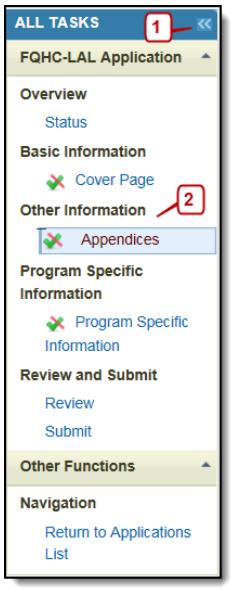


Once completed, click the Save and Continue button to proceed to the **Appendices** form.

3. Completing the Appendices Form

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 3**, **1**). Click on the **Appendices** link (**Figure 3**, **2**) to navigate to the **Appendices** form.

Figure 3: Left Navigation Menu



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

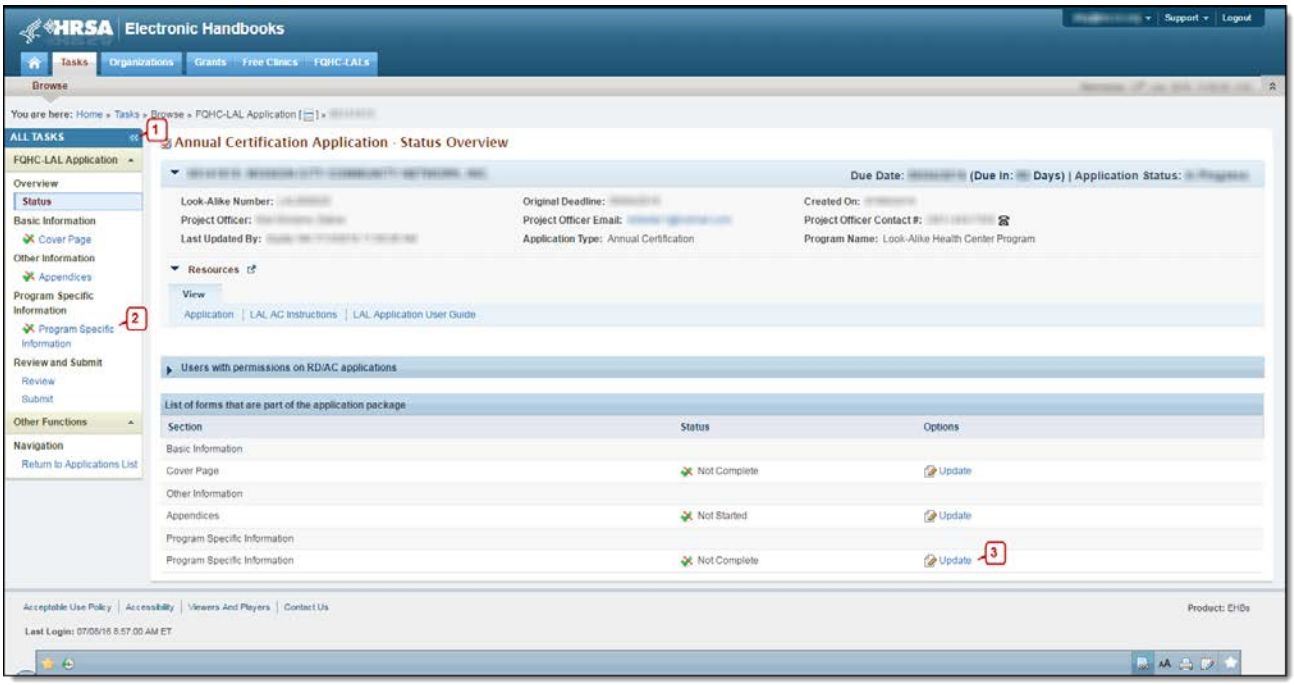
3. After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

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**)

Figure 4: Accessing the program specific information section



- 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.

Figure 5: Status Overview Page for Program Specific Forms

Program Specific Information Status		
Section	**Status**	**Options**
Budget Information		
Form 3 - Income Analysis	Not Started	Update
Form 3A - Budget Information	Not Started	Update
Sites and Services		
Form 5A - Services Provided	Not Complete	
Required Services	Complete	Update
Additional Services	Not Started	Update
Specialty Services	Not Started	Update
Form 5B - Service Sites	Not Started	Update
Form 5C - Other Activities/Locations	Complete	Update
Scope Certification	Not Started	Update
Other Forms		
Program Narrative Update	Not Started	
Environment and Organizational Capacity	Not Started	Update
Patient Capacity	Not Started	Update
Clinical/Financial Performance Measures	Not Started	Update

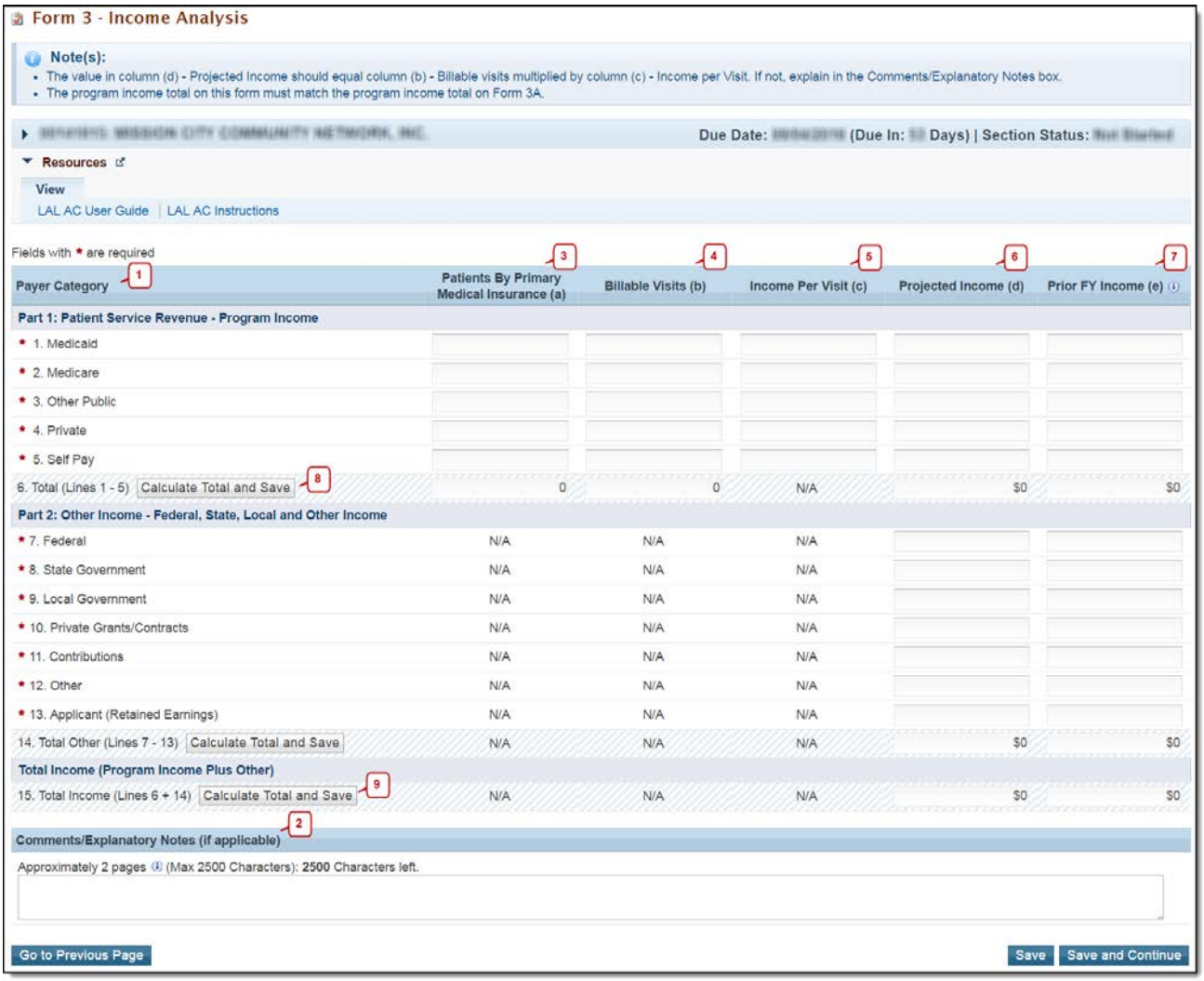
Return to Complete Status

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**)

Figure 6: Form 3: Income Analysis



4.1.1 Completing the Payer Category section

The Payer Category section is further 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

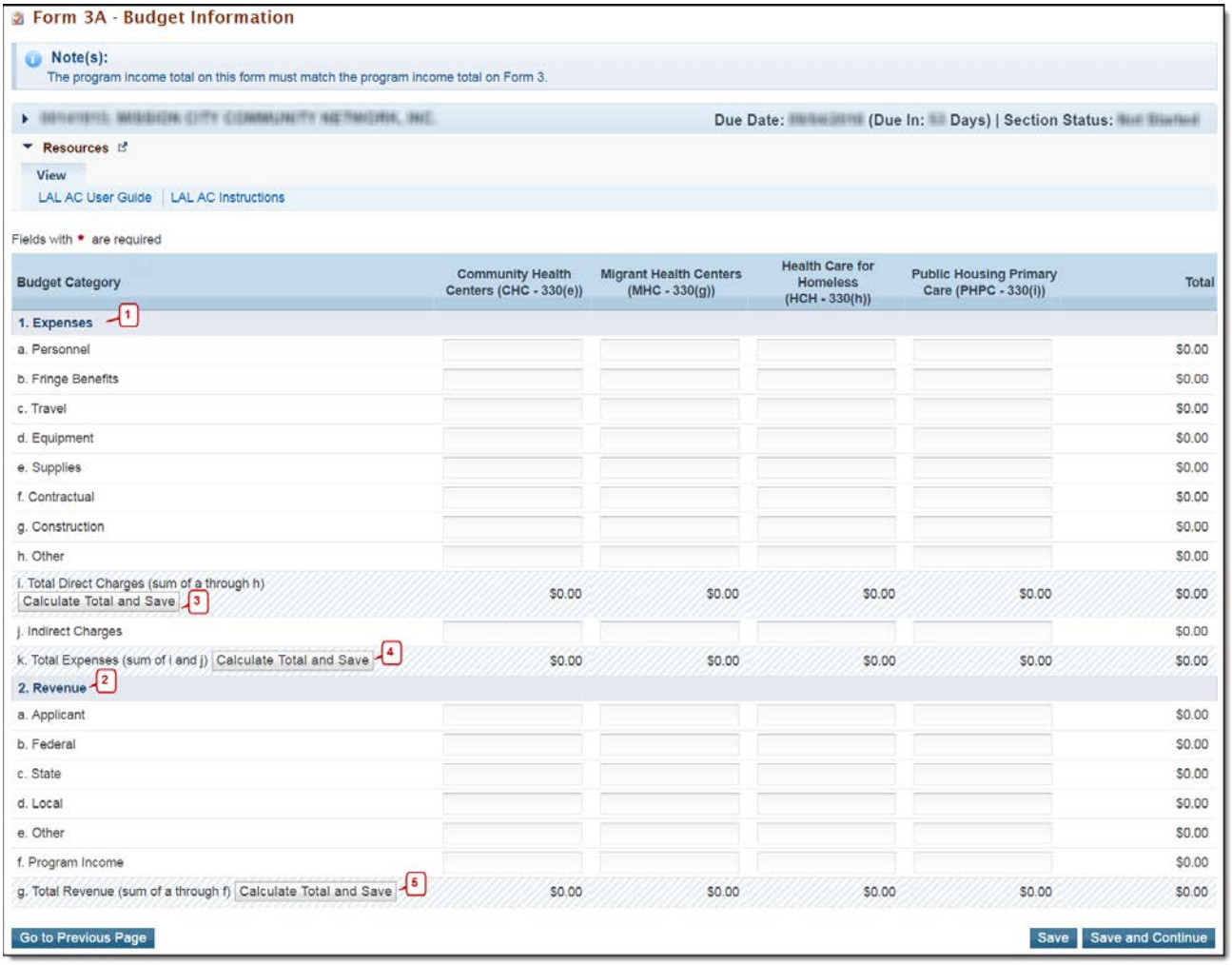
Form 3A: Budget Information shows the program budget, by category, for the upcoming certification period. This form has the following sections:

- 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, PCPH). 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**).

Figure 7: Form 3A: Budget Information



Form 3A - Budget Information

Note(s):
The program income total on this form must match the program income total on Form 3.

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

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Fields with * are required

Budget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	Health Care for Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC - 330(i))	Total
1. Expenses (1)					
a. Personnel					$0.00
b. Fringe Benefits					$0.00
c. Travel					$0.00
d. Equipment					$0.00
e. Supplies					$0.00
f. Contractual					$0.00
g. Construction					$0.00
h. Other					$0.00
i. Total Direct Charges (sum of a through h) Calculate Total and Save (3)	$0.00	$0.00	$0.00	$0.00	$0.00
j. Indirect Charges					$0.00
k. Total Expenses (sum of i and j) Calculate Total and Save (4)	$0.00	$0.00	$0.00	$0.00	$0.00
2. Revenue (2)					
a. Applicant					$0.00
b. Federal					$0.00
c. State					$0.00
d. Local					$0.00
e. Other					$0.00
f. Program Income					$0.00
g. Total Revenue (sum of a through f) Calculate Total and Save (5)	$0.00	$0.00	$0.00	$0.00	$0.00

Go to Previous Page | Save | Save and Continue

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).

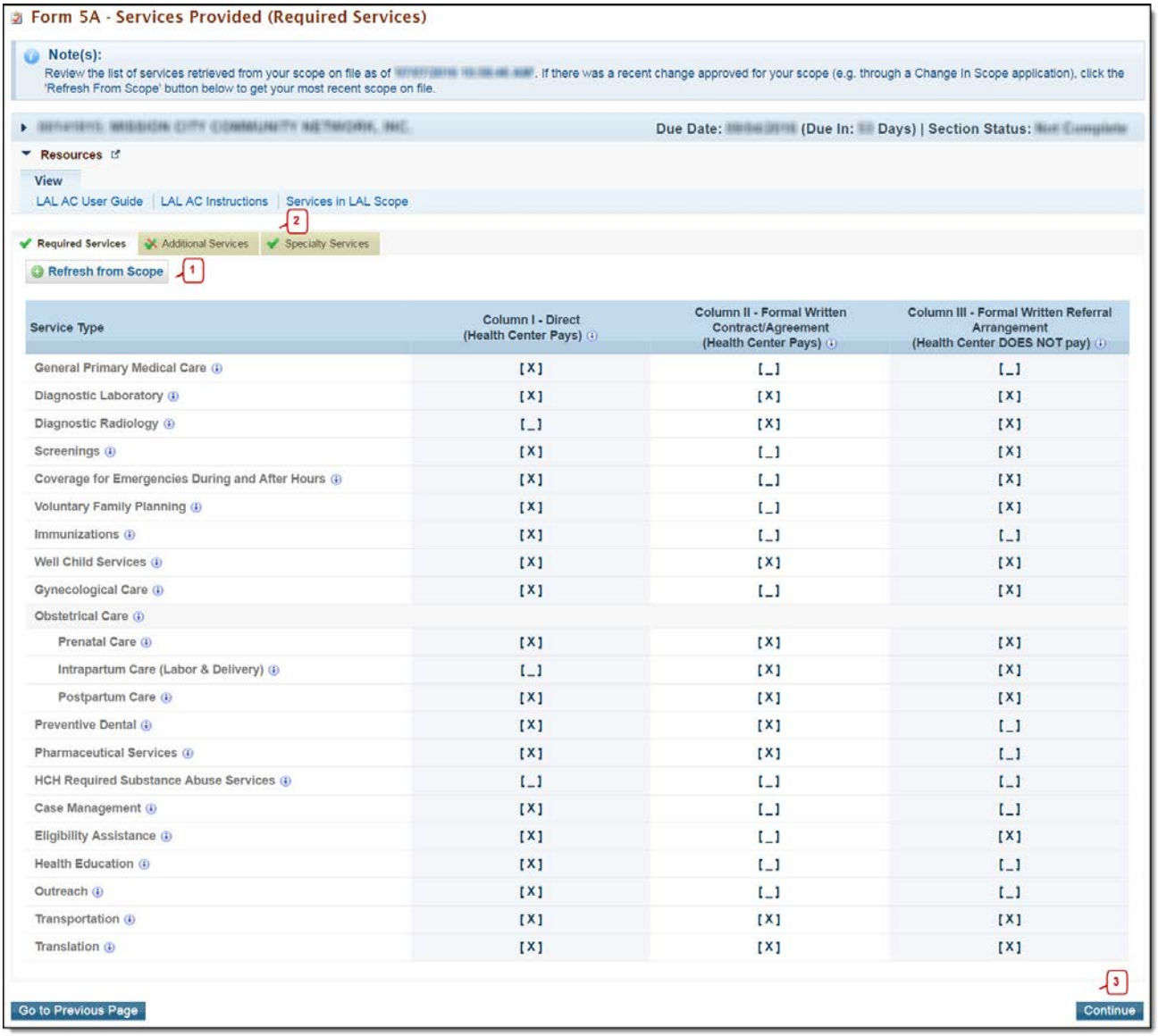
Click the Save and Continue button to save your work and proceed to **Form 5A - Services Provided.**

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 in order 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**).

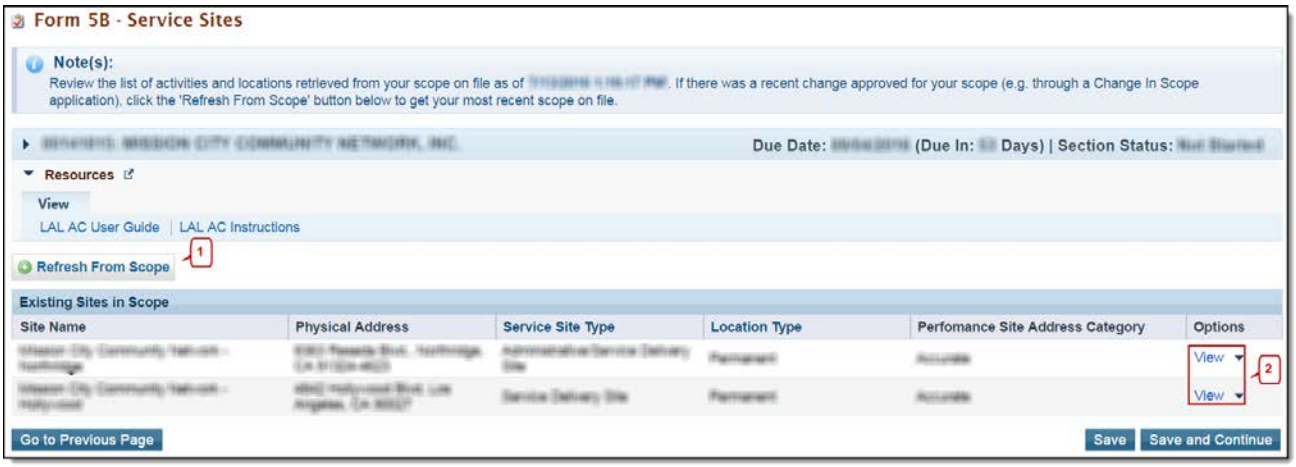
After visiting all the sections on **Form 5A**, click the Continue button (**Figure 8**, **3**) to proceed to **Form 5B – Service Sites** form.

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 in order 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 particular site displayed on this form, you can do so by clicking on the View link (**Figure 9**, **2**).

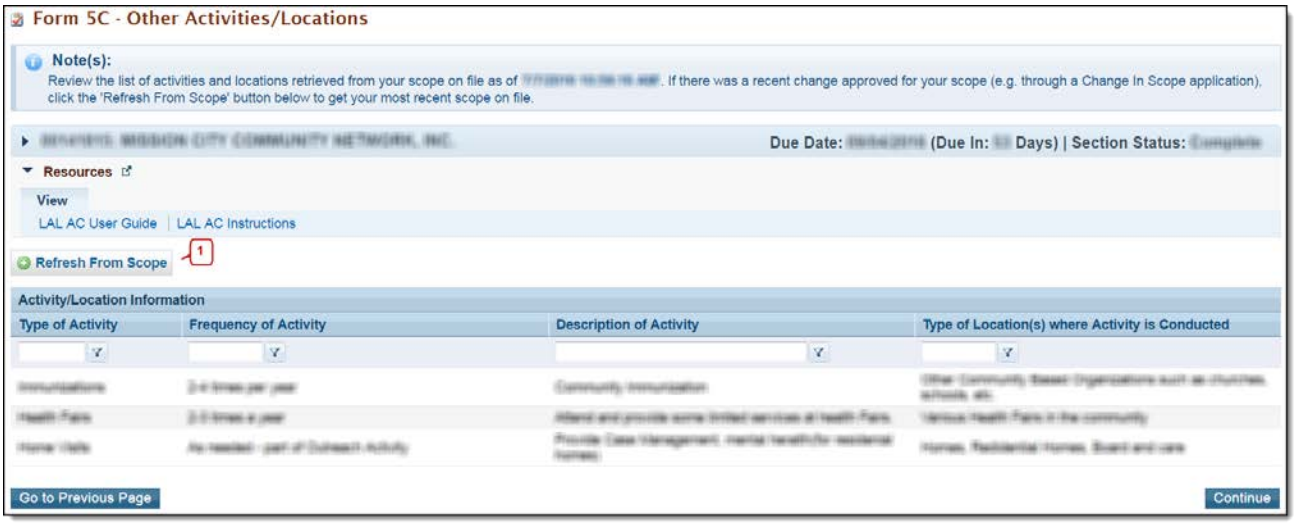
Click the Save and Continue button on **Form 5B** to proceed to **Form 5C - Other Activities/Locations** form.

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 in order to change the status of the form to Complete.

Figure 10: Form 5C – Other Activities/Locations



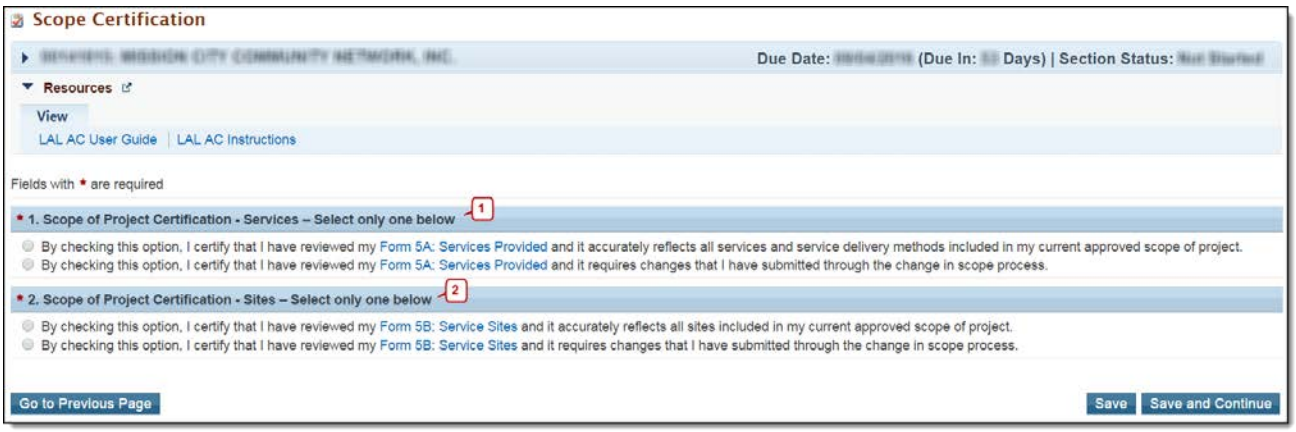
If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the latest scope of project (**Figure 10**, **1**).

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.

Figure 11: Scope Certification



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.

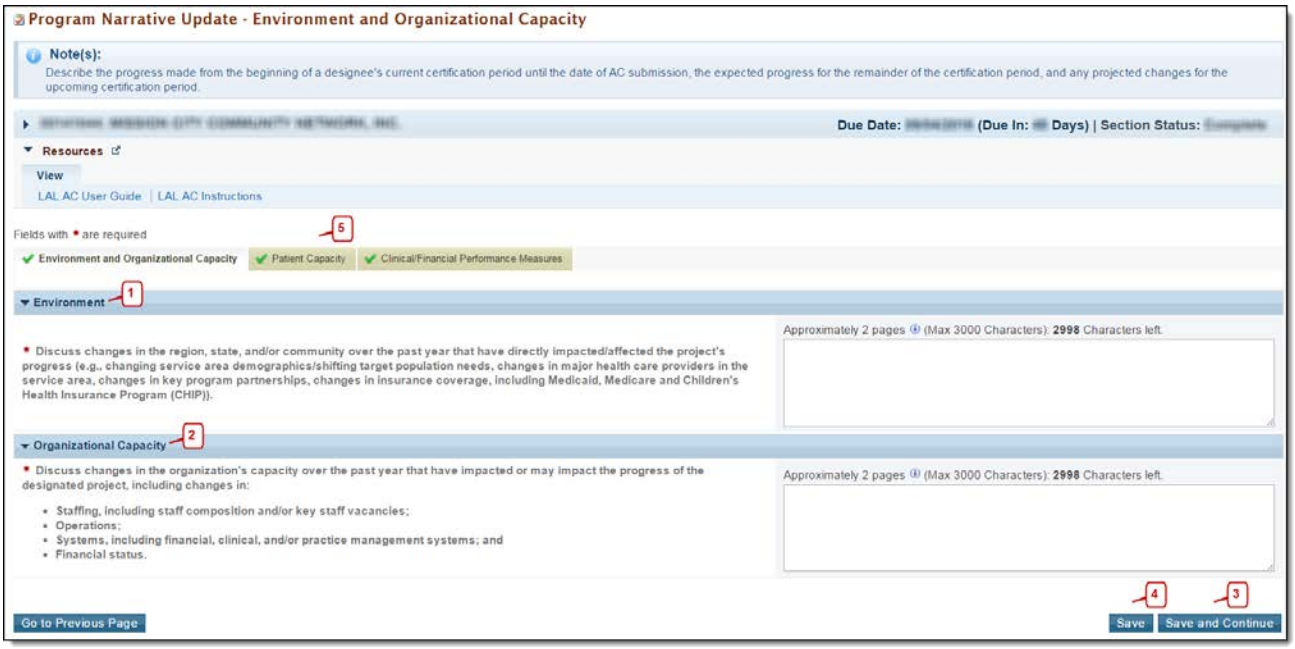
4.7 Program Narrative Update

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 **Patient Capacity** section, OR click the Save button (**Figure 12**, **4**) at the bottom of the **Environment and Organizational Capacity** section and select the **Patient Capacity** tab below the **Resources** section (**Figure 12**, **5**).

4.7.2 Completing Patient Capacity

The Patient Capacity section of Program Narrative Update form consists of the following sub-sections:

- Patient Capacity (**Figure 13**)

4.7.2.1 Patient Capacity

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 13**).

To complete this section, follow the steps below:

1. Review the numbers populated in the **2013 - 2015 Patient Number** columns (**Figure 13**, **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 13: Patient Capacity

Program Narrative Update - Patient Capacity

Note(s):
Describe the progress made from the beginning of a designee'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.

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

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Fields with * are required

Environment and Organizational Capacity | Patient Capacity | Clinical/Financial Performance Measures

Patient Capacity

* Referencing the % Change 2013-2015 Trend, % Change 2014-2015, 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)

Unduplicated Patients	2013 Patient Number (1)	2014 Patient Number (2)	2015 Patient Number (3)	% Change 2013-2015 Trend (9)	% Change 2014-2015 Trend (10)	% Progress toward Goal (11)	Projected Number of Patients (7)	Patient Capacity Narrative (for Current Designation Period) (12)
Total Unduplicated Patients (4)								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

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.
- 2014 and 2015 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)

Special Populations	2013 Patient Number	2014 Patient Number	2015 Patient Number	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Designation Period)
Total Migratory and Seasonal Agricultural Worker Patients							(8)	Approximately 2 pages (Max 3000 Characters): 3000 Characters left.
Total People Experiencing Homelessness Patients (5)								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.
Total Public Housing Resident Patients (6)								Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Go to Previous Page | Save | Save and Continue

2. Review the numbers populated in the **Projected Number of Patients** column (**Figure 13**, **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 2013-2015 Trend** (**Figure 13**, **9**), **% Change 2014-2015 Trend** (**Figure 13**, **10**), and **% Progress Toward Goal** (**Figure 13**, **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 13**, **12**), provide a narrative describing your progress for each patient category by referencing the numbers displayed in the **% Change 2013-2015 Trend**, **% Change 2014-2015 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.

4.7.3 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:

- Perinatal Health (**Figure 14**, **1**)
- Preventive Health Screenings and Services (**Figure 14**, **2**)
- Chronic Disease Management (**Figure 14**, **3**)
- Financial Measures (**Figure 15**, **1**)
- Additional Measures (**Figure 15**, **2**)

Figure 14: Clinical/Financial Performance Measures

Program Narrative Update - Clinical/Financial Performance Measures

Note(s):
Describe the progress made from the beginning of a designee'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.

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

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Fields with * are required

Environment and Organizational Capacity | Patient Capacity | Clinical/Financial Performance Measures

Clinical/Financial Performance Measures

* Referencing the % Change 2013-2015 Trend, % Change 2014-2015, and % Progress Toward Goal columns:

- Discuss the trends in Clinical and Financial Performance Measures.
- Maintenance or improvement in performance is expected; downward trends or limited progress towards the projected goals must be explained.
- In the Clinical/Financial Performance Measures Narrative column, describe the following as they relate to the data:
  a. Progress toward goals;
  b. Key contributing and restricting factors impacting/affecting progress toward goals; and
  c. Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Notes:

- Designees are required to provide goals for all clinical and financial performance measures in this submission. Reference the goals from your last LAL submission and, as needed, the metric definitions provided on the AC TA Webpage when providing the goals. If any goals differ from these included in your last LAL submission, use the Measure Narrative column to provide an explanation.
- Since the Oral health—sealants, HIV linkage to care, and Depression screening and follow-up measures were not included in previous ID, RD, or AC applications, designees must establish a goal to be reached by the end of the designation period for these measures. See the metric definitions provided on the AC TA Webpage for details.
- Due to the fact that designees set their diabetes goals and reported UDS data based on different diabetes measure definitions, N/A will be shown for all fields, and narrative progress toward the goal is not required in this submission. However, work should continue in this priority area and progress should be shown in the 2016 UDS report.
- Self-defined Oral Health and Behavioral Health measures that were included in previous LAL submissions will appear in the Additional Measures section.

Perinatal Health (1)

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Access to prenatal care in 1st trimester	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	
Low birth weight (< 2500 grams)	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	

* Measure Narrative

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

Preventive Health Screenings and Services (2)

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Oral Health (Sealants)	Data not available	Data not available		Data not available	Data not available	Data not available	
Weight assessment and counseling for children and adolescents (ages 2-17)	Data not available	Data not available	25.2717	Data not available	Data not available	63.18%	
Adult weight screening and follow up	Data not available	Data not available	67.2660	Data not available	Data not available	168.17%	
Tobacco Use Screening and Cessation	Data not available	41.4286	9.9196	Data not available	-76.06%	Data not available	
Colorectal cancer screening (ages 50-75)	Data not available	Data not available	21.9912	Data not available	Data not available	75.83%	
Cervical cancer screening (ages 21-64)	Data not available	Data not available	8.2388	Data not available	Data not available	41.19%	
Childhood immunizations (on or before 3rd birthday)	Data not available	Data not available	0.0000	Data not available	Data not available	0.00%	

* Measure Narrative

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

Chronic Disease Management (3)

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Asthma treatment – pharmacologic therapy (ages 5 – 40)	Data not available	Data not available	14.0244	Data not available	Data not available	18.70%	
Coronary artery disease (CAD) and lipid-lowering therapy (adult)	Data not available	Data not available	3.1297	Data not available	Data not available	7.82%	
Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy (adult)	Data not available	Data not available	68.5039	Data not available	Data not available	126.86%	
Blood pressure control (adult hypertensive patients with blood pressure < 140/90)	Data not available	Data not available	58.6265	Data not available	Data not available	68.97%	
Diabetes Control (diabetic patients with HbA1c <= 9%)	N/A	N/A	N/A	N/A	N/A	N/A	
HIV Linkage to Care	Data not available	50.0000	100.0000	Data not available	100.00%	Data not available	
Depression Screening and Follow Up	Data not available	5.7143	6.1928	Data not available	8.37%	Data not available	

* Measure Narrative

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

Figure 15 : Clinical/Financial Performance measures (Contd.)

Financial Measures 1

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Total cost per patient	Data not available	Data not available	411.8739	Data not available	Data not available	96.91%	
Medical cost per medical visit	Data not available	Data not available	92.4080	Data not available	Data not available	52.80%	

* Measure Narrative

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

Note(s):
If any of the Additional Measures listed below are not applicable to you at this time, answer 'No' to the question 'Is this Performance Measure applicable?'. Otherwise, answer 'Yes'.

Additional Measures 2

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals	Is This Performance Measure Applicable?
(Oral Health) Oral Exams				Data not available	Data not available	Data not available		Yes No
(Behavioral Health) Mental Health				Data not available	Data not available	Data not available		Yes No

* Measure Narrative

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

Go to Previous Page | Save | Save and Continue

To complete this section, follow the steps below:

1. Review the numbers populated in the **2013 - 2015 Patient Measures** columns (**Figure 16**, **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.

IMPORTANT NOTES:

- For the 'Oral Health (Sealants)' performance measure (**Figure 16**, **4**), data is unavailable for the **2013** and **2014 Measures**. For the **2015 Measure**, enter the data for your organization.
- For the 'Diabetes Control (diabetic patients with HbA1c <= 9%)' performance measure (**Figure 16**, **5**), "N/A" is displayed for all fields, and narrative progress toward the goal is not required in this submission. However, work should continue in this priority area and progress should be shown in the 2016 UDS report.
- For the measures listed under the **Additional Measures** sub-section, provide information in the **2013 - 2015 Measure** columns, as applicable.

Figure 16 : Clinical/Financial Performance Measures Details

Preventive Health Screenings and Services

Performance Measure	2013 Measures (1)	2014 Measures (2)	2015 Measures (3)	% Change 2013-2015 Trend (6)	% Change 2014-2015 Trend (7)	% Progress toward Goal (8)	Measure Goals (9)
Oral Health (Sealants) (4)	Data not available	Data not available		Data not available	Data not available		
Weight assessment and counseling for children and adolescents (ages 2-17)							
Adult weight screening and follow up							
Tobacco Use Screening and Cessation							
Colorectal cancer screening (ages 50-75)							
Cervical cancer screening (ages 21-64)							
Childhood immunizations (on or before 3rd birthday)							

* Measure Narrative (10)

Approximately 1 page (Max 3000 Characters): 3000 Characters left.

Chronic Disease Management

Performance Measure	2013 Measures	2014 Measures	2015 Measures	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Measure Goals
Asthma treatment – pharmacologic therapy (ages 5 – 40)							
Coronary artery disease (CAD) and lipid-lowering therapy (adult)							
Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy (adult)							
Blood pressure control (adult hypertensive patients with blood pressure < 140/90)							
Diabetes Control (diabetic patients with HbA1c <= 9%) (5)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HIV Linkage to Care							
Depression Screening and Follow Up							

2. Review the values displayed in the **% Change 2013-2015 Trend** (Figure 16, 6), **% Change 2014-2015 Trend** (Figure 16, 7), and **% Progress Toward Goal** (Figure 16, 8) columns. The system calculates these values using the numbers displayed in the corresponding Measure columns.

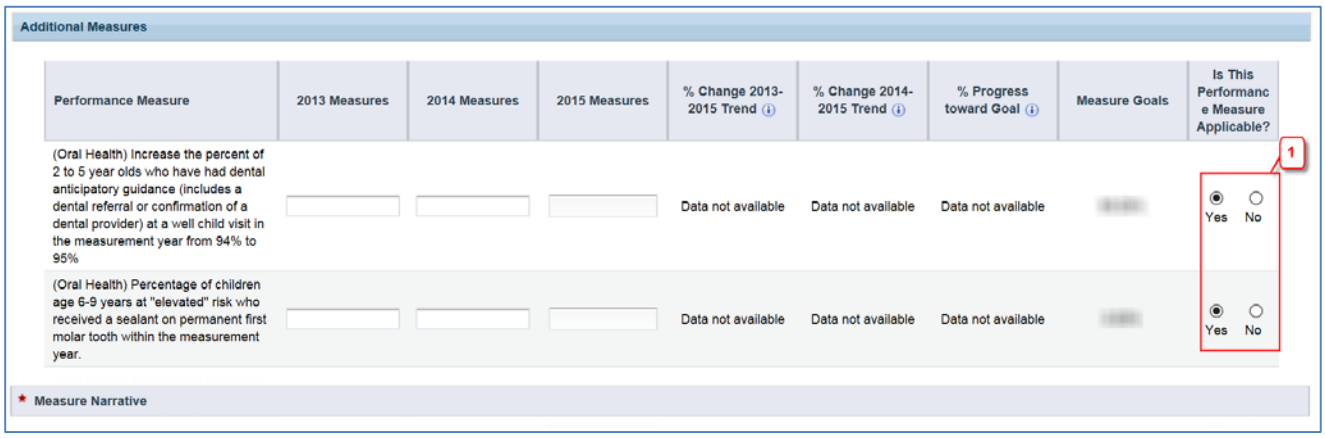
IMPORTANT NOTES:

- To view the formulas used to calculate **% Change 2013-2015 Trend**, **% Change 2014-2015 Trend**, and **% Progress Toward Goal** values, hover over the information icons displayed for those columns headers.
- If data is not available for the **2013 Measure**, **2014 Measure**, or **2015 Measure** columns for a performance measure, the system displays 'Data not available' for **% Change 2013-2015 Trend**, **% Change 2014-2015**, 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. Reference the goals from your last look-alike submission and, as needed, the metric definitions provided on the **AC TA webpage** (http://bphc.hrsa.gov/programopportunities/lookalike/ac/index.html) when providing the goals. If any

goals differ from these included in your last look-alike submission, use the Measure Narrative column to provide an explanation.

3. In the **Measure Narrative** field (**Figure 16**, **10**), provide a narrative describing your progress for each performance measure sub-section by referencing the numbers displayed in the corresponding columns.
4. In the **Additional Measures** sub-section only, the system displays the column **'Is this Performance Measure Applicable?'** (**Figure 17**, **1**). Answer Yes or No under this column to indicate if the measures are applicable or not.

Figure 17: Additional Measures sub-section



4.7.4 Completing the Program Narrative Update forms

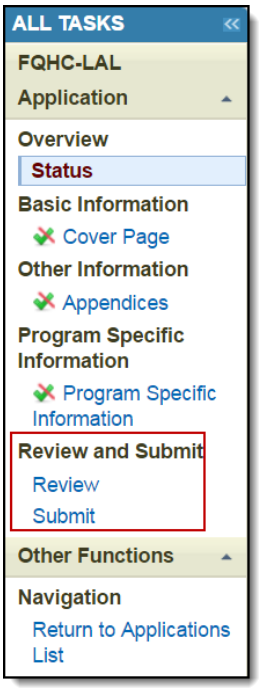
The **Program Narrative Update** form will be complete when the status of all the 3 sections is complete. The completed status of all these sections is indicated with a green tick mark in the section tabs.

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

To review your application, follow these steps:

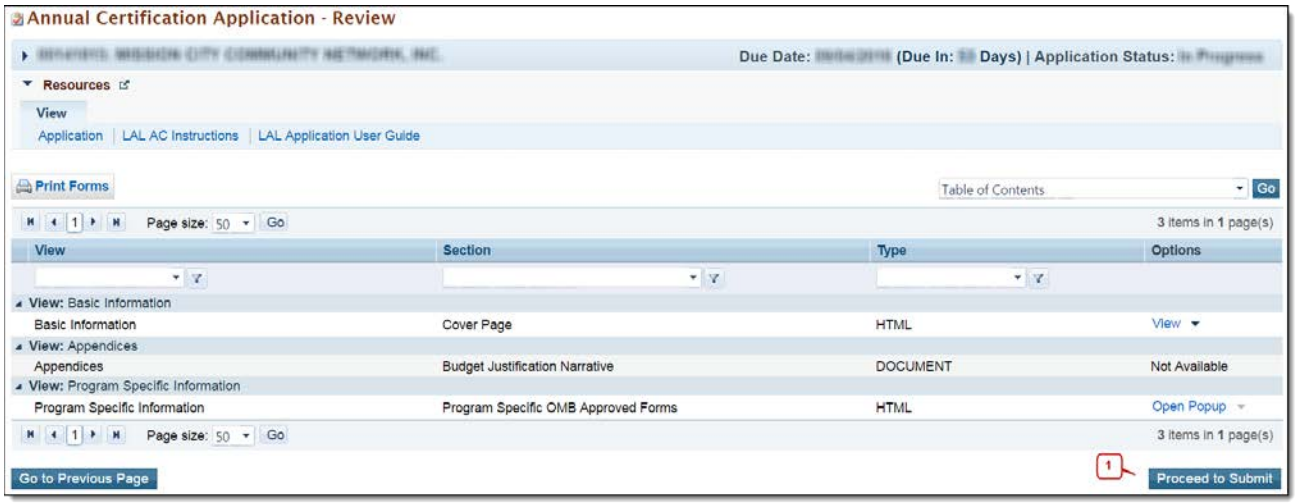
1. Click on the **Status** link on the left side menu.

Figure 18: Left menu – Review and Submit



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

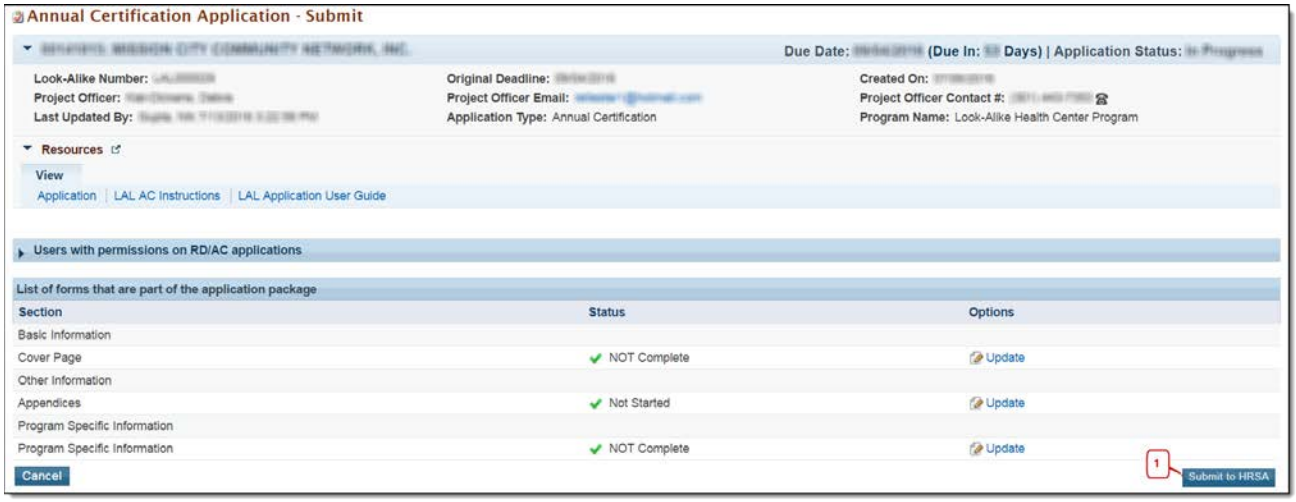
Figure 19: Review page



3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 39, 1**).
   - ➢ The system navigates to the **Submit** page (**Figure 40**).
5. Click the Submit to HRSA button at the bottom of the **Submit** page (**Figure 40**, **1**).

- The system navigates to a confirmation page.

Figure 20: Submit to HRSA



6. Check the Application Certification to electronically sign the application and click the Submit to HRSA button (**Figure 40**, **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.