

PATIENTS BY ZIP CODE

Zip Code	Patients
Other ZIP Codes	
Unknown Residence	
TOTAL	

NOTE: This is a representation of the form, however the actual on-line input process will look significantly different, as may the printed output from the EHB.

Reporting Period: January 1, 2011 through December 31, 2011

TABLE 3A – PATIENTS BY AGE AND GENDER

AGE GROUPS		MALE PATIENTS (a)	FEMALE 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	TOTAL PATIENTS (SUM LINES 1-38)		

TABLE 3B – PATIENTS BY HISPANIC OR LATINO ETHNICITY/RACE/LANGUAGE

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)				

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)				
INCOME AS PERCENT OF POVERTY LEVEL						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	TOTAL (SUM LINES 1 – 5)					
PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE		0-19 YEARS OLD (a)		20 AND OLDER (b)		
7.	None/ Uninsured					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	TOTAL MEDICAID (LINE 8A + 8B)					
9.	MEDICARE (TITLE XVIII)					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	TOTAL PUBLIC INSURANCE (LINE 10a + 10b)					
11.	PRIVATE INSURANCE					
12.	TOTAL (SUM LINES 7 + 8 + 9 +10 +11)					
MANAGED CARE UTILIZATION						
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.	TOTAL MEMBER MONTHS (13a + 13b)					
CHARACTERISTICS – SPECIAL POPULATIONS				NUMBER OF PATIENTS -- (a)		
14.	Migrant	(330g grantees only)				
15.	Seasonal	(330g grantees only)				
16.	TOTAL MIGRANT/SEASONAL AGRICULTURAL WORKER OR DEPENDENT (ALL GRANTEES REPORT THIS LINE)					
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.	TOTAL HOMELESS (ALL GRANTEES REPORT THIS LINE)					
24.	TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL GRANTEES REPORT THIS LINE)					
25.	TOTAL VETERANS (ALL GRANTEES REPORT THIS LINE)					

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	Total Physicians (Lines 1 - 7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total NP, PA, and CNMs (Lines 9a - 10)			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	Total Dental Services (Lines 16 - 18)			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	Total Mental Health (Lines 20a-c)			
21	Substance Abuse Services			
22	Other Professional Services (specify ___)			
22a	Ophthalmologist			
22b	Optometrist			
22c	Other Vision Care Staff			
22d	Total Vision Services (Lines 22a-c)			
23	Pharmacy Personnel			
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	Total Enabling Services (Lines 24 - 28)			
29a	Other Programs/Services (specify ___)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
31	Facility Staff			
32	Patient Support Staff			
34	Grand Total Lines 15+19+20+21+22+22d+23+29+29a+30a through 32			

TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic HIV , Asymptomatic HIV	042 , 079.53, V08		
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		
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx		
6.	Chronic bronchitis and emphysema	490.xx – 492.xx		
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 238.3 793.8x		
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		
Selected Childhood Conditions				
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 – SELECTED DIAGNOSES AND SERVICES RENDERED

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Mental Health and Substance Abuse Conditions				
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)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701-86703; 87390-87391		
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515-17		
21b.	Hepatitis C test	CPT-4: 86803-04, 87520-22		
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12		
23.	Pap test	CPT-4: 88141-88155; 88164- 88167, 88174-88175 OR ICD-9: 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)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748		
24a.	Seasonal Flu vaccine	CPT-4: 90655 - 90662		

Service Category		Applicable ICD-9-CM or CPT-4 Code	Number of Visits (A)	Number of Patients (B)
24b.	H1N1 Flu vaccine	CPT-4: 90663; 90470		
25.	Contraceptive management	ICD-9: V25.xx		
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99391-99393; 99381-99383;		
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655		
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409		
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075		
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		

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

Sources of codes:

- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2011. American Medical Association.
- Current Procedural Terminology, (CPT) 2010/2011. 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: <input type="checkbox"/>)				
SECTION A: AGE CATEGORIES FOR PRENATAL PATIENTS (GRANTEES 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 PATIENTS WITH 2 ND BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	Children who have received age appropriate vaccines who had their 2 nd birthday during measurement year (on or prior to 31 December)			
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	Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			
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)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH COUNSELING AND BMI DOCUMENTED (c)
12	Children and adolescents aged 3 - 17 with a BMI percentile, <i>and</i> counseling on nutrition and physical activity documented for the current year			

(NO PRENATAL CARE PROVIDED? CHECK HERE:)

SECTION F – ADULT WEIGHT SCREENING AND FOLLOW-UP				
ADULT WEIGHT SCREENING AND FOLLOW-UP		TOTAL PATIENTS 18 AND OVER (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c)
13	Patients aged 18 and over with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight			
SECTION G1 – TOBACCO USE ASSESSMENT				
TOBACCO ASSESSMENT		TOTAL PATIENTS 18 AND OVER (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS ASSESSED FOR TOBACCO USE (c)
14	Patients queried about tobacco use one or more times in the measurement year or prior year			
SECTION G2 – TOBACCO CESSATION INTERVENTION				
TOBACCO CESSATION INTERVENTION		TOTAL PATIENTS WITH DIAGNOSED TOBACCO DEPENDENCE (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS ADVISED TO QUIT (c)
15	Tobacco users aged 18 or older who have received cessation advice or medication			
SECTION H – ASTHMA PHARMACOLOGICAL THERAPY				
ASTHMA TREATMENT PLAN		TOTAL PATIENTS AGED 5 - 40 WITH PERSISTENT ASTHMA (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH ACCEPTABLE PLAN (c)
16	Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan			

Reporting Period: January 1, 2011 through December 31, 2011

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 Grantee's 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)	
Hispanic/Latino						
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>					
Non-Hispanic/Latino						
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>					
Unreported/Refused to Report Ethnicity						
h	Unreported/Refused to Report Race and Ethnicity					
i	Total					

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)
Hispanic/Latino				
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>			
Non-Hispanic/Latino				
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>			
Unreported/Refused to Report Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

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 Hba1c <7% (3c)	Patients with 7%<= Hba1c <8% (3d)	Patients with 8%<= Hba1c <=9% (3e)	Patients with Hba1c >9% Or No Test During Year (3f)
Hispanic/Latino							
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>						
Non-Hispanic/Latino							
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>						
Unreported/Refused to Report Ethnicity							
h	Unreported/Refused to Report Race and Ethnicity						
i	Total						

TABLE 8A – FINANCIAL COSTS

		ACCRUED COST (a)	ALLOCATION OF FACILITY AND ADMINISTRATION (b)	TOTAL COST AFTER ALLOCATION OF FACILITY AND ADMINISTRATION (c)
FINANCIAL COSTS FOR MEDICAL CARE				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	TOTAL MEDICAL CARE SERVICES (SUM LINES 1 THROUGH 3)			
FINANCIAL COSTS FOR OTHER CLINICAL SERVICES				
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify _____)			
9a.	Vision			
10.	TOTAL OTHER CLINICAL SERVICES (SUM LINES 5 THROUGH 9A)			
FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES				
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.	TOTAL ENABLING AND OTHER SERVICES (SUM LINES 11 AND 12)			
OVERHEAD AND TOTALS				
14.	Facility			
15.	Administration			
16.	TOTAL OVERHEAD (SUM LINES 14 AND 15)			
17.	TOTAL ACCRUED COSTS (SUM LINES 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services, and Supplies (specify: _____)			
19.	TOTAL WITH DONATIONS (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)			
1.	Medicaid Non-Managed Care								
2a.	Medicaid Managed Care (capitated)								
2b.	Medicaid Managed Care (fee-for-service)								
3.	TOTAL MEDICAID (LINES 1+ 2A + 2B)								
4.	Medicare Non-Managed Care								
5a.	Medicare Managed Care (capitated)								
5b.	Medicare Managed Care (fee-for-service)								
6.	TOTAL MEDICARE (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. TOTAL OTHER PUBLIC (LINES 7+ 8A +8B)									
10. Private Non-Managed Care									
11a. Private Managed Care (capitated)									
11b. Private Managed Care (fee-for-service)									
12. TOTAL PRIVATE (LINES 10 + 11A + 11B)									
13. Self Pay									
14. TOTAL (LINES 3 + 6 + 9 + 12 + 13)									

TABLE 9E – OTHER REVENUES

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