

## QUESTIONS FOR 07/01/18-11/30/18

### Background Questions

- What counties (not cities) were served by your clinic or network in the reporting period?
- What is your structure? (check the one answer that best applies):
  - We operate a Fixed Site Clinic(s)
  - We operate a Mobile Clinic.
  - We operate a Fixed Site Clinic(s) and a Mobile Clinic.
  - We operate a Specialty Referral Network only (e.g., We Care).
- How many locations/fixed site clinics do you operate?
- What is the primary focus of your clinic (choose one only):
  - Provide urgent/sick care
  - Provide on-going primary/preventive care.
  - Provide health screenings and wellness activities.
  - Provide secondary care referrals and coordination.
  - Other, please specify:
- How do patients get seen at your clinic (choose only one):
  - Mostly walk-ins.
  - Mostly individual appointments.
  - Mostly advertised times (wellness fairs, screenings, mobile unit days).
  - Not applicable, we are a Specialty Referral Network.
  - Other, please specify:
- Did your clinic or network charge fees in 2018? (check ALL that apply)
  - We do not charge fees of any kind.
  - We charge fees for tangible goods (e.g., eyeglasses, glucometer strips, etc.).
  - We charge an administrative/facility fee not tied to services.
  - We charge an administrative/facility fee not tied to services.
- Did your clinic or network bill Medicaid, Medicare, or private insurance in 2018?
  - None of these.
  - Medicaid.
  - Medicare.
  - Private Insurance.

### Patient Services Questions

- On average, how many hours per week does your clinic see patients?

If you are a specialty referral network, write "Not Applicable." DO NOT include hours your office is open but your clinic is not seeing patients. If you have multiple clinic sites, take an average of all locations. If you operate certain clinics less frequently than weekly, please do your best to add up the hours of those clinics over the course of the year, divide that number by 52, and those to your weekly average.
- What is the total number of unduplicated patients your clinic or network served during the reporting period?

Unduplicated patients is defined as the number of unique patients who received at least one medical visit, dental visit, mental/behavioral therapy visit, or Rx medication, as defined below.

- What is the age breakdown of patients served by your clinic or network during the reporting period? (Check ALL that apply):
  - Children 0-17 (enter percentage (%) of total population served).
  - Adults 18-64 (enter percentage (%) of total population served).
  - Older adults 65+ (enter percentage (%) of total population served).
- What is the total number of medical visits your clinic or network provided during the reporting period?

A medical visit is defined as a primary care or specialty care visit with a participating licensed physician, ARNP, or PA, whether provided on-site or off-site upon referral. DO NOT include visits with an ophthalmologist or optometrist.
- What is the total number of vision visits your clinic or network provided during the reporting period?

A vision visit is defined as visit with a participating licensed optometrist or ophthalmologist, whether provided on-site or off-site upon referral. DO NOT include optician-only visits. If you are a Clinic, DO NOT include in your count off-site visits fulfilled by referral to a Specialty Referral Network. If you are a Specialty Referral Network, DO NOT include in your count off-site visits fulfilled by referral to a free or charitable clinic. If you are a Specialty Referral Network, include in your count only completed referrals (i.e. actual patient visits with a provider, not referrals received that have not yet resulted in a visit) No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide vision visits, enter N/A.
- What is the total number of dental visits your clinic or network provided during the reporting period?

A dental visit is defined as a visit with a participating licensed dentist or dental hygienist, whether provided on-site or off-site upon referral. If you are a Clinic, DO NOT include in your count off-site visits fulfilled by referral to a Specialty Referral Network. If you are a Specialty Referral Network, DO NOT include in your count off-site visits fulfilled by referral to a free or charitable Clinic. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide dental visits, enter N/A.
- If your clinic or network provided dental services please provide us with the number of these particular services provided if available.

No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide dental visits, enter N/A. Complex dental procedures would include procedures such as crowns and bridges or other services of this heightened nature.

  - Fillings:
  - Extractions:

- Cleanings:
- Complex dental procedures:
- What is the total number of mental/behavioral therapy visits your clinic or network provided during the reporting period?
 

A mental/behavioral therapy visit is defined as a one-on-one or group visit with a participating licensed psychiatrist, psychologist, marriage and family therapist, licensed mental health counselor, LCSW, psych ARNP or other professional trained and licensed to provide such visits. Include in your count visits provided on-site and off-site upon referral. For group visits, count the number of individuals reached (including patient, family members, etc.), NOT sessions held. DO NOT include in your count wellness visits defined in the next question. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide mental/behavioral therapy visits, enter N/A .
- What is the total number of wellness visits your clinic or network provided in the reporting period?
 

These are not well-visits/regular check-ups; those should be included in Medical Visits. For this question, a wellness visit is defined as a one-on-one or group visit for wellness services, including but not limited to, nutrition counseling, smoking (or other substance) cessation, fitness classes or walks, diabetes management, or other health education sessions. Include in your count visits provided on-site and off-site upon referral. For group visits, count the number of individuals reached (including patient, caregiver, etc.), NOT sessions held. DO NOT include mental/behavioral therapy visits. Please include RN only visits in this category. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide wellness visits, enter N/A.
- What is the total number of Rx medications your clinic or network dispensed or otherwise directly provided in the reporting period?
 

If your clinic or network DID NOT dispense or otherwise directly provide Rx medications, write "Not Applicable." INCLUDE in your count the following: Prescriptions filled in your in-house licensed pharmacy; Medications obtained through prescription assistance programs (PAPs); Samples and other donated medicines; Vouchers used to pay for prescriptions filled at outside pharmacies; Prescriptions filled at outside pharmacies that are paid for by your organization. DO NOT include prescriptions given to patients that they were expected to pay for on their own. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown.". If your clinic or network does not provide Rx medications, enter N/A.
- What is the total number of RX medication-only visits your clinic or network provided in the reporting period?
- If your clinic dispenses or directly provides Rx medications, please provide the sources from where you get the medications that your clinic or network dispenses?
  - AmeriCares.

- Direct Relief.
- Private Donations.
- Purchase Vouchers.
- Patient Assistance Programs (PAP).
- N/A
- Does your clinic or network have detailed data on the # of medications and valuation of each type that you dispensed in 2018?
  - Yes.
  - No.
- If so, are you able to pull and share that data with FAFCC?
 

FAFCC will follow up and coordinate the arrangement to receive this data. Your assistance will greatly improve our analysis of state and regional data.

  - Yes.
  - No.
- Does your clinic or network have arrangements in place for outside providers to provide any of the following classes of services?
  - Lab.
  - Imaging.
  - Specialty Care.
  - Hospital (inpatient, outpatient surgery, related ancillary services).
  - Patient Assistance Programs (PAP).
  - N/A
- If so, are you able to pull and share that data on the number of these services arranged and value with FAFCC? (this will help us greatly in our analysis of statewide data).
 

FAFCC will follow up and coordinate the arrangement to receive this data. Your assistance will greatly improve our analysis of state and regional data.

  - Yes
  - No

#### QUESTIONS FOR 12/01/18-6/30/19

##### Background Questions

- What counties (not cities) were served by your clinic or network in the reporting period?
- What is your structure? (check the one answer that best applies):
  - We operate a Fixed Site Clinic(s)
  - We operate a Mobile Clinic.
  - We operate a Fixed Site Clinic(s) and a Mobile Clinic.
  - We operate a Specialty Referral Network only (e.g., We Care).
- How many locations/ fixed site clinics do you operate?
- What is the primary focus of your clinic (choose one only):
  - Provide urgent/sick care
  - Provide on-going primary/preventive care.
  - Provide health screenings and wellness activities.
  - Provide secondary care referrals and coordination.

- Other, please specify:
- How do patients get seen at your clinic (choose only one):
  - Mostly walk-ins.
  - Mostly individual appointments.
  - Mostly advertised times (wellness fairs, screenings, mobile unit days).
  - Not applicable, we are a Specialty Referral Network.
  - Other, please specify:
- Did your clinic or network charge fees in 2019? (check ALL that apply)
  - We do not charge fees of any kind.
  - We charge fees for tangible goods (e.g., eyeglasses, glucometer strips, etc.).
  - We charge an administrative/facility fee not tied to services.
  - We charge an administrative/facility fee not tied to services.
- Did your clinic or network bill Medicaid, Medicare, or private insurance in 2019?
  - None of these.
  - Medicaid.
  - Medicare.
  - Private Insurance.

#### Patient Services Questions

- On average, how many hours per week does your clinic see patients?
 

If you are a specialty referral network, write "Not Applicable." DO NOT include hours your office is open but your clinic is not seeing patients. If you have multiple clinic sites, take an average of all locations. If you operate certain clinics less frequently than weekly, please do your best to add up the hours of those clinics over the course of the year, divide that number by 52, and those to your weekly average.
- What is the total number of unduplicated patients your clinic or network served in during the reporting period?
 

Unduplicated patients is defined as the number of unique patients who received at least one medical visit, dental visit, mental/behavioral therapy visit, or Rx medication, as defined below.
- What is the age breakdown of patients served by your clinic or network during the reporting period? (Check ALL that apply):
  - Children 0-17 (enter percentage (%) of total population served).
  - Adults 18-64 (enter percentage (%) of total population served).
  - Older adults 65+ (enter percentage (%) of total population served).
- What is the total number of medical visits your clinic or network provided during the reporting period?
 

A medical visit is defined as a primary care or specialty care visit with a participating licensed physician, ARNP, or PA, whether provided on-site or off-site upon referral. DO NOT include visits with an ophthalmologist or optometrist.
- What is the total number of vision visits your clinic or network provided during the reporting period?

A vision visit is defined as visit with a participating licensed optometrist or ophthalmologist, whether provided on-site or off-site upon referral. DO NOT include optician-only visits. If you are a Clinic, DO NOT include in your count off-site visits fulfilled by referral to a Specialty Referral Network. If you are a Specialty Referral Network, DO NOT include in your count off-site visits fulfilled by referral to a free or charitable Clinic. If you are a Specialty Referral Network, include in your count only completed referrals (i.e. actual patient visits with a provider, not referrals received that have not yet resulted in a visit) No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide vision visits, enter N/A.

- What is the total number of dental visits your clinic or network provided during the reporting period?

A dental visit is defined as a visit with a participating licensed dentist or dental hygienist, whether provided on-site or off-site upon referral. If you are a Clinic, DO NOT include in your count off-site visits fulfilled by referral to a Specialty Referral Network. If you are a Specialty Referral Network, DO NOT include in your count off-site visits fulfilled by referral to a free or charitable Clinic. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide dental visits, enter N/A.

- If your clinic or network provided dental services please provide us with the number of these particular services provided if available.

No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide dental visits, enter N/A. "Complex dental procedures would include procedures such as crowns and bridges or other services of this heightened nature.

- Fillings:
- Extractions:
- Cleanings:
- Complex dental procedures:

- What is the total number of mental/behavioral therapy visits your clinic or network provided during the reporting period?

A mental/behavioral therapy visit is defined as a one-on-one or group visit with a participating licensed psychiatrist, psychologist, marriage and family therapist, licensed mental health counselor, LCSW, psych ARNP or other professional trained and licensed to provide such visits. Include in your count visits provided on-site and off-site upon referral. For group visits, count the number of individuals reached (including patient, family members, etc.), NOT sessions held. DO NOT include in your count wellness visits defined in the next question. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide mental/behavioral therapy visits, enter N/A .

- What is the total number of wellness visits your clinic or network provided in the reporting period?

These are not well-visits/regular check-ups; those should be included in Medical Visits. For this question, a wellness visit is defined as a one-on-one or group visit for wellness services, including but not limited to, nutrition counseling, smoking (or other substance) cessation, fitness classes or walks, diabetes management, or other health education sessions. Include in your count visits provided on-site and off-site upon referral. For group visits, count the number of individuals reached (including patient, caregiver, etc.), NOT sessions held. Please include RN only visits in this category. DO NOT include mental/behavioral therapy visits. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide wellness visits, enter N/A.

- What is the total number of Rx medications your clinic or network dispensed or otherwise directly provided in the reporting period?

If your clinic or network DID NOT dispense or otherwise directly provide Rx medications, write "Not Applicable." INCLUDE in your count the following:  
Prescriptions filled in your in-house licensed pharmacy      Medications obtained through prescription assistance programs (PAPs)      Samples and other donated medicines      Vouchers used to pay for prescriptions filled at outside pharmacies  
Prescriptions filled at outside pharmacies that are paid for by your organization. DO NOT include prescriptions given to patients that they were expected to pay for on their own. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown.". If your clinic or network does not provide Rx medications, enter N/A.
- What is the total number of RX medication-only visits your clinic or network provided in the reporting period?
- If your clinic dispenses or directly provides Rx medications, please provide the sources from where you get the medications that your clinic or network dispenses?
  - AmeriCares.
  - Direct Relief.
  - Private Donations.
  - Purchase Vouchers.
  - Patient Assistance Programs (PAP).
  - N/A
- Does your clinic or network have detailed data on the # of medications and valuation of each type that you dispensed in 2019?
  - Yes.
  - No.
- If so, are you able to pull and share that data with FAFCC?

FAFCC will follow up and coordinate the arrangement to receive this data. Your assistance will greatly improve our analysis of state and regional data.

  - Yes.
  - No.

- Does your clinic or network have arrangements in place for outside providers to provide any of the following classes of services?
  - Lab.
  - Imaging.
  - Specialty Care.
  - Hospital (inpatient, outpatient surgery, related ancillary services).
  - Patient Assistance Programs (PAP).
  - N/A
- If so, are you able to pull and share that data on the number of these services arranged and value with FAFCC? (this will help us greatly in our analysis of state-wide data).  
 FAFCC will follow up and coordinate the arrangement to receive this data. Your assistance will greatly improve our analysis of state and regional data.
  - Yes.
  - No.
- **[For Fourth Progress Report Only]** Please indicate how many volunteers (on-site and off-site) served your clinic or network in the reporting period:
  - Physicians (MD, DO; include primary care physicians as well as specialists, such as psychiatrists, ophthalmologists, podiatrists, etc.):
  - Nurses (RN, LPN):
  - Medical Assistants and Certified Nursing Assistants:
  - Nurse Practitioners:
  - Physician Assistants:
  - Dentists (DDS, DMD, oral surgeons):
  - Dental Hygienists:
  - Dental Assistants:
  - Licensed Mental Health Counselors (LMHC, IMHC, LCSW, Psychologists):
  - Pharmacists:
  - Pharmacy Technicians:
  - Optometrists:
  - Chiropractors:
  - Other Healthcare Professionals:
  - Lay Volunteers (Non-Healthcare Professionals):
- **[For Fourth Progress Report Only]** In your most recent completed fiscal year, how many monetary donors (individuals, foundations, hospitals etc.) did your clinic have?