

COVER SHEET NHSC SITE PROFILE

Site Profile Data	NHSC Site	
	(a)	
Practice Site Name and Address		
1.) Site Name		
2.) Street Address		
3.) Other Address/P.O. Box		
4.) City		
5.) County		
6.) State		
7.) Zip Code (Nine digits)		
Sponsoring Agency Name and Address		
8.) Sponsor Name		
9.) Street Address		
10.) Other Address/P.O. Box		
11.) City		
12.) State		
13.) Zip Code		
Contacts		
14.) CEO/Executive Director		
15.) CEO/Executive Director Phone		Extension:
16.) Clinical Director		
17.) Governing Board Chair		
18.) UDS Report Preparer/Site Contact		
19.) Preparer/Site Contact Phone		Extension:
20.) Preparer/Site Contact Fax		
21.) Preparer/Site Contact E-mail		
Site Reimbursement Status (Check Yes or No)		
22.) Certified Rural Health Clinic (P.L. 95-210)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.) Federally Qualified Health Center Look-Alike	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Description (Use Codes Listed Below to Complete Lines 24 & 25)		
24.) Location Code		
25.) Sponsor Code		

Site Description Codes

- | | | |
|---|-------------------------------------|-------------------------------|
| 1. Community Clinic | 8. Federal Prison | 15. HIV/AIDS Treatment Center |
| 2. Private Practice | 9. INS Facility | 16. Public Housing Clinic |
| 3. Hospital Based Clinic/Hospital Sponsor | 10. Non-Federal Prison | 17. Migrant Camp or Worksite |
| 4. Health Department | 11. Indian Health Service | 18. School Clinic |
| 5. Mental Health Clinic/ Department | 12. Section 638 Tribal Contract | 19. Homeless Shelter |
| 6. Substance Abuse Treatment Center | 13. Section 638 Tribal Compact | 20. Mobile Clinic |
| 7. University | 14. Community Social Service Center | 21. Other-Identify |

Note: Select the location code which best describes the site location and the sponsor code which best describes the organization sponsoring the site. If appropriate, use the same code for location and sponsoring organization.

TABLE 1
SERVICES OFFERED AND DELIVERY
METHOD

Service Type (See Instructions for Definition)	Delivery Method			
	Provided by Site	By Referral Site Pays	By Referral No Pymt	Not Provided
	(a)	(b)	(c)	(d)
Medical Care Services				
1.) General Primary Medical Care (other than below)				
2.) Diagnostic Laboratory (technical component)				
3.) Diagnostic X-Ray Procedures (technical component)				
4.) Diagnostic Tests/Screenings (professional component)				
5.) Emergency Medical Services				
6.) Urgent Medical Care				
7.) 24 Hour Coverage				
8.) Family Planning				
9.) HIV Testing				
10.) Immunizations				
11.) Following Hospitalized Patients				
Obstetrical and Gynecological Care				
12.) Gynecological Care				
13.) Prenatal Care				
14.) Antepartum Fetal Assessment				
15.) Ultrasound				
16.) Genetic Counseling and Testing				
17.) Amniocentesis				
18.) Labor and Delivery Professional Care				
19.) Postpartum Care				
Specialty Medical Care				
20.) Directly Observed TB Therapy				
21.) Other Specialty Care				
Dental Care Services				
22.) Dental Care - Preventive				
23.) Dental Care - Restorative				
24.) Dental Care – Emergency				
Mental Health/Substance Abuse Services				
25.) Mental Health Treatment/Counseling				

Service Type (See Instructions for Definition)	Delivery Method			
	Provided by Site	By Referral Site Pays	By Referral No Pymt	Not Provided
	(a)	(b)	(c)	(d)
26.) Developmental Screening				
27.) 24-hour Crisis Intervention/Counseling				
28.) Other Mental Health Services				
29.) Substance Abuse Treatment/Counseling				
30.) Other Substance Abuse Services				
Other Professional Services				
31.) Hearing Screening				
32.) Nutrition Services other than WIC				
33.) Occupational or Vocational Therapy				
34.) Physical Therapy				
35.) Pharmacy				
36.) Vision Screening				
37.) WIC Services				
Other Services				
38.) Case Management				
39.) Child Care (during visit to Site)				
40.) Discharge Planning				
41.) Eligibility Assistance				
42.) Employment/Education Counseling				
43.) Environmental Hlth Risk Redctn (via detectn/allevtn)				
44.) Food Bank/ Delivered Meals				
45.) Health Education				
46.) Housing Assistance				
47.) Interpretation/Translation Services				
48.) Nursing Home & Assisted Living Placement				
49.) Outreach				
50.) Transportation				
51.) Home Visiting				
52.) Parenting Education				
53.) Other (Specify: _____)				

**TABLE 2- PART A
 USERS BY AGE AND GENDER
 AND PRENATAL USERS BY AGE**

Enter an "A" (Actual) or an "E" (Estimated) in the boxes for the columns

Cols (a) & (b), Lines 1-11: Col (c), Lines 3-8:

Age Groups	Male Users	Female Users	Prenatal Users
	(a)	(b)	(c)
1.) Under age 1			
2.) Ages 1-4			
3.) Ages 5-12			
4.) Ages 13-14			
5.) Ages 15-19			
6.) Ages 20-24			
7.) Ages 25-44			
8.) Ages 45-64			
9.) Ages 65-74			
10.) Ages 75-84			
11.) Ages 85 and over			
12.) Total Users			

**TABLE 2- PART B
 USERS BY RACE/ETHNICITY/LANGUAGE**

Enter an "A" (Actual) or an "E" (Estimated) in the boxes for the columns

Col (b), Lines 6-8: Col (a), Lines 1-5 + 7-8:

Users by Ethnicity	Users By Ethnicity
	(b)
Lines 1-5: Not used	
6.) Hispanic or Latino	
7.) Non-Hispanic	
8.) Unreported/Refused to report	
9.) Total Users	

Users by Race	Users By Race
	(a)
1.) Asian	
2.) American Indian or Alaska Native	
3.) Black or African American	
4.) Native Hawaiian or Other Pacific Islander	
5.) White	
6.) Line not used	
7.) More than one race	
8.) Unreported/refused to report	
9.) Total Users	
10.) Users needing interpretation Services (This line is a subset of total users)	

**TABLE 2- PART C
 USERS BY INCOME LEVEL**

Enter an "A" (Actual) or an "E" (Estimated) in the box below

Col (a), Lines 1-3:

(Not Completed by Prison, IHS, Section 638 or INS sites)

Percent of Poverty Level	Number of Users
	(a)
1.) 100% and below	
2.) 101- 200%	
3.) Above 200%	
4.) Unreported/Refused to report	
5.) Total Users	

**TABLE 2- PART D
 USERS BY PRIMARY INSURANCE TYPE**

Enter an "A" (Actual) or an "E" (Estimated) in the box below

Col (a), Lines 1-5:

(Not Completed by Prison, IHS, Section 638 or INS sites)

Primary Insurance	Number of Users
	(a)
1.) Medicare	
2.) Medicaid	
3.) Other Public Insurance (specify: _____)	
4.) Private Insurance	
5.) Self-Pay (No Insurance)	
6.) Total Users	

Note: Total users in Tables 2A Cols (a) + (b), 2B Col (a), 2B col (b), 2C, and 2D are equal and are to be based on actual data. User distributions may be estimated. Use sample size of 200 records or more.

**TABLE 3
 STAFFING AND UTILIZATION**

Personnel by Major Service Categories	F.T.E.'s	Users	Staff Encounter	Nonstaff Encounter
	(a)	(b)	(c)	(d)
Medical Services				
1.) Family Practitioners				
2.) General Practitioners				
3.) Internists				
4.) Obstetrician/Gynecologists				
5.) Pediatricians				
6.) Psychiatrists				
7.) Other Physician Specialists				
8.) Total Physicians <i>(Lines 1 Thru 7)</i>				
9.) Nurse Practitioners/Physician Assistants				
10.) Certified Nurse Midwives				
11.) Nurses				
12.) Other Medical Support Personnel				
13.) Total Medical Services <i>(Lines 8 thru 12, except Col. b)</i>				
Ancillary Services				
14.) Laboratory Services Personnel				
15.) X-Ray Services Personnel				
16.) Pharmacy Personnel				
17.) Total Ancillary Services <i>(Lines 14 thru 16)</i>				
Dental Services				
18.) Dentists				
19.) Dental Hygienists				
20.) Dental Assistants, Aides, Technicians, and Support				
21.) Total Dental Services <i>(Lines 18 thru 20, except Col. b)</i>				
Mental Health & Substance Abuse Services				
22.) Mental Health & Substance Abuse Specialists				
23.) Mental Health & Substance Abuse Support Personnel				
24.) Total MH & SA Services <i>(Lines 22 and 23, except Col. b)</i>				
Other Professional and Other Services				
25.) Other Professionals (PT, OT, Podiatrists, Nutritionists & Other)				
26.) Case Managers and Education Specialists				
27.) Outreach Workers, Transportation Staff, & Other Service				
28.) Other Professional and Other Service Support Personnel				
29.) Total Other Professional and Other Services <i>(Lines 25 thru 28)</i>				
Administration and Facility				
30.) Administration Personnel				
31.) Facility Personnel				
32.) Patient Services Support Personnel (Patient Records, etc.)				
33.) Total Administration & Facility <i>(Lines 30 thru 32)</i>				
34.) Total <i>(Lines 13, 17, 21, 24, 29, & 33)</i>				

TABLE 4
PATIENT SERVICE CHARGES, COLLECTIONS, AND SELF-PAY ADJUSTMENTS
 (Not to be completed by Prison, IHS, Section 638 or INS sites)

Payment Source	Full Charges	Amount Collected
	(a)	(b)
Medicare		
1.) Medicare Fee-for-Service		
2.) Medicare Capitated		
3.) Total Medicare <i>(Lines 1 and 2)</i>		
Medicaid		
4.) Medicaid Fee-for-Service		
5.) Medicaid Capitated		
6.) Total Medicaid <i>(Lines 4 and 5)</i>		
Other Public Payers		
7.) Other Public Fee-for-Service		
8.) Other Public Capitated		
9.) Total Other Public <i>(Lines 7 and 8)</i>		
Private Insurance		
10.) Private Insurance Fee-for-Service		
11.) Private Insurance Capitated		
12.) Total Private Insurance <i>(Lines 10 and 11)</i>		
Self-Pay		
13.) Self-Pay		
14.) Total <i>(Lines 3, 6, 9, 12, and 13)</i>		

Self-Pay Adjustment Type	Adjustments
	(c)
15.) Self-Pay Sliding Fee Adjustments	
16.) Other Self-Pay Adjustments (Self-Pay Bad Debt and Charity Care)	
17.) Total Self-Pay Adjustments <i>(Lines 15 and 16)</i>	

**TABLE 5
 INCOME AND EXPENSES**

(Not to be completed by Prison, IHS, Section 638 or INS sites)

Account Class	Total
Income	
1.) Federal Income	
2.) Patient Service Revenue	
3.) State, Local, and Other Income	
4.) Total Income <i>(Lines 1 thru 3)</i>	
Expense	
5.) Provider Compensation and Fringe	
6.) Nonprovider Salaries and Fringe	
7.) Clinical Supplies	
8.) Clinical Equipment	
9.) Professional Liability Insurance (Malpractice)	
10.) Other Clinical Expenses	
11.) Administration, Facility and Other Expenses	
12.) Total Expense <i>(Lines 5 thru 11)</i>	
13.) Surplus or (Deficit) <i>(Line 4 minus 12)</i>	
Accounting Method (Check the box below that describes the method used)	
14.) <input type="checkbox"/> Cash (a) <input type="checkbox"/> Accrual (b) <input type="checkbox"/> Modified Accrual (c)	

TABLE 6
MANAGED CARE ENROLLMENT
AS OF THE END OF THE REPORTING PERIOD
 (Not to be completed by Prison, IHS, Section 638 or INS sites)

Enrollee Type	Payment Source				Total
	Medicaid	Medicare	Other Public	Private	
	(a)	(b)	(c)	(d)	
1.) Enrollees in Capitated Plans					
2.) Enrollees in Fee-for-Service Plans					
3.) Total Managed Care Enrollees					