# Encounters

1. Enter the email address for the employee who compiled the performance data for this report.
2. If the email address listed above is incorrect or needs to be updated, please enter in the field below. If there are no changes needed ignore this field.
3. Enter the phone number for the employee who compiled the performance data for this report.
4. Grantee Organization: Pick your organization and contract number listed in the drop down box: (Select your Organization's Name from the list. Note the contract number in parentheses.)
5. Please confirm the reporting period by selecting the quarter in the field below.

Q4 -- Data collected in July, covering a 12-month reporting period: 07/01/2022 - 06/30/2023  07/01/2022 - 06/30/2023

Guidance for Encounter Types

In-Clinic/In-Person Encounters Virtual/Telemedicine Encounters

Visits that occurred in-person at the clinic You can count group visits. You can count care coordination visits.

Only count virtual/telemedicine visits provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient. Report virtual/telemedicine visits where: The health center provider virtually provided care to a patient who was elsewhere (i.e., not physically at their health center). The health center authorized patient services by a non-health-center provider or volunteer provider who provided care to a patient who was at the health center through telemedicine, and the health center paid for the services. (Do not report a clinic visit.) A provider who was not physically present at the health center provided care to a patient, if this is consistent with their scope of project. The provider would need access to the health center's HIT/EHR to record their activities and review the patient's record. Interactive, synchronous audio and/or video telecommunication systems permitting real-time communication between the provider and a patient were used. Do not count other modes of telemedicine services (e.g., store and forward, remote patient monitoring, mobile health) or provider-to-provider consultations. The visit is coded and charged as telehealth services, even if third-party payers may not recognize or pay for such services. Generally, these charges would be comparable to a clinic visit charge. Do not count as a virtual visit, situations in which the health center does not pay for virtual services provided by a non-health center provider (referral). Remember that Telemedicine is a growing model of care delivery. State and federal telehealth definitions and regulations regarding the acceptable modes of care delivery, types of providers, informed consent, and location of the patient and/or provider are not applicable in determining virtual visits here.

1. How many virtual/telemedicine patient encounters took place during the reporting period, (07/01/2021 - 06/30/2023)? Do not use commas when entering numbers.
2. How many in-clinic patient encounters took place during the reporting period, (07/01/2021 - 06/30/2023)? Do not use commas when entering numbers.
3. TOTAL ENCOUNTERS REPORTED (in-clinic + virtual):

(This is the total of your virtual and in-clinic patient visits.)

1. Please describe how you pulled data for patient encounters and if there were any issues.
2. What is the total number of unduplicated patients served during the reporting period, (07/01/2021 - 06/30/2023)? Patients are individuals who have had at least one visit during the reporting period. For example, if a patient is seen five times during the reporting period of (07/01/2021 - 06/30/2023) that patient is counted ONLY ONCE. Do not use commas when entering numbers.

Value reported cannot exceed the total number of clinic visits reported: [visits\_total]

This is the number you selected as your target for number of unduplicated patients served: [target\_arm\_1][target\_pts\_served]

1. Please discuss any challenges or successes you encountered in meeting the patients served performance measure outlined in your contract during the reporting period, (07/01/2021 - 06/30/2023). If you were unable to achieve the target goal, please provide specific details.

Of the [pts\_served] unduplicated patients served, please provide a breakdown by their insurance status in the table below. Only report insurance status for the number of unduplicated patients served during the reporting period, (07/01/2021 - 06/30/2023).

The total of all the patients reported below should equal, [pts\_served], the value reported for the number of unduplicated patients served.

|  |  |
| --- | --- |
| Insurance Status | Unduplicated Patients Served (07/01/2022-06/30/2023) |
| No Insurance/Uninsured |  |
| Medicaid |  |
| Children’s Health Insurance Program (CHIP) |  |
| Medicare (including duals) |  |
| Other public insurance (e.g., Tricare) |  |
| Private Insurance (e.g.s BCBS) |  |

Of the [pts\_served] unduplicated patients served, please provide a breakdown based on the patient's Race and Ethnicity in the table below. Only report the race and ethnicity for the patients served during the reporting period, (07/01/2021 - 06/30/2023).

The total of all the patients reported below should equal, [pts\_served], the value reported for the number of unduplicated patients served.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hispanic/Latino | Non-Hispanic/Latino | Unreported/Refused to Report Ethnicity |
| American Indian/Alaska Native |  |  |  |
| Asian |  |  |  |
| Black/African American |  |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |  |
| White |  |  |  |
| More than one race |  |  |  |
| Unreported/refused to report race |  |  |  |

Of the [pts\_served] patients served, please provide an age breakdown into the categories listed below. Only report the age breakdown for the number of unduplicated patients served during the reporting period, (07/01/2021 - 06/30/2023).

The total of all the patients reported below should equal, [pts\_served], the value reported for the number of unduplicated patients served.

|  |  |
| --- | --- |
| Age | Number of unduplicated patients served (07/01/2022 – 06/30/2023) |
| Age < 18 (children) |  |
| Age 18 to 64 (adults) |  |
| Age 65 and older (older adults) |  |

# Community Health Workers

Does your practice employ a Community Health Worker?

Yes No



Does your practice track the number of patient referrals who are initiated for the patient by the Community Health Worker?

Yes No



How many unduplicated patients received a referral service from your practice's Community Health Worker as of the end of this reporting period (6/30/2023)?

How many CHW's does your practice employ (full-time, part-time, volunteer, or paid positions)?

|  |  |
| --- | --- |
|  | Number of CHWs employed |
| Full-time employment ( >= 32hours/week) |  |
| Part-time employment (< 32 Hours/week) |  |
| Full-time volunteer (>= 32 hours/week) |  |
| Part-time volunteer (< 32 hours/week) |  |
| Other (describe) |  |