

REPORTING REQUIREMENTS INDIVIDUAL #5

TAB 1 VISITS	New People Registered	Total People Registered	Undup # of		Primary Treatment Codes Ambulatory					Primary Treatment Codes NON Ambulatory			
			Patients	Visits	Clinic Visits 02	Home Visits 07	Other Visits 09	School Visits 12	Phone Visits 30	Case Conf 01	Coord 03	Not Found 08	Chart Review 31

TAB 2 SECONDARY TP CODES	Ambulatory Epi Visits 04	Epi Chart Review & Not Found (000004 Epi Investigation)	Group Service 19	Ambulatory OCS Referrals 110	OCS Referral Chart Review & Not Found 110	EPSDT Full Screen 304	Medicaid 547	Medicaid 547 Chart Review & Not Found	Group Exercise 526	Newborn Hearing AUD028	Car Seat Check CAR001	Special Needs Clinic SNC000	Environmen tal Exposure PHE000	EPT Given EPT001	EPT Declined EPT002	EPT Partner Doses EPT003

TAB 3 CLINIC CODES (1)	General (Adult Health) 01	Activity Time	Chest & TB 03	Activity Time	Family Planning 08	Activity Time	Gynecology 10	Activity Time	Immunization 12	Activity Time	Prenatal (Obstetrics) 16	Activity Time

TAB 4 CLINIC CODES (2)	Child / Adolescent (Well Child) 24	Activity Time	Post-Partum 32	Activity Time	Infectious Disease (PHN Clinic Visit) 45	Activity Time	STD 59	Activity Time

TAB 5 IMMUNIZATIONS (1)	DTaP	DT	TD pf	Tdap	IPV	Pedvax HIB	MMR	HepA PED	HepB PED	Varicella	Zoster	Pneumococcal		Pediarix	Kinrix
												PCV-13	PS		

TAB 6 IMMUNIZATIONS (2)	Flu-HIGH CVX 135	Flu-LAIV4 CVX 149	Flu-IV4pf CVX 150	Flu-IV4 CVX 158	Flu-PedIV4 CVX 161	HPV9	Rabies	Rota-5	Menactra	MenB OMV	Hep A Adult	Hep B Adult	Other Vaccine	All Ages VAC Vaccines Total	All Ages VAC SCREEN Done	All Ages VAC SCREEN Not Done

TAB 7 CHILDREN SERVICES (1)	Complete Health Screenings		EPSDT Complete Health Screenings (TP 304)		# Kids 0-35 Mo	# Visits 0-35 Mo	# Kids 3-6 yrs	# Visits 3-6 yrs	# Kids 7-19 yrs	# Visits 7-19 yrs
	# of Visits 0-5 Yrs	# of Visits 6-21 Yrs	# of Visits 0-5 Yrs	# of Visits 6-21 Yrs						

TAB 8 CHILDREN SERVICES (2)	0-5 Yrs Total Vaccine Administered	Total Kids 19-35 Mo	# Kids 4-3-1-3-3-1 19-35 Mo	% Kids 4-3-1-3-3-1 19-35 Mo	# Kids 4-3-1-3-3-1-4 19-35 Mo	% Kids 4-3-1-3-3-1-4 19-35 Mo	Total Kids 12-18 Mo	# Kids 4-3-1-3-3-1 12-18 Mo	% Kids 4-3-1-3-3-1 12-18 Mo	Total Kids 3-27 Mo	# Approp for Age 3-27 Mo	% Approp for Age 3-27 Mo

TAB 9 MATERNAL SERVICES	# Pregnancy Test			Positive Pregnancy Test			# Prenatal Clients			# Prenatal Visits			# Postpartum Clients			# Postpartum Visits		
	Under 18	18-24	25 & Over	Under 18	18-24	25 & Over	Under 18	18-24	25 & Over	Under 18	18-24	25 & Over	Under 18	18-24	25 & Over	Under 18	18-24	25 & Over

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TAB 10 TB ENCOUNTERS	TB Individuals	TB Visits	TB Tests	Age 5-18 TB Tests	Active Cases	DOT Patients	DOT Visits	TB Meds Start TB0006 TB0010 TB0014	TB Meds Start Chart Rev/Not Found TB0006 TB0010 TB0014	TB Meds Declined TB0009 TB0013 TB0017	TB Meds Declined Chart Rev/Not Found TB0009 TB0013 TB0017	TB Meds DOT TB0005	TB Meds DOT Chart Rev/Not Found TB0005	TB Meds Complete TB0007 TB0011 TB0015	TB Meds Complete Chart Rev/Not Found TB0007 TB0011 TB0015

TAB 11 STD	# STD Clients	# STD Visits	Chlamydia				Gonorrhea				HIV			
			Total Pos		Total Neg		Total Pos		Total Neg		Total Reactive		Total Non Reactive	
			Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

TAB 12 DV SCREENING	# of Visits	DV Screen YES		Screening Results			DV Screen NO		Charting Not Done	
		#	%	Pos	Neg	Susp	#	%	#	%

TAB 13 FAMILY PLANNING	Family Planning Individuals & Visits by Age						Pap Smears		# ECPs FP0003	1st FP Visit 000018	Contraceptive Secondary TP's						
	0-17 Client	0-17 Visits	18-24 Client	18-24 Visits	25 & Over Client	25 & Over Visits	Under 50	Over 50			No/Exam FP0006	Admin FP0001	Patch FP0004	Ring FP0005	Oral Pill FP0007	IUD FP0008	Implant FP0010

TAB 14 SS# PCP	Social Security #	Social Security %	# with Primary Care Providers	% with Primary Care Providers	Clients w/ EPSDT CODES Total	# EPSDT w/ PCP	% EPSDT w/ PCP

TAB 15 PRIMARY CARE PROVIDER	Ages 0-5			Ages 6-17			18 & Over		
	Yes	None	Blank	Yes	None	Blank	Yes	None	Blank

TAB 16 IMMUNIZATION SCREENING	# of Visits	IZ Screen YES		Screening Results		IZ Screen NO		Charting Not Done	
		#	%	Current	Not Current	#	%	#	%

TAB 17 IMMUNIZATION SCREENING "YES"	% No Vaccine Needed	% Vaccine Needed	# Clients Vaccinated	% Clients Vaccinated	# Clients Not Vaccinated	% Clients Not Vaccinated	# Clients Not Vaccinated 0 - 6 yrs	# Clients Not Vaccinated 7 - 17 yrs	# Clients Not Vaccinated 18+ yrs	Decline Caregiver	Decline Client	Defer Provider	Referred	Counsel Vaccine Due	Total Reasons Not Vaccinated

TAB 18 HEALTHY LIFESTYLE SCREENING	Total Visits	% Screen "YES"	# Screen "YES"	% Screen "NO"	# Screen "NO"	Missing HT	Missing WT	Missing POV	0-17 yrs Total Visits	0-17 yrs % Screen "YES"	0-17 yrs # Screen "YES"	0-17 yrs % Screen "NO"	0-17 yrs # Screen "NO"

TAB 19 SBI - ALCOHOL	Total Visits	% Screen "YES"	# Screen "YES"	# POS	# NEG	% Screen Deferred	# Screen Deferred	% Incomplete Screen	# Incomplete Screen

REPORTING REQUIREMENTS - COMMUNITY-SYSTEMS #S

CSD info from Grantees

Information below is required for monitoring Grantee community and systems work.

Date	Event topic	Number PHN staff involved	Amount of PHN staff time	What Priority is the event linked to?	Was there an Event Specific evaluation?	Event Associated with CHIP?	How many people reached?	Event Associated with CHA?	Social Determinants addressed?

REPORTING REQUIREMENTS - NARRATIVE

Goal	Status
Community and System Event #s-	
<ul style="list-style-type: none"> 70% of CSD events MUST be related to strategic goal area 	
<ul style="list-style-type: none"> Each PHN must have at least 12/month 	
<ul style="list-style-type: none"> Provide written description of how each workgroup or coalition, or recurring meeting PHNs attend: aligns to the strategic plan, incorporates a community health assessment, and includes the unique role the PHN brings to the event. 	
Individual #s-	
<ul style="list-style-type: none"> Assure services target high risk, vulnerable and marginalized groups <ul style="list-style-type: none"> at least 70% of clients fall within the Less than 101% of FPL at least 35% of clients are Uninsured at least 35% of clients are Public 	
Assure all PHEP deliverables are achieved (list and provide summary of progress)	
Assure PHNs conduct formal ongoing risk assessments to assure services target high risk, vulnerable and marginalized groups (provide assessment reports and how used)	
Assure each SOPHN Logic Model is fully operationalized (list benchmarks for each Logic Model and provide progress report and improvement plan for areas of weakness)	
Review UDPR uninsured/underinsured metrics	
<ul style="list-style-type: none"> Develop goal and set plan for maximizing safety net role 	
Assure staff maintain compliance with all PHN trainings	
Assure ongoing development of local formal Community Assessment activities (i.e. MAPP)	
Assure ongoing involvement of local Community Health Improvement activities (i.e. MAPP)	
Provide list and update on maintenance efforts of appropriate MOUs with community partners	
Provide monthly outcome reports	