

NPI: _____

Owner: _____

Location: _____

Provider Name: _____



The Office of Family Planning (OFP) will consider your input to modify and improve the Provider Profiles project.

Review the Provider Profile indicators (graphs), including methodology and interpretation as needed, then respond to each item that corresponds to each indicator.

	A. This indicator and its interpretation is understandable as presented.	B. This indicator is useful (will be shared with staff and/or will be used to improve clinical practice).	C. This indicator appears to be an accurate representation of the Family PACT clients in this practice.	D. If you received a previous profile , did your score lead to changes in your practice?
Circle: 1 = Strongly agree 2 = Agree 3 = Neither agree nor disagree 4 = Disagree 5 = Strongly disagree				
1. Average Reimbursement per Client	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
2. Encounters per client	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
3. Chlamydia Screening, Women Age 25 and Younger	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
4. Chlamydia Screening, Women Over Age 25	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
5. E&M Visits Coded 99204	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
6. E&M Visits Coded 99214	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
7. E&C Visits Coded Z9754	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
8. SSN Reporting Among U.S.-Born Adults	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
9. ON-LINE PROFILES: Pregnancy Tests Per 100 Encounters	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO

NPI: _____ Owner: _____ Location: _____

Provider Name: _____

<p>10. Would you like to receive demographic information regarding your Family PACT clients?</p>	<p>YES NO</p>
<p>11. Would you like to receive information regarding the distribution of family planning methods among your clients?</p>	<p>YES NO</p>
<p>12. Would you like to receive information regarding Pap test utilization?</p>	<p>YES NO</p>
<p>13. If there are other indicators you would like to see included in future profiles, specify:</p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p>14. If there is a unique characteristic of your practice or your Family PACT client population that may influence interpretation of your profile and you wish to share this with OFP, please explain briefly the characteristic and which measure(s) are influenced.</p> <p><i>Please print clearly. If the space provided is insufficient, attach a separate sheet.</i></p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p> </p>	

Return this form within 30 days of receipt to:

ATTN: PROVIDER PROFILES
 California Department of Public Health
 Office of Family Planning
 P.O. Box 997420, MS 8400
 Sacramento, CA 95899-7420

Phone: (916) 650-0414
 Fax: (916) 650-0454
 Email: fampact@cdph.ca.gov
 Web site: www.familypact.org