

Practice Demographics

Required for all practices, including those not yet scheduled for scoring	Required for practices already scored and/or scheduled for scoring	Required for all practices that have set an NCQA scoring date or are planning to be scored by the end of 2013
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Parent Organization (if FQHC, RHC, CAH, group, or hospital-owned practice)	
Primary Care Practice Site Name	
Practice Specialty – Pediatrics (indicate with X)	
Practice Specialty – Family Practice (indicate with X)	
Practice Specialty – Internal Medicine (indicate with X)	
Practice Specialty – OB/GYN (indicate with X)	
Practice Physical Address	
City, State, Zip Code	
Affiliation Type (indicate all that apply: GROUP, INDEPENDENT, HOSPITAL-OWNED, FQHC, RHC, or CAH)	
Primary Medical Record (Paper, or Registry, or Paper + Registry, or EMR, or EMR + Registry)	
Name of EMR (if applicable)	
# PCP FTEs (MD, DO)	
# PCP FTEs (APRN)	
# PCP FTEs (PA)	
# PCP FTEs (ND)	
Total # PCP FTEs	
# Psychiatrist FTEs	
# PhD Psychologist FTEs	
# Psychiatric PA FTEs	
# Psychiatric APRN FTEs	
# Licensed Master Degree Mental Health counseling FTEs	
# Licensed Alcohol Drug Counselor (LADC) FTEs	
Total # Mental Health FTEs	
# RN FTEs	
# LPN FTEs	
# Social Work/Case Management FTEs	

# Medical Assistant FTEs	
# Clerical Staff FTEs	
# Other Staff FTEs	
Type of Other Staff (list)	
Total # Staff FTEs	
Clinical Champions	
NCQA Recognition Status (Pre-contemplation, preparing with facilitator, preparing without facilitator, scored)	
Anticipated Next NCQA Scoring Date	
Anticipated Next Survey Version (2008, 2011)	
Anticipated Next NCQA Scoring Type (multi-site or individual)	

Note: Express all FTEs in numbers rounded to the hundredths place – e.g. 1.25

Parent Organization (if FQHC, RHC, CAH, group, or hospital-owned practice)	If practice is an FQHC, Rural Health Clinic (RHC), Critical Access Hospital (CAH), group or hospital-owned practice, the organization that owns the practice.
Primary Care Practice Site Name	Name of advanced primary care practice or independent physician.
Practice Specialty – Pediatrics (indicate with X)	Enter an “X” if the practice specializes in pediatrics. Practices can have more than one practice specialty.
Practice Specialty – Family Practice (indicate with X)	Enter an “X” if the practice specializes in family practice. Practices can have more than one practice specialty.
Practice Specialty – Internal Medicine (indicate with X)	Enter an “X” if the practice specializes in internal medicine. Practices can have more than one practice specialty.
Practice Specialty – OB/GYN (indicate with X)	Enter an “X” if the practice specializes in OB/GYN. Practices can have more than one practice specialty.
Practice Physical Address	Practice physical (street) address
City, State, Zip Code	City, State, Zip code (either 5 or 9 digits)
Affiliation Type (indicate all that apply: GROUP, INDEPENDENT, HOSPITAL-OWNED, FQHC, RHC, or CAH)	Please indicate if the practice is a group, independent, hospital-owned, FQHC, Rural Health Clinic (RHC) and/or Critical Access Hospital (CAH) practice.
Primary Medical Record (Paper, or Registry, or Paper + Registry, or EMR, or EMR + Registry)	Indicate whether primary medical record is: Paper, or Registry, or Paper + Registry, or EMR, or EMR + Registry
Name of EMR (if applicable)	Name of electronic medical record is applicable. If not applicable leave blank.
# PCP FTEs (MD, DO)	Total # FTEs for MDs and DOs
# PCP FTEs (APRN)	Total # FTEs for APRNs
# PCP FTEs (PA)	Total # FTEs for Pas
# PCP FTEs (ND)	Total # FTEs for NDs
Total # PCP FTEs	Total # FTEs for all PCPs (MDs +DOs+APRNs+PAs+NDs)
# Psychiatrist FTEs	Total # FTEs for Psychiatrists
# PhD Psychologist FTEs	Total # FTEs for PhD Psychologists
# Psychiatric PA FTEs	Total # FTEs for Psychiatric PAs
# Psychiatric APRN FTEs	Total # FTEs for APRNs
# Licensed Master Degree Mental Health counseling FTEs	Total # FTEs for Licensed Master Degree mental health counselors
# Licensed Alcohol Drug Counselor (LADC) FTEs	Total # FTEs for licensed alcohol and drug

	counselors (LADC)
Total # Mental Health FTEs	Total # FTEs for mental health providers (Psychiatrists+Psychologists+PA+APRN+licensed masters degree counselors)
# RN FTEs	Total # FTEs for RNs
# LPN FTEs	Total # FTEs for LPNs
# Social Work/Case Management FTEs	Total # FTEs for social work/case managers
# Medical Assistant FTEs	Total # FTEs for MAs
# Clerical Staff FTEs	Total # FTEs for clerical staff
# Other Staff FTEs	Total # FTEs for other staff
Type of Other Staff (list)	Describe the type of staff counted under other
Total # Staff FTEs	Total FTEs for all staff (RN+LPNs+mental health+case management+MAs+clerical staff+other staff)
Clinical Champions	Name of primary care provider in the practice who will be the primary contact for the Blueprint. First Name, Last Name, Credentials