**RHWP Subrecipient Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GMIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Data is for the calendar year (January-December 2024)*

|  |  |
| --- | --- |
| **Data Point** | **Results** |
| Number of reports made for child abuse |  |
| Number of RHWP patients with HGSIL or higher results |  |
| Number of RHWP patients with ASC, LGSIL, or higher results |  |
| Number of RHWP with positive HIV tests |  |
| Number of anonymous HIV tests (regardless of results) for RHWP patients |  |
| Number of FTE\* **Physicians** working in the Reproductive Health and Wellness Program |  |
| Number of FTE\* **Physician Assistants/Nurse Practitioners/ Certified Nurse Midwives** working in the Reproductive Health and Wellness Program |  |
| Number of FTE\* **Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment.** working in the Reproductive Health and Wellness Program |  |

***\*An FTE is a “full time equivalent (40hrs)” If you have 3 NPs that work 10 hours, 20 hours and 30 hours, this would be 1.5 FTEs (60hrs).***

Submit this form via GMIS to the ODH RHWP no later than **February 1, 2025**.

|  |  |
| --- | --- |
| **Revenue Source** | **Amount** |
| **Title X** |  |
| 1. Reproductive Health & Wellness Program grant |  |
| **Payment for Services** |  |
| 2. Total client collections/self-pay |  |
| 3. Third-party payers |  |
| 3a. Medicaid (Title XIX) |  |
| 3b. Medicare (Title XVIII) |  |
| 3c. Children’s Health Insurance Program (CHIP) |  |
| 3d. Other public health insurance |  |
| 3e. Private health insurance |  |
| **4. Total – Third-Party Payers (add rows 3a +3b + 3c + 3d + 3e)** |  |
| **5. Total – Payment for Services (add row 2 + 4)** |  |
| **Other Revenue** |  |
| 6. Title V (MCH Block Grant) |  |
| 7. Title XX (Social Security Block Grant) |  |
| 8. TANF funds |  |
| 9. Local government revenue, i.e. levy funds |  |
| 10. State government revenue |  |
| 11. Bureau of Primary Health Care (BPHC) |  |
| 12. Other: BCCP |  |
| 13. Other: United Way |  |
| 14. Other: Donations |  |
| 15. Other: Workers Comp |  |
| 16. Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **17. Total – Other Revenue (add rows 6+7+8+9+10+11+12+13+14+15+16)** |  |
| **18. Total Revenue (add rows 1 + 5 + 17)** |  |