

# 10 Tips When Preparing Your Electronic Health Record For Title X Family Planning Annual Report (FPAR)



The Office of Population Affairs (OPA) requires that each grantee submit a Family Planning Annual Report (FPAR) on February 15th every year for services provided during the previous calendar year. Title X agencies that use electronic health records (EHRs) should have structured data fields for accurate FPAR reporting. FPAR consists of 14 tables.<sup>1</sup> Thirteen of the tables rely on clinical data collected through EHRs or superbills for those using paper charts. The 14th table provides information on program revenue, specifically the sources and amounts of financial support. Data for Table 14 includes Title X grant funding, payments for services, and other revenue.

This job aid focuses on the clinical data in Tables 1–13. The intended audience includes CEOs, Program Managers, and IT/EHR staff at health centers that are considering providing Title X services in a Title X grantee network, health centers that were recently added to a Title X grantee's network, and health centers that already provide Title X services but are considering a new EHR system.

The following 10 tips can be used to assess Title X reporting requirements quickly and to determine what steps, if any, you must take to ensure that your EHR is ready for FPAR reporting. Refer to the [FPAR Forms and Instructions](#) issued by OPA for complete definitions and instructions for FPAR reporting.

## TIPS

### *Modifying Your EHR*

1. Use the FPNTC's [FPAR Preparation Worksheet](#) to map FPAR requirements to your EHR data fields and determine actions needed to get your EHR ready for FPAR reporting.
2. Determine how to electronically identify what qualifies as a Title X encounter. Relying on CPT codes alone is insufficient. Because of FPAR reporting nuances (refer to the [FPAR Forms and Instructions](#)), some agencies elect to create a prompt in the EHR for clinical staff to indicate that the encounter should be included in FPAR. This prompt is then used to electronically identify FPAR encounters.
3. Make sure to report all patients/clients that meet the definition of a family planning user (an individual who has at least one family planning encounter at a Title X service site during the reporting period), per the [FPAR Forms and Instructions](#). All clients that meet the definition of a family planning user should be reported on FPAR, regardless of whether Title X funds were used to pay for the encounter. Agencies that receive funding from both the Title X and HRSA Health Center Program (funded under Section 330) must ensure that they comply with mandatory program reporting requirements for both programs. (For more information, see the [Title X Program Policy Notice Integrating with Primary Care Providers](#).)
4. Collect income and family size data in a way that can be used in reports for all of your programs. Collecting the number of people in the family as a separate field from income gives you the flexibility to calculate percent of federal poverty level (FPL) and create distinct categories for different programs.
5. Verify that your EHR system collects structured data fields that are necessary for FPAR reporting. Your current EHR system may be set up to respond to other data requirements that do not necessarily align

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<sup>1</sup> U.S. Health & Human Services, Office of Population Affairs. (October 2016). Title X Family Planning Program Annual Report: Forms and Instructions. Retrieved from <https://www.hhs.gov/opa/sites/default/files/fpar-forms-instructions-reissuedoct-2016.pdf>

with FPAR reporting requirements. For example, Title X FPAR reporting requires that you submit data on “sex” with “females” and “males” as the only possible options, while other programs may require that you collect data on “gender” and include an option for “transgender.”

### ***Staff Input and Training***

6. Involve clinical staff when designing EHR workflows to ensure any new templates or fields are conveniently located. Some agencies find that creating a Title X/Family Planning Template where all FPAR and related data are entered is helpful, while others prefer to integrate Title X/Family Planning EHR workflows throughout the EHR.
7. Engage clinical and administrative staff in establishing a timeline for incorporating any needed EHR modifications identified.
8. After modifying EHR templates, consider how these revisions impact your workflow processes and assess whether you need to make any additional workflow and/or EHR changes. For example, if you have created a new structured field to collect primary birth control method, you will need to ensure that clinical staff responsible for entering data in that field have a process for doing so.
9. Train staff on new FPAR reporting and any related workflows.
10. Validate your FPAR report data to ensure that the data accurately reflect your family planning population and the services they received.
  - a. What is the process for validating reports prior to publishing results?
  - b. Do staff who are knowledgeable about the Title X program and FPAR reporting have the opportunity to review the report prior to submission and provide feedback on perceived accuracy?
  - c. When troubleshooting issues, consider:
    - i. Provider/staff workflow (e.g., The provider did not input information on primary method of contraception into the correct field in the EHR)
    - ii. EHR configuration (e.g., there isn't a “good” place to input the data into the EHR)
    - iii. Report mapping (e.g., the data is in the EHR, but not being pulled into the report)

See the table below for an overview of the FPAR Tables, intended to introduce you to preparing an EHR for FPAR reporting. The FPNTC has also created a more detailed [FPAR Preparation Worksheet](#) to assist Title X agencies in identifying what, if any, modifications need to be made to an EHR to collect FPAR data. Refer to the [FPAR Forms and Instructions](#) for complete information on FPAR Tables. The following overview excludes Table 14, Revenue Report.

Table Name	Data Required for Table	Unit of Analysis (Unduplicated Clients, Number of Encounters, or Number of Tests)
<b>Table 1.</b> Unduplicated Number of Family Planning Users by Age Group and Sex	<ol style="list-style-type: none"> <li>1. Sex</li> <li>2. Age group</li> </ol>	Unduplicated count of clients receiving a family planning service
<b>Table 2.</b> Unduplicated Number of Female Family Planning Users by Race and Ethnicity	<ol style="list-style-type: none"> <li>1. Sex (female)</li> <li>2. American Indian or Alaskan Native</li> <li>3. Asian</li> <li>4. Black or African American</li> <li>5. Native Hawaiian or Other Pacific Islander</li> <li>6. White</li> <li>7. Ethnicity (Hispanic, Non-Hispanic, Unknown)</li> </ol>	Unduplicated count of female clients receiving a family planning service
<b>Table 3.</b> Unduplicated Number of Male Family Planning Users by Race and Ethnicity	<ol style="list-style-type: none"> <li>1. Sex (male)</li> <li>2. American Indian or Alaskan Native</li> <li>3. Asian</li> <li>4. Black or African American</li> <li>5. Native Hawaiian or Other Pacific Islander</li> <li>6. White</li> <li>7. Ethnicity (Hispanic, Non-Hispanic, Unknown)</li> </ol>	Unduplicated count of male clients receiving a family planning service
<b>Table 4.</b> Unduplicated Number of Family Planning Users by Income Level	<ol style="list-style-type: none"> <li>1. Family size</li> <li>2. Family income</li> </ol>	Unduplicated count of clients receiving a family planning service
<b>Table 5.</b> Unduplicated Number of Family Planning Users by Principal Insurance Coverage Status	<ol style="list-style-type: none"> <li>1. Health insurance (public, private, uninsured, unknown)</li> </ol>	Unduplicated count of clients receiving a family planning service
<b>Table 6.</b> Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)	<ol style="list-style-type: none"> <li>1. LEP</li> </ol>	Unduplicated count of clients receiving a family planning service

Table Name	Data Required for Table	Unit of Analysis (Unduplicated Clients, Number of Encounters, or Number of Tests)
<b>Table 7.</b> Unduplicated Number of Female Family Planning Users by Primary Method and Age Group	<ol style="list-style-type: none"> <li>1. Sex (female)</li> <li>2. Age group</li> <li>3. Primary method of birth control</li> </ol>	Unduplicated count of female clients receiving a family planning service
<b>Table 8.</b> Unduplicated Number of Male Family Planning Users by Primary Method and Age Group	<ol style="list-style-type: none"> <li>1. Sex (male)</li> <li>2. Age group</li> <li>3. Primary method of birth control</li> </ol>	Unduplicated count of male clients receiving a family planning service
<b>Table 9.</b> Cervical Cancer Screening	<ol style="list-style-type: none"> <li>1. Sex (female)</li> <li>2. Pap tests performed</li> <li>3. Pap test results</li> </ol>	Mix of unduplicated female client count and count of tests
<b>Table 10.</b> Clinical Breast Exams (CBEs) and Referrals	<ol style="list-style-type: none"> <li>1. Sex (female)</li> <li>2. CBE performed</li> <li>3. Referral for further evaluation based on CBE</li> </ol>	Unduplicated female clients meeting criteria
<b>Table 11.</b> Unduplicated Number of Family Planning Users Tested for Chlamydia by Age Group and Sex	<ol style="list-style-type: none"> <li>1. Sex (female)</li> <li>2. Age group</li> <li>3. Chlamydia test</li> </ol>	Unduplicated female clients receiving at least one chlamydia test during reporting period
<b>Table 12.</b> Number of Tests for Gonorrhea, Syphilis, and HIV and Number of Positive Confidential HIV Tests	<ol style="list-style-type: none"> <li>1. Sex</li> <li>2. Gonorrhea test</li> <li>3. Syphilis test</li> <li>4. HIV test</li> </ol>	Count of tests performed by sex
<b>Table 13.</b> Number of Full-Time Equivalent Clinical Services Providers and Family Planning Encounters by Type of Provider	<ol style="list-style-type: none"> <li>1. Type of service provider (physician, PA/NP/nurse midwife, RN with expanded scope, or other)</li> </ol>	Count of family planning encounters