

# 2021 Epic for FQHCs Enrollment Form

## APPLICANT INFORMATION

Submitted By (Your Name)

SF Dept. of Public Health

Hospital Organization

Date

## FQHC INFORMATION

FQHC name as reported to HRSA

Numerous

Is this an FQHC or a FQHC look-alike/other?

FQHC

Is this FQHC part of the hospital organization or a Connect?

Part of the hospital organization

Estimated percentage of the FQHC's patients seen at hospital organization's facilities

100%

Applications	Implementing /live at FQHC?	Live at hospital organization?	Estimated number of annual visits at FQHC	Go-live date or expected go-live date for FQHC
EpicCare Ambulatory		Live	See Attached	
Prelude Registration		Live	N/A	
Cadence Scheduling		Live	N/A	
Resolute PB		Live	N/A	
Wisdom Dental		Live	See Attached	
Behavioral Health (separate app)		Future		

Hospitals enrolling multiple FQHCs that are all part of your organization, rather than a Connect, may submit one Enrollment Form. Please provide FQHC specific information in the Enrollment Form Attachment.

## GRANT REQUIREMENTS - Please confirm how you're meeting the following grant requirements:

1. How are you supporting UDS and other critical grant reporting for the FQHC?

We report Demographics and Quality of Care. All reporting for UDS and grant reporting is serviced by the SF DPH reporting resources. We are using the standard UDS tables from Epic for our UDS report.

2. Do you give FQHC users access to reporting tools (e.g., Reporting Workbench, Clarity, SlicerDicer)?

Yes, we give them this level of access. FQHC users have the same level of access as non-FQHC users.

3. Will you allow staff from the FQHC to attend the Physician Builder training at Epic? Do your physician builders have access to make changes in Epic? (Please note: Having physician builders is not a requirement for the FQHC grant program, but you must allow them to participate if the FQHC elects to.)

Yes and Yes. The FQHC users are one in the same as our primary users.

#### GRANT DISTRIBUTION - Section required only if FQHC is a Connect

The grant should be distributed proportionately to whichever organization paid for the system. Please describe below how you split the costs for license fees, maintenance fees, and also what percentage of the grant should go to the FQHC and to the organization.

The FQHCs are part of the SF Health network, which is a division under the SF Dept. of Public Health. The Epic contract and license fees were paid for by the the SF Dept. of Public Health. Therefore, we believe 100% of the distribution should go to the SF Dept. of Public Health.

Percent to be distributed to the FQHC \_\_\_\_\_ %

Percent to be distributed to the Hospital Organization 100 %

#### SIGNATURES

FQHC signature is required only if the FQHC is a Connect. The information provided below will be used for grant check distribution. Please fill out the information accordingly to aid in processing and sending your check.

##### FQHC

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

##### HOSPITAL ORGANIZATION

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
San Francisco CA, 94110

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature  
F15F6333F7A574B6...

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

*Epic will review your form and return a signed form upon approval.*

#### EPIC SIGNATURE - To be filled out by Epic

Approved for participation in the 2021 Epic for FQHCs program by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*Please contact [FQHC@epic.com](mailto:FQHC@epic.com) with any questions. This program can be changed at any time without notice. You may have obligations to report this grant to Medicare, Medicaid, and other government payers.*

*Enrollment forms must be completed and submitted prior to November 30, 2021 to be eligible for the 2021 grant.*