
2026 WAFCC Membership and VHCP Questionnaire

For your convenience, here are the questions that will be in the 2026 WAFCC Membership and VHCP portal.

If you have questions during the enrollment process, please contact Shelby Miller at shelby.miller@wafccclinics.org

1. Information of the Individual filling out the application

- a. First and Last Name
- b. Email
- c. Phone Number

2. Organization primary's Contact Information

- a. First and Last Name
- b. Contact position / Title
- c. Contact email address

3. Organization Information

- a. My Organization is considered a...
- b. Organization Name
- c. Phone Number
- d. Website URL
- e. Address
- f. Does your organization have any satellite locations?
- g. Describe mobile capabilities to extend services in the community

4. Counties served by your organization

- a. List of all WI Counties for you to pick

5. Financial Data

- a. Is your organization Tax Exempt Status 501(c)3
- b. Federal EIN (Tax ID)
- c. Total cash-operating expenditure in the past year. Either your most recently completed fiscal or calendar year (by December 31, 2022). Exclude capital spending as well as donated time, goods, and services.
- d. Total revenue received from patient fees and reimbursements of services in the past year?

- e. Do you bill for third party reimbursement?
- f. Do you charge patients for any services?

6. Target Population of Organization

- a. What percentage of male and female patients (as listed at birth) did you serve in the past year?
- b. What percentage of your patients in the past year were children, adults or older/elderly adults?
- c. What percentage of your patients in the past year were children, adults or older/elderly adults?
- d. Your Patients Income Level (%) percentage of patients seen in the past year fall into the following Federal Poverty Level (FPL) income brackets:

Family Size	Annual	100% FPL	120% FPL	135% FPL	150% FPL	185% FPL	200% FPL	250% FPL	300% FPL
1	\$15,960	\$1,330.00	\$1,596.00	\$1,795.50	\$1,995.00	\$2,460.50	\$2,660.00	\$3,325.00	\$3,990.00
2	\$21,640	\$1,803.33	\$2,164.00	\$2,434.50	\$2,705.00	\$3,336.16	\$3,606.66	\$4,508.33	\$5,409.99
3	\$27,320	\$2,276.67	\$2,732.00	\$3,073.50	\$3,415.01	\$4,211.84	\$4,553.34	\$5,691.68	\$6,830.01
4	\$33,000	\$2,750.00	\$3,300.00	\$3,712.50	\$4,125.00	\$5,087.50	\$5,500.00	\$6,875.00	\$8,250.00
5	\$38,680	\$3,223.33	\$3,868.00	\$4,351.50	\$4,835.00	\$5,963.16	\$6,446.66	\$8,058.33	\$9,669.99
6	\$44,360	\$3,696.67	\$4,436.00	\$4,990.50	\$5,545.01	\$6,838.84	\$7,393.34	\$9,241.68	\$11,090.01
7	\$50,040	\$4,170.00	\$5,004.00	\$5,629.50	\$6,255.00	\$7,714.50	\$8,340.00	\$10,425.00	\$12,510.00
8	\$55,720	\$4,643.33	\$5,572.00	\$6,268.50	\$6,965.00	\$8,590.16	\$9,286.66	\$11,608.33	\$13,929.99
9	\$61,400	\$5,116.67	\$6,140.00	\$6,907.50	\$7,675.01	\$9,465.84	\$10,233.34	\$12,791.68	\$15,350.01
10	\$67,080	\$5,590.00	\$6,708.00	\$7,546.50	\$8,385.00	\$10,341.50	\$11,180.00	\$13,975.00	\$16,770.00

- e. Percent of your patient population does not speak English as their primary language? (Please provide best estimate of percentage)

7. Service Provided, you will be able to choose between:

On-Site / Refer-Out / On-Site and Refer-Out / Don't Provide

Urgent and/or Acute Care	Dental Care	Substance Abuse Treatment / Counseling
Yearly physicals	Vision Screening	Mental Health Treatment / Counseling
HIV Testing	Family Planning	Specialty Services
Immunizations	Prenatal / Obstetrical Care	Chronic Disease Management
Laboratory	STD Testing / Treatment	
X-ray (non-dental)	Case Management	

8. Patients Visits and Tests

- a. Total Number of all Medical VISITS (both primary care AND specialty visits for both new and established patients).
 - i. *Specialty visits include all specialties such as gyn, cardiology, endocrinology, etc. - DO NOT include mental/behavioral health or dental visits in this total*
- b. Total Number of Established Patient On-Site Medical Visits (both primary care and specialty visits).
- c. Number of Telehealth Visits (Exclude Mental Health/Behavioral Health visits captured below).
- d. Number of Mental Health/Behavioral Health VISITS (1 VISIT = 1 HR)
- e. Number of Pharmaceutical Visits / Medication Management Consults
- f. Number of Case Management/Social Services Visits
- g. Total Patient VISITS (roughly should be sum of dental, medical and mental health/behavioral visits)
- h. Of the total MEDICAL visits, approximately what number of MEDICAL visits could have occurred at the ED if the clinic was not in operation?
- i. Does your clinic provide any other services that were not addressed above? If so, please list.
- j. Number of In-House Imaging Tests in the past year. Imaging tests done off-site, but PAID BY THE CLINIC can be counted in the above total. If someone else (i.e., the hospital or radiology center performing imaging test) is donating the services or paying the cost, please do not include this in your totals.
- k. Number of In-House Lab Tests in the past year. Lab draws and lab tests performed on-site can be counted in the above total. Lab tests done off-site, but PAID BY THE CLINIC can be counted in the above total. Lab draws done on-site with lab tests done off-site can NOT be counted towards the total if the clinic does NOT pay for it. If someone else (i.e., the hospital is performing the lab test) is donating the services or paying the cost, please do not include this in your totals.
- l. Number of Dental VISITS *Note: this is different from the number of dental PATIENTS. One patient could have more than one visit in a year.
- m. Total Dental Procedures *Note: this is different from the number of dental VISITS. One patient could have more than one procedure per visit.
 - i. TIER 1 Dental Procedures: Preventative and Diagnostic Services (Of the total dental procedures, how many were classified as Tier 1?) *Examples: comprehensive oral evaluations, bitewing – single radiographic image, and other preventive or diagnostic services.*

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- ii. TIER 2 Dental Procedures: Restorative and Non-Surgical Extractions (Of the total dental procedures, how many were classified as Tier 2?) *Examples: resin-based composite – two surfaces, anterior, and non-surgical tooth extractions.*
 - iii. TIER 3 Dental Procedures: Surgical Extractions and Procedures (Of the total dental procedures, how many were classified as Tier 3?) *Examples: extraction of erupted tooth or exposed root and alveoloplasty in conjunction with extractions.*
 - iv. TIER 4 Dental Procedures: Specialty Dental Services (Of the total dental procedures, how many were classified as Tier 4?) *Examples: crown – porcelain/ceramic substrate and complete denture – maxillary.*
- n. Of the total DENTAL visits, approximately what number of DENTAL visits would have occurred at the ED if the clinic was not in operation? If an estimation cannot be provided, consider surveying patients this question during the visit.

9. Number of Patients

- a. Total NUMBER of New Patients in Past Year. A new patient is someone who is completely new to the clinic or has not been previously seen by the clinic within the past 3 years.
- b. Total number of patients served in the past year (new and established combined)
Note: this is different from total number of visits. A patient could come in multiple times in a year. For this question, this would only count as 1 patient served.
- c. Number of patients who utilized the following service types:
 - i. Medical Program
 - ii. Dental Program
 - iii. Mental Health / Behavioral Health
 - iv. Pharmaceutical
 - v. Case Management /Social services (with community health worker)
 - vi. Other

10. Patients Medical Conditions

- a. % Diabetes Screening and/or Management
- b. % HTN Screening and/or Management
- c. % Cancer Screening and/or Management
- d. % Obesity Screening and/or Management
- e. % Dental Care
- f. % Sexual Health Screening and/or Management
- g. % Dyslipidemia/Hypercholesterolemia Screening and/or Management
- h. % Mental Health Screening and/or Management
- i. % Influenza Immunization

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- i. If the clinic is involved in any part of the process of the patient obtaining the vaccine (i.e., providing the vaccine, providing a voucher, or referring the patient to an outside agency), this counts towards this percentage.
 - j. % Other Immunizations (ex: shingles, pneumonia, COVID, etc.)
 - i. If the clinic is involved in any part of the process of the patient obtaining the vaccine (i.e., providing the vaccine, providing a voucher, or referring the patient to an outside agency), this counts towards this percentage.

11. Staff and Volunteers

- a. Total Number of Paid Providers:
- b. Total Number of Full-time Staff (32+ Hours):
- c. Total Number of Part-time Staff (less than 32 Hours):
- d. Total number of Paid/employed hours for your Clinic this past calendar year
- e. Total Number of Volunteers:
- f. Total Number of Volunteer Providers:
- g. What was the total number of Volunteer hours provided at your Clinic this past calendar year:

12. Other and Summary

- a. Choose what best describes your pharmaceutical facilities. Note: a pharmacy distributes medications packaged from their own bulk supplies, while a dispensary distributes pre-packaged samples and medications.
- b. What was the total number of 30-day on-site prescriptions filled or medications dispensed by the clinic in the past year. Note that this is different from the number of medications prescribed by the clinic. Please provide your best estimate.
*Medications that are dispensed at the clinic (via outside programs such as patient assistant programs) but are not paid for by the clinic should NOT be counted in the number of prescriptions. Only medications paid for by the clinic are counted. ex: A three month prescription paid for by the clinic will count as 3 prescriptions.
- c. Is your organization CLIA certified?
- d. Does your clinic currently use an Electronic Health Record system?
- e. Which EHR system?
- f. What challenges at your clinic keep you up at night and how can we help?
- g. Is there anything in this application that we didn't ask that you would like us to know about your clinic?

VHCP:

1. Review and update your current list of providers.
 - a. Check name, title and status. Hover over the field and click the icon pencil to update.
 - b. A save button will appear once you make the edit.
 - c. After editing a field the background changes from white to yellow to remind you to save your work before moving to another screen.
2. Scroll to the bottom of the page to add new providers.
 - a. Select 'Yes - I need to add a new provider(s)' from the dropdown.
 - b. Add one provider at a time and click submit.
 - c. The providers you add will populate in your current list of VHCP providers.
3. Your changes will be saved when you click submit.
4. Do you need to add a new VHCP Provider(s)?
5. Once you've completed this enrollment wizard and arrive at the final screen, a list of all active VHCP Providers on file for your organization will be sent to the Organization Email we have on record. You may also specify an additional email address in the following field to receive this email. We will also document today as the most recent date that your organization has updated their VHCP information. By selecting "Yes- please email me our list of active providers after I click Submit" and clicking on the "Submit" button, you will receive an email listing your current active VHCP Providers.