OASH | Office of Population Affairs

Family Planning Annual Report 2.0 Implementation Guide

October, 2021

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I. Introduction

A. Understanding the transition to FPAR 2.0

Title X Family Planning Service grantees must submit data for the Family Planning Annual Report (FPAR) to the Office of Population Affairs (OPA) annually for monitoring and reporting purposes (45 CFR Part 74 and 45 CFR Part 92). Under FPAR 1.0, grantees reported aggregate performance measures. FPAR 2.0 introduces encounter-level data collection. Under FPAR 2.0, grantees will report many of the same elements from FPAR 1.0 but at the encounter level. FPAR 2.0 will also collect new data elements related to quality measures and Quality Family Planning (QFP) recommendations, including information on facilities, providers, and clients' demographics. Information from FPAR 2.0 will help grantees and OPA better describe the work done under Title X in service of their communities and enable OPA to better oversee grantees' performance, service provision, and compliance with legislative mandates.

B. Purpose of Implementation Guide

This implementation guide aims to be a resource for grantees as they transition to FPAR 2.0. It provides grantees with (1) a brief introduction to FPAR 2.0, (2) general instructions on completing the FPAR, (3) a review of key terms and definitions, (4) guidance on FPAR 2.0 reporting pathways, (5) FPAR 2.0 data requirements, (6) information on FPAR 2.0 data privacy, and (7) technical assistance resources.

C. Goals for FPAR 2.0

The FPAR is the only source of annual, uniform reporting by all grantees funded under Section 1001 of the Title X Public Health Service Act. As with FPAR 1.0, the goals of FPAR 2.0 are to (1) monitor compliance with statutory requirements, regulations, and operational guidance in Title X program requirements; (2) comply with accountability and federal performance requirements; and (3) guide strategic and financial planning and responses to inquiries from policymakers and Congress. With the goals of achieving quality, access, and equity, FPAR 2.0 will enable OPA and grantees to better understand the diverse needs of the people who receive Title X services, provide focused support to Title X providers, and help identify successes and gaps to improve the Title X program overall and the services provided at the grantee and subrecipient levels.

The new system will automate procedures currently done manually by some grantees and OPA staff, such as tabulating and checking basic counts of the number of clients served and types of services provided. In addition, the data collected with FPAR 2.0 will contribute to a learning health care environment by expanding the options for data analysis and reporting—for example, through interactive data dashboards and visualizations and application of statistical analyses on the encounter-level data files.

FPAR 2.0 data will include (1) a grantee profile cover sheet, (2) encounter data, (3) a project revenue report, and (4) a report on providers of family planning clinical services. These data will give OPA information on the characteristics of the Title X service network and the people who receive Title X services, including information on clients' contraceptive use and receipt of related preventive health services. FPAR 2.0 will generate the same 14 tables FPAR 1.0 did and collect additional data elements. Please see the section on **Data Elements** of this implementation guide for more information.

II. General Instructions

This section provides general instructions and the due date for completing the FPAR.

A. Who submits data to FPAR 2.0?

Grantees funded under Section 1001 of the Title X Public Health Service Act (42 USC 300) must submit FPAR 2.0 data. The family planning services grantee is the direct recipient of the Title X grant and is therefore responsible for reporting all FPAR 2.0 data for the grant. Subrecipients (delegates or subcontractors) to the grantee receive Title X funds via the grantee. Subrecipients should submit FPAR 2.0 data to the grantee, which will submit to OPA on behalf of all subrecipients.

B. Activities to report in the FPAR 2.0

FPAR 2.0 aims to provide a comprehensive view of the family planning activities executed under the grant. Grantees should review FPAR 2.0 terms and definitions in the following section, and **Business Rules** for FPAR 2.0 data elements. The terms and definitions provide guidance on the scope of activities relevant to family planning encounters; the business rules describe required and optional data subrecipients should captured during family planning encounters to meet FPAR reporting requirements. **Note to grantees: If you have questions about what is in scope and therefore should be included in the FPAR report, please contact your project officer (PO).**

C. Due date for submitting the FPAR 2.0

Grantees should prepare and submit FPAR data no later than February 15 of each year. The reporting period is the prior calendar year (January through December). If February 15 is a weekend day or federal holiday, the FPAR is due on the next business day after February 15.

III. Terms and Definitions

OPA provides the following definitions for key FPAR 2.0 terms to ensure uniform reporting by Title X grantees. For additional details, please refer to the guide on Understanding FPAR Definitions.

- **Family planning user.** A family planning user is an individual who has at least one family planning encounter during the reporting period. The same individual may have more than one encounter, but can only be counted as a family planning user once during a reporting period.
- **Family planning provider.** A family planning provider is the individual who assumes primary responsibility for assessing a client (family planning user) and documenting services in the client's record. Providers include those agency staff that exercise independent judgment about the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other services providers.
  - *Clinical services providers.* Includes physicians, physician assistants, nurse practitioners, certified nurse midwives, and 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 assessments recommended for contraceptive, related preventive health, and basic infertility care .
  - *Other service providers.* Includes other agency staff (for example, registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health

educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the Title X program requirements. Other service providers may also perform or obtain samples for routine laboratory tests (for example, urine, pregnancy, sexually transmitted disease [STD], and cholesterol and lipid analysis), give contraceptive injections (for example, Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (for example, blood pressure evaluation), in accordance with the Title X program requirements.

- **Family planning encounter.** A family planning encounter is a documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter is to provide family planning and related preventive health services to clients who want to avoid unintended pregnancies or achieve intended pregnancies. A written record of the services provided during the family planning encounter must be documented in the client record for FPAR.

  A virtual family planning encounter uses telecommunications and information technology to provide distanced access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision. Telehealth technologies include telephone, facsimile machines, electronic mail systems, videoconferencing, store-and-forward imaging, streaming media, remote monitoring devices, and terrestrial and wireless communications.

  There are two types of family planning encounters: (1) family planning encounters with a clinical services provider and (2) family planning encounters with other service providers as described above. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training, who takes ultimate responsibility for the client's clinical or non-clinical assessment and care during the encounter, should be the provider of record for the encounter.

  Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face or virtual contact between the client, and the provider documents the encounter in the client's record.

  Reporting encounter-level data involves submitting FPAR 2.0 data elements that capture information pertaining to the family planning user, provider, services, and site from unique encounters.

- **Family planning service site.** Service site is a clinic or other location where Title X services are provided to clients. Title X recipients and/or their subrecipients may have service sites.

IV. Reporting Pathways

To accommodate varying degrees of grantees' readiness to transition to FPAR 2.0, OPA will provide a three-year transition starting with February 2023 reporting for data collected from January through December 2022. Descriptions of the two available reporting pathways follow. By data collection year 2025, grantees will be expected to complete a full transition to FPAR 2.0, reporting all required data elements at the encounter level. Please see the section on Business Rules for more details.

A. Preferred approach

In the **preferred approach**, grantees that can submit any FPAR 2.0 encounter-level data from 2022 will do so in February 2023. The encounter-level submission does not have to reflect complete data. Grantees should report as many data elements as possible, per each encounter. The FPAR 2.0 system will calculate site- and grantee-level aggregate-level tables similar to those currently submitted as part of the FPAR 1.0 process. Grantees will have two options for addressing incomplete data or data quality issues:

1. Correct encounter data and resubmit the data.
2. Edit the grantee-level tables produced by the FPAR 2.0 system. Grantees will have the option to edit summary tables that are similar to the tables submitted for FPAR 1.0 to ensure totals for each table accurately represent services provided.

B. Alternate approach

In the **alternate approach**, grantees that cannot report any encounter-level data in February 2023 (data collection year 2022) should apply for a waiver from OPA and ask for approval to submit FPAR 1.0 data. As part of this approach, the waiver request will ask grantees to develop and present a plan for how they will transition to FPAR 2.0 encounter-level submissions.

To support this alternate approach, the FPAR 2.0 system will allow Title X grantees, with OPA approval, to enter data for the tables similar to those used by FPAR 1.0. The FPAR 2.0 system will use data entries to create the FPAR annual report. The alternate approach will be available for data collected through December 2024, which grantees will submit in February 2025.

Grantees should make the transition to FPAR 2.0 as soon as they can. They do not have to wait until the 2025 reporting period to do so.

Exhibit 1.a summarizes the two reporting approaches.

Exhibit 1.a. Preferred and alternate approaches for FPAR 2.0 transition

CY = calendar year.

Table 1.a includes a few example scenarios and recommended next steps from the grantee perspective.

Table 1.a. Example scenarios and recommended next steps for FPAR 2.0 transition

Scenario	Recommended next steps
We are a grantee with an EHR system and can submit *all* data for FPAR 2.0 at the encounter level.	**Preferred pathway** Collect FPAR 2.0 data during the data collection year 2022 Submit FPAR 2.0 encounters by February 15, 2023 Edit summary tables within the FPAR 2.0 system as needed
We are a grantee with an EHR system and can collect *some* FPAR 2.0 encounter-level data from our subrecipients and service sites.	**Preferred pathway** Collect FPAR 2.0 data during the data collection year 2022 Submit FPAR 2.0 encounters by February 15, 2023 Edit summary tables within the FPAR 2.0 system as needed Work with technical assistance providers to address any data quality issues to improve the quality of future submissions
We have an EHR system but cannot create FPAR 2.0 encounter-level data at this time.	**Alternative pathway** Submit a one-year waiver to OPA by November 1, 2021, for submitting FPAR 2.0 for data collection year 2022 Develop a plan with the project officer to support service sites that will update their EHR systems to better support FPAR 2.0 Work with your EHR vendor to map data to FPAR 2.0 and create FPAR 2.0 encounters Collect FPAR 2.0 data during data collection year 2023 and submit in January 2024
We have no EHR system.	**Alternative pathway** Submit a new waiver to OPA each year by November 1 Develop a plan with the project officer to support service sites with an EHR system Implement electronic records into your practice and modify workflow as necessary Transition to FPAR 2.0 submission

EHR = electronic health record.

C. FPAR 2.0 alternate approach waiver

To obtain an FPAR 2.0 alternative approach waiver, please follow the instructions at: https://cit1.mathematica-mpr.com/wix/p1134688.aspx.

V. Submitting the FPAR 2.0 Data

A. Preparing for submission

To prepare to submit FPAR 2.0 data, grantees should:

- Review the data requirements for encounter-level FPAR 2.0 reporting.
- Assess their workflow and documentation practices to ensure they routinely capture relevant data.
- Review guidelines for protecting data privacy and security.

The following sections provide guidance for submitting FPAR 2.0 data elements in acceptable file formats while adhering to best practices for privacy and security. **Note:** Please refer to the General Instructions for details related to timelines for submitting FPAR 2.0 data.

B. File format

FPAR 2.0 accepts comma separated value (CSV) and consolidated-clinical document architecture (C-CDA) files. The FPAR 2.0 data system is under development as of this writing. will be provided in Future versions of this implementation guide and system user guides will provide detailed instructions for submitting CSV or C-CDA files when OPA deploys the FPAR 2.0 system.

VI. Data Elements

A. Overview of data elements

The FPAR 2.0 Data Elements file contains the data elements OPA plans to include in the FPAR 2.0 report. The **41 OPA-identified data elements** are accompanied by their respective standard terminology code and supporting value set, if available. **Note that OPA is limited in its ability to make edits to this standard terminology because by many other organizations and health systems use the terminology.** The data element file provides electronic health record (EHR) vendors and staff in grantees' information technology (IT) departments with standard codes to support precise data identification and reporting. **Appendix A** includes the complete list of published data elements, including new and revised data elements, as well as those that support clinical quality measures and guidelines.

B. Standard terminologies

Standardized codes for FPAR data elements promote consistent interpretation of data across disparate EHR systems. The two most commonly used standard terminologies to support reporting of the FPAR 2.0 data set are Logical Observation Identifiers Names and Codes (LOINC) and Systematic Nomenclature of Medicine Clinical Terms (SNOMED CT). EHR systems use LOINC and SNOMED CT together to provide a common framework for identifying and exchanging FPAR 2.0 data.

- LOINC: Consists of codes for observations made on patients and populations
- SNOMED CT: Consists of concepts, terms, and relationships that enable effective representation of clinical information

In summary, LOINC codes ask the questions (that is, "What is it that is observed?") and SNOMED CT codes provide the potential answers for what has been observed. For example, LOINC code 16601-7

represents the test "Chlamydia trachomatis rRNA [Presence] in Urine by Probe," and the SNOMED CT code 10828004 represents the finding "Positive." However, not all data elements have a defined answer list or value set. For a quantitative data element, such a *Systolic Blood Pressure*, grantees should report a numerical value.

Refer to the **READ ME tab** in the data element file that explains the contents and use of the contents in the file. Grantees must ensure their data are appropriately mapped to codes in the data element file to ensure they report accurate and reliable FPAR 2.0 data. Appropriate mapping will likely require coordination between staff knowledgeable about documentation patterns and staff responsible for updating data collection systems (that is, EHRs).

C. Business rules

OPA expects grantees to only collect data elements relevant to the care provided in an encounter. In other words, OPA does not expect collection of each data element (such as chlamydia) during every encounter. However, the system will require certain data elements on each record necessary to uniquely identify an encounter (for example, facility identifier and visit date). To provide guidance on the expected frequency of data collection per element, and validation checks the system will perform, please review **Appendix B** on Business Rules for Data Elements on Encounter-Level Data Files.

VII. Data Security Plan

FPAR 2.0 will comply with all federal and U.S. Department of Health and Human Services (HHS) regulations regarding the handling of sensitive data, protected health information, and personally identifiable information. All encounter-level data submitted to FPAR 2.0 will undergo an anonymization process by a contractor. The contractor will apply the methodology developed by Integrating the Healthcare Enterprise (IHE) to de-identify FPAR 2.0 data, and will ensure they are encrypted both in transit and at rest. **OPA and HHS staff will not have access to the original or de-identified encounter-level data;** they will view only aggregated data at the national and regional levels, as well as for each grantee. In addition, all public FPAR 2.0 reports will provide summary-level information and therefore will not identify individuals.

For details on the data anonymization process for FPAR, please refer to the IHE IT Infrastructure White Paper, Analysis of Optimal De-Identification Algorithms for Family Planning Data Elements, published in December 2016. Appendix A of the white paper shows how specific data elements (for example, patient identifiers) are de-identified from the original file submitted by grantees. FPAR 2.0 will ensure the data are encrypted both in transit and at rest, using algorithms and methods approved by the National Institute of Standards and Technology, and securely store the encryption keys outside the control of OPA and HHS.

Grantees should adhere to best practices for data privacy and security when preparing FPAR 2.0 data before submission and during any use of data they access when using the FPAR 2.0 system. Mathematica will destroy the original data submitted by grantees within one year of submission to FPAR 2.0. X will securely store de-identified data for data quality and historical comparison purposes.

Exhibit 2.a summarizes the steps for (1) uploading, (2) processing, (3) analyzing, and (4) accessing data through FPAR 2.0. Title X grantees will submit data through the portal; both authorized grantees and subrecipients account users will have access only to the data visualizations and downloadable reports

specific to their network and/or service site on the FPAR 2.0 dashboard. Grantees will define the level of access provided to their subrecipients.

OPA and grantees will have access to a dashboard and other reporting tools that use filters to display summarized data, at the grantee, subrecipient, and site levels. OPA and grantees will not access encounter-level data. The reporting tools will enforce safeguards against showing results that contain very few people. OPA develops the dashboards and rules for safeguarding privacy with direct input from grantees.

Exhibit 2.a. Overview of FPAR 2.0 data flow

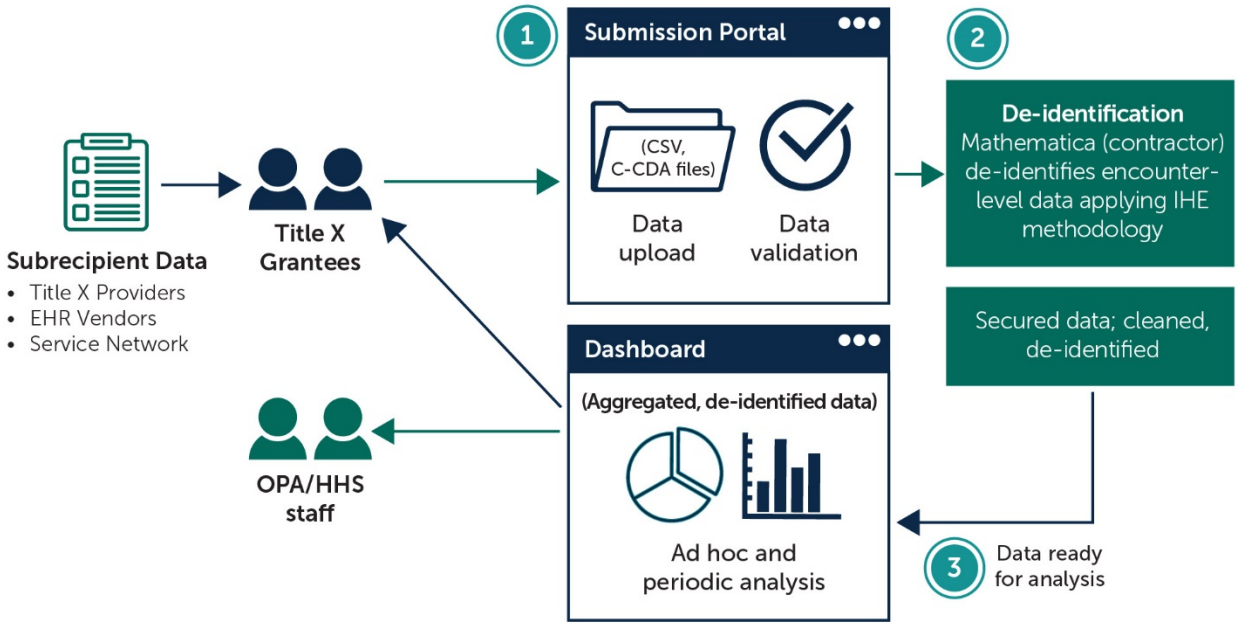
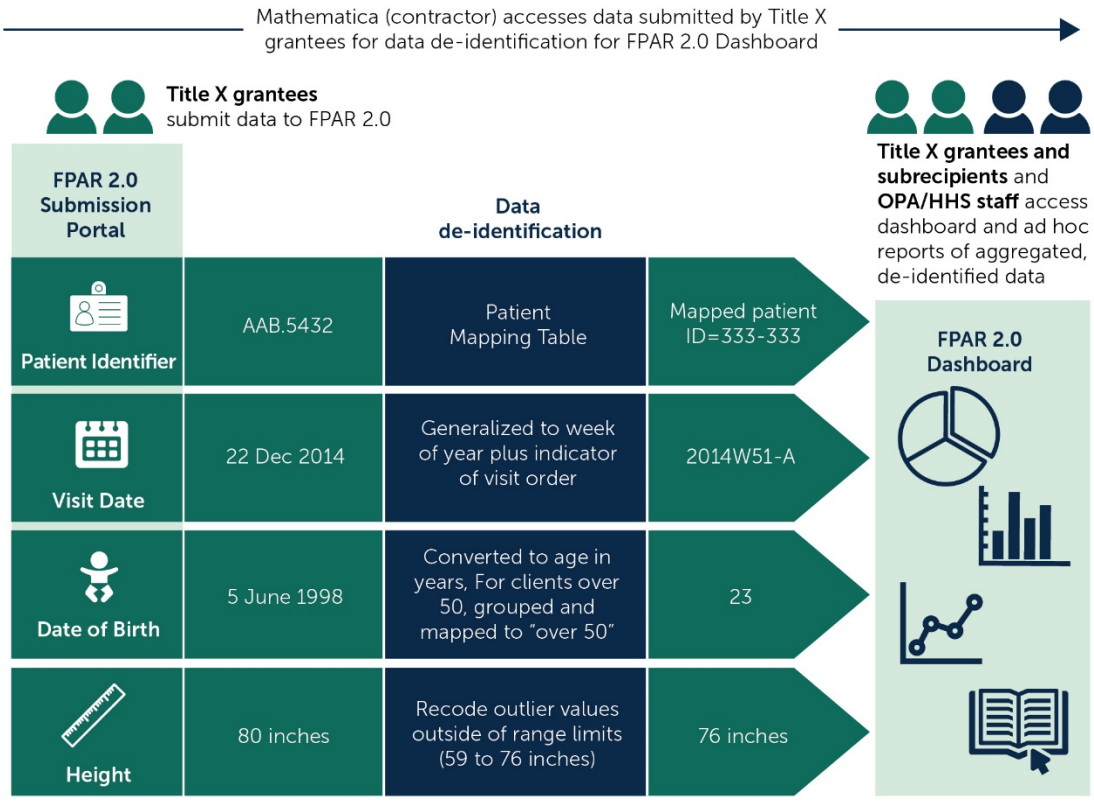


Exhibit 2.b shows the process for anonymizing example data elements through the FPAR 2.0 system.

Exhibit 2.b. Examples of data elements undergoing data de-identification



VIII. Technical Assistance

OPA and its contractors will provide comprehensive technical assistance using a collaborative and coordinated approach to help grantees transition to the new FPAR 2.0 data system. These activities include group and individualized technical assistance to end users of the system via formal trainings, written materials and documentation, and a help desk. Table 1.b summarizes the type of technical assistance OPA and its contractors will provide for various types of anticipated support.

A. Group-based technical assistance

Group-based assistance will be in the form of webinar trainings with the opportunity for question-and-answer (Q&A) sessions. The sessions will be recorded, and the Q&A will be captured for each webinar. The recording and the Q&A will be available on OPA's website or through other OPA dissemination channels. Participation in these group trainings is voluntary, and there is no associated cost to grantees. Grantees can access materials from past webinars and notifications of upcoming sessions on OPA's website: Family Planning Annual Report | HHS Office of Population Affairs.

B. Technical support from the help desk

OPA will establish a help desk to assist end users, including EHR vendors. Help desk staff will troubleshoot any issues users might have logging into and using the FPAR 2.0 system. The staff will also respond to inquiries about submission requirements from users. The help desk will operate from the time

OPA deploys the system. Days and hours of operation will be Monday through Friday 9:00 a.m. to 5:00 p.m. Eastern time, excluding federal holidays. Help desk staff will address all email inquiries within 48 hours.

C. Technical assistance reference materials

Based on feedback from federal staff, grantees, help desk tickets, and other contractors, OPA will identify additional technical assistance needs and develop user-friendly reference materials to address them. Currently, OPA and its contractors are developing the following reference materials for end users. They will make these materials available throughout fall 2021.

- Guidance for grantees
  - Data privacy controls
  - Process for obtaining a waiver to take alternate approach
- Instructions for health IT vendors and technical staff
  - Acceptable file formats and expected file layout
  - Data validation checks
  - Process for submitting lab results
- Communication with subrecipients and clients (family planning users): suggested talking points and frequently asked questions

D. Technical assistance for EHR vendors

The Vendor Discussion Quick Start is designed for Title X administrators and serves as a discussion starter for conversations with EHR vendors about FPAR 2.0 reporting.

E. Technical assistance points of contact

There are several opportunities for grantees and other participants in FPAR to receive technical assistance. Table 1.b provides a few examples of support they might need, and potential points of contact.

Table 1.b. Contact information for technical assistance

Technical assistance contact	TA support need
Reproductive Health National Training Center: RHNTC@JSI.com	Understanding required data elements and potential workflows for supporting quality improvement objectives
Help desk: FPARSupport@mathematica-mpr.com	Guidance to select and use appropriate codes in the data element file
Project officer and/or help desk: FPARSupport@mathematica-mpr.com	Answering questions from EHR vendors about Title X policies or technical requirements
Help desk: FPARSupport@mathematica-mpr.com	Questions about de-identifying data and secure file transfer processes
	Access and use of the FPAR 2.0 system
	Troubleshooting file submission issues

Appendix A

FPAR 2.0 Data Elements

FPAR 2.0 Data Elements

Table A. FPAR 2.0 Data Elements.

The list below notes data elements that are new or revised for FPAR 2.0, as well as data elements that follow the Quality Family Planning Guidelines: Recommendations from CDC and OPA.

Data Element #	FPAR 2.0 Data Element
★ 1 ◠	Facility identifier
★ 2 ◠	Attending physician NPI provider
3	Provider role
★ 4 ◠	Patient identifier
5 ◠	Visit date
6 ◠	Birth date
7 ◠	Sex
8	Limited English proficiency
9 ◠	Ethnicity
10 ◠	Race
11	Household income
12	Household size (#)
13	Insurance coverage type
14	Payer for visit

Data Element #	FPAR 2.0 Data Element
15 ◠	Pregnancy Status
16 ◠	Pregnancy intention
★ 17 ◠	Contraceptive method intake
★ 18 ◠	Reason for no contraceptive – at intake
19 ◠	Contraceptive method at exit
★ 20 ◠	Reason for no contraceptive - at exit
★ 21 ◠	How birth control method was provided
★ 22 ◠	Contraceptive counseling was provided
★ 23 ◠	Counseling to achieve pregnancy provided
★ 24 ◠	Systolic blood pressure
★ 25 ◠	Diastolic blood pressure
★ 26 ◠	Body height
★ 27 ◠	Body weight
★ 28 ◠	Tobacco smoking status

Data Element #	FPAR 2.0 Data Element
29	Pap test performed at this visit
★ 30	Pap smear tests – FPAR 2.0 set (PANEL)
31	HPV test performed at this visit
★ 32	HPV tests – FPAR 2.0 set (PANEL)
33	Chlamydia sp. test performed at this visit
★ 34	Chlamydia sp. Tests – FPAR 2.0 set (PANEL)
35	N. Gonorrhoeae test performed at this visit
★ 36	N. Gonorrhoeae tests – FPAR 2.0 set (PANEL)
37	HIV test performed at this visit
38	HIV 1 and 2 tests – FPAR 2.0 set (PANEL)
39	Syphilis test performed at this visit
★ 40	Syphilis test result
★ 41 ◠	Self-identified need for contraception

★ New/revised data element ◠ Supports clinical quality measures and guidelines

Appendix B

FPAR 2.0 Business Rules

Business Rules for Data Elements Data Files

There are a total of 41 FPAR 2.0 data elements on encounter-level data files. Of those, **35 data elements** are encounter-level data and the remaining **6 data elements** are lab results data (Pap tests, HPV tests, Chlamydia tests, Gonorrhea tests, HIV tests, and Syphilis Tests).

There are **5 data elements** (Facility Identifier, Patient Identifier, Visit Date, Birth Date, and Sex) that will be required on each record. These data elements are necessary to uniquely identify a person and a visit. **Data elements** will be assessed based on specific business rules, which are listed below.

Table B. FPAR 2.0 Business Rules

Data Element #	FPAR 2.0 Data Element (Long Common Name)	Category	Expected Frequency	Data Quality Action (Expected action by system if missing)
1	Facility Identifier	Record Key	Every encounter	System will not accept encounter file
2	Attending physician NPI Provider	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
3	Provider Role	Demographic variable	Every encounter	File will be accepted, data quality report will indicate data was missing
4	Patient Identifier	Record Key	Every encounter	System will not accept encounter file
5	Visit Date	Record Key	Every encounter	System will not accept encounter file
6	Birth Date	Record Key	Every encounter	System will not accept encounter file
7	Sex	Demographic variable	Every encounter	System will not accept encounter file
8	Limited English Proficiency	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
9	Ethnicity	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
10	Race	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
11	Annual Household Income	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee

Data Element #	FPAR 2.0 Data Element (Long Common Name)	Category	Expected Frequency	Data Quality Action (Expected action by system if missing)
12	Household size [#]	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
13	Insurance Coverage Type	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
14	Payer for Visit	Demographic variable	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
15	Pregnancy Status	Clinical variable included in an FPAR table	When clinically indicated	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
16	Pregnancy Intention	Clinical variable included in an FPAR table	When clinically indicated	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
17	Contraceptive method at intake reported – at intake	Clinical variable included in an FPAR table	When clinically indicated	No data quality action
18	Reason for no contraceptive method use Reported – at intake	Clinical variable included in an FPAR table	When clinically indicated	No data quality action
19	Contraceptive method at exit reported – at exit	Clinical variable included in an FPAR table	When clinically indicated	No data quality action
20	Reason for no contraceptive method use reported –at exit	Clinical variable included in an FPAR table	When clinically indicated	No data quality action
21	How contraceptive method was provided	Clinical variable included in an FPAR table	When clinically indicated	No data quality action
22	Contraceptive counseling was provided	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee

Data Element #	FPAR 2.0 Data Element (Long Common Name)	Category	Expected Frequency	Data Quality Action (Expected action by system if missing)
23	Counseling to achieve pregnancy was provided	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
24	Systolic blood pressure	Quality indicator	When clinically indicated	No data quality action
25	Diastolic blood pressure	Quality indicator	When clinically indicated	No data quality action
26	Body Height	Quality indicator	When clinically indicated	No data quality action
27	Body Weight	Quality indicator	When clinically indicated	No data quality action
28	Tobacco Smoking Status	Quality indicator	When clinically indicated	No data quality action
29	Pap test performed at this visit	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
31	HPV test performed at this visit	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
33	Chlamydia sp test performed at this visit	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
35	Neisseria gonorrhoeae test performed at this visit	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
37	HIV test performed at this visit	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
39	Syphilis test performed at this visit	Clinical variable included in an FPAR table	Every encounter	File will be accepted, missing element will be included in data quality report for investigation by Project Officer and/or grantee
41	Do you want to talk about contraception or pregnancy prevention during your visit today	Quality indicator	Optional	No data quality action