Code Classifications for the Policy Poll
October 2018

To categorize responses to the Policy Poll, we used a coding system that classified responses into eight broad, or "primary," categories as well as 34 more specific, "secondary" categories. Each primary category had a corresponding set of more specific secondary categories. We allowed for up to five categories in each response, although we only categorized responses to the question, "What should be NACHC's top policy priority?" The primary and secondary codes used to categorize the Policy Poll are available in the table below.

To create the coding categories used in the Policy Poll, we started by closely tracking responses as they came in while the poll was in the field. In addition to reading responses as they came in, the Research Team would regularly share samples of responses with the entire Public Policy & Research Division (PPRD) throughout the process.

Once the poll closed at the end of September, the Research Team read all responses and took note of any themes that emerged. From there, we consolidated as many themes as we could, and then received feedback from the rest of PPRD for feedback before finalizing the coding categories.

For further questions the coding classifications, please email Brad Corallo at bcorallo@nachc.org

Primary Category	Secondary Category	Description
330 Funding	Maintain or Extend 330 Long-Term	Anything 330-grant focused. One word responses reading, "funding" and the like are assumed to be in this category. Assumes that even if respondents only stated maintain funding, they would also be happy with longer-term or permanent funding.
	Other Funding	Any other federal, state, or private funding that does not include patient-related revenues. Includes non-330 HRSA programs, such as *340B* and NAP grants.
Payment	Enhanced Reimbursement (Prescriptive Change/Reform)	Reimburse more services, provider types, etc.
	Value-Based Pay (Prescriptive Change/Reform)	Includes "moving away from fee for service", quality bonuses, ACOs, health homes. APMs default to Value-Based Pay unless response indicates otherwise contextually.
	Protect PPS (Keep as is)	Includes keeping/maintaining current PPS rates; managed care defaults to Protect PPS unless response indicates a preference for value-based pay. Applies to both Medicaid & Medicare.
	Social Determinants of Health	Assumes that care for patients with higher SDOH tally scores requires aligning incentives to care for the SDOH. SDOH responses that focus on special populations (e.g. unstable housing, employment instability) are categorized in the "Accessibility" bin under "Special Populations."
	Other Payment-Related Policies	.
	Medicaid Flag	A flag to mark if Medicaid is mentioned as payment/payment reform. This is a flag, and so another secondary category within Payment must be selected in order to 'flag' it (i.e. Enhanced Reimbursement, VBP, SDOH, or Other).
	Medicare Flag	A flag to mark is Medicare is mentioned in payment/payment reform. This is a flag, and so another secondary category within Payment must be selected in order to 'flag' it (i.e. Enhanced Reimbursement, VBP, SDOH, or Other).
	Service Integration Flag	A flag to mark if integration of services with primary care is mentioned in payment/reform. This is a flag, and so another secondary category within Payment must be selected in order to 'flag' it (i.e. Enhanced Reimbursement, VBP, SDOH, or Other).
	Private Insurance Flag	A flag to mark if private insurance is mentioned in a payment context. This is a flag, and so another secondary category within Payment must be selected in order to 'flag' it (i.e. Enhanced Reimbursement, VBP, SDOH, or Other).

Primary Category	Secondary Category	Description
Accessibility	New Sites/NAP	Expansion of facilities.
	Expand Services	Expansion of services.
	Special Populations	Any special population as identified by the respondent. *Does not include Rural or geographically isolated populations.*
	Rural	Focus on rural issues, including service/provider availability.
	Universal Coverage/Single Payer	Any universal coverage plan, including Medicare for all.
	Affordability	Mentions affordability as a major policy priority. *Includes lack of availability of providers unless rurality or the like is explicitly mentioned. Should not be included when mentioned "in passing," such in a list of 2 or more aspirational goals/attributes of health centers; it should be a specifically mentioned policy priority.*
	Medicaid Expansion	Protect or spread Medicaid expansion.
	Protect ACA/Keep As Is	Keep ACA protections generally (not Medicaid expansion-specific).
	Other/Unclassified	.
Workforce	Recruitment/Retention	Mentions recruitment or retention. Does not include availability of providers - that goes in "Rural" or "Affordability" in Accessibility bucket.
	NHSC/THC/GME	Specific to *any* loan-repayment program or *loan repayment generally.*
	Other/Unclassified	.
Patient Outcomes & Safety	Enabling Services & Patient Education	Any enabling services, and includes outreach, patient education. *Must include a sentiment for better care (e.g. quality services or patients outcomes), not solely reimbursement/payment -- this will be a pretty big judgment call -- make sure to have reason to show sentiment.*
	Service Integration	Includes any type of service integration with primary care.
	Improve Health Outcomes & Patient Safety	Focus on the patients' health outcomes or safety.
	Patient Experience	Patient satisfaction.
Operations	Reduce Red Tape	Less bureaucratic red tape; includes coding in EMRs.
	Compliance Concerns	.
Infrastructure	Access to Necessary Funds	Includes being able to invest in technology, equipment, capital funds.
	HIT	Includes HIT compatibility and use. Does not include complaints about burdensome/excessive coding, which would go under "Operations" and "Reduce Red Tape."
Other		.