

**Sacramento County Department of Health Services  
Health Center Co-Applicant Board (CAB)  
Special UDS Report Meeting**

**Meeting Agenda**

February 14, 2022 / 11:00 AM – 11:30 AM

**Meeting Location**

Due to Public Health Emergency Via Skype: To see/share documents on the screen, go to <https://www.zoomgov.com/j/1617847166?pwd=ZUhvWThrNTU3VWxrLytsT2hQYXJtUT09>

Meeting ID: 161 784 7166

Passcode: 713662

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Meeting ID: 161 784 7166

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<b>Topic</b>
Opening Remarks – <i>Jan Winbigler, Chair – 2 minutes</i> <ul style="list-style-type: none"><li>• Roll Call</li></ul>
Attestation – Dr. Hutchins – 3 minutes
UDS Report – <i>Dr. Hutchins – 20 minutes</i> <ul style="list-style-type: none"><li>• Presentation of highlights of UDS report</li><li>• Questions and discussion of report</li><li>• *Vote on report submission</li></ul>
Other Urgent Items – <i>Group</i> <ul style="list-style-type: none"><li>•</li></ul>
Public Comment – <i>Namitullah Sultani, Vice-Chair</i>
Closing Remarks and Adjourn – <i>Jan Winbigler, Chair</i>

**Next Meeting:** February 18, 2028 / 9:30-11:00 AM

The Co-Applicant Board welcomes and encourages participation in the meetings.

Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at <https://dhs.saccounty.net/PR1/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

Due to the public health emergency created by the COVID-19 pandemic, in person meetings are not permitted at this time. Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

## Patients by ZIP Code

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

ZIP Code (a)	None/Uninsured (b)	Medicaid / CHIP/ Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
95820	254	1093	52	2	1,401
95824	279	928	40	2	1,249
95823	383	788	45	1	1,217
95821	115	644	6		765
95608	87	517	3		607
95828	159	404	27		590
95815	166	283	17		466
95825	115	311	13	1	440
95822	149	243	25		417
95670	113	261	12	1	387
95838	161	174	15		350
95842	83	220	8	1	312
95660	88	201	7		296
95826	30	224	13		267
95817	19	224	23		266
95811	38	166	37	4	245
95833	69	136	6		211
95841	39	159	2		200
95758	31	150	4	1	186
95834	55	98	4		157
95624	27	119	6		152
95757	16	121	6		143
95831	27	109	7		143
95832	42	92	4		138
95843	30	87	3		120
95835	18	94	7		119
95610	44	71	2		117
95829	13	93	10		116
95827	32	69	6		107
95818	13	78	11		102
95621	34	45	2		81
95864	17	59	3		79
95673	29	42	1		72
95814	8	42	14		64
95632	24	36	2		62
95816	4	49	5		58
95628	9	44	1		54
95630	9	37	4		50
95812	13	29	5	1	48
95691	17	25	2		44
95819	4	25	5		34
95605	5	27			32
95678	4	22			26
95662	8	14	2		24
95693	7	16			23
95747	2	19			21
95991	7	12			19
95690	9	6			15
95626	6	6	2		14
95641		12			12
95655		11	1		12
95677	4	8			12
Other Zip Codes	43	131	5		179
Unknown Residence					0
<b>Total</b>	<b>2,958</b>	<b>8,874</b>	<b>475</b>	<b>14</b>	<b>12,321</b>

Comments (Max 4000 characters)

**Table 3A: Patients by Age and by Sex Assigned at Birth**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH &amp; HUMAN SERVICES

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under Age 1	237	213
2	Age 1	132	143
3	Age 2	119	99
4	Age 3	111	104
5	Age 4	109	100
6	Age 5	109	101
7	Age 6	99	76
8	Age 7	96	85
9	Age 8	104	99
10	Age 9	93	95
11	Age 10	97	80
12	Age 11	83	97
13	Age 12	88	88
14	Age 13	68	78
15	Age 14	66	77
16	Age 15	69	70
17	Age 16	61	78
18	Age 17	60	57
19	Age 18	42	60
20	Age 19	44	73
21	Age 20	40	67
22	Age 21	38	68
23	Age 22	31	79
24	Age 23	45	67
25	Age 24	26	71
26	Ages 25-29	279	491
27	Ages 30-34	369	579
28	Ages 35-39	440	710
29	Ages 40-44	427	715
30	Ages 45-49	423	632
31	Ages 50-54	383	461
32	Ages 55-59	376	445
33	Ages 60-64	344	355
34	Ages 65-69	158	204
35	Ages 70-74	61	70
36	Ages 75-79	26	35
37	Ages 80-84	9	16
38	Ages 85 and over	9	12
<b>39</b>	<b>Total Patients (Sum of Lines 1-38)</b>	<b>5,371</b>	<b>6,950</b>

**Comments (Max 4000 characters)**

SCHC saw 12,321 unique patients for "countable visits" in 2021.  
SCHC sees more female than male patients, which is typical for healthcare providers.  
By age, SCHC saw  
\*3,541 patients (28.7%) 0-17 years of age  
\*8,180 patients (66.4%) aged 18-64 years  
\*600 patients (4.9%) 65+ years of age

**Table 3B: Demographic Characteristics**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Line	Patients by Race	Patients by Race and Hispanic or Latino/a Ethnicity				
		Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sums Columns a+b+c)	
1	Asian	30	3,551	22	3,603	29.2%
2a	Native Hawaiian	1	17	0	18	
2b	Other Pacific Islander	7	102	3	112	
2	Total Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	8	119	3	130	1.1%
3	Black/African American	33	1,180	38	1,251	10.2%
4	American Indian/Alaska Native	26	45	4	75	0.6%
5	White	4,236	1,797	52	6,085	49.4%
6	More than one race	10	57	1	68	0.6%
7	Unreported/Refused to report	499	259	351	1,109	9.0%
8	<b>Total Patients</b> (Sum of Lines 1 + 2 + 3 to 7)	<b>4,842</b>	<b>7,008</b>	<b>471</b>	<b>12,321</b>	

39.3%

56.9%

3.8%

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	7,037

57.1%

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	66
14	Heterosexual (or straight)	7,927
15	Bisexual	68
16	Something else	25
17	Don't know	93
18	Chose not to disclose	471
18a	Unknown	3,671
19	<b>Total Patients</b> (Sum of Lines 13 to 18a)	<b>12,321</b>

0.5%

64.3%

0.6%

0.2%

0.8%

3.8%

29.8%

Line	Patients by Gender Identity	Number (a)
20	Male	3,701
21	Female	5,308
22	Transgender Man/Transgender Male/Transgender Masculine	5
23	Transgender Woman/Transgender Female/Transgender Feminine	8
24	Other	12
25	Chose not to disclose	41
25a	Unknown	3,246
26	<b>Total Patients</b> (Sum of Lines 20 to 25a)	<b>12,321</b>

30.0%

43.1%

0.0%

0.1%

0.1%

0.3%

26.3%

**Comments** (Max 4000 characters)

**Table 4: Selected Patient Characteristics**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Line	Income as Percent of Poverty Guideline	Number of Patients (a)			
1	100% and below	8,371		67.9%	
2	101 - 150%	478		3.9%	
3	151 - 200%	166		1.3%	
4	Over 200%	124		1.0%	
5	Unknown	3,182		25.8%	
6	<b>Total (Sum of Lines 1-5)</b>	<b>12,321</b>			

  

Line	Principal Third Party Medical Insurance	0-17 Years Old (a)		18 and Older (b)	
7	None/Uninsured	214	6.0%	2,744	31.8%
8a	Medicaid (Title XIX)	3,323	93.8%	5,551	63.2%
8b	CHIP Medicaid				
8	<b>Total Medicaid (Sum lines 8a+8b)</b>	<b>3,323</b>	<b>93.8%</b>	<b>5,551</b>	<b>63.2%</b>
9a	Dually Eligible (Medicare and Medicaid)			445	5.1%
9	<b>Medicare (Inclusive of dually eligible and other Title XVIII)</b>	<b>1</b>	<b>0.0%</b>	<b>474</b>	<b>5.4%</b>
10a	Other Public Insurance (Non-CHIP) (specify _____)				
10b	Other Public Insurance CHIP				
10	<b>Total Public Insurance (Sum lines 10a+10b)</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>
11	<b>Private Insurance</b>	<b>3</b>	<b>0.1%</b>	<b>11</b>	<b>0.1%</b>
12	<b>Total (Sum of Lines 7+8+9+10+11)</b>	<b>3,541</b>		<b>8,780</b>	

  

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a	Capitated Member Months	135,632	143			135,775
13b	Fee-for-service Member Months					0
13c	<b>Total Member Months (Sum of Lines 13a+13b)</b>	<b>135,632</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>135,775</b>

  

Line	Special Populations	Number of Patients (a)	
14	Migratory (330g awardees only)		
15	Seasonal (330g awardees only)		
16	<b>Total Agricultural Workers or Dependents (All health centers report this line)</b>	<b>78</b>	
17	Homeless Shelter (330h awardees only)	156	3.7%
18	Transitional (330h awardees only)	13	0.3%
19	Doubling Up (330h awardees only)	3,585	84.7%
20	Street (330h awardees only)	209	4.9%
21a	Permanent Supportive Housing (330h awardees only)	15	0.4%
21	Other (330h awardees only)	3	0.2%
22	Unknown (330h awardees only)	253	6.0%
23	<b>Total Homeless (All health centers report this line)</b>	<b>4,234</b>	<b>34.4%</b>
24	<b>Total School-Based Health Center Patients (All health centers report this line)</b>	<b>0</b>	<b>0.0%</b>
25	<b>Total Veterans (All health centers report this line)</b>	<b>46</b>	<b>0.4%</b>
26	<b>Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)</b>	<b>12,160</b>	<b>98.7%</b>

  

Comments (Max 4000 characters)	

**Table 5: Staffing and Utilization**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	1.97	2,424	1,407	
2	General Practitioners	0.00	0	0	
3	Internists	5.76	12,488	4,039	
4	Obstetrician/Gynecologists	0.00	0	0	
5	Pediatricians	1.54	3,944	583	
7	Other Specialty Physicians	0.37	627	28	
8	<b>Total Physicians (Sum lines 1-7)</b>	<b>9.64</b>	<b>19,483</b>	<b>6,057</b>	
9a	Nurse Practitioners	2.29	4,246	2,373	
9b	Physician Assistants	0.98	1,398	1,364	
10	Certified Nurse Midwives	0.00	0	0	
10a	<b>Total NP, PA, and CNMs (Sum lines 9a - 10)</b>	<b>3.27</b>	<b>5,644</b>	<b>3,737</b>	
11	Nurses	10.95	370	0	
12	Other Medical Personnel	25.43			
13	Laboratory Personnel	0.00			
14	X-Ray Personnel	2.00			
15	<b>Total Medical Care Services (Sum lines 8+10a through 14)</b>	<b>51.29</b>	<b>25,497</b>	<b>9,794</b>	<b>12,120</b>
16	Dentists	0.00	0	0	
17	Dental Hygienists	0.33	202	0	
17a	Dental Therapists	0.00	0	0	
18	Other Dental Personnel	0.00			
19	<b>Total Dental Services (Sum lines 16-18)</b>	<b>0.33</b>	<b>202</b>	<b>0</b>	<b>173</b>
20a	Psychiatrists	0.18	329	19	
20a1	Licensed Clinical Psychologists	0.24	9	0	
20a2	Licensed Clinical Social Workers	3.41	406	1	
20b	Other Licensed Mental Health Providers	10.25	1,531	169	
20c	Other Mental Health Staff	0.00	0	0	
20	<b>Total Mental Health Services (Sum lines 20a-c)</b>	<b>14.08</b>	<b>2,275</b>	<b>189</b>	<b>704</b>
21	<b>Substance Use Disorder Services</b>	0.00	0	0	0
22	<b>Other Professional Services (specify__)</b>	0.00	0	0	0
22a	Ophthalmologists	0.00	0	0	
22b	Optometrists	0.00	0	0	
22c	Other Vision Care Staff	0.00			
22d	<b>Total Vision Services (Sum lines 22a-c)</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>0</b>
23	<b>Pharmacy Personnel</b>	5.26			
24	Case Managers	0.00	0	0	
25	Patient and Community Education Specialists	0.00	0	0	
26	Outreach Workers	2.00			
27	Transportation Staff	0.00			
27a	Eligibility Assistance Workers	0.00			
27b	Interpretation Staff	5.16			
27c	Community Health Workers	0.00			
28	Other Enabling Services (specify__)	0.00			
29	<b>Total Enabling Services (Lines 24-28)</b>	<b>7.16</b>	<b>0</b>	<b>0</b>	<b>0</b>
29a	<b>Other Programs and Services (specify__)</b>	0.00			
29b	<b>Quality Improvement Staff</b>	1.00			
30a	Management and Support Staff	7.43			
30b	Fiscal and Billing Staff	5.56			
30c	IT Staff	1.00			
31	Facility Staff	1.00			
32	Patient Support Staff	27.35			
33	<b>Total Facility and Non-Clinical Support Staff (Lines 30a - 32)</b>	<b>42.34</b>			
34	<b>Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)</b>	<b>121.46</b>	<b>27,974</b>	<b>9,983</b>	

**Table 5: Selected Service Detail Addendum**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	101	2,438	741	1,573
20a02	Nurse Practitioners	7	483	194	414
20a03	Physician Assistants	2	81	54	98
20a04	Certified Nurse Midwives	0	0	0	0
Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	50	485	168	369
21b	Nurse Practitioners (Medical)	5	71	17	68
21c	Physician Assistants	2	26	2	25
21d	Certified Nurse Midwives	0	0	0	0
21e	Psychiatrists	2	17	0	13
21f	Licensed Clinical Psychologists	0	0	0	0
21g	Licensed Clinical Social Workers	0	0	0	0
21h	Other Licensed Mental Health Providers	2	5	0	5
<b>Comments (Max 4000 characters)</b>					

**Table 6A - Selected Diagnoses and Services Rendered**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Diagnostic Category		Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<b>Selected Infectious and Parasitic Diseases</b>				
1-2	Symptomatic / Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	39	20
3	Tuberculosis	A15- through A19-, O98.0	4	4
4	Sexually transmitted infections	A50- through A64-	124	82
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	70	43
4b	Hepatitis C	B17.1-, B18.2, B19.2-	182	103
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	231	191
<b>Selected Diseases of the Respiratory System</b>				
5	Asthma	J45-	875	572
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is <b>not</b> present), J41- through J44-, J47-	349	174
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40 (count J40 only when code U07.1 is present), J22, J98.8, J80	11	8
<b>Selected Other Medical Conditions</b>				
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60-, N63-, R92-	234	158
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	142	110
9	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	4,720	1,618
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	902	438
11	Hypertension	I10- through I16-, O10-, O11-	4,770	2,000
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	465	363
13	Dehydration	E86-	5	5
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-	5	5
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	2,142	1,594
<b>Selected Childhood Conditions (limited to ages 0 through 17)</b>				
15	Otitis media and Eustachian tube disorders	H65- through H69-	46	38
16	Selected perinatal/neonatal medical conditions	A33, P19-, P22- through P29- (exclude P29.3-), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	61	49
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	312	201
<b>Selected Mental Health Conditions, Substance Use Disorders, and Exploitations</b>				
18	Alcohol-related disorders	F10-, G62.1, O99.31-	235	141
19	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	293	156
19a	Tobacco use disorder	F17-, O99.33-	346	248
20a	Depression and other mood disorders	F30- through F39-	2,820	1,095
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	2,488	1,107
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	341	109
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	2,098	905
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0-	0	0
<b>Service Category</b>		<b>Applicable ICD-10-CM, CPT-4/II/PLA or HCPCS Code</b>	<b>Number of Visits (a)</b>	<b>Number of Patients (b)</b>
<b>Selected Diagnostic Tests/Screening/Preventive Services</b>				
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	3,820	3,758
21a	Hepatitis B test	CPT-4: 80074, 86704 through 86707, 87340, 87341, 87350, 87912	293	288
21b	Hepatitis C test	CPT-4: 80074, 86803, 86804, 87520 through 87522, 87902	857	845
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U, 0240U, 0241U	589	540
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U	7	7



Service Category		Applicable ICD-10-CM, CPT-4/II/PLA or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients	CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	29	12
22	Mammogram	CPT-4: 77063, 77065, 77066, 77067 ICD-10: Z12.31 HCPCS: G0279	227	218
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	899	836
24	Selected immunizations: hepatitis A; hemophilus Influenza B (HiB); pneumococcal; diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	3,744	2,956
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	2,973	2,787
24b	Coronavirus (SARS-CoV-2) vaccine	CPT-I: 0001A-004A, 0011A- 0014A, 0021A-0024A, 0031A- 0034A, 0041A-0044A, 91300, 91301, 91302, 91303, 91304	2,999	1,669
25	Contraceptive management	ICD-10: Z30-	479	332
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-, Z76.1, Z76.2	2,616	1,612
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	495	486
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	0	0
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	0	0
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0
Service Category		Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
<b>Selected Dental Services</b>				
27	Emergency services	CDT: D0140, D9110	0	0
28	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	6	6
29	Prophylaxis—adult or child	CDT: D1110, D1120	179	156
30	Sealants	CDT: D1351	2	2
31	Fluoride treatment—adult or child	CDT: D1206, D1208 CPT-4: 99188	189	165
32	Restorative services	CDT: D21xx through D29xx	0	0
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	0	0
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	3	2
Sources of codes:	<ul style="list-style-type: none"> <li>•ICD-10-CM (2021)—National Center for Health Statistics (NCHS)</li> <li>•CPT (2021)—American Medical Association (AMA)</li> <li>•Code on Dental Procedures and Nomenclature CDT Code (2021)—Dental Procedure Codes. American Dental Association (ADA)</li> </ul> <p>"X" in a code: Denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.</p>			
<b>Comments (Max 4000 characters)</b>				

**Table 6B: Quality of Care Measures**

Reporting Period: January 1, 2021 - December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

0 Prenatal Care Provided by Referral Only? (Indicate Yes or No)		No		
<b>Section A—Age Categories for Prenatal Patients: Demographic Characteristics of Prenatal Care Patients</b>				
Line	Age	Number of Patients (a)		
1	Less than 15 years	0		
2	Ages 15-19	11		
3	Ages 20-24	25		
4	Ages 25-44	105		
5	Ages 45 and over	0		
6	<b>Total Patients</b> (Sum of Lines 1-5)	<b>141</b>		
<b>Section B—Early Entry into Prenatal Care</b>				
Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)	
7	First Trimester	89	7	
8	Second Trimester	31	1	
9	Third Trimester	9	4	
<b>Section C—Childhood Immunization Status</b>				
Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	252	252	57
<b>Section D—Cervical and Breast Cancer Screening</b>				
Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	4,206	4,206	2,281
Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51-73 years of age who had a mammogram to screen for breast cancer	1,332	1,332	489
<b>Section E—Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents</b>				
Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 16 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-16 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	2,152	2,152	1,026
<b>Section F—Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b>				
Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	6,900	6,900	1,876
<b>Section G—Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>				
Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, and (2) if identified to be a tobacco user received cessation counseling intervention	5,770	5,770	4,548

22.6% Up vs. 2020

54.2% Up vs. 2020

36.7% Down vs. 2020

47.7% Up vs. 2020

27.2% Down vs. 2020

78.8% Down vs. 2020

Section H—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease				
Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	1,781	1,781	1,357
Section I—Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet				
Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Use of Aspirin or Other Antiplatelet (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	259	259	220
Section J—Colorectal Cancer Screening				
Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer	2,633	2,633	849
Section K—HIV Measures				
Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center staff between December 1 of the prior year and November 30 of the measurement year and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	0	0	0
Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range	8,379	8,379	6,280
Section L—Depression Measures				
Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	8,245	8,245	2,372
Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number Charts Sampled or EHR Total (b)	Number of Patients who Reached Remission (c)
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	86	86	0
Section M—Dental Sealants for Children between 6–9 Years				
Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar	1	1	1
<b>Comments (Max 4000 characters)</b>				

76.2% Up vs. 2020

84.9% Up vs. 2020

32.2% Up vs. 2020

#DIV/0!

74.9% No real diff.

28.8% Down vs. 2020

0.0% Down vs. 2020

Data issues.

100.0% No real diff.

**Table 7: Health Outcomes and Disparities**

Reporting Period: January 1, 2021 - December 31, 2021

HRSA Homeless Grant: H80CS00045 COUNTY OF SACRAMENTO DOH & HUMAN SERVICES, Sacramento, CA

Section A: Deliveries and Birth Weight					
Line	Description			Patients (a)	
0	HIV-Positive Pregnant Patients			0	
2	Deliveries Performed by Health Center's Providers			0	
Line	Race and Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
<b>Hispanic or Latino/a</b>					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White	23		4	24
1f	More Than One Race				
1g	Unreported/Refused to Report Race	5			5
Subtotal Hispanic or Latino/a		28	0	4	29
<b>Non-Hispanic or Latino/a</b>					
2a	Asian	38		2	38
2b1	Native Hawaiian				
2b2	Other Pacific Islander	1			1
2c	Black/African American	5			6
2d	American Indian/Alaska Native				
2e	White	7			7
2f	More Than One Race				
2g	Unreported/Refused to Report Race	3		1	3
Subtotal Non-Hispanic or Latino/a		54	0	3	55
<b>Unreported/Refused to Report Race and Ethnicity</b>					
h	Unreported /Refused to Report Race and Ethnicity	1			1
i	Total	83	0	7	85
Section B: Controlling High Blood Pressure					
Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)	
<b>Hispanic or Latino/a</b>					
1a	Asian	5	5		4
1b1	Native Hawaiian	0	0		0
1b2	Other Pacific Islander	3	3		3
1c	Black/African American	4	4		1
1d	American Indian/Alaska Native	6	6		3
1e	White	1,011	1,011		553
1f	More Than One Race	2	2		0
1g	Unreported/Refused to Report Race	85	85		43
Subtotal Hispanic or Latino/a		1,116	1,116		607
<b>Non-Hispanic or Latino/a</b>					
2a	Asian	279	279		152
2b1	Native Hawaiian	7	7		5
2b2	Other Pacific Islander	33	33		19
2c	Black/African American	361	361		157
2d	American Indian/Alaska Native	7	7		3
2e	White	378	378		174
2f	More Than One Race	6	6		4
2g	Unreported/Refused to Report Race	18	18		8
Subtotal Non-Hispanic or Latino/a		1,089	1,089		522
<b>Unreported/Refused to Report Race and Ethnicity</b>					
h	Unreported /Refused to Report Race and Ethnicity	70	70		21
i	Total	2,275	2,275		1,150
Section C: Diabetes: Hemoglobin A1c Poor Control					
Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with Hba1c > 9% or No Test During Year (3f)	
<b>Hispanic or Latino/a</b>					
1a	Asian	4	4		1
1b1	Native Hawaiian	0	0		0
1b2	Other Pacific Islander	2	2		1
1c	Black/African American	3	3		2
1d	American Indian/Alaska Native	5	5		4
1e	White	867	867		530
1f	More Than One Race	1	1		1
1g	Unreported/Refused to Report Race	72	72		42
Subtotal Hispanic or Latino/a		954	954		581
<b>Non-Hispanic or Latino/a</b>					
2a	Asian	206	206		137
2b1	Native Hawaiian	7	7		4
2b2	Other Pacific Islander	27	27		16
2c	Black/African American	164	164		97
2d	American Indian/Alaska Native	6	6		4
2e	White	180	180		102
2f	More Than One Race	5	5		2
2g	Unreported/Refused to Report Race	12	12		7
Subtotal Non-Hispanic or Latino/a		607	607		369
<b>Unreported/Refused to Report Race or Ethnicity</b>					
h	Unreported /Refused to Report Race and Ethnicity	34	34		14
i	Total	1,595	1,595		964

Comments (Max 4000 characters)  
2 sets of twins were born in CY 2021.

UDS REPORT - 2021  
TABLE 8A

		ACCRUED COST ( a )	ALLOCATION OF FACILITY AND NON- CLINICAL SUPPORT SERVICES ( b )	TOTAL COST AFTER ALLOCATION OF FACILITY AND NON- CLINICAL SUPPORT SERVICES ( c )
<b>FINANCIAL COSTS FOR MEDICAL CARE</b>				
1.	Medical Staff	11,856,953	7,948,128	19,805,082
2.	Lab and X-ray	328,363	220,113	548,477
3.	Medical/Other Direct	-	-	-
4.	<b>TOTAL MEDICAL CARE SERVICES</b> (SUM LINES 1 THROUGH 3)	12,185,317	8,168,242	20,353,559
<b>FINANCIAL COSTS FOR OTHER CLINICAL SERVICES</b>				
5.	Dental	20,644	13,838	34,482
6.	Mental Health	274,917	184,286	459,203
7.	Substance Abuse			-
8a.	Pharmacy not including pharmaceuticals	629,211	421,782	1,050,992
8b.	Pharmaceuticals	534,478		534,478
9.	Other Professional (Specify: _____)			-
9a.	Vision			-
10.	<b>TOTAL OTHER CLINICAL SERVICES</b> (SUM LINES 5 THROUGH 9A)	1,459,249	619,907	2,079,156
<b>FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES</b>				
11a.	Case Management			-
11b.	Transportation			
11c.	Outreach	327,957		327,957
11d.	Patient and Community Education			
11e.	Eligibility Assistance	-		-
11 f.	Interpretation Services	1,016,755		1,016,755
11g.	Other Enabling Services (specify: _____ )			
11h.	Community Health Workers			
11.	<b>Total Enabling Services Cost</b> (SUM LINES 11A THROUGH 11G)	1,344,712	901,407	2,246,120
12.	Other Related Services (specify: _____ )			-
12a.	Quality Improvement	172,785	115,824	288,609
13.	<b>TOTAL ENABLING AND OTHER SERVICES</b> (SUM LINES 11, 12, AND 12a)	1,517,497	1,017,231	2,534,728
<b>FACILITY AND NON-CLINICAL SUPPORT SERVICES AND TOTALS</b>				
14.	Facility	1,561,384		
15.	Non Clinical Support Services	8,243,995		
16.	<b>TOTAL FACILITY AND NON CLINICAL SUPPORT SERVICES</b> (SUM LINES 14 AND 15)	9,805,379		
17.	<b>TOTAL ACCRUED COSTS</b> (SUM LINES 4 + 10 + 13 + 16)	24,967,442		24,967,442
18.	Value of Donated Facilities, Services, and Supplies (specify: _____ )			-
19.	<b>TOTAL WITH DONATIONS</b> (SUM LINES 17 AND 18)			24,967,442

**Table 9D: Patient Related Revenue**

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation /Wrap-Around Current Year (c1)	Collection of Reconciliation /Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)			
1	Medicaid Non-Managed Care	1,142,388	694,398					396,675		
2a	Medicaid Managed Care (capitated)	5,408,940	7,018,685		1,182,895	89,219		-1,609,745		
2b	Medicaid Managed Care (fee-for-service)									
<b>3</b>	<b>Total Medicaid (Sum of Lines 1+2a+2b)</b>	<b>6,551,328</b>	<b>7,713,083</b>	<b>0</b>	<b>1,182,895</b>	<b>89,219</b>	<b>0</b>	<b>-1,213,070</b>		
4	Medicare Non-Managed Care	450,566	5,959					113,665		
5a	Medicare Managed Care (capitated)	13,085	21,689					-8,604		
5b	Medicare Managed Care (fee-for-service)									
<b>6</b>	<b>Total Medicare (Sum of Lines 4+5a+5b)</b>	<b>463,651</b>	<b>27,648</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105,061</b>		
7	Other Public including Non-Medicaid CHIP. Non Managed Care									
8a	Other Public including Non-Medicaid CHIP. Managed Care (capitated)									
8b	Other Public including Non-Medicaid CHIP. Managed Care (fee-for-service)									
8c	Other Public, including COVID-19 Uninsured Program									
<b>9</b>	<b>Total Other Public (Sum of Lines 7+8a+8b+8c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
10	Private Non-Managed Care	10,700	13,947							
11a	Private Managed Care (capitated)									
11b	Private Managed Care (fee-for-service)									
<b>12</b>	<b>Total Private (Sum of Lines 10+11a+11b)</b>	<b>10,700</b>	<b>13,947</b>			<b>0</b>	<b>0</b>	<b>0</b>		
13	<b>Self-Pay</b>	2,097,178	131,149						118,132	1,583,723
<b>14</b>	<b>TOTAL (Sum of Lines 3+6+9+12+13)</b>	<b>9,122,856</b>	<b>7,885,827</b>	<b>0</b>	<b>1,182,895</b>	<b>89,219</b>	<b>0</b>	<b>-1,108,009</b>	<b>118,132</b>	

Comments (Max 4000 characters)

### Table 9E: Other Revenues

Reporting Period: January 1, 2021 through December 31, 2021

HRSA Homeless Grant: H80CS00045 | COUNTY OF SACRAMENTO DOH & HUMAN SERVICES

Line	Source	Amount (a)
	<b>BPHC GRANTS (ENTER AMOUNT DRAWN DOWN – CONSISTENT WITH PMS 272)</b>	
1a	Migrant Health Center	
1b	Community Health Center	
1c	Health Care for the Homeless	1,539,210
1e	Public Housing Primary Care	
1g	<b>TOTAL HEALTH CENTER (SUM LINES 1a THROUGH 1e)</b>	1,539,210
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	486,587
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAC ECT)	98,532
1o	American Rescue Plan	117,297
1p	Other COVID-Related Funding from BPHC (specify: _____)	
1q	<b>TOTAL COVID-19 SUPPLEMENTAL (SUM LINES 1l THROUGH 1p)</b>	702,416
1	<b>TOTAL BPHC GRANTS (SUM LINES 1g + 1k + 1q)</b>	2,241,626
	<b>OTHER FEDERAL GRANTS</b>	
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants (specify: CARES)	11,922
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
3b	Provider Relief Fund (specify: _____)	-
5	<b>TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 - 3b)</b>	11,922
	<b>NON-FEDERAL GRANTS OR CONTRACTS</b>	
6	State Government Grants and Contracts (specify: REFUGEE GRANTS & MAT GRANT)	1,018,358
6a	State/Local Indigent Care Programs (specify: <u>realignment funds used to subsidize the cost of care of the uninsured</u> )	7,746,869
7	Local Government Grants and Contracts (specify: _____)	
8	Foundation/Private Grants and Contracts (specify: ANTHEM BLUE CROSS)	16,000
9	<b>TOTAL NON-FEDERAL GRANTS AND CONTRACTS (SUM LINES 6 + 6a + 7 + 8)</b>	8,781,227
10	Other Revenue (non-patient related revenue not reported elsewhere)(specify: <u>Reimbursement by other programs/department for cost of staff and other services, miscellaneous fees &amp; refunds. general fund in lieu of CARES</u> )	1,617,990
11	<b>TOTAL REVENUE (LINES 1 + 5 + 9 + 10)</b>	12,652,765
<b>Comments:</b> In 2020, we received HHS Provider Relief Funds of \$12,700. We didn't use it so we paid them back \$12,700 in 2021. The form does not allow the entry of negative numbers, therefore we could not enter this information on line 3b.		

# Appendix D: Health Center Health Information Technology (HIT) Capabilities

## INTRODUCTION

The HIT Capabilities Form collects information through a series of questions on the health center's HIT capabilities, including EHR interoperability and eligibility for CMS Promoting Interoperability programs. The HIT Form must be completed and submitted as part of the UDS submission. The form includes questions about the health center's implementation of an EHR, certification of systems, and how widely adopted the system is throughout the health center and its providers.

There are no major changes to this form.

## QUESTIONS

The following questions appear in the EHBs. Complete them before you file the UDS Report. Reporting requirements for the HIT questions are on-screen in the EHBs as you complete the form. Respond to each question based on your health center status **as of December 31**.

- Does your health center currently have an electronic health record (EHR) system installed and in use, at minimum for medical care, by December 31?

**a. Yes,  
installed at  
all service delivery  
sites and used by  
all providers**

- For the purposes of this response, "providers" mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives.
- Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support personnel, this is not required to choose response (a).
- For the purposes of this response, "all service delivery sites" means all permanent service delivery sites where medical providers serve health center medical patients.
- It does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis.
- You may check this option if a few newly hired, untrained personnel are the only ones not using the system.

**b. Yes, but only  
installed at  
some service  
delivery sites  
or used by  
some providers**

- Select option (b) if one or more permanent service delivery sites did not have the EHR installed or in use (even if this is planned), or if one or more medical providers (as defined on this page under [a]) do not yet use the system.
- When determining if all providers have access to the system, the health center should also consider part-time and locum providers who serve clinic patients.
- Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

**c. No**

- Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started.
- If the health center purchased an EHR but has not yet put it into use, answer "no."



This question seeks to determine whether the health center installed an EHR by December 31 and, if so, which product was in use, how broad system access was, and what features were available and in use. DO NOT include PMS or other billing systems, even though they can often produce much of the UDS data.

If a system is in use (i.e., if [a] or [b] has been selected), indicate that it has been certified by the Office of the National Coordinator—Authorized Testing and Certification Bodies.

1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?

a. Yes

b. No

Health centers are to indicate the vendor, product name, version number, and ONC-certified health IT product list number. (More information is available at <https://chpl.healthit.gov/#/search>.) If you have more than one EHR (if, for example, you acquired another practice with its own EHR), report the EHR that will be the successor system or the EHR used for capturing primary medical care.

1a1. Vendor : OCHIN Epic (Epic Systems Corporation)

1a2. Product Name : EpicCare Ambulatory EHR Suite

1a3. Version Number : Epic 2017

1a4. ONC-certified Health IT Product List Number : 15.04.04.1447.Epic.17.06.1.180927

1b. Did you switch to your current EHR from a previous system this year?

a. Yes

b. No

If “yes, but only at some service delivery sites or for some providers” is selected, a box expands for health centers to identify how many service delivery sites have the EHR in use and how many (medical) providers are using it. Please enter the number of service delivery sites (as defined under question 1) where the EHR is in use and the number of providers who use the system (at all service delivery sites). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one service delivery site as just one provider.

1c. Do you use more than one EHR or data system across your organization?

a. Yes

b. No

1c1. If yes, what is the reason?

- Additional EHR/data system(s) are used during transition to primary EHR
- Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health)
- Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition
- Other (please describe \_\_\_\_\_)

- 1d. Is your EHR up to date with the latest software and system patches?
- a. Yes
  - b. No
  - c. Not sure
- 1e. When do you plan to update/install the latest EHR software and system patches?
- a. 3 months
  - b. 6 months
  - c. 1 year or more
  - d. Not planned
2. Question removed.
3. Question removed.
4. Which of the following key providers/health care settings does your health center electronically exchange clinical information with? (Select all that apply.)
- a. Hospitals/Emergency rooms
  - b. Specialty providers
  - c. Other primary care providers
  - d. Labs or imaging
  - e. Health information exchange (HIE)
  - f. None of the above
  - g. Other (please describe \_\_\_\_\_)
5. Does your health center engage patients through health IT in any of the following ways? (Select all that apply.)
- a. Patient portals
  - b. Kiosks
  - c. Secure messaging
  - d. Other (please describe \_\_\_\_\_)
  - e. No, we DO NOT engage patients using HIT
6. Question removed.
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
- a. We use the EHR to extract automated reports
  - b. We use the EHR but only to access individual patient health records
  - c. We use the EHR in combination with another data analytic system
  - d. We DO NOT use the EHR
8. Question removed.
9. Question removed.

10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.)
- a. Quality improvement
  - b. Population health management
  - c. Program evaluation
  - d. Research
  - e. Other (please describe \_\_\_\_\_)
  - f. We DO NOT utilize HIT or EHR data beyond direct patient care
11. Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?
- a. Yes
  - b. No, but we are in planning stages to collect this information
  - c. No, we are not planning to collect this information
12. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply.)
- a. Accountable Health Communities Screening Tools
  - b. Upstream Risks Screening Tool and Guide
  - c. iHELLP
  - d. Recommend Social and Behavioral Domains for EHRs
  - e. Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
  - f. Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)
  - g. WellRx
  - h. Health Leads Screening Toolkit
  - i. Other (please describe : Staying Healthy Assessment (from DHCS), Refugee Health Assessment, Relationship Safety Screening, Socio-demographic data sheet, PEARLS (ACEs screening used with pediatric patients), SBIRT, PHQ2 and PHQ9, Domestic Violence (OCHIN), GAD-7)
  - j. We DO NOT use a standardized screener
- 12a. Please provide the total number of patients that screened positive for the following at any point during the calendar year:
- a. Food insecurity \_\_\_\_\_
  - b. Housing insecurity \_\_\_\_\_
  - c. Financial strain \_\_\_\_\_
  - d. Lack of transportation/access to public transportation \_\_\_\_\_

**Purpose:** This report provides a count of patients screened for Food Insecurity, Housing Insecurity, Financial Strain and Transportation

**Key Points:**

- Columns state the dates that the flowsheet row was filled in positively for each screen. There are multiple possible flowsheet rows for each screen, so it's possible the same date is repeated in the same column.

**Parameters:**

- Reporting Period: Can choose from one predefined reporting periods: Last Full Calendar Year, Last Full 12 Months, Current Calendar Year to Date, or Current Calendar Year to Last Full Month. Choose "Use Custom Period" to set a reporting period other than the predefined options.
- Start Date: Enter the start date of the report, if 'Use Custom Period' was selected as the Reporting Period, check Set to Null.SA: Enter the service area ID# of your organization.
- End Date: Enter the end date of the report, if 'Use Custom Period' was selected as the Reporting Period, check Set to Null.
- SA - Enter service area number.

12a. Please provide the total number of patients that screened positive for the following:

a, Food Insecurity:	<b>2</b>
b, Housing Insecurity:	<b>3</b>
c, Financial Strain:	<b>3</b>
d. Lack of transportation/access to public transportation:	<b>1</b>

12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.)

- a. Have not considered/unfamiliar with standardized screeners
- b. Lack of funding for addressing these unmet social needs of patients
- c. Lack of training for personnel to discuss these issues with patients
- d. Inability to include with patient intake and clinical workflow
- e. Not needed
- f. Other (please describe we have some of our patients piloted in our Care Management program, but at this time our provider is not using a standardized screener to collect this information. It is collected and tracked in their progress notes. As we expand the program we plan to start using the screener for tracking)

13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?

- a. Yes
- b. No
- c. Not sure

## Appendix E: Other Data Elements

### INTRODUCTION

The questions on the Other Data Elements Form collect information on the changing landscape of health centers to include expanded services and delivery systems.

The reporting of COVID-19 vaccines provided to health center patients has been moved from this form to Table 6A.

### QUESTIONS

Report on these data elements as part of your UDS submission. Topics include medication-assisted treatment (MAT), telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status **as of December 31**.

#### 1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

- a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,<sup>1</sup> on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication during the calendar year? 4
- b. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or certified nurse midwife, with a DATA waiver working on behalf of the health center? 25

#### 2. Did your organization use telemedicine to provide remote (virtual) clinical care services?

The term “telehealth” includes “telemedicine” services, but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

##### a. Yes

2a1. Who did you use telemedicine to communicate with? (Select all that apply.)

- a. Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
- b. Specialists outside your organization (e.g., specialists at referral centers)

2a2. What telehealth technologies did you use? (Select all that apply.)

- a. Real-time telehealth (e.g., live videoconferencing) Yes (phone)
- b. Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations) Yes
- c. Remote patient monitoring No (devices not connected)
- d. Mobile Health (mHealth) No - UDS says "Mobile Health (mHealth): Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician." and transmit electronically

<sup>1</sup> With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs).

2a3. What **primary** telemedicine services were used at your organization? (Select all that apply.)

- a. **Primary care**
- b. Oral health
- c. **Behavioral health: Mental health**
- d. **Behavioral health: Substance use disorder**
- e. Dermatology
- f. **Chronic conditions**
- g. Disaster
- h. **management  
Consumer health education**
- i. **Provider-to-provider consultation**
- j. **Radiology**
- k. Nutrition and dietary counseling **No**
- l. Other (Please describe \_\_\_\_\_)

b. **No.**

If you did not have telemedicine services, please comment on why. (Select all that apply.)

- a. Have not considered/unfamiliar with telehealth service options
- b. Policy barriers (Select all that apply.)
  - i. Lack of or limited reimbursement
  - ii. Credentialing, licensing, or privileging
  - iii. Privacy and security
  - iv. Other (Please describe \_\_\_\_\_)
- c. Inadequate broadband/ telecommunication service (Select all that apply.)
  - i. Cost of service
  - ii. Lack of infrastructure
  - iii. Other (Please describe \_\_\_\_\_)
- d. Lack of funding for telehealth equipment
- e. Lack of training for telehealth services
- f. Not needed
- g. Other (Please describe \_\_\_\_\_)



3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists \_ 811

**Note:** Assists DO NOT count as visits on the UDS tables.

## UDS Appendix E - 3. Eligibility Assists

Report ID: 102095  
Printed Date: 01/26/2022 4:53:32PM  
Run Date: 01/26/2022 4:53:32PM  
Page 1 of 3

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**Purpose:** This report will show the number of assists provided, indicated as the number of lives, for UDS reporting. This is reported in Appendix E.

**Key Points:**

- Workflow for tracking Eligibility assistance for UDS reporting must be used. This workflow can be found on Ella.

**Parameters:**

- Reporting Period: Can choose from several predefined reporting periods: Yesterday, Last Full Week, Last Full Month, Last Full Quarter, Last Full Calendar Year, Last Full 12 Months, Current Calendar Year to Date, or Current Calendar Year to Last Full Month. Choose "Use Custom Period" to set a reporting period other than the predefined options.
- Start Date: Enter the start date of the report if 'Use Custom Period' was selected as the Reporting Period, otherwise check Set to Null.
- End Date: Enter the end date of the report if 'Use Custom Period' was selected as the Reporting Period, otherwise check Set to Null.
- SA: Enter the service area ID# of your organization.

Number of Lives Assisted:**230**

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## Appendix F: Workforce

### INTRODUCTION

The Workforce Form collects information through a series of questions on health center workforce. It is important to understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals.

There are no major changes to this form.

### QUESTIONS

Report on these data elements as part of your UDS submission. Topics include health professional education/training (DO NOT include continuing education units) and satisfaction surveys. Respond to each question based on your health center status **as of December 31**.

1. Does your health center provide health professional education/training that is a hands-on, practical, or clinical experience?
  - a. Yes
  - b. No
- 1a. If yes, which category best describes your health center’s role in the health professional education/training process? (Select all that apply.)
  - a. Sponsor<sup>2</sup>
  - b. Training site partner<sup>3</sup>
  - c. Other (please describe \_\_\_\_\_)
2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category<sup>4</sup> within the calendar year.

	a. Pre-Graduate/Certificate	b. Post-Graduate Training
<b>Medical</b>		
1. Physicians		
a. Family Physicians	9	37
b. General Practitioners	0	0
c. Internists	18	51
d. Obstetrician/Gynecologists	0	0
e. Pediatricians	10	20
f. Other Specialty Physicians	0	0
2. Nurse Practitioners	8	5
3. Physician Assistants	23	0
4. Certified Nurse Midwives	0	0
5. Registered Nurses	0	0
6. Licensed Practical Nurses/ Vocational Nurses	0	0

<sup>2</sup> A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

<sup>3</sup> A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

<sup>4</sup> Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.

	a. Pre-Graduate/Certificate	b. Post-Graduate Training
7. Medical Assistants	0	0
<b>Dental</b>	[Blank]	[Blank]
8. Dentists	0	0
9. Dental Hygienists	0	0
10. Dental Therapists	0	0
10a. Dental Assistants	0	0
<b>Mental Health and Substance Use Disorder</b>	[Blank]	[Blank]
11. Psychiatrists	18	19
12. Clinical Psychologists	0	1
13. Clinical Social Workers	0	0
14. Professional Counselors	0	0
15. Marriage and Family Therapists	0	0
16. Psychiatric Nurse Specialists	0	0
17. Mental Health Nurse Practitioners	0	0
18. Mental Health Physician Assistants	0	0
19. Substance Use Disorder Personnel	0	0
<b>Vision</b>	[Blank]	[Blank]
20. Ophthalmologists	0	0
21. Optometrists	0	0
<b>Other Professionals</b>	[Blank]	[Blank]
22. Chiropractors	0	0
23. Dieticians/Nutritionists	0	0
24. Pharmacists	0	0
25. Other (please describe _____)	0	0

3. Provide the number of health center personnel serving as preceptors at your health center: 48
4. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs: 110
5. How often does your health center conduct satisfaction surveys to providers working for the health center? (Select one.)
  - a. Monthly
  - b. Quarterly
  - c. Annually
  - d. We DO NOT currently conduct provider satisfaction surveys
  - Other (please describe \_\_\_\_\_) \*Surveyed as part of general staff survey

6. How often does your health center conduct satisfaction surveys for general personnel working for the health center (report provider surveys in question 5 only)? (Select one.)
- a. Monthly
  - b. Quarterly
  - c. Annually
  - d. We DO NOT currently conduct personnel satisfaction surveys
  - e. Other (please describe \_\_\_\_\_) \*Annual survey includes providers and general staff