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#### UDS Report - 2015

Center / Health Center Profile

## Do you self-identify as an NMHC? No

Title	Name	Phone	Fax	Email
UDS Contact	Marie Ketcheshawno	(916) 875-1985	Not Available	ketcheshawnom@saccounty.net
Project Director	Marcia Jo	(916) 875-5911	(916) 875-6366	jom@saccounty.net
CEO	Sandy Damiano	(916) 876-7179	Not Available	damianosa@saccounty.net
Chairperson	Paula Lomazzi	(916) 862-8649	Not Available	shoc_1@yahoo.com
Clinical Director	John Onate	(916) 874-2881	Not Available	onatej@saccounty.net

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## UDS Report - 2015 Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
95608	5	65	7		77
95610	8	34	3		45
95621	6	29	1		36
95624	9	49	4		62
95626	0	11	1		12
95628	4	32	2		38
95630	2	21	2		25
	1				
95632		21	1		23
95655	1	13	0		14
95660	7	66	4		77
95662	2	23	1		26
95670	17	84	6		107
95673	8	27	2		37
95757	2	25	2		29
95758	7	58	4		69
95811	91	391	48		530
95812	2	33	1		36
95814	5	72	9		86
95815	24	134	12		170
95816	6	32	3		41
95817	8	123	10		141
95818	4	54	6		64
95819	1	14	0		15
95820	35	466	19		520
95821	11	94	5		110
95822	13	155	11		179
95823	40	246	19		305
95824	17	161	13		191
95825	11	93	4		108
95826	9	103	13		125
95827	6	50	0		56
95828	20	149	14		183
95829	3	24	1		28
95831	6	46	5		57
95832	6	37	3		46
95833	9	73	4		86
95834	4	30	5		39
95835	1	24	2		27
95838	16	104	8		128

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
95841	5	49	2		56
95842	6	48	2		56
95843	6	24	0		30
95864	3	17	1		21
Other ZIP Codes	26	93	8		127
Unknown Residence	23	48	9		80
Total	496	3545	277		4318

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## UDS Report - 2015

## Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	-	-
2.	Age 1	-	-
3.	Age 2	-	-
4.	Age 3	-	-
5.	Age 4	-	-
6.	Age 5	-	-
7.	Age 6	-	-
8.	Age 7	-	-
9.	Age 8	-	-
10.	Age 9	-	-
11.	Age 10	-	-
12.	Age 11	-	-
13.	Age 12	-	-
14.	Age 13	-	-
15.	Age 14	-	-
16.	Age 15	-	1
17.	Age 16	-	-
18.	Age 17	3	2
Subt	otal Patients (Sum lines 1-18)	3	3
19.	Age 18	4	9
20.	Age 19	12	6
21.	Age 20	11	15
22.	Age 21	22	18
23.	Age 22	16	13
24.	Age 23	18	15
25.	Age 24	44	18
26.	Ages 25-29	177	127
27.	Ages 30-34	198	129
28.	Ages 35-39	222	136
29.	Ages 40-44	256	135
30.	Ages 45-49	384	237
31.	Ages 50-54	441	371
32.	Ages 55-59	403	288
33.	Ages 60-64	255	218
Subt	otal Patients (Sum lines 19-33)	2,463	1,735

Review | EU | HRSA EHBs

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## UDS Report - 2015 Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	55	35
35.	Ages 70-74	12	5
36.	Ages 75-79	3	1
37.	Ages 80-84	1	1
38.	Age 85 and over	1	-
Subto	otal Patients (Sum lines 34-38)	72	42
39.	Total Patients (Sum lines 1-38)	2,538	1,780

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## UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Universal

			Patients by Hispanic or Latino Ethnicity					
S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)			
1.	Asian	5	338		343			
2a.	Native Hawaiian	2	4		6			
2b.	Other Pacific Islander	3	100		103			
2.	Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)	5	104		109			
3.	Black/African American	10	1,190		1,200			
4.	American Indian/Alaska native	12	53		65			
5.	White	53	1,454		1,507			
6.	More than one race	24	84		108			
7.	Unreported/Refused to report race	566	129	291	986			
8.	Total Patients (Sum lines 1+2+3 through 7)	675	3,352	291	4,318			

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	1,666

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## UDS Report - 2015

## Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic		Number of Patients (a)
Incom	e as Percent of Poverty Level		
1.	100% and below	383	
2.	101 - 150%		3,411
3.	151 - 200%		28
4.	Over 200%		0
5.	Unknown		496
6.	Total (Sum lines 1-5)		4,318
Princip	oal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	2	494
8a.	Regular Medicaid (Title XIX)	4	3,541
8b.	CHIP Medicaid	0	0
8.	Total Medicaid (Sum lines 8a+8b)	4	3,541
9a.	Dually eligible (Medicare and Medicaid)	0	265
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	277
10a.	Other Public Insurance Non-CHIP (Specify: -)	-	-
10b.	Other Public Insurance CHIP	0	0
10.	Total Public Insurance (Sum lines 10a+10b)	0	0
11.	Private Insurance	0	0
12.	Total (Sum lines 7+8+9+10+11)	6	4,312

## Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (C)	Private (d)	Total (e)
13a.	Capitated Member months	19,967	-	-	-	19,967
13b.	Fee-for-service Member months	8,050	-	-	-	8,050
13c.	Total Member Months (Sum lines 13a+13b)	28,017				28,017

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## UDS Report - 2015

Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	
15.	Seasonal (330g Health Centers Only)	
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	0
17.	Homeless Shelter (330h Health Centers Only)	354
18.	Transitional (330h Health Centers Only)	76
19.	Doubling Up (330h Health Centers Only)	752
20.	Street (330h Health Centers Only)	363
21.	Other (330h Health Centers Only)	1,231
22.	Unknown (330h Health Centers Only)	18
23.	Total Homeless (All Health Centers Report This Line)	2,794
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	0
25.	Total Veterans (All Health Centers Report This Line)	42
26.	Total Public Housing Patients (All Health Centers Report This Line)	4,163

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## UDS Report - 2015 Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medica	I Care Services	(4)	(2)	(0)
1.	Family Physicians	2.11	3,321	
2.	General Practitioners	0.22	365	
3.	Internists	2.06	4,000	
4.	Obstetrician/Gynecologists	0.00	-	
5.	Pediatricians	0.00	_	
7.	Other Specialty Physicians	0.00	-	
8.	Total Physicians (Sum lines 1-7)	4.39	7,686	
9a.	Nurse Practitioners	1.78	3,331	
9b.	Physician Assistants	0.00	-	
10.	Certified Nurse Midwives	0.00	-	
10a.	Total NP, PA, and CNMs (Sum lines 9a - 10)	1.78	3,331	
11.	Nurses	2.07		
12.	Other Medical Personnel	13.09		
13.	Laboratory Personnel	0.00		
14.	X-Ray Personnel	2.47		
15.	Total Medical (Sum lines 8+10a through 14)	23.80	11,017	4,193
Dental	Services			
16.	Dentists	0.16	49	
17.	Dental Hygienists	0.00	-	
18.	Other Dental Personnel	0.09		
19.	Total Dental Services (Sum lines 16-18)	0.25	49	49
Mental	Health Services			
20a.	Psychiatrists	1.39	2,740	
20a1.	Licensed Clinical Psychologists	-	-	
20a2.	Licensed Clinical Social Workers	0.00	-	
20b.	Other Licensed Mental Health Providers	0.01	19	
20c.	Other Mental Health Staff	0.00	-	
20.	Total Mental Health (Sum lines 20a-20c)	1.40	2,759	397

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# UDS Report - 2015

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Subst	ance Abuse Services			
21.	Substance Abuse Services	0.00	-	-
Other	Professional Services			
22.	Other Professional Services (Specify: -)	0.00	-	-
Vision	Services			
22a.	Ophthalmologists	0.00	-	
22b.	Optometrists	0.00	-	
22c.	Other Vision Care Staff	0.00		
22d.	Total Vision Services (Sum lines 22a-22c)	0.00		-
Pharm	nacy Personnel			
23.	Pharmacy Personnel	0.15		
Enabli	ing Services			
24.	Case Managers	0.69	-	
25.	Patient/Community Education Specialists	0.00	-	
26.	Outreach Workers	2.26		
27.	Transportation Staff	0.00		
27a.	Eligibility Assistance Workers	0.00		
27b.	Interpretation Staff	0.00		
28.	Other Enabling Services (Specify: -)	0.00		
29.	Total Enabling Services (Sum lines 24-28)	2.95		-

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# UDS Report - 2015

## Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)					
Other	Other Programs/Services								
29a.	Other Programs and services (Specify: -)	-							
Admi	nistration and Facility								
30a.	Management and Support Staff	2.58							
30b.	Fiscal and Billing Staff	3.29							
30c.	IT Staff	0.00							
31.	Facility Staff	0.00							
32.	Patient Support Staff	14.01							
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	19.88							
Grand	Grand Total								
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)	48.43	13,825						

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## UDS Report - 2015 Table 5A - Tenure for Health Center Staff

		Full	Full and Part Time		Locum, On-Call, etc	
S.No	Health Center Staff	Persons	Total Months	Persons	Total Months	
		(a)	(b)	(c)	(d)	
1.	Family Physicians	3	219	1	111	
2.	General Practitioners	1	24	-	-	
3.	Internists	3	274	2	93	
4.	Obstetrician/Gynecologists	-	-	-	-	
5.	Pediatricians	-	-	-	-	
7.	Other Specialty Physicians	-	-	-	-	
9a.	Nurse Practitioners	2	251	-	-	
9b.	Physician Assistants	-	-	-	-	
10.	Certified Nurse Midwives	-	-	-	-	
11.	Nurses	2	176	-	-	
16.	Dentists	-	-	-	-	
17.	Dental Hygienists	-	-	-	-	
20a.	Psychiatrists	2	53	2	73	
20a1.	Licensed Clinical Psychologists	-	-	-	-	
20a2.	Licensed Clinical Social Workers	-	-	-	-	
20b.	Other Licensed Mental Health Providers	-	-	-	-	
22a.	Ophthalmologist	-	-	-	-	
22b.	Optometrist	-	-	-	-	
30a1.	Chief Executive Officer	1	131	-	-	
30a2.	Chief Medical Officer	1	12	-	-	
30a3.	Chief Financial Officer	1	25	-	-	
30a4.	Chief Information Officer	1	12	-	-	

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## UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10- CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)			
Select	Selected Infectious and Parasitic Diseases							
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	34	16			
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	35	20			
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	30	28			
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	61	22			
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	293	123			
Select	ed Diseases of the Respiratory System							
5.	Asthma	493.xx	J45-	542	271			
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	121	89			
Select	ed Other Medical Conditions							
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	42	30			
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	24	16			
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	2,385	695			
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	101-, 102- (exclude 102.9), 120- thru 125, 126- thru 128-, 130- thru 152-	623	297			
11.	Hypertension	401.xx - 405.xx;	110- thru 115-	3,824	1,341			
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30-	142	119			

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10- CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
			(Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)		
13.	Dehydration	276.5x	E86-	4	4
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	3	3
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	637	361
Select	ed Childhood Conditions (limited to ages 0 thru 17)				
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	0	0
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	0	0
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.	260.xx - 269.xx (excluding 268.2); 779.3x; 783.3x - 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	0	0

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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## UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9- CM Code	Applicable ICD-10- CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Select	ed Mental Health and Substance Abuse Conditions				
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	368	195
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x - 292.8x; 292.9; 304.xx; 305.2x - 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	464	279
19a.	Tobacco use disorder	305.1	F17-	353	239
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	2,354	883
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	875	426
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	84	35
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx - 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	771	383

S.No	Service Category	Applicable ICD-9- CM or CPT-4/II Code	Applicable ICD-10- CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selecte	ed Diagnostic Tests/Screening/Preventive Services				
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	17	17
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	0	0
21b.	Hepatitis C Test	CPT-4: 86803- 04, 87520-22	CPT-4: 86803-04, 87520-22	0	0
22.	Mammogram			57	56

S.No	Service Category	Applicable ICD-9- CM or CPT-4/II Code	Applicable ICD-10- CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
		CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31		
23.	Pap Test	CPT-4: 88141- 88155; 88164- 88167, 88174- 88175 OR ICD-9: V72.3; V72.31; V72.32; V76.2	CPT-4: 88141- 88155; 88164- 88167, 88174- 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4	198	198
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633- 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 - 90648; 90670; 90696 - 90702; 90704 - 90716; 90718 - 90723; 90743 - 90744; 90748	587	572
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672- 90673, 90685- 90688	CPT-4: 90654 – 90662, 90672- 90673, 90685- 90688	836	795

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9- CM Code	Applicable ICD-10- CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	27	23
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	0	0
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	0	0
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408- 99409	CPT-4: 99408- 99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	0	0
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selecte	ed Dental Services				
27.	I. Emergency Services	ADA: D9110	ADA: D9110	49	49
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	0	0
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	0	0
30.	Sealants	ADA: D1351	ADA: D1351	0	0
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	0	0
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	0	0
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290- D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290- D7294	0	0

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	0	0

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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## UDS Report - 2015

## Table 6B - Quality Of Care Measures

Prenatal care by referral only: No

Section A - Age Categories for Prenatal Patients				
	Demographic Characteristics of Prenatal Care Patients			
S.No	Age	Number of Patients (a)		
1.	Less than 15 Years	-		
2.	Ages 15 - 19	-		
3.	Ages 20 - 24	-		
4.	Ages 25 - 44	-		
5.	Ages 45 and Over	-		
6.	Total Patients (Sum lines 1-5)	-		

Sectio	Section B - Trimester of Entry into Prenatal Care					
S.No	Trimester of Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)			
7.	First Trimester	-	-			
8.	Second Trimester	-	-			
9.	Third Trimester	-	-			

Sectio	Section C - Childhood Immunization			
S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Children who have received age appropriate vaccines prior to their 3rd birthday during measurement year (on or prior to December 31)	0	0	0

Secti	Section D - Cervical Cancer Screening			
S.No	Cervical Cancer Screening	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (C)
11.	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	1,566	70	35

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# UDS Report - 2015

# Table 6B - Quality Of Care Measures

Sectio	Section E - Weight Assessment and Counseling for Children and Adolescents			
S.No	Weight Assessment and Counseling for Children and Adolescents	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	1	1	0

Secti	Section F - Adult Weight Screening and Follow-Up			
S.No	Adult Weight Screening and Follow-Up	Total Patients 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: Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	4,141	70	40

Sectio	Section G - Tobacco Use Screening and Cessation Intervention			
S.No	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: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year and (2) for those found to be a tobacco user, received cessation counseling intervention or medication	3,119	70	59

Sectio	Section H - Asthma Pharmacological Therapy			
S.No	Asthma Pharmacologic Therapy	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	82	70	35

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# UDS Report - 2015

## Table 6B - Quality Of Care Measures

Sectio	Section I - Coronary Artery Disease (CAD): Lipid Therapy				
S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)	
17.	MEASURE: Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy	8	8	4	

Secti	Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy			
S.No	Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy	211	70	65

Secti	Section K - Colorectal Cancer Screening			
S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	1,969	70	27

Secti	Section L - HIV Linkage to Care			
S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	2	2	2

Secti	Section M - Patients Screened for Depression and Follow-Up			
S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.		3,042	70	8

Secti	Section M - Patients Screened for Depression and Follow-Up				
S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)	
	MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented				

Section N - Dental Sealants **Total Patients Aged 6** through 9 Identified as Charts Sampled or EHR Number of patients with S.No Dental Sealants Moderate to High Risk for Total Sealants to First Molars Caries (b) (c) (a) MEASURE: Children aged 6 through 9 years at moderate to 22. high risk of caries who received a sealant on a permanent first 0 0 0 molar tooth

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## UDS Report - 2015

## Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	-
2	Deliveries Performed by Health Center's Provider	-

S.No	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)
Hispan	ic/Latino				
1a.	Asian	-	-	-	-
1b1.	Native Hawaiian	-	-	-	-
1b2.	Other Pacific Islander	-	-	-	-
1c.	Black/African American	-	-	-	-
1d.	American Indian/Alaska Native	-	-	-	-
1e.	White	-	-	-	-
1f.	More Than One Race	-	-	-	-
1g.	Unreported/Refused to Report Race	-	-	-	-
Subtot	al Hispanic/Latino (Sum lines 1a-1g)	-	-	-	-
Non-Hi	spanic/Latino				
2a.	Asian	-	-	-	-
2b1.	Native Hawaiian	-	-	-	-
2b2.	Other Pacific Islander	-	-	-	-
2c.	Black/African American	-	-	-	-
2d.	American Indian/Alaska Native	-	-	-	-
2e.	White	-	-	-	-
2f.	More Than One Race	-	-	-	-
2g.	Unreported/Refused to Report Race	-	-	-	-
Subtot	al Non-Hispanic/Latino (Sum lines 2a-2g)	-	-	-	-
Unrepo	orted/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	-	-	-	-
i.	Total (Sum lines 1a-h)	-	-	-	-

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Table 7 - Health Outcomes and Disparities

S.No	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispan	ic/Latino			
1a.	Asian	-	-	-
1b1.	Native Hawaiian	-	-	-
1b2.	Other Pacific Islander	-	-	-
1c.	Black/African American	3	-	-
1d.	American Indian/Alaska Native	3	-	-
1e.	White	18	-	-
1f.	More Than One Race	1	-	-
1g.	Unreported/Refused to Report Race	140	1	1
Subtot	al Hispanic/Latino (Sum lines 1a-1g)	165	1	1
Non-Hi	spanic/Latino			
2a.	Asian	105	16	10
2b1.	Native Hawaiian	4	-	-
2b2.	Other Pacific Islander	45	-	-
2c.	Black/African American	307	25	12
2d.	American Indian/Alaska Native	10	-	-
2e.	White	279	23	8
2f.	More Than One Race	12	2	1
2g.	Unreported/Refused to Report Race	13	1	1
Subtot	al Non-Hispanic/Latino (Sum lines 2a-2g)	775	67	32
Unrepo	orted/Refused to Report Ethnicity			
h.	Unreported /Refused to Report Race and Ethnicity	21	2	0
i.	Total (Sum lines 1a-h)	961	70	33

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Table 7 - Health Outcomes and Disparities

S.No	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanio	c/Latino				
1a.	Asian	-	-	-	-
1b1.	Native Hawaiian	-	-	-	-
1b2.	Other Pacific Islander	-	-	-	-
1c.	Black/African American	-	-	-	-
1d.	American Indian/Alaska Native	3	1	1	0
1e.	White	9	1	1	0
1f.	More Than One Race	1	1	0	1
1g.	Unreported/Refused to Report Race	110	13	9	2
Subtota	l Hispanic/Latino (Sum lines 1a-1g)	123	16	11	3
Non-His	panic/Latino				
2a.	Asian	79	14	8	2
2b1.	Native Hawaiian	2	0	0	0
2b2.	Other Pacific Islander	36	5	5	0
2c.	Black/African American	132	11	2	5
2d.	American Indian/Alaska Native	4	0	0	0
2e.	White	146	22	14	6
2f.	More Than One Race	5	0	0	0
2g.	Unreported/Refused to Report Race	12	1	1	0
Subtota	l Non-Hispanic/Latino (Sum lines 2a-2g)	416	53	30	13
Unrepor	ted/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	19	1	1	0
i.	Total (Sum lines 1a-h)	558	70	42	16

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## UDS Report - 2015 Table 8A - Financial Costs

S.No		Accrued Cost (a) \$	Allocation of Facility and Non- Clinical Support Services (b)	and Non-Clinical Support Services (C)
		•	\$	\$
Finan	cial Costs for Medical Care			
1.	Medical Staff	2,930,565	3,666,512	6,597,077
2.	Lab and X-ray	467,544	871,332	1,338,876
3.	Medical/Other Direct	12,029	13,963	25,992
4.	Total Medical Care Services (Sum lines 1-3)	3,410,138	4,551,807	7,961,945
Finan	cial Costs for Other Clinical Services			
5.	Dental	47,370	143,878	191,248
6.	Mental Health	135,143	159,877	295,020
7.	Substance Abuse	-	-	
8a.	Pharmacy not including pharmaceuticals	348,602	404,657	753,259
8b.	Pharmaceuticals	72,278		72,278
9.	Other Professional (Specify: -)	-	-	
9a.	Vision	1,280	1,487	2,767
10.	Total Other Clinical Services (Sum lines 5-9a)	604,673	709,899	1,314,572
Finan	cial Costs of Enabling and Other Program Related Servi	ices		
11a.	Case Management	112,608		112,608
11b.	Transportation	-		
11c.	Outreach	333,301		333,301
11d.	Patient and Community Education	-		
11e.	Eligibility Assistance	-		
11f.	Interpretation Services	79,123		79,123
11g.	Other Enabling Services (Specify: -)	-		
11.	Total Enabling Services Cost (Sum lines 11a- 11g)	525,032	609,456	1,134,488
12.	Other Related Services (Specify: -)	-	-	
13.	Total Enabling and Other Services (Sum lines 11-12)	525,032	609,456	1,134,488
Facili	ty and Non-Clinical Support Services and Totals			
14.	Facility	1,162,375		
15.	Non-Clinical Support Services	4,708,787		
16.	Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)	5,871,162		
17.	Total Accrued Costs (Sum lines 4+10+13+16)	10,411,005		10,411,005

S.No		Accrued Cost (a) \$	Allocation of Facility and Non- Clinical Support Services (b) \$	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) \$
18.	Value of Donated Facilities, Services and Supplies (Specify: Mental Health Services)			77,078
19.	Total with Donations (Sum lines 17-18)			10,488,083

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## UDS Report - 2015

Table 9D: Patient Related Revenue (Scope of Project Only)

				Retroactive	Settlements, Rece (c)	eipts, and Payl	backs			
S.No	Payer Category	Full Charges this Period (a) \$	Amount Collected this Period (b) \$	Collection of Reconciliation/ Wrap around Current Year (c1) \$	Collection of Reconciliation/ Wrap around Previous Years (c2) \$	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) \$	Penalty/ Payback (c4) \$	Allowances (d) \$	Sliding Discounts (e) \$	Bad Debt Write Off (f) \$
1.	Medicaid Non-Managed Care	1,114,357	967,846	304,240	449,787	· ·	-	-710,379		
2a.	Medicaid Managed Care (capitated)	632,432	812,941	-	-	-	-	-180,509		
2b.	Medicaid Managed Care (fee- for-service)	216,878	150,516	-	-	-	-	24,374		
3.	Total Medicaid (Sum lines 1+2a+2b)	1,963,667	1,931,303	304,240	449,787			-866,514		
4.	Medicare Non-Managed Care	78,032	5,704	-	-	-	-	7,166		
5a.	Medicare Managed Care (capitated)	-	-	-	-	-	-	-		
5b.	Medicare Managed Care (fee- for-service)	-	-	-	-	-	-	-		
6.	Total Medicare (Sum lines 4+5a+5b)	78,032	5,704					7,166		
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)	-	-	-	-	-	-	-		
9.	Total Other Public (Sum lines 7+8a+8b)									
10.	Private Non-Managed Care	122,309	66,821				-			
11a.	Private Managed Care (capitated)	-	-			-	-	-		
11b.	Private Managed Care (fee-for- service)	-	-			-	-	-		
12.	Total Private (Sum lines 10+11a+11b)	122,309	66,821							
13.	Self-pay	100,600	187,409						24,465	500,746

				Retroactive	Settlements, Rece (c)	ipts, and Payl	backs			
S.No	Payer Category	Full Charges this Period (a) \$	Amount Collected this Period (b) \$	Collection of Reconciliation/ Wrap around Current Year (c1) \$	Collection of Reconciliation/ Wrap around Previous Years (c2) \$	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) \$	Penalty/ Payback (c4) \$	Allowances (d) \$	Sliding Discounts (e) \$	Bad Debt Write Off (f) \$
14.	Total (Sum lines 3+6+9+12+13)	2,264,608	2,191,237	304,240	449,787	-	-	-859,348	24,465	500,746

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## UDS Report - 2015

## Table 9E: Other Revenues

S.No	Source	Amount (a) \$
BPHO	C Grants (Enter Amount Drawn Down - Consistent with PMS-272)	
1a.	Migrant Health Center	-
1b.	Community Health Center	-
1c.	Health Care for the Homeless	919,566
1e.	Public Housing Primary Care	-
1g.	Total Health Center Cluster (Sum lines 1a-1e)	919,566
1j.	Capital Improvement Program Grants (excluding ARRA)	-
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	-
1.	Total BPHC Grants (Sum lines 1g+1j+1k)	919,566
Othe	r Federal Grants	
2.	Ryan White Part C HIV Early Intervention	-
3.	Other Federal Grants (Specify:-)	-
За.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	-
5.	Total Other Federal Grants (Sum lines 2-3a)	
Non-	Federal Grants or Contracts	
6.	State Government Grants and Contracts (Specify:-)	-
6a.	State/Local Indigent Care Programs (Specify:Realignment and VCF funds used to subsidize the cost of care for the uninsured.)	24,465
7.	Local Government Grants and Contracts (Specify:Realignment and VCF funds.)	7,574,243
8.	Foundation/Private Grants and Contracts (Specify:-)	-
9.	Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)	7,598,708
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:Reimbursement by other programs/department for cost of staff and other services, miscellaneous fees received for copy of documents.)	789,045
11.	Total Revenue (Sum lines 1+5+9+10)	9,307,319

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## UDS Report - 2015

Electronic Health Record Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[ X ] Yes, at all sites and for all providers [ _ ] Yes, but only at some sites or for some providers [ _ ] No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	[X]Yes [_]No
Vendor	McKesson Provider Technologies
Product Name	Practice Partner
Version Number	9.5.2
Certified Health IT Product List Number	A0H1301DAPJXEAN
1b. Did you switch to your current EHR from a previous system this year?	[_]Yes [X]No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X]Yes [_]No [_]Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X]Yes [_]No [_]Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[X]Yes [_]No [_]Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[X]Yes [_]No [_]Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X]Yes [_]No [_]Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[_] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [X] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	<ul> <li>[_] Yes, all eligible providers at all sites are participating</li> <li>[_] Yes, some eligible providers at some sites are participating</li> <li>[X] No, our eligible providers are not yet participating</li> <li>[_] No, because our providers are not eligible</li> <li>[_] Not Sure</li> </ul>
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	N/A
8b. If no (c only), are your eligible providers planning to participate?	[ _ ] Yes, over the next 3 months [ _ ] Yes, over the next 6 months [ _ ] Yes, over the next 12 months or longer

	[X] No, they are not planning to participate
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[X]Yes [_]No
If yes, then specify the type(s) of service	Chronic Disease Registry
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[_]Yes [X]No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	<ul> <li>[_] National Committee for Quality Assurance (NCQA)</li> <li>[_] The Joint Commission (TJC)</li> <li>[_] Accreditation Association for the Ambulatory Health Care (AAAHC)</li> <li>[_] State Based Initiative</li> <li>[_] Private Payer Initiative</li> <li>[_] Other Recognition Body (Specify: -)</li> </ul>
11. Has your health center received accreditation?	[_]Yes [X]No
If yes, which third party organization granted accreditation?	[_] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC)

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> UDS Report - 2015 Data Audit Report

#### Table 3A-Patients by Age and Gender

Edit 03950: Numbers Questioned For Patients Aged 15 - 44. - The proportion of Females aged 15-44 (0.39) is outside the typical range when compared to total patients in the same group. Females aged 15-44 (624); Males aged 15-44 (983). Please correct or explain.

#### Related Tables: Table 3A(UR)

Marie Ketcheshawno (Health Center) on 2/1/2016 12:01 PM EST: Specialized services to homeless adults and adults recently incarcerated are predominantly male populations. This over balances males in the health center population.

#### **Table 4-Selected Patient Characteristics**

Edit 03851: Inter-year change in patients - Proportion of patients at or below 100 percent of the federal poverty guidelines for this year (8.87) differs substantially from last year (31.91). Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/10/2016 12:06 PM EST: Data collection for patient's income as a percent of FPL is still in development. Patient's income changes frequently and our data collection system is not designed for easy data entry. We selected a new EHR/Finance system for purchase this year so future reports will be able to more accurately track this data.

Edit 03852: Inter-year change in patients - The percentage of Uninsured patients to total patients has significantly decreased when compared to prior year. Current Year ( (11.49)%, (496)); Prior Year ( (31.7)%, (1,377). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

#### Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/10/2016 12:07 PM EST: Sacramento County has achieved very high levels of patient coverage through extensive enrollment efforts. This data is correct.

Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column a (2,794) from prior year Line 23 Column a (4,344). Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:40 PM EST: The data is reliable as noted. The health center population changed dramatically in 2015 as health care reform assigned patients to providers based on zip code.

Edit 04163: Inter-year change in patients - The proportion of Private patients to total patients has significantly decreased when compared to prior year. Current Year ((0)%, (0)); Prior Year ((0.64)%, (28)). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/10/2016 12:13 PM EST: Sacramento County has achieved very high levels of patient coverage through extensive enrollment efforts. This data is correct.

Edit 04183: Inter-year Member Months in question - A significant change in managed care participation Capitated Member months Medicaid Line 13a Column a (19,967) is reported compared with the prior year (0). Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/10/2016 12:21 PM EST: Capitation payment structure started Spring 2015.

Edit 05870: Patient Count in Question - You report a high proportion of Public Housing patients on line 26 compared to total patients. Please correct or explain.

Related Tables: Table 4(UR), Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/10/2016 12:22 PM EST: New UDS rules in 2015 to account for public housing patients resulted in the increase.

Edit 06090: Inter-year change in Unknown Income Patients - The percentage of patients with unknown income has significantly increased when compared to prior year. Current Year = ( (11.49)%, Unknown Number of Patients Line 5 Column a (496) ); Prior Year = ( (0)%, Unknown Number of Patients Line 5 Column a (0) ). Please correct or explain.

#### Related Tables: Table 4(UR)

Kenneth Stanton (Health Center) on 2/22/2016 1:03 PM EST: Current data collection systems for income and family size are not use friendly and data input inconsistent especially for uninsured individuals. New system scheduled for purchase late this year will offer more substantial system support.

#### Table 5-Staffing and Utilization

Edit 00024: Family Physicians Productivity Questioned - A significant change in Productivity of Family Physicians Line 1 (1,573.93) is reported from the prior year (2,593.71). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:42 PM EST: Data is correct. We increased providers to create capacity as yet unfilled. This adversely affected productivity.

Edit 00052: Dentist Productivity Questioned - A significant change in Productivity of Dentists on Line 16 (306.25) is reported from the prior year (1,826.23). Please check to see that the FTE and visit numbers are entered correctly.

#### Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:43 PM EST: We reduced dental services due to drop off in demand. This process adversely affected productivity.

Edit 00066: General Practitioner Productivity Questioned - A significant change in Productivity of General Practitioners on Line 2 (1,659.09) is reported from the prior year (206.67). Please check to see that the FTE and visit numbers are entered correctly.

#### Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/19/2016 7:01 PM EST: Data is correct. We increased providers to create capacity.

Edit 00219: Substantial inter-year variance in providers - Number of dental providers and hygienists on Lines 16 and 17 Column a differs substantially from prior year. Current Year - (0.16). Prior Year - (0.61). Please correct or explain.

#### Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/1/2016 12:25 PM EST: Reduced dental FTEs due to decreased demand.

Edit 04093: Dental Visits per User - The number of dental visits per dental patient appears low when compared nationally. Please correct or explain. CY (1); Previous Year National Average (2.5).

#### Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:46 PM EST: We reduced dental services due to decreased demand. Increased referred services as became a covered benefit in 2015.

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (4.39). Prior Year - (3.24). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

#### Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:48 PM EST: Data is correct. We increased providers to create capacity for new program.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (1.78). Prior Year - (0.74). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:48 PM EST: Data is correct. We increased providers to create capacity for new program.

Edit 04141: Inter-year Patients questioned - On Universal - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = (624), CY = (49)). Please correct or explain.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:51 PM EST: We reduced dental services due to decreased demand. Increased referred services as became a covered benefit in 2015.

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (10), CY = ()). Please correct or explain.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/1/2016 12:30 PM EST: Vision services miscalculated in prior year. Current year data is correct.

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

Edit 02149: Contraceptive Management Patients Questioned - The number reported on Line 25 Column b (23) on Table 6A appears low when compared to women aged 15-44 (624) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

Related Tables: Table 6A(UR), Table 3A(UR)

Marie Ketcheshawno (Health Center) on 2/1/2016 1:02 PM EST: Demand for contraceptive management within primary care is low due to high number of patients using alternative providers for this service.

#### Table 6B-Quality of Care Indicators

Edit 05776: Line 12 Universe in Question - You are reporting (17.16)% of total possible medical patients in the universe for the Child and Adolescent Weight Assessment and Counseling measure(line 12 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 1:57 PM EST: The data was reviewed and found to be correct. The universe described in Table 6B Line 12 includes only one child between 1/1/98 and 12/31/2012. All other children were before the specified date range. Our health center does not typically serve children or adolescents.

Edit 05786: CAD/Line 17 - Based on the universe for total patients with Coronary Artery Disease (CAD) on line 17 column A, we estimate a prevalence rate of (0.19)%. This appears low compared to national averages. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:53 PM EST: The data is correct. However, providers may be underdiagnosing this. The Quality Improvement Committee plans to focus on this question. Additionally, we do not serve geriatric patients so this also reduces our number compared to the national averages.

Edit 06157: Line 21 Universe in Question - Based on the universe reported for total patients with Patients Screened For Depression and Follow-up on line 21 column A we estimate a prevalence rate of (72.55)%. This appears low compared to the prior year national average. Please review and correct or explain.

Related Tables: Table 6B, Table 3A(UR), Table 5(UR), Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 3:54 PM EST: Many of our patients met the exclusion criteria for this measure as several of our physicians are psychiatrists as well a primary care physicians and serve individuals with significant mental illness or diagnosed depression and these are excluded from the denominator.

Edit 06015: Missing Clinical Measure - The reporting of Sealant To First Molars measure appears to be missing. Please report the data on Table 6B Line 22 for this measure or explain.

Related Tables: Table 6B, Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 12:01 PM EST: The data was reviewed and found to be correct. No child met the qualification of being born between 1/1/2006 and 12/31/2009.

Edit 05866: Line 20 Compliance Rate Questioned - A compliance rate of 100% is reported for the Newly Identified HIV Cases and Follow-up measure, Line 20. Please review the reporting of Column c in relation to the sample or universe reported in Column b for accuracy and correct or explain.

Related Tables: Table 6B

Marie Ketcheshawno (Health Center) on 2/11/2016 11:56 AM EST: There were only two patients with a first-ever HIV diagnosis during the reporting period. Both had a follow-up visit for HIV care within 90 days of their HIV diagnosis.

#### Table 8A-Financial Costs

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (601.17); Prior Year (415.14).

Related Tables: Table 8A, Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/10/2016 12:25 PM EST: Cost per visit is high because health center added staff in 2015 to provide capacity for new program enrollment. Enrollment does not yet meet capacity and this inflates cost per visit.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (3,903.02); Prior Year (440.29).

Related Tables: Table 8A, Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 4:06 PM EST: This year we experienced decreased demand for dental services resulting in 49 dental visits for the year. However, facility costs continued to be incurred which resulted in an increased cost per visit.

Edit 05316: Costs but no FTE or Visits reported - You are reporting visions costs in the amount of Vision Accrued Cost Line 9a Column a (1,280) on Table 8A, but no FTEs or Visits are reported on Table 5, Line 22d. Please correct or explain.

Related Tables: Table 8A, Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/1/2016 12:33 PM EST: Vision is a contracted outside service.

Edit 03727: Inter-Year Variance Questioned - Current Year Facility costs vary substantially from last years cost. (Current Year: Facility Accrued Cost Line 14 Column a (1,162,375); Prior Year: Facility Accrued Cost Line 14 Column a (573,781)). Please correct or explain.

#### Related Tables: Table 8A

Marie Ketcheshawno (Health Center) on 2/11/2016 4:07 PM EST: Plans for health center growth through a new program in enrollment resulted in increased facility costs.

Edit 03945: Inter-Year variance questioned - Current Year Administration costs, Line 15 Column a (4,708,787) varies substantially from cost on the same line last year (2,655,062). Please correct or explain.

Related Tables: Table 8A

Marie Ketcheshawno (Health Center) on 2/11/2016 4:08 PM EST: Plans for health center growth through a new program in enrollment resulted in increased facility costs.

#### Table 9D-Patient Related Revenue (Scope of Project Only)

Edit 02505: Zero Patients In Payor Category Questioned - Zero Private Insurance patients are reported on Table 4 Line 11 (0), but you report Total Private (lines 10 + 11A + 11B) Full Charges This Period Line 12 Column a (122,309) on Table 9D. Please correct or explain.

Related Tables: Table 9D, Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/9/2016 7:11 PM EST: Our health center did not receive new private insurance patients this year. Prior year accounts were settled and collected in current year. Accounts settled and collected is what determined the billed amounts.

Edit 04061: Inter-year Medicaid patients and charges Questioned - A (24.56)% change in MEDICAID patients is reported but (222.16)% in charges is reported. Review the report for consistency. Please correct or explain.

Related Tables: Table 9D, Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 4:09 PM EST: Significant improvements in billing practices as well as adjustment of health center charges caused this change.

Edit 04062: Inter-year Medicare patients and charges Questioned - A (197.85)% change in MEDICARE patients is reported, but (488.43)% in charges is reported. Review the report for consistency. Please correct or explain.

Related Tables: Table 9D, Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 4:11 PM EST: Significant improvements in billing practices as well as adjustment of health center charges caused this change.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (158.5); Prior year (76.44). Please review the information and correct or explain.

Related Tables: Table 9D, Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/11/2016 4:12 PM EST: The large change in collections from the prior year is attributable to an improvement in billing practices which produced a higher collection rate. Also many of our patients served had health care coverage plans that reimbursed us for services rendered at a higher rate.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.24) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Marie Ketcheshawno (Health Center) on 2/11/2016 4:13 PM EST: County Board of Supervisors adopted a new fee schedule in July 2015 to address the charge to cost ratio. Future UDS reports will reflect this change.

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (754,027) exceed 50% of Medicaid Non-Managed Care Amount Collected This Period Line 1 Column b (967,846). Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 1/26/2016 11:58 AM EST: FQHC Retro payments received from prior years amounted \$449,787. As a capitated manage care provider we submitted code 18 wrap around claims and collected \$304,240. Both amounts are included in column B and subtracted in column D which produced a negative amount in allowances for this year.

Edit 02016: Large change in accounts receivable for Total Medicare is reported - Total Medicare, Line 6: When we subtract collections (Column b) and adjustments (Column d) from your total Medicare charges (Column a) there is a large difference (83.51)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

#### Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 1/26/2016 11:59 AM EST: We have been successful in submitting claims to Medicare but many of our Medicare members belong to a different Health plan causing many of our claims to be denied.

Edit 02019: Large change in accounts receivable for Total Medicaid is reported - Total Medicaid, Line 3: When we subtract collections (Column b) and adjustments (Column d) from your total Medicaid charges (Column a) there is a large difference (45.78)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

#### Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 1/26/2016 12:00 PM EST: The Health center was denied claims due to provider enrollment issues with Medicaid which resulted in a significant decrease in collections. We have since corrected our provider enrollment practices to ensure future denials will not occur. We will re-bill those claims as well.

Edit 02021: Large change in accounts receivable for Total Self Pay is reported - Total Self Pay, Line 13: When we subtract collections (Column b), sliding discounts (Column e), and bad debt (Column f) from your total Self Pay charges (Column a) there is a large difference (-608.37)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

### Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 2/11/2016 4:15 PM EST: Our health center has seen a 90% reduction in self-pay clients since the Affordable Care Act was implemented as many clients have been assigned a health plan. Collections for self-pay exceeded charges due to the fact prior year charges were collected in the current year. Self-pay charges will continue to decrease as our clients obtain coverage.

Edit 02028: Large change in accounts receivable for Total Private is reported - Total Private, Line 12: When we subtract collections (Column b) and adjustments (Column d) from your total Private charges (Column a) there is a large difference (45.37)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

#### Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 1/26/2016 12:01 PM EST: Collections for private clients varies depending on the settlement of clients involved in third party claims.

Edit 03989: Self-pay numbers questioned - more collections and write-offs than charges - More collections and write-offs are reported than charges for self-pay, Line 13. Please review that proper re-allocations of all deductibles and co-payments to the self-pay category is being done. Please correct or explain. Current Year Accounts Recievable (-612,020); Prior Year Accounts Recievable (104,005);

Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 1/26/2016 12:01 PM EST: Collections for self-pay exceeded charges due to the fact prior year charges were collected in the current year. The bad debt write-off is due to a large amount of aged self-pay accounts that were never written off after years of unsuccessful attempts to collect. The policy for aged self-pay accounts has been updated to reflect a yearly write off practices.

Edit 05152: Allowances in Question - Private Non-Managed Care - Charges or Collections are reported on (Line 10) without allowances. This is unusual. Please correct or explain.

#### Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 1/26/2016 12:02 PM EST: Our health center usually receives a percentage of funds received by the third party based on charges and settlement amount(s). We cannot determine the amount in settlement(s) received by third party liability claims so allowances cannot be accurately determined.

#### Table 9E-Other Revenues

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = \$ (1,087,551); Percent Surplus or Deficit (10.45)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 8A, Table 9D

Marie Ketcheshawno (Health Center) on 2/1/2016 12:35 PM EST: A large surplus is reported due to retro settlement received for prior year service.

Edit 03736: Inter-Year variance questioned - Total income reported on Tables 9D and 9E for this year varies substantially from the prior year. Please correct or explain. Current Year (11,498,556); Prior Year (6,142,419).

Related Tables: Table 9E, Table 9D

Marie Ketcheshawno (Health Center) on 2/1/2016 12:36 PM EST: Variance is due to change in methodology and large retro settlement received for prior year service.

Date Requested: 02/24/2016 12:25 PM EST Date of Last Report Refreshed: 02/24/2016 12:25 PM EST

Program Name: Health Center 330 Submission Status: Review In Progress

> UDS Report - 2015 Comments

### **Report Comments**

Not Available

#### **Table 4 Comments**

Data collection for patient's income as a percent of FPL is still in development. Patient's income changes frequently and our data collection system is not designed for easy data entry. We selected a new EHR/Finance system for purchase this year so future reports will be able to more accurately track this data.