

BHCNIS ID: 090800 - COUNTY OF SACRAMENTO DOH & HUMAN SERVICES, Sacramento, CA

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Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016
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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Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
95605	15	8	0	0	23
95608	8	337	4	0	349
95610	8	148	2	0	158
95621	3	67	1	0	71
95624	2	49	5	0	56
95626	0	17	1	0	18
95628	1	65	1	0	67
95630	0	14	0	0	14
95632	0	27	1	0	28
95655	0	12	0	0	12
95660	28	371	1	0	400
95662	3	23	1	0	27
95670	9	209	5	0	223
95673	0	44	1	0	45
95690	0	11	0	0	11
95691	27	17	0	0	44
95747	13	6	0	0	19
95757	3	45	3	0	51
95758	4	80	2	0	86
95811	6	93	13	0	112
95812	2	13	3	0	18
95814	2	36	7	0	45
95815	8	317	8	0	333
95816	2	27	2	0	31
95817	8	153	4	0	165
95818	1	61	5	0	67
95819	0	11	1	0	12
95820	16	665	22	0	703
95821	81	948	11	0	1040
95822	5	260	15	0	280
95823	25	759	14	0	798
95824	13	491	20	0	524
95825	26	553	4	0	583
95826	3	105	10	0	118
95827	10	77	2	0	89
95828	6	314	15	0	335
95829	1	37	1	0	39
95831	3	44	2	0	49
95832	2	98	3	0	103
95833	5	122	8	0	135
95834	2	71	5	0	78
95835	6	28	1	0	35
95838	7	215	7	0	229
95841	32	183	2	0	217
95842	54	440	2	0	496
95843	8	106	0	0	114
95864	3	56	0	0	59
Other ZIP Codes	16	86	2	0	104

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Unknown Residence					
Total	477	7919	217	0	8613

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Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	52	40
2.	Age 1	71	72
3.	Age 2	63	69
4.	Age 3	73	68
5.	Age 4	57	71
6.	Age 5	67	51
7.	Age 6	65	47
8.	Age 7	50	44
9.	Age 8	43	41
10.	Age 9	46	29
11.	Age 10	39	51
12.	Age 11	29	22
13.	Age 12	34	28
14.	Age 13	35	30
15.	Age 14	21	27
16.	Age 15	18	23
17.	Age 16	19	22
18.	Age 17	17	21
Subtotal Patients (Sum lines 1-18)		799	756
19.	Age 18	25	20
20.	Age 19	27	31
21.	Age 20	30	48
22.	Age 21	25	49
23.	Age 22	24	60
24.	Age 23	41	53
25.	Age 24	41	80
26.	Ages 25-29	350	447
27.	Ages 30-34	465	620
28.	Ages 35-39	471	658
29.	Ages 40-44	415	527
30.	Ages 45-49	326	385
31.	Ages 50-54	304	355
32.	Ages 55-59	304	286
33.	Ages 60-64	200	221
Subtotal Patients (Sum lines 19-33)		3,048	3,840

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Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	52	55
35.	Ages 70-74	20	12
36.	Ages 75-79	11	9
37.	Ages 80-84	3	4
38.	Age 85 and over	2	2
Subtotal Patients (Sum lines 34-38)		88	82
39.	Total Patients (Sum lines 1-38)	3,935	4,678

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Table 3B - Demographic Characteristics - Universal

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	10	251		261
2a.	Native Hawaiian	1	1		2
2b.	Other Pacific Islander	3	72		75
2.	Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)	4	73		77
3.	Black/African American	3	564		567
4.	American Indian/Alaska native	4	26		30
5.	White	2,724	683		3,407
6.	More than one race	-	-		
7.	Unreported/Refused to report race	322	38	3,911	4,271
8.	Total Patients (Sum lines 1+2+3 through 7)	3,067	1,635	3,911	8,613

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	3,802

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	-
14.	Straight (not lesbian or gay)	-
15.	Bisexual	-
16.	Something else	-
17.	Don't know	8,613
18.	Chose not to disclose	-
19.	Total Patients (Sum Lines 13 to 18)	8,613

S.No	Patients by Gender Identity	Number (a)
20.	Male	-
21.	Female	-
22.	Transgender Male/ Female-to-Male	-
23.	Transgender Female/ Male-to-Female	-
24.	Other	8,613
25.	Chose not to disclose	-
26.	Total Patients (Sum Lines 20 to 25)	8,613

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Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Guideline			
1.	100% and below	814	
2.	101 - 150%	7,301	
3.	151 - 200%	21	
4.	Over 200%	0	
5.	Unknown	477	
6.	Total (Sum lines 1-5)	8,613	
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	167	310
8a.	Regular Medicaid (Title XIX)	1,388	6,531
8b.	CHIP Medicaid	0	0
8.	Total Medicaid (Sum lines 8a+8b)	1,388	6,531
9a.	Dually eligible (Medicare and Medicaid)	0	216
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	217
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
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)	1,555	7,058

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	24,611	0	0	0	24,611
13b.	Fee-for-service Member months	0	0	0	0	0
13c.	Total Member Months (Sum lines 13a+13b)	24,611	0	0	0	24,611

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Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	
15.	Seasonal (330g grantees only)	
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	-
17.	Homeless Shelter (330h grantees only)	151
18.	Transitional (330h grantees only)	65
19.	Doubling Up (330h grantees only)	693
20.	Street (330h grantees only)	116
21.	Other (330h grantees only)	23
22.	Unknown (330h grantees only)	78
23.	Total Homeless (All Health Centers Report This Line)	1,126
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	0
25.	Total Veterans (All Health Centers Report This Line)	20
26.	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)	8,613

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	3.28	6,635	
2.	General Practitioners	0.93	2,347	
3.	Internists	1.95	4,047	
4.	Obstetrician/Gynecologists	0.00	0	
5.	Pediatricians	0.00	0	
7.	Other Specialty Physicians	0.03	68	
8.	Total Physicians (Sum lines 1-7)	6.19	13,097	
9a.	Nurse Practitioners	1.86	4,162	
9b.	Physician Assistants	0.00	0	
10.	Certified Nurse Midwives	0.00	0	
10a.	Total NP, PA, and CNMs (Sum lines 9a - 10)	1.86	4,162	
11.	Nurses	4.53	0	
12.	Other Medical Personnel	21.46		
13.	Laboratory Personnel	0.00		
14.	X-Ray Personnel	2.51		
15.	Total Medical (Sum lines 8+10a through 14)	36.55	17,259	8,016
Dental Services				
16.	Dentists	0.00	0	
17.	Dental Hygienists	0.00	0	
17a.	Dental Therapists	0.00	0	
18.	Other Dental Personnel	0.00		
19.	Total Dental Services (Sum lines 16-18)	0.00	0	0
Mental Health Services				
20a.	Psychiatrists	1.20	3,111	
20a1.	Licensed Clinical Psychologists	0.00	0	
20a2.	Licensed Clinical Social Workers	0.00	0	
20b.	Other Licensed Mental Health Providers	1.64	0	
20c.	Other Mental Health Staff	0.00	0	
20.	Total Mental Health (Sum lines 20a-20c)	2.84	3,111	1,141

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	0.00	0	0
Other Professional Services				
22.	Other Professional Services (Specify: -)	0.00	0	0
Vision Services				
22a.	Ophthalmologists	0.00	0	
22b.	Optometrists	0.00	0	
22c.	Other Vision Care Staff	0.00		
22d.	Total Vision Services (Sum lines 22a-22c)	0.00	0	0
Pharmacy Personnel				
23.	Pharmacy Personnel	1.00		
Enabling Services				
24.	Case Managers	0.00	0	
25.	Patient/Community Education Specialists	0.00	0	
26.	Outreach Workers	3.27		
27.	Transportation Staff	0.00		
27a.	Eligibility Assistance Workers	0.00		
27b.	Interpretation Staff	0.38		
27c.	Community Health Workers	0.00		
28.	Other Enabling Services (Specify: -)	0.00		
29.	Total Enabling Services (Sum lines 24-28)	3.65	0	0

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)	0.00		
29b.	Quality Improvement Staff	0.00		
Administration and Facility				
30a.	Management and Support Staff	6.17		
30b.	Fiscal and Billing Staff	0.99		
30c.	IT Staff	0.00		
31.	Facility Staff	0.00		
32.	Patient Support Staff	24.29		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	31.45		
Grand Total				
34.	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	75.49	20,370	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	4	378	0	0
2.	General Practitioners	2	39	2	15
3.	Internists	4	364	0	0
4.	Obstetrician/Gynecologists	0	0	0	0
5.	Pediatricians	0	0	0	0
7.	Other Specialty Physicians	3	20	0	0
9a.	Nurse Practitioners	3	16	0	0
9b.	Physician Assistants	0	0	0	0
10.	Certified Nurse Midwives	0	0	0	0
11.	Nurses	5	221	0	0
16.	Dentists	0	0	0	0
17.	Dental Hygienists	0	0	0	0
17a.	Dental Therapists	0	0	0	0
20a.	Psychiatrists	3	157	1	11
20a1.	Licensed Clinical Psychologists	0	0	0	0
20a2.	Licensed Clinical Social Workers	0	0	0	0
20b.	Other Licensed Mental Health Providers	2	142	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	0	0	0	0
30a1.	Chief Executive Officer	1	143	0	0
30a2.	Chief Medical Officer	1	24	0	0
30a3.	Chief Financial Officer	1	37	0	0
30a4.	Chief Information Officer	1	24	0	0

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	14	5
3.	Tuberculosis	A15- through A19-	48	24
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	49	40
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	82	44
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	292	129
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	506	310
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	256	120
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	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-	69	39
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	67	38
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	2,960	945
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52-	562	249
11.	Hypertension	I10- through I15-	3,606	1,387
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	152	119
13.	Dehydration	E86-	3	3
14.	Exposure to heat or cold	T33.XXXX, T34.XXXX, T67.XXXX, T68.XXXX, T69.XXXX	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	2,142	1,233

Sources of Codes:

International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).

Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).

Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).

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-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	97	78
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P22.0, P29.3), P35- through P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	1	1
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), R63.2, R63.3	40	28
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	358	179
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	291	166
19a.	Tobacco use disorder	F17-	308	234
20a.	Depression and other mood disorders	F30- through F39-	2,062	840
20b.	Anxiety disorders including PTSD	F40- through F42-, F43.0, F43.1-	1,034	538
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	43	17
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09-, F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	684	304

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87390 through 87391	4	4
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	273	273
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	271	271
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-10: Z12.31	96	88
23.	Pap test	CPT-4: 88141 through 88155; 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4	578	554
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 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	4,744	4,188
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	2,894	2,748

Sources of Codes:

International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).

Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).

Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	120	88
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	0	0
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	0	0
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	0	0
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	0	0
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	0	0
29.	Prophylaxis – adult or child	ADA: D1110, D1120	0	0
30.	Sealants	ADA: D1351	0	0
31.	Fluoride treatment – adult or child	ADA: D1206, D1208	0	0
32.	III. Restorative Services	ADA: D21xx through 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 through D7294	0	0
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	0	0

Sources of Codes:

International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).

Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).

Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).

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Table 6B - Quality Of Care Measures

Prenatal Care Provided by Referral Only (Yes or No): Yes

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients		
S.No	Age	Number of Patients (a)
1.	Less than 15 years	0
2.	Ages 15-19	1
3.	Ages 20-24	10
4.	Ages 25-44	50
5.	Ages 45 and over	0
6.	Total Patients (Sum lines 1-5)	61

Section B - Early Entry into Prenatal Care

S.No	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	44	0
8.	Second Trimester	12	0
9.	Third Trimester	5	0

Section C - Childhood Immunization Status

S.No	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	142	70	0

Section D - Cervical Cancer Screening

S.No	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 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	3,478	70	27

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Table 6B - Quality Of Care Measures

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents				
S.No	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	1,089	70	0

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up				
S.No	Preventive Care and Screening: Body Mass Index (BMI) 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: Percentage of patients aged 18 and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	6,834	70	57

Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention				
S.No	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 and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention	3,833	70	68

Section H - Use of Appropriate Medications for Asthma				
S.No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Percentage of patients aged 5 through 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period	29	29	27

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016

Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy				
S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 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: Percentage of patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy	36	36	33
Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic				
S.No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antithrombotic Therapy (c)
18.	MEASURE: Percentage of patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PCI procedure with aspirin or another antithrombotic therapy	147	70	63
Section K - Colorectal Cancer Screening				
S.No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	1,666	70	30
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: Percentage of 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	1	1	0
Section M - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan				
S.No	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	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.	MEASURE: Percentage of 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	6,419	70	25

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016
Table 6B - Quality Of Care Measures

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

OMB Control Number: 0195-0193

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016

Table 7 - Health Outcomes and Disparities

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

Section A: Deliveries and Birth Weight

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)
Hispanic/Latino					
1a.	Asian	0	-	-	-
1b1.	Native Hawaiian	0	-	-	-
1b2.	Other Pacific Islander	0	-	-	-
1c.	Black/African American	0	-	-	-
1d.	American Indian/Alaska Native	0	-	-	-
1e.	White	0	-	-	-
1f.	More Than One Race	0	-	-	-
1g.	Unreported/Refused to Report Race	0	-	-	-
Subtotal Hispanic/Latino (Sum lines 1a-1g)		0	-	-	-
Non-Hispanic/Latino					
2a.	Asian	0	-	-	-
2b1.	Native Hawaiian	0	-	-	-
2b2.	Other Pacific Islander	0	-	-	-
2c.	Black/African American	0	-	-	-
2d.	American Indian/Alaska Native	0	-	-	-
2e.	White	0	-	-	-
2f.	More Than One Race	0	-	-	-
2g.	Unreported/Refused to Report Race	0	-	-	-
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		0	-	-	-
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	0	-	-	-
i.	Total (Sum lines 1a-h)	0	-	-	-

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016

Table 7 - Health Outcomes and Disparities

Section B: Controlling High Blood Pressure				
S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	1	0	0
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	0	0	0
1c.	Black/African American	2	0	0
1d.	American Indian/Alaska Native	3	0	0
1e.	White	413	17	14
1f.	More Than One Race	0	0	0
1g.	Unreported/Refused to Report Race	28	0	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		447	17	14
Non-Hispanic/Latino				
2a.	Asian	104	5	1
2b1.	Native Hawaiian	0	0	0
2b2.	Other Pacific Islander	43	4	2
2c.	Black/African American	305	18	10
2d.	American Indian/Alaska Native	11	0	0
2e.	White	267	17	14
2f.	More Than One Race	0	0	0
2g.	Unreported/Refused to Report Race	16	1	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		746	45	27
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	135	8	4
i.	Total (Sum lines 1a-h)	1,328	70	45

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016

Table 7 - Health Outcomes and Disparities

Section C: Diabetes: Hemoglobin A1c Poor Control					
S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with HbA1c >9% Or No Test During Year (3f)
Hispanic/Latino					
1a.	Asian	0	0	0	0
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	4	0	0	0
1e.	White	489	40	24	9
1f.	More Than One Race	0	0	0	0
1g.	Unreported/Refused to Report Race	44	5	5	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		537	45	29	9
Non-Hispanic/Latino					
2a.	Asian	79	3	2	1
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	35	2	2	0
2c.	Black/African American	123	8	3	2
2d.	American Indian/Alaska Native	7	1	1	0
2e.	White	136	8	3	4
2f.	More Than One Race	0	0	0	0
2g.	Unreported/Refused to Report Race	7	0	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		387	22	11	7
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	98	3	0	2
i.	Total (Sum lines 1a-h)	1,022	70	40	18

OMB Control Number: 0195-0193

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016
Table 8A - Financial Costs

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) \$
Financial Costs for Medical Care				
1.	Medical Staff	4,014,203	3,774,801	7,789,004
2.	Lab and X-ray	488,150	780,235	1,268,385
3.	Medical/Other Direct	7,221	7,244	14,465
4.	Total Medical Care Services (Sum lines 1-3)	4,509,574	4,562,280	9,071,854
Financial Costs for Other Clinical Services				
5.	Dental	0	0	0
6.	Mental Health	144,091	135,498	279,589
7.	Substance Abuse	0	0	0
8a.	Pharmacy not including pharmaceuticals	44,217	41,580	85,797
8b.	Pharmaceuticals	117,118		117,118
9.	Other Professional (Specify: -)	0	0	0
9a.	Vision	0	0	0
10.	Total Other Clinical Services (Sum lines 5-9a)	305,426	177,078	482,504
Financial Costs of Enabling and Other Services				
11a.	Case Management	0		0
11b.	Transportation	0		0
11c.	Outreach	529,211		529,211
11d.	Patient and Community Education	0		0
11e.	Eligibility Assistance	0		0
11f.	Interpretation Services	658,182		658,182
11g.	Other Enabling Services (Specify: -)	0		0
11h.	Community Health Workers	0		0
11.	Total Enabling Services Cost (Sum lines 11a-11h)	1,187,393	1,123,112	2,310,505
12.	Other Related Services (Specify: -)	0	0	0
12a.	Quality Improvement	0	0	0
13.	Total Enabling and Other Services (Sum Lines 11, 12, and 12a)	1,187,393	1,123,112	2,310,505

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016
Table 8A - Financial Costs

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) \$
Facility and Non-Clinical Support Services and Totals				
14.	Facility	884,274		
15.	Non-Clinical Support Services	4,978,196		
16.	Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)	5,862,470		
17.	Total Accrued Costs (Sum lines 4+10+13+16)	11,864,863		11,864,863
18.	Value of Donated Facilities, Services and Supplies (Specify: Pharmaceuticals)			403
19.	Total with Donations (Sum lines 17-18)			11,865,266

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UDS Report - 2016

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

S.No	Payer Category	Full Charges this Period (a) \$	Amount Collected this Period (b) \$	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) \$	Sliding 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 Retro Payments: P4P, Risk Pools, Withholds etc. (c3) \$	Penalty/ Payback (c4) \$			
1.	Medicaid Non-Managed Care	2,019,043	942,053	553,829	-	-	-	-529,214		
2a.	Medicaid Managed Care (capitated)	1,243,284	1,008,002	-	-	-	-	235,282		
2b.	Medicaid Managed Care (fee-for-service)	-	-	-	-	-	-	-		
3.	Total Medicaid (Sum lines 1+2a+2b)	3,262,327	1,950,055	553,829				-293,932		
4.	Medicare Non-Managed Care	68,038	1,013	-	-	-	-	8,406		
5a.	Medicare Managed Care (capitated)	-	-	-	-	-	-	-		
5b.	Medicare Managed Care (fee-for-service)	-	-	-	-	-	-	-		
6.	Total Medicare (Sum lines 4+5a+5b)	68,038	1,013					8,406		
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	57,082	28,646			-	-	-		
11a.	Private Managed Care (capitated)	-	-			-	-	-		
11b.	Private Managed Care (fee-for-service)	-	-			-	-	-		
12.	Total Private (Sum lines 10+11a+11b)	57,082	28,646							
13.	Self-pay	40,950	102,337						5,368	42,252
14.	Total (Sum lines 3+6+9+12+13)	3,428,397	2,082,051	553,829	-	-	-	-285,526	5,368	42,252

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016
Table 9E: Other Revenues

S.No	Source	Amount (a) \$
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	-
1b.	Community Health Center	-
1c.	Health Care for the Homeless	1,564,512
1e.	Public Housing Primary Care	-
1g.	Total Health Center Cluster (Sum lines 1a-1e)	1,564,512
1j.	Capital Improvement Program Grants	-
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	-
1.	Total BPHC Grants (Sum lines 1g+1j+1k)	1,564,512
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	-
3.	Other Federal Grants (Specify:-)	-
3a.	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 funds used to subsidize the cost of care of the uninsured)	8,446,001
7.	Local Government Grants and Contracts (Specify:-)	-
8.	Foundation/Private Grants and Contracts (Specify:-)	-
9.	Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)	8,446,001
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.)	456,001
11.	Total Revenue (Sum lines 1+5+9+10)	10,466,514

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016

Health Information Technology Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	<input checked="" type="checkbox"/> Yes, at all sites and for all providers <input type="checkbox"/> Yes, but only at some sites or for some providers <input type="checkbox"/> No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vendor	Other (Specify: -)
Product Name	Practice Partner
Version Number	11.00ss
Certified Health IT Product List Number	CHP-028264
1b. Did you switch to your current EHR from a previous system this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	<input type="checkbox"/> We use the EHR to extract automated reports <input type="checkbox"/> We use the EHR but only to access individual patient charts <input checked="" type="checkbox"/> We use the EHR in combination with another data analytic system <input type="checkbox"/> 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"?	<input checked="" type="checkbox"/> Yes, all eligible providers at all sites are participating <input type="checkbox"/> Yes, some eligible providers at some sites are participating <input type="checkbox"/> No, our eligible providers are not yet participating <input type="checkbox"/> No, because our providers are not eligible <input type="checkbox"/> Not Sure
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)?	<input type="checkbox"/> Adoption, Implementation, or Upgrade (AIU) <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input checked="" type="checkbox"/> Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, then specify the type(s) of service	translation case management chronic disease tracking
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC)

If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	<input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAHC) <input type="checkbox"/> State Based Initiative <input type="checkbox"/> Private Payer Initiative <input type="checkbox"/> Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which third party organization granted accreditation?	<input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAHC)
12. Medication-Assisted Treatment (MAT) for Opioid Use Disorder	
How many physicians, on-site or with whom the health center has contracts, had 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?	1
How many patients received medication-assisted treatment for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?	0
13. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services at a distance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes (a), how are you using telehealth?	<input type="checkbox"/> Provide primary care services <input type="checkbox"/> Provide specialty care services <input type="checkbox"/> Provide mental health services <input type="checkbox"/> Provide oral health services <input type="checkbox"/> Manage patients with chronic conditions <input type="checkbox"/> Other (Specify: -)
If no (b), please explain why you are not using telehealth:	No demand.

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Submission Status: Review In Progress

UDS Report - 2016

Data Audit Report

Table 3A-Patients by Age and by Sex Assigned at Birth

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (8,613). Prior Year - (4,318).

Related Tables: Table 3A(UR)

Marie Ketcheshawno (Health Center) on 2/9/2017 6:40 PM EST: New programs were implemented this year resulting in increase in patients.

Table 3B-Demographic Characteristics

Edit 03953: Inter-year change in users - Proportion of Asians differs substantially from last year. CY (3.03%); Prior Year (7.94)%. Please correct or explain.

Related Tables: Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:49 PM EST: We rechecked our data and the results appear valid. We are going to review our data systems for entering race/ethnicity.

Edit 00290: 'Unreported/Refused to report' greater than 25% total - Unreported/Refused patients on Total Line 7 Column d (4,271) is greater than 25% of total patients on Table 3B (8,613) . Please correct or explain.

Related Tables: Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/14/2017 12:57 PM EST: One of the new programs implemented this year was not inputting the information. We are correcting this for future reports.

Edit 05142: Unreported Race/Ethnicity in Question - A large proportion of patients (45.41)% are reported as having no race or ethnicity on Unreported / Refused to Report Race. Please correct or explain.

Related Tables: Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/14/2017 12:57 PM EST: One of the new programs implemented this year was not inputting the information. We are correcting this for future reports.

Table 4-Selected Patient Characteristics

Edit 03861: Patient Numbers Do Not Agree - The homeless population as a proportion of total patients served (13.07)% is lower than expected for this funding stream. Please verify that you are reporting consistent with the scope of your grant award. Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:58 PM EST: We implemented new programs this year with less homeless in the populations. In addition, we discovered a lapse in data entry indicating homelessness. We have taken steps to correct this going forward.

Edit 05870: Patient Count in Question - You report a high proportion of public housing patients on line 26 (100)% compared to total patients. Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/8/2017 2:07 PM EST: Consistent with instruction, we are using site based methodology. In 2016, we served 8,613 individuals in site locations that are immediately accessible to public housing.

Edit 06116: Inter-year change in patients - The percentage of Dually eligible patients to total patients has significantly decreased when compared to prior year. Current Year (2.51)%, (216)); Prior Year (6.14)%. 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 2/9/2017 6:54 PM EST: Several local health plans have discontinued dual eligibility.

Edit 04189: Inter-year Member Months in question - A significant change in managed care participation Fee-for-service Member months Medicaid Line 13b Column a (0) is reported compared with the prior year (8,050) . Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:55 PM EST: All of our fee-for-service Medi-Cal managed care members converted to capitated Medi-Cal managed care last year and now we only have capitated member months.

Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column a (1,126) from prior year Line 23 Column a (2,794) . Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:57 PM EST: We discovered a lapse in data entry indicating homelessness. We have taken steps to correct this going forward.

Edit 06107: Homeless patients in question - On Universal - The proportion of Homeless patients changed significantly compared to the prior year on Line 23. (Current Year = (13.07%); Prior Year = (64.71)%). Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 1:00 PM EST: We implemented new programs which have a lower homeless population. In addition, we discovered a lapse in data entry indicating homelessness. We have taken steps to correct this going forward.

Edit 06093: Public Housing Patients in Question - On Universal - The proportion of Public housing patients changed significantly compared to the prior year on Line 26. (Current Year = (100)%; Prior Year = (96.41)%). Please correct or explain.

Related Tables: Table 4(UR)

Marie Ketcheshawno (Health Center) on 2/8/2017 2:10 PM EST: Last year was the first year we used site based methodology and it appears we made an error as 100% of our patients were served at site locations that were immediately accessible to public housing.

Table 5-Staffing and Utilization

Edit 00024: Family Physicians Productivity Questioned - A significant change in Productivity of Family Physicians Line 1 (2,022.87) is reported from the prior year (1,573.93). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/9/2017 6:59 PM EST: This is due to increased demand for services.

Edit 00066: General Practitioner Productivity Questioned - A significant change in Productivity of General Practitioners on Line 2 (2,523.66) is reported from the prior year (1,659.09). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/9/2017 7:01 PM EST: This is due to increased demand for services.

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 - (6.19) . Prior Year - (4.39) . 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 2/9/2017 7:02 PM EST: The increase is due to program growth.

Edit 04139: Inter-year Patients questioned - On Universal - A large change in Medical patients from the prior year is reported on Line 15 Column C. (PY= (4,193) , CY = (8,016)). Please correct or explain.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/9/2017 7:04 PM EST: New programs implemented this year resulted in additional patients served.

Edit 00219: Substantial inter-year variance in providers - Number of dental providers and hygienists on Lines 16, 17 and 17a Column a differs substantially from prior year. Current Year - (0). Prior Year - (0.16). Please correct or explain.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/9/2017 7:06 PM EST: The demand for dental services completely disappeared.

Edit 04143: Inter-year Patients questioned - On Universal - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = (397) , CY = (1,141)). Please correct or explain.

Related Tables: Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/9/2017 7:05 PM EST: New programs implemented this year resulted in additional patients served.

Table 6A-Selected Diagnoses and Services Rendered

Edit 02149: Contraceptive Management Patients Questioned - The number reported on Line 25 Column b (88) on Table 6A appears low when compared to women aged 15-44 (2,659) 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 2/10/2017 3:13 PM EST: Demand for contraceptive management within primary care is low due to high number of patients using alternative providers for this service.

Edit 05459: Dental in Question - Total dental visits (0) on Table 6A(Universal) are less than or equal to the total dental visits reported on Table 5(Universal) Total Dental Services (Sum lines 16-18) Clinic Visits Line 19 Column b (0) . This is unusual because dental visits often include more than one service, so on Table 6A each dental service would be counted on the corresponding line, but on Table 5, the combined services would be shown as one visit. Please correct or explain.

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

Marie Ketcheshawno (Health Center) on 2/9/2017 7:07 PM EST: We had no dental patients or visits this year.

Table 6B-Quality of Care Indicators

Edit 03735: Inter-Year variance questioned - Current year prenatal patients Line 6 Column a (61) is substantially different from the prior year (.). Please correct or explain.

Related Tables: Table 6B

Marie Ketcheshawno (Health Center) on 2/15/2017 2:05 PM EST: We did not have prenatal patients last year. We implemented new programs this year and the patient population included prenatal patients.

Edit 05773: Line 10 Universe in Question - You are reporting (115.59)% of total possible medical patients in the universe for the Childhood Immunization measure (line 10 Column A). This appears high 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 4(UR), Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/10/2017 2:08 PM EST: We reviewed our data. Table 6B, Line 10 counts all children who turned two during the year (n=142). Table 3A counts age as of June 30. We had 132 two year olds on Table 3A (65 turned two during the year and are included in Table 6B). We had 143 one year olds on Table 3A (77 turned two during the year and are included in Table 6B).

Edit 06155: Line 14a Universe in Question - You are reporting (58.35)% of total possible medical patients in the universe for the Tobacco Use Screening And Cessation Intervention (Line 14a 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 4(UR), Table 5(UR)

Marie Ketcheshawno (Health Center) on 2/10/2017 4:00 PM EST: We reviewed the data and it is correct. There were 7036 in the age group but a large number of patients were excluded because they only had one visit and that visit was not coded as a preventative care visit. A patient needed 2 or more visits or 1 preventative care visit to be included in the universe.

Edit 05784: Line 16 Universe in Question - Based on the universe for total Patients with persistent Asthma on line 16 column A we estimate a prevalence of (0.4)%. 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 4(UR), Table 5(UR)

Marie Ketcheshawno (Health Center) on 3/7/2017 11:50 AM EST: We reviewed the data and found that the overall percentage is skewed by our refugee health assessment population where <01% (15 of 3,408 patients were diagnosed with asthma) whereas the rest of our population has a prevalence of 6% (1,295 of 5,205 were diagnosed with asthma).

Table 7-Health Outcomes and Disparities

Edit 01325: Number Delivering Questioned - Line i Column 1a (0) on Table 7, Total Total seems low when compared to Total Patients (Sum lines 1-5) Line 6 Column a (61) on Table 6B. Please correct or explain.

Related Tables: Table 7, Table 6B

Marie Ketcheshawno (Health Center) on 3/7/2017 11:52 AM EST: The pregnant women we served this past year were from our refugee health assessment population and our services to them are immediately after entering the country. Regrettably, we did not have enough information on their permanent living arrangements or their permanent primary care/obstetrical care provider to complete the follow-up. We intend to use our public health service and new strategies with health plans to improve this in future years.

Edit 06196: Hypertension Universe by Race/Ethnicity in Question - The universe of Asian adults aged 18-85 with hypertension is outside the typical range based on the number of adults aged 18-85 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR), Table 4(UR), Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:05 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 06191: Hypertension Patients by Race or Ethnicity in Question - The total number of Other Pacific Islander hypertension patients reported on Table 7 (43) is high compared to total Other Pacific Islander patients reported on Table 3B (75) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:07 PM EST: These data sets were rechecked and appear valid. However, the numbers are too small to present an accurate picture.

Edit 06198: Hypertension Universe by Race/Ethnicity in Question - The universe of Other Pacific Islander adults aged 18-85 with hypertension is outside the typical range based on the number of adults aged 18-85 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR), Table 4(UR), Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:13 PM EST: These data sets were rechecked and appear valid. However, the numbers for this race/ethnic group are too small to present an accurate picture when converted to a rate.

Edit 06069: Hypertension Patients by Race or Ethnicity in Question - The total number of Black/African American hypertension patients reported on Table 7 (307) is high compared to total Black/African American patients reported on Table 3B (567) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:15 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 06199: Hypertension Universe by Race/Ethnicity in Question - The universe of Black/African American adults aged 18-85 with hypertension is outside the typical range based on the number of adults aged 18-85 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR), Table 4(UR), Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:17 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 06200: Hypertension Universe by Race/Ethnicity in Question - The universe of American Indian/Alaska Native adults aged 18-85 with hypertension is outside the typical range based on the number of adults aged 18-85 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR), Table 4(UR), Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:21 PM EST: These data sets were rechecked and appear valid. However, the numbers are too small to present an accurate picture when converted to a rate.

Edit 06205: Hypertension Universe by Race/Ethnicity in Question - The universe of Non-Hispanic/Latino adults aged 18-85 with hypertension is outside the typical range based on the number of adults aged 18-85 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR), Table 4(UR), Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:22 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 05090: Diabetes Universe in question - The universe of Asian adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:24 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we

can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 05093: Diabetes Universe in question - The universe of Other Pacific Islander adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:27 PM EST: These data sets were rechecked and appear valid. However, the numbers for this race/ethnic group are too small to present an accurate picture when converted to a rate.

Edit 06207: Diabetic Patients by Race or Ethnicity in Question - The total number of Other Pacific Islander diabetic patients reported on Table 7 (35) is high compared to total Other Pacific Islander patients reported on Table 3B (75) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:27 PM EST: These data sets were rechecked and appear valid. However, the numbers for this race/ethnic group are too small to present an accurate picture.

Edit 05092: Diabetes Universe in question - The universe of Black/African American adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:28 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 05094: Diabetes Universe in question - The universe of American Indian/Alaska adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:29 PM EST: These data sets were rechecked and appear valid. However, the numbers are too small to present an accurate picture when converted to a rate

Edit 05089: Diabetes Universe in question - The universe of Non-Hispanic adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 12:35 PM EST: These data sets were rechecked and appear valid. If HRSA has technical assistance available so that we can compare our population to what is considered "typical" that assistance would be appreciated.

Edit 05468: Diabetic Universe in Question - The universe of diabetic patients reported on Table 7 is greater than the total diabetic patients reported on Table 6A. This is possible only if you have seen diabetic patients during the year without diagnosing them with diabetes. Please review and correct or explain.

Related Tables: Table 7, Table 6A(UR)

Marie Ketcheshawno (Health Center) on 2/15/2017 3:00 PM EST: We rechecked the data and it is correct. Table 6a is limited to specific diabetes diagnosis codes associated with a 2016 visit. Table 7 looks for medical patients with a diabetes diagnosis found during the current or prior years. Additionally, Table 6a data counts visits with a diabetes diagnosis, then counts the patients associated with those visits. Table 7 counts patients with a diabetes diagnosis and may include encounters that are not counted as a visit.

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 (452.14); Prior Year (601.17).

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

Marie Ketcheshawno (Health Center) on 2/15/2017 1:02 PM EST: We continue to try to work more efficiently to reduce costs.

Edit 00154: Costs less than reasonable for staff only - Mental Health Accrued Cost Line 6 Column a (144,091) on Table 8A are lower than typical salaries alone for the FTE reported on Total Mental Health (Lines 20a-c) FTEs Line 20 Column a (2.84) on Table 5. Please correct unless significant level of services are donated. (Cost/FTE (50,736.27); May be explained if significant level of services are donated).

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

Marie Ketcheshawno (Health Center) on 2/10/2017 8:23 PM EST: The costs recorded on Table 8A, Line 6 are for the Table 5, Line 20B Other Licensed Mental Health Providers. The cost for Psychiatrists on Table 5, Line 20A are included in Line 1 on Table 8A. The psychiatrists are dual boarded and contracted and we are not able to pull out the cost for just the psychiatry services.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (89.87); Prior Year (106.93).

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

Marie Ketcheshawno (Health Center) on 2/15/2017 1:10 PM EST: For many of the visits in our program, behavioral health is integrated into primary care which makes it difficult to isolate the mental health visit cost.

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 (884,274) ; Prior Year: Facility Accrued Cost Line 14 Column a (1,162,375)). Please correct or explain.

Related Tables: Table 8A

Marie Ketcheshawno (Health Center) on 2/10/2017 8:28 PM EST: In 2015, we had facility allocations for dental clinic and CMISP. In 2016, we no longer have CMISP or dental clinic; therefore, decreasing our facility costs.

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

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (553,829) exceed 50% of Medicaid Non-Managed Care Amount Collected This Period Line 1 Column b (942,053) . 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 2/14/2017 12:52 PM EST: Our health center currently has a Medicaid Managed Care contract with Molina Healthcare which allows us to bill code 18 wrap around payment to Medi-Cal. Most of our clients fall under this capitation agreement which has caused an increase in code 18 billing. Also a decrease in code 1 billing to Medi-Cal as most clients are assigned to healthcare plans with other providers.

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 (49.23)%. 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 2/14/2017 12:50 PM EST: Our EMR was misreading and charging off completely. We are currently fixing this error.

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 (86.16)%. 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 2/14/2017 12:48 PM EST: Medicare claims have been denied due to our clients being assigned to other health plans. Our health center is currently in the process of enrolling to submit claims under Medicare Part A in order to successfully bill the correct Medicare coverage.

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 2/14/2017 12:46 PM EST: Our health center is offered a percentage of funds received in a third party insurance settlement. We cannot determine the amount in settlements(s) received by the third party liability claims so allowances cannot be accurately determined.

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 (49.82)%. 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 2/14/2017 12:44 PM EST: Collections for private clients varies depending on the settlement of clients involved in third party claims.

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 (57,082) on Table 9D. Please correct or explain.

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

Marie Ketcheshawno (Health Center) on 2/14/2017 12:37 PM EST: Currently, our health center does not have private pay clients but we have continued to receive revenue from prior year services in the current year.

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 (-266.2)%. 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 2/14/2017 12:35 PM EST: Our health center has seen a 90% reduction in self-pay clients when the Affordable Care Act was implemented as many of the clients have been assigned to health care plans. Collections for self-pay exceeds the current charges as we continue to bill clients for prior year services which generates the collections in the current year.

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 Receivable (-109,007); Prior Year Accounts Receivable (-612,020);

Related Tables: Table 9D

Marie Ketcheshawno (Health Center) on 2/14/2017 12:32 PM EST: Collections for self-pay exceeded charges due to prior year services being collected in the current year. We have also seen a substantial reduction in new self-pay clients. Our policy for aged self-pay accounts was updated to reflect a yearly write off practices which caused an increase in bad debt write offs.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.36) 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 3/7/2017 12:05 PM EST: The health center developed a fee schedule of 175% of Medicare rates which we thought was adequate for an FQHC of our size. This change resulted in an improved cost ratio (0.36) compared to last year (0.24) but we will review it again.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (102.21); Prior year (158.5). Please review the information and correct or explain.

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

Marie Ketcheshawno (Health Center) on 3/7/2017 11:53 AM EST: We reviewed the data and our average collections amount is lower than last year because last year we received a reconciliation/wrap around payment for prior years of \$449,787 which inflated the average collections amount. In addition, our average collections amount is also lower this year because of services that were provided to a large number of patients with restricted Medicaid aid codes for which we are unable to bill.

Table 9E-Other Revenues

Edit 03467: Inter-Year variation in grant funds - Current year Health Care for the Homeless(Section 330(h)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Health Care for the Homeless Amount Line 1c Column a (1,564,512) . Prior Year - Health Care for the Homeless Amount Line 1c Column a (919,566) .

Related Tables: Table 9E

Marie Ketcheshawno (Health Center) on 2/10/2017 8:13 PM EST: Increase was due to increase in HRSA funding which included carryover for expanded services, DSHII, and QI award.

Edit 04089: State/Local Indigent Care Program Exceeds Sliding Discounts - State/Local Indigent Care Programs Amount Line 6a Column a (8,446,001) on Table 9E exceeds Self-pay Sliding Discounts Line 13 Column e (5,368) on Table 9D. Please correct or explain.

Related Tables: Table 9E, Table 9D

Marie Ketcheshawno (Health Center) on 2/14/2017 12:55 PM EST: The State/Local indigent care programs amount is realignment funds and has no relationship to the self-pay sliding discounts amount.

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 = \$ (683,702); Percent Surplus or Deficit (5.76)%. 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 9D, Table 8A

Marie Ketcheshawno (Health Center) on 3/7/2017 11:59 AM EST: A surplus is reported due to a larger allocation of the 1991 Realignment in the current year. Realignment revenue is received as an allocation and is meant to fund a California Welfare and Institutions code service mandate, and it is deposited into the program's revenue accounts without regard to the expenditure levels in that program. So according to our accounting system (and thus the report), we had all that revenue solely due to the allocation methodology, not as a means of balancing our actual expenditures.

Review

BHCMIS ID: 090800 - COUNTY OF SACRAMENTO DOH & HUMAN SERVICES, Sacramento, CA

Date Requested: 03/16/2017 11:31 AM EST
Date of Last Report Refreshed: 03/16/2017 11:31 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2016

Comments

Report Comments

Not Available