Program Name: Health Center 330

Submission Status: Data Entry In Progress, Version 1

UDS Report - 2022

### **Contact Information**

Do you receive Bureau of Health Workforce funding during the reporting year?: No

Title	Name	Phone	Fax	Email
UDS Contact	Angelina Speltz	(925) 201 6040	(925) 417 1503	aspeltz@axishealth.org
Project Director	Liz Howe	(925) 201 6005	Not Available	lhowe@axishealth.org
Clinical Director	Dawnell Moody	(925) 201 6232	(925) 417 1503	dmoody@axishealth.org
Chair Person	James Paxson	(925) 734 6510	(925) 417 1503	james@hacienda.org
CEO	Liz Howe	(925) 201 6005	(925) 417 1503	lhowe@axishealth.org

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date Requested: 02/14/2023 5:41 PM EST

Generated on: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

UDS Report - 2022

# **Table Patients by ZIP Code**

### **ZIP Codes**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94501	4	20	1	0	2
94505	3	21	3	2	2
94506	3	112	23	3	14
94507	0	12	0	0	1
94509	4	14	2	2	2
94513	2	31	2	1	3
94520	8	5	0	0	1
94521	3	13	3	0	1
94526	6	57	14	2	7
94531	2	24	2	3	3
94536	3	31	1	1	3
94538	8	30	2	1	4
94539	6	7	1	1	1
94541	28	99	13	3	14
94542	5	21	1	2	2

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94544	15	53	3	1	72
94545	9	22	1	2	34
94546	22	115	14	15	166
94550	430	1,535	156	63	2,184
94551	717	1,994	186	61	2,958
94552	2	43	4	2	51
94555	0	10	0	1	11
94560	2	16	6	0	24
94561	2	11	0	0	13
94565	6	11	0	0	17
94566	273	1,074	136	36	1,519
94568	229	1,670	193	72	2,164
94577	2	41	9	3	55
94578	19	36	5	2	62
94579	5	29	3	0	37
94580	9	31	4	2	46
94582	38	658	98	12	806
94583	24	273	42	11	350
94586	3	9	2	0	14
94587	9	27	3	4	43
94588	177	821	88	31	1,117
94601	7	8	1	0	16
94603	6	15	6	0	27
94605	1	20	3	1	25
94606	1	13	2	0	16
94621	8	28	3	0	39
95304	5	9	0	3	17
95330	1	9	0	2	12
95337	2	4	3	2	11
95376	10	26	3	6	45
95377	2	16	10	2	30
95391	8	15	5	0	28

### **Other ZIP Codes**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	67	249	20	19	355
Unknown Residence	0	0	0	0	0
Total	2,196	9,388	1,077	374	13,035

### Comments

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date Requested: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

UDS Report - 2022

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

## Universal

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	90	70
2	Age 1	65	76
3	Age 2	78	59
4	Age 3	65	60
5	Age 4	69	74
6	Age 5	64	68
7	Age 6	71	85
8	Age 7	71	57
9	Age 8	61	61
10	Age 9	61	58
11	Age 10	70	59
12	Age 11	49	55
13	Age 12	72	75
14	Age 13	67	44
15	Age 14	69	72
16	Age 15	60	78
17	Age 16	70	76
18	Age 17	67	64
19	Age 18	52	65
20	Age 19	61	84
21	Age 20	55	93
22	Age 21	58	99
23	Age 22	55	89
24	Age 23	49	92

Line	Age Groups	Male Patients (a)	Female Patients (b)
25	Age 24	39	93
26	Ages 25-29	244	553
27	Ages 30-34	281	638
28	Ages 35-39	297	618
29	Ages 40-44	358	533
30	Ages 45-49	303	533
31	Ages 50-54	316	535
32	Ages 55-59	328	536
33	Ages 60-64	311	594
34	Ages 65-69	262	543
35	Ages 70-74	258	487
36	Ages 75-79	205	354
37	Ages 80-84	139	205
38	Age 85 and over	102	108
39	Total Patients (Sum of Lines 1-38)	4,992	8,043

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date Requested: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

UDS Report - 2022

# **Table 3B - Demographic Characteristics**

#### Universal

# Patients by Race and Hispanic or Latino/a Ethnicity

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	30	3,208		3,238
2a	Native Hawaiian	5	5		10
2b	Other Pacific Islander	17	83		100
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	22	88		110
3	Black/African American	40	476		516
4	American Indian/Alaska Native	41	40		81
5	White	3,691	2,506		6,197
6	More than one race	34	106		140
7	Unreported/Chose not to disclose race	1,101	402	1,250	2,753
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	4,959	6,826	1,250	13,035

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	5,106

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	87
14	Heterosexual (or straight)	9,440
15	Bisexual	140
16	Other	79
17	Don't know	291
18	Chose not to disclose	1,960
18a	Unknown	1,038
19	Total Patients (Sum of Lines 13 to 18a)	13,035

Line	Patients by Gender Identity	Number (a)
20	Male	4,317
21	Female	7,333
22	Transgender Man/Transgender Male/Transmasculine	8
23	Transgender Woman/Transgender Female/Transfeminine	5
24	Other	45
25	Chose not to disclose	335
25a	Unknown	992
26	Total Patients (Sum of Lines 20 to 25a)	13,035

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

UDS Report - 2022

# **Table 4 - Selected Patient Characteristics**

### Universal

## **Income as Percent of Poverty Guideline**

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	10,324
2	101 - 150%	1,074
3	151 - 200%	685
4	Over 200%	539
5	Unknown	413
6	TOTAL (Sum of Lines 1-5)	13,035

Line	Primary Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	187	2,009
8a	Medicaid (Title XIX)	2,183	7,205
8b	CHIP Medicaid	0	0
8	Total Medicaid (Line 8a + 8b)	2,183	7,205
9a	Dually Eligible (Medicare and Medicaid)	0	960
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	1,077
10a	Other Public Insurance (Non-CHIP) (specify)	0	0
10b	Other Public Insurance CHIP	0	0
10	Total Public Insurance (Line 10a + 10b)	0	0
11	Private Insurance	40	334
12	<b>TOTAL</b> (Sum of Lines 7 + 8 + 9 +10 +11)	2,410	10,625

# **Managed Care Utilization**

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a	Capitated Member Months	175,646	0	0	2,339	177,985
13b	Fee-for- service Member Months	10,754	0	0	0	10,754
13c	Total Member Months (Sum of Lines 13a + 13b)	186,400	0	0	2,339	188,739

Line	Special Populations	Number of Patients (a)
16	Total Agricultural Workers or Dependents (All health centers report this line)	80
23	Total Homeless (All health centers report this line)	71
24	Total School-Based Service Site Patients (All health centers report this line)	0
25	Total Veterans (All health centers report this line)	53
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	0

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date Requested: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

UDS Report - 2022

# Table 5 - Staffing and Utilization

### Universal

### **Medical Care Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	5.49	7,680	17,383	
2	General Practitioners	0	0	0	
3	Internists	2.94	931	5,809	
4	Obstetrician/Gynecologists	0.37	451	24	
5	Pediatricians	1.44	2,643	1,416	
7	Other Specialty Physicians	2.05	248	19	
8	Total Physicians (Lines 1-7)	12.29	11,953	24,651	
9a	Nurse Practitioners	4.71	5,638	4,826	

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
9b	Physician Assistants	0	0	0	
10	Certified Nurse Midwives	0	0	0	
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	4.71	5,638	4,826	
11	Nurses	9.89	1,325	50	
12	Other Medical Personnel	21.61			
13	Laboratory Personnel	0			
14	X-ray Personnel	0			
15	Total Medical Care Services (Lines 8 + 10a through 14)	48.5	18,916	29,527	12,409

# **Dental Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	1.77	2,954	370	
17	Dental Hygienists	0.7	839	0	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	2.68			
19	<b>Total Dental Services</b> (Lines 16-18)	5.15	3,793	370	1,590

### **Mental Health Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0.01	0	554	
20a1	Licensed Clinical Psychologists	6.46	156	5,882	
20a2	Licensed Clinical Social Workers	4.65	491	4,702	
20b	Other Licensed Mental Health Providers	2.99	316	5,053	
20c	Other Mental Health Personnel	8.7	57	112	
20	Total Mental Health Services (Lines 20a-c)	22.81	1,020	16,303	1,144

## **Substance Use Disorder Services**

Line	Personnel by Major Service	FTEs	Clinic Visits	Virtual Visits	Patients
	Category	(a)	(b)	(b2)	(c)
21	Substance Use Disorder Services	0	0	0	0

### **Other Professional Services**

Line	Personnel by Major Service	FTEs	Clinic Visits	Virtual Visits	Patients
	Category	(a)	(b)	(b2)	(c)
22	Other Professional Services Specify Chiropractor/Acupuncturist	0.73	3,737	651	1,301

## **Vision Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	0	0	0	
22b	Optometrists	0	0	0	
22c	Other Vision Care Personnel	0			
22d	Total Vision Services (Lines 22a-c)	0	0	0	0

# **Pharmacy Personnel**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	Pharmacy Personnel	0			

# **Enabling Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	1.75	31	1,655	
25	Patient and Community Education Specialists	1	80	1,719	
26	Outreach Workers	0			
27	Transportation Personnel	0			
27a	Eligibility Assistance Workers	9.73			
27b	Interpretation Personnel	0			
27c	Community Health Workers	0.3			
28	Other Enabling Services Specify	0			
29	Total Enabling Services (Lines 24-28)	12.78	111	3,374	1,921

# **Other Programs/Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
29a	Other Programs and Services Specify WIC	8.07			
29b	Quality Improvement Personnel	4.15			

# **Administration and Facility**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	12.03			
30b	Fiscal and Billing Personnel	12.98			
30c	IT Personnel	3.92			
31	Facility Personnel	2.37			
32	Patient Support Personnel	26.29			
33	Total Facility and Non-Clinical Support Personnel (Lines 30a-32)	57.59			

## **Grand Total**

Line	Personnel by Major Service	FTEs	Clinic Visits	Virtual Visits	Patients
	Category	(a)	(b)	(b2)	(c)
34	<b>Grand Total</b> (Lines 15+19+20+21+22+22d+23+29+29a+29b	159.78 +33)	27,577	50,225	

### **Selected Service Detail Addendum**

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	28	1,046	2,037	1,809
20a02	Nurse Practitioners	9	144	219	269
20a03	Physician Assistants	0	0	0	0
20a04	Certified Nurse Midwives	0	0	0	0

### **Substance Use Disorder Detail**

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	23	253	649	481
21b	Nurse Practitioners (Medical)	4	10	36	39
21c	Physician Assistants	0	0	0	0
21d	Certified Nurse Midwives	0	0	0	0
21e	Psychiatrists	2	0	41	25
21f	Licensed Clinical Psychologists	7	16	136	24
21g	Licensed Clinical Social Workers	6	17	144	17
21h	Other Licensed Mental Health Providers	5	12	84	34

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Submission Status: Data Entry In Progress

UDS Report - 2022

# Table 6A - Selected Diagnoses and Services Rendered

### Universal

### **Selected Infectious and Parasitic Diseases**

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	15	8
3	Tuberculosis	A15- through A19-, O98.0-	1	1
4	Sexually transmitted infections	A50- through A64-	86	65
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	42	26
4b	Hepatitis C	B17.1-, B18.2, B19.2-	41	23
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	1,227	924
4d	Post COVID-19 condition	U09.9	45	31

# **Selected Diseases of the Respiratory System**

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	996	604

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
6	Chronic lower respiratory diseases	J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-	277	181
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.82, J12.89, J20.8, J40, J22, J98.8, J80 (count codes listed only when code U07.1 <u>is</u> also present)	24	20

## **Selected Other Medical Conditions**

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	285	206
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	212	145
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	6,373	1,963
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1,195	633
11	Hypertension	I10- through I16-, O10-, O11-	8,180	3,195
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	417	337
13	Dehydration	E86-	12	12
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-	3	3
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	2,906	1,553

# Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	79	63
16	Selected perinatal/neonatal medical conditions	A33, P19-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P92-, P96.81), R78.81, R78.89	72	35
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	181	134

# Selected Mental Health Conditions, Substance Use Disorders, and Exploitations

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	433	133

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	558	162
19a	Tobacco use disorder	F17-, O99.33-, Z72.0	466	315
20a	Depression and other mood disorders	F30- through F39-	7,145	779
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	13,353	1,770
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	881	177
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	3,979	1,010
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11	1	1

# **Selected Diagnostic Tests/Screening/Preventive Services**

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	<b>CPT-4:</b> 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	1,733	1,635
21a	Hepatitis B test	<b>CPT-4:</b> 80074, 86704 through 86707, 87340, 87341, 87350, 87912	571	554
21b	Hepatitis C test	<b>CPT-4:</b> 80074, 86803, 86804, 87520 through 87522, 87902	1,628	1,587
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	<b>CPT-4:</b> 87426, 87428, 87635, 87636, 87637 <b>HCPCS:</b> U0001, U0002, U0003, U0004 <b>CPT PLA:</b> 0202U, 0223U, 0225U, 0240U, 0241U	1,934	1,390
21d	Novel coronavirus (SARS-CoV-2) antibody test	<b>CPT-4:</b> 86318, 86328, 86408, 86409, 86413, 86769 <b>CPT PLA:</b> 0224U, 0226U	4	4
21e	Pre-Exposure Prophylaxis (PrEP)- associated management of <b>all</b> patients on PrEP	Possible codes to explore for PrEP management: CPT-4: 99401 through 99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure AND limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF), emtricitabine/tenofovir alafenamide (FTC/TAF), or cabotegravir for PrEP	17	3
22	Mammogram	<b>CPT-4:</b> 77063, 77065, 77066, 77067 <b>ICD-10:</b> Z12.31 <b>HCPCS:</b> G0279	418	418
23	Pap test	<b>CPT-4:</b> 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 <b>ICD-10:</b> Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) <b>HCPCS:</b> G0144, G0145, G0147, G0148	1,180	1,141
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	<b>CPT-4:</b> 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	3,403	2,632
24a	Seasonal flu vaccine	<b>CPT-4:</b> 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	2,223	2,027
24b	Coronavirus (SARS-CoV-2) vaccine	<b>CPT-I:</b> 0001A-0004A, 0011A- 0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A, 0072A, 91300-91307, 91308-91310	2,502	2,041
25	Contraceptive management	ICD-10: Z30-	1,032	691
26	Health supervision of infant or child (ages 0 through 11)	<b>CPT-4:</b> 99381 through 99383, 99391 through 99393 <b>ICD-10:</b> Z00.1-, Z76.1, Z76.2	1,876	1,276
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	273	266
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	<b>CPT-4:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0443, H0050	573	298
26c	Smoke and tobacco use cessation counseling	<b>CPT-4:</b> 99406, 99407 <b>HCPCS:</b> S9075 <b>CPT-II:</b> 4000F, 4001F, 4004F	483	243
26d	Comprehensive and intermediate eye exams	<b>CPT-4:</b> 92002, 92004, 92012, 92014	0	0

#### **Selected Dental Services**

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	<b>CDT:</b> D0140, D9110	61	57
28	Oral exams	<b>CDT:</b> D0120, D0145, D0150, D0160, D0170, D0171, D0180	1,027	978
29	Prophylaxis-adult or child	<b>CDT:</b> D1110, D1120	684	631
30	Sealants	<b>CDT:</b> D1351	86	83
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	705	645
32	Restorative services	CDT: D21xx through D29xx	724	436
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	161	137
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1,021	389

Notes: Sources of Codes:

ICD-10-CM (2022)-National Center for Health Statistics (NCHS)

CPT (2022)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2022)-Dental Procedure Codes-American Dental Association (ADA)

"X" in a code: Denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

UDS Report - 2022

## **Table 6B - Quality of Care Measures**

#### Universal

□: Prenatal Care Provided by Referral Only (Check if Yes)

#### **Section A - Age Categories for Prenatal Care Patients:**

### **Demographic Characteristics of Prenatal Care Patients**

Line	Age	Number of Patients (a)
1	Less than 15 years	0
2	Ages 15—19	6
3	Ages 20—24	61
4	Ages 25—44	193
5	Ages 45 and over	0
6	Total Patients (Sum of Lines 1-5)	260

# **Section B - Early Entry into Prenatal Care**

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester	172	20
8	Second Trimester	56	4
9	Third Trimester	8	0

# **Section C - Childhood Immunization Status**

Line	Childhood Immunization Status	Total Patients with 2 <sup>nd</sup> Birthday (a)	Number of Records Reviewed (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 <sup>nd</sup> birthday	136	136	46

## Section D - Cervical and Breast Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number of Records Reviewed (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	4,148	4,148	2,548

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number of Records Reviewed (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51-73 years of age who had a mammogram to screen for breast cancer	2,364	2,364	1,394

## Section E - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Total Patients Aged 3 through 16 (a)	Number of Records Reviewed (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-16 years of age with a BMI percentile and counseling on nutrition and physical activity documented	1,642	1,642	872

# Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Liı	ne	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number of Records Reviewed (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	3	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	6,148	6,148	1,923

## Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number of Records Reviewed (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times during the measurement period, <b>and</b> (2) if identified to be a tobacco user received cessation counseling intervention	8,042	8,042	7,646

# Section H - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients at High Risk of Cardiovascular Events (a)	Number of Records Reviewed (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients at high risk of cardiovascular events who were prescribed or were on statin therapy	2,759	2,759	2,154

# Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number of Records Reviewed (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	509	509	423

# **Section J - Colorectal Cancer Screening**

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number of Records Reviewed (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer	3,942	3,942	1,752

### **Section K - HIV Measures**

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number of Records Reviewed (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	4	4	3

Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number of Records Reviewed (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range	8,152	8,152	5,872

## **Section L - Depression Measures**

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number of Records Reviewed (b)	Number of Patients Screened for Depression and Follow- Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented	8,874	8,874	4,036

Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number of Records Reviewed (b)	Number of Patients who Reached Remission (c)
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	123	123	3

### Section M - Dental Sealants for Children between 6-9 Years

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number of Records Reviewed (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	47	47	21

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date Requested: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

# Table 7 - Health Outcomes and Disparities

# **Deliveries and Birth Weight**

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	0
2	Deliveries Performed by Health Center's Providers	160

# Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a	Asian	1	0	0	2
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	0	0	0	0
1e	White	97	0	2	84
1f	More than One Race	0	0	0	0
1g	Unreported/Chose Not to Disclose Race	22	0	0	0
	Subtotal Hispanic or Latino/a	120	0	2	86

# Non-Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	12	0	0	8
2b1	Native Hawaiian	0	0	0	0
2b2	Other Pacific Islander	1	0	1	0
2c	Black/African American	3	0	0	2
2d	American Indian/Alaska Native	0	0	0	0
2e	White	14	0	0	8
2f	More than One Race	0	0	0	0
2g	Unreported/Chose Not to Disclose Race	4	0	0	0
	Subtotal Non-Hispanic or Latino/a	34	0	1	18

# **Unreported/Chose Not to Disclose Race and Ethnicity**

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h	Unreported/Chose Not to Disclose Race and Ethnicity	2	4	2	44
i	Total	156	4	5	148

# Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	7	7	4
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	3	3	2
1c	Black/African American	3	3	0
1d	American Indian/Alaska Native	4	4	1
1e	White	671	671	330
1f	More than One Race	1	1	1
1g	Unreported/Chose Not to Disclose Race	169	169	87
	Subtotal Hispanic or Latino/a	858	858	425

# Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	1,306	1,306	769
2b1	Native Hawaiian	2	2	0
2b2	Other Pacific Islander	34	34	15
2c	Black/African American	131	131	63
2d	American Indian/Alaska Native	14	14	7
2e	White	669	669	350
2f	More than One Race	11	11	7
2g	Unreported/Chose Not to Disclose Race	91	91	52
	Subtotal Non-Hispanic or Latino/a	2,258	2,258	1,263

# **Unreported/Chose Not to Disclose Race and Ethnicity**

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Chose Not to Disclose Race and Ethnicity	296	296	179
i	Total	3,412	3,412	1,867

**Diabetes: Hemoglobin A1c Poor Control** 

## Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	2	2	0
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	1	1	1
1c	Black/African American	2	2	1
1d	American Indian/Alaska Native	5	5	3
1e	White	479	479	189
1f	More than One Race	0	0	0
1g	Unreported/Chose Not to Disclose Race	137	137	58
	Subtotal Hispanic or Latino/a	626	626	252

## Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	522	522	82
2b1	Native Hawaiian	2	2	1
2b2	Other Pacific Islander	18	18	6
2c	Black/African American	56	56	14
2d	American Indian/Alaska Native	4	4	0
2e	White	271	271	83
2f	More than One Race	11	11	2
2g	Unreported/Chose Not to Disclose Race	42	42	7
	Subtotal Non-Hispanic or Latino/a	926	926	195

# **Unreported/Chose Not to Disclose Race and Ethnicity**

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Chose Not to Disclose Race and Ethnicity	140	140	35
i	Total	1,692	1,692	482

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

## **Table 8A - Financial Costs**

## Universal

## **Financial Costs of Medical Care**

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
1	Medical Personnel	\$7,034,800	\$4,440,820	\$11,475,620
2	Lab and X-ray	\$166,421	\$105,056	\$271,477
3	Medical/Other Direct	\$998,326	\$630,207	\$1,628,533
4	<b>Total Medical Care Services</b> (Sum of Lines 1 through 3)	\$8,199,547	\$5,176,083	\$13,375,630

## **Financial Costs of Other Clinical Services**

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
5	Dental	\$805,418	\$495,030	\$1,300,448
6	Mental Health	\$3,268,516	\$1,889,718	\$5,158,234
7	Substance Use Disorder	\$0	\$0	\$0
8a	Pharmacy (not including pharmaceuticals)	\$365,907	\$0	\$365,907
8b	Pharmaceuticals	\$273,049		\$273,049
9	Other Professional specify Acupuncture/Chiropractic	\$118,192	\$48,001	\$166,193
9a	Vision	\$0	\$0	\$0
10	<b>Total Other Clinical Services</b> (Sum of Lines 5 through 9a)	\$4,831,082	\$2,432,749	\$7,263,831

<sup>\*</sup> Column c is equal to the sum of column a and column b.

### **Financial Costs of Enabling and Other Services**

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
11a	Case Management	\$74,026		\$74,026
11b	Transportation	\$0		\$0
11c	Outreach	\$0		\$0
11d	Patient and Community Education	\$82,641		\$82,641
11e	Eligibility Assistance	\$638,598		\$638,598
11f	Interpretation Services	\$0		\$0
11g	Other Enabling Services specify	\$0		\$0
11h	Community Health Workers	\$29,979		\$29,979
11	Total Enabling Services (Sum of Lines 11a through 11h)	\$825,244	\$335,151	\$1,160,395
12	Other Program-Related Services specify WIC	\$472,096	\$394,974	\$867,070
12a	Quality Improvement	\$1,123,711	\$456,366	\$1,580,077
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	\$2,421,051	\$1,186,491	\$3,607,542

## **Facility and Non-Clinical Support Services and Totals**

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
14	Facility	\$2,369,283		
15	Non-Clinical Support Services	\$6,426,040		
16	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	\$8,795,323		
17	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	\$24,247,003		\$24,247,003
18	Value of Donated Facilities, Services, and Supplies specify			\$0
19	Total with Donations (Sum of Lines 17 and 18)			\$24,247,003

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

UDS Report - 2022

# **Table 9D - Patient Service Revenue**

				Retroactive	Settlements,		d Paybacks			
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)		Collection of Reconciliati Wraparound Previous Years (c2)		Penalty / Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
1	Medicaid Non-Managed Care	\$3,306,969	\$6,041,655	\$0	\$0	\$3,311,318	\$0	\$623,510		
2a	Medicaid Managed Care (capitated)	\$4,235,891	\$11,973,934	\$0	\$0	\$1,905,908	\$0	\$-7,738,043		
2b	Medicaid Managed Care (fee-for-service)	\$469,484	\$119,111	\$0	\$0	\$0	\$0	\$355,866		
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)	\$8,012,344	\$18,134,700	\$0	\$0	\$5,217,226	\$0	\$-6,758,667		
4	Medicare Non-Managed Care	\$692,864	\$664,323	\$0	\$26,563	\$0	\$0	\$47,149		
5a	Medicare Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
5b	Medicare Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
6	Total Medicare (Sum of Lines 4 + 5a + 5b)	\$692,864	\$664,323	\$0	\$26,563	\$0	\$0	\$47,149		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for- service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8c	Other Public, including COVID-19 Uninsured Program	\$54,206	\$54,206			\$0	\$0	\$7,858		
9	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)	\$54,206	\$54,206	\$0	\$0	\$0	\$0	\$7,858		
10	Private Non-Managed Care	\$119,504	\$59,812			\$0	\$0	\$65,331		
11a	Private Managed Care (capitated)	\$92,122	\$25,993			\$0	\$0	\$66,129		
11b	Private Managed Care (fee-for-service)	\$0	\$0			\$0	\$0	\$0		
12	Total Private (Sum of Lines 10 + 11a + 11b)	\$211,626	\$85,805			\$0	\$0	\$131,460		
13	Self-Pay	\$1,763,232	\$133,486						\$1,553,081	\$118,175
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	\$10,734,272	\$19,072,520	\$0	\$26,563	\$5,217,226	\$0	\$-6,572,200	\$1,553,081	\$118,175

Date Requested: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Submission Status: Data Entry In Progress

UDS Report - 2022

## **Table 9E - Other Revenues**

Program Name: Health Center 330

## Universal

## **BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)**

Line	Source	Amount (a)
1a	Migrant Health Center	\$0
1b	Community Health Center	\$2,375,849
1c	Health Care for the Homeless	\$0
1e	Public Housing Primary Care	\$0
1g	Total Health Center (Sum of Lines 1a through 1e)	\$2,375,849
1k	Capital Development Grants, including School-Based Service Site Capital Grants	\$0
11	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	\$0
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	\$0
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	\$0
10	American Rescue Plan (ARP) (H8F, L2C, C8E)	\$1,519,729
1p	Other COVID-19-Related Funding from BPHC specify	\$0
1q	Total COVID-19 Supplemental (Sum of Lines 1I through 1p)	\$1,519,729
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1q)	\$3,895,578

## **Other Federal Grants**

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	\$0
3	Other Federal Grants specify	\$0
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	\$0
3b	Provider Relief Fund specify	\$0
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	\$0

### **Non-Federal Grants Or Contracts**

Line	Source	Amount (a)
6	State Government Grants and Contracts specify WIC, State of California, Essential Access Health	\$2,780,146
6a	State/Local Indigent Care Programs specify HealthPac	\$1,225,555
7	Local Government Grants and Contracts specify City of Dublin, City of Livermore, City of Pleasanton, Alameda Health Consortium, Contra Costa, Dublin Unified School District, Tracy Unified School District, San Joaquin County Office of Education, Chabot Las Positas Community College District	\$1,996,354
8	Foundation/Private Grants and Contracts specify Stanford, Kaiser, Tides	\$192,500
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	\$6,194,555
10	Other Revenue (non-patient service revenue not reported elsewhere) specify Donations, CHCN, BCC Partnership, Walgreens, Tri Valley Socks	\$2,500,961
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	\$12,591,094

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Program Name: Health Center 330

Submission Status: Data Entry In Progress

Date Requested: 02/14/2023 5:41 PM EST

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

UDS Report - 2022

# **Health Center Health Information Technology (HIT) Capabilities**

ніт	
Does your hea	alth center currently have an electronic health record (EHR) system installed and in use, at minimum for medical care, by December 31?:
[X]: Yes, ins	talled at all service delivery sites and used by all providers
∐: Yes, but	only installed at some service delivery sites or used by some providers
∐: No	
1a. Is your sy	stem certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:
[X]: Yes	
∐: No	
1a1.Vendo	or: OCHIN Epic (Epic Systems Corporation)
Other (F	Please specify):
1a2.Produ	ct Name: EpicCare Ambulatory Base
1a3.Versio	on Number: May-22
1a4.ONC-0	certified Health IT Product List Number: 15.04.04.1447.Epic.AM.22.1.220713
1a1.Vendo	or: Select one
Other (F	Please specify):
1a2.Produ	ct Name:
1a3.Versio	on Number:
1b. Did you s	witch to your current EHR from a previous system this year?:
∐: Yes	
[X]: No	

1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization?:
[_]: Yes
[X]: No
If yes, what is the reason?:
: Additional EHR/data system(s) are used during transition from one primary EHR to another
[]: Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health, care coordination)
: Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition
: Additional EHR/data system(s) are used for analysis and reporting (such as for clinical quality measures or custom reporting)
☐: Other (please describe)
Other (please describe):
d. Question removed.
e. Question removed.  Question removed.
Question removed.
Which of the following key providers/health care settings does your health center electronically exchange clinical or patient information with? (Select all
nat apply.):
[X]: Hospitals/Emergency rooms
[X]: Specialty providers
[X]: Other primary care providers
[X]: Labs or imaging
[X]: Health information exchange (HIE)
[X]: Community-based organizations/social service partners
∐: None of the above
[]: Other (please describe)
Other (please describe):
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [X]: Kiosks  [X]: Secure messaging between patient and provider
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [_]: Kiosks  [X]: Secure messaging between patient and provider  [_]: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [_]: Kiosks  [X]: Secure messaging between patient and provider  [_]: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [_]: Kiosks  [X]: Secure messaging between patient and provider  [_]: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [_]: Kiosks  [X]: Secure messaging between patient and provider  [_]: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  [_]: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.  Question removed.
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.  Question removed.  Question removed.
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [L]: Kiosks  [X]: Secure messaging between patient and provider  [L]: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  [L]: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.  Question removed.  1. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.):  [X]: Quality improvement  [X]: Population health management
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  [L]: Kiosks  [X]: Secure messaging between patient and provider  [L]: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  [L]: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.  Question removed.  Question removed.  Above does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.):  [X]: Quality improvement  [X]: Population health management  [X]: Porgram evaluation  [X]: Research
Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):  [X]: Patient portals  []: Kiosks  [X]: Secure messaging between patient and provider  []: Online or virtual scheduling  [X]: Automated electronic outreach for care gap closure or preventive care reminders  [X]: Application programming interface (API)-cased patient access to their health record through mHealth apps [1]  [X]: Other (please describe)  []: No, we DO NOT engage patients using HIT  Other (please describe): Remote Patient Monitoring Platforms, Text Message Outreach  Question removed.  Question removed.  Question removed.  Question removed.  1). How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.):  [X]: Quality improvement  [X]: Population health management  [X]: Program evaluation

11. Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?:
[X]: Yes
☐: No, but we are in planning stages to collect this information
☐: No, we are not planning to collect this information
11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is "a. Yes."): 334
12. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply.):
[_]: Accountable Health Communities Screening Tools
☐: Upstream Risks Screening Tool and Guide
[]: iHELLP
☐: Recommend Social and Behavioral Domains for EHRs
[X]: Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences (PRAPARE)
☐: Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)
∐: WellRx
☐: Health Leads Screening Toolkit
☐: Other (please describe)
☐: We DO NOT use a standardized screener
Other (please describe):
12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple social risks and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.):  Food insecurity: 48
Housing insecurity: 57
Financial strain: 78
Lack of transportation/access to public transportation: 56
12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.):
[]: Have not considered/unfamiliar with standardized screeners
_]: Lack of funding for addressing these unmet social needs of patients
_]: Lack of training for personnel to discuss these issues with patients
☐: Inability to include with patient intake and clinical workflow
☐: Not needed
☐: Other (please describe)
Other (please describe):
13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as
health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?:
[X]: Yes
[_]: No
[]: Not sure
<sup>1</sup> For more information on How APIs in Health Care can Support Access to Health Information: Learning Module
Comments

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

UDS Report - 2022

## **Other Data Elements**

	Oth	er	Data	Fle	ment	S
--	-----	----	------	-----	------	---

- 1.

Medication-Assisted Treatment (MAT) for Opioid Use Disorder
a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives, on-site or with whom the health center has
contracts, have 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) (i.e., buprenorphine) for that indication during the calendar year?: 4
b. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or
certified nurse midwife with a DATA waiver working on behalf of the health center?: 39  Did your organization use telemedicine to provide remote (virtual) clinical care services?
ne term "telehealth" includes "telemedicine" services, but encompasses a broader scope of remote health care services. Telemedicine is specific to remote
inical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical
ducation, in addition to clinical services.:
[X]: Yes
]: No
2a1. Who did you use telemedicine to communicate with? (Select all that apply.):
[X]: Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
[X]: Specialists outside your organization (e.g., specialists at referral centers)
2a2. What telehealth technologies did you use? (Select all that apply.):
[X]: Real-time telehealth (e.g., live videoconferencing)
[X]: Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)
[X]: Remote patient monitoring
[X]: Mobile Health (mHealth)
2a3. What primary telemedicine services were used at your organization? (Select all that apply.):
[X]: Primary care
[X]: Oral health
[X]: Behavioral health: Mental health
[X]: Behavioral health: Substance use disorder
[X]: Dermatology
[X]: Chronic conditions
☐: Disaster management
[X]: Consumer health education
[X]: Provider-to-provider consultation
[]: Radiology
[X]: Nutrition and dietary counseling
[]: Other (Please describe)
Other (Please describe):
2b. If you did not have telemedicine services, please comment why. (Select all that apply.):
[]: Have not considered/unfamiliar with telehealth service options

☐: Policy barriers (Select all that apply)

[]: Inadequate broadband/telecommunication service (Select all that a	apply)
☐: Lack of funding for telehealth equipment	
☐: Lack of training for telehealth services	
☐: Not needed	
☐: Other (Please describe)	
Other (Please describe):	
Policy barriers (Select all that apply):	
☐: Lack of or limited reimbursement	
☐: Credentialing, licensing, or privileging	
☐: Privacy and security	
☐: Other (Please describe)	
Other (Please describe):	
Inadequate broadband/telecommunication service (Select all that apply):	
☐: Cost of service	
☐: Lack of infrastructure	
☐: Other (Please describe)	
Other (Please describe):	
Enter number of assists: 14,215  1 With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-19 physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs	
BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA	Date Requested: 02/14/2023 5:41 PM EST
Program Name: Health Center 330	Date of Last Report Refreshed: 02/14/2023 5:41 PM EST
Submission Status: Data Entry In Progress	
UDS Report - 2	022
Vorkforce	
Workforce	
Does your health center provide any health professional education/training that is	
[X]: Yes	a hands-on, practical, or clinical experience?:
	a hands-on, practical, or clinical experience?:
	a hands-on, practical, or clinical experience?:
[_]: No  1a. If yes, which category best describes your health center's role in the health pr	
[_]: No	
No     Ia. If yes, which category best describes your health center's role in the health present the second s	
in the health properties of the second of the health properties. Sponsor [2]	
[]: No  1a. If yes, which category best describes your health center's role in the health pr []: Sponsor [2]  [X]: Training site partner [3]	

2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category<sup>4</sup> within the calendar year.

	Medical		Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians		0	0
	a. Family Physicians			0
	b. General Practitioners			0
	c. Internists			0
	d. Obstetrician/Gynecologists			0
	e. Pediatricians			0
	f. Other Specialty Physicians			0
2.	Nurse Practitioners		0	0
3.	Physician As	Physician Assistants		0
4.	Certified Nurse Midwives		0	0
5.	Registered Nurses		0	0
6.	Licensed Practical Nurses/Vocational Nurses		0	0
7.	Medical Assistants		0	0

	Dental	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	0	0
9.	Dental Hygienists	0	0
10.	Dental Therapists	0	0
10a.	Dental Assistants	0	0

	Mental Health and Substance Use Disorder	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		0
12.	Clinical Psychologists	0	0
13.	Clinical Social Workers	0	0
14.	Professional Counselors	0	0
15.	Marriage and Family Therapists	0	2
16.	Psychiatric Nurse Specialists	0	0
17.	Mental Health Nurse Practitioners	0	0
18.	Mental Health Physician Assistants	0	0
19.	Substance Use Disorder Personnel	0	0
	Vision	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
20.	Ophthalmologists	0	0
21.	Optometrists	0	0
	Other Professionals	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors	0	0
23.	Dieticians/Nutritionists	0	0
24.	Pharmacists	0	0
25.	Other please describe	0	0
	e number of health center personnel serving as preceptors at your health center.: 3 e number of health center personnel (non-preceptors) supporting ongoing health center train	ning programs.: 1	
center? (Sele		α A, Listing of Personnel) ν	working for the health
∐: Mon ∐: Qua			
[X]: Annı	ually		
∐: We [	OO NOT currently conduct provider satisfaction surveys		
∐: Othe	r (please describe)		
Other (pleas	e describe):		
	does your health center conduct satisfaction surveys for general personnel (as identified in r (report provider surveys in question 5 only)? (Select one.):	Appendix A, Listing of Pe	rsonnel) working for the
∐: Mon	thly		
∐: Qua	rterly		
[X]: Annı	ually		
∐: We [	OO NOT currently conduct personnel satisfaction surveys		
∐: Othe	er (please describe)		
Other (please	e describe):		

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

- <sup>3</sup> A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
- <sup>4</sup> Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330 Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Submission Status: Data Entry In Progress

UDS Report - 2022

## **Data Audit Report**

#### **Edit Comments**

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

#### UDS Report - 2022

## **Data Audit Report**

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

Edit 03951: Numbers Questioned For Patients Aged 65+ - Patients aged 65 and older is outside the typical range when compared to total patients. Please correct or explain. Persons aged 65 and older: (2663); Total Patients(13035); Ratio of Persons aged 65+ to Total Patients(0.20)

Related Tables: Table 3A(UR)

Angelina Speltz (Health Center) on 02/13/2023 3:26 PM EST: Confirmed that data is correct. Axis has a large population of patients 65+

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

Edit 03805: Member Months in Question - A large number of Medicaid Managed Care member months (186400) is reported which reflects an average Medicaid member year enrollment of (15533.33) individuals. This is high compared to total patients with Medicaid insurance reported on Line 8 (9388). Please verify that more than 50% of Medicaid managed care enrollees did not seek services. Please correct or explain.

Related Tables: Table 4(UR)

Michael Mandelkow (Health Center) on 02/13/2023 6:02 PM EST: This is correct. Due to the Covid-19 pandemic, Medicaid has not dropped assigned members from our enrollment panel. This drives us up the percentage of enrollees not seeking service. Once the Public Health Emergency ends, the assigned members are expected to drop and get this ratio more in line to historical figures.

#### **Table 5-Staffing And Utilization**

Edit 07251: Virtual Visits greater than Clinic Visits - Mental Health virtual visits on Line 20 Column b2 (16303) are greater than or equal to Mental Health visits reported on Line 20 Column b (1020). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 5:40 PM EST: This is confirmed to be correct. Since covid started, Axis has shifted to virtual visits.

Edit 06812: Virtual Visits greater than Clinic Visits - Total visits on Line 34 Column b2 (50225) are greater than or equal to Total visits reported on Line 34 Column b (27577). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 5:30 PM EST: This is confirmed to be correct and consistent with the prior year. Since covid started, Axis has shifted to virtual visits.

Edit 07277: Personnel on Addendum in Question - Psychiatrist personnel on Table 5 Line 21e Column A1 (2) on the Substance Use Disorder section of the addendum is high compared to Psychiatrist FTEs reported on Table 5 Line 20a Column A (0.01). This suggests a high proportion of personnel per FTE. Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 6:29 PM EST: Data is confirmed and correct. Axis started utilizing contracted locums to replace vacant positions. The visits as are counted here, but the FTE doesn't show up here, the expense reflects as a contracted mental health service.

Edit 07249: Virtual Visits greater than Clinic Visits - Medical virtual visits on Line 15 Column b2 (29527) are greater than or equal to clinic visits reported on Line 15 Column b (18916). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 5:31 PM EST: This is confirmed to be correct and consistent with prior year. Since covid started, Axis has shifted to virtual visits

Edit 06811: Virtual Visits greater than Clinic Visits - Enabling virtual visits on Line 29 Column b2 (3374) are greater than or equal to Enabling visits reported on Line 29 Column b (111). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/11/2023 1:49 PM EST: Data is correct and has been confirmed. Since covid started, Axis has shifted to virtual visits.

Edit 00024: Family Physicians Productivity Questioned - A significant change in Productivity (visits/FTE) of Family Physicians Line 1 (4565.21) is reported from the prior year (3567.51). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 6:29 PM EST: Data is confirmed and correct. Axis started utilizing contracted locums to replace vacant positions. The visits as are counted here, but the FTE doesn't show up here, the expense reflects as a contracted medical service.

Edit 00124: Internist Productivity Questioned - A significant change in Productivity (visits/FTE) of Internists on Line 3 (2292.52) is reported from the prior year (3398.84). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/11/2023 1:16 PM EST: Data is confirmed and correct. There were 2 FTE's that left Axis in the current year and haven't been replaced. They were both full time FTE's and the remaining Internist are only part-time and not as productive.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity (visits/FTE) of Obstetrician/Gynecologists on Line 4 (1283.78) is reported from the prior year (5388.89). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/11/2023 1:18 PM EST: Data is correct for the current year. The FTE for Obstetrician/Gynecologists for the current year is 0.53 and the prior year was 0.09. The ratio for the prior year was skewed because the FTE was so small 0.01.

Edit 00033: Peds Productivity Questioned - A significant change in Productivity (visits/FTE) of Pediatricians on Line 5 (2818.75) is reported from the prior year (1980.92). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/14/2023 10:39 AM EST: Data is correct for the current year. For the Peds department, visits shifted back from virtual to more clinic visits. And for kids, its more productive to see them in person at the clinic, than virtually, causing our ratio to be higher per FTE.

Edit 00058: NP Productivity Questioned - A significant change in Productivity (visits/FTE) of Nurse Practitioners on Line 9a (2221.66) is reported from the prior year (3386.65). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 6:24 PM EST: Data is confirmed and correct. The prior year had more virtual visits due to the Covid-19 pandemic. Is the current year, more in-clinic visits are happening and increasing the no-show rate, which reduces productivity.

Edit 04141: Inter-year Patients questioned - On Universal Report - A large change from the prior year in patients who received Dental services is reported on Line 19, Column C. (CY = (1590), PY = (1139)). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 6:32 PM EST: Data is confirmed and correct. Axis has increased FTE's in the current year to support more patients and more visits than in prior year.

Edit 06349: Mental Health Visit per Patient in Question - On Universal - Mental Health visits per mental health patient varies substantially from national average. CY (15.14); PY National Average (5.69). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 5:42 PM EST: Axis is consistent with Prior year mental health visits per patient (prior year 15.21). Axis has above national average capacity to serve patients with Mental Health conditions. Also, there has been an increased demand for mental health services due to covid.

Edit 04147: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Other Professional services is reported on Line 22, Column C. (CY = (1301), PY= (988)). Please correct or explain.

Related Tables: Table 5(UR)

Michael Mandelkow (Health Center) on 02/10/2023 5:39 PM EST: Data is confirmed to be correct. In the prior year, due to the Covid-19 Pandemic, capacity and space were limited cue to safety concerns. In the current year, our capacity and FTE has increased.

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

Edit 06815: Line 13 Compliance Rate Questioned - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Line 13: The proportion of patients in compliance 31.28% dropped significantly when compared to the prior year 67.87%. Please review and correct or explain.

Related Tables: Table 6B

Angelina Speltz (Health Center) on 02/13/2023 3:47 PM EST: Data has been reviewed. The 2022 measure requires that follow up counseling for patients with a BMI outside normal parameters occur on or after the most recent documented BMI. In prior years if the BMI was outside of normal parameters a follow-up plan could be documented during the visit or during the previous 12 months of the current visit. Because of this change in the definition, our compliance for this measure dropped.

Edit 05778: Line 13 Column A in Question - The value entered as the denominator (Column A) for the Adult Body Mass Index (BMI) Screening and Follow-Up Plan measure on Line 13 (6148) appears low compared to estimated medical patients in the age range for this measure. Your health center reports that (95.20)% of total patients receive medical services (as reported on Table 5) and you serve (10625) patients in the age range evaluated for this measure (as reported on Table 3A). Please review and correct or explain.

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

Angelina Speltz (Health Center) on 02/14/2023 8:41 PM EST: Due to the COVID-19 pandemic, there were fewer in-person visits causing a significant reduction in the Weight Assessment and Counseling for Nutrition and Physical Activity quality measure. Many adult patients who had a UDS qualifying visit, only had a Telehealth Visit and therefore were not actionable.

Edit 05787: Line 17a Column A in Question - The value entered as the denominator (Column A) for Patients Age 21+ at High Risk of Cardiovascular Events measure on Line 17a (2759) appears high compared to national prevalence rates of estimated medical patients in the age range for this measure. Your health center reports that

(95.20)% of total patients receive medical services (as reported on Table 5) and you serve (10215) patients in the age range evaluated for this measure (as reported on Table 3A). Please review and correct or explain.

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

Angelina Speltz (Health Center) on 02/13/2023 6:13 PM EST: Report has been reviewed and confirmed to be correct. Because of the pandemic, more patients have established care with Axis providers. Many of these patients did not previously have a relationship with a primary care provider and therefore, represent a new population who have assisted in expanding our at-risk for cardiovascular events population. The number of patients that are at-risk for cardiovascular events are consistent with 2020 and 2021 UDS reporting years.

#### **Table 7-Health Outcomes and Disparities**

Edit 03959: Low Birthweights Questioned - The White LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (2.13)%;PY National Average (7.49)%

Related Tables: Table 7

Angelina Speltz (Health Center) on 02/13/2023 3:31 PM EST: There was a significant reduction of patient no-shows with the use of Telehealth. Feedback from patient surveys/reports shows that Telehealth has improved patient satisfaction, lowered barriers to care, and improved access to health education through the CPSP program. Prenatal patients engaged in the program with consistent and timely visits has yielded a higher percentage of healthy birth weights.

#### **Table 8A-Financial Costs**

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (297.77); Prior Year (258.34).

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

Michael Mandelkow (Health Center) on 02/11/2023 1:21 PM EST: Salary rate adjustments were done for our providers in the current year.

Edit 02148: Overhead Costs Questioned on Line 8a - You report direct costs for (365907) on Table 8A Line 8a Column a but no overhead allocation has been made for (0) on Table 8A Line 8a Column b. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Michael Mandelkow (Health Center) on 02/10/2023 5:45 PM EST: Axis did not have an overhead facility allocation, since Axis does not have an on-site Pharmacy.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (37.87); Prior Year (30.14).

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

Michael Mandelkow (Health Center) on 02/10/2023 6:17 PM EST: Data is confirmed to be correct. The FTE increased from prior year, causing an increase in expenses.

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

Edit 01917: FQHC Medicaid Non-Managed Care retros questioned - FQHC Medicaid Non-Managed Care retros (3311318) exceed 50% of Medicaid Non-Managed Care amount collected this period on Line 1 Column b (6041655). Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Michael Mandelkow (Health Center) on 02/10/2023 5:49 PM EST: Data is correct and confirmed. Axis received PPS Recon money from prior years. Axis had a low estimated initial wrap rate, therefore causing a high receivable from the State.

Edit 04155: Inter-year Capitation PMPM questioned - The average Medicaid capitation PMPM reported on Line 2a (57.32) is significantly different from the prior year (78.11). Please correct or explain.

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

Michael Mandelkow (Health Center) on 02/13/2023 5:58 PM EST: Current year numbers are correct and confirmed. However, prior year capitation months were underreported. If we use the updated figures, the ratio is in line.

Edit 02019: Large change in accounts receivable for Total Medicaid is reported - Total Medicaid, Line 3: When we compared the sum of collections (Column b) and adjustments (Column d) to total Medicaid charges (Column a) there is a large difference (-41.98)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Michael Mandelkow (Health Center) on 02/11/2023 1:30 PM EST: Data is correct and is confirmed. This is relating to the timing of collections an dour change in our Accounts Receivable relating to Medicaid.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.52) 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

Michael Mandelkow (Health Center) on 02/10/2023 5:55 PM EST: This is consistent with the prior year of (0.52). We will review the fee schedule in July 2023 and make adjustments, if necessary.

Edit 05100: PMPM collections in question - Private Capitation PMPM (11.11) is outside the typical range. Check to see that the revenue and member months are entered correctly or explain.

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

Michael Mandelkow (Health Center) on 02/13/2023 5:29 PM EST: Data is confirmed and correct. Group Care is our private managed care cap. We are paid \$9.81 plus carve outs. This is consistent with prior year (11.40).

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 (-41510); Prior Year Accounts Receivable (-33847);

Related Tables: Table 9D

Michael Mandelkow (Health Center) on 02/10/2023 5:51 PM EST: This has been confirmed. This is relating to the timing of collections and our change in our Accounts Receivable.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health+vision+other professional visit is reported. Current Year (261.48); Prior year (181.41). Please review the information and correct or explain.

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

Michael Mandelkow (Health Center) on 02/10/2023 5:54 PM EST: Data is correct and confirmed. Axis has received a new PPS rate at our largest site, and a new wrap rate was established, which was double the previous estimate.

Edit 04064: Average Charges - Average charge per medical + dental + mental health + substance use disorder+ vision + other professional visits varies substantially

from the prior year national average. Current Yea (147.16); Prior Year National Average (345.42). Please correct or explain.

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

Michael Mandelkow (Health Center) on 02/10/2023 6:02 PM EST: Data is correct. This is consistent with the prior year of (144.76). We will review the fee schedule in July 2023 and make adjustments, if necessary.

#### **Table 9E-Other Revenues**

Edit 06345: Change in Revenues - You report a large change on Line 6a/State/Local Indigent Care Programs revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Michael Mandelkow (Health Center) on 02/10/2023 6:04 PM EST: This is due to the timing of cash receipts relating to our Alameda County HealthPac contract.

Edit 06344: Change in Revenues - You report a large change on Line 6/State Government Grants and Contracts revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Michael Mandelkow (Health Center) on 02/10/2023 5:56 PM EST: This is due to timing of cash receipts relating to our Alameda County HealthPac contract.

Edit 06348: Change in Revenues - You report a large change on Line 10/Other Revenue (Non-patient related revenue not reported elsewhere) revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Michael Mandelkow (Health Center) on 02/10/2023 6:00 PM EST: Data is confirmed to be correct. Axis received Risk Distribution money from CHCN that was higher than anticipated.

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 = \$(7416611); Percent Surplus or Deficit (30.59)%. 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

Michael Mandelkow (Health Center) on 02/10/2023 6:12 PM EST: Data is correct. The increase in current year revenue is due to Covid-19 funding received. Also, Axis finalized a rate setting for our largest location (West Las Positas location) and booked additional revenue to match the approved PPS rate for prior years.

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 (31663614); Prior Year (23609276).

Related Tables: Table 9E, Table 9D

Michael Mandelkow (Health Center) on 02/10/2023 5:57 PM EST: Data is correct. The increase in current year revenue is due to Covid-19 funding received. Also, Axis finalized a rate setting for our largest location (West Las Positas location) and booked additional revenue to match the approved PPS rate for prior years.

#### **Table ODE-Other Data Elements**

Edit 07590: Assists Greater than Total Patients - More outreach and enrollment assists are reported on the Other Data Elements Form, Line 3 (14215), than total health center patients on Table 4, Line 6 (13035). Please correct or explain.

Related Tables: Table ODE, Table 4(UR)

Angelina Speltz (Health Center) on 02/13/2023 5:59 PM EST: There are instances where a patient will receive multiple assists leading to a total number of assists that is greater than the total number of patients. Examples would include when a patient does not return to the same enrollment staff or they schedule an open appointment for a different program for enrollment to assist with.

BHCMIS ID: 09E00007 - Axis Community Health, Pleasanton, CA

Date of Last Report Refreshed: 02/14/2023 5:41 PM EST

Date Requested: 02/14/2023 5:41 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

UDS Report - 2022

### **Comments**

#### **Report Comments**

Not Available