BHCMIS ID: 093190 - TIBURCIO VASQUEZ HEALTH CENTER, INC., Union

City, CA

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2022

### **Contact Information**

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

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Date Requested: 03/08/2023 8:55 AM EST

Generated on: 03/08/2023 8:55 AM EST

Date of Last Report Refreshed: 03/08/2023 8:55 AM EST

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# **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	12	72	7	5	96
94502	0	7	0	6	13
94536	83	228	16	9	336
94538	56	158	7	10	231
94539	15	57	1	6	79
94540	6	12	0	1	19
94541	1,568	4,183	255	198	6,204
94542	87	279	19	22	407
94544	2,030	5,572	208	237	8,047
94545	324	874	39	66	1,303
94546	213	667	54	55	989
94550	3	13	2	4	22
94551	5	16	1	2	24
94552	6	75	8	11	100

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94555	32	113	8	15	168
94560	76	181	13	12	282
94566	5	22	2	3	32
94568	2	57	6	5	70
94577	220	631	51	60	962
94578	572	1,905	120	90	2,687
94580	230	712	53	53	1,048
94583	0	8	2	4	14
94587	760	1,749	111	107	2,727
94588	4	8	1	2	15
94601	44	130	9	16	199
94602	9	13	1	3	26
94603	196	481	30	35	742
94605	41	166	9	26	242
94606	13	48	2	4	67
94607	5	39	1	0	45
94608	0	11	5	2	18
94609	2	17	1	0	20
94611	3	7	5	4	19
94612	3	14	2	1	20
94619	9	20	3	5	37
94621	105	272	18	18	413
94804	1	8	1	1	11
95376	3	9	0	5	17
94579	62	274	25	30	391

### **Other ZIP Codes**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	92	262	25	71	450
Unknown Residence	0	0	0	0	0
Total	6,897	19,370	1,121	1,204	28,592

### Comments

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# 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	300	298
2	Age 1	312	308
3	Age 2	333	331
4	Age 3	304	304
5	Age 4	338	330
6	Age 5	373	348
7	Age 6	351	338
8	Age 7	327	325
9	Age 8	296	313
10	Age 9	283	286
11	Age 10	323	263
12	Age 11	286	299
13	Age 12	348	337
14	Age 13	334	302
15	Age 14	342	339
16	Age 15	380	433
17	Age 16	394	434
18	Age 17	388	485
19	Age 18	262	337
20	Age 19	154	260
21	Age 20	155	294
22	Age 21	117	270
23	Age 22	95	265

Line	Age Groups	Male Patients (a)	Female Patients (b)
24	Age 23	91	213
25	Age 24	73	189
26	Ages 25-29	348	1,159
27	Ages 30-34	435	1,219
28	Ages 35-39	503	1,135
29	Ages 40-44	606	1,194
30	Ages 45-49	668	1,004
31	Ages 50-54	572	808
32	Ages 55-59	529	681
33	Ages 60-64	457	607
34	Ages 65-69	304	462
35	Ages 70-74	178	296
36	Ages 75-79	90	188
37	Ages 80-84	51	105
38	Age 85 and over	43	90
39	Total Patients (Sum of Lines 1-38)	11,743	16,849

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Date Requested: 03/08/2023 8:55 AM EST

Date of Last Report Refreshed: 03/08/2023 8:55 AM EST

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# 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	61	2,066		2,127
2a	Native Hawaiian	4	9		13
2b	Other Pacific Islander	13	229		242
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	17	238		255
3	Black/African American	75	1,099		1,174
4	American Indian/Alaska Native	35	46		81
5	White	13,349	1,723		15,072
6	More than one race	91	92		183
7	Unreported/Chose not to disclose race	6,144	992	2,564	9,700
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	19,772	6,256	2,564	28,592

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	17,205

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	55
14	Heterosexual (or straight)	5,341
15	Bisexual	98
16	Other	42
17	Don't know	220
18	Chose not to disclose	189
18a	Unknown	22,647
19	Total Patients (Sum of Lines 13 to 18a)	28,592

Line	Patients by Gender Identity	Number (a)
20	Male	1,579
21	Female	4,472
22	Transgender Man/Transgender Male/Transmasculine	16
23	Transgender Woman/Transgender Female/Transfeminine	8
24	Other	27
25	Chose not to disclose	52
25a	Unknown	22,438
26	Total Patients (Sum of Lines 20 to 25a)	28,592

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# **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	18,857
2	101 - 150%	5,009
3	151 - 200%	2,625
4	Over 200%	1,032
5	Unknown	1,069
6	TOTAL (Sum of Lines 1-5)	28,592

Line	Primary Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	1,745	5,152
8a	Medicaid (Title XIX)	10,157	9,198
8b	CHIP Medicaid	0	0
8	Total Medicaid (Line 8a + 8b)	10,157	9,198
9a	Dually Eligible (Medicare and Medicaid)	0	996
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	1	1,120
10a	Other Public Insurance (Non-CHIP) (specify) CHCN IHSS	0	15
10b	Other Public Insurance CHIP	0	0
10	Total Public Insurance (Line 10a + 10b)	0	15
11	Private Insurance	182	1,022
12	<b>TOTAL</b> (Sum of Lines 7 + 8 + 9 +10 +11)	12,085	16,507

## **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	398,077	0	3,301	0	401,378
13b	Fee-for- service Member Months	0	0	0	0	0
13c	Total Member Months (Sum of Lines 13a + 13b)	398,077	0	3,301	0	401,378

Line	Special Populations	Number of Patients (a)
16	Total Agricultural Workers or Dependents (All health centers report this line)	134
23	Total Homeless (All health centers report this line)	348
24	Total School-Based Service Site Patients (All health centers report this line)	2,485
25	Total Veterans (All health centers report this line)	40
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

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# 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	4.93	5,361	5,127	
2	General Practitioners	0	0	0	
3	Internists	3.17	3,213	3,512	
4	Obstetrician/Gynecologists	0.8	1,054	195	
5	Pediatricians	4.39	10,926	1,462	
7	Other Specialty Physicians	0	0	0	
8	Total Physicians (Lines 1-7)	13.29	20,554	10,296	

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
9a	Nurse Practitioners	15.04	22,168	10,174	
9b	Physician Assistants	3.48	5,219	2,124	
10	Certified Nurse Midwives	1	3,437	1,112	
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	19.52	30,824	13,410	
11	Nurses	8.08	3,612	483	
12	Other Medical Personnel	68.69			
13	Laboratory Personnel	0			
14	X-ray Personnel	0			
15	Total Medical Care Services (Lines 8 + 10a through 14)	109.58	54,990	24,189	25,833

### **Dental Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	6.87	17,436	9	
17	Dental Hygienists	0	0	0	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	13.69			
19	Total Dental Services (Lines 16- 18)	20.56	17,436	9	8,717

### **Mental Health Services**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0	535	1	
20a1	Licensed Clinical Psychologists	1	0	0	
20a2	Licensed Clinical Social Workers	3.04	89	4,126	
20b	Other Licensed Mental Health Providers	0	2	0	
20c	Other Mental Health Personnel	6.09	143	1,147	
20	Total Mental Health Services (Lines 20a-c)	10.13	769	5,274	1,264

### **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 Podiatrist, Perinatal Services	6.24	4,458	2,736	3,185

### **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	2.02	5,751	163	
22c	Other Vision Care Personnel	0			
22d	<b>Total Vision Services</b> (Lines 22a-c)	2.02	5,751	163	4,581

# **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	7.53	5	0	
25	Patient and Community Education Specialists	6.79	201	0	
26	Outreach Workers	9.38			
27	Transportation Personnel	0			
27a	Eligibility Assistance Workers	7.82			
27b	Interpretation Personnel	0			
27c	Community Health Workers	0			
28	Other Enabling Services Specify	0			
29	Total Enabling Services (Lines 24-28)	31.52	206	0	178

# **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 Breastfeeding Supervisor/Services, Registered Dietitian, Degreed Nutritionist, WIC Clerk, WIC Supervisor	10.72			
29b	Quality Improvement Personnel	1			

# **Administration and Facility**

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	44.7			
30b	Fiscal and Billing Personnel	11.18			
30c	IT Personnel	6.72			
31	Facility Personnel	1.96			
32	Patient Support Personnel	58.19			
33	Total Facility and Non-Clinical Support Personnel (Lines 30a-32)	122.75			

### **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	314.52 +33)	83,610	32,371	

### **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)	17	1,375	844	1,512
20a02	Nurse Practitioners	25	1,541	766	1,524
20a03	Physician Assistants	4	470	173	466
20a04	Certified Nurse Midwives	4	70	59	88

### **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)	14	166	120	216
21b	Nurse Practitioners (Medical)	21	326	137	360
21c	Physician Assistants	4	68	29	82
21d	Certified Nurse Midwives	4	7	1	6
21e	Psychiatrists	0	0	0	0
21f	Licensed Clinical Psychologists	0	0	0	0
21g	Licensed Clinical Social Workers	4	3	103	13
21h	Other Licensed Mental Health Providers	0	0	0	0

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# 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	34	22
3	Tuberculosis	A15- through A19-, O98.0-	7	4
4	Sexually transmitted infections	A50- through A64-	307	177
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	58	30
4b	Hepatitis C	B17.1-, B18.2, B19.2-	142	43
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	862	747
4d	Post COVID-19 condition	U09.9	67	48

## **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-	1,558	1,012

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-	274	168
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)	25	25

### **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-	342	258
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	367	252
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	7,070	2,588
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	783	478
11	Hypertension	I10- through I16-, O10-, O11-	6,103	3,101
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	672	561
13	Dehydration	E86-	16	15
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-	4	4
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	4,806	3,950

# 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-	384	279
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	621	393
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	769	456

# 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-	203	115

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-	388	268
19a	Tobacco use disorder	F17-, O99.33-, Z72.0	452	336
20a	Depression and other mood disorders	F30- through F39-	3,023	693
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	5,100	1,829
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	328	155
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	3,987	1,777
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	2	2
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	3,363	3,232
21a	Hepatitis B test	<b>CPT-4:</b> 80074, 86704 through 86707, 87340, 87341, 87350, 87912	1,573	1,524
21b	Hepatitis C test	<b>CPT-4:</b> 80074, 86803, 86804, 87520 through 87522, 87902	3,204	3,069
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87428, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U, 0240U, 0241U	1,046	951
21d	Novel coronavirus (SARS-CoV-2) antibody test	<b>CPT-4:</b> 86318, 86328, 86408, 86409, 86413, 86769 <b>CPT PLA:</b> 0224U, 0226U	2	2
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	28	9
22	Mammogram	<b>CPT-4:</b> 77063, 77065, 77066, 77067 <b>ICD-10:</b> Z12.31 <b>HCPCS:</b> G0279	578	577
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	2,176	2,038
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	7,561	5,260
24a	Seasonal flu vaccine	<b>CPT-4:</b> 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	6,098	5,577
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	4,321	3,581
25	Contraceptive management	ICD-10: Z30-	4,546	2,397
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	9,393	5,616
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	1,460	1,336
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	<b>CPT-4:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0443, H0050	0	0
26c	Smoke and tobacco use cessation counseling	<b>CPT-4:</b> 99406, 99407 <b>HCPCS:</b> S9075 <b>CPT-II:</b> 4000F, 4001F, 4004F	0	0
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	2,530	2,513

### **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	363	341
28	Oral exams	<b>CDT:</b> D0120, D0145, D0150, D0160, D0170, D0171, D0180	9,139	7,249
29	Prophylaxis-adult or child	<b>CDT:</b> D1110, D1120	8,488	6,714
30	Sealants	<b>CDT</b> : D1351	1,433	1,327
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	8,189	6,422
32	Restorative services	CDT: D21xx through D29xx	3,525	2,350
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	1,171	978
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1,219	652

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.

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

#### Universal

ightharpoonup: 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	3
2	Ages 15—19	74
3	Ages 20—24	216
4	Ages 25—44	627
5	Ages 45 and over	2
6	Total Patients (Sum of Lines 1-5)	922

# **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	662	25
8	Second Trimester	186	17
9	Third Trimester	18	14

# **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	611	611	275

### Section D - Cervical and Breast Cancer Screening

Li	ne	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	7,279	7,279	4,350

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	2,405	2,405	1,068

## 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 <i>and</i> counseling on nutrition <i>and</i> physical activity documented	7,445	7,445	2,986

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

Line	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	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	10,909	10,909	2,373

### 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	10,297	10,297	9,317

## 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	3,266	3,266	2,605

## 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	317	317	232

# **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	4,518	4,518	954

### **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	14	14	2

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	15,339	15,339	9,951

### **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	14,253	14,253	6,641

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	166	166	9

### 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	819	819	539

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# 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	0

# 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	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	3	0	0	3
1e	White	181	0	12	169
1f	More than One Race	5	0	2	3
1g	Unreported/Chose Not to Disclose Race	157	3	7	147
	Subtotal Hispanic or Latino/a	346	3	21	322

## 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	29	0	1	28
2b1	Native Hawaiian	0	0	0	0
2b2	Other Pacific Islander	0	0	0	0
2c	Black/African American	20	0	3	17
2d	American Indian/Alaska Native	0	0	0	0
2e	White	18	0	5	13
2f	More than One Race	0	0	0	0
2g	Unreported/Chose Not to Disclose Race	31	0	0	31
	Subtotal Non-Hispanic or Latino/a	98	0	9	89

# **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	35	0	2	33
i	Total	479	3	32	444

# 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	8	8	4
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	3	3	0
1c	Black/African American	10	10	4
1d	American Indian/Alaska Native	1	1	0
1e	White	1,556	1,556	875
1f	More than One Race	3	3	0
1g	Unreported/Chose Not to Disclose Race	661	661	356
	Subtotal Hispanic or Latino/a	2,242	2,242	1,239

# 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	396	396	202
2b1	Native Hawaiian	3	3	1
2b2	Other Pacific Islander	36	36	13
2c	Black/African American	223	223	90
2d	American Indian/Alaska Native	8	8	5
2e	White	435	435	203
2f	More than One Race	21	21	5
2g	Unreported/Chose Not to Disclose Race	106	106	61
	Subtotal Non-Hispanic or Latino/a	1,228	1,228	580

# **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	252	252	119
i	Total	3,722	3,722	1,938

**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	6	6	5
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	2	2	0
1c	Black/African American	6	6	3
1d	American Indian/Alaska Native	0	0	0
1e	White	1,243	1,243	591
1f	More than One Race	3	3	2
1g	Unreported/Chose Not to Disclose Race	463	463	228
	Subtotal Hispanic or Latino/a	1,723	1,723	829

# 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	230	230	139
2b1	Native Hawaiian	3	3	1
2b2	Other Pacific Islander	34	34	13
2c	Black/African American	96	96	54
2d	American Indian/Alaska Native	4	4	3
2e	White	214	214	111
2f	More than One Race	10	10	4
2g	Unreported/Chose Not to Disclose Race	80	80	46
	Subtotal Non-Hispanic or Latino/a	671	671	371

# **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	202	202	95	
i	Total	2,596	2,596	1,295	

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

### Universal

\* Column c is equal to the sum of column a and column b.

### **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	\$12,514,983	\$8,799,189	\$21,314,172
2	Lab and X-ray	\$318,843	\$192,859	\$511,702
3	Medical/Other Direct	\$1,785,231	\$968,964	\$2,754,195
4	<b>Total Medical Care Services</b> (Sum of Lines 1 through 3)	\$14,619,057	\$9,961,012	\$24,580,069

### **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	\$2,591,305	\$1,784,686	\$4,375,991
6	Mental Health	\$933,342	\$526,389	\$1,459,731
7	Substance Use Disorder	\$0	\$0	\$0
8a	Pharmacy (not including pharmaceuticals)	\$235,332	\$208,717	\$444,049
8b	Pharmaceuticals	\$255,231		\$255,231
9	Other Professional specify Podiatrist, Perinatal Services, Dietitian, Nutritionist	\$580,220	\$361,589	\$941,809
9a	Vision	\$363,055	\$252,059	\$615,114
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	\$4,958,485	\$3,133,440	\$8,091,925

### **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	\$602,482		\$602,482	
11b	Transportation	\$0		\$0	
11c	Outreach	\$993,356		\$993,356	
11d	Patient and Community Education	\$318,014		\$318,014	
11e	Eligibility Assistance	\$90,317		\$90,317	
11f	Interpretation Services	\$0		\$0	
11g	Other Enabling Services specify	\$0		\$0	
11h	Community Health Workers	\$351,112		\$351,112	
11	Total Enabling Services (Sum of Lines 11a through 11h)	\$2,355,281	\$1,498,582	\$3,853,863	
12	Other Program-Related Services specify Breastfeeding Services, WIC Services, Registered Dietitians	\$797,342	\$479,525	\$1,276,867	
12a	Quality Improvement	\$77,172	\$55,175	\$132,347	
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	\$3,229,795	\$2,033,282	\$5,263,077	

### **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	\$2,876,405		
15	Non-Clinical Support Services	\$12,251,329		
16	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	\$15,127,734		
17	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	\$37,935,071		\$37,935,071
18	Value of Donated Facilities, Services, and Supplies specify In- Kind donations for school based sites			\$42,129
19	Total with Donations (Sum of Lines 17 and 18)			\$37,977,200

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				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	\$8,458,450	\$5,988,919	\$0	\$0	\$0	\$0	\$2,512,106		
2a	Medicaid Managed Care (capitated)	\$13,517,859	\$19,975,738	\$10,158,616	\$0	\$3,787,991	\$842,242	\$-6,457,880		
2b	Medicaid Managed Care (fee-for-service)	\$11,191	\$816	\$0	\$0	\$0	\$0	\$13,518		
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)	\$21,987,500	\$25,965,473	\$10,158,616	\$0	\$3,787,991	\$842,242	\$-3,932,256		
4	Medicare Non-Managed Care	\$1,048,886	\$388,281	\$0	\$0	\$0	\$0	\$529,824		
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)	\$1,048,886	\$388,281	\$0	\$0	\$0	\$0	\$529,824		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	\$540,666	\$402,901	\$0	\$0	\$0	\$0	\$138,026		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)	\$2,558	\$874	\$0	\$0	\$0	\$0	\$1,684		
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	\$0	\$0			\$0	\$0	\$0		
9	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)	\$543,224	\$403,775	\$0	\$0	\$0	\$0	\$139,710		
10	Private Non-Managed Care	\$550,669	\$139,247			\$0	\$0	\$360,137		
11a	Private Managed Care (capitated)	\$0	\$0			\$0	\$0	\$0		
11b	Private Managed Care (fee-for-service)	\$0	\$0			\$0	\$0	\$0		
12	Total Private (Sum of Lines 10 + 11a + 11b)	\$550,669	\$139,247			\$0	\$0	\$360,137		
13	Self-Pay	\$5,166,133	\$220,273						\$5,198,172	\$35,550
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	\$29,296,412	\$27,117,049	\$10,158,616	\$0	\$3,787,991	\$842,242	\$-2,902,585	\$5,198,172	\$35,550

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

## Universal

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

Line	Source	Amount (a)
1a	Migrant Health Center	\$0
1b	Community Health Center	\$2,795,628
1c	Health Care for the Homeless	\$0
1e	Public Housing Primary Care	\$0
1g	Total Health Center (Sum of Lines 1a through 1e)	\$2,795,628
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)	\$4,452,488
1p	Other COVID-19-Related Funding from BPHC specify	\$0
1q	Total COVID-19 Supplemental (Sum of Lines 1I through 1p)	\$4,452,488
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1q)	\$7,248,116

### **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 Vaccine Grant	\$1,676,084
6a	State/Local Indigent Care Programs specify HealthPAC	\$1,898,278
7	Local Government Grants and Contracts specify Alameda County Street Medicine, COVD Community-Based Testing, School-Based	\$3,729,286
8	Foundation/Private Grants and Contracts specify Kaiser Permanente, Sobrato Family Foundation, Sunlight Giving	\$844,353
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	\$8,148,001
10	Other Revenue (non-patient service revenue not reported elsewhere) specify	\$0
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	\$15,396,117

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

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1. Does your health center currently have an electronic health record (EHR) system installed and in use, at minimum for medical care, by December 31?:
[X]: Yes, installed 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 system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:
[X]: Yes
[_]: No
1a1.Vendor: OCHIN Epic (Epic Systems Corporation)
Other (Please specify):
1a2.Product Name: EPIC System Corporation
1a3.Version Number: May 2022
1a4.ONC-certified Health IT Product List Number: 15.04.04.1447.Epic.AM.22.1.220713
1a1.Vendor: Select one
Other (Please specify):
1a2.Product Name:
1a3.Version Number:
1b. Did you switch 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)	1
_]: Other (please describe)	
Other (please describe):	
1d. Question removed.	
1e. Question removed.  2. Question removed.	
3. Question removed.	
4. Which of the following key providers/health care settings does your health center electronically exchange clinical or patient information with? (Select all	
that 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	
in None of the above	
_]: Other (please describe)	
Other (please describe):	
5. 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	
[X]: 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]	
☐: Other (please describe)	
∐: No, we DO NOT engage patients using HIT	
Other (please describe):	
3. Question removed.	
7. Question removed.	
3. Question removed.	
9. Question removed.	
10. 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	
[X]: Research	
☐: Other (please describe)	
☐: We DO NOT utilize HIT or EHR data beyond direct patient care  Other (please describe):	

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
ightharpoonup in the state of t
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."): 4798
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
[_]: 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
[X]: Other (please describe)
∐: We DO NOT use a standardized screener
Other (please describe): SDOH screener in Epic
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: 1,037
Housing insecurity: 116
Financial strain: 1,129
Financial strain: 1,129  Lack of transportation/access to public transportation: 327
·
Lack of transportation/access to public transportation: 327
Lack of transportation/access to public transportation: 327  12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.):
Lack of transportation/access to public transportation: 327  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 transportation/access to public transportation: 327  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 transportation/access to public transportation: 327  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
Lack of transportation/access to public transportation: 327  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
Lack of transportation/access to public transportation: 327  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
Lack of transportation/access to public transportation: 327  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)
Lack of transportation/access to public transportation: 327  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):
Lack of transportation/access to public transportation: 327  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
Lack of transportation/access to public transportation: 327  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?:
Lack of transportation/access to public transportation: 327  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?:
Lack of transportation/access to public transportation: 327  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?:       : No

BHCMIS ID: 093190 - TIBURCIO VASQUEZ HEALTH CENTER, INC., Union

City, CA

Date of Last Report Refreshed: 03/08/2023 8:55 AM EST

Date Requested: 03/08/2023 8:55 AM EST

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

UDS Report - 2022

## **Other Data Elements**

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- 2.

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?: 0  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?: 0  Did your organization use telemedicine to provide remote (virtual) clinical care services?  The term "telehealth" includes "telemedicine" services, but encompasses a broader scope of remote health care services. Telemedicine is specific to remote 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)
[]: Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)
[X]: Remote patient monitoring
☐: Mobile Health (mHealth)
2a3. What primary telemedicine services were used at your organization? (Select all that apply.):
[X]: Primary care
[_]: Oral health
[X]: Behavioral health: Mental health
[X]: Behavioral health: Substance use disorder
[X]: Dermatology
[X]: Chronic conditions
☐: Disaster management
☐: Consumer health education
☐: Provider-to-provider consultation
[_]: Radiology
[X]: Nutrition and dietary counseling
[X]: Other (Please describe)
Other (Please describe): podiatry
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)	
ightharpoonup: Inadequate broadband/telecommunication service (Select all that app	oly)
☐: 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):	
ehalf of the health center (personnel, contracted personnel, or volunteers), regardless butreach and enrollment assists are defined as customizable education sessions about ne or small group) and any other assistance provided by a health center assister to factorize the number of assists: 9,268	t third-party primary care health insurance coverage options (one-on
ehalf of the health center (personnel, contracted personnel, or volunteers), regardless utreach and enrollment assists are defined as customizable education sessions about ne or small group) and any other assistance provided by a health center assister to factorize number of assists: 9,268  With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-198,	of the funding source that is supporting the assisters' activities.  It third-party primary care health insurance coverage options (one-or cilitate enrollment.  Opioid treatment prescribing privileges have been extended beyond
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Other (please describe):

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

	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 Practit	tioners	0	4
3.	Physician Assistants		0	0
4.	Certified Nurse Midwives		0	0
5.	Registered Nurses		50	0
6.	Licensed Practical Nurses/Vocational Nurses		20	0
7.	Medical Assistants		20	0

	Dental	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	0	0
9.	Dental Hygienists	15	0
10.	Dental Therapists	0	0
10a.	Dental Assistants	2	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	1	1		
14.	Professional Counselors	0	0		
15.	Marriage and Family Therapists	0	0		
16.	Psychiatric Nurse Specialists	0	0		
17.	Mental Health Nurse Practitioners	0	0		
18.	Mental Health Physician Assistants	0	0		
19.	Substance Use Disorder Personnel	0	0		
	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.: 5 e number of health center personnel (non-preceptors) supporting ongoing health center train	ling programs.: 9			
center? (Sele : Mont [X]: Quar : Annu	hly terly ally	A, Listing of Personnel) v	working for the health		
∐: We □	OO NOT currently conduct provider satisfaction surveys				
_]: Other (please describe)					
Other (please	e describe):				
6. How often	does your health center conduct satisfaction surveys for general personnel (as identified in	Appendix A, Listing of Pe	rsonnel) working for the		
health center	(report provider surveys in question 5 only)? (Select one.):				
∐: Mont	hly				
[X]: Quar	[X]: Quarterly				
[ ]: Annually					
∐: We □	[ ]: We DO NOT currently conduct personnel satisfaction surveys				
[]: Other (please describe)					
Other (please					

<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: 093190 - TIBURCIO VASQUEZ HEALTH CENTER, INC., Union

City, CA

Date of Last Report Refreshed: 03/08/2023 8:55 AM EST

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

UDS Report - 2022

# **Data Audit Report**

#### **Edit Comments**

BHCMIS ID: 093190 - TIBURCIO VASQUEZ HEALTH CENTER, INC., Union

City, CA

Date Requested: 03/08/2023 8:55 AM EST

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#### UDS Report - 2022

## **Data Audit Report**

### **Table 3B-Demographic Characteristics**

Edit 07292: Patients in Question - A high proportion of Patients by Sexual Orientation are reported on Table 3b Line 18a column (a), Unknown (79.21)%. On this line, report patients for whom the health center does not know the sexual orientation. Please correct or explain.

Related Tables: Table 3B(UR)

Blair Brown (Health Center) on 02/12/2023 9:42 PM EST: We ask all of our patients to identify their race, ethnicity and SOGI information. Much of this data was lost in our EMR transition in 2019 from NextGen to Epic and we have been unable to recover any meaningful volume of it to date. We have notified all patients to update their demographic information by contacting the clinic and we ask each patient that presents for an appointment to update this information. Notably, 66% of our patients who do not report race identify as having Hispanic ethnicity and many prefer to remain anonymous with regard to SOGI information even when presented numerous opportunities to update their demographic data.

Edit 07247: Unreported/Chose not to Disclose greater than 25% of Total Patients - Patients reported on the 'Unreported/Chose not to Disclose' Line 7 (9700) is greater than 25% of total patients (Line 8) (28592). Please correct or explain.

Related Tables: Table 3B(UR)

Blair Brown (Health Center) on 02/12/2023 9:42 PM EST: We ask all of our patients to identify their race, ethnicity and SOGI information. Much of this data was lost in our EMR transition in 2019 from NextGen to Epic and we have been unable to recover any meaningful volume of it to date. We have notified all patients to update their demographic information by contacting the clinic and we ask each patient that presents for an appointment to update this information. Notably, 66% of our patients who do not report race identify as having Hispanic ethnicity and many prefer to remain anonymous with regard to SOGI information even when presented numerous opportunities to update their demographic data.

Edit 07291: Patients in Question - A high proportion of Patients by Gender Identity are reported on Table 3b Line 25a column (a), Unknown (78.48)%. On this line, report patients for whom the health center does not know the gender identity. Please correct or explain.

Related Tables: Table 3B(UR)

Blair Brown (Health Center) on 02/12/2023 9:42 PM EST: We ask all of our patients to identify their race, ethnicity and SOGI information. Much of this data was lost in our EMR transition in 2019 from NextGen to Epic and we have been unable to recover any meaningful volume of it to date. We have notified all patients to update their demographic information by contacting the clinic and we ask each patient that presents for an appointment to update this information. Notably, 66% of our patients who do not report race identify as having Hispanic ethnicity and many prefer to remain anonymous with regard to SOGI information even when presented numerous opportunities to update their demographic data.

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

Edit 07245: Managed Care Enrollment in Question - The total Medicaid Managed Care Member Months reported on Table 4 Line 13c Column A suggests that Medicaid Managed Care annual enrollment exceeds total patients with Medicaid insurance (Line 8 Columns A+B) by 150% or greater. Please correct or explain.

Related Tables: Table 4(UR)

Blair Brown (Health Center) on 02/14/2023 10:18 PM EST: Beginning May 1, 2022, a new law in California expanded full scope MediCal to adults 50 years of age or older without regard to immigration status. This change significantly increased our Medicaid population and accounts for the change in our data.

Edit 03851: Inter-year change in patients - Proportion of patients at or below 100 percent of the federal poverty guidelines for this year (65.95) differs substantially from last year (48.91). Please correct or explain.

Related Tables: Table 4(UR)

Blair Brown (Health Center) on 02/14/2023 10:17 PM EST: The 2022 FPL data is taken directly from patients' reported incomes and family sizes. Beginning May 1, 2022, a new law in California expanded full scope MediCal to adults 50 years of age or older without regard to immigration status. This change significantly increased our Medicaid population and accounts for the change in our data.

Edit 03805: Member Months in Question - A large number of Medicaid Managed Care member months (398077) is reported which reflects an average Medicaid member year enrollment of (33173.08) individuals. This is high compared to total patients with Medicaid insurance reported on Line 8 (19355). Please verify that more than 50% of Medicaid managed care enrollees did not seek services. Please correct or explain.

Related Tables: Table 4(UR)

Blair Brown (Health Center) on 02/14/2023 10:18 PM EST: Beginning May 1, 2022, a new law in California expanded full scope MediCal to adults 50 years of age or older without regard to immigration status. This change significantly increased our Medicaid population and accounts for the change in our data.

Edit 06103: School Based Service Site Patients in Question - On Universal - There was a (173.68)% change in School-Based Service Site patients this year compared to the prior year on line 24. Please correct or explain.

Related Tables: Table 4(UR)

Blair Brown (Health Center) on 02/12/2023 9:51 PM EST: Our school based health sites were nearly all closed during COVID and have all re-opened over the course of the year, accounting for the remarkable increase in patients and visits.

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

Edit 07251: Virtual Visits greater than Clinic Visits - Mental Health virtual visits on Line 20 Column b2 (5274) are greater than or equal to Mental Health visits reported on Line 20 Column b (769). Please correct or explain.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/12/2023 9:23 PM EST: Our Behavioral Health department has conducted the vast majority of its visits via telemedicine due to the COVID pandemic, as the public health emergency is coming to an end, they are now transitioning to a hybrid service line with in-person and telemedicine appointments offered per patient preference. They remain in ther early stages of transition and for this reason, telemedicine visits vastly outnumber in-person visits.

Edit 00124: Internist Productivity Questioned - A significant change in Productivity (visits/FTE) of Internists on Line 3 (2121.45) is reported from the prior year (2791.53). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:07 PM EST: During 2022, there was a decrease in visits per FTE due to provider turnover and ramp-up period for new providers.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity (visits/FTE) of Obstetrician/Gynecologists on Line 4 (1561.25) is reported from the prior year (2556.96). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:08 PM EST: This data is correct. Our OB/GYN is also an assistant director of women's health. This provider is new to this role and had a ramp-up period in visit schedule.

Edit 00158: PA Productivity Questioned - A significant change in Productivity (visits/FTE) of PAs on Line 9b (2110.06) is reported from the prior year (1628.57). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:10 PM EST: This data is correct, additional Physician Assistants were hired in 2022 and ramped up their schedules over time, increasing the number of visits per FTE.

Edit 00038: CNM Productivity Questioned - A significant change in Productivity (visits/FTE) of Certified Nurse Midwives on Line 10 (4549) is reported from the prior year (3010.23). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:11 PM EST: This data is correct, visits to Certified Nurse Midwives increased in 2022.

Edit 04143: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Mental Health services is reported on Line 20, Column C. (CY = (1264), PY= (880)). Please correct or explain.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:13 PM EST: Increase of approximately 1 FTE in Mental Health Services resulted in increased Mental Health Services patients and visits.

Edit 05138: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Vision services is reported on Line 22d, Column C. (CY = (4581), PY= (3132)). Please correct or explain.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:14 PM EST: Increase of 0.5 FTE in optometry resulted in increased Vision Services patients and visits.

Edit 06387: Enabling Visit per Patient in Question - On Universal - Enabling visits per enabling patient varies substantially from national average. CY (1.16); PY National Average (2.84). Please correct or explain.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:19 PM EST: FSS/enabling services does not document in a way that is well captured in the EMR, staff turnover has made improving this process challenging.

Edit 04149: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Enabling services is reported on Line 29, Column C. (CY = (178), PY = (2486)). Please correct or explain.

Related Tables: Table 5(UR)

Blair Brown (Health Center) on 02/14/2023 9:16 PM EST: FSS/enabling services does not document in a way that is easily captured by the EMR and staff turnover has made modifying this system challenging.

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

Edit 06814: Line 12 Compliance Rate Questioned - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Line 12: The proportion of patients in compliance 40.11% dropped significantly when compared to the prior year 66.59%. Please review and correct or explain.

Related Tables: Table 6B

Blair Brown (Health Center) on 02/12/2023 10:25 PM EST: Unfortunately these data are a result of inadequate documentation of services being delivered and the compounded effects of losing our nutrition department this year due to staffing shortages. We have accumulated a backlog of patients in need of obesity care and are awaiting to connect them to new and expanded nutrition resources via our Recipe4Health program which goes live in April 2023. We have deployed Adult Medicine smart sets within out Epic EMR in an effort to rectify and standardize our charting process across the organization, but uptake by care teams has been spotty and we are redoubling our efforts with care team training in 2023.

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 (10909) appears low compared to estimated medical patients in the age range for this measure. Your health center reports that (90.35)% of total patients receive medical services (as reported on Table 5) and you serve (16507) 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)

Blair Brown (Health Center) on 02/12/2023 10:25 PM EST: Unfortunately these data are a result of inadequate documentation of services being delivered and the compounded effects of losing our nutrition department this year due to staffing shortages. We have accumulated a backlog of patients in need of obesity care and are awaiting to connect them to new and expanded nutrition resources via our Recipe4Health program which goes live in April 2023. We have deployed Adult Medicine smart sets within out Epic EMR in an effort to rectify and standardize our charting process across the organization, but uptake by care teams has been spotty and we are redoubling our efforts with care team training in 2023.

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

Edit 03877: Low Birthweights Questioned - The Asian LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (3.45)%; PY National Average (8.26)%

Related Tables: Table 7

Blair Brown (Health Center) on 02/12/2023 10:12 PM EST: The vast majority of our prenatal patients identify as Hispanic & White, there are very small minorities of other patients that seek prenatal care from our clinic. Our Asian prenatal population is very small with a single VLBW delivery in the past year, which accounts for this data. These data have been validated and verified and are correct to the best of our knowledge.

Edit 01345: Deliveries in question - The total deliveries on table 7 Line i Column 1a is equal to the total babies delivered by birth weight in Columns 1b + 1c + 1d (479). This is almost impossible because of multiple births. Please correct or explain.

Related Tables: Table 7

Blair Brown (Health Center) on 02/12/2023 10:35 PM EST: These data have been validated and verified and are correct to the best of our knowledge. We had no twin births this year.

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

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (250.85); Prior Year (312.51).

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

Blair Brown (Health Center) on 02/14/2023 9:20 PM EST: Corrected with re-allocation of costs

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (241.56); Prior Year (276.81).

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

Blair Brown (Health Center) on 02/14/2023 9:21 PM EST: Corrected with re-allocation of costs

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (104.01); Prior Year (126.96).

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

Blair Brown (Health Center) on 02/14/2023 9:21 PM EST: Corrected with re-allocation of costs

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

Edit 04155: Inter-year Capitation PMPM questioned - The average Medicaid capitation PMPM reported on Line 2a (17.26) is significantly different from the prior year (11.54). Please correct or explain.

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

Blair Brown (Health Center) on 02/14/2023 9:37 PM EST: The average Medicaid capitation PMPM for CY2022 is 10.72 per our calculation (Medicaid capitation payment is \$4,265,398.48, Medicaid capitated member months are 398,077, 4,265,398.48/398,077=10.72)

Edit 03994: Accounts Receivable not equal to zero - Line 2a, Capitated Medicaid Charges - Collections - Adjustments does not equal zero (1). Adjustments for capitated plans are the difference between charges and payments unless payments are not received in the month of service. Please correct or explain.

Related Tables: Table 9D

Blair Brown (Health Center) on 03/02/2023 6:12 PM EST: This is due to high risk pool payments received in 2022.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros(13104365) exceed 50% of (19975738). Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Blair Brown (Health Center) on 02/14/2023 9:25 PM EST: This is due to high risk pool payments received in 2022.

Edit 04157: Inter-year Capitation PMPM questioned - The average Other Public capitation PMPM reported on Line 8a (0.26) is significantly different from the prior year (10.03). Please correct or explain.

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

**Blair Brown (Health Center) on 02/14/2023 9:41 PM EST:** The average other public capitation PMPM for CY2022 is 9.81 per our calculation (other public capitation payment is \$32,382.81, other public capitated member months are 3,301, 32,382.81/3,301=9.81)

Edit 05766: Self Pay Sliding Discount greater than Charges - Line 13: The Sliding Discounts reported (Column e) are greater than the total Self Pay charges (Column a). Check that bad debt is not reflected as sliding discounts. Also check that you are reporting all charges that are the patient responsibility in Column a. Please correct or explain.

Related Tables: Table 9D

Blair Brown (Health Center) on 02/14/2023 9:36 PM EST: Sliding discounts are higher due to timing of payments. Patient payments may be applied to self-pay, but charges could go to other payers in some cases.

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 (-287862); Prior Year Accounts Receivable (-107683);

Related Tables: Table 9D

Blair Brown (Health Center) on 02/14/2023 9:35 PM EST: This is due to timing of payments and reporting of HealthPAC payments that are applied as self-pay.

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 (242.81); Prior year (195.60). Please review the information and correct or explain.

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

Blair Brown (Health Center) on 02/14/2023 9:39 PM EST: Total amounts collected increased in 2022 in addition to having a high wrap payment rate.

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

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year on Table 9E Line 1b. 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 - On Table 9E Line 1b Column a (2795628). Prior Year - On Table 9E Line 1b Column a (1489558).

Related Tables: Table 9E

Blair Brown (Health Center) on 02/14/2023 9:52 PM EST: This is due to the timing of drawdowns. 3 months of funds were drawn down on 12/31/2021 and did not apply to the account until January 2022, resulting in the higher amount for 2022.

Edit 04206: Inter-year variation in grant funds - A large change in total 330 health center cluster is reported on Line 1g. Review the draw down amounts entered. Current Year (2795628); Prior year (1489558). Please correct or explain this change.

Related Tables: Table 9E

Blair Brown (Health Center) on 02/14/2023 9:53 PM EST: This is due to the timing of drawdowns. 3 months of funds were drawn down on 12/31/2021 and did not apply to the account until January 2022, resulting in the higher amount for 2022.

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

Blair Brown (Health Center) on 02/14/2023 9:57 PM EST: This change is due to the timing of receipt of HealthPAC payments. A payment for 2022 was not posted until January 2023 and therefore could not be reported in 2022.

Edit 06341: Change in Revenues - You report a large change on Line 7/Local Government Grants and Contracts revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Blair Brown (Health Center) on 02/14/2023 9:58 PM EST: This change is due to a decrease in funding related to COVID-19 contact tracing and community-based testing in 2022.

Edit 06346: Change in Revenues - You report a large change on Line 8/Foundation/Private Grants and Contracts revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Blair Brown (Health Center) on 02/14/2023 9:58 PM EST: This change is due to a decrease in foundation/private grant funding sources from 2021 to 2022.

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### **Comments**

#### **Report Comments**

Not Available