ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2003

Licensed Community and Free Clinics

GENERAL INFORMATION - SECTION 1

1. Facility DBA (Doing Business As) Name:			2. OSHPD Facility ID No.:
3. Street Address:	4. City:		5. Zip Code:
6. Facility Phone No.: ( )	7. Administrator Name:		8. Administrator's E-Mail Address:
9. Was this clinic in operation at any time during the year?		Yes ☐	No ☐
What were the dates of operation?	(MMDDYYYY): 10. From:		(MMDDYYYY): 11. Through:
12. Name of Parent Corporation:			
13. Corporate Business Address:	14. City:	15. State:	16. Zip Code:
17. Corporate Phone No. ( )			
18. Person Completing Report	19. Phone No. ( )		Ext.
20. Fax No. ( )	21. E-mail Address:		

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

Date

Administrator Signature

Administrator Name (Please Print)

Completion of the Annual Utilization Report of Primary Care Clinics is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15 may result in suspension of the clinic's license.

Office of Statewide Health Planning and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Room 400
Sacramento, CA 95814
Phone: (916) 323-7685
FAX: (916) 322-1442

CLINIC SERVICES

SECTION 2

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSHPD FACILITY ID # _____

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.		(1)
1	Community	
	Free	

FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)

Line No.	(1)
2	FQHC ☐ FQHC Look-Alike ☐ Neither ☐

(Indicate clinic type, if applicable.)

RURAL HEALTH CLINIC

Line No	(1)
3	Yes ☐ No ☐

(Is this a 95-210 Rural Health Clinic?)

COMMUNITY SERVICES (Indicate Community Services offered.)

Line No.		(1) Offered
10	Adult Day Care	
11	Child Care	
12	Community Education	
13	Community Nutrition	
14	Disaster Relief	
15	Environmental Health	
16	Homeless	
17	Legal	
18	Outreach	
19	Social Services	
20	Substance Abuse	
21	Transportation	
22	Vocational Training Placement	
23	Other	

LANGUAGES SPOKEN BY STAFF AND PATIENTS*

Line No.		(1) Staff	(2) Patients
30	Arabic		
31	Armenian		
32	Cambodian		
33	Chinese		
34	Hindustani		
35	Hmong		
36	Japanese		
37	Korean		
38	Laotian		
39	Portuguese		
40	Punjabi		
41	Russian		
42	Sign Language		
43	Spanish		
44	Tagalog		
45	Vietnamese		

*__Staff__ - Indicate if one or more of your staff members speak a listed language. __Patients__ - Indicate if 100 patients (or more than 1% of your patient populations) are best served in a listed language. Estimates are acceptable if exact counts are not available.

LANGUAGE SUMMARY

Line		(1)
55	Enter percent of patient population best served in a non-English language (round to nearest WHOLE percent)	
56	From the languages listed above, enter the name of the primary language (other than English) spoken by your patient population.	

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

Line No.	**Primary Care Providers**	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
60	Physicians					
61	Physician Assistants					
62	Family Nurse Practitioners					
63	Certified Nurse Midwives					
64	Visiting Nurses					
65	Dentists					
66	Registered Dental Hygienists					
67	Psychiatrist					
68	Clinical Psychologist					
69	Licensed Clinical Social Worker (LCSW)					
70	Marriage, Family and Child Counselors (MFCC)					
71	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

**Other Provider billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists, Acupuncturists and any other professional who is able to be reimbursed through the Medi-Cal program.

*** Comprehensive Perinatal Services Program - List all other professionals not listed above that are certified by the CPSP program to render services and can be reimbursed.

FTEs AND CONTACTS BY PRIMARY CARE PROVIDER

Line No.	**Primary Care Providers**	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Assistants					
81	Registered Nurses					
82	Licensed Vocational Nurses					
83	Non-Licensed Patient Education Staff					
89	Other Providers not listed above					
90	Totals					

* Report FTEs to two decimal places, e.g., 2.25

PATIENT DEMOGRAPHICS

SECTION 3

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSHPD FACILITY ID # _____

RACE

Line No.		(1) No. of Patients
1	White (include Hispanic)	
2	Black	
3	Native American / Alaskan Native	
4	Asian / Pacific Islander	
9	Other / Unknown	
10	Total Patients*	

FEDERAL POVERTY LEVEL

	(1) Patients	Line No.
Under 100%		20
100 - 200%		21
Above 200%		22
Unknown		23
Total Patients*		24

ETHNICITY

Line No.		(1) No. of Patients
11	Hispanic	
12	Non-Hispanic	
13	Unknown	
15	Total Patients*	

AGE CATEGORY

	(1) Males	(2) Females	Line No.
Under 1 year			40
1 - 4 years			41
5 - 12 years			42
13 - 14 years			43
15 - 19 years			44
20 - 34 years			45
35 - 44 years			46
45 - 64 years			47
65 and over			48
Total Patients*			55

SEASONAL AGRICULTURAL AND MIGRATORY WORKERS

Line No.		(1)
30	Total Patients	
31	Total Encounters	

PATIENT COVERAGE

Line No.		(1) No. of Patients
60	Medicare	
61	Medicare - Managed Care	
62	Medi-Cal	
63	Medi-Cal - Managed Care	
64	County Indigent / CMSP / MISP	
65	Healthy Families	
66	Private Insurance	
67	Alameda Alliance for Health	
68	LA Co. Public Private Partnership	
69	San Diego Co. Medical Plan	
70	Self-Pay / Sliding Fee	
71	Free	
74	All Other Payers	
75	Total Patients*	

EPISODIC PROGRAMS

	(1) Patients	Line No.
BCCCP		80
CHDP		81
EAPC		82
Family PACT		83
Other County Programs		84
Childrens Treatment Program		85
Other Payer - covered by a grant		89
Total Episodic Patients (duplicated)		90

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

	(1) Number	Line No.
CHDP Assessments		95

* Totals for these tables must agree.

Report the diagnosis (or symptom, condition, problem or complaint) as the main reason for the encounter. Do not report the secondary diagnosis(es). There should be one (and only one) principal diagnosis for each encounter.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS

Line No.	**Classification of Diseases and/or Injuries for each Principal Diagnosis**	ICD-9-CM Codes	(1) No. of Encounters	Line No.
1	Infectious and Parasitic Diseases	001 - 139		1
2	Neoplasms	140 - 239		2
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	240 - 279		3
4	Blood and Blood Forming Disorders	280 - 289		4
5	Mental Disorders	290 - 319		5
6	Nervous System and Sense Organs Diseases	320 - 389		6
7	Circulatory System Diseases	390 - 459		7
8	Respiratory System Diseases	460 - 519		8
9	Digestive System Diseases	520 - 579		9
10	Genitourinary System Diseases	580 - 629		10
11	Pregnancy, Childbirth & the Puerperium	630 - 677		11
12	Skin and Subcutaneous Tissue Diseases	680 - 709		12
13	Musculoskeletal System and Connective Tissue Diseases	710 - 739		13
14	Congenital Anomalies	740 - 759		14
15	Certain Conditions Originating in the Perinatal Period	760 - 779		15
16	Symptoms, Signs, and Ill-defined Conditions	780 - 799		16
17	Injury and Poisoning	800 - 999		17
18	Factors Influencing Health Status and Contact with Health Services	V01 - V82		18
19	Dental Diagnoses			19
20	Family Planning S-Codes			20
21	Other			21
25	Total			25

ENCOUNTERS BY PRINCIPAL SERVICE

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

SECTION 5

OSHPD FACILITY ID # _____

Classify each encounter by the primary CPT code that was reported on the billing document for this encounter. Do not report secondary procedures. There should be one and only one procedure code reported for each encounter.

ENCOUNTERS BY PRINCIPAL SERVICE

Line No.	Principal Service	CPT Codes - 2003	(1) No. of Encounters	Line No.
	Evaluation and Management Services			
1	Evaluation and Management (new patient)	99201 - 99205		1
2	Evaluation and Management (established patient)	99211 - 99215		2
3	Hospital Related Services	99217 - 99239		3
4	Consultations	99241 - 99275		4
5	Other Evaluation and Management Services	99281 - 99285 99354 - 99360 99420 - 99429 99450 - 99456, 99499		5
6	Nursing Facility Related Services	99301 - 99316		6
7	Case Management Services	99361 - 99373		7
8	Preventive Medicine (infant, child, adolescent)	99381 - 99384 99391 - 99394 99431 - 99440		8
9	Preventive Medicine (adults)	99385 - 99387 99395 - 99397		9
10	Counseling	99401 - 99412		10
	All Other Services			
11	Anesthesia	00100 - 01999		11
12	Integumentary System	10021 - 19499		12
13	Musculoskeletal System	20000 - 29999		13
14	Respiratory System	30000 - 32999		14
15	Cardiovascular System	33010 - 37799		15
16	Hemic and Lymphatic System	38100 - 38999		16
17	Mediastinum and Diaphragm System	39000 - 39599		17
18	Digestive System	40490 - 49999		18
19	Urinary System	50010 - 53899		19
20	Male Genital System	54000 - 55899		20
21	Intersex Surgery	55970, 55980		21
22	Female Genital System	56405 - 58999		22
23	Maternity Care and Delivery	59000 -59899		23
24	Endocrine System	60000 - 60699		24
25	Nervous System	61000 - 64999		25
26	Eye and Ocular Adnexa System	65091 - 68899		26
27	Auditory System	69000 - 69990		27
28	Radiology	70010 - 79999		28
29	Pathology / Laboratory	80048 - 89399		29
30	Medicine - Special Services	90281 - 99199		30
31	Family Planning "Z" codes	"Z" codes		31
32	Dental encounters	all CDT codes		32
33	Category III Codes	0001T - 0044T		33
44	Any other encounters			44
45	Total			45

Report the number of procedures for each code (or range of codes) regardless of whether it is the primary or subsequent procedure code.

SELECTED PROCEDURE CODES

Line No.	Selected Procedures	CPT Codes - 2003	(1) No. of Procedures	Line No.
50	Mammogram	76085, 76090 - 76092		50
51	HIV Testing	86701 - 86703 86689, 87390 - 87391		51
52	Pap Smear	88141 - 88155 88164 - 88167 88174 - 88175		52
53	Contraceptive Management	11975 - 11977 55250, 55450, 57170, 58300 - 58301, 58600 - 58611		53
	Vaccinations:			
60	DPT, Tetanus and Diphtheria	90701, 90718, 90700		60
61	Hemophilus Influenza B (Hib)	90645 - 90648		61
62	Hepatitis A	90633-90636		62
63	Hepatitis B or HepB-HIB	90740 - 90747		63
64	HepB and Hib	90748		64
65	Influenza Virus Vaccine	90657 - 90660		65
66	Measles, Mumps and Rubella (MMR)	90707		66
67	Pneumococcal	90669		67
68	Poliovirus	90712 - 90713		68
69	Varicella	90716		69

REVENUE AND UTILIZATION BY PAYER

SECTION 6

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSHPD FACILITY ID # _____

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE									Line No.
		(1) Medicare	(2) Medicare - Managed Care	(3) Medi-Cal	(4) Medi-Cal - Managed Care	(5) County Indigent / CMSP / MISP	(6) Healthy Families	(7) Private Insurance	(8) Self-Pay / Sliding Fee	(9) Free	
1	Encounters										1
2	Gross Revenue										2
	Write-offs and Adjustments										
3	Sliding Fee Scale										3
4	Free/ Complimentary										4
5	Contractual Adjustments										5
6	Bad Debt										6
7	Grants (credit balance)					( )	( )	( )	( )	( )	7
8	Other Adjustments										8
9	Reconciliation										9
10	Total Write Offs & Adj. (sum lines 3-9)										10
15	Net Patient Revenue (line 2 - line 10)										15

REVENUE AND UTILIZATION BY PAYER

SECTION 6 (continued)

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSHPD FACILITY ID # _____

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE										Line No.
		(10) Breast Cancer Programs*	(11) CHDP	(12) EAPC	(13) Family PACT	(14) San Diego Co. Medical Plan	(15) LA Co. Public Private Partnership	(16) Alameda Alliance for Health	(17) Other County Programs	(18) All Other Payers	(19) Total	
1	Encounters											1
2	Gross Revenue											2
	Write-offs and Adjustments											
3	Sliding Fee Scale											3
4	Free/ Complimentary											4
5	Contractual Adjustments											5
6	Bad Debt											6
7	Grants (credit balance)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	7
8	Other Adjustments											8
9	Reconciliation											9
10	Total Write Offs & Adj. (sum lines 3-9)											10
15	Net Patient Revenue (line 2 - line 10)											15

*These include the following:

Breast Cancer Early Detection Program

Breast and Cervical Cancer Control Program

INCOME STATEMENT

Line No.		(1) Total	Line No.
1	GROSS PATIENT REVENUE (from Sec 6(2), line 2, col. 19)		1
2	TOTAL WRITE-OFFS AND ADJUSTMENTS (from Sec 6(2), line 10, col. 19)		2
3	NET PATIENT REVENUE (from Sec 6(2), line 15, col. 19)		3
	OTHER OPERATING REVENUE:		
4	Federal Funds		4
5	State Funds		5
6	County Funds		6
7	Local (City or District) Funds		7
8	Private		8
9	Donations / Contributions		9
19	Other		19
20	TOTAL OTHER OPERATING REVENUE (sum lines 4-19)		20
25	TOTAL OPERATING REVENUE (line 3 + line 20)		25
	OPERATING EXPENSES:		
30	Salaries, Wages and Employee Benefits		30
31	Contract Services - Professional		31
32	Supplies - Medical and Dental		32
33	Supplies - Office		33
34	Outside Patient Care Services		34
35	Rent / Depreciation / Mortgage Interest		35
36	Utilities		36
37	Professional Liability Insurance		37
38	Other Insurance		38
39	Continuing Education		39
44	All Other Expenses		44
45	TOTAL OPERATING EXPENSES (sum lines 30-44)		45
50	NET FROM OPERATIONS (line 25 - line 45)		50

MAJOR CAPITAL EXPENDITURES

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

SECTION 8

OSHPD FACILITY ID # _____

Section 127285 (3) of the Health and Safety Code requires each clinic to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT ACQUIRED COSTING OVER $500,00

Did your clinic purchase any diagnositc or therapeutic equipment that had a value of $500,000 or more?

Line No.	(1)	
1	Yes ☐	No ☐

(If "yes", fill out lines 2 through 11 below.)

EQUIPMENT DETAIL

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MM/DD/YYYY)	(4) Means of Acquisition (Check one.)			
2				Purchase ☐	Lease ☐	Donation ☐	Other ☐
3				Purchase ☐	Lease ☐	Donation ☐	Other ☐
4				Purchase ☐	Lease ☐	Donation ☐	Other ☐
5				Purchase ☐	Lease ☐	Donation ☐	Other ☐
6				Purchase ☐	Lease ☐	Donation ☐	Other ☐
7				Purchase ☐	Lease ☐	Donation ☐	Other ☐
8				Purchase ☐	Lease ☐	Donation ☐	Other ☐
9				Purchase ☐	Lease ☐	Donation ☐	Other ☐
10				Purchase ☐	Lease ☐	Donation ☐	Other ☐
11				Purchase ☐	Lease ☐	Donation ☐	Other ☐

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER $1,000,000

Section 127285 (4) of the Health and Safety Code requires each clinic to report the "commencement of projects during the reporting period that require a capital expenditure for the clinic in excess of one million dollars ($1,000,000)."

Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding $1,000,000?

Line No.	(1)	
25	Yes ☐	No ☐

(If "yes", fill out lines 26 and 30 below.)

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26			
27			
28			
29			
30			

CAPITAL FUND

Line No.		(1)
40	Beginning Fund Balance	
41	Current Year Contributions	
42	Current Year Interest Earnings	
43	Current Years Expenditures	( )
44	Ending Fund Balance (line 15+line 16+line 17-line 18)	