Community Health Center Board

Public Meeting Agenda

Monday July 12, 2021
6:00-8:00 pm

Virtual Meeting
(See Google Calendar Event for Link)
Or Call: +1 253-215-8782
Meeting ID: 968 9736 9385
Passcode: 714122276

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members: Harold Odhiambo – Chair**; Fabiola Arreola –** Vice Chair (audio issues); **Pedro Sandoval Prieto –** Secretary; **Tamia Deary** - Member-at-Large**; Dave Aguayo –** Treasurer; **Kerry Hoeschen –** Member-at-Large **Nina McPherson –** Board member, **Darrell Wade –** Board Member, **Susana Mendoza –** Board Member; **Brandi Velasquez –** Board Member

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- Guests are welcome to observe/listen
- Use timekeeper to focus on agenda

*Please email questions/comments to **Francisco Garcia at f.garcia7@multco.us**. Responses will be addressed within 48 hours after the meeting*

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	**Call to Order / Welcome** • Chair, Harold Odhiambo	Call to order Review processes
6:05-6:10 (5 min)	**Minutes Review - VOTE REQUIRED** • Review June Public Meeting minutes for omissions/errors	Board votes to approve
6:10-6:25 (15 min)	**2nd Qtr Complaint & Incident Report** • Linda Nicksich, Program Specialist, ICS Quality	Board receives report and updates
6:25-6:40 (15 min)	**UDS Updates** • Alexander Lehr O'Connell, Grants Management	Board receives updates
6:40-7:00 (20 min)	**Quality Plan - VOTE REQUIRED** • Adrienne Daniels, ICS Deputy Director	Board Discussion and Vote
7:00-7:10	**10 Minute Break**	
7:10-7:25 (15 min)	**Monthly Budget Report** • Jeff Perry, HC Chief-Financial-Officer	Board receives updates
7:25-7:35 (10 min)	**COVID/ICS/Strategic Updates** • Tasha Wheatt-Delancy, HC Executive Director	Board receives updates

7:35-7:45 (10 min)	**Committee Updates/Council Business** ● Chair, Harold Odhiambo	Board receives updates
7:45	**Meeting Adjourns**	Thank you for your participation

Next Public Meeting: August 9, 2021

Community Health Center Board

Public Meeting Minutes
Monday, June 14, 2021
6:00-8:00 pm (Virtual Meeting)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members In Attendance: **Harold Odhiambo –** Chair**; Fabiola Arreola –** Vice Chair (audio issues); **Pedro Sandoval Prieto –** Secretary; **Tamia Deary** - Member-at-Large**; Kerry Hoeschen –** Member-at-Large; **Nina McPherson –** Board member; **Darrell Wade –** Board Member; **Susana Mendoza –** Board Member

Board Members Excused/Absent: **Dave Aguayo –** Treasurer; **Kerry Hoeschen –** Member-at-Large

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:05 PM A quorum was established	N/A	N/A	N/A
Minutes Review - VOTE REQUIRED Review May Public Meeting minutes for omissions/errors	The Board Chair asked for additions or changes to the minutes. No changes requested. Tamia made a motion for approval, seconded by _. The committee voted to approve the minutes as written.	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A
SHC move back to and Name Change-Madison to McDaniel - VOTE REQUIRED SHC Manager, Alexandra Lowell	In 2018, PPS moved Madison High School to Marshall campus during renovations, SHC moved with it. In Feb. 2021, PPS changed the building name to Leodis V. McDaniel H.S. The McDaniel modernization project is on track for completion this summer. SHC leadership & HD facilities have been involved in the design and rebuild which was paid for entirely by 2017 PPS	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A

	bond. **Recommendation:** • The Health Center will submit two change in scope requests to HRSA: (1) to close the current Marshall site, and (2)to open the new site at McDaniel. • SHC will move out of Marshall H.S. to the new McDaniel space in time to open services by August 30, 2021. Nina made a motion for a vote, seconded by Susana.			
Grant Submission: SBHC MH Youth Led Projects - VOTE REQUIRED SHC Manager, Alexandra Lowell	This grant continues funding received in the 2019-2021 biennium to support youth-led projects related to mental health and enhancing SHC services $75,000 FY22 ($150,000 for biennium) Youth Action Councils (YACs) will implement the project activities - 9 YACs across 5 school districts Funding will continue to support FTE of the Youth Advisory Council Coordinator and interns **Recommendation:** • MCHD will submit the application to the Oregon Health Authority that will allow for increased youth engagement in SHC activities, with a focus on mental health disparities. Tamia made a motion for a vote, seconded by Nina.	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A
Dental Services Expand to Saturday - VOTE REQUIRED Dental Operations Manager, Christine	MCHD dental program is entering its 6th year of working to meet State and CareOregon Dental quality metrics. This year will be our hardest yet due to the pandemic. Seeking approval to open additional Saturday clinics through	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A

Palermo	the end of the year. Clinic locations and dates TBD based on data. Currently open on Saturdays at MCDC. Additional Saturday clinics sites will help drive progress toward year-end goals, and important dollars to maintain staffing and current level of service. **Recommendation:** • Expanded services means Dental Clinics can increase the number of appointment slots available to patients who work during week, have young children, or transportation barriers. • Clinics can increase access to dental care for vulnerable populations, especially patients with diabetes and children. Tamia made a motion for a vote, seconded by Nina.			
Grant Submission: Ryan White Part C - VOTE REQUIRED Nick Tipton, Senior Manager	Multnomah County HIV Health Services Center (HHSC) was established in 1990 with Part C. Supports primary care services targeted for underserved people living with HIV. Competitive application for three-year funding cycle period (Jan. 1, 2022 - Dec. 31, 2024) Funds primarily support Provider and Community Health Nurse time. **Recommendation:** • With Board approval MCHD will submit the Ryan White Part C Competing Continuation application that will support HHSC efforts to provide care to People Living with HIV (PLWH) in the region	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A

	Tamia made a motion for a vote, seconded by Pedro.			
CY'2021 330 Grant Budget Change - VOTE REQUIRED HC CFO, Jeff Perry	10.3 million County General Fund reduction including removal of SBMH, Early Childhood services from scope. HC budgets on a Fiscal Year (July-June) and HRSA budgets on a Calendar Year (Jan-Dec) **Recommendation:** We must submit a midyear budget request to HRSA for approval due to CGF changes made as of July (middle of HRSA budget year). And the Health Center will remain in compliance with HRSA requirements for CHCB approval of all budget submissions. Tamia made a motion for a vote, seconded by Nina.	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A
New Board Member - VOTE REQUIRED CHCB Nomination Committee, Tamia Deary	Tamia introduced Brandi who comes to us as a consumer at our Health Services Center. Active leader in the Positive Women's Network Darrell made a motion for a vote, seconded by Nina. Brandi was excused from the meeting for voting and was later welcome to the meeting back as a full member of the CHCB	Yays: 7 Nays: 0 Abstain:0 **Decisions:** Approved	N/A	N/A
Monthly Budget Report HC CFO, Jeff Perry	Jeff presented the latest Financial Reporting Package to the board.		N/A	N/A
COVID/ICS/Strategic Updates HC Executive Director, Tasha Wheatt-Delancy	Tahsa discussed the High Hospitalization Rate of African Americans. ICS is partnering with Public Health to address the needs of the African American Community. Formal results from the Joint Commission are not in, but every indication from their reaction and interactions from staff indicate it was a great success		N/A	N/A

	We are looking forward to Frederick Doglin joining us in July as our new Health Centers Operations Officer . We also have our three new Regional Health Equity Leaders who joined us earlier this month, and our new Equity Project Manager, Bee Yakzan started this week. HRSA Finance Technical Assistant Update will come in early July Pharmacy returns to pre-COVID hours on July 6			
Committee Updates/Council Business Chair, Harold Odhiambo	At our May 10 Executive Committee meeting: We discussed the potential return to in person meetings in the fall. Tasha gave us an update that Pamela Byrnes from consulting firm JSI will be working with Francisco to review our processes, who will in turn connect to each of us individually. We discussed next steps for incorporation which will give us some flexibility to fundraise for special projects outside the scope of the Health Department. There is a proposal to create an Ad-hoc Committee to keep the board fully involved and invested in the process. Jeff joined us to provide a HRSA Compliance Update on the financial and budget areas. We discussed the need for us to revamp our Quality Committee following the departure of several former board members, currently leaving us with a committee of one.	Francisco will be looking into the steps needed to draft Articles of Incorporation and work with Tasha and the Ad-hoc Committee to compile and complete any necessary paperwork for full Board review and approval prior to submission.	N/A	N/A

Meeting Adjourns	The Board Chair adjourned the meeting at 8:00 PM. The next public meeting will be on July, 12, 2021 via Zoom.		N/A	N/A

Signed:_____ **Date:**_____
Pedro Prieto Sandoval, Secretary

Signed:_____ **Date:**_____
Harold Odhiambo, Board Chair

BHCMIS ID: 101120 - MULTNOMAH COUNTY, Portland, OR

Program Name: Health Center 330

Submission Status: Review In Progress

Date Requested: 03/19/2021 9:29 AM EST

Date of Last Report Refreshed: 03/19/2021 9:29 AM EST

UDS Report - 2020

Contact Information

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

Title	Name	Phone	Fax	Email
UDS Contact	Alexander Lehr	(503) 988 8393	(503) 988 3676	alexander.oconnell@multco.us
Project Director	Tasha Wheatt-Delancy	(503) 988 6642	Not Available	tasha.wheatt-delancy@multco.us
Clinical Director	Amy Henninger	(503) 988 8909	(503) 988 3676	amy.k.henninger@multco.us
Chair Person	Harold Odhiambo	(503) 810 1116	Not Available	haomultnomah@ymail.com
CEO	Tasha Wheatt-Delancy	(503) 988 6642	Not Available	tasha.wheatt-delancy@multco.us

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UDS Report - 2020

Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
97003	2	18	7	2	**29**
97005	2	38	9	13	**62**
97006	8	45	7	8	**68**
97007	4	28	2	6	**40**
97008	9	35	7	7	**58**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
97009	22	134	10	5	**171**
97013	3	20	4	2	**29**
97015	18	109	10	3	**140**
97019	11	54	10	0	**75**
97022	2	19	2	1	**24**
97023	6	43	2	0	**51**
97024	202	749	77	27	**1055**
97027	7	24	1	1	**33**
97030	584	2376	313	87	**3360**
97035	2	10	1	5	**18**
97038	0	9	0	2	**11**
97045	6	60	22	4	**92**
97051	3	10	3	4	**20**
97055	21	286	11	2	**320**
97056	3	10	6	3	**22**
97060	337	1179	75	37	**1628**
97062	3	18	3	3	**27**
97067	0	21	1	1	**23**
97068	1	13	3	0	**17**
97070	2	20	4	1	**27**
97078	4	31	4	3	**42**
97080	445	1880	171	81	**2577**
97086	19	182	25	6	**232**
97089	21	58	14	6	**99**
97103	0	5	4	3	**12**
97113	2	8	4	1	**15**
97116	2	7	3	1	**13**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
97123	3	28	7	7	**45**
97124	1	21	7	5	**34**
97140	4	6	0	2	**12**
97201	31	193	30	22	**276**
97202	135	861	120	80	**1196**
97203	579	2547	281	168	**3575**
97204	23	84	15	12	**134**
97205	38	209	73	15	**335**
97206	321	1398	180	95	**1994**
97207	3	7	2	1	**13**
97208	5	32	10	0	**47**
97209	85	734	78	29	**926**
97210	17	106	11	14	**148**
97211	251	1154	187	58	**1650**
97212	80	452	78	29	**639**
97213	124	533	76	40	**773**
97214	80	449	38	42	**609**
97215	45	241	14	25	**325**
97216	171	883	76	32	**1162**
97217	236	1148	173	74	**1631**
97218	459	1278	83	42	**1862**
97219	55	308	20	16	**399**
97220	317	1382	147	112	**1958**
97221	11	58	5	2	**76**
97222	26	188	22	11	**247**
97223	12	89	10	17	**128**
97224	0	28	6	4	**38**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
97225	3	27	10	6	**46**
97227	27	155	25	5	**212**
97229	7	36	2	7	**52**
97230	575	2165	239	77	**3056**
97231	13	49	6	3	**71**
97232	45	245	29	19	**338**
97233	972	4782	409	137	**6300**
97236	737	3911	411	117	**5176**
97239	23	111	16	11	**161**
97266	520	2170	308	81	**3079**
97267	9	119	11	4	**143**
97283	1	11	3	2	**17**
97286	3	7	4	0	**14**
97290	3	19	2	0	**24**
97292	4	26	5	2	**37**
97294	1	11	2	1	**15**
97308	2	14	0	1	**17**
98661	5	10	3	4	**22**
98682	5	7	3	0	**15**
98683	3	6	2	2	**13**

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	89	318	68	57	**532**
Unknown Residence	8	54	4	0	**66**
Total	**7918**	**36169**	**4126**	**1815**	**50028**

Comments

BHCMIS ID: 101120 - MULTNOMAH COUNTY, Portland, OR

Program Name: Health Center 330

Submission Status: Review In Progress

Date Requested: 03/19/2021 9:29 AM EST

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UDS Report - 2020

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	491	459
2	Age 1	377	410
3	Age 2	388	341
4	Age 3	396	367
5	Age 4	405	375
6	Age 5	433	371
7	Age 6	463	435
8	Age 7	389	400
9	Age 8	425	373
10	Age 9	433	437
11	Age 10	426	397
12	Age 11	450	480
13	Age 12	516	525
14	Age 13	552	542
15	Age 14	518	530

Line	Age Groups	Male Patients (a)	Female Patients (b)
16	Age 15	520	662
17	Age 16	536	749
18	Age 17	572	737
19	Age 18	423	639
20	Age 19	266	438
21	Age 20	275	387
22	Age 21	212	386
23	Age 22	224	393
24	Age 23	186	381
25	Age 24	193	374
26	Ages 25-29	1270	2092
27	Ages 30-34	1575	2075
28	Ages 35-39	1464	2063
29	Ages 40-44	1435	1769
30	Ages 45-49	1349	1588
31	Ages 50-54	1462	1385
32	Ages 55-59	1450	1314
33	Ages 60-64	1249	1129
34	Ages 65-69	743	838
35	Ages 70-74	411	557
36	Ages 75-79	220	310
37	Ages 80-84	150	215
38	Age 85 and over	95	163
39	**Total Patients (Sum of Lines 1-38)**	**22942**	**27086**

HCH

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	1	1

Line	Age Groups	Male Patients (a)	Female Patients (b)
2	Age 1	2	1
3	Age 2	1	4
4	Age 3	1	3
5	Age 4	3	3
6	Age 5	12	7
7	Age 6	17	8
8	Age 7	17	6
9	Age 8	17	12
10	Age 9	18	10
11	Age 10	18	15
12	Age 11	13	25
13	Age 12	26	28
14	Age 13	31	28
15	Age 14	21	39
16	Age 15	25	51
17	Age 16	25	46
18	Age 17	31	43
19	Age 18	19	22
20	Age 19	12	12
21	Age 20	17	8
22	Age 21	23	12
23	Age 22	14	11
24	Age 23	13	11
25	Age 24	12	7
26	Ages 25-29	88	44
27	Ages 30-34	94	38
28	Ages 35-39	125	46
29	Ages 40-44	82	51

Line	Age Groups	Male Patients (a)	Female Patients (b)
30	Ages 45-49	79	32
31	Ages 50-54	98	41
32	Ages 55-59	94	28
33	Ages 60-64	60	19
34	Ages 65-69	26	19
35	Ages 70-74	11	4
36	Ages 75-79	1	4
37	Ages 80-84	1	1
38	Age 85 and over	2	2
39	**Total Patients (Sum of Lines 1-38)**	**1150**	**742**

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UDS Report - 2020

Table 3B - Demographic Characteristics

Universal

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	35	4398		**4433**
2a	Native Hawaiian	9	28		**37**
2b	Other Pacific Islander	32	511		**543**
2	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**41**	**539**		**580**
3	Black/African American	216	5946		**6162**
4	American Indian/Alaska Native	189	300		**489**
5	White	9491	16323		**25814**
6	More than one race	593	1229		**1822**
7	Unreported/Refused to report race	6892	1031	2805	**10728**
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**	**17457**	**29766**	**2805**	**50028**

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	21200

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	1250
14	Heterosexual (or straight)	24907
15	Bisexual	1148
16	Something else	517
17	Don't know	1227
18	Chose not to disclose	6197
18a	Unknown	14782
19	**Total Patients (Sum of Lines 13 to 18a)**	**50028**

Line	Patients by Gender Identity	Number (a)

Line	Patients by Gender Identity	Number (a)
20	Male	15723
21	Female	19246
22	Transgender Man/Transgender Male	93
23	Transgender Woman/Transgender Female	93
24	Other	928
25	Chose not to disclose	923
25a	Unknown	13022
26	**Total Patients (Sum of Lines 20 to 25a)**	**50028**

HCH

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	1	52		**53**
2a	Native Hawaiian	1	2		**3**
2b	Other Pacific Islander	2	18		**20**
2	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	**3**	**20**		**23**
3	Black/African American	4	244		**248**
4	American Indian/Alaska Native	5	23		**28**
5	White	129	883		**1012**
6	More than one race	52	123		**175**
7	Unreported/Refused to report race	196	31	126	**353**
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**	**390**	**1376**	**126**	**1892**

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	157

Line	Patients by Sexual Orientation	Number (a)

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	130
14	Heterosexual (or straight)	750
15	Bisexual	84
16	Something else	28
17	Don't know	37
18	Chose not to disclose	132
18a	Unknown	731
19	**Total Patients (Sum of Lines 13 to 18a)**	**1892**

Line	Patients by Gender Identity	Number (a)
20	Male	970
21	Female	644
22	Transgender Man/Transgender Male	11
23	Transgender Woman/Transgender Female	15
24	Other	37
25	Chose not to disclose	20
25a	Unknown	195
26	**Total Patients (Sum of Lines 20 to 25a)**	**1892**

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UDS Report - 2020

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	32053
2	101 - 150%	5123
3	151 - 200%	2010
4	Over 200%	1917
5	Unknown	8925
6	**TOTAL** (Sum of Lines 1-5)	**50028**

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**	1226	6692
8a	Medicaid (Title XIX)	14930	20794
8b	CHIP Medicaid	0	0
8	**Total Medicaid** (Line 8a + 8b)	**14930**	**20794**
9a	Dually Eligible (Medicare and Medicaid)	2	585
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)	7	4119
10a	**Other Public Insurance (Non-CHIP) (specify)** Cover all Kids	150	295
10b	Other Public Insurance CHIP	0	0
10	**Total Public Insurance** (Line 10a + 10b)	**150**	**295**
11	**Private Insurance**	567	1248
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)	**16880**	**33148**

Managed Care Utilization

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a	Capitated Member Months	2259	0	0	0	2259
13b	Fee-for-service Member Months	484808	23484	91	0	508383
13c	**Total Member Months (Sum of Lines 13a + 13b)**	**487067**	**23484**	**91**	**0**	**510642**

Line	Special Populations	Number of Patients (a)
16	**Total Agricultural Workers or Dependents (All health centers report this line)**	**176**
17	Homeless Shelter (330h awardees only)	131
18	Transitional (330h awardees only)	147
19	Doubling Up (330h awardees only)	422
20	Street (330h awardees only)	139
21a	Permanent Supportive Housing (330h awardees only)	502
21	Other (330h awardees only)	119
22	Unknown (330h awardees only)	432
23	**Total Homeless** (All health centers report this line)	**1892**
24	**Total School-Based Health Center Patients (All health centers report this line)**	**2847**
25	**Total Veterans** (All health centers report this line)	**560**
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**22621**

HCH

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	987
2	101 - 150%	76
3	151 - 200%	32
4	Over 200%	45
5	Unknown	752
6	**TOTAL** (Sum of Lines 1-5)	**1892**

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**	176	173
8a	Medicaid (Title XIX)	409	920
8b	CHIP Medicaid	0	0
8	**Total Medicaid** (Line 8a + 8b)	**409**	**920**
9a	Dually Eligible (Medicare and Medicaid)	0	18
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	119
10a	**Other Public Insurance (Non-CHIP) (specify)** Cover all Kids	0	5
10b	Other Public Insurance CHIP	0	0
10	**Total Public Insurance** (Line 10a + 10b)	**0**	**5**
11	**Private Insurance**	24	66
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)	**609**	**1283**

Managed Care Utilization

Line	Special Populations	Number of Patients (a)

Line	Special Populations	Number of Patients (a)
16	**Total Agricultural Workers or Dependents (All health centers report this line)**	**0**
17	Homeless Shelter (330h awardees only)	131
18	Transitional (330h awardees only)	147
19	Doubling Up (330h awardees only)	422
20	Street (330h awardees only)	139
21a	Permanent Supportive Housing (330h awardees only)	502
21	Other (330h awardees only)	119
22	Unknown (330h awardees only)	432
23	**Total Homeless** (All health centers report this line)	**1892**
24	**Total School-Based Health Center Patients (All health centers report this line)**	**27**
25	**Total Veterans** (All health centers report this line)	**43**
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**710**

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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)

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	13.85	18500	15632	
2	General Practitioners	0	0	0	
3	Internists	4.5	3728	4152	
4	Obstetrician/Gynecologists	0.22	518	180	
5	Pediatricians	2.23	2824	2197	
7	Other Specialty Physicians	1.11	1838	1862	
8	**Total Physicians** (Lines 1-7)	**21.91**	**27408**	**24023**	
9a	Nurse Practitioners	27.11	27302	25113	
9b	Physician Assistants	3.76	3444	4005	
10	Certified Nurse Midwives	0	0	0	
10a	**Total NPs, PAs, and CNMs** (Lines 9a-10)	**30.87**	**30746**	**29118**	
11	Nurses	47.93	9594	2046	
12	Other Medical Personnel	75.16			
13	Laboratory Personnel	13.97			
14	X-ray Personnel	0			
15	**Total Medical Care Services** (Lines 8 + 10a through 14)	**189.84**	**67748**	**55187**	**37253**

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	23.43	31769	2625	
17	Dental Hygienists	15.03	9003	272	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	49.03			
19	**Total Dental Services** (Lines 16-18)	**87.49**	**40772**	**2897**	**18063**

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0.89	241	725	
20a1	Licensed Clinical Psychologists	4.6	1166	4166	
20a2	Licensed Clinical Social Workers	10.44	2320	4952	
20b	Other Licensed Mental Health Providers	13.08	3509	3823	
20c	Other Mental Health Staff	23.53	1868	3075	
20	**Total Mental Health Services (Lines 20a-c)**	**52.54**	**9104**	**16741**	**5681**

Substance Use Disorder Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	**Substance Use Disorder Services**	**0**	**2863**	**0**	**448**

Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	**Other Professional Services** **Specify** Acupuncture	0.82	580	240	211

Vision Services

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

Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	**Pharmacy Personnel**	44.42			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	19.46	9606	788	
25	Patient and Community Education Specialists	4.74	0	0	
26	Outreach Workers	0			
27	Transportation Staff	0			
27a	Eligibility Assistance Workers	18.38			
27b	Interpretation Staff	0.37			
27c	Community Health Workers	24.27			
28	**Other Enabling Services Specify**	0			
29	**Total Enabling Services** (Lines 24-28)	**67.22**	**9606**	**788**	**2237**

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**	0			
29b	**Quality Improvement Staff**	12.59			

Administration and Facility

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

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Staff	127.21			
30b	Fiscal and Billing Staff	32.9			
30c	IT Staff	11.09			
31	Facility Staff	0			
32	Patient Support Staff	132.72			
33	**Total Facility and Non-Clinical Support Staff (Lines 30a-32)**	**303.92**			

Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29**	**758.84**	**130673**	**75853**	

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)	44	2388	3496	3551
20a02	Nurse Practitioners	42	2270	3720	3550
20a03	Physician Assistants	4	335	589	582
20a04	Certified Nurse Midwives	0	0	0	0

Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)

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)	43	904	1456	1012
21b	Nurse Practitioners (Medical)	39	525	1133	916
21c	Physician Assistants	4	175	239	197
21d	Certified Nurse Midwives	0	0	0	0
21e	Psychiatrists	0	0	0	0
21f	Licensed Clinical Psychologists	5	102	162	163
21g	Licensed Clinical Social Workers	10	195	223	171
21h	Other Licensed Mental Health Providers	8	92	294	191

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Medical Care Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	368	281	
2	General Practitioners	0	0	
3	Internists	340	317	
4	Obstetrician/Gynecologists	16	1	
5	Pediatricians	5	6	
7	Other Specialty Physicians	211	139	
8	**Total Physicians** (Lines 1-7)	**940**	**744**	
9a	Nurse Practitioners	542	593	
9b	Physician Assistants	331	258	
10	Certified Nurse Midwives	0	0	
10a	**Total NPs, PAs, and CNMs** (Lines 9a-10)	**873**	**851**	
11	Nurses	532	648	
15	**Total Medical Care Services** (Lines 8 + 10a through 14)	**2345**	**2243**	**939**

Dental Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	1023	95	
17	Dental Hygienists	261	1	
17a	Dental Therapists	0	0	
19	**Total Dental Services** (Lines 16-18)	**1284**	**96**	**512**

Mental Health Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	230	708	
20a1	Licensed Clinical Psychologists	73	252	
20a2	Licensed Clinical Social Workers	881	1190	
20b	Other Licensed Mental Health Providers	1892	1557	
20c	Other Mental Health Staff	1750	2816	
20	**Total Mental Health Services** (Lines 20a-c)	**4826**	**6523**	**1040**

Substance Use Disorder Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	**Substance Use Disorder Services**	**143**	**0**	**26**

Other Professional Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	**Other Professional Services Specify** Acupuncture	37	109	37

Vision Services

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

Enabling Services

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	2165	92	
25	Patient and Community Education Specialists	0	0	
29	**Total Enabling Services** (Lines 24-28)	**2165**	**92**	**254**

Grand Total

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**	**10800**	**9063**	

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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)

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	8759	1463
3	Tuberculosis	A15- through A19-, O98.0-	11	8
4	Sexually transmitted infections	A50- through A64-	736	470
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	257	139
4b	Hepatitis C	B17.1-, B18.2, B19.2-	1054	454
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	1725	1026

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-	3331	2063
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 **is not** present), J41- through J44-, J47-	1805	886
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 **is** present)	126	74

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)

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-	502	349
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	544	370
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	14948	4317
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	3768	1461
11	Hypertension	I10- through I16-, O10-, O11-	11260	5166
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	1346	1040
13	Dehydration	E86-	22	20
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	6	5
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	4572	3285

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-	518	404
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	324	195
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	577

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-	1922	901
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	5650	1721
19a	Tobacco use disorder	F17-, O99.33-	2073	1272
20a	Depression and other mood disorders	F30- through F39-	14002	4588
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	12663	4697
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	1398	574
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-, 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	9176	4153
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	2	2

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	3653	3347
21a	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	746	736
21b	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	3098	3042
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4:** 87426, 87635 **HCPCS:** U0001, U0002, U0003, U0004 **CPT PLA:** 0202U, 0223U, 0225U	2669	2448
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4:** 86328, 86408, 86409, 86769 **CPT PLA:** 0224U, 0226U	47	47

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** PrEP patients	**CPT-4:** 99401-99404 **ICD-10:** Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	51	39
22	Mammogram	**CPT-4:** 77065, 77066, 77067 **ICD-10:** Z12.31	3	3
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	2560	2362
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	7517	6172
24a	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	8873	8376
25	Contraceptive management	**ICD-10:** Z30-	5329	3041
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393 **ICD-10:** Z00.1-	7558	5056
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	841	816
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0050	76	74
26c	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 **HCPCS:** S9075 **CPT-II:** 4000F, 4001F, 4004F	15	14
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	0	0

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	**CDT:** D0140, D9110	12060	7893
28	Oral exams	**CDT:** D0120, D0145, D0150, D0160, D0170, D0171, D0180	10246	9562
29	Prophylaxis-adult or child	**CDT:** D1110, D1120	6396	5834
30	Sealants	**CDT:** D1351	1367	1188
31	Fluoride treatment-adult or child	**CDT:** D1206, D1208 **CPT-4:** 99188	10773	8667
32	Restorative services	**CDT:** D21xx through D29xx	9315	5555
33	Oral surgery (extractions and other surgical procedures)	**CDT:** D7xxx	4203	3456
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**CDT:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	6149	3696

Sources of Codes

ICD-10-CM (2020)-National Center for Health Statistics (NCHS)

CPT (2020)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2020)-Dental Procedure Codes. American Dental Association (ADA)

Note: *"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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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	2253	293
3	Tuberculosis	A15- through A19-, O98.0-	1	1
4	Sexually transmitted infections	A50- through A64-	96	56
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	24	9
4b	Hepatitis C	B17.1-, B18.2, B19.2-	172	63
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	6	

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-	78	50
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 **is not** present), J41- through J44-, J47-	73	35
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 **is** present)	0	0

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-	14	8
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	4	4
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	394	91
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	115	47
11	Hypertension	I10- through I16-, O10-, O11-	369	151
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	17	15
13	Dehydration	E86-	0	0
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	0	0
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	67	50

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-	2	2
16	Selected perinatal/neonatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	1	1
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	6	6

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-	110	48
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	707	205
19a	Tobacco use disorder	F17-, O99.33-	130	86
20a	Depression and other mood disorders	F30- through F39-	890	234
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	606	177
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	69	19
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-, 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	435	174
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	0	0

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	317	261
21a	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	46	45
21b	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	156	145
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4:** 87426, 87635 **HCPCS:** U0001, U0002, U0003, U0004 **CPT PLA:** 0202U, 0223U, 0225U	44	42
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4:** 86328, 86408, 86409, 86769 **CPT PLA:** 0224U, 0226U	2	2
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** PrEP patients	**CPT-4:** 99401-99404 **ICD-10:** Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	2	2
22	Mammogram	**CPT-4:** 77065, 77066, 77067 **ICD-10:** Z12.31	0	0
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	144	112
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	146	129
24a	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	190	181
25	Contraceptive management	**ICD-10:** Z30-	65	41
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393 **ICD-10:** Z00.1-	22	15
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	1	1
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0050	7	7

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
26c	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 **HCPCS:** S9075 **CPT-II:** 4000F, 4001F, 4004F	1	1
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	0	0

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	**CDT:** D0140, D9110	479	305
28	Oral exams	**CDT:** D0120, D0145, D0150, D0160, D0170, D0171, D0180	244	241
29	Prophylaxis-adult or child	**CDT:** D1110, D1120	85	77
30	Sealants	**CDT:** D1351	11	9
31	Fluoride treatment-adult or child	**CDT:** D1206, D1208 **CPT-4:** 99188	242	171
32	Restorative services	**CDT:** D21xx through D29xx	267	148
33	Oral surgery (extractions and other surgical procedures)	**CDT:** D7xxx	242	174
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**CDT:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	210	119

Sources of Codes

ICD-10-CM (2020)-National Center for Health Statistics (NCHS)

CPT (2020)-American Medical Association (AMA)

Code on Dental Procedures and Nomenclature CDT Code (2020)-Dental Procedure Codes. American Dental Association (ADA)

Note: *"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.*

Table 6B - Quality of Care Measures

Universal

[_]: Prenatal Care Provided by Referral Only (Check if Yes)

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	1
2	Ages 15-19	85
3	Ages 20-24	266
4	Ages 25-44	644
5	Ages 45 and over	1
6	**Total Patients** (Sum of Lines 1-5)	**997**

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	761	1
8	Second Trimester	199	0
9	Third Trimester	36	0

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	556	556	170

Section D - Cervical and Breast Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	9132	9132	5830

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number Charts Sampled or EHR Total (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	3287	3287	1252

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

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 16 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-16 years of age with a BMI percentile *and* counseling on nutrition *and* physical activity documented	8591	8591	4034

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 Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	16359	16359	5529

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 Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c)

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, *and* (2) if identified to be a tobacco user received cessation counseling intervention	13656	13656	11815

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 Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	4148	4148	3078

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 Charts Sampled or EHR Total (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	782	782	651

Section J - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number Charts Sampled or EHR Total (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	6930	6930	3517

Section K - HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (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 staff between December 1 of the prior year and November 30 of the measurement year and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	58	58	53

Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number Charts Sampled or EHR Total (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	21136	21136	12560

Section L - Depression Measures

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool *and*, if screening was positive, (2) had a follow-up plan documented	19621	19621	10669

Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number Charts Sampled or EHR Total (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	1860	1860	50

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 Charts Sampled or EHR Total (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	652	652	304

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Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	10
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	1	0	0	0
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	0	0	0	0
1c	Black/African American	7	0	0	0
1d	American Indian/Alaska Native	3	0	0	0
1e	White	157	0	0	15
1f	More than One Race	0	0	0	0
1g	Unreported/Refused to Report Race	105	0	5	71
	Subtotal Hispanic or Latino/a	**273**	**0**	**5**	**86**

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	49	0	1	8
2b1	Native Hawaiian	1	0	0	0
2b2	Other Pacific Islander	10	0	1	1
2c	Black/African American	66	1	2	10
2d	American Indian/Alaska Native	1	0	0	0
2e	White	68	0	0	13
2f	More than One Race	0	0	0	0
2g	Unreported/Refused to Report Race	6	0	0	2
	Subtotal Non-Hispanic or Latino/a	**201**	**1**	**4**	**34**

Unreported/Refused to Report 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/Refused to Report Race and Ethnicity	15	5	24	267
i	**Total**	**489**	**6**	**33**	**387**

Controlling High Blood Pressure

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	2	2	0
1b1	Native Hawaiian	1	1	1
1b2	Other Pacific Islander	1	1	1
1c	Black/African American	22	22	16
1d	American Indian/Alaska Native	13	13	8
1e	White	662	662	445
1f	More than One Race	12	12	10
1g	Unreported/Refused to Report Race	519	519	364
	Subtotal Hispanic or Latino/a	**1232**	**1232**	**845**

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	593	593	412
2b1	Native Hawaiian	5	5	4
2b2	Other Pacific Islander	46	46	26
2c	Black/African American	844	844	497
2d	American Indian/Alaska Native	41	41	29
2e	White	2500	2500	1469
2f	More than One Race	64	64	35
2g	Unreported/Refused to Report Race	90	90	50
	Subtotal Non-Hispanic or Latino/a	**4183**	**4183**	**2522**

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	278	278	176
i	**Total**	**5693**	**5693**	**3543**

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 Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	2	2	2
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	3	3	2
1c	Black/African American	19	19	4
1d	American Indian/Alaska Native	19	19	3
1e	White	696	696	264
1f	More than One Race	10	10	6
1g	Unreported/Refused to Report Race	610	610	241
	Subtotal Hispanic or Latino/a	**1359**	**1359**	**522**

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	360	360	75
2b1	Native Hawaiian	6	6	2
2b2	Other Pacific Islander	41	41	21
2c	Black/African American	502	502	176
2d	American Indian/Alaska Native	26	26	11
2e	White	1173	1173	391
2f	More than One Race	39	39	18
2g	Unreported/Refused to Report Race	65	65	28
	Subtotal Non-Hispanic or Latino/a	**2212**	**2212**	**722**

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Refused to Report Race and Ethnicity	164	164	60
i	**Total**	**3735**	**3735**	**1304**

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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 Staff	20519427	9419215	**29938642**
2	Lab and X-ray	2255866	1321149	**3577015**
3	Medical/Other Direct	8388247	7107914	**15496161**
4	**Total Medical Care Services (Sum of Lines 1 through 3)**	**31163540**	**17848278**	**49011818**

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	15919647	8273967	**24193614**
6	Mental Health	8403007	4968731	**13371738**
7	Substance Use Disorder	105661	0	**105661**
8a	Pharmacy (not including pharmaceuticals)	9089731	4200819	**13290550**
8b	Pharmaceuticals	16495455		**16495455**
9	**Other Professional specify** Acupuncture	121739	77548	**199287**
9a	Vision	0	0	**0**
10	**Total Other Clinical Services (Sum of Lines 5 through 9a)**	**50135240**	**17521065**	**67656305**

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)

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	2890960		**2890960**
11b	Transportation	36028		**36028**
11c	Outreach	0		**0**
11d	Patient and Community Education	1030901		**1030901**
11e	Eligibility Assistance	1964344		**1964344**
11f	Interpretation Services	1331412		**1331412**
11g	**Other Enabling Services specify**	0		**0**
11h	Community Health Workers	2250710		**2250710**
11	**Total Enabling Services (Sum of Lines 11a through 11h)**	**9504355**	**6357024**	**15861379**
12	**Other Program-Related Services specify**	0	0	**0**
12a	Quality Improvement	2030913	1190641	**3221554**
13	**Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)**	**11535268**	**7547665**	**19082933**

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)

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	5542340		
15	Non-Clinical Support Services	37374668		
16	**Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)**	**42917008**		
17	**Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)**	**135751056**		**135751056**
18	**Value of Donated Facilities, Services, and Supplies specify** 0			0
19	**Total with Donations (Sum of Lines 17 and 18)**			**135751056**

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Table 9D - Patient-Related Revenue

Universal

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	**Payer Category**	**Full Charges This Period (a)**	**Amount Collected This Period (b)**	**Collection of Reconciliati Wraparoun Current Year (c1)**	**Collection of Reconciliati Wraparoun Previous Years (c2)**	**Collection of Other Payments: P4P, Risk Pools, etc. (c3)**	**Penalty / Payback (c4)**	**Adjustment (d)**	**Sliding Fee Discounts (e)**	**Bad Debt Write-Off (f)**
1	Medicaid Non-Managed Care	3953817	4873190	0	0	0	0	-486051		
2a	Medicaid Managed Care (capitated)	0	0	0	0	0	0	0		
2b	Medicaid Managed Care (fee-for-service)	44417356	71144034	26396199	16900134	0	0	-25122056		

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliati Wraparoun Current Year (c1)	Collection of Reconciliati Wraparoun Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)	Adjustment (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
3	**Total Medicaid (Sum of Lines 1 + 2a + 2b)**	**48371173**	**76017224**	**26396199**	**16900134**	**0**	**0**	**-25608107**		
4	Medicare Non-Managed Care	7290090	6430735	0	55018	0	0	837424		
5a	Medicare Managed Care (capitated)	0	0	0	0	0	0	0		
5b	Medicare Managed Care (fee-for-service)	11798669	9961745	0	0	0	0	1628948		
6	**Total Medicare (Sum of Lines 4 + 5a + 5b)**	**19088759**	**16392480**	**0**	**55018**	**0**	**0**	**2466372**		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	445619	318630	0	0	0	0	215394		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)	0	0	0	0	0	0	0		
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)	194168	97779	0	0	0	0	122295		
8c	Other Public, including COVID-19 Uninsured Program	0	0			0	0	0		
9	**Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)**	**639787**	**416409**	**0**	**0**	**0**	**0**	**337689**		
10	Private Non-Managed Care	2038988	1095912			0	0	882193		
11a	Private Managed Care (capitated)	0	0			0	0	0		

				Retroactive Settlements, Receipts, and Paybacks (c)						
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliati Wraparound Current Year (c1)	Collection of Reconciliati Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)	Adjustment (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
11b	Private Managed Care (fee-for-service)	0	0			0	0	0		
12	**Total Private (Sum of Lines 10 + 11a + 11b)**	**2038988**	**1095912**			**0**	**0**	**882193**		
13	**Self-Pay**	5829978	773975						4078505	1213164
14	**TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)**	**75968685**	**94696000**	**26396199**	**16955152**	**0**	**0**	**-21921853**	**4078505**	**1213164**

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Date of Last Report Refreshed: 03/19/2021 9:29 AM EST

UDS Report - 2020

Table 9E - Other Revenues

Universal

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

Line	Source	Amount (a)

Line	Source	Amount (a)
1a	Migrant Health Center	0
1b	Community Health Center	8386454
1c	Health Care for the Homeless	2093966
1e	Public Housing Primary Care	0
1g	**Total Health Center** (Sum of Lines 1a through 1e)	**10480420**
1k	Capital Development Grants, including School-Based Health Center Capital Grants	42285
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	107735
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	1763780
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	429604
1o	Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES)/ Health, Economic Assistance, Liability Protection and Schools Act (HEALS)	0
1p	**Other COVID-19-Related Funding from BPHC specify**	0
1q	**Total COVID-19 Supplemental** (Sum of Lines 1l through 1p)	**2301119**
1	**Total BPHC Grants** (Sum of Lines 1g + 1k + 1q)	**12823824**

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	953812
3	**Other Federal Grants specify** Other Ryan White	3109132
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	1569642
3b	**Provider Relief Fund specify** Rounds 1 and 2	1581706
5	**Total Other Federal Grants** (Sum of Lines 2 through 3b)	**7214292**

Non-Federal Grants Or Contracts

Line	Source	Amount (a)

Line	Source	Amount (a)
6	**State Government Grants and Contracts specify** Mental Health Block Grant	4343574
6a	**State/Local Indigent Care Programs specify**	0
7	**Local Government Grants and Contracts specify** County General Fund	7116813
8	**Foundation/Private Grants and Contracts specify** CareOregon	28775587
9	**Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)**	**40235974**
10	**Other Revenue (non-patient related revenue not reported elsewhere) specify** Various	99283
11	**Total Revenue (Sum of Lines 1 + 5 + 9 + 10)**	**60373373**

BHCMIS ID: 101120 - MULTNOMAH COUNTY, Portland, OR

Program Name: Health Center 330

Submission Status: Review In Progress

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UDS Report - 2020

Health Center Health Information Technology (HIT) Capabilities

HIT

1. Does your center currently have an electronic health record (EHR) system installed and in use?:

[X]: Yes, installed at all sites and used by all providers

[_]: Yes, but only installed at some 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: Epic Systems Corporation (not including OCHIN)

Other (Please specify):

1a2.Product Name: EpicCare Ambulatory Base

1a3.Version Number: August 2020

1a4.ONC-certified Health IT Product List Number: 15.04.04.1447.Epic.AM.15.1.200826

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 or data system across your organization?:

[_]: Yes

[_]: No

If yes, what is the reason?:

[_]: Second EHR/data system is used during transition to primary EHR

[_]: Second EHR/data system is specific to one service type (e.g., dental, behavioral health)

[_]: Second EHR/data system is used at specific sites with no plan to transition

[_]: Other (please describe)

Other (please describe):

1d. Is your EHR up to date with the latest software and system patches?:

[_]: Yes

[_]: No

[_]: Not sure

1e. When do you plan to update/install the latest EHR software and system patches?:

[_]: a. 3 months

[_]: b. 6 months

[_]: c. 1 Year or more

[_]: d. Not planned

2. Question removed.

3. Question removed.

4. Which of the following key providers/health care settings does your center electronically exchange clinical information with? (Select all that apply.):

[X]: Hospitals/Emergency rooms

[X]: Specialty clinicians

[X]: Other primary care providers

[X]: Labs or imaging

[X]: Health information exchange (HIE)

[_]: None of the above

[_]: Other (please describe)

Other (please describe):

5. Does your center engage patients through health IT in any of the following ways? (Select all that apply.):

[X]: Patient portals

[_]: Kiosks

[X]: Secure messaging

[_]: Other (please describe)

[_]: No, we do not engage patients using HIT

Other (please describe):

6. Question removed.

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?:

[_]: We use the EHR to extract automated reports

[_]: We use the EHR but only to access individual patient charts

[X]: We use the EHR in combination with another data analytic system

[_]: We do not use the EHR

8. 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 reportable in the UDS?:

[_]: Yes

[X]: No, but we are in planning stages to collect this information

[_]: No, we are not planning to collect this information

12. Which standardized screener(s) for social risk factors, if any, do you use? (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

[_]: Other (please describe)

[X]: We do not use a standardized screener

Other (please describe):

12a. Please provide the total number of patients that screened positive for the following:

Food insecurity:

Housing insecurity:

Financial strain:

Lack of transportation/access to public transportation:

12b. If you do not use a standardized assessment to collect this information, please indicate why. (Select all that apply.):

[_]: Have not considered/unfamiliar with assessments

[_]: Lack of funding for addressing these unmet social needs of patients

[_]: Lack of training for staff to discuss these issues with patients

[_]: Inability to include with patient intake and clinical workflow

[_]: Not needed

[X]: Other (please describe)

Other (please describe): We have incorporated questions from several screening tools into our intake process.

13. Does your 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?:

[_]: Yes

[X]: No

[_]: Not sure

Comments

BHCMIS ID: 101120 - MULTNOMAH COUNTY, Portland, OR

Program Name: Health Center 330

Submission Status: Review In Progress

Date Requested: 03/19/2021 9:29 AM EST

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Other Data Elements

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,[1] on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?: 33

b. How many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?: 223

2. Did your organization use telemedicine to provide remote clinical care services? ***(The term "telehealth" includes "telemedicine" services but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, 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)

[_]: Specialists outside your organization (e.g., specialists at referral centers)

2a2. What telehealth technologies did you use? (Select all that apply.):

[X]: Real-time telehealth (e.g., live videoconferencing)

[X]: Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)

[X]: Remote patient monitoring

[_]: Mobile Health (mHealth)

2a3. What primary telemedicine services were used at your organization? (Select all that apply.):

[X]: Primary care

[X]: Oral health

[X]: Behavioral health: Mental health

[X]: Behavioral health: Substance use disorder

[_]: Dermatology

[X]: Chronic conditions

[X]: Disaster management

[X]: Consumer health education

[_]: Provider-to-provider consultation

[_]: Radiology

[_]: Nutrition and dietary counseling

[_]: Other (Please specify)

Other (Please specify):

2b. If you did not have telemedicine services, please comment why. (Select all that apply.):

[_]: Have not considered/unfamiliar with telehealth service options

[_]: Policy barriers (Select all that apply)

[_]: Inadequate broadband/telecommunication service (Select all that apply)

[_]: Lack of funding for telehealth equipment

[_]: Lack of training for telehealth services

[_]: Not needed

[_]: Other (Please specify)

Other (Please specify):

Policy barriers (Select all that apply):

[_]: Lack of or limited reimbursement

[_]: Credentialing, licensing, or privileging

[_]: Privacy and security

[_]: Other (Please specify)

Other (Please specify):

Inadequate broadband/telecommunication service (Select all that apply):

[_]: Cost of service

[_]: Lack of infrastructure

[_]: Other (Please specify)

Other (Please specify):

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists: 20378

4. How many patients received a FDA-approved COVID-19 vaccine during the calendar year at your organization?: 0

[1] With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs).

Workforce

Workforce

1. Does your health center provide health professional education/training that is a hands-on, practical, or clinical experience?:

[X]: Yes

[_]: No

1a. If yes, which category best describes your health center's role in the health professional education/training process? (Select all that apply.):

[_]: Sponsor [2]

[X]: Training site partner [3]

[_]: Other (please describe)

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[4] within the reporting year.

	Medical	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)

	Medical	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians		15
	a. Family Physicians		15
	b. General Practitioners		
	c. Internists		
	d. Obstetrician/Gynecologists		
	e. Pediatricians		
	f. Other Specialty Physicians		
2.	Nurse Practitioners	6	2
3.	Physician Assistants		
4.	Certified Nurse Midwives		
5.	Registered Nurses		
6.	Licensed Practical Nurses/Vocational Nurses		
7.	Medical Assistants		

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

	Mental Health and Substance Use Disorder	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)

	Mental Health and Substance Use Disorder	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		
12.	Clinical Psychologists		
13.	Clinical Social Workers	1	
14.	Professional Counselors		
15.	Marriage and Family Therapists		
16.	Psychiatric Nurse Specialists		
17.	Mental Health Nurse Practitioners		
18.	Mental Health Physician Assistants		
19.	Substance Use Disorder Personnel		

	Vision	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
20.	Ophthalmologists		
21.	Optometrists		

	Other Professionals	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors		
23.	Dieticians/Nutritionists		
24.	Pharmacists		
25.	**Other please specify**		

3. Provide the number of health center staff serving as preceptors at your health center.: 91

4. Provide the number of health center staff (non-preceptors) supporting ongoing health center training programs.: 79

5. How often does your health center implement satisfaction surveys for providers? (Select one.):

[_]: Monthly

[_]: Quarterly

[X]: Annually

[_]: We do not currently conduct provider satisfaction surveys

[_]: Other (please describe)

Other (please describe):

6. How often does your health center implement satisfaction surveys for general staff (report provider surveys in question 5 only)? (Select one.):

[_]: Monthly

[_]: Quarterly

[_]: Annually

[_]: We do not currently conduct staff satisfaction surveys

[X]: Other (please describe)

Other (please describe): biannually

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[2] 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).

[3] 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).

[4] 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.

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UDS Report - 2020

Data Audit Report

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

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (50028). Prior Year - (62168).

Related Tables: Table 3A(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:25 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Table 4-Selected Patient Characteristics

Edit 05870: Patient Count in Question - You report a high proportion of your total patients served at a health center located in or immediately accessible to a public housing site on line 26 (45.22)% compared to total patients. Please correct or explain.

Related Tables: Table 4(UR)

Alexander Lehr (Health Center) on 02/11/2021 4:48 PM EST: In 2018 and continuing through 2020, the health center changed the logic behind determination of which sites are located immediately accessible to public housing. In 2017, only sites located within 1/4 mile of public housing were included. From 2018-2010 all sites within 1/2 mile and 10 minutes walking distance were included.

Edit 05963: MEDICAID Capitated member months reported in question - Medicaid capitated member months is reported on Table 4 Line 13a Column (a) (2259) , with no matching Medicaid managed care capitated collections on Table 9D Line 2a Column (b) (0) . This is generally not possible. Please correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 6:08 PM EST: The capitated member months reported on Table 4 represent a new contract with a new payor for a small # of member months, for which we are still in discussion with the payor as to the framework for payment.

Table 5-Staffing and Utilization

Edit 04142: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = (788), CY = (512)). Please correct or explain.

Related Tables: Table 5(HCH)

Alexander Lehr (Health Center) on 02/10/2021 9:28 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 04144: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY =(439), CY = (1040)). Please correct or explain.

Related Tables: Table 5(HCH)

Alexander Lehr (Health Center) on 02/11/2021 5:08 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06372: Mental Health Visit per Patient in Question - Health Care for the Homeless - Mental Health visits per mental health patient varies substantially from national average. CY (10.91); PY National Average (4.90). Please correct or explain.

Related Tables: Table 5(HCH)

Alexander Lehr (Health Center) on 02/11/2021 5:08 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06388: Enabling Visit per Patient in Question - On Health Care for the Homeless - Enabling visits per enabling patient varies substantially from national average. CY (8.89); PY National Average (3.30). Please correct or explain.

Related Tables: Table 5(HCH)

Alexander Lehr (Health Center) on 02/11/2021 5:09 PM EST: Many of these services are nursing home visits (such as Nurse-Family Partnership), which sees clients frequently

Table 5-Staffing And Utilization

Edit 07251: Virtual Visits greater than Clinic Visits - Mental Health virtual visits on Line 20 Column b2 (16741) are greater than or equal to Mental Health visits reported on Line 20 Column b (9104). Please correct or explain.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:51 PM EST: This is expected, and reflects our major shift to virtual visits in the wake of the COVID-19 pandemic.

Edit 00124: Internist Productivity Questioned - A significant change in Productivity (visits/FTE) of Internists on Line 3 (1751.11) is reported from the prior year (2264.80). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:26 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 00033: Peds Productivity Questioned - A significant change in Productivity (visits/FTE) of Pediatricians on Line 5 (2251.57) is reported from the prior year (3108.87). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:26 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (21.91). Prior Year - (24.98). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/11/2021 4:44 PM EST: This is consistent with staffing changes and that the FTE is calculated based on paid hours.

Edit 00052: Dentist Productivity Questioned - A significant change in Productivity (visits/FTE) of Dentists on Line 16 (1467.95) is reported from the prior year (2335.18). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:27 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 04124: Dental Hygienists Productivity Questioned - A significant change in Productivity (visits/FTE) of Dental Hygienists Line 17 (617.10) is reported from the prior year (1159.28). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:27 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 04141: Inter-year Patients questioned - On Universal - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = (26128), CY = (18063)). Please correct or explain.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:27 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 04145: Inter-year Patients questioned - On Universal - A large change in Substance Use Disorder services patients from the prior year is reported on Line 21 Column C. (PY = (194), CY = (448)). Please correct or explain.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/11/2021 5:06 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 04147: Inter-year Patients questioned - On Universal - A large change in Other Professional Services patients from the prior year is reported on Line 22 Column C. (PY = (349), CY= (211)). Please correct or explain.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/10/2021 9:28 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 06387: Enabling Visit per Patient in Question - On Universal - Enabling visits per enabling patient varies substantially from national average. CY (4.65); PY National Average (2.44). Please correct or explain.

Related Tables: Table 5(UR)

Alexander Lehr (Health Center) on 02/11/2021 5:05 PM EST: Many of these services are nursing home visits (such as Nurse-Family Partnership), which sees

clients frequently.

Table 6A-Selected Diagnoses and Services Rendered

Edit 03605: Health Supervision Patients in Question - On Health Care for the Homeless Report, the number reported for Table 6A Line 26 Column b (15) appears low when compared to children under 12 reported on Table 3A (215). Please correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:54 PM EST: Our workflow for coding SBIRT services does not currently support a full account of SBIRT services provided. Thus, in recent years and in CY2020 our SBIRT stats have been underreported.

Table 6B-Quality of Care Indicators

Edit 07437: Line 20a Universe in Question - You are reporting (85.44)% of total possible medical patients in the universe for the HIV Screening measure (Table 6B, Line 20a Column A). This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:55 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 05778: Line 13 Universe in Question - You are reporting (66.28)% of total possible medical patients in the universe for the Adult Weight Screening and Follow-Up measure (line 13 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:55 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06155: Line 14a Universe in Question - You are reporting (55.32)% of total possible medical patients in the universe for the Tobacco Use Screening And Cessation Intervention (Line 14a Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:55 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 05790: Line 19 Universe in Question - You are reporting (88.31)% of total possible medical patients in the universe for the Colorectal Cancer Screening measure (line 19 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain

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

Alexander Lehr (Health Center) on 02/11/2021 4:56 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06161: Line 20 Universe in Question - You are reporting (0.16)% of total possible medical patients in the universe for Patients Seen Within 90 Days of First Diagnosis of HIV (Line 20 Column A). This appears high compared to medical patients in the age group being measured. Please review and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:55 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06157: Line 21 Universe in Question - You are reporting (65.70)% of total possible medical patients in the universe for Patients Screened For Depression and Follow-up (Line 21 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:56 PM EST: This data has been validated and there is no reason to believe it incorrect.

Table 7-Health Outcomes and Disparities

Edit 03959: Low Birthweights Questioned - The White LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (0)%;PY National Average (7.05)%

Related Tables: Table 7

Alexander Lehr (Health Center) on 02/11/2021 4:56 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 05466: Women delivering greater than Live Births - Total women delivering is greater than the total of births. Please correct or explain.

Related Tables: Table 7

Alexander Lehr (Health Center) on 02/11/2021 5:04 PM EST: Birth weight data were not available for a small number of deliveries at the time of reporting. The health center continues to improvement efforts in begun in 2018 to further reduce the number of deliveries without birth weight data.

Edit 05467: Hypertension Universe in Question - The universe of hypertensive patients reported on Table 7 is greater than the total hypertensive patients reported on Table 6A. This is possible only if you have seen hypertensive patients during the year without diagnosing them with hypertension. Please review and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 5:04 PM EST: This discrepancy is created because the numbers from Table 6A are all the patients who were billed for hypertension-diagnosed services. The patients in Table 7 are all patients who had a hypertension diagnosis during the reporting period. There is significant overlap between these two populations, however, there is some variance in patients who were diagnosed with hypertension, but the services were never billed.

Table 8A-Financial Costs

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (554.02); Prior Year (314.90).

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

Alexander Lehr (Health Center) on 02/11/2021 6:54 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 03770: Overhead Costs Questioned on Line 7 - You report direct costs for Table 8A Line 7 Column a (105661) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Alexander Lehr (Health Center) on 02/11/2021 6:52 PM EST: Costs are allocated based on FTE and these services are provided entirely by contractors.

Edit 03948: Cost Per Visit Questioned - Substance Use Disorder cost per visit is substantially different than the prior year. Current Year (36.91); Prior Year (146.61). Please correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 6:56 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (243.03); Prior Year (102.85).

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

Alexander Lehr (Health Center) on 02/11/2021 6:54 PM EST: This is due to clinic closures and other challenges created by the COVID-19 pandemic

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (121739)(Acupuncture) and Table 5, Line 22 (0.82) (Acupuncture) . Review and confirm that FTEs relate to costs or correct.

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

Alexander Lehr (Health Center) on 02/11/2021 6:55 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06301: Costs and FTE Questioned - Community Health Workers are reported on Table 8A, Line 11h (2250710) and Table 5, Line 27c (24.27). Review and confirm that FTEs relate to costs or correct.

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

Alexander Lehr (Health Center) on 02/11/2021 6:55 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 06306: Costs and FTE Questioned - Quality Improvement is reported on Table 8A, Line 12a (2030913) and Table 5, Line 29b (12.59). Review and confirm that FTEs relate to costs or correct.

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

Alexander Lehr (Health Center) on 02/11/2021 6:56 PM EST: This data has been validated and there is no reason to believe it incorrect.

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

Edit 05099: PMPM collections in question - Medicaid Capitation PMPM (0) is outside the typical range. Check to see that the revenue and member months are entered correctly or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 4:57 PM EST: This data has been validated and there is no reason to believe it incorrect.

Edit 01916: FQHC Medicaid FFS Managed Care retros questioned - FQHC Medicaid FFS Managed Care retros (43296333) exceed 50% of Medicaid FFS Managed Care amount collected this period on Line 2b Column b (71144034).Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Alexander Lehr (Health Center) on 02/10/2021 9:19 PM EST: Expected, Charges amounts reflect decreases due to covid 19 drop in services, large dental HMO

decreases, but medical HMO wraparound in the form of Per Member Per Month payments continued on pace during the year. Also, a large amount of traditional wraparound payments were collected during the reporting period.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.65) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Alexander Lehr (Health Center) on 02/11/2021 6:58 PM EST: MCHD has historically had a large gap between charges and expenses. We have not identified this as a concern. The billing system is effective and coding is accurate. As we move to an alternative payment methodology, charges no longer reflect the full cost of care. We have fewer charges but continue to provide comprehensive services.

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 (-235666); Prior Year Accounts Receivable (-1522034);

Related Tables: Table 9D

Alexander Lehr (Health Center) on 02/10/2021 9:19 PM EST: Write offs transactions happened in the reporting period for prior service periods (i.e., charges will not be reflected in column 1 charges).

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 (521.37); Prior year (395.15). Please review the information and correct or explain.

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

Alexander Lehr (Health Center) on 02/11/2021 5:53 PM EST: We operate under an alternative per member per month payment model. Thus, revenue stayed relatively even, while visits were reduced in the wake of the COVID-19 pandemic.

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 (8386454). Prior Year - On Table 9E Line 1b Column a (6803048).

Related Tables: Table 9E

Alexander Lehr (Health Center) on 02/10/2021 9:43 PM EST: We operate on a July-June fiscal year, so year to year changes in drawdowns of our H80 grant are expected.

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 (10480420); Prior year (8825299). Please correct or explain this change.

Related Tables: Table 9E

Alexander Lehr (Health Center) on 02/10/2021 9:43 PM EST: We operate on a July-June fiscal year, so year to year changes in drawdowns of our H80 grant are expected.

Edit 06343: Change in Revenues - You report a large change on Line 3/Other Federal Grants revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Alexander Lehr (Health Center) on 02/10/2021 9:45 PM EST: This is due to the addition of provider relief funds which were not available in 2019, as well as an underreport of Medicare and Medicaid EHR Incentive Payments for Eligible Providers in 2019

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

Alexander Lehr (Health Center) on 02/10/2021 9:46 PM EST: This is due to a reporting error in 2019, where private $ were accidentally reported as local government revenue

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

Alexander Lehr (Health Center) on 02/10/2021 9:49 PM EST: This is due to an error in reporting in 2019, where private revenue was accidentally reported as local government revenue.

BHCMIS ID: 101120 - MULTNOMAH COUNTY, Portland, OR

Program Name: Health Center 330

Submission Status: Review In Progress

Date Requested: 03/19/2021 9:29 AM EST

Date of Last Report Refreshed: 03/19/2021 9:29 AM EST

UDS Report - 2020

Comments

Report Comments

All but one dental sites were closed for several months. School based sites were also closed. Primary care clinics provided limited on site care but pharmacies remained open. Services transitioned to telehealth rapidly, and despite reduced revenue, we were able to avoid furloughs and layoffs.

Table 6A Comments

We provide mammograms via referral to a third party. In prior years, our HIT vendor OCHIN included the diagnoses with referrals, but ceased that practice this year. As a result of this change, we would expect our #s for mammograms to be close to, if not 0.

Table 6B Comments

We derive our 6B and 7 measures from Business Objects reports delivered by our HIT vendor OCHIN via a year long process of collaboration. As OCHIN rolls out new measures in compliance with each year's HRSA manual. Our IT team completes validation of the reports annually prior to UDS submission. Prenatal: Documentation in our EHR of a patient beginning prenatal care outside of our practice has been a low priority, and thus it is likely that this is an overreport. Depression: We believe this is related to two factors: continued adaptation to properly documenting services, as well as inconsistent scrubbing as we transferred to virtual visits, which created workflow issues with collecting this data. This is an area of quality improvement for virtual visits to standardize data collection moving forward.

Table 7 Comments

Deliveries: All our deliveries are provided via third parties outside our EHR. We receive data on the mother's health, but in many cases the newborn transitions to care outside our system. Tracking birthweight data for newborns who have established care elsewhere has not been a priority and thus is a barrier to our reporting accuracy.

Complaints Report

Reported Complaints | Complaint by Type

Reported Complaints

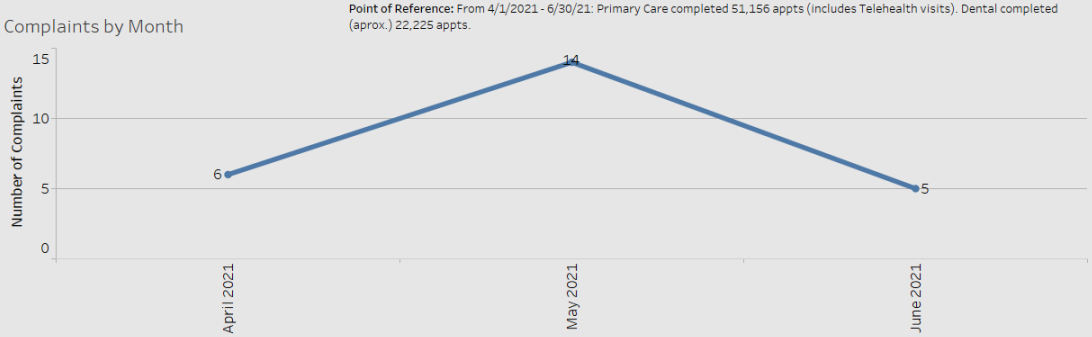
This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

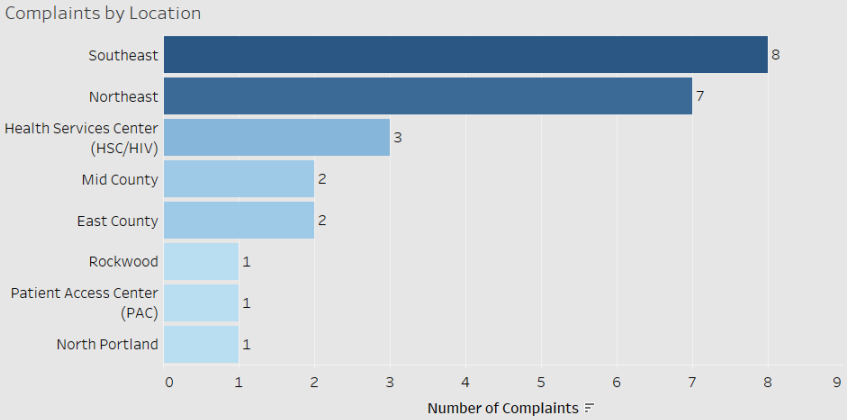
Use the filters below to further explore the data!

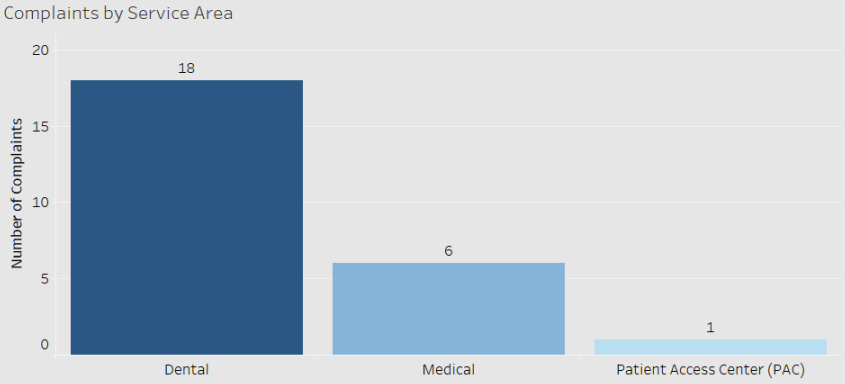
By Service Area: (All)

By Quarter: 2021 Q2

Point of Reference: From 4/1/2021 - 6/30/21: Primary Care completed 51,156 appts (includes Telehealth visits). Dental completed (aprox.) 22,225 appts.



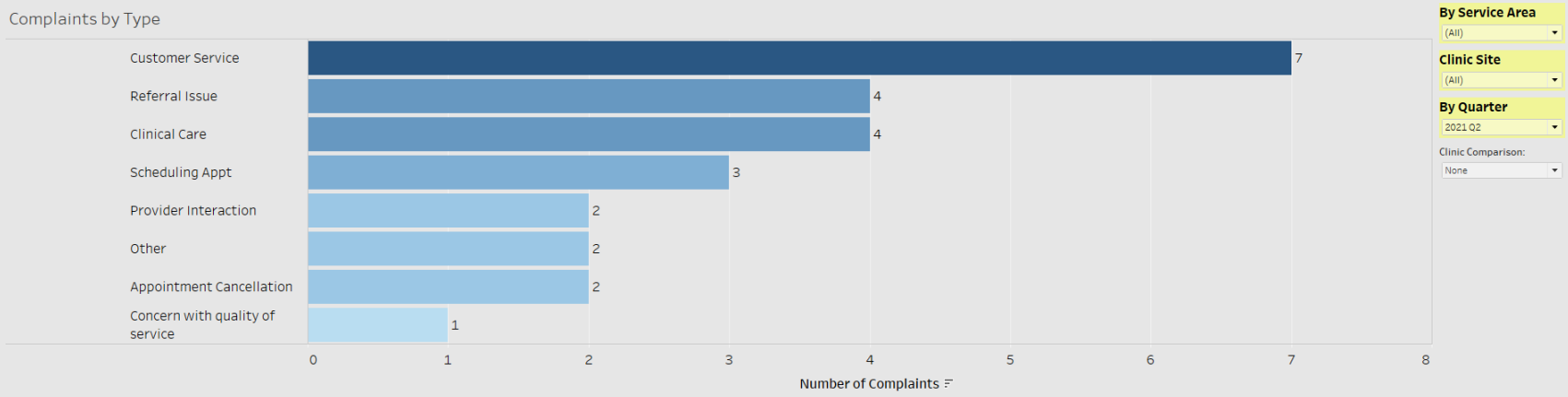




Complaints Report | Complaint Type | Complaints by Type | Reported Incidents | Location Analysis By Category | Sheet 6

Complaints Report

Reported Complaints | Complaint by Type



By Service Area
(All)

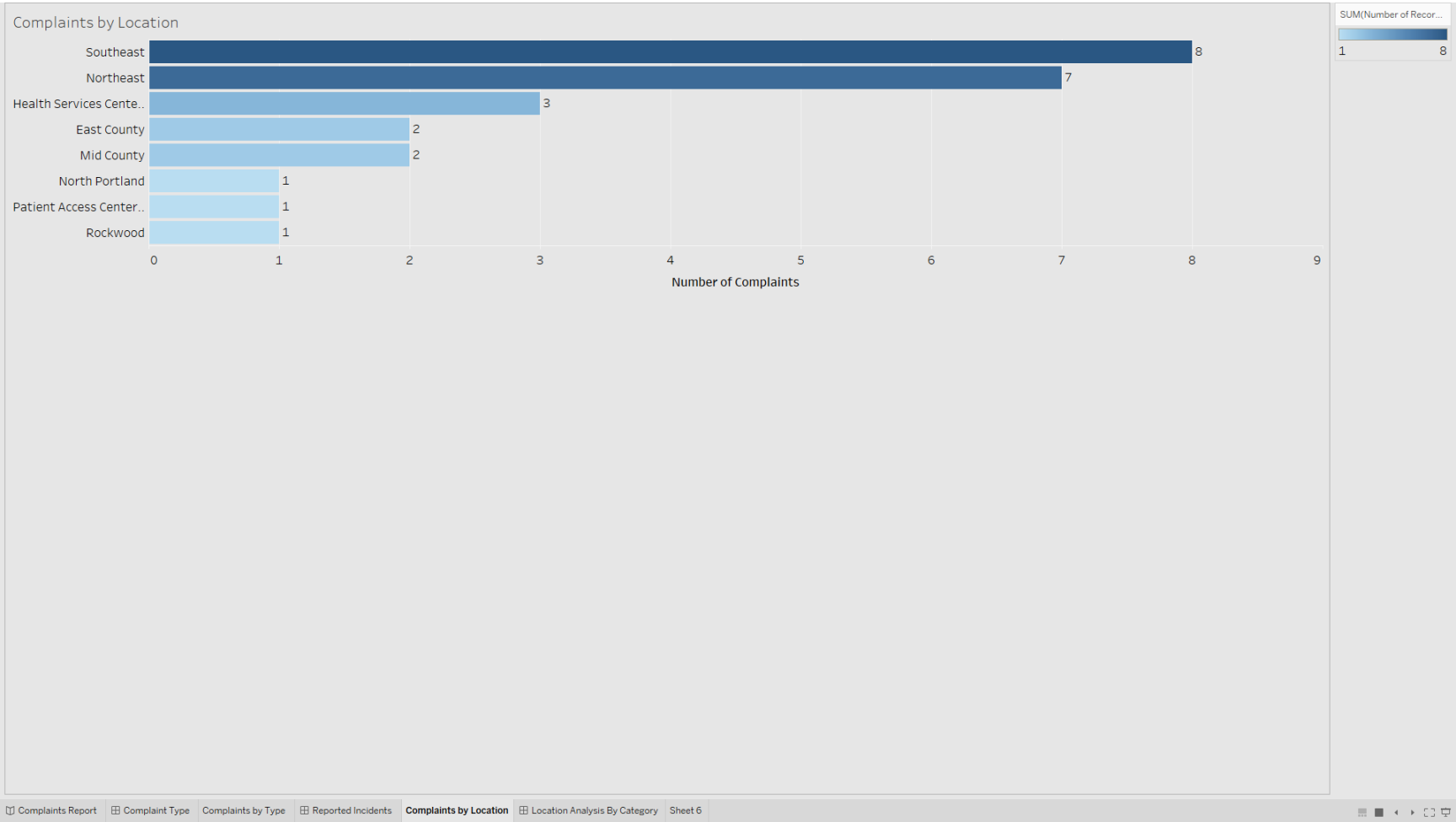
Clinic Site
(All)

By Quarter
2021 Q2

Clinic Comparison:
None

Complaints Report | Complaint Type | Complaints by Type | Reported Incidents | Location Analysis By Category | Sheet 6


Complaints by Service Area
Number of Complaints
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
18
6
1
Dental
Medical
Patient Access Center (PAC)
Complaints Report
Complaint Type
Complaints by Type
Reported Incidents
Complaints by Service Area
Location Analysis By Category
Sheet 6


Complaints by Location
Southeast
Northeast
Health Services Cente..
East County
Mid County
North Portland
Patient Access Center..
Rockwood
8
7
3
2
2
1
1
1
0
1
2
3
4
5
6
7
8
9
Number of Complaints
SUM(Number of Recor...
1
8
Complaints Report
Complaint Type
Complaints by Type
Reported Incidents
Complaints by Location
Location Analysis By Category
Sheet 6


Complaints by Month
Number of Complaints
14
12
10
8
6
4
2
0
14
6
5
April 2021
May 2021
June 2021
Complaints Report
Complaint Type
Complaints by Type
Reported Incidents
Complaints by Month
Location Analysis By Category
Sheet 6

Incidents Report

Reported Incidents | Incident by Type | Reported Pharmacy Med Dispensing Errors | Med Dispensing Error by Type | Definitions

Point of Reference: From 4/1/21 - 6/30/21: Primary Care completed 51,156 appts (includes Telehealth visits). Dental completed (aprox.) 22,225 appts.

Multnomah County

Reported Incidents

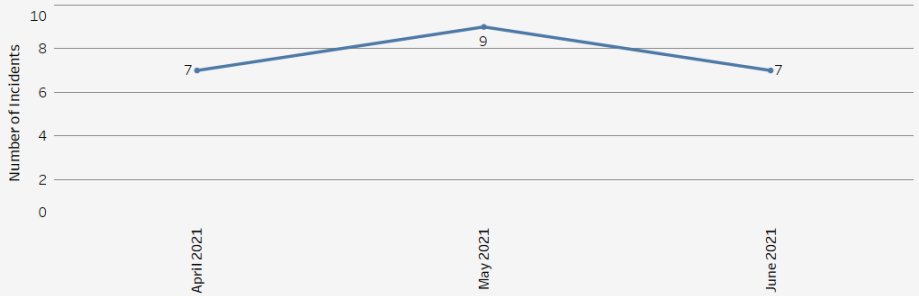
This report displays all of the incidents reported to ICS.

By Service Area
(All)

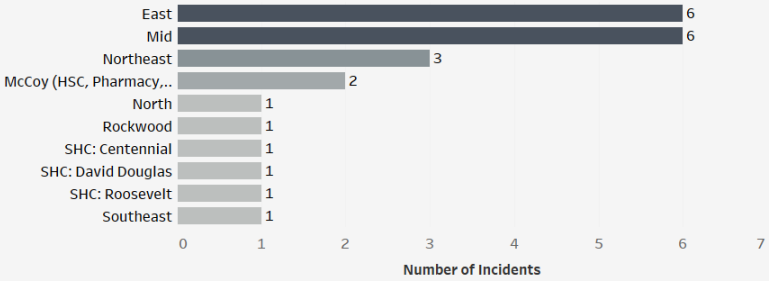
By Quarter:
2021 Q2

Subject Person Affected by Event:
Client

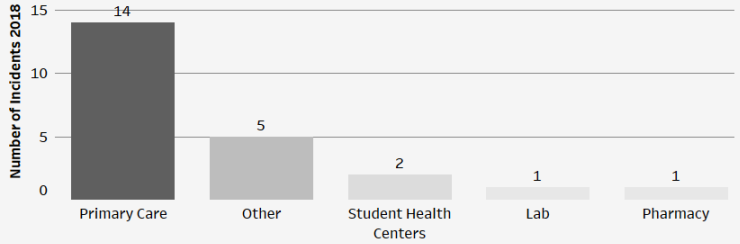
Incidents by Month



Incidents by Location



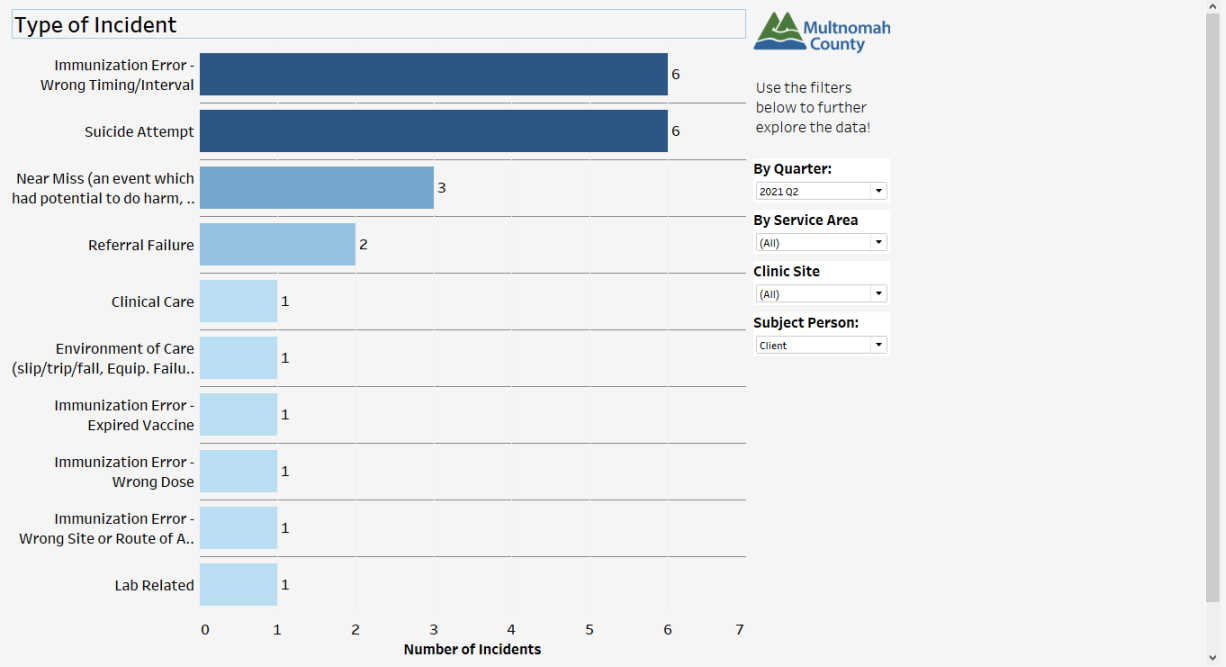
Incidents by Service Area



Incidents Report | Definitions | Incident Type | Pharmacy Med Error Descrip... | Reported Incidents | Reported Pharmacy Med Err...

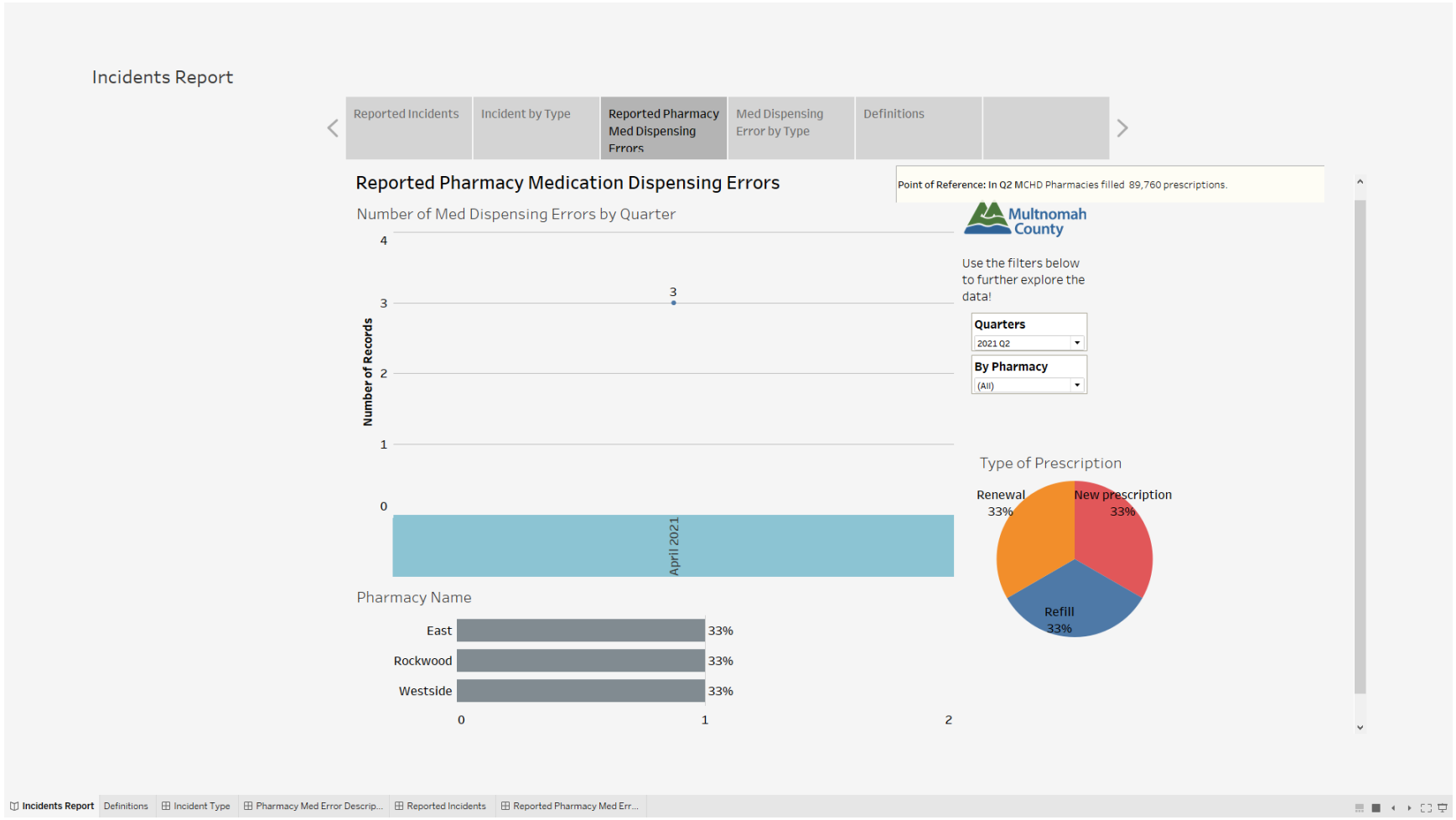
Incidents Report

Reported Incidents | **Incident by Type** | Reported Pharmacy Med Dispensing Errors | Med Dispensing Error by Type | Definitions



Incidents Report | Definitions | Incident Type | Pharmacy Med Error Descrip... | Reported Incidents | Reported Pharmacy Med Err...

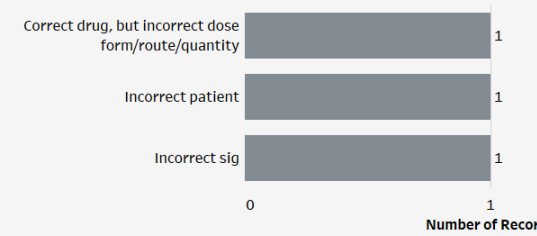
Incidents Report



Incidents Report

Type of Pharmacy Medication Dispensing Error

Description of Error



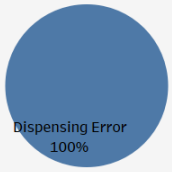
Multnomah County

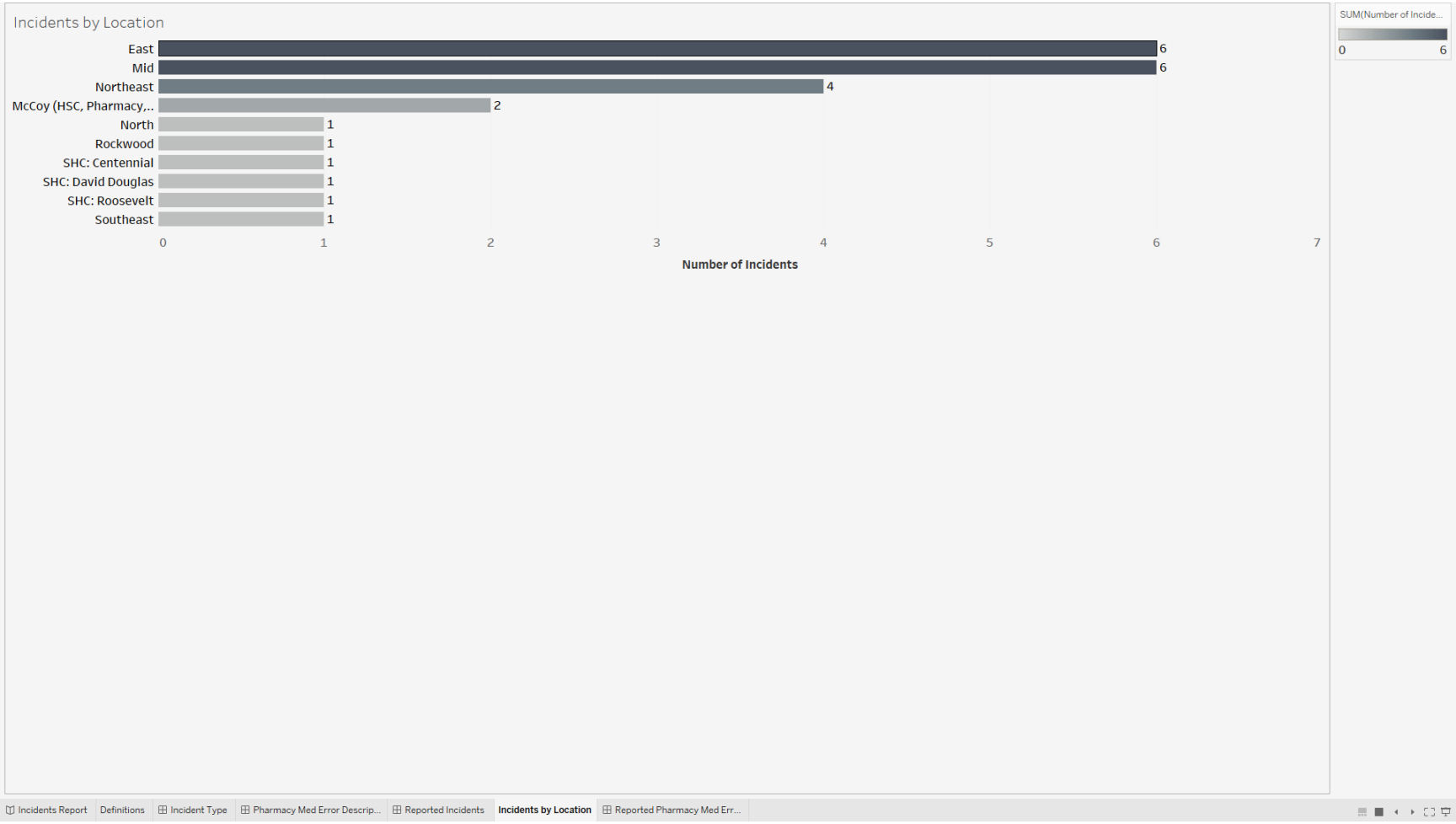
Use the filters below to further explore the data!

Quarters
2021 Q2

By Pharmacy
(All)

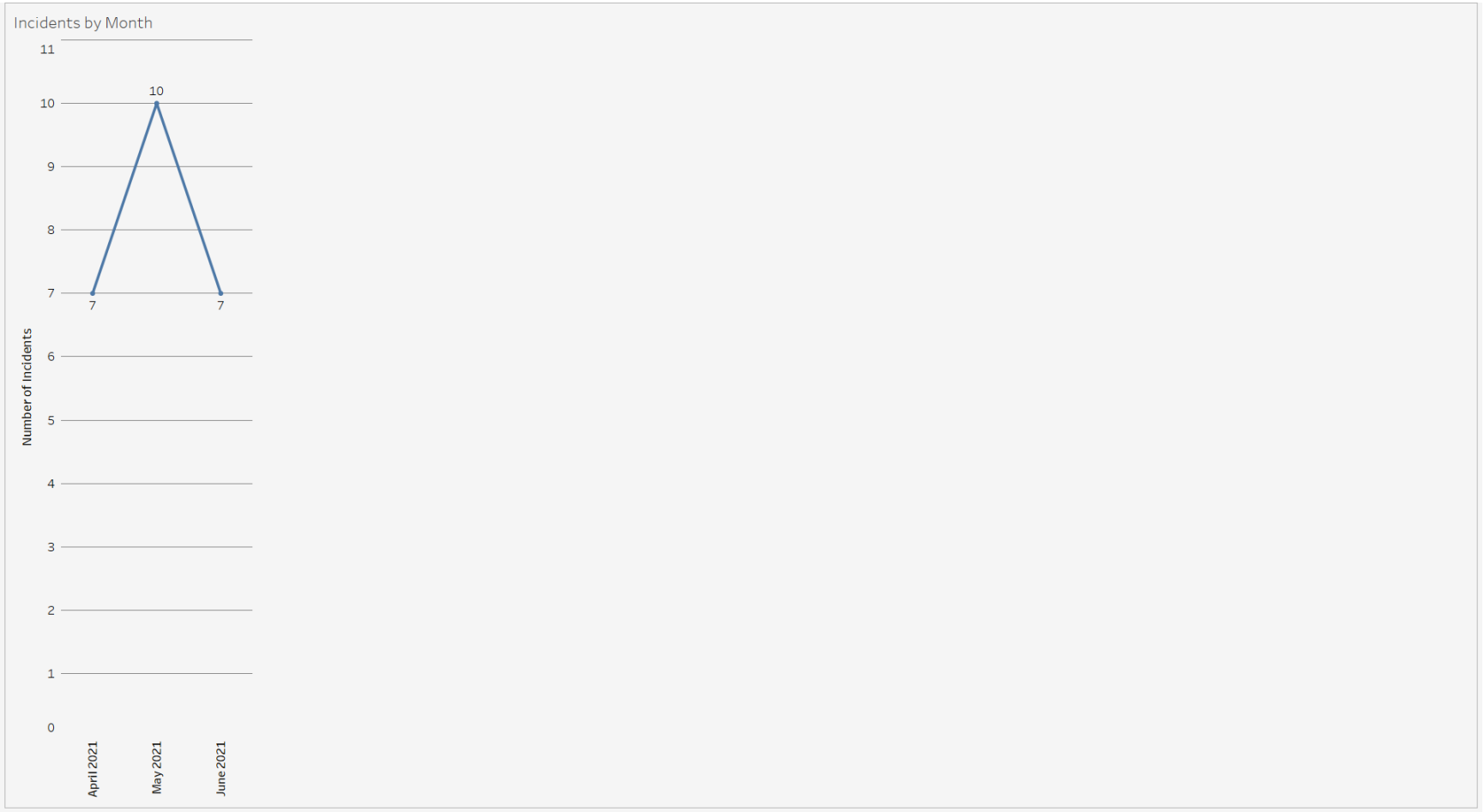
Type of Pharm Error (Near Miss not include in other calculations)





Incidents Report | Definitions | Incident Type | Pharmacy Med Error Descrip... | Reported Incidents | **Incidents by Location** | Reported Pharmacy Med Err...


Incidents by Service Area
Number of Incidents 2018
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
14
6
2
1
1
Primary Care
Other
Student Health Centers
Lab
Pharmacy
SUM(Number of Incide...
0
14


Incidents by Month
11
10
9
8
7
6
5
4
3
2
1
0
10
7
7
Number of Incidents
April 2021
May 2021
June 2021

Multnomah County
Health Department

MCHD Integrated Clinical Services (ICS)

2021 Quality Management Plan

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GLOSSARY OF TERMS

BCC	Board of County Commissioners
BPHC	Bureau of Primary Health Care
CHCB	Community Health Center Board, the Community Health Center's consumer-majority governing board
COACH	Clinical Oral Advocates for Coordinated Health
DCLT	Dental Care Leadership Team
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
HVA	Hazard Vulnerability Analysis
ICS	Integrated Clinical Services, a division of MCHD that includes the Community Health Center
IT	Information Technology
MCHD	Multnomah County Health Department
PST	Pharmacy Services Team
OSHA	Occupational Safety and Health Administration
PSS	Patient Satisfaction Survey
QA	Quality Assurance
QI	Quality Improvement
QLT	Quality Leadership Team
SLICS	Senior Leadership for Integrated Clinical Services
TJC	The Joint Commision

SECTION I: INTRODUCTION AND ORGANIZATION OVERVIEW

Integrated Clinical Services(ICS) is part of the Multnomah County Health Department (MCHD), which serves a population of more than 766,135 residents. MCHD employs over 1,300 full time equivalent staff (FTE) who provide services in disease prevention, food service inspections, emergency preparedness, environmental health, mental health and addiction services, and other core public health services.

ICS operates a Federally Qualified Health Center (FQHC) across Multnomah County. The FQHC offers primary care, dental care, behavioral health, pharmacy, laboratory, and enabling services.

The ICS 2021 Quality Management Plan pertains to these services offered within the Community Health Center. The Quality Management Plan establishes a quality improvement and quality assurance program that addresses requirements for health centers including:

- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes; and
- Patient safety, including adverse events.

Health Center Mission
Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Health Center Vision
Integrated. Compassionate. Whole person health.

Health Center Values

- Equitable care that assures all people receive high quality, safe, and meaningful care
- Patient and community determined: leveraging the collective voices of the people we serve
- Supporting fiscally sound and accountable practices which advance health equity and center on racial equity
- Engaged, expert, diverse workforce which reflect the communities we serve

Quality Management Framework

Purpose: An integrated and comprehensive approach that leads to a culture of quality, safety and excellence.

Goals:

1. Enable ICS leaders and key stakeholders (e.g., Community Health Center Board, Board of County Commissioners) to have a shared understanding about quality goals.
2. Support ICS to identify priorities, allocate resources, and monitor progress.
3. Provide guidance and support for high-quality person and family-centered services.

Key Assumptions:

- Creating a culture of quality, safety and excellence is a shared responsibility.
- Staff members at all levels (department, division, program and individual) have shared accountability for goals, outcomes and timelines.
- Sufficient resources will be allocated to implement quality activities.
- ICS staff members will use consistent language, tools and document management systems in implementing quality principles.

Key Components:

The Quality Management Framework guides our work and has four components:

1. **Quality Assurance:** An organizational system that ensures and monitors regulatory compliance for all patient care, treatment and services and manages risks across the full range of health center activities. The Quality Assurance Program includes: the assessment or evaluation of the quality of services delivered; identification and correction of problems or shortcomings in the delivery of services; and follow-up to ensure that corrections are sustained.

2. **Quality and Performance Improvement:** Quality Improvement continuously assesses the current state and looks for opportunities for performance improvement. Performance Improvement is the practice of using data to monitor progress toward goals. If target goals are not met or exceeded, improvement efforts need to happen. Together they create an organizational culture of proactive monitoring. The outcome should

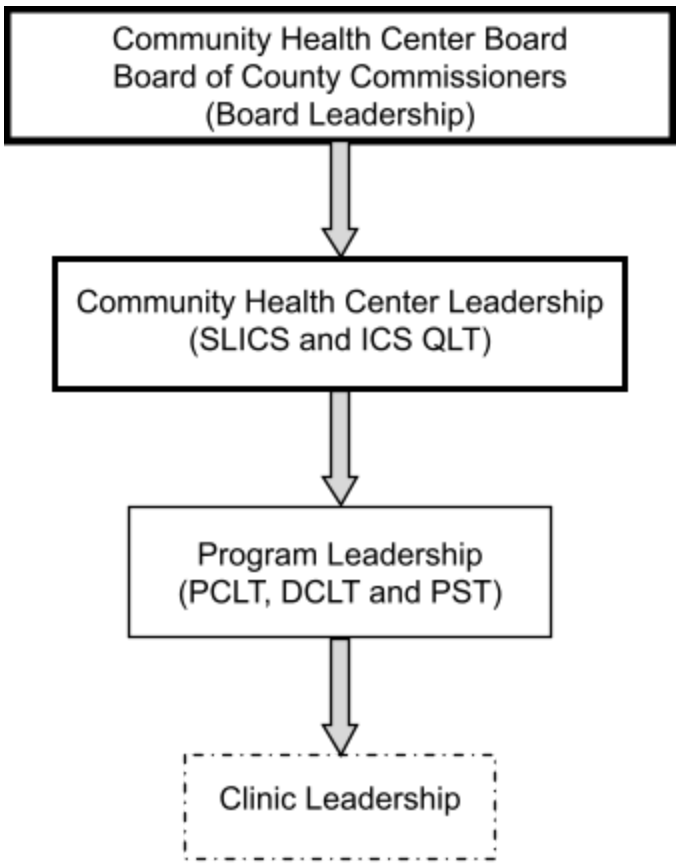
result in staff satisfaction, patient satisfaction, and overall improvements in program delivery or patient care.

3. **Clinical Systems Information / Health Information Services:** Clinical Systems Information includes information technology infrastructure, hardware and software applications, and support. Health Information Services encompasses the practices and policies to ensure client/patient confidentiality and access to health records.

4. **Systems Performance Management (Business Intelligence):** A systems approach to achieving strategic goals through the management, organization, and reporting of data and processes.

SECTION II: COMMUNITY HEALTH CENTER QUALITY STRUCTURE

Governance



Board Leadership

The Community Health Center Board (CHCB) is the consumer-majority governing board mandated by HRSA's Bureau of Primary Health Care (BPHC) to provide oversight of MCHD's Federally-Qualified Health Center (FQHC).

As a Co-Applicant Board, the CHCB shares governance responsibilities with Multnomah County's Board of County Commissioners. The Board of County Commissioners (BCC) retains authority over fiscal and personnel policies, while the CHCB retains other governance responsibilities required by HRSA. The Co-Applicant Board Agreement details specific sharing of governance responsibilities.

CHCB governance includes:

- **Annual QA/QI plan:** A new QA/QI plan is developed by management and approved by the CHCB each year. The plan includes the scheduled QA/QI activities and the goals for the BPHC core and other performance measures.
- **Staff QA/QI program reports:** The nature and frequency of QA/QI reports by health center staff made to the CHCB will vary but board reporting is essential. QA/QI reports are presented to the CHCB and Senior Leadership for Integrated Clinical Services (SLICS) as specified in this plan. Significant findings are noted at the CHCB meeting and provided regularly from clinical leaders.
- **Accreditation/certification reports:** The CHCB receives results of surveys by accrediting bodies such as The Joint Commission (TJC) Primary care Medical Home, TJC Ambulatory Health Care Accreditation Program, and TJC lab accreditation program.
- **External program and financial audit reports:** Funding sources often conduct on-site or other program and financial performance reviews. These reports are reviewed and shared with the CHCB as appropriate. Often these auditors meet with CHCB members as well. The auditor presents the required annual financial audit report to the full BCC for their approval. The BCC reviews and approves management's responses to audit findings and assure responses are incorporated into upcoming QA/QI activities as appropriate.
- **Patient satisfaction surveys:** Patient satisfaction surveys are a program requirement and an important component of a QA/QI program. These surveys are conducted at least annually and reported to the full CHCB.
- **Adverse incident reports:** The QA/QI program includes arrangements for identifying, documenting and reporting adverse incidents affecting patient satisfaction, staff satisfaction, safety, possible professional and general liability insurance claims, and the quality of clinical and management services. These reports and management's responses are regularly reported to the CHCB.
- **HRSA/BPHC required clinical and financial measures and the health center's performance:** The results of the HRSA/BPHC performance measures are reported at least annually. Other internally designated measures may be assessed and reported more frequently. Some may be incorporated into regular reports reviewed by the CHCB and in other QA/QI reports.

Meeting Frequency:

- CHCB Public Meeting: Monthly and as needed
- Executive Committee: Monthly and as needed
- Nominating Committee: Monthly and as needed
- Quality Committee: At least quarterly
- Bylaws, Strategic Planning, Ad-Hoc Committees: As needed

Membership:

- The Community Health Center Board has a range of nine to 25 members.
- A majority of CHCB members are patients who are served by MCHD/ICS Community Health Centers, consumer members, and who as a group represent the individuals being served. We have a member who represents homeless patients as a Health Care for the Homeless grantee.

The Multnomah County Board of Commissioners has four commissioners, each of whom are elected to the board by district. Elected countywide are a board chair, sheriff, district attorney and auditor. The elected officials represent the people of Multnomah County. The Board of County Commissioners also operates as the Multnomah County Board of Health for public health oversight (this is different from the Community Health Center program). In this role, the commissioners exercise budget and personnel authority over the community health center.

Meeting Frequency:

- Weekly and as needed

Membership:

- Chair
- Four County Commissioners (Districts 1, 2, 3 and 4)

Community Health Center Leadership

The **Senior Leadership for Integrated Clinical Services (SLICS)** team sets the direction and assures leadership alignment to achieve the vision and mission for the community health center. Clinical and operational leaders from each service area are represented on this team. SLICS is led by the community health center's Executive Director, whose working title is Integrated Clinical Services Director.

SLICS responsibilities include:

- Strategic planning and implementation of operational policies
- Assuring alignment and progress toward accomplishing strategic goals
- Providing quality and safety oversight for Community Health Center
- Development, review and response to operational, clinical and financial measures.

SLICS Meeting Frequency:

- Twice per month and as needed
- Retreats twice per year and as needed

SLICS Core Membership:

- ICS Director/Chief Executive Officer
- Strategy, Integration, and Pop Health Officer
- Clinical Excellence Officer
- Health Center Operations Officer
- Quality and Compliance Officer
- Health Center FInancial Officer
- Business Intelligence and Information Officer

SLICS Extended Membership:

- Primary Care Medical Director
- Pharmacy Director
- Lab Director
- Dental Director
- Deputy Operations Director
- Nursing Director

The **Integrated Clinical Services Quality Leadership Team (ICS QLT)** provides a forum for coordinated decision-making and implementation of quality across ICS. ICS QLT looks for opportunities to coordinate quality initiatives across ICS including: planning, assuring outcomes, and communicating key activities to stakeholders. This team is led by the Quality and Compliance Officer and the Clinical Excellence Officer.

QLT responsibilities include:

- Reform and define its purpose in a new organizational structure

QLT Meeting Frequency:

- 3x per year

QLT Membership:

- Senior Clinical and Administrative Leadership from Integrated Clinical Services
- Ad Hoc members
    - Quality Team Members

Program Leadership

The Health Center includes leadership teams that align with service lines and functions.

Primary Care Program Leadership:

The Primary Care Leadership Team (PCLT) provides program leadership for the community health center's medical and behavioral health services. The team includes clinical and operational leaders from each primary care site. This team decides service delivery changes, project implementations, and plans initiative roll-outs. They facilitate clinical and operational partnerships. The team identifies annual primary care and behavioral health quality improvement priorities.

PCLT responsibilities include:

- Review patient satisfaction results and identify improvement opportunities
- Review clinical performance measures and identify improvement opportunities
- Evaluate and approve operational and clinical initiatives
- Evaluate and approve quality improvement initiatives
- Ensure all initiatives align with ICS strategic goals.

Meeting Frequency:

- Monthly and as needed

Membership:

- Health Center Operations Officer
- Deputy Operations Director
- Nursing Director
- Health Excellence Officer
- Primary Care Medical Director
- Deputy Medical Directors
- Health Center Operations Manager
- Health Center Regional Managers
- Health Center Regional Nurse Managers
- Site Medical Directors

- Behavioral Health Program Manager
- Operations Supervisors
- Program Supervisors
- Quality and Compliance Officer
- Clinical Systems Information Manager
- Pharmacy Director
- Clinical Pharmacist Lead
- Lab Director
- Health Information Services Manager

Dental Program Leadership:

The Dental Care Leadership Team (DCLT) provides program leadership for the community health center's dental clinics, School and Community Oral Health Program and student rotations. The team includes clinical leadership and the operations leaders from each dental care site. This team reviews productivity, and revenue, metrics status, and decides service delivery changes, project implementation, and plans initiative roll-outs. DCLT also reviews personnel in clinics to collaborate on how best to improve co-worker relations for a healthy and safe environment for all. They build partnerships with organizations who have a stake in preventive services. The team evaluates the utility of services offered to identify quality improvement efforts with particular emphasis on increasing patient-centeredness and improving clinical outcomes.

DCLT responsibilities include:

- Review patient satisfaction results and identify improvement opportunities
- Review clinical performance measures and identify improvement opportunities
- Evaluate and approve operational and clinical initiatives
- Evaluate and approve quality improvement initiatives
- Discuss personnel and other HR matters related to providers

Meeting Frequency:

- Monthly and as needed

Membership:

- Dental Director
- Dental Program Manager
- Deputy Dental Director
- Dental Operations Administrators/Supervisors (each site)
- School and Community Oral Health Program Supervisor
- Dental Program Specialist Senior

Pharmacy Program Leadership

The Pharmacy Services program utilizes the lead pharmacist positions, also known as pharmacist-in-charge (PIC), to provide program operational and compliance leadership for the community health center's pharmacies.

PIC responsibilities include:

- Review patient satisfaction results and identify improvement opportunities.
- Review clinical performance measures and operations and identify improvement opportunities.
- Review Board of Pharmacy and 340B rules and regulations annually and as needed for continued compliance.
- Implement and evaluate quality improvement initiatives to optimize medication safety and adherence.

PIC Meeting Frequency:

- Monthly

Membership:

- Pharmacy Director
- Pharmacist Lead [Pharmacist in Charge(PIC)] from each site
- Pharmacy Program Manager
- Operation Supervisors

Pharmacy Services also employs six clinical pharmacists and a Clinical Pharmacist Lead who work among the clinic's multidisciplinary teams to provide enhanced medication management services to clients referred by primary care providers.

Clinical Pharmacist responsibilities include:

- Comprehensive Medication Reviews and Medication Management Support.
- Provide intensive management of diabetes, hypertension, cholesterol, and COPD.
- Patient and staff education on medications.
- Review clinical performance and productivity measures.
- Identify opportunities for improved prescribing and drug utilization.

Clinical Pharmacist Meeting Frequency:

- Monthly

Membership:

- Pharmacy Director
- Clinical Pharmacist Lead
- Clinical Pharmacists

Clinic Leadership

Primary Care Clinic Leadership Teams are clinic-specific and represent the managers, supervisors, and clinic leads. The Clinic leadership team manages staff, operations, budgets, and the direction for the clinical practice.

Primary Care Clinic Leadership responsibilities include:

- Review site-specific patient satisfaction results and identify improvement opportunities
- Review site-specific clinical performance measures and identify improvement opportunities
- Implement and evaluate the effectiveness operational and clinical initiatives
- Implement and evaluate the effectiveness of quality improvement initiatives

Meeting Frequency:

- Monthly and as needed

Membership (as applicable):

- Regional Health Center Manager
- Site Medical Director
- Operations Supervisor
- Regional Nursing Manager
- Program Supervisor (where applicable)
- Lead Staff

Primary Care Sustainability Teams are clinic-specific and represent different patient care teams and role groups, including clinic management. The role of sustainability teams is to sustain quality management successes and to address and resolve clinic-specific concerns, including issues related to patient services and workflows. All team members have a role in problem solving and implementing new initiatives. Sustainability Leadership responsibilities include:

- Sustain quality improvements
- Review local workflows
- Initiate quality improvement projects at the local level

Meeting Frequency:

- At least monthly and as needed

Membership may include:

- Provider representative
- Nurse representative
- Medical assistant representative
- Team clerical assistant representative
- Management representative
- Community Health Worker representative

ICS Quality Committee

The Quality Committee meets at least monthly and is responsible for reviewing quality initiative proposals which fall within the scope of the health center. The Quality committee will prioritize proposals/projects, commit resources, and will confirm deliverables and criteria for project end.

The committee is responsible for monitoring progress on initiatives, identifying key measures, creating and maintaining the Health Center Quality Work Plan and facilitating communication between quality staff, leadership and board.

Membership includes:

- ICS Quality Director
- Primary Care Operations Manager
- ICS Deputy Director
- Dental Program Manager
- Pharmacy Director
- HRSA Advisor
- Representation from the Medial Director's office
- Project Management Office (PMO) Supervisor
- Clinical Systems Information (CSI) Manager

Ad-hoc Members include:

- Integrated Clinical Services Director
- Primary Care Director
- Medical Director
- Dental Director
- Privacy Manager
- Laboratory Director

ICS RE.D.I. Committee

RE.D.I (Race/Ethnicity, Diversity, Inclusion) is the Health Center's initiative to focuses on eliminating institutional racism and racial inequity. It is critical to address all social justice issues, and we will center our efforts to lead with race as a health center approach that's necessary across the board. RE.D.I focuses on race as a guide to assist us with addressing and eliminating other oppressions.

Membership includes:

- Health Center Senior Leadership
- Health Equity Project Manager
- Health Equity Strategists
- Cross-functional leadership and staff

Community Health Center Board (CHCB) Quality Committee

The CHCB Quality Committee meets at least quarterly and is responsible for defining, prioritizing, overseeing and monitoring the Health Center's performance improvement activities, including patient and environmental safety. The primary duties of the CHCB Quality Committee include analyzing aggregate quality performance data, monitoring performance improvement efforts for effectiveness, and patient safety. The Quality Committee partners with Health Center leadership on developing the draft Annual Quality Plan for review and approval by the full board.

Membership includes:

- Up to three CHCB Board Members

SECTION III: QUALITY PROGRAM CORE FUNCTIONS

Quality Program Overview

The quality program's mission is to implement and sustain a culture of quality, safety, equity, and excellence within ICS. This is achieved by integrating the core functions of the Quality Team throughout the Community Health Centers. Under the leadership of the Quality Director, quality team members provide analysis, consultation, project management, program oversight, technical support, training and education. The Quality Team is divided into the following areas and core functions.

CORE FUNCTIONS	FIVE AREAS OF THE QUALITY & COMPLIANCE TEAM			
	Compliance and Quality Assurance	Quality and Performance management	Infection Prevention	Health information Services
HIPAA compliance and patient records management				X
Patient satisfaction and complaint management	X	X		
Patient safety	X		X	
Employee Safety	X		X	
Incident reporting and event management	X		X	
Provider licensing and credentialing				X
Employee training and education	X	X	X	X
Visual performance management	X	X	X	
Quality improvement, compliance, and quality assurance	X	X	X	
Risk management	X	X	X	X

HIPAA Compliance and Patient Records Management

The Community Health Center's Health Information Services unit is responsible for the release of information from patient medical records (approximately 1,000 requests for medical records are processed each month), reviewing chart codes for accuracy, and scanning documents into the electronic medical record and electronic dental record systems. This unit is also responsible for HIPAA privacy compliance for the Health Department.

The primary purpose of Health Information Systems is to ensure that information is released from patient medical records in accordance with all laws, rules and regulations governing confidentiality of medical records, and to process visits for billing as quickly as possible.

This Health Information Services unit is responsible for providing information about patient's HIPAA rights and responsibilities. This is provided in multiple languages and formats including brochures, websites, clinic front desks, and waiting room signage. This unit investigates each HIPAA breach. Each HIPAA breach requiring patient notification is reviewed and approved by the Integrated Clinical Services Director. In collaboration with the County Privacy Office, this unit develops HIPAA education for Community Health Center staff and providers.

Primary functions include:

- Protect the privacy/confidentiality of patient information by complying with all federal and state laws
- Respond promptly and appropriately to patient requests to exercise their privacy rights
- Provide efficient, timely, and accurate scanning and indexing of documents into the electronic medical and dental records
- Investigate all HIPAA privacy incidents, breaches and complaints
- Lead the ethical use of quality health information

Patient Satisfaction and Complaint Management

<u>Patient Satisfaction</u>

The Client Feedback and Awareness Program collects feedback through phone-based surveys, feedback provided by Care Oregon, and client comment cards from clients from Primary Care, Dental, and Pharmacy Services. This information guides decision makers and supports quality improvement.

Patient satisfaction surveys occur throughout the year for primary care, dental, and pharmacy services and are reported to the Community Health Center Board to provide status updates and seek feedback. In addition to patient satisfaction the Client Feedback and Awareness program also supports programs and pilot projects with specific client-focused evaluation and survey needs. This includes projects such as following up on why patients do not arrive for care and pilot evaluation of telephone services for student health and primary care services.

Complaint Management

Each complaint is investigated within five business days by clinic management at the location in which the complaint originated. Complaints may be filed in multiple ways:

- At the clinic site in person
- Via telephone
- Via email
- Via an anonymous comment card
- On patient satisfaction surveys
- Anonymously through the Multnomah County Auditor's Good Government Hotline
- Through HRSA, the Joint Commission, or patient's insurance carrier
- Through a Coordinated Care Organization

If there is evidence that the complaint exposes process failures or deficiencies, clinic management will coordinate with Quality Assurance to initiate any corrective actions that may be needed, which may include collaboration with Quality Improvement. All complaints targeting Community Health Center services are compiled and reported to leadership for review on a monthly basis.

Patient Safety

Performance-Based Audits

The Quality Assurance Program conducts quarterly performance-based audits using electronic health records data. The purpose of the audit is to ensure compliance with practice standards in primary care and dental services. Examples include:

- Appropriate use of the pain scale
- Use of the "time out" protocol prior to invasive procedures
- Length of time patient visit encounters are left "open" in electronic health record systems.

Clinical Audits

Clinical Audits are an essential component to patient safety through the evaluation of patient records and provision of care. The Medical and Dental Directors, or designees, conduct clinical audits annually for each provider using a standardized template. The review covers patient assessment, treatment plans, progress notes, and closure summaries. Dental reviews include: diagnostic criteria, medication review, medical problems, and clinical skills.

Infection Control Risk Assessment

A Health Department Infection Control Risk Assessment is conducted annually by the various departments embedded within ICS and Public Health. The assessment identifies infection control risk factors present within the Health Department. The Annual Infection Control Improvement Plans goals and objectives are based on these identified risks.

Infection Control Surveillance

Surveillance is an integral function within the Infection Control Program. Audits are conducted by the Health Department Infection Preventionists. The findings, along with identified action items, are shared with leadership within each department. The purpose of the audits is to ensure patient and employee safety, identify learning needs, and ensure that employees are competent in infection control and following best practice.

Incident Reporting and Event Management

The MCHD's guidelines (AGN.11.03) describe two classifications of events that must be reported. These are:

- **Incidents**: Any event (or near miss) that is not consistent with the routine operation of Health Department services and has resulted in a preventable adverse consequence, or the risk thereof. Some incidents may be identified after being reported by clients/patients in the form of a documented complaint."

- **Serious Patient Safety Event:** Any unanticipated and preventable event during, or as a result of clinical care that resulted, or could have resulted, in unexpected and significant physical or psychological harm to the patient.

The Quality Assurance Program, working in collaboration with Infection Prevention,sets reporting requirements, reviews event reports, coordinates investigations, analyzes results, presents findings, and maintains records of all reports. Monthly report summaries and an annual detailed summary of all events, injuries, errors, and complaints are provided to Community Health Center and SLICS leadership. The reports help identify trends or changes in clinic incidents and events as well as opportunities for improvement.

Reported events are reviewed by senior leadership. Based on this review, senior leadership may request an investigation. This investigation is conducted by the Quality Assurance Program who will include an event analysis and recommendations for corrective actions. Analytical methods, such as root-cause-analysis, failure-modes-effects-analysis, process analysis, and detailed interviews are used in the investigations and recommendations for corrective actions. Once corrective actions are in place, the program continues to monitor the corrections to ensure that similar events will not occur. Results of analyses and corrective actions are reported to the appropriate clinic leaders monthly.

Employee Safety

The Quality Assurance Program, in collaboration with Infection Prevention, ICS Risk Management within the Quality Program, Primary Care Senior leadership, Dental Senior Leadership, Pharmacy Senior Leadership and County Risk Management office, facilitates employee risk reduction by ensuring that applicable safety regulations, guidelines, and standards are being followed. Quality Assurance activities include:

- Monthly assessment of new staff to identify licensing and training needs
- Regular review of clinic site plans and policies such as HAZCOM, Bloodborne Pathogens, Safety and Evacuation, Workplace Violence Response, and Utility Failure Response
- Quarterly inspections as mandated by OSHA
- Semi-annual on-site tours at every primary care, school-based health center and dental site to assess compliance to Joint Commission, OSHA, HRSA, and MCHD requirements

Additionally, the Quality Program collaborates with Community Health Center leadership annually to assess a variety of risks due to natural, technological or human causes with the annual Hazard Vulnerability Analysis (HVA). Each clinic performs a local risk assessment by evaluating the risks for site-specific issues such as violence, crime, fires, and confidentiality violations. These assessments allow groups such as the Sustainability Teams and Safety Committees to analyze probability and risk over time and prepare when there is demonstrated increase of risk.

Provider Licensing and Credentialing

All MCHD providers are credentialed at the time of hire and are re-credentialed at least every two years. MCHD establishes and maintains credential files for each provider in compliance with HRSA, Joint Commission, and MCHD policies.

MCHD credentialing and privileging policy HRS.04.03 is reviewed and approved by the CHCB. Quarterly, the Medical Director presents fully credentialed and privileged Licensed Independent Practitioners (LIP) to the CHCB for review and approval.

Provider credential files are maintained in a secure, locked location and/or in secure, restricted-access electronic files to prevent unauthorized access and in order to protect the privacy and confidentiality of providers.

The responsibility for maintaining licenses, credentials and privileges aligns with each Community Health Center program area:

- Dental Director – dentists, dental hygienists, other dental program staff
- Medical Director – physicians, nurse practitioners, physician assistants, LCSWs, other primary care program staff
- Human Resources - nurses and other nursing staff, and CMAs
- Pharmacy Director - pharmacists, pharmacy technicians, and clinical pharmacists

Clinical leaders (Dental Director, Medical Director, Clinical Pharmacist Lead) conduct privilege reviews and approvals for the clinicians who operate under their responsibility. Documentation of competence can be provided through training documentation and demonstrated proficiency.

Human Resources is responsible for monitoring licenses and certifications for other Licensed or Certified Practitioners

Employee Training and Education

MCHD has an employee training and education program. All new MCHD employees are required to take trainings, i.e. new nurse orientation, new provider orientation, or review policies that are specific to their role.

Additionally, providers and other staff have training budgets allocated for professional development and maintaining clinical competencies. Provider, RN, and CMA trainings occur regularly through Grand Rounds.

MCHD tracks required staff trainings in various systems, including Workday and HealthStream.

Visual Performance Management

Visual Performance Management is a quality management tool used throughout the Community Health Centers. This is accomplished by using Sustainability Boards which are located in each clinic to ensure that staff are aware of quality initiatives and obtain the same information in the same way at the same time. All staff can see and understand workplace priorities, target measures, and current performance status at a glance.

Providers, clinic staff, and management use dashboards and other visual displays to track clinical, financial, and operations performance measures. These dashboards are integrated into quality management at all levels of leadership and support decision-making and oversight of the clinics.

Quality Improvement

Quality Improvement recommendations identify the change that is needed, determine deadlines for corrective action and assign responsibility. The Quality Program is accountable to the clinical and senior leadership of primary care, dental, and pharmacy services, for the findings, conclusions, recommendations, actions taken, and results of the corrective or improvement actions taken. The Primary Care Medical Director and the Dental Director have responsibility for clinical quality measures within their areas.

Compliance and Quality Assurance

An essential part of quality management is the on-going review and maintenance of data reports that fall within the Quality Program core functions to assure conformance to internal and external standards. Oversight by the Quality Program, working in collaboration with the Primary Care Medical Director and Dental Director, includes data collection, monitoring performance measures, the appropriateness of patient care delivered, coordinating reporting, making recommendations and leading initiatives to address the recommendations. The Quality Assurance activities monitor the compliance to Joint Commission Standards as well as all applicable State and Federal requirements and regulations.

Risk Management

Risk Management activities are performed to support the overall mission and vision of the health centers as they pertain to clinical risk and patient safety. This part of the Quality Program supports the establishment of a safety culture that emphasizes implementing evidence-based best practices, learning from error analysis, and ensuring that risks across the spectrum of clinical services are identified and either eliminated or controlled through assessments, reporting, analysis and proactive mitigation.

Quality Reports

The following reporting schedule outlines key reports, the frequency of review and by whom it will be reviewed and/or approved. By keeping with this schedule, the Community Health Centers have a clear process for continual quality improvement, leadership oversight, decision making, and communication opportunities throughout the organization.

abbreviations
CHCB= Community Health Center Board
SLICS= Senior Leadership, Integrated Clinical Services
QLT = Quality Leadership Team

Quality Program Reports	**Frequency and Reviewed By**			
	Bi-weekly	**Monthly**	**Quarterly**	**Annually**
Patient Satisfaction Survey Results			SLICS Clinic Leadership CHCB	
Summary Report of Patient Complaints *(Complaints are reviewed as they are received by the Quality team and pertinent leadership)*			SLICS Clinic Leadership CHCB	
Summary Report of Safety Events (Patient and Employee Incidents)			SLICS Clinic Leadership CHCB	
Clinical Performance Measures, UDS Report	Clinic Leadership	Clinic Leadership	SLICS Clinic Leadership CHCB	CHCB
Financial Performance Measures		SLICS Clinic Leadership CHCB	SLICS Clinic Leadership	CHCB
Operational Performance Measures		Clinic Leadership	SLICS Clinic Leadership	CHCB (UDS)
Risk Management Activities				CHCB SLICS

SECTION IV: QUALITY PRIORITIES 2021/2022

Every year the Community Health Center selects focus areas for delivering better patient-centered care. Priorities are identified at each leadership level (CHCB, Community Health Center, Program, and Clinic) based on the key quality reports, data trends and performance outcomes from the previous year. Program and Clinic Leadership staff develop specific measures to address these priorities, and Community Health Center leadership ensures that the priorities are applied across ICS. Patient Services and Disease Management are the leading priorities for 2020. Prioritizing these areas will improve patient health outcomes while also improving how that care is delivered.

Quality Priorities: Patient Services			
	Goals	**Objectives**	**Measurements**
Medical	Engaged patients will experience improved health care and have increased satisfaction.	Improve culturally responsive care within patient interactions and delivery, including technology access.	• Maintain patient satisfaction at or above 90% as measure by annual patient satisfaction survey questions on culturally responsive service delivery (Q17): "When you visit the clinic, how often are you treated in a way that respects your personal, cultural, and language needs?" 2019 average was 95%. • Analyze potential disparities and differences in patient satisfaction by language and race. • MyChart Current average is 31% for Primary Care patients. Goal is to increase to 34%.
Dental	Increase the number of MCHD patients that are co-engaged	To increase the number of patients engaged in both PC and dental in CY 2020. Will include an assessment of outreach strategies.	• 28% of patients will be co-engaged between PC and dental in CY2021.
Pharmacy	MCHD health clinic clients choose in-house MCHD pharmacies due to expected high level quality of care and customer service.	Providing high quality patient services that are meaningful and viewed as helpful by the client.	MCHD clients are surveyed for client satisfaction. • Increase in capture rate (% of prescriptions written by MCHD providers that are sent to MCHD pharmacies).

Quality Priorities: Disease Management			
	Goals	**Objectives**	**Measurements**
Medical	Clients will attain the best quality of life supported by their health care team.	Provide patient centered care utilizing all members of the care team to simplify disease management and promote preventive care outreach and management.	100% of the teams in each clinic will utilize team-specific clinical performance dashboards to drive local improvement for processes and health outcomes. Utilize the updated diabetes care pathway, including a multidisciplinary group to engage patients who qualify for diabetes care management. Create specific outreach strategies for patients with diabetes engagement with behavioral health: ● 12% of all clients with diabetes meet with Behavioral Health Providers.
Dental	Increase rate of comprehensive/ recall dental exams for patients with diabetes.	Outreach specifically designated to target hard to reach patients with diabetes who have not had a dental claim in the past 12 months	● 32% of eligible patients with diabetes will receive a dental exam
Pharmacy -Clinical	Achieve Multnomah County Health Department Clinical Metrics for Diabetes and Hypertension	Reduce Morbidity and Mortality associated with Diabetes and Hypertension	The percentage of patients who meet the Multnomah County Health Department metrics for Diabetes and Hypertension, as defined by HealthShare.

SECTION V: 2021 WORK PLAN

Work Plan: Patient Services			
	Objectives	**Activities**	**Timeline**
Medical	**Culturally Responsive Care:** Improve culturally responsive care within patient interactions and delivery	**Culturally Responsive Care:** Ujima in Health Project: Aims to bring community voice to the health center. The goal of this project is to use listening sessions with community members from each region of our health center services. The intent is to better understand each community's health needs and define what quality health care means to them. This project seeks to gain an understanding of the communities, improve the patient experience and to strengthen trust with the community.	**Culturally Responsive Care:** ● Ujima in Health Project- Host five listening sessions attended by members of a representative community group by June 2021.
	Technology access: Increase EHR MyChart enrollment by 3%.	**Technology access:** Promote and publicize MyChart through lobby screens, patient materials, and interactions with patients.	**Technology Access:** ● Summer 2021: Identify options with OCHIN to develop Health Center-branded MyChart interface ● Ongoing: Update and develop MyChart promotions through lobby screens, patient materials and communications, phone calls, and other interactions with patients

Dental	Encourage co engaged patient care at dental	-Utilize signage to promote other on site services -Expand first tooth strategy and diabetes referral pathways -Universal front desk will be trained to offerco-engagement	Work with communications team to improve signage on services offered by ICS - timeline July 2021 First tooth - Pilot is underway at NE - ongoing North Portland opened a dental clinic at the North Portland Health center to offer co-located dental services - completed Feb 2021, Universal front desk pilot Fall 2021
Pharmacy	MCHD health clinic clients choose in-house MCHD pharmacies	Providing high quality patient services that are meaningful and viewed as helpful by the client.	Targeted measures: ● Double the amount of clients enrolled in medication synchronization (med sync also known as auto-refills) prioritizing individuals with significant barriers with the standard refill process such as those with a preferred language other than English who are disabled or homeless.
Work Plan: Disease Management			
	Objectives	**Activities**	**Timeline**
Medical	Provide patient centered care utilizing all members of the care team to simplify disease management and promote preventive care outreach and management.I	**Diabetes Care:** ● Outreach to clients who are due for a diabetes follow-up visit and lab work ● Review of DM lists at team meeting monthly to determine client centered needs to achieve glycemic control ● Referral to Diabetes Education Management Program for all appropriate clients with A1C >9 (RN and CHW) ● Referral to Clinical Pharmacist for collaborative drug management for clients with uncontrolled diabetes and/or hypertension. ● Referral to Behavioral Health Provider for all	**Diabetes Care:** Q1 - Train and Roll out Diabetes Order Panel Smartset Q2 - Train and Roll out Diabetes Diagnosis process including dot phrase, algorithm, Diabetes, diagnosis letters and script. Develop A1c phone reminder process and report Q3 - Roll out A1c reminder phone outreach processQ4 Evaluate processes with survey and retrain. **Dashboards:** On a monthly basis clinic care teams will review performance rates of colorectal cancer screening, tobacco use and cessation, and depression screening and follow-up Teams will develop a team-level PDSA and track their performance and adjust their PDSA depending on the results.

		appropriate clients with A1C >9 **Clinical Performance:** ● Review clinic performance rates of colorectal cancer screening, tobacco use and cessation, and depression screening and follow-up	
Dental	Increase % of patients with diabetes , Improve disease management - Diabetes	Integrated referral from PC to dental for folks dealing with Diabetes: pilot at NE Gift card incentives for patients dealing with diabetes for completing a dental exam visit	Ongoing Aug/ Nov 2021
Pharmacy	Improve Disease management - Hypertension	Clinical Pharmacist Collaborative Drug Therapy Management (CDTM)- the participation by a practitioner and a pharmacist in the management of drug therapy	Ongoing
	Improve Disease management- Type II Diabetes Mellitus	Clinical Pharmacist CDTM	Ongoing
	Improve Disease management- Chronic Obstructive Pulmonary Disease (COPD)	Clinical Pharmacist CDTM	Ongoing

2021-2022 Quality Work Plan Review and Approval

Community Health Center Board ● Reviewed and approved annually ● Record of approval in meeting minutes	
Approval by Community Health Center Board (represented by CHCB Chair):	**Signature and Date:**
Senior Leadership for Integrated Clinical Services (SLICS) ● Reviewed and approved annually ● Record of approval in meeting minutes	
Approval by SLICS (represented by ICS Director):	**Signature and Date:**

CHCB: Quality Plan 2021

Brieshon D'Agostini *(she/her)*
Health Center Quality & Compliance Officer

What is the Quality Plan?

The Quality Management Plan establishes a quality improvement and quality assurance program that addresses requirements for health centers including:

- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes; and
- Patient safety, including adverse events.

What has changed?

- Housekeeping changes

- RE.D.I. Committee

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Membership includes:

- Health Center Senior Leadership
- Health Equity Project Manager
- Health Equity Strategists
- Cross-functional leadership and staff

Health Center Quality Priorities

Patient Services			
	Goals	**Objectives**	**Measurements**
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Dental	Increase the number of MCHD patients that are co-engaged	To increase the number of patients engaged in both PC and dental in CY 2020. Will include an assessment of outreach strategies.	• 28% of patients will be co-engaged between PC and dental in CY2021.
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Health Center Quality Work Plan

Multnomah County Health Department
Community Health Center

Patient Services			
	Objectives	**Activities**	**Timeline**
Medical	**Culturally Responsive Care:** Improve culturally responsive care within patient interactions and delivery	**Culturally Responsive Care:** Ujima in Health Project: Aims to bring community voice to the health center. The goal of this project is to use listening sessions with community members from each region of our health center services. The intent is to better understand each community's health needs and define what quality health care means to them. This project seeks to gain an understanding of the communities, improve the patient experience and to strengthen trust with the community.	**Culturally Responsive Care:** • Ujima in Health Project- Host five listening sessions attended by members of a representative community group by June 2021.
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Dental	Encourage co engaged patient care at dental	-Utilize signage to promote other on site services -Expand first tooth strategy and diabetes referral pathways -Universal front desk will be trained to offerco-engagement	Work with communications team to improve signage on services offered by ICS - timeline July 2021 First tooth - Pilot is underway at NE - ongoing North Portland opened a dental clinic at the North Portland Health center to offer co-located dental services - completed Feb 2021, Universal front desk pilot Fall 2021
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Health Center Quality Priorities

Multnomah County Health Department
Community Health Center

Disease Management			
	Goals	**Objectives**	**Measurements**
Medical	Clients will attain the best quality of life supported by their health care team.	Provide patient centered care utilizing all members of the care team to simplify disease management and promote preventive care outreach and management.	100% of the teams in each clinic will utilize team-specific clinical performance dashboards to drive local improvement for processes and health outcomes. Utilize the updated diabetes care pathway, including a multidisciplinary group to engage patients who qualify for diabetes care management. Create specific outreach strategies for patients with diabetes engagement with behavioral health: • 12% of all clients with diabetes meet with Behavioral Health Providers.
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Health Center Quality Work Plan

Multnomah County Health Department
Community Health Center

Disease Management			
	Objectives	**Activities**	**Timeline**
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Dental	Increase % of patients with diabetes , Improve disease management - Diabetes	Integrated referral from PC to dental for folks dealing with Diabetes : pilot at NE Gift card incentives for patients dealing with diabetes for completing a dental exam visit	Ongoing Aug/ Nov 2021
Pharmacy	Improve Disease management - Hypertension	Clinical Pharmacist Collaborative Drug Therapy Management (CDTM)- the participation by a practitioner and a pharmacist in the management of drug therapy	Ongoing

Next steps

Questions?

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

July 2021

Updated 07/08/2021

Version 1.5

Prepared by: Financial and Business Management Division

Multnomah County Health Department
Community Health Council Board - Financial Statement
For Period Ending May 31, 2021

Community Health Centers

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – PC 330 (BPHC): The Bureau of Primary Health Care grant revenue is isolated here. This grant is also known as the Primary Care 330 (PC

Medicaid Quality and Incentives (formerly Grants – Incentives): External agreements that are determined by meeting certain metrics.
Grants – All Other: The County receives various Federal and State grants for specific programmatic purposes.

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits.

Contracts: professional services that are provided by non County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.

Internal Services	Allocation Method
Facilities/Building Mgmt	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count (HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Capital Expenditures- purchase of capital items that cost $5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.

Multnomah County Health Department
Community Health Council Board - Financial Statement
For Period Ending May 31, 2021

Community Health Centers — 11 May — 92%

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec
Revenue									
County General Fund Support*	$ 10,121,214	$ 6,706,293	$ (3,414,921)	$ 558,858	$ 558,858	$ 558,858	$ 558,858	$ 558,858	$ 558,858
General Fund Fees and Misc Rev	$ -	$ -	$ -	$ 4,818	$ 17,641	$ 7,271	$ 6,157	$ 5,273	$ 5,862
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ -	$ 1,056,312	$ 1,004,805	$ 1,022,045	$ 1,009,220	$ (102,209)
Grants - COVID-19	$ -	$ 8,418,152	$ 8,418,152	$ -	$ -	$ 32,174	$ 25,007	$ 12,498	$ 32,799
Grants - All Other	$ 9,036,672	$ 6,671,152	$ (2,365,520)	$ 698,819	$ 496	$ 933,577	$ 784,981	$ 811,960	$ 684,513
Medicaid Quality & Incentives	$ 6,722,000	$ 6,722,000	$ -	$ -	$ -	$ 682,500	$ 2,424,515	$ 5,408	$ 568,655
Health Center Fees	$ 109,550,304	$ 106,848,784	$ (2,701,520)	$ 779,461	$ 13,191,600	$ 6,340,430	$ 9,475,457	$ 6,798,063	$ 7,615,455
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ 29,056	$ 57,042	$ 45,990	$ 86,436	$ 39,337	$ 51,407
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ 209,629
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 149,154,959**	**$ 149,091,150**	**$ (63,809)**	**$ 2,280,640**	**$ 15,091,577**	**$ 9,815,232**	**$ 14,593,084**	**$ 9,450,246**	**$ 9,624,968**
Expense									
Personnel	$ 98,585,933	$ 94,518,503	$ (4,067,430)	$ 7,233,842	$ 7,033,847	$ 7,679,089	$ 7,607,023	$ 7,382,760	$ 7,864,022
Contracts	$ 4,654,127	$ 3,936,433	$ (717,694)	$ 90,123	$ 80,949	$ 267,579	$ 207,258	$ 384,705	$ 406,108
Materials and Services	$ 18,216,003	$ 22,204,871	$ 3,988,869	$ 1,461,548	$ 1,692,024	$ 1,305,266	$ 1,676,618	$ 1,628,953	$ 1,555,929
Internal Services	$ 27,437,897	$ 28,170,343	$ 732,446	$ 1,087,730	$ 2,743,492	$ 1,807,649	$ 2,211,768	$ 2,064,364	$ 1,506,898
Capital Outlay	$ 261,000	$ 261,000	$ -	$ 8,396	$ -	$ -	$ -	$ -	$ 16,378
Total	**$ 149,154,959**	**$ 149,091,150**	**$ (63,809)**	**$ 9,881,639**	**$ 11,550,311**	**$ 11,059,583**	**$ 11,702,666**	**$ 11,460,782**	**$ 11,349,335**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ (7,600,999)**	**$ 3,541,266**	**$ (1,244,352)**	**$ 2,890,418**	**$ (2,010,536)**	**$ (1,724,368)**

Multnomah County Health Department
Community Health Council Board - Financial Statement
For Period Ending May 31, 2021

Community Health Centers — 11 May — 92%

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	11 May	12 Jun	Year to Date Total	% YTD	FY20 YE Actuals
Revenue												
County General Fund Support*	$ 10,121,214	$ 6,706,293	$ (3,414,921)	$ 558,858	$ 558,858	$ 558,858	$ 558,858	$ 558,858	$ -	$ 6,147,435	92%	$ 10,803,795
General Fund Fees and Misc Rev	$ -	$ -	$ -	$ 12,845	$ 8,426	$ 4,803	$ 13,757	$ 8,483	$ -	$ 95,334		$ -
Grants - PC 330 (BPHC)	$ 9,994,455	$ 9,994,455	$ -	$ 9,974	$ 863,403	$ 915,521	$ 985,313	$ 903,650	$ -	$ 7,668,033	77%	$ 10,774,541
Grants - COVID-19	$ -	$ 8,418,152	$ 8,418,152	$ 57,753	$ 52,073	$ 7,495,960	$ 316,270	$ 308,890	$ -	$ 8,333,423	99%	$ 3,902,288
Grants - All Other	$ 9,036,672	$ 6,671,152	$ (2,365,520)	$ 278,485	$ 744,901	$ 337,024	$ 690,440	$ 907,309	$ -	$ 6,872,505	103%	$ 9,872,826
Medicaid Quality & Incentives	$ 6,722,000	$ 6,722,000	$ -	$ (5,408)	$ 1,188,184	$ 2,705,847	$ 1,139,211	$ 568,325	$ -	$ 9,277,238	138%	$ 18,884,812
Health Center Fees	$ 109,550,304	$ 106,848,784	$ (2,701,520)	$ 8,289,096	$ 7,389,581	$ 7,241,622	$ 10,561,382	$ 7,754,674	$ -	$ 85,436,821	80%	$ 90,994,209
Self Pay Client Fees	$ 1,214,770	$ 1,214,770	$ -	$ 55,796	$ 58,356	$ 71,582	$ 65,049	$ 55,974	$ -	$ 616,026	51%	$ 830,224
Beginning Working Capital	$ 2,515,544	$ 2,515,544	$ -	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ 209,629	$ -	$ 2,305,915	92%	$ -
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -
Total	**$ 149,154,959**	**$ 149,091,150**	**$ (63,809)**	**$ 9,467,028**	**$ 11,073,411**	**$ 19,540,845**	**$ 14,539,909**	**$ 11,275,792**	**$ -**	**$ 126,752,730**	**85%**	**$ 146,062,695**
Expense												
Personnel	$ 98,585,933	$ 94,518,503	$ (4,067,430)	$ 7,389,020	$ 7,180,581	$ 7,549,567	$ 7,190,690	$ 7,196,258	$ -	$ 81,306,698	86%	$ 88,695,600
Contracts	$ 4,654,127	$ 3,936,433	$ (717,694)	$ 295,805	$ 178,514	$ 134,688	$ 420,285	$ 334,927	$ -	$ 2,800,942	71%	$ 4,764,622
Materials and Services	$ 18,216,003	$ 22,204,871	$ 3,988,869	$ 1,694,300	$ 1,350,048	$ 1,552,153	$ 1,447,100	$ 1,710,998	$ -	$ 17,074,938	77%	$ 19,361,647
Internal Services	$ 27,437,897	$ 28,170,343	$ 732,446	$ 2,166,857	$ 1,392,674	$ 2,846,696	$ 1,535,263	$ 2,348,773	$ -	$ 21,712,164	77%	$ 25,623,565
Capital Outlay	$ 261,000	$ 261,000	$ -	$ -	$ 26,499	$ 14,552	$ -	$ -	$ -	$ 65,825	25%	$ 209,531
Total	**$ 149,154,959**	**$ 149,091,150**	**$ (63,809)**	**$ 11,545,982**	**$ 10,128,317**	**$ 12,097,655**	**$ 10,593,338**	**$ 11,590,956**	**$ -**	**$ 122,960,566**	**82%**	**$ 138,654,965**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ (2,078,954)**	**$ 945,094**	**$ 7,443,189**	**$ 3,946,570**	**$ (315,165)**	**$ -**	**$ 3,792,165**		**$ 7,407,730**

Multnomah County Health Department
Community Health Council Board - Financial Statement
For Period Ending May 31, 2021

Notes:
Financial Statement is for Fiscal Year 2021 (July 2020 - June 2021). Columns are blank/zero until the month is closed.

The Revised Budget differs from the Adopted Budget due to the following budget modifications:

> A vacant Senior Finance Manager position was moved from an out-of-scope program in the Financial and Business Management division to an in-scope program in Integrated Clinical Services. General Fund Support and Personnel each increased by $161 thousand.
> $37 thousand Public Health Title V revenue (Grants - All Other) and $37 thousand expenses (Materials & Supplies) were transferred from an out-of-scope Environmental Health program to an in-scope Early Childhood Services program.
> Three positions in ICS were reclassified to better align employees' job titles with their responsibilities. Personnel costs and internal services (indirect expense) increased by $4 thousand, with an offsetting reduction to Materials and Services.

July - August was FY20 year end close. Health center fee's for July were booked in August. Health center fee's in October are approximating our monthly budgeted amount.

Grants- PC 330 (BPHC): Invoicing typically occurs one month after expenses. This is a typical timeline.

Grants- All Other: Behavioral Health Grants revenue receipt from July to September received in July. We expect to receive this revenue monthly starting in October.

Programs don't always spend in a uniform manner, sometimes they fluctuate, especially w/ school based grants, where spending is concentrated throughout operational months.

Expenses for a period are invoiced in the next period as per the typical timeline.

Expenditures are tracking at 82% which is primarily due to personel and internal services which are tracking at 86% and 77% respectively.

Multnomah County Health Department

Community Health Council Board

FY2021 YTD Actual Revenues & Expenses by Program Group

For Period Ending May 31, 2021

	Category	Description	Admin	Non-ICS	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance
Revenues	County General Fund Support		1,316,472	2,685,379	-	-	131,937	370,428
	General Fund Fees and Miscellaneous Revenue		(25)	2,302	-	47,471	24,504	20,168
	Grants - HRSA PC 330 Health Center Cluster		1,401,179	-	328,595	-	5,085,426	316,637
	Grants - HRSA Healthy Birth Initiatives		-	673,281	-	-	-	-
	Grants - HRSA Ryan White		-	-	-	-	-	-
	Grants - DHHS and OHA Ryan White		-	-	-	-	-	-
	Grants - OHA Non-Residential Mental Health Services		-	2,605,120	-	-	-	-
	Grants - All Other		264,725	333,350	30,409	-	52,995	28
	Grants - Other COVID-19 Funding		7,000	-	7,491,175	-	145,283	1,500
	Grants - HHS CARES Act Provider Relief		-	-	-	-	316,270	-
	Grants - HRSA Health Center CARES Act		-	-	-	-	-	-
	Grants - HRSA Expanding Capacity for Coronavirus Testing		290,397	-	-	-	-	-
	Medicaid Quality and Incentive Payments		4,783,109	-	783,976	-	-	3,710,152
	Health Center Fees		1,801,690	2,398,770	13,045,216	27,308,877	36,778,323	-
	Self Pay Client Fees		-	-	94,532	231,538	286,312	-
	Behavioral Health		-	-	-	-	-	-
	Beginning Working Capital (budgeted in FY20)		641,667	511,284	458,333	-	-	694,632
Revenues Total			10,506,213	9,209,486	22,232,236	27,587,886	42,821,050	5,113,545
Expenditures	Personnel Total		9,820,833	8,095,845	15,881,971	6,541,421	28,733,299	3,557,028
	Contractual Services Total		545,784	612,411	222,330	61,866	1,200,242	44,770
	Internal Services Total		2,287,422	1,474,709	4,125,761	2,646,963	7,943,174	705,384
	Materials & Supplies Total		263,881	46,603	1,044,937	14,174,863	1,038,534	40,887
	Capital Outlay Total		-	-	47,868	17,957	-	-
Expenditures Total			12,917,920	10,229,568	21,322,868	23,443,070	38,915,248	4,348,070
Net Income/(Loss)			(2,411,706)	(1,020,082)	909,369	4,144,816	3,905,802	765,475
Total BWC from Prior Years (includes FY20 budgeted BWC)			2,402,217	43,917	2,588,938	-	41,715	2,834,609

Multnomah County Health Department

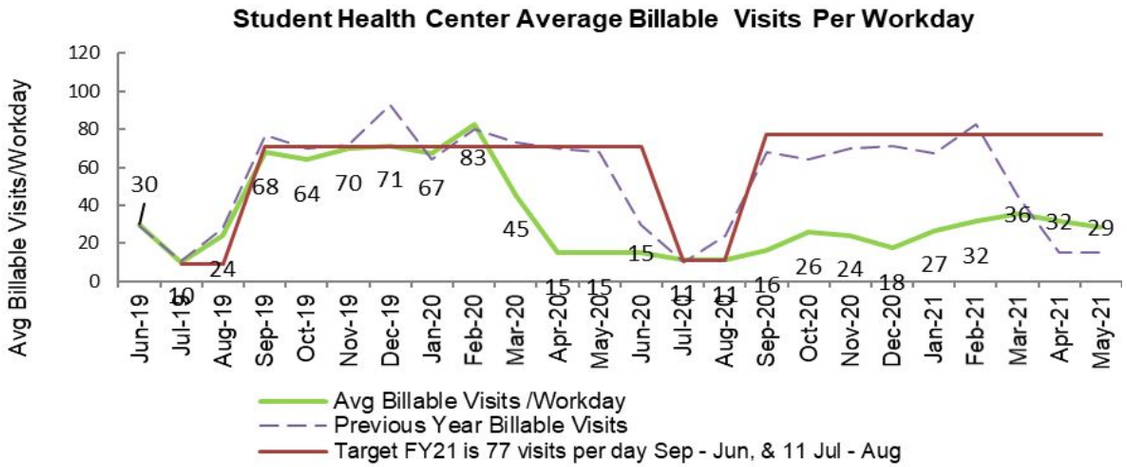
Community Health Council Board

FY2021 YTD Actual Revenues & Expenses by Program Group

For Period Ending May 31, 2021

Category	Description	Student Health Centers	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	FY 2021 Revised Budget	% of Budget	FY20 YE Actuals
Revenues	County General Fund Support	1,643,220	-	-	6,147,435	6,147,435	6,706,293	92%	10,607,818
	General Fund Fees and Miscellaneous Revenue	914	-	-	95,334	-	-	0%	156,917
	Grants - HRSA PC 330 Health Center Cluster	152,469	383,727	-	7,668,033	9,161,584	9,994,455	77%	10,774,541
	Grants - HRSA Healthy Birth Initiatives	-	-	-	673,281	-	-	0%	980,110
	Grants - HRSA Ryan White	-	1,592,135	-	1,592,135	2,309,841	2,519,826	63%	1,293,399
	Grants - DHHS and OHA Ryan White	-	239,790	-	239,790	329,956	359,952	67%	1,527,370
	Grants - OHA Non-Residential Mental Health Services	-	-	-	2,605,120	1,459,771	1,592,477	164%	2,546,920
	Grants - All Other	822,067	258,606	-	1,762,180	2,015,656	2,198,897	80%	2,940,570
	Grants - Other COVID-19 Funding	-	81,799	-	7,726,756	6,866,910	7,491,175	103%	136,660
	Grants - HHS CARES Act Provider Relief	-	-	-	316,270	289,914	316,270	100%	1,581,706
	Grants - HRSA Health Center CARES Act	-	-	-	-	-	-	0%	1,763,780
	Grants - HRSA Expanding Capacity for Coronavirus Testing	-	-	-	290,397	559,815	610,707	48%	420,142
	Medicaid Quality and Incentive Payments	-	-	-	9,277,238	6,161,833	6,722,000	138%	16,853,807
	Health Center Fees	1,392,438	2,711,507	-	85,436,821	97,944,719	106,848,784	80%	91,037,886
	Self Pay Client Fees	140	3,503	-	616,026	1,113,539	1,214,770	51%	830,224
	Behavioral Health	-	-	-	-	-	-	0%	39,059
	Beginning Working Capital (budgeted in FY20)	-	-	-	2,305,915	2,305,915	2,515,544	92%	2,571,786
Revenues Total		4,011,249	5,271,066	-	126,752,731	136,666,888	149,091,150	85%	146,062,696
Expenditures	Personnel Total	2,989,505	4,201,979	1,484,816	81,306,698	86,641,961	94,518,503	86%	88,695,600
	Contractual Services Total	31,003	66,760	15,775	2,800,942	3,608,396	3,936,433	71%	4,764,622
	Internal Services Total	954,472	1,148,429	425,850	21,712,164	25,822,814	28,170,343	77%	25,623,565
	Materials & Supplies Total	169,750	158,578	136,904	17,074,938	20,354,465	22,204,871	77%	19,361,647
	Capital Outlay Total	-	-	-	65,825	239,250	261,000	25%	209,531
Expenditures Total		4,144,731	5,575,747	2,063,344	122,960,566	136,666,888	149,091,150	82%	138,654,965
Net Income/(Loss)		(133,482)	(304,681)	(2,063,344)	3,792,165	-	-		7,407,730
Total BWC from Prior Years (includes FY20 budgeted BWC)		2,000	23,600	-	7,936,995				
Unearned Revenue					92,360				

FQHC Average Billable Visits per day by month per Service Area



What this slide shows:

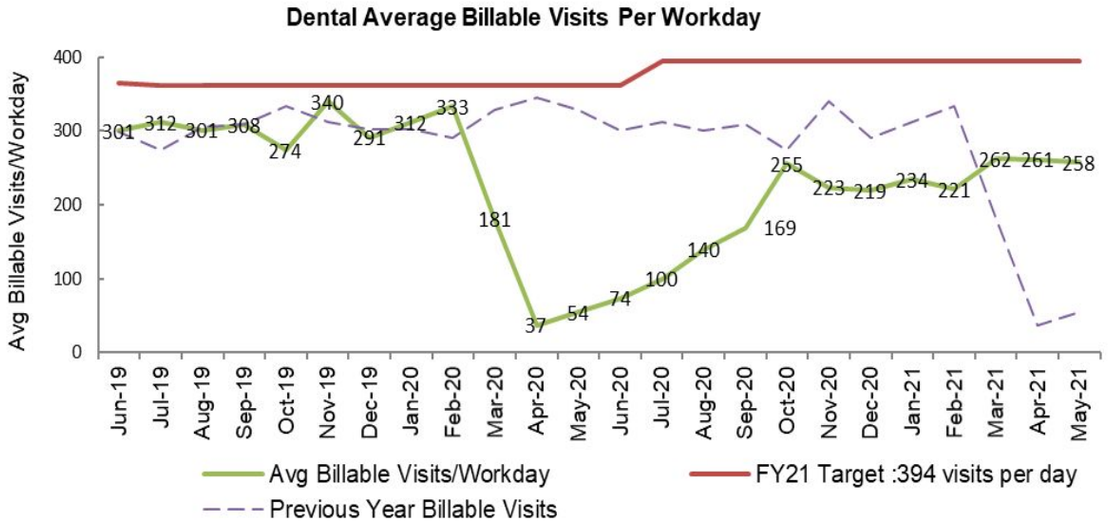
This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.

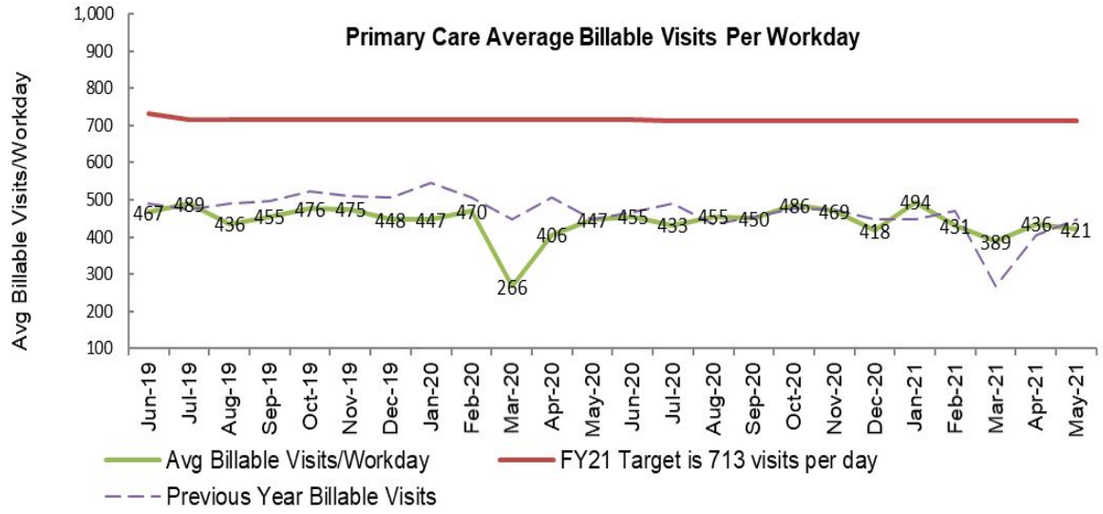
Good performance = the green "actual average" line <u>at or above</u> the red "target" line

Definitions:

Billable: Visit encounters that have been completed and meet the criteria to be billed.
- Some visits may not yet have been billed due to errors that need correction.
- Some visits that are billed
- may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

Work Days: PC and Dental are based on number of days actually worked. SHC are based on days the clinics are open and school is in session.





Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

Percentage of Uninsured Visits by Quarter

What this slide shows:

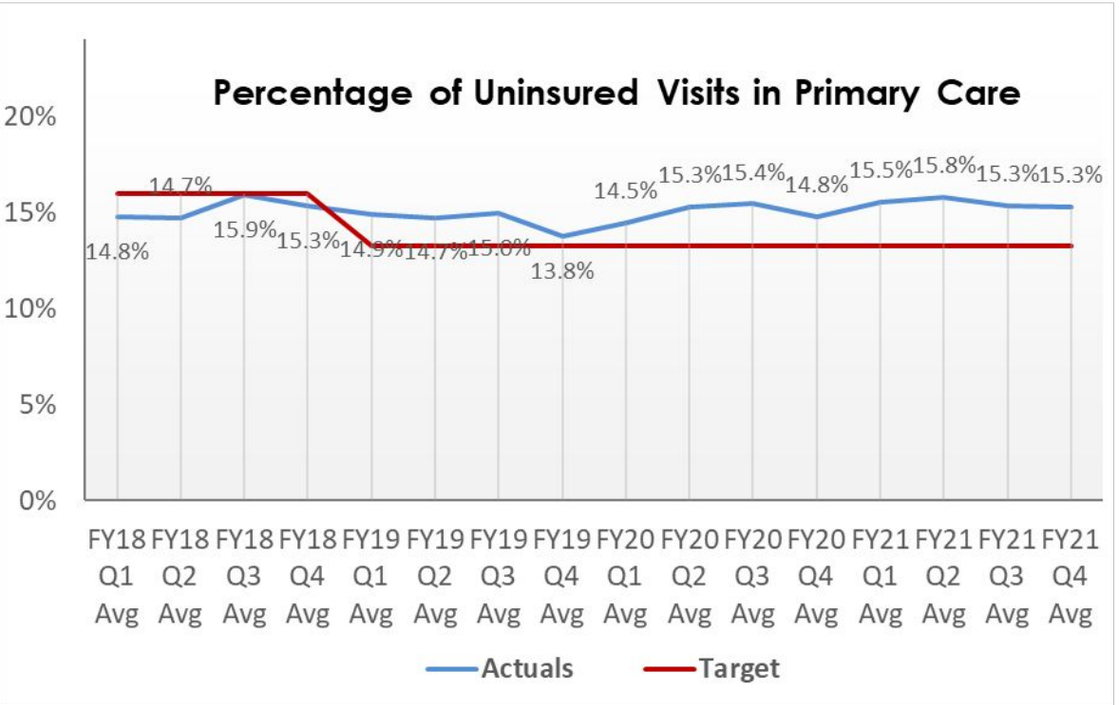
This report shows the average percentage of "self pay" visits per month.

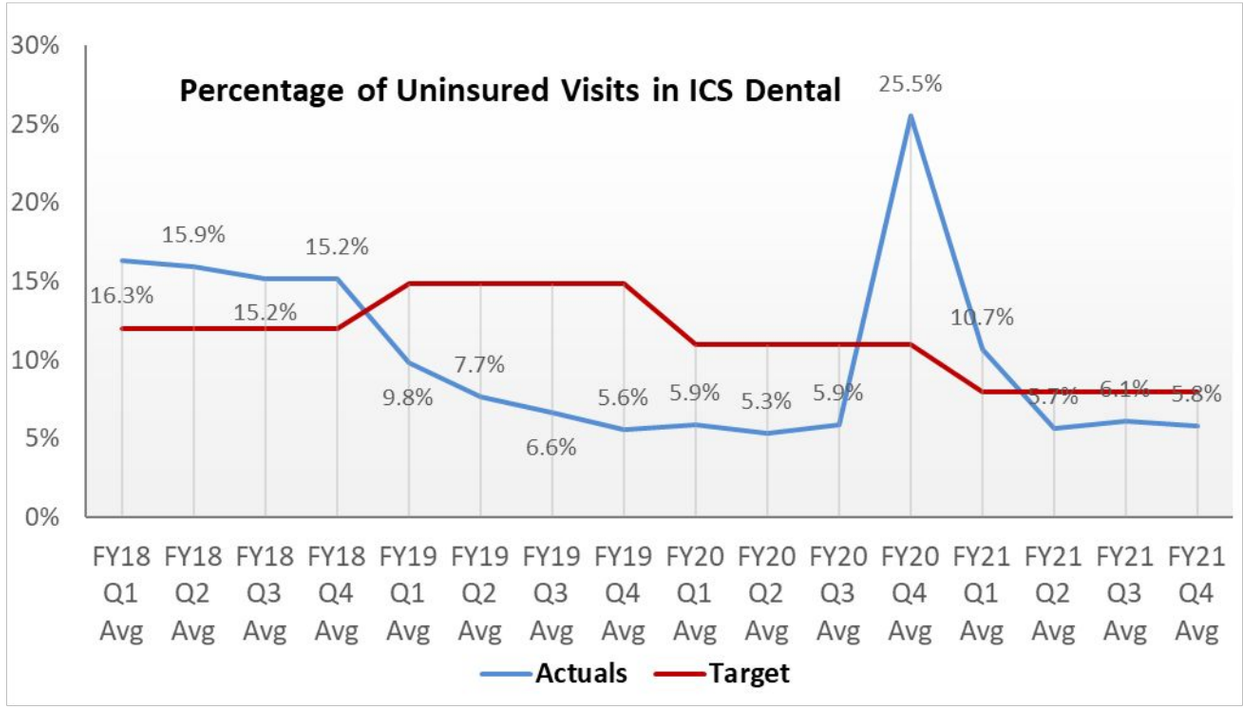
Good performance = the blue "Actual" line is around or below the red "Target" line

Definitions:

Self Pay visits: visits checked in under a "self pay" account

- Most "self pay" visits are for uninsured clients
- Most "self pay" visits are for clients who qualify for a Sliding Fee Discount tier
- A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)





Comments:

Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%

Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8%

Payer Mix for ICS Primary Care Health Center

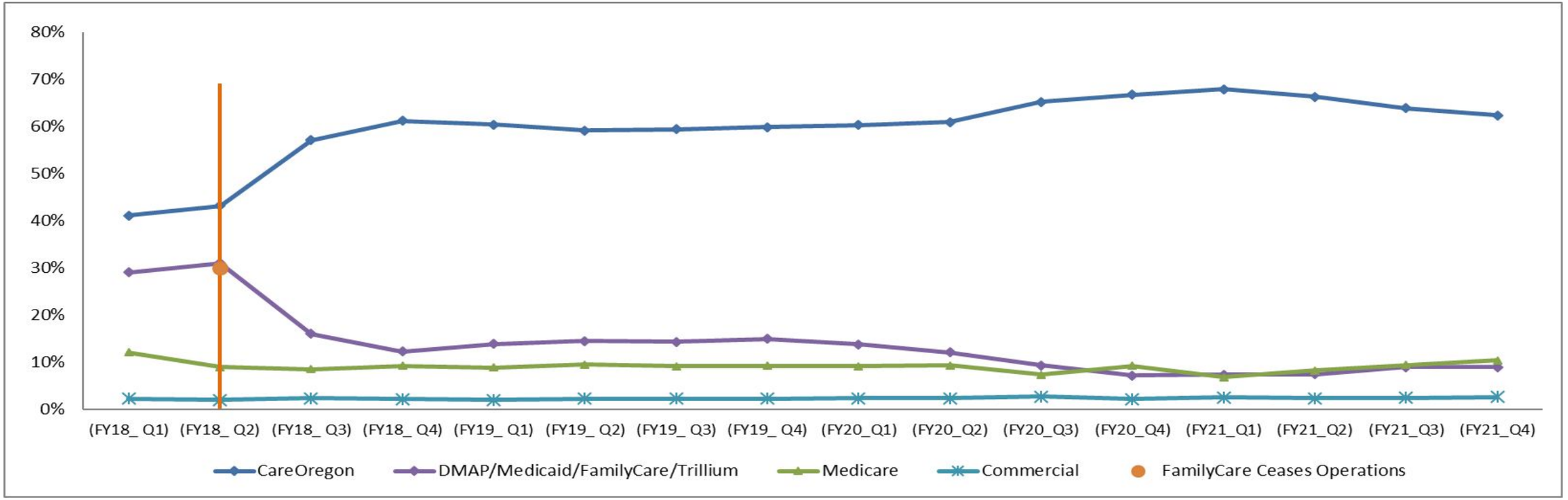
What this slide shows:

This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

This slide is not meant to assess "good performance," but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Definitions:

Payer: Who will be billed/charged for the visit, based on the account that the visit was checked in under.



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

Number of OHP Clients Assigned by CCO

What this slide shows:

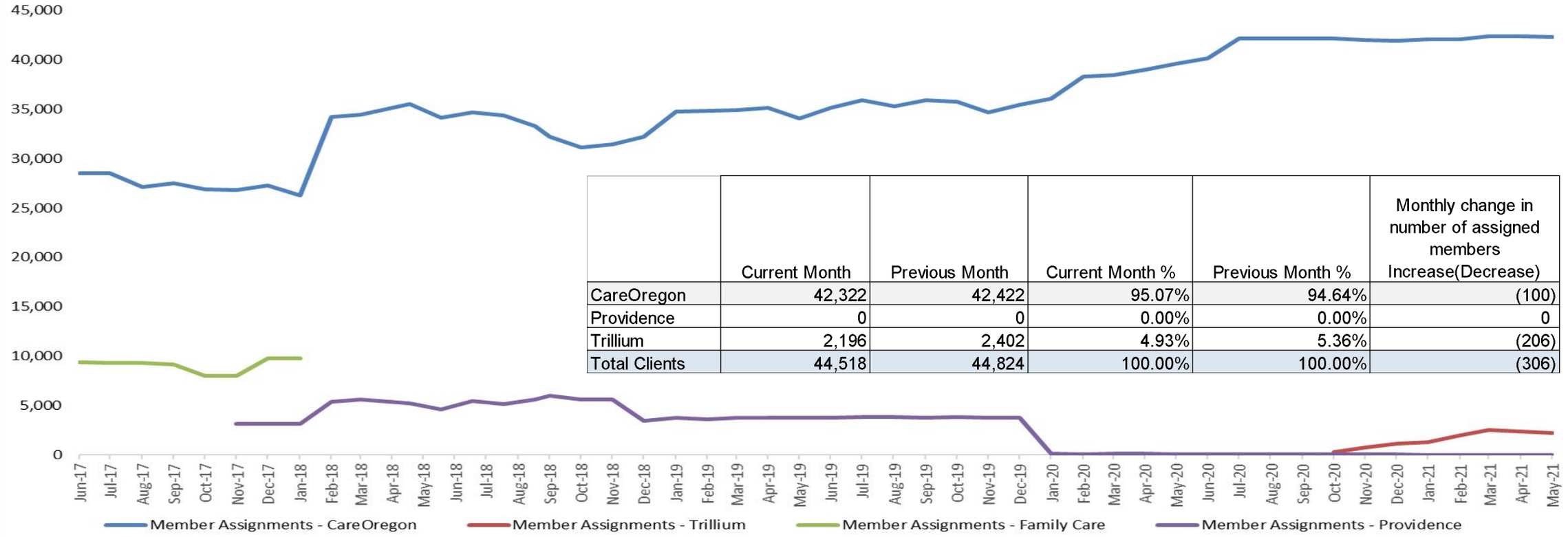
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. *NOTE: Not all of these patients have established care.*

Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

Definitions:

APCM: Alternative Payment and Care Model (aka APM: Alternative Payment Methodology). In addition to billing for services, APCM payers also pay health centers a PMPM rate.

PMPM: Per-Member-Per-Month. PMPM ranges around $40-60/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)



	Current Month	Previous Month	Current Month %	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	42,322	42,422	95.07%	94.64%	(100)
Providence	0	0	0.00%	0.00%	0
Trillium	2,196	2,402	4.93%	5.36%	(206)
Total Clients	44,518	44,824	100.00%	100.00%	(306)

CareOregon FY21 average 42,164 :: Providence FY21 average 24 :: Trillium FY21 average 1,566 • Trillium added October 2020

ICS Net Collection Rate by Payer
Mar'21 – May'21 vs Jul'20 – May'21 (YTD)

	Mar'21 - May'21 Payments	YTD Payments	Mar'21 - May'21 Net Collection	YTD Net Collection
CareOregon Medicaid	3,595,317	11,988,573	99%	99%
Commercial	194,973	621,156	85%	84%
Medicaid	503,428	1,160,639	98%	96%
Medicare	478,251	1,792,624	97%	98%
Reproductive Health	43,669	123,974	100%	99%
Self-Pay	188,050	593,093	38%	28%
	$5,003,689	$16,280,058		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

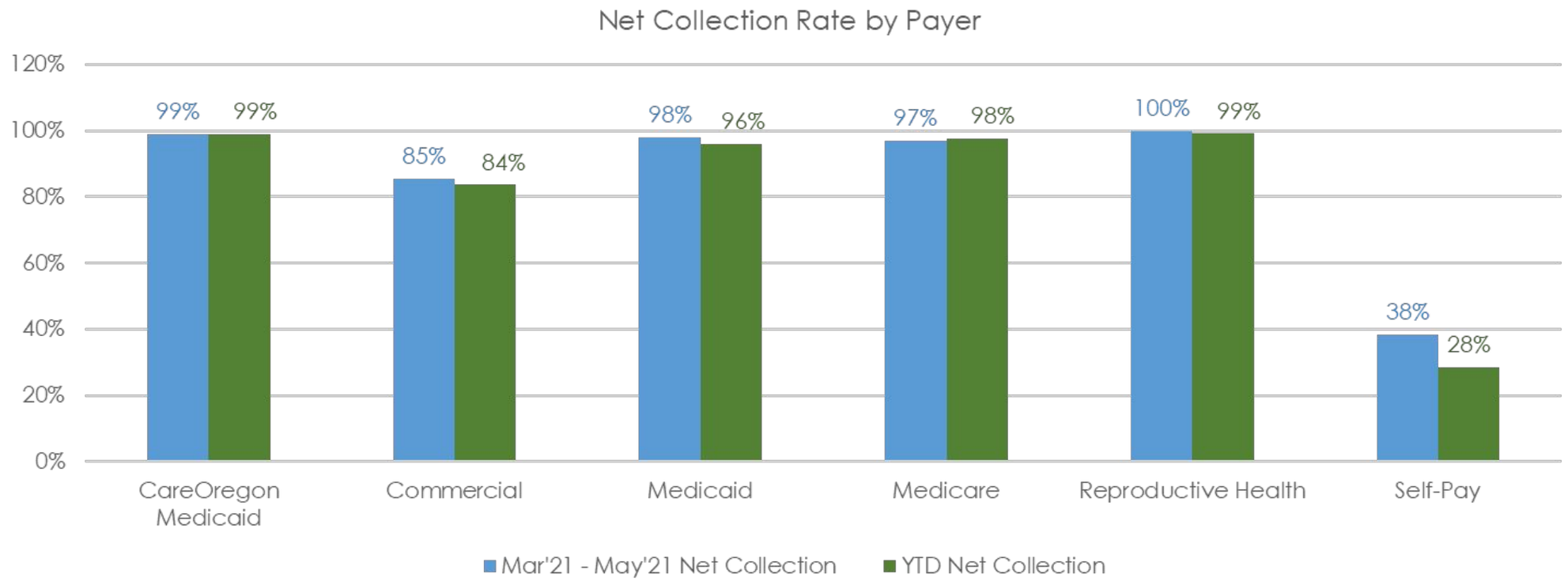
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)



ICS Net Collection Rate by Service Group
Mar'21 – May'21 vs Jul'20 – May'21 (YTD)

	Mar'21 - May'21 Payments	YTD Payments	Mar'21 - May'21 Net Collection	YTD Net Collection
MC Dental	$ 1,668,207	$ 4,933,696	98%	96%
MC HSC Health Service Center	$ 262,181	$ 882,711	96%	93%
MC Pharmacy - Self Pay Only	$ 81,637	$ 254,852	46%	40%
MC Primary Care	$ 2,844,225	$ 9,783,085	92%	89%
MC School Based Health Centers	$ 147,439	$ 425,715	97%	96%
	$5,003,689	$16,280,058		

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Service Group

The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)