



# BridgeIT OSHPD 2016

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## Data Review and OSHPD Reports

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1/3/2017

The information presented in this document is subject to change. Please direct any questions or comments to [steph@heckmanconsulting.com](mailto:steph@heckmanconsulting.com) or call 877-270-3190

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# Objectives and Disclaimers

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## Objective

This document will lead you through the setup and reviewing of data and the generation of the OSHPD reports that rely on data from eClinicalWorks.

## Disclaimer

Due to data collection variances and eClinicalWorks software version updates, the instructions in this document are subject to change and may not be suitable for all California FQHC eClinicalWorks operations.

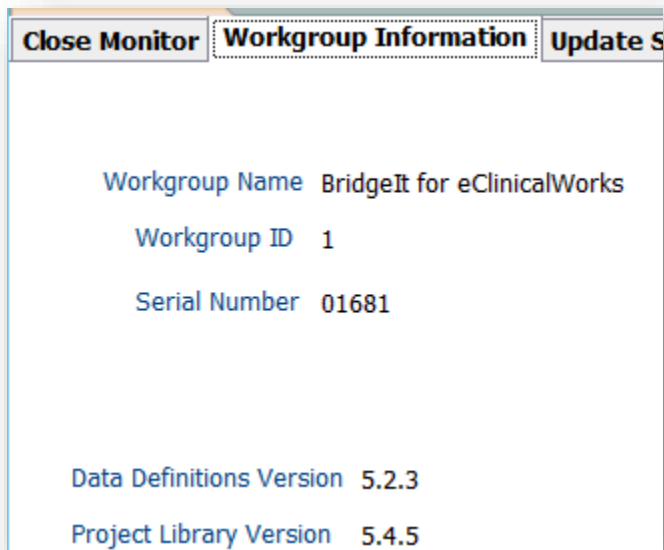
The URL for the specifications used to create the reports:

[http://www.oshpd.ca.gov/HID/ALIRTS/Text\\_pdf\\_files/PC\\_SC\\_Form\\_Inst/pcfrm16.pdf](http://www.oshpd.ca.gov/HID/ALIRTS/Text_pdf_files/PC_SC_Form_Inst/pcfrm16.pdf)

[http://www.oshpd.ca.gov/HID/ALIRTS/Text\\_pdf\\_files/PC\\_SC\\_Form\\_Inst/pcinstrct16.pdf](http://www.oshpd.ca.gov/HID/ALIRTS/Text_pdf_files/PC_SC_Form_Inst/pcinstrct16.pdf)

If your Health Center is collecting data in a way that differs from the assumptions in this manual, please call 877-270-3190 or email [steph@heckmanconsulting.com](mailto:steph@heckmanconsulting.com) to schedule customization assistance from one of our consultants.

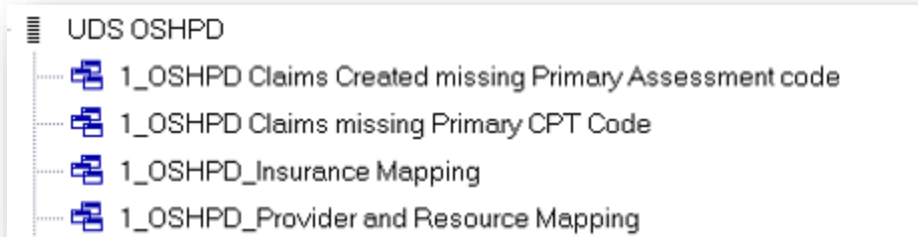
**NOTE:** You must have the BridgeIT Data Definitions **version 5.2.3 or later**. Go to Workgroup Options – Monitor – Workgroup Information tab.



# BridgeIT OSHPD Setup and Data Review

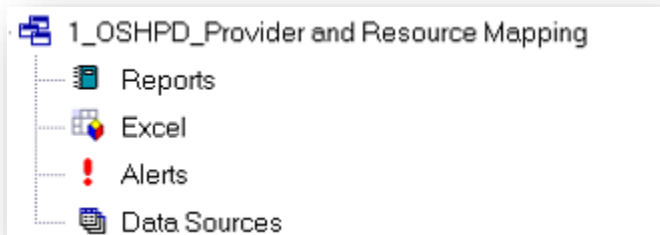
Before running the OSHPD report sections it is recommended that you review Claims, Appointments and Assessment data.

The setup and data review projects are list below:



## Provider, Resource and Contact Mapping

**PROJECT NAME:** 1\_OSHPD\_Provider and Resource Mapping (5.1.5)



**DESCRIPTION:** All appointments by provider, resource and staff members during the reporting period. UDS Table 5 mapping is included for reference.

**ACTION:** Use the mapping directions below to assign the providers, resources and staff contacts to the appropriate OSHPD Section 2 line.

**Provider Setup** – Enter the OSHPD Section 2 Line number in SSN field in the Provider Setup screen (see below)

Personal Info

Last Name \* First Name \* Middle Initial

Prefix Suffix Degrees/Credentials

Taxonomy Code Speciality Select Speciality Provider Initials

Date of Birth Social Security No DEA No

Mailing Address City State

Zip Code Home Phone Mobile

Pager Fax No Print Name

Primary Service Location Select Facility

Male Female

OSHPD Section 2 line no

**Contacts Setup for Staff members** – Enter the OSHPD Section 2 Line number in SSN field in the Staff Setup screen

Personal Info

Last Name \* First Name \* Middle Initial Is a resource

Prefix Suffix Initials

Date of Birth Social Security No

Mailing Address City State

Zip Code Home Phone Mobile

Pager Primary Service Location Default Appointment Provider

Select Facility

Login Info

Username \* Password Confirm Password Status

Active

Save Configure My Assigned Favorites

OSHPD Section 2 Line No

**Ad Hoc Resources** that do not have Staff Profiles, use the Resource Code to define the Section 2 line for that resource.

Resource Details

Resource Name \* Location \* Phone Resource Code Default Appointment Provider

87

Save delete

**FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER (do not input any commas)**

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

\*\*Other Providers billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists and any other professionals who are able to be reimbursed through the Medi-Cal program.

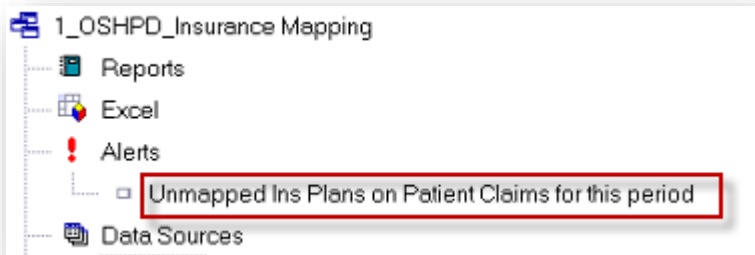
\*\*\* Comprehensive Perinatal Services Program - List all other professionals not listed above that are certified by the CPSP program to render services and can be reimbursed.

**FTEs AND CONTACTS BY CLINICAL SUPPORT STAFF (do not input any commas)**

Line No.	Clinical Support Staff	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Hygienists (not Alternative Practice)					
81	Registered Dental Assistants					
82	Dental Assistants - Not licensed					
83	Marriage and Family Therapists (MFT)					
84	Registered Nurses					
85	Licensed Vocational Nurses					
86	Medical Assistants - Not licensed (1)					
87	Non-Licensed Patient Education Staff					
88	Substance Abuse Counselors (2)					
89	Billing Staff (3)					
90	Other Administrative Staff (4)					
94	Other Providers not listed above					
95	Totals					

## Insurance plan level mapping for Section 6 Payment Source

**PROJECT NAME:** 1\_OSHPD\_Insurance Mapping - (5.1.5)



**DESCRIPTION:** Review of Insurance Plans used on claims and transactions during the reporting period.

**ACTION:** Enter the section number for the Insurance Plan in the highlighted box below. The Section 6 line **must** be entered as text with a leading zero for single digit numbers. For example: Medicare should be mapped as “01”.

A screenshot of the 'Update Insurance (1516 - AETNA)' form. The form is divided into several tabs: 'EDI-ANSI', 'Notes', 'UB92 Setup', and 'FQHC Setup'. The 'EDI-ANSI' tab is active, showing fields for 'Address', 'Payment Codes/Alert', 'Provider Numbers', and 'Capitation'. The 'Managed Care Plan ID' field is highlighted with a red box, and a red arrow points to it from the text 'Section 6 Payment Source Column Number'. Other fields include 'Name' (AETNA), 'Address 1' (PO Box 12340), 'City' (FRESNO), 'State' (CA), 'Zip' (93765), 'Tel' (800-238-6299), 'Fax', 'E-mail', 'Website', 'Source of Payment' (MS), 'Insurance Type' (SP), 'Payor ID' (123454), 'Medigap ID', 'ERA Payor ID' (123454), 'Eligibility Payer ID' (122111), 'Fee Schedule' (2007 Medicare Fee Sch), 'Claim Submission' (Electronic), 'Claim Type' (Professional (HCFA)), 'Insurance Class' (A), and 'FP String mandatory' (checked).

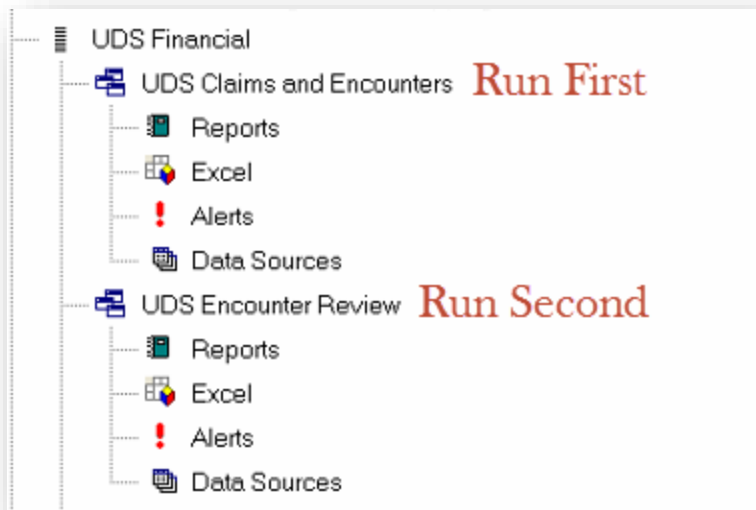
Payments sources from the OSHPD report are listed below. The column numbers are mapped to the “Managed Care Plan ID” on the Insurance setup screen.

		PAYMENT SOURCE								
Line No.		Medicare (1)	Medicare – Managed Care (2)	Medi-Cal (3)	Medi-Cal – Managed Care (4)	County Indigent / CMSP / MISP* (5)	Private Insurance (6)	Covered California (7)	Self-Pay / Sliding Fee (8)	Free (9)

Line No.		Breast Cancer Programs* (10)	CHDP (11)	(12)	Family PACT (13)	PACE Program** (14)	My Health LA (MHLA) (15)	Alameda Alliance for Health (16)	Other County Programs (17)	All Other Payers (18)
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## Generating UDS Encounter Data

There are two projects that require data to be generated for the OSHPD reporting season before the OSHPD sections can be generated.



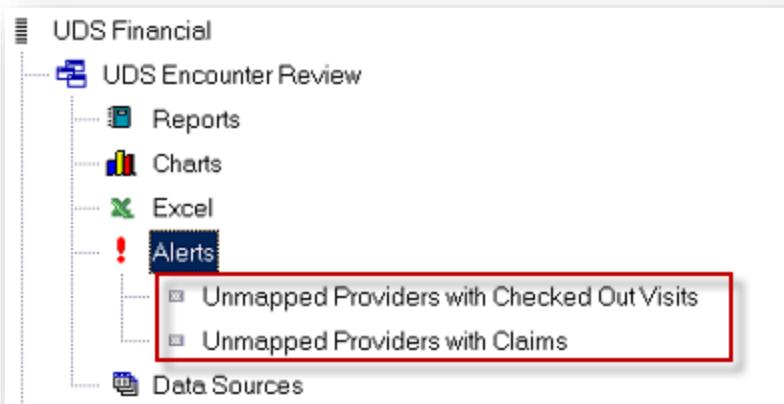


**PROJECT NAME:** UDS Claims and Encounters – (5.4.6)

**DESCRIPTION:** This project generates a detailed list of all of the data in your eClinicalWorks system for the reporting period. Items included as possible encounters:

1. Office Encounters with Claims
2. Out of Office Encounters with Claims
3. CHK – Checked out Appointments without claims

**NOTE:** If you have generated your current UDS Financial reports there is no need to rerun these projects.

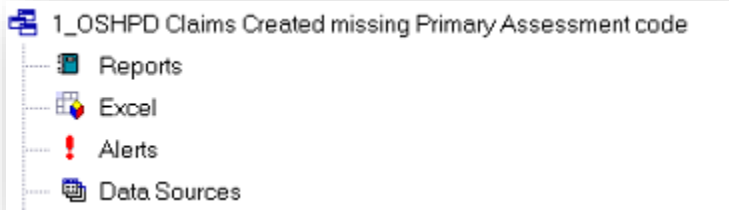
**PROJECT NAME:** UDS Encounter Review – (5.4.6)

**NOTE:** Run this project BEFORE running the zip code through Table 6A reports. This project attaches the Table 5 Mapping to the UDS Claims and Encounters data.

**ACTION:** Review the Alerts on this project. After making mapping or other data changes run the UDS BridgeIT Data Mapping projects to make sure that are no new data issues.

## Review claims with missing Diagnosis codes

**PROJECT NAME:** 1\_OSHPD Claims Created missing Primary Assessment Code – (5.1.5)

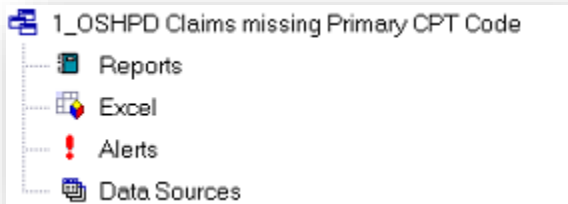


**DESCRIPTION:** Requires data from the UDS Encounter Review. List of claims with missing Primary Diagnosis code. OSHPD section 4 requires reporting by Principle Diagnosis.

**ACTION:** Correct claims. If the claims are left uncorrected they will be reported in the “Other” section.

## Review claims with missing CPT Codes

**PROJECT NAME:** 1\_OSHPD Claims missing Primary CPT Code – (5.1.5)



**DESCRIPTION:** Requires data from the UDS Encounter Review. List of claims missing Primary CPT code. OSHPD section 5 requires reporting Encounters by Principle Service.

**ACTION:** Correct claims. If the claims are left uncorrected they will be reported in the “Other” section.

# Generating OSHPD Data

**NOTE:** OSHPD reports require data in the UDS Claims and Encounters and UDS Encounter Review in the [Generating UDS Encounter Data](#) section

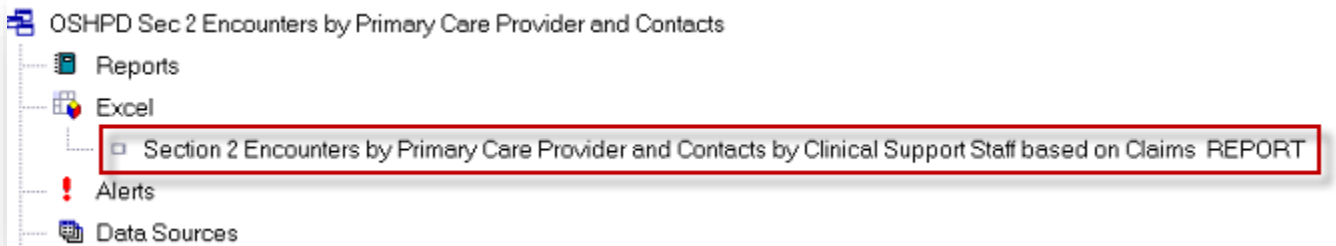
There are two processes supported for the OSHPD reports:

- Based on Claims
- Based on CHK Appointments

Most sites generate the OSHPD report based on claims data. However if you are not using billing claims with eClinicalWorks generated the OSHPD reports Based on CHK Appointments.

## Section 2 – Clinic Services based on Claims

**PROJECT NAME:** OSHPD Sec 2 Encounters by Primary Care Provider and Contacts – (5.1.5)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Column 5 on Section 2 using Claims only. Unmapped Providers and contacts will not be included.

**OUTPUT:**

Section 2 Encounters by Primary Care Provider and Contacts by Clinical Support Staff based on Claims			
DatasetName	(All)		
Facility	(All)		
OSHPDSection2Group	OSHPD Line	OSHPDSectionLineDesc	Encounters
Primary Care Providers	60	Physicians	13547
	61	Physician Assistants	7121
	62	Family Nurse Practitioners	17568
	63	Certified Nurse Midwives	4
	74	Other Certified CPSP providers not listed above***	3036
Primary Care Providers Total			41276
Clinical Support Staff	84	Registered Nurses	4085
	94	Other Providers not listed above	6553
Clinical Support Staff Total			10638
Grand Total			51914

**Section 2 – Clinic Services based on CHK appointments****PROJECT NAME:** OSHPD Sec 2 Encounters by Primary Care Provider and Contacts CHK– (5.1.5)

OSHPD Sec 2 Encounters by Primary Care Provider and Contacts CHK	
Reports	
Excel	
Section 2 Encounters by Primary Care Provider and Contacts by Clinical Support Staff based on CHK Appts REPORT	
Alerts	
Data Sources	

**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Column 5 on Section 2 using CHK appointments only. Unmapped Providers and contacts will not be included.

**FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER** (do not input any commas)

Line No.		(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
	<b>Primary Care Providers</b>					
60	Physicians					
61	Physician Assistants					
62	Family Nurse Practitioners					
63	Certified Nurse Midwives					
64	Visiting Nurses					
65	Dentists					
66	Registered Dental Hygienists (Alternative Practice)					
67	Psychiatrists					
68	Clinical Psychologists					
69	Licensed Clinical Social Workers (LCSW)					
70	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

\*\*Other Providers billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists and any other professionals who are able to be reimbursed through the Medi-Cal program.

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

**FTEs AND CONTACTS BY CLINICAL SUPPORT STAFF** (do not input any commas)

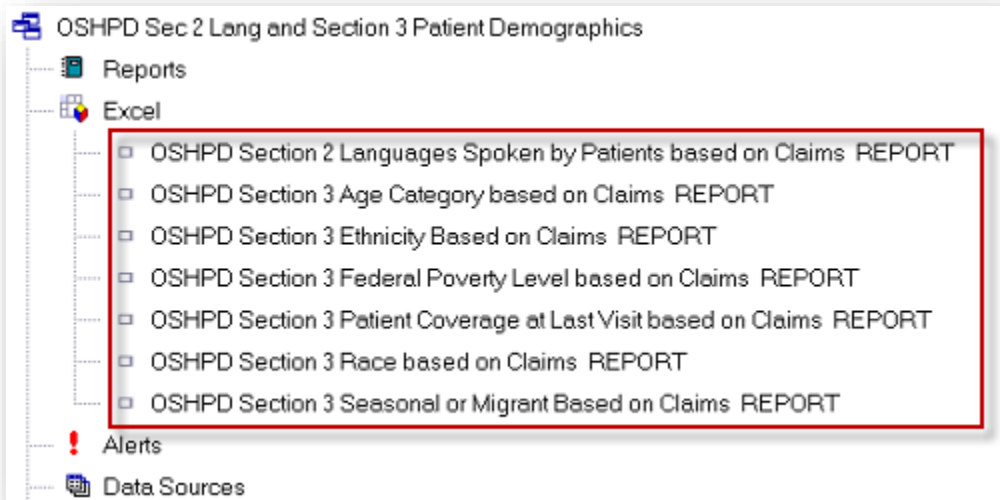
Line No.		(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
	<b>Clinical Support Staff</b>					
80	Registered Dental Hygienists (not Alternative Practice)					
81	Registered Dental Assistants					
82	Dental Assistants - Not licensed					
83	Marriage and Family Therapists (MFT)					
84	Registered Nurses					
85	Licensed Vocational Nurses					
86	Medical Assistants - Not licensed (1)					
87	Non-Licensed Patient Education Staff					
88	Substance Abuse Counselors (2)					
89	Billing Staff (3)					
90	Other Administrative Staff (4)					
94	Other Providers not listed above					
95	Totals					

**OUTPUT:**

Section 2 Encounters by Primary Care Provider and Contacts by Clinical Support Staff based on CHK Appts			
DatasetName	(All)		
Facility	(All)		
OSHPDSection2Group	OSHPDLine	OSHPDSectionLineDesc	Encounters
Primary Care Providers	60	Physicians	13436
	61	Physician Assistants	7088
	62	Family Nurse Practitioners	17475
	74	Other Certified CPSP providers not listed above***	3224
Primary Care Providers Total			41223
Clinical Support Staff	84	Registered Nurses	4133
	94	Other Providers not listed above	8373
Clinical Support Staff Total			12506
Grand Total			53729

## Section 2 - Language and Section 3 – Patient Demographics based on Claims

**PROJECT NAME:** OSHPD Sec 2 Lang and Section 3 Patient Demographics – (5.3.6)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 2 Language and Section 3 Patient Demographics using Claims only. Unmapped Providers and contacts will not be included.

**CLINIC SERVICES**  
SECTION 2 (continued)

**LANGUAGES SPOKEN BY STAFF  
AND PATIENTS\* (do not input any commas)**

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

**PATIENT DEMOGRAPHICS****ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS – 2016****Section 3**

OSHPD FACILITY ID No. \_\_\_\_\_

Do not input any commas for the following tables.

**RACE**

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

**FEDERAL POVERTY LEVEL**

Line No.	Federal Poverty Level	No. of Patients (1)
20	Under 100%	
21	100 – 138%	
22	139 – 200%	
23	201 – 400%	
24	Above 400%	
25	Unknown	
26	Total Patients*	

**ETHNICITY**

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

**AGE CATEGORY**

Line No.	Age Category	Males (1)	Females (2)
40	Under 1 Year		
41	1 – 4 Years		
42	5 – 12 Years		
43	13 – 14 Years		
44	15 – 19 Years		
45	20 – 34 Years		
46	35 – 44 Years		
47	45 – 64 Years		
48	65 and Over		
55	Total Patients*		

**SEASONAL AGRICULTURAL  
AND MIGRATORY WORKERS**

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

**PATIENT COVERAGE**

Line No.	Patient Coverage	No. of Patients (1)
60	Medicare	
61	Medicare – Managed Care	
62	Medi-Cal	
63	Medi-Cal – Managed Care	
64	County Indigent / CMSP / MISP	
65	Private Insurance	
66	Covered California	
67	Alameda Alliance for Health	
68	My Health LA (MHLA)	
69	PACE Program	
70	Self-Pay / Sliding Fee	
71	Free	
74	All Other Payers	
75	Total Patients*	

\* Totals for these tables must agree.



## OUTPUT:

OSHPD Section 2 Languages Spoken by Patients based on Claims

DatasetName (All)

Patient Count InterpreterNeeded

language	Yes	No	Grand Total
Arabic	96	457	553
Chinese	5	1	6
English	1		1
French	1		1
German	2		2
Hindi	10		10
Japanese	1		1
Korean	1		1
Spanish	8	6768	6776
Tamil	3		3
Vietnamese	2		2
Other	2	1	3
Other	1		1
Other	24	1	25
Other	1	1	2
Other	2	1	3
Other	3	1	4
Other	3		3
Other	7584	205	7789
Other	1	2	3
Other	28		28
Other	1	2	3
Other	3	1	4
Grand Total	7783	7441	15224

OSHPD Section 3 Age Category based on Claims

DatasetName (All)

Patient Count sex

AgeLineNo	OSHPDAgeCategory	female	male	Grand Total
40	Under 1 Year	236	245	481
41	1 - 4 years	540	622	1162
42	5 - 12 years	541	580	1121
43	13 - 14 years	120	121	241
44	15 - 19 years	449	315	764
45	20 - 34 years	2353	1374	3727
46	35 - 44 years	1521	909	2430
47	45 - 64 years	2260	1768	4028
48	65 and over	781	489	1270
Grand Total		8801	6423	15224

## OSHPD Section 3 Ethnicity Based on Claims

DatasetName	(All) ▼
-------------	---------

<b>EthnicityName</b> ▼	<b>Patient Count</b>
Hispanic or Latino	9538
Not Hispanic or Latino	4976
Refused to Report	415
	295
<b>Grand Total</b>	<b>15224</b>

## OSHPD Section 3 Federal Poverty Level based on Claims

DatasetName	(All) ▼
-------------	---------

<b>PovertyLevelGroup</b> ▼	<b>Patient Count</b>
100% and Below	4429
101 - 150%	1954
151-200%	991
Over 200%	270
Unknown	7580
<b>Grand Total</b>	<b>15224</b>

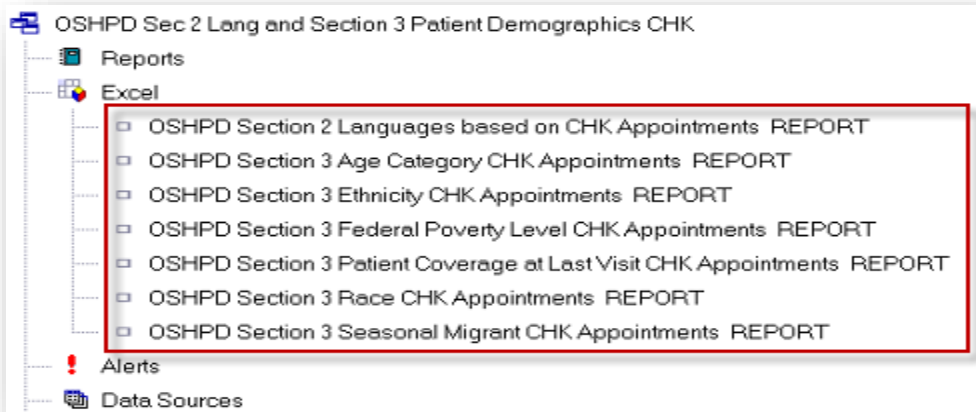
OSHPD Section 3 Race based on Claims	
DatasetName	(All) ▼
Race	Patient Count
White	347
Black	111
Hispanic	5
Asian	346
Native Hawaiian / Other Pacific Islander	172
Unknown	1165
Other	41
Other (Specify)	16
Other (Specify)	23
Other (Specify)	133
Other (Specify)	493
Other (Specify)	1579
Other (Specify)	10793
<b>Grand Total</b>	<b>15224</b>

OSHPD Section 3 Patient Coverage at Last Visit based on Claims	
LastVisitInsPlan	(All) ▼
Coverage at Last Visit	Patient Count
All Other Payers	5207
Breast Cancer Programs	34
CHDP	445
County Indigent / CMSP / MISP	1353
Family PACT	766
Healthy Families	609
Medi-Cal	102
Medi-Cal - Managed Care	799
Medicare	32
Medicare - Managed Care	1578
Private Insurance	3042
Grand Total	1257
	15224

OSHPD Section 3 Seasonal or Migrant Based on Claims		
DatasetName	(All)	
SeasonalOrMigrant	Patient Count	VisitCount
	12587	0
Yes	2637	17051
Grand Total	15224	17051

## Section 2 - Language and Section 3 – Patient Demographics based on CHK Appointments

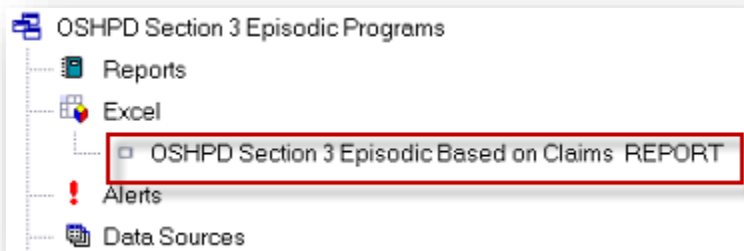
**PROJECT NAME:** OSHPD Sec 2 Lang and Section 3 Patient Demographics – (5.3.6)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 2 Language and Section 3 Patient Demographics using CHK appointments only. Unmapped Providers and contacts will not be included.

## Section 3 – Episodic Programs based on Claims

**PROJECT NAME:** OSHPD Section 3 Episodic Programs – (5.1.6)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 3 Episodic programs using claims only. Unmapped Providers will not be included.

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

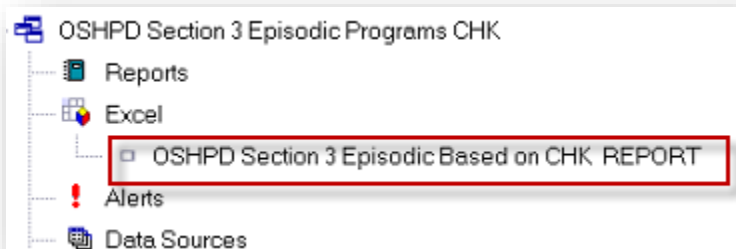
**ACTION:** The results display a patient once per insurance plan used during the reporting period. Filter for the items that define your site's Episodic programs.

**OUTPUT:**

OSHPD Section 3 Episodic Based on Claims		
insuranceName	(All)	
OSHPD Sec6 PaySource Desc	InsClassName	Patient Count
		6040
	PRIVATE INSURANCE	23
	HEALTHY FAMILIES	16
Breast Cancer Programs	CDP	841
Medicare	Medicare Advantage	629
	MEDICARE	1086

### Section 3 – Episodic Programs based on CHK Appointments

**PROJECT NAME:** OSHPD Section 3 Episodic Programs CHK– (5.1.6)

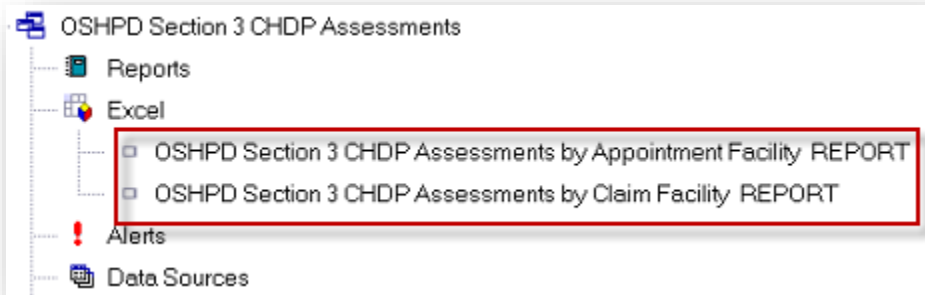


**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 3 Episodic Programs using CHK appointments only. Unmapped Providers will not be included.

**ACTION:** The results display a patient once per insurance plan used during the reporting period. Filter for the items that define your site's Episodic programs.

## Section 3 – CHDP Assessments based on Claims or CHK Appointments

**PROJECT NAME:** OSHPD Section 3 CHDP Assessments – (5.1.5)



**DESCRIPTION:** The project has a default prompt the reporting year. Generates data for all CHDP forms completed.

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)		
	(1)	Line
	Number	No.
CHDP Assessments		05

**OUTPUT:**

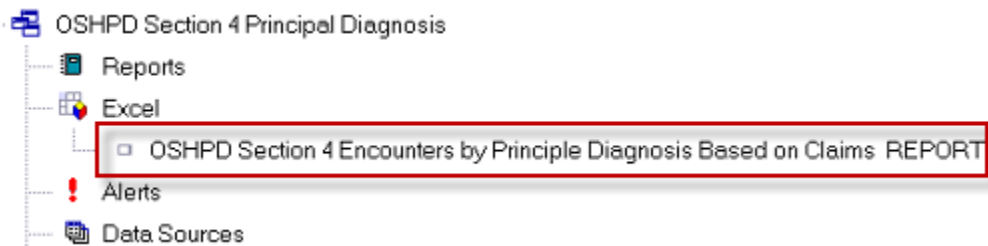
OSHPD Section 3 CHDP Assessments by Appointment Facility		
DatasetName	(All)	
ClaimFacility	(All)	
DOS_year	ApptFacility	Assessment Count
2013		3
		1922
		195
		304
		1
		2
2013 Total		2427
Grand Total		2427

OSHPD Section 3 CHDP Assessments by Claim Facility

DatasetName	(All)	
ApptFacility	(All)	
DOS_year	ClaimFacility	Assessment Count
2013		3
		1922
		195
		304
		1
		2
2013 Total		2427
Grand Total		2427

## Section 4 – Encounters by Principle Diagnosis based on Claims

**PROJECT NAME:** OSHPD Section 4 Principal Diagnosis – (5.1.5)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 4 Encounters by Principle Diagnosis using Claims only. Unmapped Providers and contacts will not be included.



**ENCOUNTERS BY PRINCIPAL  
DIAGNOSIS  
Section 4**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS – 2016

OSHPD FACILITY ID No. \_\_\_\_\_

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

**ENCOUNTERS BY PRINCIPAL DIAGNOSIS (do not input any commas)**

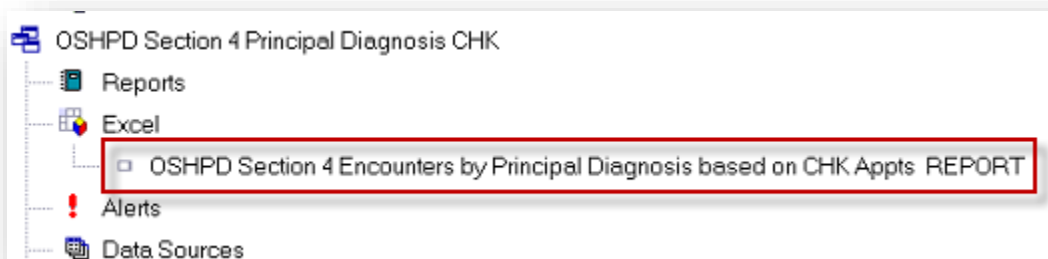
Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-10-CM Codes	No. of Encounters (1)
1	Infectious and Parasitic Diseases	A00 - B99	
2	Neoplasms	C00 - D49	
3	Endocrine, Metabolic, and Nutritional Diseases; Immunity Disorders	E00 - E89	
4	Blood and Blood-Forming Disorders	D50 - D89	
5	Mental Disorders	F01 - F99	
6	Nervous System and Sense Organs Diseases	G00 - H95	
7	Circulatory System Diseases	I00 - I99	
8	Respiratory System Diseases	J00 - J99	
9	Digestive System Diseases, excluding Dental Diagnoses	K20 - K94	
10	Genitourinary System Diseases	N00 - N99	
11	Pregnancy, Childbirth, and the Puerperium	O00 - O9A	
12	Skin and Subcutaneous Tissue Diseases	L00 - L99	
13	Musculoskeletal System and Connective Tissue Diseases	M00 - M99	
14	Congenital Anomalies	Q00 - Q99	
15	Certain Conditions Originating in the Perinatal Period	P00 - P96	
16	Symptoms, Signs, and Ill-Defined Conditions	R00 - R99	
17	Injury and Poisoning	S00 - T88	
18	Factors Influencing Health Status and Contact with Health Services	Z00 - Z99	
19	Dental Diagnoses	K00 - K14	
20	Family Planning "S" Codes	"S" Codes	
21	Other	All other codes not in lines 1-20	
25	Total		

**OUTPUT**

OSHPD Section 4 Encounters by Principle Diagnosis Based on Claims		
DatasetName	(All)	
Facility	(All)	
DiagLine	DiagClass	No of Encounters
1	Infectious and Parasitic Diseases	1453
2	Neoplasms	262
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	4428
4	Blood and Blood Forming Disorders	191
5	Mental Disorders	2369
6	Nervous System and Sense Organs Diseases	2433
7	Circulatory System Diseases	2455
8	Respiratory System Diseases	3704
9	Digestive System Diseases, excluding dental diagnoses	1047
10	Genitourinary System Diseases	1104
11	Pregnancy, Childbirth & the Puerperium	29
12	Skin and Subcutaneous Tissue Diseases	1743
13	Musculoskeletal System and Connective Tissue Diseases	2692
14	Congenital Anomalies	107
15	Certain Conditions Originating in the Perinatal Period	52
16	Symptoms, Signs, and Ill-defined Conditions	3429
17	Injury and Poisoning	765
18	Factors Influencing Health Status and Contact with Health Services	11710
19	Dental Diagnoses	181
20	Family Planning S-Codes	1072
21		50
Grand Total		41276

## Section 4 – Encounters by Principle Diagnosis based on CHK Appointments

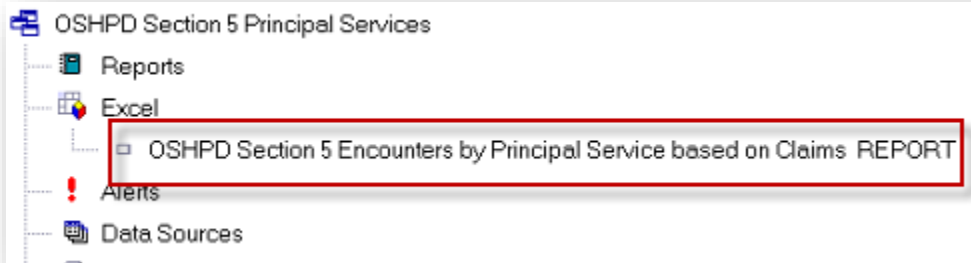
PROJECT NAME: OSHPD Section 4 Principal Diagnosis – (5.1.5)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 4 Encounters by Principle Diagnosis using CHK appointments only. Unmapped Providers and contacts will not be included.

## Section 5 – Encounters by Principal Service based on Claims

**PROJECT NAME:** OSHPD Section 5 Principal Services – (5.1.5)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 5 Encounters by Principle Service using Claims only. Unmapped Providers and contacts will not be included.

### ENCOUNTERS BY PRINCIPAL SERVICE ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS – 2016

#### Section 5

OSHPD FACILITY ID No. \_\_\_\_\_

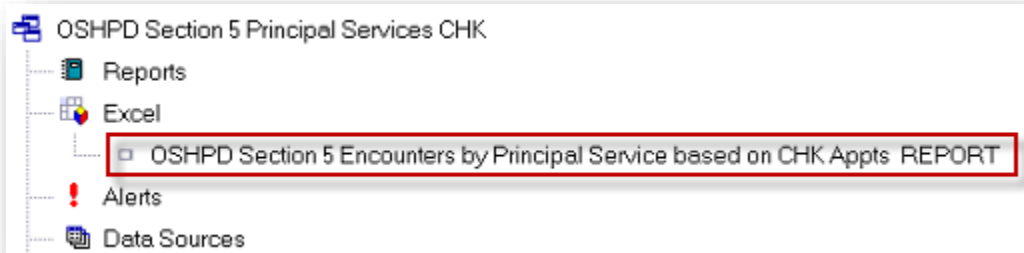
Classify each encounter by the principal CPT code that was reported on the billing document for this encounter. Do not report secondary procedures. There should be one and only one procedure code reported for each encounter.

#### ENCOUNTERS BY PRINCIPAL SERVICE (do not input any commas)

Line No.	Principal Service	CPT Codes	No. of Encounters (1)
	<b>EVALUATION AND MANAGEMENT SERVICES</b>		
1	Evaluation and Management (New Patient)	99201 - 99205	
2	Evaluation and Management (Established Patient)	99211 - 99215	
3	Hospital-Related Services	99217 - 99226, 99231 - 99239, 99477	
4	Consultations	99241 - 99245, 99441 - 99444	
5	Other Evaluation and Management Services	99291 - 99292, 99354 - 99360, 99450, 99455 - 99456, 99499	
6	Nursing Facility-Related Services	99304 - 99318	
7	Case Management Services	99363 - 99364, 99366 - 99368	
8	Preventative Medicine (Infant, Child, Adolescent)	99381 - 99384, 99391 - 99394, 99461	
9	Preventative Medicine (Adult)	99385 - 99387, 99395 - 99397	
		99404 - 99406, 99409, 99411 -	

**OUTPUT:**

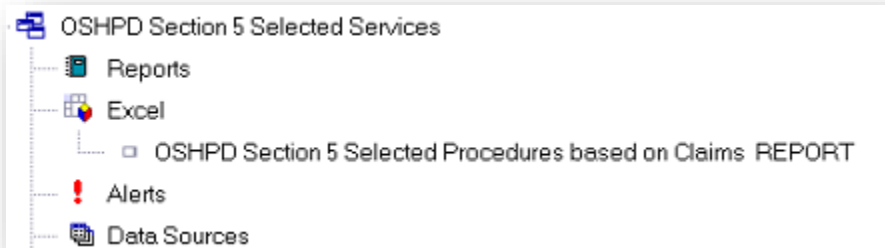
OSHPD Section 5 Encounters by Principal Service based on Claims		
DatasetName	(All)	
Facility	(All)	
Sec5Line	Principal Service	Encounters
1	Evaluation and Management (new patient)	1830
2	Evaluation and Management (established patient)	31096
3	Hospital Related Services	5
8	Preventive Medicine (infant, child, adolescent)	2815
9	Preventive Medicine (adults)	136
10	Counseling	1
12	Integumentary System	168
13	Musculoskeletal System	70
15	Cardiovascular System	7
20	Male Genital System	26
22	Female Genital System	32
23	Maternity Care and Delivery	2
27	Auditory System	3
29	Pathology / Laboratory	593
30	Medicine - Special Services	993
44	All other codes not in lines 1 -33	3500
Grand Total		41277

**Section 5 – Encounters by Principal Service based on CHK appointments****PROJECT NAME:** OSHPD Section 5 Principal Services CHK – (5.1.5)

**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 5 Encounters by Principle Service using Claims only. Unmapped Providers and contacts will not be included.

## Section 5 – Selected Procedures by Claims

**PROJECT NAME:** OSHPD Section 5 Selected Services – (5.1.5)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 5 Selected Procedures using Claims only. Unmapped Providers and contacts will not be included.

SELECTED PROCEDURES SECTION 5 (continued)		ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2013 OSHPD FACILITY ID # _____		
Report the number of procedures for each code (or range of codes) regardless of whether it is the principal or secondary procedure code.				
SELECTED PROCEDURE CODES (do not input any commas)				
Line No.	Selected Procedures	CPT Codes	(1) No. of Procedures	Line No.
50	Mammogram	77051 - 77059		50
51	HIV Testing	86080, 86701 - 86703 87390 - 87391		51
52	Pap Smear	88141 - 88155 88164 - 88167 88174 - 88175		52

**OUTPUT:**

OSHPD Section 5 Selected Procedures based on Claims		
DatasetName	(All)	
Facility	(All)	
Section5Line	SelectedProcedures	Procedure Count
53	Contraceptive Management	142
60	DTaP, DTP, Diphtheria and Tetanus	1715
61	Hemophilus Influenza B (Hib)	748
62	Hepatitis A	581
63	Hepatitis B	539
65	Influenza Virus Vaccine	1465
66	Measles, Mumps, Rubella and Varicella (MMRV)	474
67	Pneumococcal	849
68	Poliovirus	490
69	Varicella	209
Grand Total		7212

## Section 5 – Selected Procedures by CHK Appointments

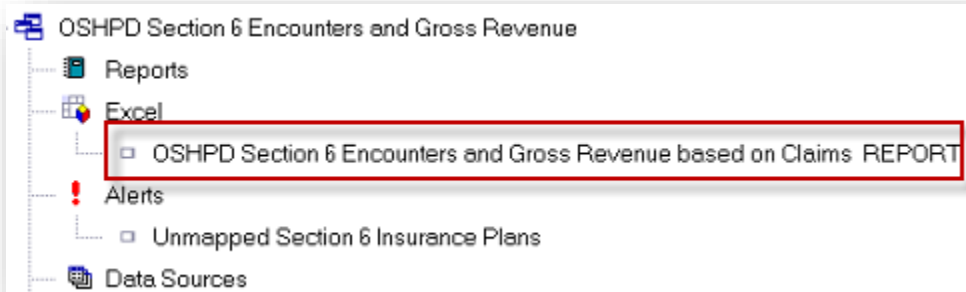
**PROJECT NAME:** OSHPD Section 5 Selected Services CHK – (5.1.5)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 5 Selected Procedures using Claims only. Unmapped Providers and contacts will not be included.

## Section 6 – Encounters and Gross Revenue by Claims

**PROJECT NAME:** OSHPD Section 6 Encounters and Gross Revenue – (5.1.6)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 6 line 1 Encounters and Line 2 Gross Revenue using Claims only. Unmapped Providers and contacts will not be included.

**REVENUE AND UTILIZATION BY PAYER**  
**SECTION 6**

 ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2015  
 OSHPD FACILITY ID # \_\_\_\_\_

**REVENUE AND UTILIZATION BY PAYMENT SOURCE** (do not input any "\$" signs, commas or decimals, round up to whole dollar)

Line No.		PAYMENT SOURCE									Line No.
		(1) Medicare	(2) Medicare - Managed Care	(3) Medi-Cal	(4) Medi-Cal - Managed Care	(5) County Indigent / CMSP / MISP*	(6) Private Insurance	(7) Covered California	(8) Self-Pay / Sliding Fee	(9) Free	
1	Encounters										1
2	Gross Revenue (Charges at 100% Rate)										2
	Write-offs and Adjustments										
3	Sliding Fee Scale										3
4	Free/ Complimentary										4
5	Contractual Adjustments										5
6	Bad Debt										6
7	Grants (see Section 7)					( )	( )	( )	( )	( )	7
8	Other Adjustments										8
9	Reconciliation										9
10	Total Write Offs & Adj. (sum lines 3-9)										10
15	Net Patient Revenue (collected) (line 2 - line 10)										15

**REVENUE AND UTILIZATION BY PAYER**  
**SECTION 6 (continued)**

 ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2015  
 OSHPD FACILITY ID # \_\_\_\_\_

**REVENUE AND UTILIZATION BY PAYMENT SOURCE** (do not input any "\$" signs, commas or decimals, round up to whole dollar)

Line No.		PAYMENT SOURCE										Line No.
		(10) Breast Cancer Programs*	(11) CHDP	(12)	(13) Family PACT	(14) PACE Program**	(15) Healthy Way LA - Unmatched	(16) Alameda Alliance for Health	(17) Other County Programs	(18) All Other Payers	(19) Total	
1	Encounters											1
2	Gross Revenue (Charges at 100% Rate)											2
	Write-offs and Adjustments											
3	Sliding Fee Scale											3
4	Free/ Complimentary											4
5	Contractual Adjustments											5
6	Bad Debt											6
7	Grants (see Section 7)	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	7
8	Other Adjustments											8
9	Reconciliation											9
10	Total Write Offs & Adj. (sum lines 3-9)											10
15	Net Patient Revenue (collected) (line 2 - line 10)											15

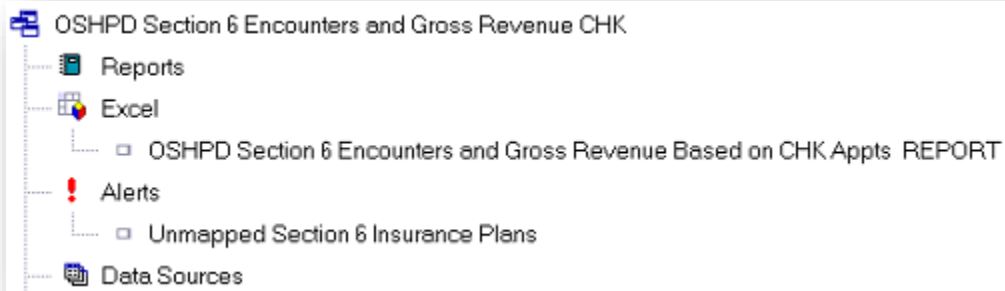
**OUTPUT**

OSHPD Section 6 Encounters and Gross Revenue based on Claims				
DatasetName	(All)			
Facility	(All)			
EncounterTypeDesc	(All)			
FullWriteoff	OSHPDSec6Column	OSHPDSec6Desc	EncCount	Gross Charges
No			70	17
	01	Medicare	7311	8.03
	02	Medicare - Managed Care	7589	5.47
	03	Medi-Cal	4794	8.12
	04	Medi-Cal - Managed Care	345	2.39
	05	County Indigent / CMSP / MISP	3203	3.00
	06	Healthy Families	356	1.07
	07	Private Insurance	2927	1.53
	08	Self-Pay	15374	93.85
	10	Breast Cancer Programs	1169	5.00
	11	CHDP	3223	1.50
	13	Family PACT	1419	7.00
	18	All Other Payers	50	.37
No Total			47830	145.50
Yes	01	Medicare	208	2.25
	02	Medicare - Managed Care	3459	1.00
	03	Medi-Cal	29	.06
	04	Medi-Cal - Managed Care	85	15.00



## Section 6 – Encounters and Gross Revenue by CHK appointments

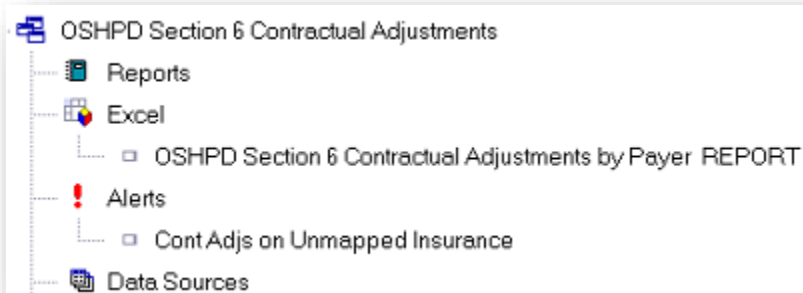
**PROJECT NAME:** OSHPD Section 6 Encounters and Gross Revenue CHK – (5.1.6)



**DESCRIPTION:** Requires data in the UDS Encounter Review. The project has a default prompt for Facility. Generates data for Section 6 line 1 Encounters and Line 2 Gross Revenue using CHK Appointments only. Unmapped Providers and contacts will not be included.

## Section 6 – Contractual Adjustments

**PROJECT NAME:** OSHPD Section 6 Contractual Adjustments – (5.1.6)



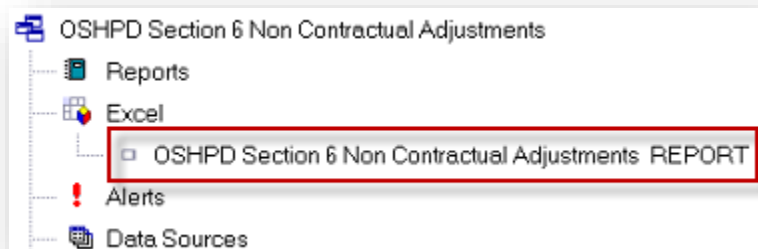
**DESCRIPTION:** Contractual adjustments posted during the reporting period. The project has a default prompt for Facility

**OUTPUT:**

OSHDP Section 6 Contractual Adjustments by Payer		
DatasetName	(All)	
Facility	(All)	
Allowed Amounts		RcvdDate
OSHDPSec6Line	OSHDPSec6PaySourceDesc	2013
01	Medicare	7
02	Medicare - Managed Care	16
03	Medi-Cal	79
04	Medi-Cal - Managed Care	73
05	County Indigent / CMSP / MISP	83
06	Healthy Families	52
07	Private Insurance	3
10	Breast Cancer Programs	57
11	CHDP	5
13	Family PACT	71
18	All Other Payers	93
Grand Total		\$9,684,620.59

## Section 6 – Other Adjustments

**PROJECT NAME:** OSHPD Section 6 Non Contractual Adjustments – (5.1.5)



**DESCRIPTION:** Data for adjustments that are not contractual adjustments. The project has a default prompt for Facility

**ACTION:** Filter for items that meet the requirements for lines 3, 4, 6, 8

**OUTPUT:**

OSHPD Section 6 Non Contractual Adjustments					
Facility	(All)				
PrimaryInsurer	(All)				
EncounterType	(All)				
<b>FinAdjAmt</b>					<b>DateOfPost</b>
<b>OSHPDSec</b>	<b>OSHPDSec6Desc</b>	<b>AdjCode</b>	<b>AdjCodeDesc</b>		<b>2013</b>
		A	ADJ RECON ADJUSTED BY RECONCILIATION		\$5.00
		B	ADJ RECON ADJUSTED BY RECONCILIATION		
		C	ADJ RECON ADJUSTED BY RECONCILIATION		
		D	ADJ RECON ADJUSTED BY RECONCILIATION		
		E	ADJ RECON ADJUSTED BY RECONCILIATION		
		F	ADJ RECON ADJUSTED BY RECONCILIATION		
		G	ADJ RECON ADJUSTED BY RECONCILIATION		
		H	ADJ RECON ADJUSTED BY RECONCILIATION		
		I	ADJ RECON ADJUSTED BY RECONCILIATION		
		J	ADJ RECON ADJUSTED BY RECONCILIATION		
		K	ADJ RECON ADJUSTED BY RECONCILIATION		
		L	ADJ RECON ADJUSTED BY RECONCILIATION		
		M	ADJ RECON ADJUSTED BY RECONCILIATION		
		N	ADJ RECON ADJUSTED BY RECONCILIATION		
		O	ADJ RECON ADJUSTED BY RECONCILIATION		
		P	ADJ RECON ADJUSTED BY RECONCILIATION		
		Q	ADJ RECON ADJUSTED BY RECONCILIATION		
		R	ADJ RECON ADJUSTED BY RECONCILIATION		
		S	ADJ RECON ADJUSTED BY RECONCILIATION		
		T	ADJ RECON ADJUSTED BY RECONCILIATION		
		U	ADJ RECON ADJUSTED BY RECONCILIATION		
		V	ADJ RECON ADJUSTED BY RECONCILIATION		
		W	ADJ RECON ADJUSTED BY RECONCILIATION		
		X	ADJ RECON ADJUSTED BY RECONCILIATION		
		Y	ADJ RECON ADJUSTED BY RECONCILIATION		
		Z	ADJ RECON ADJUSTED BY RECONCILIATION		

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