OSHPD PREPARATION IN RELEVANT FOR HEALTH CENTERS USING ECW

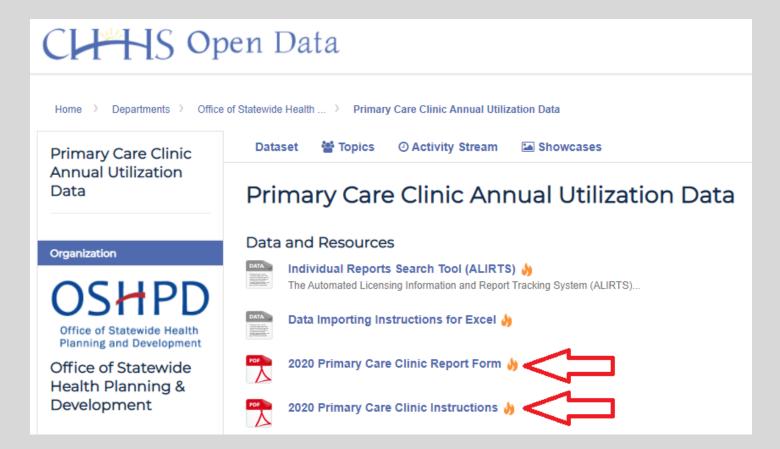
By Ben Fouts, Data Analyst, Redwood Community Health Coalition Data Workgroup Webinar, January 12, 2021

Agenda

- 1. Introduction to the OSHPD Relevant Reports
- 2. Staff Categories and Insurance Categories
- 3. Making Mapping Changes to Relevant

INTRODUCTION To OSHPD Report Tables and the Relevant Data Reports

Download the OSHPD Instructions and Forms



https://data.chhs.ca.gov/dataset/primary-care-clinic-annual-utilization-data

Changes to the OSHPD 2020 Instructions/Tables

 \circ None

- Therefore, the Relevant reports from last year should work for this year with some updates to the SQL code
- Note that these reports are named with "2019" (you can change the report names when you modify the SQL code for 2020 dates)

Relevant OSHPD Instructions From Last Year



OSHPD 2019 - Relevant Instructions

Relevant has created a number of custom reports to assist with OSHPD 2019 reporting. Many thanks to Brian Fogarty and to Communicare in general for allowing us to test these on their app and for providing very helpful feedback.

Staging / Relevant databases

We used the Relevant database as much as possible in order to leverage data that has already been mapped and to create reports that will work at RCHC member health centers using Nextgen or eCW. However, some reports contain data points that are not already in the Relevant database or are mapped differently, so we had to write some of the reports in Staging. We used Transformer tables wherever possible, but please note that you may have to tweak the names of some of the tables for the reports that rely on Staging - please email us at support@relevant.healthcare if you have any questions or would like our assistance.

All reports have Location filters so you can view them based on the location of visits/patients in question.

Definition of an OSHPD Encounter / Matching counts

Because it is important to have a consistent count across tables, we took care to make sure the definition of an encounter is the same in all reports. The default approach is that an OSHPD encounter is one that:

- Is a Visit in Relevant it shows up in the Visits importer
- · Has a claim associated with the visit it shows up in the Claims importer
- Is a UDS visit "uds_universe" is TRUE on the Visits importer
- The provider matches one of the OSHPD Provider Categories (line 75-86)

Make sure that the total encounters match exactly on the following reports:

- Encounters by Provider / Contacts by Staff (OSHPD 2019): just encounters, not contacts
- · Encounters by Principal Diagnosis and Service

 You can follow the instructions again this year and make additional changes suggested in the next slides

-- OR --

 Contact <u>support@relevant.healthcare</u> for assistance

 Ben is also available to answer questions

If the OSHPD Reports Were NOT Set-up Last Year

General instructions The following steps are required for all health centers, regardless of EHR, in order for the OSHPD reports to work properly. If you have already taken any of these steps, please disregard: 1. Add the following values to the bottom of your "Staff Member Types" Importer, after the line that starts "(45" and before the last line, and add a comma to the end of the "(45" line. Run the Importer to make sure it works: -- Added for OSHPD (79, 'visiting nurses', 'Visiting Nurses', 'medical'), (81, 'registered dental hygienists alt practice', 'Registered Dental Hygienists (Alternative Practice)', 'dental'), (86, 'other certified cpsp providers', 'Other Certified CPSP Providers', 'other professional services'), (90, 'registered dental hygienists not alt practice', 'Registered Dental Hygienists (Not Alternative Practice)', 'dental'), (91, 'registered dental assistants', 'Registered Dental Assistants', 'dental'), (92, 'dental assistants not licensed', 'Dental Assistants - Not Licensed', 'dental'), (93, 'marriage and family therapists', 'Marriage and Family Therapists (MFT)', 'mental health'), (95, 'licensed vocational nurses', 'Licensed Vocational Nurses', 'medical'), (96, 'medical assistants not licensesd', 'Medical Assistants - Not Licensed', 'medical'), (101, 'other providers not listed', 'Other Providers Not Listed Above', 'other programs and services') 2. Create a new Transformer (in order above the one that create relevant, providers) called "relevant oshpd provider mapping" (see SQL in appendix) Add the column "staff.member.type.id" to the relevant.providers Transformer (see SQL in appendix) 4. Add "staff_member_id" to the relevant_providers Transformer and Importer (see SQL in appendix) 5. Enable the Importer "Staff Members" (see SQL in Appendix) 6. Enable the Importer "Staff Member FTE" segments (see SQL in Appendix) 7. If you have any custom payers entered, you may have to update the SQL somewhat in the report "Patient Coverage and Episodic Programs" to map those (in the CASE statement)

eCW-specific instructions

 If you find providers with unmapped provider categories in "Encounters by Provider / Contacts by Staff", you may have to update their record in <u>eCW</u>. Make sure the entry in the field "Social Security No" matches the line number of one of the OSHPD categories. Just follow the instruction manual

It gives you step-by-step instructions on:

 Adding Transformers and Importers

Modifying Transformers

If You do not Have Them, Copy the Reports From the RCHC Aggregate Instance

Reports				
Q oshpd	Report Sets ▼ All		Show: Published	Unpublished All
Name 🗢		Owner \$	Last Edited 🖨	Published \$
Patient Demographics (OSHPD 2019) - Nextgen and eCW		Relevant x Support	2/12/2020	yes
Encounters by Provider / Contacts by Staff (OSHPD 2019) - Nextgen and eC	CW	Relevant x Support	2/12/2020	yes
Encounters by Principal Diagnosis and Service (OSHPD 2019) - eCW		Relevant x Support	2/12/2020	yes
Patient Coverage and Episodic Programs (OSHPD 2019) - eCW		Relevant x Support	2/12/2020	yes
Selected Procedures (OSHPD 2019) - Nextgen and eCW		Relevant x Support	2/13/2020	yes

To Copy a Report from the RCHC Aggregate

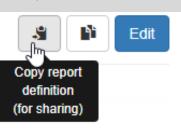
Click on this icon

Reports: Patient Demographics (OSHPD 2019) - Nextgen and eCW ()

Description

This covers most of the data required for PATIENT DEMOGRAPHICS on "Report Page 3", as well as counts for languages spoken by patients. Please note that the sections for "Patient Coverage" in this report may not adhere to the OSHPD categories. There is a supplemental report that covers these.

Parameters	
Location(s)	
All	



Then, in Your Own Instance of Relevant, Go to the Reports Section...

Q Search name, description or SQL	Report Sets - Show: Published Unpublished All All	New Report - Blank Report Import Report
	Click on New Report Choose "Import Report	,,
	A new screen will pop u	р

And Paste (Control-V) Into the Import Report Window

	IMPORT REPORT X	
	Place report definition here	9
Paste here 📕	ат	
Click Import	AF ort Import Format epancy report_v3 (DRAFT) 12/2/2020 yes	

Report	Page 2 (continued)	OSHPD FACILITY ID No.				
TEs Al	ID ENCOUNTERS BY PRIMARY CARE PROVIDE	R (do not in	put any com	imas)		
		No. of	No. of	No. of	Total	No. of
		Salaried	Contract	Volunteer	FTEs*	Encounters
		FTEs*	FTEs*	FTEs*		
Line No.	Primary Care Providers	(1)	(2)	(3)	(4)	(5)
75	Physicians					L
76	Physician Assistants					
77	Family Nurse Practitioners					
78	Certified Nurse Midwives					
79	Visiting Nurses					
80	Dentists					
81	Registered Dental Hygienists (Alternative Practice)					
82	Psychiatrists					
83	Clinical Psychologists					
84	Licensed Clinical Social Workers (LCSW)					
85	Other Providers Billable to Medi-Cal**					
86	Other Certified CPSP Providers Not Listed Above***					
87	Total					
	professionals who are able to be reimbursed through th Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed.			d above that ar	e certified b	y the CPSP
	Comprehensive Perinatal Services Program - List all ot	her professio do not input	any comma	is)		
	Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed.	her professio	nals not listed		Total	No. of
	Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed.	her professio do not input No. of	any comma	is) No. of	Total	No. of
FTEs Al	Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed.	her professio do not input No. of Salaried	any comma No. of Contract	is) No. of Volunteer	Total	No. of
	Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed.	her professio do not input No. of Salaried FTEs*	any comma No. of Contract FTEs*	No. of Volunteer FTEs*	Total FTEs*	No. of Contacts
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FTEs AN	Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed. ID CONTACTS BY CLINICAL SUPPORT STAFF (Clinical Support staff Registered Dental Hygienists (Not Alternative Practice) Registered Dental Assistants Dental Assistants – Not Licensed Marriage and Family Therapists (MFT)	her professio do not input No. of Salaried FTEs*	any comma No. of Contract FTEs*	No. of Volunteer FTEs*	Total FTEs*	No. of Contacts
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Eine No. 90 91 92 93 94 95 96 97 98	Comprehensive Perinatal Services Program – List all ot program to render services and can be reimbursed. ID CONTACTS BY CLINICAL SUPPORT STAFF (Clinical Support staff Registered Dental Hygienists (Not Alternative Practice) Registered Dental Assistants Dental Assistants – Not Licensed Marriage and Family Therapists (MFT) Registered Nurses Licensed Vocational Nurses Medical Assistants – Not Licensed (1) Non-Licensed Patient Education Staff Substance Abuse Counselors (2) Billing Staff (3)	her professio do not input No. of Salaried FTEs*	any comma No. of Contract FTEs*	No. of Volunteer FTEs*	Total FTEs*	No. of Contacts
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 Relevant Report: "Encounters by Provider / Contacts by Staff (OSHPD 2019)"

RACE			FEDER	RAL POVERTY	LEVEL	
		No. of Patients				No. of Patient
ine No.	Race	(1)	Line No.	,		(1)
1	White (include Hispanic)		20	Under 100%		
2	Black		21	100 - 138%		
3	Native American / Alaskan Native		22	139 - 200%		
4	Asian / Pacific Islander		23	201 - 400%		
5	More Than One Race		24	Above 400%		
6	Other / Unknown		25	Unknown		
7	Total Patients*		26	Total Patients*		
ЕТНИ	CITY		AGE C	ATEGORY		
		No. of Patients			Males	Females
ine No.		(1)	Line No.		(1)	(2)
10	Hispanic		30	Under 1 Year		
11	Non-Hispanic		31	1 – 4 Years		
12	Unknown		32	5 – 12 Years		
13	Total Patients*		33	13 – 14 Years		
			34	15 – 19 Years		
SEAS	ONAL AGRICULTURAL		35	20 – 34 Years		
	IIGRATORY WORKERS		36			
	IONATON NORRERS			35 – 44 Years		
AND N		Number	37	45 – 64 Years		
AND N		Number (1)	37 38	45 – 64 Years 65 and Over		
AND N ine No. 75	Total Patients		37	45 – 64 Years		
AND N			37 38	45 – 64 Years 65 and Over		
AND N ine No. 75 76	Total Patients	(1)	37 38 39	45 – 64 Years 65 and Over	s	
AND N ine No. 75 76 PATIE	Total Patients Total Encounters NT COVERAGE	(1) No. of Patients	37 38 39 EPISO	45 – 64 Years 65 and Over Total Patients* DIC PROGRAM		No. of Patient:
AND N ine No. 75 76 PATIE ine No.	Total Patients Total Encounters NT COVERAGE Patient Coverage	(1)	37 38 39 EPISO Line No.	45 – 64 Years 65 and Over Total Patients* DIC PROGRAM Episodic Program		No. of Patient (1)
AND N ine No. 75 76 PATIE	Total Patients Total Encounters NT COVERAGE	(1) No. of Patients	37 38 39 EPISO	45 – 64 Years 65 and Over Total Patients* DIC PROGRAM		
AND N ine No. 75 78 PATIE ine No. 45	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare	(1) No. of Patients	37 38 39 EPISO Line No. 60	45 – 64 Years 65 and Over Total Patients* DIC PROGRAM Episodic Program BCCCP		
AND N ine No. 75 76 PATIE ine No. 45 48	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicare – Managed Care	(1) No. of Patients	37 38 39 EPISO Line No. 60	45 – 64 Years 65 and Over Total Patients* DIC PROGRAM Episodic Program BCCCP		
AND N ine No. 75 76 PATIE ine No. 45 48 47	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicare – Managed Care Medi-Cal	(1) No. of Patients	37 38 39 EPISO Line No. 60 61	45 – 04 Years 65 and Over Total Patients* DIC PROGRAM Episodic Program BCCCP CHDP	ns	
AND N ine No. 75 76 PATIE ine No. 45 46 47 48	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare – Managed Care Medi-Cal Medi-Cal – Managed Care	(1) No. of Patients	37 38 39 EPISO Line No. 60 61	45 – 64 Years 65 and Over Total Patients* DIC PROGRAM Episodio Program BCCCP CHDP Family PACT	ns ograms	
AND N ine No. 75 76 PATIE ine No. 45 48 47 48 49	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicare – Managed Care Medi-Cal – Managed Care County Indigent / CMSP / MISP	(1) No. of Patients	37 38 39 EPISO Line No. 60 61 61	45 - 04 Years 05 and Over Total Patients* DIC PROGRAM Episodio Program BCCCP CHDP Family PACT Other County Pro-	ns ograms nent Program	
AND N ine No. 75 76 PATIE ine No. 45 48 47 48 49 50	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicae - Managed Care Medi-Cal - Managed Care County Indigent / CMSP / MISP Private Insurance	(1) No. of Patients	37 38 39 Line No. 60 61 62 62 63 64	45 - 04 Years 85 and Over Total Patients* DIC PROGRAM Episodio Program BCCCP CHDP Family PACT Other County Pr Children's Treatr	ns ograms nent Program overed by Grant	
AND N ine No. 75 76 PATIE ine No. 45 46 47 48 49 50 51	Total Patients Total Encounters Total Encounters NT COVERAGE Patient Coverage Medicare Medicare Medicare - Managed Care Medi-Cal Medi-Cal - Managed Care County Indigent / CMSP / MISP Private Insurance Covered California Alameda Aliliance for Health	(1) No. of Patients	37 38 39 Line No. 60 61 62 62 63 64	45 - 04 Years 65 and Over Total Patients* DIC PROGRAM Episodio Program BCCCP CHDP Family PACT Other County Pri Children's Treats Other Payer - C Total Episodio P. Total Episodio P.	ns ograms nent Program overed by Grant	
AND N ine No. 75 76 PATIE ine No. 46 47 48 49 50 51 52	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicare - Managed Care Medi-Cal - Managed Care County Indigent / CMSP / MISP Private Insurance Covered California Covered California Alameda Aliance for Health My Health LA (MHLA)	(1) No. of Patients	37 38 39 Line No. 60 61 62 63 64 65	45 - 04 Years 05 and Over Total Patients' DIC PROGRAM Episodic Program BCCCP CHDP Family PACT Other County Pro Children's Treat Other Payer - C	ns ograms nent Program overed by Grant	
AND N ine No. 75 76 PATIE ine No. 45 46 47 48 49 50 51 52 53 54	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medi-Cal Medi-Cal – Managed Care Medi-Cal – Managed Care County Indigent / CMSP / MISP Private Insurance Covered California Alameda Alliance for Health My Health LA (MHLA) PACE Program	(1) No. of Patients	37 38 39 EPISO 60 61 62 63 64 65 66	45 - 04 Years 05 and Over Total Patients' DIC PROGRAM Episodic Program BCCCP CHDP CHDP ChDP Other County Pn Other County Pn Children's Treat Other Payer - Ct Total Episodic P (Duplicated)	ograms ent Program overed by Grant atients	(1)
AND N ine No. 75 76 PATIE ine No. 45 46 47 48 49 50 51 52 53	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicare - Managed Care Medi-Cal - Managed Care County Indigent / CMSP / MISP Private Insurance Covered California Covered California Alameda Aliance for Health My Health LA (MHLA)	(1) No. of Patients	37 38 39 EPISO 60 61 62 63 64 65 66	45 - 04 Years 65 and Over Total Patients* DIC PROGRAM Episodio Program BCCCP CHDP Family PACT Other County Pri Children's Treats Other Payer - C Total Episodio P. Total Episodio P.	ograms ent Program overed by Grant atients	(1)
AND N ine No. 75 76 PATIE ine No. 45 46 47 48 49 50 51 52 53 54 55	Total Patients Total Encounters NT COVERAGE Patient Coverage Medicare Medicare Medicare - Managed Care Medi-Cal Medi-Cal - Managed Care County Indigent / CMSP / MISP Private Insurance Covered California Alameda Alliance for Health My Health LA (MHLA) PAGE Program Self-Pay / Siding Fee	(1) No. of Patients	37 38 39 EPISO 60 61 62 63 64 65 66	45 - 04 Years 05 and Over Total Patients' DIC PROGRAM Episodic Program BCCCP CHDP CHDP ChDP Other County Pn Other County Pn Children's Treat Other Payer - Ct Total Episodic P (Duplicated)	ograms ent Program overed by Grant atients	(1)

Relevant Report: "Patient Demographics (OSHPD 2019)"

	rt Page 3			OSHPD FACIL	ITY ID No.	
Do not	input any commas for the follow	ing tables.				
RACE			FEDE	RAL POVERTY L	EVEL	
	_	No. of Patients				No. of Patier
Line No.	Race White (include Hispanic)	(1)	Line No. 20	Federal Poverty L Under 100%	evel	(1)
2	Black		20	100 - 138%		+
3	Native American / Alaskan Native		22	139 - 200%		
4	Asian / Pacific Islander		22	201 - 400%		
5	More Than One Race		24	Above 400%		
6	Other / Unknown		25	Unknown		
7	Total Patients*		28	Total Patients"		
		۱۱				
ETHNI	CITY		AGE	ATEGORY		
	-	No. of Patients			Males	Females
Line No. 10	Ethnicity	(1)	Line No. 30		(1)	(2)
10	Hispanic Non-Hispanic		30	Under 1 Year 1 – 4 Years		
11	Unknown		31	5 – 12 Years		
12	Total Patients*		32	13 – 12 Years		
13	Total Patients		34	15 – 19 Years		+
CEAC!	ONAL AGRICULTURAL		35	20 – 34 Years		+
	MGRATORY WORKERS		30	20 – 34 Years 35 – 44 Years		
ANDW	IGRATORT WORKERS	Number	30	45 - 64 Years		
Line No.		(1)	38	65 and Over		+
75	Total Patients	(1)	39	Total Patients*		+
76	Total Encounters		38	Total Patients		
PATIE	NT COVERAGE		EPISO	DIC PROGRAMS	;	
		No. of Patients				No. of Patier
Line No.	Patient Coverage	(1)	Line No.		5	(1)
45	Medicare		60	BCCCP		
46	Medicare – Managed Care		61	CHDP		
47	Medi-Cal					
48	Medi-Cal – Managed Care	L	62	Family PACT		
49	County Indigent / CMSP / MISP		63	Other County Pro	-	l
50	Private Insurance	·	64	Children's Treatm		
51	Covered California		65	Other Payer – Co		
52	Alameda Alliance for Health			Total Episodic Pa	tients	
53	My Health LA (MHLA)	L	66	(Duplicated)		
54	PACE Program					
55	Self-Pay / Sliding Fee		CHILD	HEALTH AND D	ISABILITY PR	-
56	Free					Number
	All Other Payers	1	Line No.			(1)
57 58	Total Patients*		70	CHDP Assessme		

• Relevant Report: "Patient Coverage and Episodic Programs (OSHPD 2019)"

ENCOUNTERS BY PRINCIPAL DIAGNOSIS Report Page 4 ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2020 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.

			No. of Encounter
Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-10-CM Codes	(1)
1	Infectious and Parasitic Diseases	A00 - B99	
2	Neoplasms	C00 - D49	
3	Endocrine, Nutritional, and Metabolic Diseases; and Immunity Disorders	E00 - E89	
4	Blood and Blood Forming Disorders	D50 - D89	
5	Mental, Behavioral, and Neurodevelopment Disorders	F01 - F99	
6	Nervous System and Sense Organs Diseases	G00 - H95	
7	Circulatory System Diseases	100 - 199	
8	Respiratory System Diseases	J00 - J99	
9	Digestive System Diseases, excluding dental diagnoses	K20 - K95	
10	Genitourinary System Diseases	N00 - N99	
11	Pregnancy, Childbirth & the Puerperium	O00 - 09A	
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 III-defined Conditions	R00 - R99	
17	Injury and Poisoning	S00 - T88	
18	Factors Influencing Health Status and Contact with Health Services	Z00 - Z29, Z40 - Z99	
19	Dental Diagnosis	K00 - K14	
20	Family Planning "Z" Codes	Z30 - Z39	
21	Other	All other codes not in lines 1-20	
22	Total		

 Relevant Report: "Encounters by Principal Diagnosis and Service (OSHPD 2019)"

ENCOUNTERS BY PRINCIPAL SERVICE ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2020

OSHPD FACILITY ID No

Report Page 5

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.

Line No.	Principal Service	CPT Codes	No. of Encounter (1)
Line No.	EVALUATION AND MANAGEMENT SERVICES	CFT Codes	(1)
1	Evaluation and Management (new patient)	99201 - 99205	
2	Evaluation and Management (new patient) Evaluation and Management (established patient)	99211 - 99215	
3	Hospital Related Services	99217 - 99215	
4	Consultations	99241 - 99245, 99444, 99451 - 99453	
4	Consultations	99291 - 99292, 99354 - 99360, 99415 -	
5	Other Evaluation and Management Services	99416, 99450, 99455 - 99456, 99499	
6	Nursing Facility Related Services	99304 - 99318	
7	Case Management Services	99366 - 99368	
8	Preventive Medicine (infant, child, adolescent)	99381 - 99384, 99391 - 99394,	
		99460 - 99463	
9	Preventive Medicine (adult)	99385 - 99387, 99395 - 99397, 99429	
10	Counseling	99401 - 99404, 99406 - 99409, 99411 - 99412	
		88411-88412	
	ALL OTHER SERVICES	00100 - 01999, 99100, 99116,	
11	Anesthesia	99135, 99140, 99151 - 99157	
12	Integumentary System	10004 - 19499	
13	Musculoskeletal System	20005 - 29999	
14	Respiratory System	30000 - 32999	
15	Cardiovascular System	33010 - 37799	
16	Hemic and Lymphatic System	38100 - 38999	
17	Mediastinum and Diaphragm System	39000 - 39599	
18	Digestive System	40490 - 49999	
19	Urinary System	50010 - 53899	
20	Male Genital System	54000 - 55899	
21	Intersex Surgery	55970, 55980	
22	Female Genital System	56405 - 58999	
23	Maternal Care and Delivery	59000 - 59899	
24	Endocrine System	60000 - 60699	
25	Nervous System	61000 - 64999	
26	Eve and Ocular Adnexa System	65091 - 68899	
27	Auditory System	69000 - 69979	
28	Radiology	70010 - 79999	
29	Pathology / Laboratory	80047 - 89356, 89398	
30	Medicine - Special Services	90281 - 99091, 99170 - 99199	<u> </u>
31	Family Planning "Z" Codes	"Z" codes	<u> </u>
32	Dental Encounters (CDT codes)	D0100 - D0999	
33	CPT Category III Codes	0042T - 0542T	<u> </u>
34	Other	All other codes not in lines 1-33	
35	Total	An other obdes not in mes 1-33	
30	Total		

 Relevant Report: "Encounters by Principal Diagnosis and Service (OSHPD 2019)"

SELECTED PROCEDURES Report Page 5 (continued)

OSHPD FACILITY ID No.

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2020

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)

			No. of Procedures
Line No.	Selected Procedures	CPT Codes	(1)
40	Mammogram	77053 - 77067	
45	HIV Testing	86689, 86701 - 86703, 87389 - 87391	
50	Pap Smear	88150 - 88153, 88164 - 88167, 88174 - 88175	
51	Contraceptive Management	11976, 11980, 55250, 55300, 55400, 57170, 58300 - 58301, 58600, 58605, 58611, 58615	
	VACCINATIONS		
		90389, 90696, 90702, 90714 - 90715,	
52	DTap, DTP, Diphtheria and Tetanus	90723	
53	Hemophilus Influenza B (Hib)	90644, 90647 - 90648	
60	Hepatitis A	90632 - 90634, 90636	
61	Hepatitis B	90739 - 90740, 90743 - 90744, 90746 - 90747	
62	HepB and Hib	90748	
63	Influenza Virus Vaccine	90630, 90653, 90662, 90664, 90666 - 90668, 90672 - 90673, 90682, 90685 - 90688, 90756	
	Measles, Mumps and Rubella (MMR) and		
64	Varicella (MMRV)	90707, 90710, 90716	
65	Pneumococcal	90670, 90732	
66	Poliovirus	90713	
67	Varicella	90396, 90716	

8

 Relevant Report: "Selected Procedures (OSHPD 2019)"

UTILIZATION-PCC (12/3/2020)

0)

Totals For Particular Tables Must Match

Race White (include Hispanic) Black Native American / Alaskan Native Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*	ng tables. No. of Patients (1)	Line No. 20 21 22 23	RAL POVERTY L Federal Poverty L Under 100% 100 – 138%		No. of Patients (1)
White (include Hispanic) Black Native American / Alaskan Native Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*		Line No. 20 21 22 23	Federal Poverty L Under 100% 100 – 138%		
White (include Hispanic) Black Native American / Alaskan Native Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*		20 21 22 23	Under 100% 100 – 138%	evel	
White (include Hispanic) Black Native American / Alaskan Native Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*	(1)	20 21 22 23	Under 100% 100 – 138%	evel	(1)
Black Native American / Alaskan Native Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*		21 22 23	100 – 138%		
Native American / Alaskan Native Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*		22 23			
Asian / Pacific Islander More Than One Race Other / Unknown Total Patients*		23			
More Than One Race Other / Unknown Total Patients*			139 – 200%		
Other / Unknown Total Patients*			201 – 400%		
Total Patients*		24	Above 400%		
		25	Unknown		
		26	Total Patients*		
CITY		AGE C	ATEGORY		
	No. of Patients			Males	Females
Ethnicity	(1)			(1)	(2)
Hispanic		30	Under 1 Year		
Non-Hispanic		31			
Unknown		32	5 – 12 Years		
Total Patients*		33	13 – 14 Years		
		34	15 – 19 Years		
NAL AGRICULTURAL		35	20 – 34 Years		
IGRATORY WORKERS		36	35 - 44 Years		
	Number	37	45 – 64 Years		
	(1)	38	65 and Over		
Total Patients		39	Total Patients*		
Total Encounters		-			
		FRISO			
	No. of Patients	2.100			No. of Patients
Patient Coverage	(1)	Line No.	Episodic Program	IS	(1)
Medicare		60	BCCCP		
Medicare – Managed Care		61	CHDP		
Medi-Cal					
Medi-Cal – Managed Care		62	Family PACT		
County Indigent / CMSP / MISP		63	Other County Pro	grams	
Private Insurance		64		-	
Covered California		65		· ·	
			-		
		66			
			,,		1
		CHILD	HEALTH AND D	SABILITY PR	EVENTION (CH
					Number
		Line No			(1)
			CHDP Assessme	nts	1.7
		_ / /	Gridi Haacasiile		
	Hispanic Non-Hispanic Unknown Total Patients* NAL AGRICULTURAL IGRATORY WORKERS Total Patients Total Encounters IT COVERAGE Patient Coverage Medicare Medicare Medicare Medicare Medicare Medicare Medicare County Indigent / CMSP / MISP Private Insurance	Hispanic Non-Hispanic Unknown Total Patients* NAL AGRICULTURAL IGRATORY WORKERS Number (1) Total Patients (1) Total Patients (1) Total Patients (1) Total Patients (1) Medicare Medi-Cal Medi-Ca	Hispanic 30 Non-Hispanic 31 Unknown 32 Total Patients* 33 NAL AGRICULTURAL 35 IGRATORY WORKERS 36 Total Patients 37 Total Patients 39 Total Patients 39 Total Patients 39 Total Patients 10 Medicare 60 Medicare 61 Medicare 61 Medi-Cal Manged Care Medi-Cal MiSP Private Insurance 63 Courby Indigent / CMSP / MISP Private Insurance 64 65 64 66 65 Sett-Pay / Siding Fee 64 Free 64 All Other Payers 70 Total Patients* 70	Hispanic 30 Under 1 Year Non-Hispanic 31 1 – 4 Years Total Patients* 31 1 – 4 Years Total Patients* 33 13 – 14 Years NAL AGRICULTURAL IGRATORY WORKERS 33 13 – 14 Years IGRATORY WORKERS 34 15 – 19 Years 34 15 – 19 Years 34 15 – 20 - 34 Years 36 35 – 44 Years 36 35 – 44 Years 38 65 and Over 39 Total Patients* Total Patients (1) 38 65 and Over Medicare Medicare 60 BCCCP Medicare 61 CHDP 62 Medi-Cal Manged Care 63 Other County Program County Indigent / CMSP / MISP 63 Other County Program Gett-Pay / Siding Fee Free 70 CHLD HEALTH AND D Free 70 CHDP Assessme 70	Hispanic 30 Under 1 Year Non-Hispanic 31 1 - 4 Years Unknown 32 5 - 12 Years Total Patients* 33 13 - 14 Years NAL AGRICULTURAL 36 35 - 42 Years IGRATORY WORKERS 36 35 - 44 Years Int Coverage (1) 36 63 and Over Total Patients 39 Total Patients* 39 Total Patients 39 Total Patients* 36 Total Patients (1) 38 65 and Over Total Patients (1) 39 Total Patients* Total Patients (1) 60 BCCCP Medicare Madicare 60 BCCCP Medicare 61 CHDP 62 Medicare 63 Other County Programs 64 64 Children's Treatment Program 65 Other County Programs 64 Children's Treatment Program 66 (Duplicated) 70 CHID P Assessments 70 CHIDP Assessments

 Unduplicated Patient "Totals" must equal each other

 Four tables in Report Page 3 (Patient Demographics) must equal each other.

Totals For Particular Tables Must Match

- Encounter "Totals" must equal each other
- Total encounters in Report Pages 2, 4, 5, and 6

Report	Page 2 (continued)		OSHPD	FACILITY ID N	lo.	
FTEs AN	ID ENCOUNTERS BY PRIMARY CARE PROVIDE	R (do not in	put any com	mas)		
		No. of	No. of	No. of	Total	No. of
		Salaried	Contract	Volunteer	FTEs*	Encounters
		FTEs*	FTEs*	FTEs*		
Line No.	Primary Care Providers	(1)	(2)	(3)	(4)	(5)
75	Physicians					
76	Physician Assistants					
77	Family Nurse Practitioners					
78	Certified Nurse Midwives					
79	Visiting Nurses					
80	Dentists					
81	Registered Dental Hygienists (Alternative Practice)					
82	Psychiatrists					
83	Clinical Psychologists					
84	Licensed Clinical Social Workers (LCSW)					
85	Other Providers Billable to Medi-Cal**					
86	Other Certified CPSP Providers Not Listed Above***					
87	Total					

Report Page 4

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
 (1)

 22
 Total

Report Page 5

ENCOUNTERS BY PRINCIPAL SERVICE (do not input any commas)

			No. of Encounters
Line No.	Principal Service	CPT Codes	(1)
35	Total		
		•	

Report Page 6 (continued) REVENUE AND UTILIZATION BY PAYMENT SOURCE

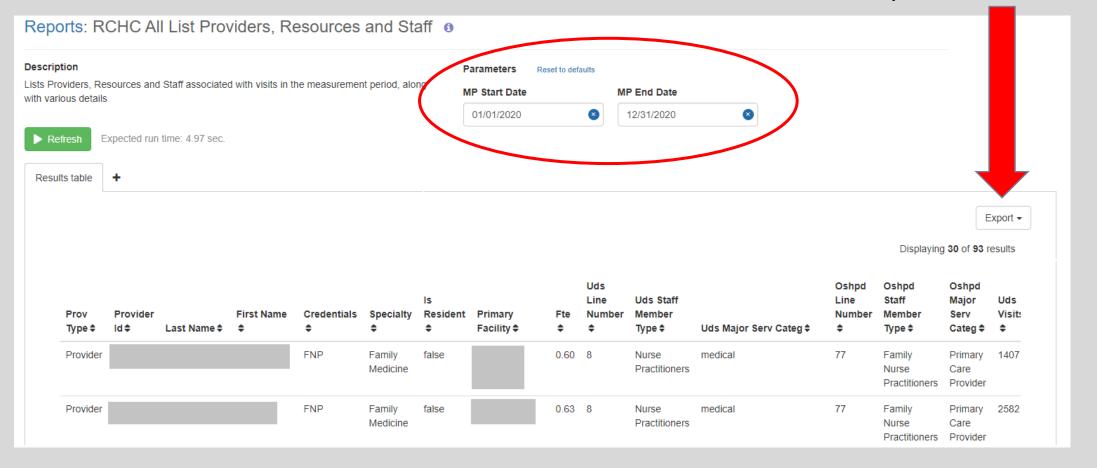
		PAYMENT SOURCE								
		Breast	CHDP	Family	PACE	My	Alameda	Other	All Other	Total
		Cancer		PACT	Program**	Health	Alliance	County	Payers	
		Programs*				LA	for	Programs		
						(MHLA)	Health			
Line No.		(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1	Encounters								(

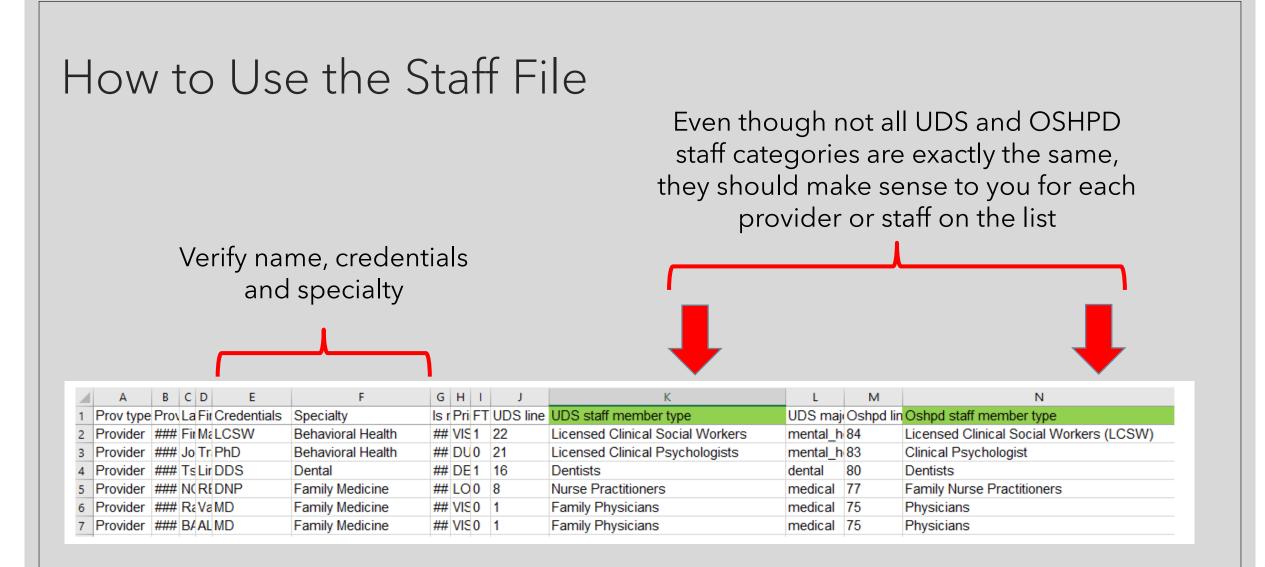
STAFF CATEGORIES AND INSURANCE CATEGORIES

Assuming you are using the "standard" approach to mapping

Validation Report: RCHC All List Providers, Resources and Staff

Export to Excel





Staff File: Look for Missing Data

It could be missing from eCW or somehow not mapped (your notes on this will be important in the next steps)

A B C D E	F	G H I J	к	L	М	Ν
1 Prov type Prov La Fir Credentials	Specialty	Is r Pri FT UDS lin	e UDS staff member type	UDS maj	Oshpd lin	Oshpd staff member type
119 Provider ###	Family Medicine	## LO0				
120 Provider ### Eli GeMD		## VIS0				
121 Provider ### JIN D(MD	Family Medicine	## VIS0 1	Family Physicians	medical	75	Physicians

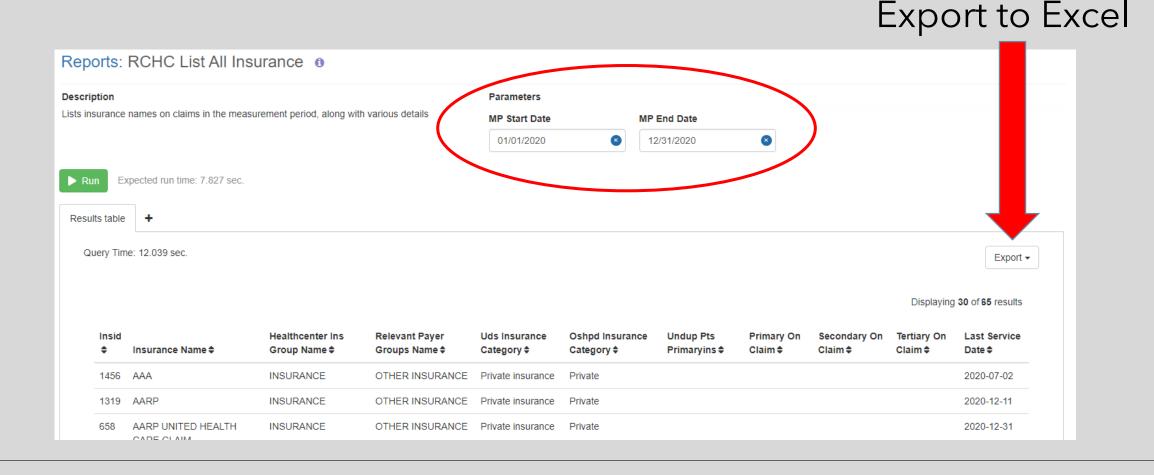
Depending how your staff is mapped to categories in the Transformers, a missing credential or specialty can result in staff member types not mapped for the UDS or OSHPD

Other Information on the Report (FYI)

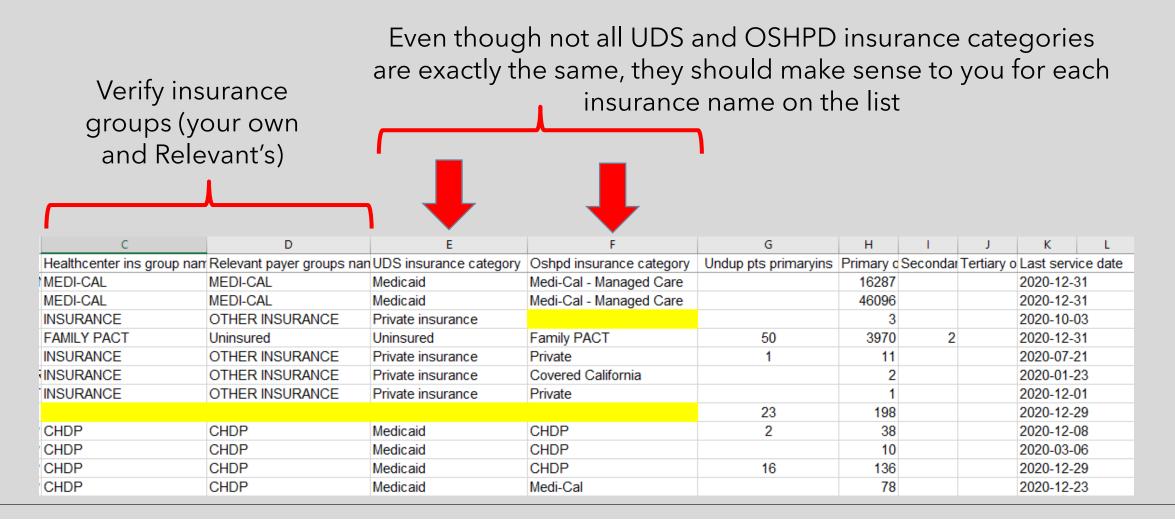
Ν	0	Р	Q	R	S	т
Oshpd staff member type	Oshpd m	UDS visits	Non UDS	UDS med visits	Last visit date	Rendering pt count
Licensed Clinical Social Workers (LCSW)	Primary (737			2020-12-31	
Clinical Psychologist	Primary (432			2020-12-17	
Dentists	Primary (2118			2020-12-30	
Family Nurse Practitioners	Primary (536		536	2020-12-12	47
Physicians	Primary (763		763	2020-12-24	211
Physicians	Primary (1227		1227	2020-12-29	339

Visit counts should match with Visit Calendar in Relevant and to visit summaries on the UDS and OSHPD reports

Validation Report: RCHC List All Insurance



How to Use the Insurance File



MAKING MAPPING CHANGES

In eCW and Relevant

Master Lists

- The Excel files are your Master Lists of Staff and Insurance Names
- Run them by an expert in the Human Resources or the Finance Department to make sure all categories are correct
- Hint: Highlight in Excel the records not mapped so you know which need to be changed (and which need to be verified later)
- Once you have the Master Lists of staff and insurance, identify where the change needs to occur (eCW vs. Relevant)

Work in eCW (Helps With UDS Mapping)

- Add credentials or specialty to your providers in eCW if they are missing those fields
- Add insurance group to your insurance name in eCW

The Common Approach to OSHPD Mapping

• Uses "Dummy" fields in eCW to store OSHPD Table line numbers

• Providers and staff on Report Page 2

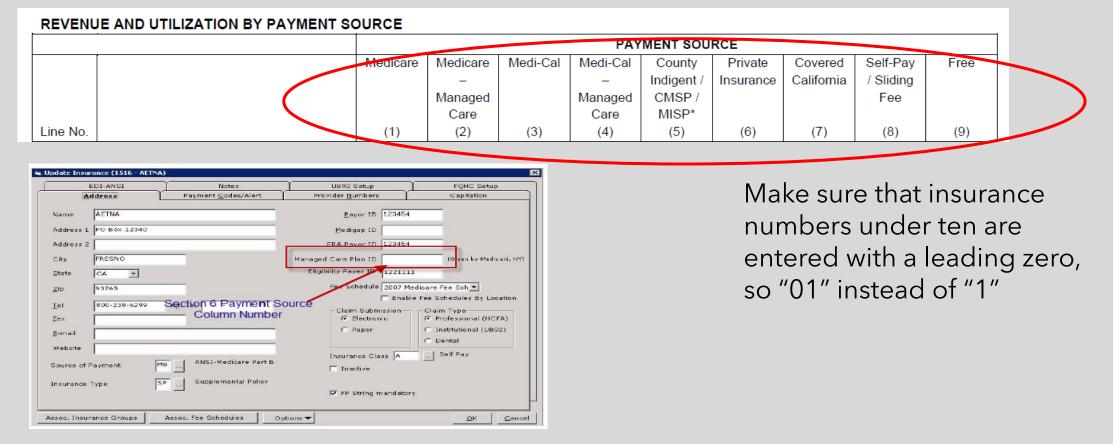
FTES AN	D ENCOUNTERS BY PRIMARY CARE PROVIDER
Line No.	Primary Care Providers
75	Ahysicians
76	Physician Assistants
77	Family Nurse Practitioners
78	Ce <mark>t</mark> ified Nurse Midwives
79	Vis <mark>ting Nurses</mark>
80	Dentists
81	Registered Dental Hygienists (Alternative Practice)
82	Psychiatrists
83	Cli <mark>n</mark> ical Psychologists
84	Lidensed Clinical Social Workers (LCSW)
85	Other Providers Billable to Medi-Cal**
86	ther Certified CPSP Providers Not Listed Above***
87	Total

eCW

Last Name *	First Name *	Middle Initial
Prefix	Suffix	Osproes-Crodontials
Teaonormy Code	Speciality Select Speciality	Provider Initials
Data of Birth	Social Security No	DEA No
Mailing Address		State
Zip Code	Heme Phone	OSHPD Section
Pager	Fax No	Z line no
Primary Service Location	C Male	
Select Focility	C Formale	

The Common Approach to OSHPD Mapping

• Patient Insurance Coverage on Report Page 6



Relevant Tables and Fields with the Data

Provider and staff mapping: users.ssn
Resource mapping: users.providercode

Insurance mapping: insurance.mcaidnyplancode

Verify the Mapping in the Dummy Fields

- Change as necessary in eCW (see your Master File)
- Note that the provider/staff line numbers changed in 2019, so if you may see unexpected line numbers

Change the Date Range in Each Relevant Report

Look for green or red date text that says "2019"
Change all "2019" to "2020"

 In some cases, there is a 2020 date (usually 2020-01-01) referring to the end of the year

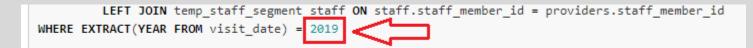
• Change all "2020" to "2021"

• Example in the Patient Demographics report

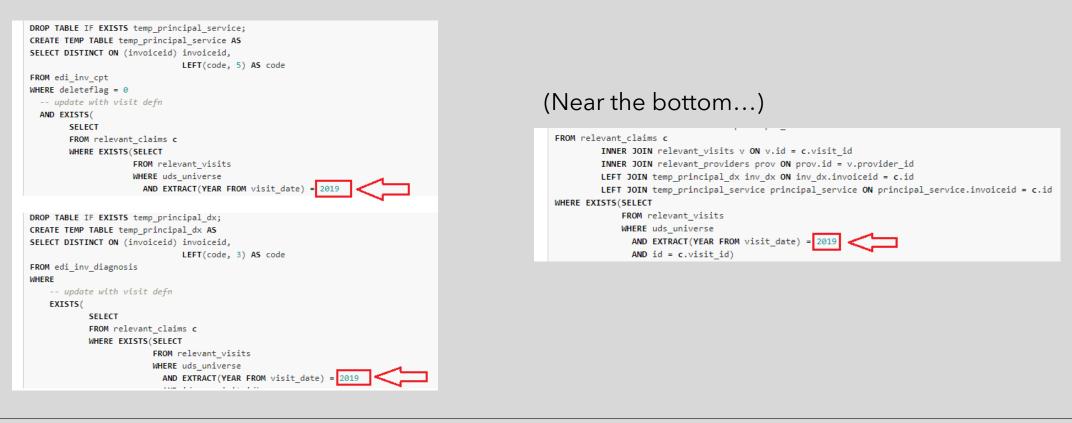
• Reports: Encounters by Provider / Contacts by Staff (OSHPD 2019)

DROP TABLE IF EXISTS temp_staff_segment; CREATE TEMP TABLE temp_staff_segment AS SELECT DISTINCT ON (staff_member_id) staff_member_id, staff_member_type_id FROM staff_member_fte_segments WHERE started_on <= '2019-12-31' ORDER BY staff_member_id, started_on DESC;

(Near the bottom...)



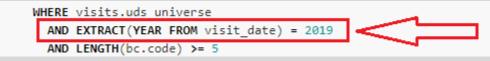
• Report: Encounters by Principal Diagnosis and Service (OSHPD 2019) - eCW



• Report: Selected Procedures (OSHPD 2019) - Nextgen and eCW

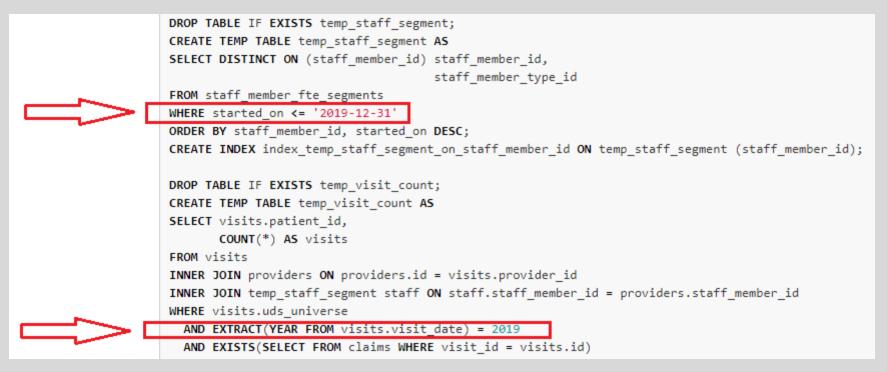
DROP TABLE IF EXISTS temp staff segment; CREATE TEMPORARY TABLE temp_staff_segment AS SELECT DISTINCT ON (staff_member_id) staff_member_id, staff member type id FROM staff member fte segments WHERE started on <= '2019-12-31' ORDER BY staff_member_id, started_on DESC; CREATE INDEX index temp staff segment on staff member id ON temp staff segment (staff member id); DROP TABLE IF EXISTS temp_staff_segment; CREATE TEMP TABLE temp_staff_segment AS SELECT DISTINCT ON (staff_member_id) staff_member_id, staff member type id FROM staff_member_fte_segments WHERE started on <= '2019-12-31' ORDER BY staff_member_id, started on DESC; CREATE INDEX index temp staff segment on staff member id ON temp staff segment (staff member id); -- Results Query --

(Near the bottom...)

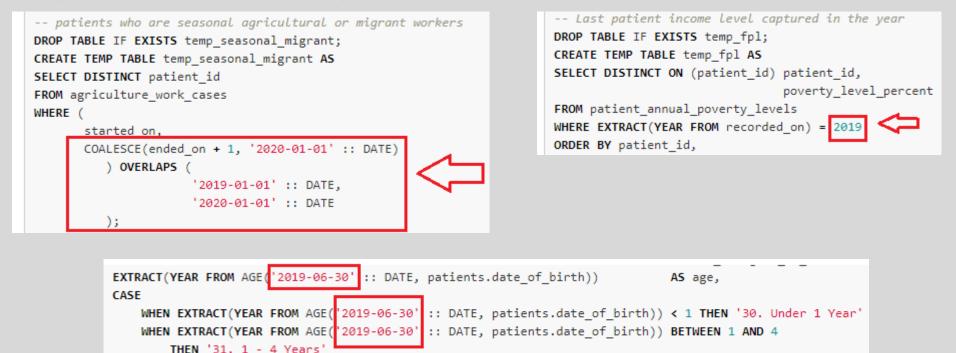


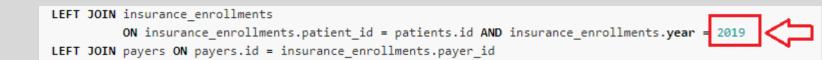
• Reports: Patient Demographics (OSHPD 2019) - Nextgen and eCW

(Contains the most changes)



• Reports: Patient Demographics (OSHPD 2019) - Nextgen and eCW





• Report: Patient Coverage and Episodic Programs (OSHPD 2019) - eCW

(Near the bottom...)

LEFT JOIN relevant_payer_groups vpg ON vpg.id = visit_payer.payer_group_key LEFT JOIN explanation visit_explanation ON visit_explanation.oshpd_line = visit_ins.mcaidnyplancode --LEFT JOIN relevant_payer_groups coverage_group ON coverage_group.id = coverage_payer.payer_group_key WHERE visits.uds_universe AND EXTRACT(YEAR FROM visits.visit_date) = 2019 AND EXISTS(

SELECT FROM relevant_claims WHERE visit_id = visits.id

Important Transformers and Importers

STAFF

- Transformer: relevant_oshpd_provider_mapping. For individual staff members, displays the assigned OSHPD line number
- Transformer: relevant_providers. For individual staff members, defines a Staff Member Type ID (field: staff_member_type_id)
- Importer: Staff Member Types. Generally defines line staff category names for UDS and OSHPD

INSURANCE

 Insurance mapping only appears in the report "Patient Coverage and Episodic Programs (OSHPD 2019) - eCW"

Questions?