## OSHPD PREPARATION IN RELEVANT FOR HEALTH CENTERS USING ECW

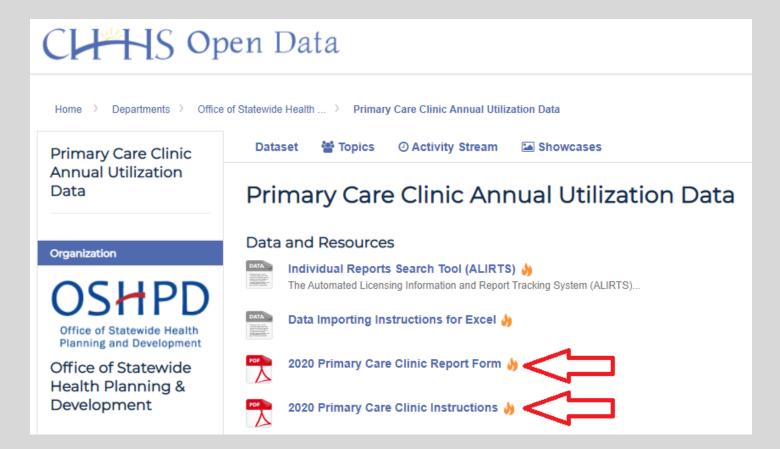
By Ben Fouts, Data Analyst, Redwood Community Health Coalition Data Workgroup Webinar, January 12, 2021

## 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 <del>▼</del><br>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

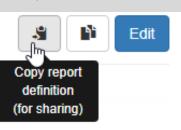
### Click on this icon

### 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<br>All | New Report -<br>Blank Report<br>Import Report |
|---|--|---|
|   | Click on New Report<br>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<br>ort Import Format<br>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<br>Comprehensive Perinatal Services Program – List all ot<br>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<br>do not input                                       | any comma  | is)  |                       |                           |
|   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.  | her professio   | nals not listed                                      |  | Total                 | No. of                    |
|   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.  | her professio<br>do not input<br>No. of                             | any comma  | is)<br>No. of                                  | Total                 | No. of                    |
| FTEs Al   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.  | her professio<br>do not input<br>No. of<br>Salaried                 | any comma<br>No. of<br>Contract                      | is)<br>No. of<br>Volunteer                     | Total                 | No. of                    |
|   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs Al   | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs AN   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs AN<br>Line No.<br>90   | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| Line No.<br>90<br>91<br>92  | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs AN   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs Al<br>Line No.<br>90<br>91<br>92<br>93<br>94   | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| Eine No.<br>90<br>91<br>92<br>93<br>94<br>95  | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs AN<br>90<br>91<br>92<br>93<br>94<br>95<br>96   | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| FTEs AN<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97   | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| Eine No.<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98  | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| ine No.<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99                                   | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| Line No.<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>99<br>100                     | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)<br>Other Administrative Staff (4)  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*        | any comma<br>No. of<br>Contract<br>FTEs*             | No. of<br>Volunteer<br>FTEs*                   | Total<br>FTEs*        | No. of<br>Contacts        |
| Line No.<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>101                    | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Norses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)<br>Other Administrative Staff (4)<br>Other Providers Not Listed Above<br>Total  | do not input<br>No. of<br>Salaried<br>FTEs*<br>(1)                  | nals not listed any comma No. of Contract FTEs* (2)  | 15)<br>No. of<br>Volunteer<br>FTEs'<br>(3)     | Total<br>FTEs*<br>(4) | No. of<br>Contacts        |
| Line No.<br>90<br>91<br>92<br>93<br>94<br>96<br>97<br>98<br>99<br>100<br>101<br>102                   | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)<br>Other Anviders Not Listed Above   | do not input<br>No. of<br>Salaried<br>FTEs*<br>(1)                  | nals not listed any comma No. of Contract FTEs* (2)  | 15)<br>No. of<br>Volunteer<br>FTEs'<br>(3)     | Total<br>FTEs*<br>(4) | No. of<br>Contacts        |
| ETEs AN<br>00<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>101<br>102<br>(1)       | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Aygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)<br>Other Administrative Staff (4)<br>Other Providers Not Listed Above<br>Total<br>Report FTEs to two decimal places, e.g. 2.25. If less th  | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*<br>(1) | nals not listed any commen No. of Contract FTEs* (2) | 16)<br>No. of<br>Volunteer<br>FTEs*<br>(3)<br> | Total<br>FTEs*<br>(4) | No. of<br>Contacts        |
| Line No.<br>90<br>91<br>92<br>93<br>94<br>95<br>96<br>97<br>98<br>99<br>100<br>101<br>102<br>*<br>(1) | Comprehensive Perintal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)<br>Other Administrative Staff (4)<br>Other Providers Not Listed Above<br>Total<br>Report FTEs to two decimal places, e.g. 2.25. If less the<br>Assistants.   | her professio<br>do not input<br>No. of<br>Salaried<br>FTEs*<br>(1) | nals not listed any commen No. of Contract FTEs* (2) | 16)<br>No. of<br>Volunteer<br>FTEs*<br>(3)<br> | Total<br>FTEs*<br>(4) | No. of<br>Contacts        |
| ine No.<br>90<br>91<br>92<br>93<br>94<br>95<br>98<br>99<br>100<br>101<br>102<br>(1)<br>(2)            | Comprehensive Perinatal Services Program – List all ot<br>program to render services and can be reimbursed.<br>ID CONTACTS BY CLINICAL SUPPORT STAFF (<br>Clinical Support staff<br>Registered Dental Hygienists (Not Alternative Practice)<br>Registered Dental Assistants<br>Dental Assistants – Not Licensed<br>Marriage and Family Therapists (MFT)<br>Registered Nurses<br>Licensed Vocational Nurses<br>Medical Assistants – Not Licensed (1)<br>Non-Licensed Patient Education Staff<br>Substance Abuse Counselors (2)<br>Billing Staff (3)<br>Other Administrative Staff (4)<br>Other Providers Not Listed Above<br>Total<br>Report FTs to two decimal places, e.g. 2.25. If less tha<br>Also includes Certified Medical Assistants.<br>Does not include substance abuse counseling performe<br>Staff must speed 80% of time on billing. | de not input<br>No. of<br>Salaried<br>FTEs'<br>(1)<br>              | ands not listed                                      | 15)<br>No. of<br>Volunteer<br>FTEs*<br>(3)<br> | Total<br>FTEs*<br>(4) | No. of<br>Contacts<br>(5) |

 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<br>(1)          | 37<br>38  | 45 – 64 Years<br>65 and Over  |   |                       |
| AND N<br>ine No.<br>75   | Total Patients   |                        | 37  | 45 – 64 Years   |   |                       |
| AND N  |  |                        | 37<br>38  | 45 – 64 Years<br>65 and Over  |   |                       |
| AND N<br>ine No.<br>75<br>76   | Total Patients   | (1)                    | 37<br>38<br>39  | 45 – 64 Years<br>65 and Over  | s   |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE  | Total Patients<br>Total Encounters<br>NT COVERAGE  | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO   | 45 – 64 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM  |   | No. of Patient:       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.   | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage  | (1)                    | 37<br>38<br>39<br>EPISO<br>Line No.                               | 45 – 64 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodic Program  |   | No. of Patient<br>(1) |
| AND N<br>ine No.<br>75<br>76<br>PATIE  | Total Patients<br>Total Encounters<br>NT COVERAGE  | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO   | 45 – 64 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM  |   |                       |
| AND N<br>ine No.<br>75<br>78<br>PATIE<br>ine No.<br>45   | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare  | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>Line No.<br>60                         | 45 – 64 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodic Program<br>BCCCP   |   |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>48   | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicare – Managed Care   | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>Line No.<br>60                         | 45 – 64 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodic Program<br>BCCCP   |   |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>48<br>47   | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicare – Managed Care<br>Medi-Cal   | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>Line No.<br>60<br>61                   | 45 – 04 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodic Program<br>BCCCP<br>CHDP   | ns  |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>46<br>47<br>48   | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare – Managed Care<br>Medi-Cal<br>Medi-Cal – Managed Care  | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>Line No.<br>60<br>61                   | 45 – 64 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodio Program<br>BCCCP<br>CHDP<br>Family PACT  | ns<br>ograms  |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>48<br>47<br>48<br>49                                     | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicare – Managed Care<br>Medi-Cal – Managed Care<br>County Indigent / CMSP / MISP   | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>Line No.<br>60<br>61<br>61             | 45 - 04 Years<br>05 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodio Program<br>BCCCP<br>CHDP<br>Family PACT<br>Other County Pro-   | ns<br>ograms<br>nent Program                        |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>48<br>47<br>48<br>49<br>50                               | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicae - Managed Care<br>Medi-Cal - Managed Care<br>County Indigent / CMSP / MISP<br>Private Insurance   | (1)<br>No. of Patients | 37<br>38<br>39<br>Line No.<br>60<br>61<br>62<br>62<br>63<br>64    | 45 - 04 Years<br>85 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodio Program<br>BCCCP<br>CHDP<br>Family PACT<br>Other County Pr<br>Children's Treatr  | ns<br>ograms<br>nent Program<br>overed by Grant     |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>46<br>47<br>48<br>49<br>50<br>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)<br>No. of Patients | 37<br>38<br>39<br>Line No.<br>60<br>61<br>62<br>62<br>63<br>64    | 45 - 04 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodio Program<br>BCCCP<br>CHDP<br>Family PACT<br>Other County Pri<br>Children's Treats<br>Other Payer - C<br>Total Episodio P.<br>Total Episodio P.              | ns<br>ograms<br>nent Program<br>overed by Grant     |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>46<br>47<br>48<br>49<br>50<br>51<br>52                         | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicare - Managed Care<br>Medi-Cal - Managed Care<br>County Indigent / CMSP / MISP<br>Private Insurance<br>Covered California<br>Covered California<br>Alameda Aliance for Health<br>My Health LA (MHLA)   | (1)<br>No. of Patients | 37<br>38<br>39<br>Line No.<br>60<br>61<br>62<br>63<br>64<br>65    | 45 - 04 Years<br>05 and Over<br>Total Patients'<br>DIC PROGRAM<br>Episodic Program<br>BCCCP<br>CHDP<br>Family PACT<br>Other County Pro<br>Children's Treat<br>Other Payer - C   | ns<br>ograms<br>nent Program<br>overed by Grant     |                       |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54       | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medi-Cal<br>Medi-Cal – Managed Care<br>Medi-Cal – Managed Care<br>County Indigent / CMSP / MISP<br>Private Insurance<br>Covered California<br>Alameda Alliance for Health<br>My Health LA (MHLA)<br>PACE Program                                      | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>60<br>61<br>62<br>63<br>64<br>65<br>66 | 45 - 04 Years<br>05 and Over<br>Total Patients'<br>DIC PROGRAM<br>Episodic Program<br>BCCCP<br>CHDP<br>CHDP<br>ChDP<br>Other County Pn<br>Other County Pn<br>Children's Treat<br>Other Payer - Ct<br>Total Episodic P<br>(Duplicated) | ograms<br>ent Program<br>overed by Grant<br>atients | (1)                   |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53             | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicare - Managed Care<br>Medi-Cal - Managed Care<br>County Indigent / CMSP / MISP<br>Private Insurance<br>Covered California<br>Covered California<br>Alameda Aliance for Health<br>My Health LA (MHLA)   | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>60<br>61<br>62<br>63<br>64<br>65<br>66 | 45 - 04 Years<br>65 and Over<br>Total Patients*<br>DIC PROGRAM<br>Episodio Program<br>BCCCP<br>CHDP<br>Family PACT<br>Other County Pri<br>Children's Treats<br>Other Payer - C<br>Total Episodio P.<br>Total Episodio P.              | ograms<br>ent Program<br>overed by Grant<br>atients | (1)                   |
| AND N<br>ine No.<br>75<br>76<br>PATIE<br>ine No.<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55 | Total Patients<br>Total Encounters<br>NT COVERAGE<br>Patient Coverage<br>Medicare<br>Medicare<br>Medicare - Managed Care<br>Medi-Cal<br>Medi-Cal - Managed Care<br>County Indigent / CMSP / MISP<br>Private Insurance<br>Covered California<br>Alameda Alliance for Health<br>My Health LA (MHLA)<br>PAGE Program<br>Self-Pay / Siding Fee | (1)<br>No. of Patients | 37<br>38<br>39<br>EPISO<br>60<br>61<br>62<br>63<br>64<br>65<br>66 | 45 - 04 Years<br>05 and Over<br>Total Patients'<br>DIC PROGRAM<br>Episodic Program<br>BCCCP<br>CHDP<br>CHDP<br>ChDP<br>Other County Pn<br>Other County Pn<br>Children's Treat<br>Other Payer - Ct<br>Total Episodic P<br>(Duplicated) | ograms<br>ent Program<br>overed by Grant<br>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<br>White (include Hispanic) | (1)             | Line No.<br>20 | Federal Poverty L<br>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.<br>10 | Ethnicity                        | (1)             | Line No.<br>30 |                                 | (1)          | (2)           |
| 10             | Hispanic<br>Non-Hispanic         |                 | 30             | Under 1 Year<br>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<br>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<br>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 -<br>Z99              |                  |
| 19       | Dental Diagnosis  | K00 - K14                            |                  |
| 20       | Family Planning "Z" Codes   | Z30 - Z39                            |                  |
| 21       | Other   | All other codes not<br>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<br>(1) |
|----------|--|--|-------------------------|
| Line No. | EVALUATION AND MANAGEMENT SERVICES   | CFT Codes                                      | (1)                     |
| 1        | Evaluation and Management (new patient)  | 99201 - 99205                                  |                         |
| 2        | Evaluation and Management (new patient)<br>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,<br>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,<br>88174 - 88175  |                   |
| 51       | Contraceptive Management             | 11976, 11980, 55250, 55300, 55400,<br>57170, 58300 - 58301, 58600, 58605,<br>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,<br>90746 - 90747  |                   |
| 62       | HepB and Hib                         | 90748   |                   |
| 63       | Influenza Virus Vaccine              | 90630, 90653, 90662, 90664, 90666 -<br>90668, 90672 - 90673, 90682,<br>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<br>White (include Hispanic)<br>Black<br>Native American / Alaskan Native<br>Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients* | ng tables. No. of Patients (1)  | Line No.<br>20<br>21<br>22<br>23   | RAL POVERTY L<br>Federal Poverty L<br>Under 100%<br>100 – 138%   |  | No. of Patients<br>(1)  |
|---|---|--|--|--|---|
| White (include Hispanic)<br>Black<br>Native American / Alaskan Native<br>Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients*         |   | Line No.<br>20<br>21<br>22<br>23   | Federal Poverty L<br>Under 100%<br>100 – 138%  |  |   |
| White (include Hispanic)<br>Black<br>Native American / Alaskan Native<br>Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients*         |   | 20<br>21<br>22<br>23   | Under 100%<br>100 – 138%   | evel   |   |
| White (include Hispanic)<br>Black<br>Native American / Alaskan Native<br>Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients*         | (1)   | 20<br>21<br>22<br>23   | Under 100%<br>100 – 138%   | evel   | (1)   |
| Black<br>Native American / Alaskan Native<br>Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients*                                     |   | 21<br>22<br>23   | 100 – 138%   |  |   |
| Native American / Alaskan Native<br>Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients*  |   | 22<br>23   |  |  |   |
| Asian / Pacific Islander<br>More Than One Race<br>Other / Unknown<br>Total Patients*  |   | 23   |  |  |   |
| More Than One Race<br>Other / Unknown<br>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<br>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

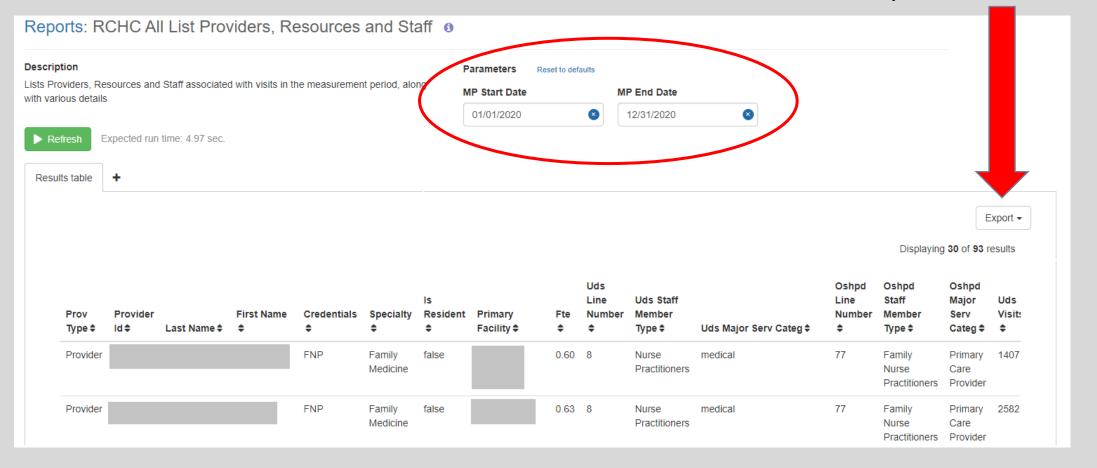
|          |            | PAYMENT SOURCE |      |        |           |        |          |          |           |       |
|----------|------------|----------------|------|--------|-----------|--------|----------|----------|-----------|-------|
|          |            | Breast         | CHDP | Family | 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 |                |      |        |           |        |          |          | (         |       |

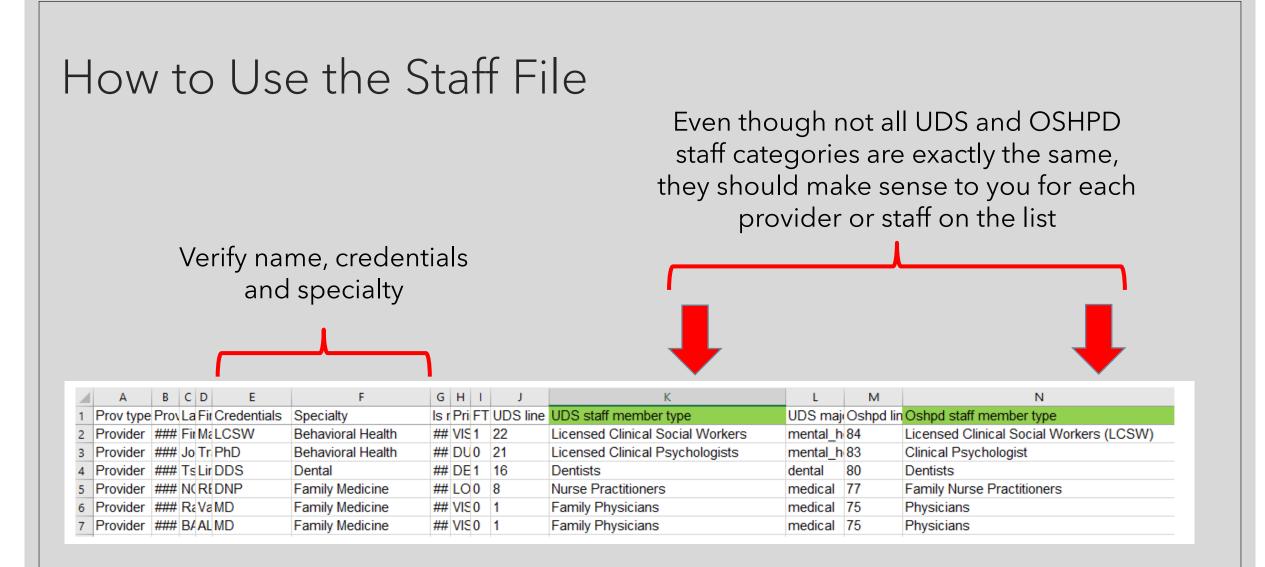
## STAFF CATEGORIES AND INSURANCE CATEGORIES

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              |

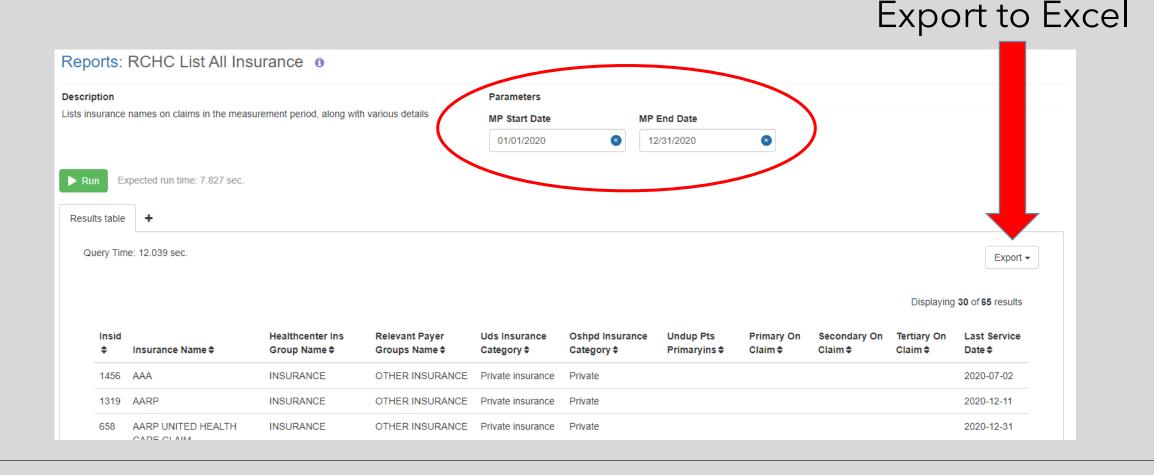
Depending how your staff is mapped to categories in the Transformers, a missing credential or specialty can result in staff member types not mapped for the UDS or OSHPD

### Other Information on the Report (FYI)

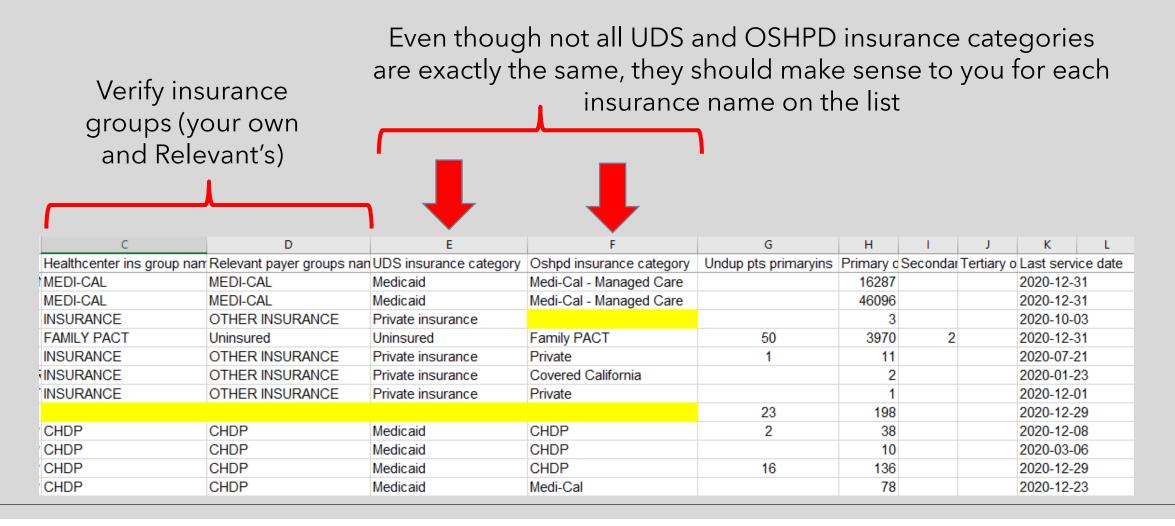
| Ν                                       | 0         | Р          | Q       | R              | S               | т                  |
|---|-----------|------------|---------|----------------|-----------------|--------------------|
| Oshpd staff member type                 | Oshpd m   | UDS visits | 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

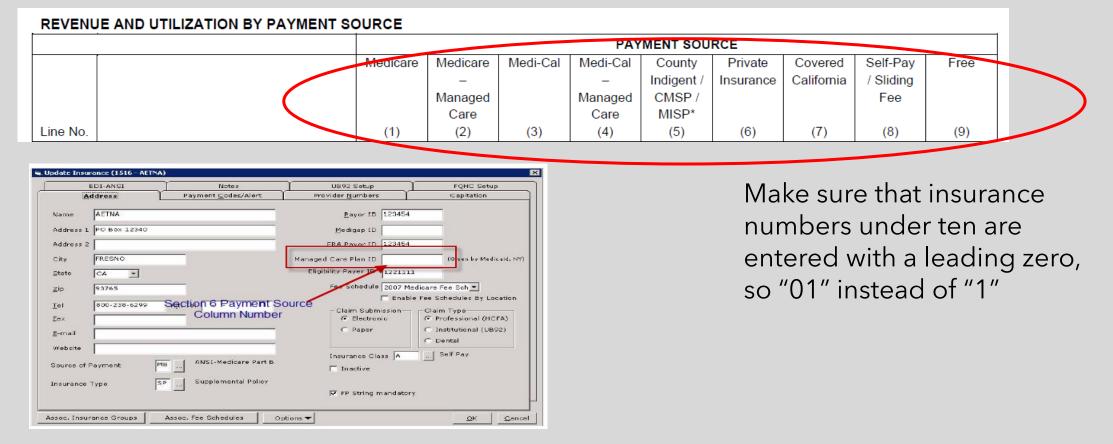
| FTES AN  | D ENCOUNTERS BY PRIMARY CARE PROVIDER               |
|----------|---|
| Line No. | Primary Care Providers                              |
| 75       | Ahysicians  |
| 76       | Physician Assistants                                |
| 77       | Family Nurse Practitioners                          |
| 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<br>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

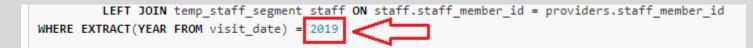
• Change all "2020" to "2021"

• Example in the Patient Demographics report

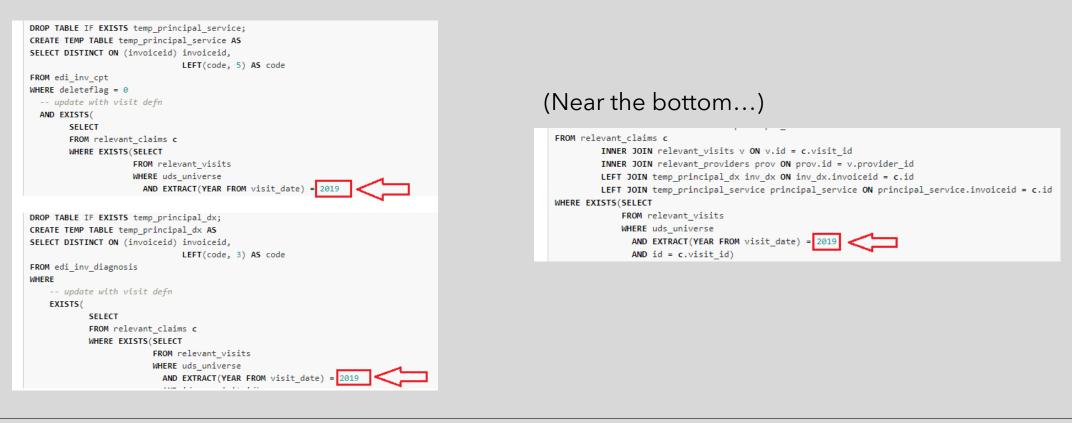
• Reports: Encounters by Provider / Contacts by Staff (OSHPD 2019)

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...)



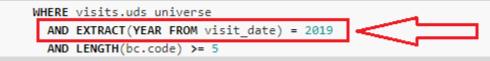
• Report: Encounters by Principal Diagnosis and Service (OSHPD 2019) - eCW



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

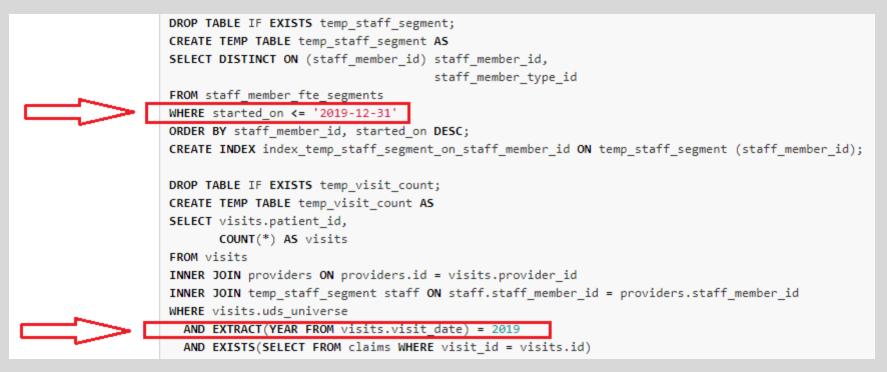
DROP TABLE IF EXISTS temp staff segment; CREATE TEMPORARY TABLE temp\_staff\_segment AS SELECT DISTINCT ON (staff\_member\_id) staff\_member\_id, staff member type id FROM staff member fte segments WHERE started on <= '2019-12-31' ORDER BY staff\_member\_id, started\_on DESC; CREATE INDEX index temp 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...)

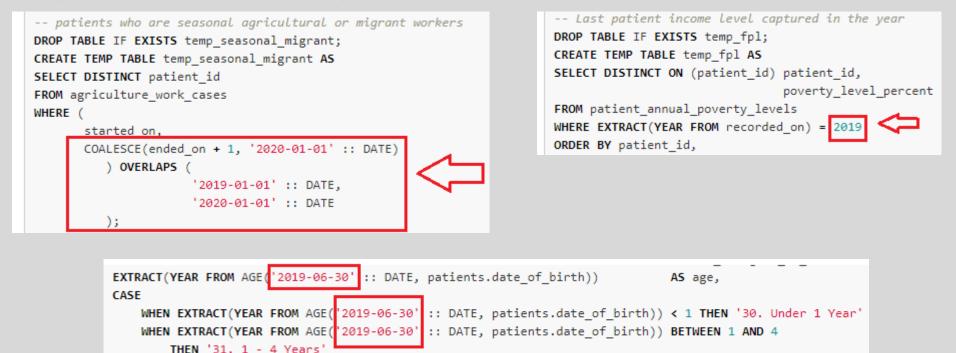


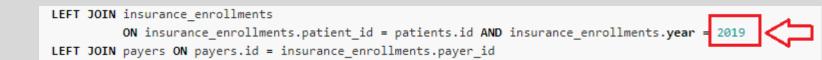
• Reports: Patient Demographics (OSHPD 2019) - Nextgen and eCW

(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?