CHI

COMMUNITY HEALTH of SOUTH FLORIDA, INC.

"Patient Care Comes First"

December 9, 2019

Cheri Smith
City Clerk
City of Key West
1300 White Street
Key West, FL 33040

Dear Ms. Smith:

Community Health of South Florida (CHI) is pleased to respond to the City of Key West's RFP #004-20 as it is well qualified and highly motivated to a) design and renovate the City's facility located at 727 Fort Street and b) provide staffing and health care programming for the residents of Bahama Village and Key West.

As a long-term provider of health care services in Tavernier and Marathon, CHI looks forward to the opportunity to offer affordable, quality health care services in Key West.

If we can provide additional information, please contact me at your earliest convenience.

Sincerely,

Brodes H. Hartley, Jr.
President and CEO

10300 SW 216 Street • Miami, Florida 33190

Office: (305) 253-5100 • Fax: (305) 254-4901 • www.chisouthfl.org

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Executive Summary

1. Community Health of South Florida (CHI) has provided in the proposal attachment I annual reports submitted to the federal government for the past five years. There have been no deficiencies and therefore no resolutions of deficiencies.
    i. 2019 UDS Annual Report
    ii. 2018 UDS Annual Report
    iii. 2017 UDS Annual Report
    iv. 2016 UDS Annual Report
    v. 2015 UDS Annual Report

2. There have been no judgements entered against CHI within the past five years. The items below detail the claims in which CHI has been involved during this period.

    a. U.S. Department of Labor – Date: 7/12/2016; investigation and audit of CHI Pension Plan (401 K) EBSA Case No. DOL 42-009548(53) – no monetary nor administrative sanctions – concluded 6/2018.
    b. U. S. Department of Labor – Date : 5/25/2017 – audit of Wage and Hour Compliance from 5/2015-5/2017 and classification of positions – matter settled for back compensation to certain classes of employees and reclassification of others from Exempt to Hourly based on Fair Standards Labor Act (FSLA) – Settlement $52,000.00 paid to selected employees. No fines to the Institution. Matter closed 9/2017.
    c. Florida Department of Health – Date: 5/29/2015 – investigation of activities of Consultant Pharmacist Rolando Calderin, RPh , also an employee of CHI. No findings, sanctions nor fines. Matter closed 6/2016.
    d. Florida Department of Health v. Community Health of South Dade (former name) – annual license fee had not been paid. Administrative action by the Department of Health and all fees paid and settled. Closed 2019 by the Department of Health

3. CHI has no financial records or notices reflecting default of any payment due; CHI has no pending agreements to merge or sell the organization. CHI's organizational financials can be found in attachment III.

4. In the past five years, CHI has not defaulted on a contract to provide medical clinic services, nor has it had any litigation regarding such contracts. CHI has not had a contract to provide medical clinic services cancelled or not renewed for alleged fault of our organization.

Questionnaire

Section 1: Firm Qualifications

1. Qualifications and experience of the respondent, including type of business entity, organizational size, structure and history of the organization, experience in the provision of services, and location of the office that would serve as the primary contact to the City.

Community Health of South Florida (CHI) is a 48-year old, non-profit health care organization with 11 stand-alone health centers and 35 school-based health clinics. Nine of its health centers are located in the southern half of Miami Dade County. Two of the health centers are located in Monroe County, one in Marathon and the other in Tavernier. All CHI physicians are board certified or board eligible. CHI is accredited by the Joint Commission. It is also accredited as a Patient-Centered Medical Home by the National Committee for Quality Assurance (NCQA). In 2019, Health Resources and Services Administration (HRSA) designated CHI as Health Center Quality Leader (given to only the top 20% health centers in the nation based on quality health measures). CHI is the only community health center in the state of Florida to be awarded the coveted Governor's Sterling award.

CHI is a Federally Qualified Health Center (FQHC), a reimbursement designation from the Bureau of Primary health Care and the Centers for Medicare and Medicaid Services of the United States Department of Health and Humans Services. The designation makes CHI eligible to compete for several health programs funded under the Health Center Consolidation Act. CHI also has a Health Resources and Services Administration (HRSA) supported residency program for family medicine and psychiatry physicians. As a result, CHI is recognized as a teaching health center, with a board pass rate of 100%.

CHI offers an array of health care services including family medicine, obstetrics, pediatrics, dental services, pharmacy, laboratory services, mental health and substance abuse services and radiology. Since 2001, all service and patient information is collected and managed in its electronic medical record system.

All services are provided to community residents on a sliding scale fee schedule based on household income. No one is turned away regardless of their ability to pay for services.

CHI is governed by a 14-member board of directors. The President and CEO, Mr. Brodes Hartley, supervises an executive team of health care professionals which includes but is not limited to its Chief Medical Officer (CMO), Chief Nursing Officer (CNO), VP of Behavioral Health Services (CBHO), Executive Vice President and COO, VP of Communications (VPC) , VP of Community Relations and Business Development (VPCRBD), AVP of Quality, AVP of Compliance (AVPQC), Director of Human Resources and Director of Logistics. The organization has nearly 700 employees and an operating budget of approximately $71 million.

Community Health of South Florida has an extensive track record of identifying communities in need of health care access and opening new health centers within these communities. In recent years, CHI has opened new health centers in Coconut Gove (2013), South Miami (2013), West Kendall (2013), Tavernier (2014) and Marathon (In 2019 this Center was relocated from its original location that was establish in 2007). CHI health centers have required extensive structural stabilization and redevelopment and CHI's leadership, project team (CEO, COO, CMO, Vice President of Community Relations and Business Development, Director of Logistics, Director of Planning and Development) and consultants have substantial experience managing projects similar to the proposed Bahama Village Medical Clinic site. Included in attachment IV are documents that illustrate previous CHI redevelopment projects. Each of these resulting health centers are highly functioning and sustainable.

Community Health of South Florida's overall business model (plan) across all its health centers is to serve all community residents in need through a combination of grants and awards (largely but not exclusively from HRSA), Medicaid and Medicare revenue, private insurance and patient-self pay. Organizational reserves would be allocated to cover the costs associated with the Bahama Village Medical Clinic site's rehabilitation.

The primary contact to the City would be Marianne Finizio, Vice President of Community Relations & Business Development, 2805 Overseas Highway, Marathon, FL 33050. Telephone: 305-743-4000.

2. Please list your firm's key differentiator and detail specifically what value they offer the City. Focus specifically on things that make your firm unique.

The combination of the following seven characteristics differentiate Community Health of South Florida from all other potential health care providers.

The first is CHI's mission to deliver safe, accessible, compassionate and culturally competent health care services to the people of South Florida – regardless of income or insurance status.

The second is CHI's history and commitment to serving the residents of the Florida Keys. CHI has been providing health care services to the communities of Marathon and Tavernier/Key Largo since 2007 and 2014 respectively. CHI has also been providing OBGYN services to Key West patients at our Marathon health center for over 5 years. With health centers in the Upper Keys and Middle Keys, it has been CHI's hope and aim to open a health center to serve the Lower Keys and specifically Key West residents.

The third characteristic that differentiates CHI is its delivery of quality health care. As a Health Resources and Services Administration (HRSA) funded health care provider, an extensive array of quality health care measures are reported on a continuous basis. On-going HRSA funding is

contingent upon achieving and maintaining high quality standards. CHI has not only met stringent quality standards but has been designated by HRSA as a Health Center Quality Leader, a recognition given to only the top 20% of national health centers based on quality health measures.

The fourth is CHI's organizational size and which encompasses not only the number of patients (82,628 in 2018), services (282,538 in 2018), employees (nearly 700) and the number of health centers and school based clinics (46 combined) but also the array of services which include primary care, OBGYN, dental services, transportation, pharmacy, psychiatry as well as radiology services.

The fifth is CHI's financial position. Community Health of South has a current operating budget of $71M, has ample resources in reserves and provided $25M worth of uncompensated care in the past year. CHI has a low debt to equity ratio (45%) and a high current ratio (2.3).

The sixth is CHI's experience securing and building out five separate community based health centers within the past six years: Coconut Grove Health Center (2013), South Miami Health Center (2013), West Kendall Health Center (2013), Tavernier Health Center (2014), and the new location for Marathon Health Center (2019).

Lastly, is CHI's cultural competence. CHI's commitment to and training on patient care enables it to effectively serve a diverse patient population inclusive of age, veteran's status, nationality, language, gender, sexual orientation, income, insurance status and individuals experiencing homelessness.

3. Please list at least three existing contracts for the services described in this RFP for businesses similar to the City's. Include the name and telephone number of the primary contact in charge of the contract and the years in which the services have been provided. Further, identify whether the medical services were performed on-site in a facility that was dedicated to the particular employer group only, or if the services were performed in a multiemployer / near-site environment.

a) Community Health of South Florida contracts with the Public Health Trust of Miami Dade County to maintain two of its facilities and deliver health care to the South Miami Dade County community. The primary contact for the contract is Carlos Migoya, President and CEO of the Jackson Health System/Public Health Trust of Miami Dade County (Telephone: 305-585-6754). The current contract has been in effect since 2015, but the contract originated in 1973. Contracted services have not been dedicated to a particular employer or multiemployer group, but to community residents.

b) Community Health of South Florida contracts with The Children's Trust to establish and deliver school-based health care clinic services within 33 public schools within Miami Dade County. The primary contact for the contract is Sabine Dulcio. Associate Director of Programs (Telephone: 786-715-2491). The contract has been in effect since

2006. Contracted services have not been dedicated to a particular employer or multiemployer group, but to all students within designated schools.

c) Community Health of South Florida contracts with the South Florida Behavioral Health Network (dba: ThrivingMind) to deliver an array of mental health and substance abuse services throughout Miami Dade County. The primary contact person for the contract is Dr. John Newcomer, President/CEO (Telephone: 786-235-7147). The contract has been in effect since 2006. Contracted services have not been dedicated to a particular employer or multiemployer group, but for the residents of Miami Dade County in need of services.

d) Community Health of South Florida contracts with the Miami Dade County Health Department to deliver health care services from the Health Department's building in the West Perrine neighborhood. The primary care contact for the contract is Miami Dade County Health Department Administrator, Yesenia Villalta (Telephone: 786-336-1259). The contract has been in effect since 1993. Contracted services have not been dedicated to a particular employer or multiemployer group, but to community residents.

4. Please identify the individual who will have primary responsibility for the contract with City.

   Mr. Brodes H. Hartley, President and CEO of Community Health of South Florida will have primary responsibility for the contract with the City.

5. Please list any claims filed against the respondent (or its agents or employees) with the respondent's liability insurance carrier for professional error and omissions, including the nature and resolution of such claims; list all written complaints filed with local, state or federal regulatory agencies, business organizations, or other outside agencies against the respondent or any of its agents or employee within the past five (5) years, together with an explanation of their resolution.

1. Migdalia Beal v. CHI : DOL 7/15/2015 – Professional Liability : alleged allergic reaction to medication administered in the Crisis Stabilization Unit (CSU) and post discharged resulting in Patient developing Stevens-Johnson Syndrome (Settled under Federal Tort Claims Act (FTCA)) March 2019.
2. Rajwantee Mahabir v. CHI : DOL 2/14/2017 : Professional Liability – alleged allergic reaction to aspirin medication administered in the Center's Walk In Services (Settled under Federal Tort Claims Act (FTCA)) March 2019.
3. De La Portilla v. CHI : DOL 5/22/2014 – Auto Liability – CHI driver rear ended vehicle – in litigation.

4. Esther Garcia-Zurita : DOL 10/30/2017 – Employment Practices Liability – alleged wrongful termination – Claim only (Open)
5. Maribel Florez : DOL 6/28/2019 – Employment Practices Liability – alleged wrongful termination – Claim only (Open)
6. Dania Meneses : DOL 12/7/2017- Employment Practices Liability- alleged wrongful termination – Claim settled .
7. Jamila Smith : DOL 7/12/2017 – alleged foreign object left in Patient post vaginal delivery – Claim only (Open) - FTCA
8. Elise Cepeda : DOL 8/16/2018 – alleged delay in providing Patient with Lab results , resulting in patient being anxious , no adverse results – Claim only (Open) -FTCA
9. Antonio Hernandez : DOL 1/21/2019 – Professional Liability - alleged failure to timely diagnose and treat an infection in claimant's left foot from a nail puncture that patient did not treat timely resulting in amputation of lower left leg. Claim Only (Open) – FTCA
10. Mares v. CHI : DOL 8/30/2014) – Professional Liability – alleged delay in performing a C-Section resulting in alleged new born injury. In litigation . Covered by FTCA – in litigation.
11. Delia Rodriguez Fernandez (Priscilla Aguero) – DOL : 1/11/2018 - Professional Liability – alleged delay in addressing Patient's Pulmonary Emboli post-surgery in the Urgent care Center. Claim Only – FTCA (Open) .
12. Alex Mendez : DOL 12/7/2017 - Employment Practices Liability – alleged wrongful termination . Settled – closed.

Please list any other information that the respondent believes would be helpful to City in evaluating the respondent's ability to provide the services described in this RFP.

CHI is a Florida Governor's Sterling Awardee; it is Joint Commission certified and it is Behavioral Health Home certified

Core Services

1. Primary Care

a. Explain your philosophy on providing Medical Clinic services.

Community Health of South Florida's medical clinic service philosophy is based on being a patient centered medical home.

A patient centered medical home is accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Providing comprehensive care requires a team of care providers. Partnering with patients and their families requires understanding and respecting each patient's unique needs, culture, values, and preferences. The patient centered medical home practice actively supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans.

The patient centered medical home coordinates care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and supports. Medical home practices also excel at building clear and open communication among patients and families, the medical home, and members of the broader care team.

The patient centered medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone or electronic access to a member of the care team, and alternative methods of communication such as email and telephone care. The medical home practice is responsive to patients' preferences regarding access.

The patient centered medical home demonstrates a commitment to quality and quality improvement by ongoing engagement in activities such as using evidence-based medicine and clinical decision-support tools to guide shared decision making with patients and families, engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practicing population health management (Agency for Healthcare Research and Quality).

b. Please describe the types of medical services provided.

Community Health of South Florida (CHI) provides an array of health care services including family medicine, obstetrics, pediatrics, dental services, pharmacy, laboratory services, mental health and substance services and radiology.

c. Please provide the following information on your proposed medical staff:
i. Minimum Qualifications
ii. Numbers and types of medical personnel

Community Health of South Florida's proposed health care staffing for the Bahama Village Health Center would be as follows:

1.0 Full Time Equivalent (FTE) Family medicine physician
0.4 FTE Pediatrician
0.4 FTE Obstetrics physician
0.4 FTE Psychiatrist (via telehealth)
2 FTE Front Desk Staff
1 FTE LPN Care Coordinator
3.0 FTE Medical Assistants
1.0 FTE Office Manager
0.2 FTE VP Business Development

Health Care Staffing and Minimum Qualification:

1.0 Full Time Equivalent (FTE) Family medicine physician

Minimum qualifications:

- Medical School, (Internship), Residency
- Florida Medical License
- DEA Certificate
- Board Certification
- Examination, LAB and Radiological Evaluations
- Diagnosis, Consultation, Therapeutic
- Must maintain CPR certification from American Heart Association (BLS for Healthcare Providers)
- Must be computer literate

0.4 FTE Pediatrician

Minimum qualifications:

- Medical School, (Internship), Residency

- Florida Medical License, DEA certificate, Board Certification

- Maintain current CPR certification from the American Heart Association (BLS for Healthcare Providers)
- Examination, LAB and Radiological Evaluations; Diagnosis, Consultation, Therapeutic.

0.4 FTE Obstetrics physician

Minimum qualifications:

- Medical School, (Internship), and Residency
- Florida Medical License
- DEA Certificate
- Board Certification
- CPR certification
- Examination, LAB, and Radiological Evaluation, Diagnosis, Consultation, Surgery, Delivery, Therapeutics
- ACGME preferred

Some research and teaching experience preferred

0.4 FTE Psychiatrist (via telehealth)

Minimum qualifications:

- Graduate from an accredited Medical School or School of Osteopathic Medicine
- Board Certified or board eligible psychiatrist
- Active Florida Medical License, DEA Certification
- At least one year experience in a Partial Hospitalization or outpatient setting.
- Maintain current CPR certification from the American Heart Association (BLS for Healthcare Providers)
- Must possess the ability to perform as clinical staff exhibits mature judgment, maintains confidentiality and has strong interpersonal skills.
- Demonstrates expertise in-group, Family, and Individual Therapy

Utilization management, Quality Assurance, and Performance Improvement activities

2.0 FTE Front Desk Staff

Minimum qualifications:

- A minimum of High School Diploma or GED Equivalent
- ICD 9 Coding experience preferred
- Experience with Patient Services
- Must have knowledge of Medicaid / Medicare Insurance, collection and setup
- Maintain CPR certification from American Heart Association
- Ability to work as a team member
- Must have clerical skills
- Ability to type 20 – 30 wpm and have interviewing skills
- Must have knowledge of math, operation of calculator; telephone etiquette, human relation skills and organizational skills
- Must be computer literate
- Ability to demonstrate effective oral and written communication skills

1.0 FTE LPN Care Coordinator

Minimum qualifications:

- Graduate form an accredited vocational nursing program or accredited college or university as an LPN
- Licensed to practice in the State of Florida
- Experience working with culturally diverse clients
- Working knowledge regarding Joint Commission, NCQA, PCMH, HEDIS, UDS requirements; with the ability to learn and understand those standards and elements
- Prior experience working with patients with chronic conditions preferred
- Licensed to practice as an LPN in the State of Florida
- Maintain current CPR certification from the American Heart Association
- Must have a valid Florida Drivers License
- Excellent communication and interpersonal skills
- Sensitivity in working with diverse cultural groups
- Demonstrate excellence in both internal and external customer service
- Adhere to national patient safety goals as defined by the Joint Commission
- Demonstrates flexibility in work schedule and job assignments
- Medical terminology
- Strong computer skills required
- Bilingual preferred

3.0 FTE Medical Assistants

Minimum qualifications:

- High School diploma or GED equivalent
- Graduate from an approved Medical Assistant Program or Nursing Assistant Program (in the State of Florida or any other state)
- 1-2 years experience in a medical setting desired
- Certified as a Medical Assistant in the State of Florida
- As a Medical Assistant, must be licensed in the State of Florida;
- Maintain current CPR certification from the American Heart Association (BLS Healthcare Provider)
- Knowledge of medical terminology
- Good communication skills and interpersonal relationships
- Must type a minimum of 20 WPM
- Bilingual skills desired

1.0 FTE Site Manager

Minimum qualifications:

- 5 years of experience as a medical clinic manager
- Degree in nursing, health sciences or health care administration
- Maintain current CPR certification from the American Heart Association
- Demonstrates expertise in staff supervision, evaluation, development, training and knowledge regarding State and Federal Regulations
- Evidence of this includes, but is not limited to, effective communication skills and abilities to deal well with people, ability to problem solve, confront/resolve issues, motivate others, ability to plan, and organize and direct the activities of others

0.2 FTE VP Business Development

Minimum qualifications:

- Master's Degree in Health Care Administration, Public Health, Business, Finance, Marketing, or related field
- Experience required in clinical administration, grant writing, grant management, program planning and implementation
- Excellent computer, analysis, communication and presentation skills

2. Data Analysis & Reporting

a. How do you measure outcomes and success of the overall program?

CHI utilizes a large set of outcome and success measures for its overall service delivery program. At its core is our electronic medical records system and its companion computer software program, Practice Analytics, that extracts and manages the data from our electronic medical record. On a monthly basis, CHI runs quality reports on measures such as:

1. % of diabetics considered to be 'in control' meaning their Hgb A1C is <9.
2. Both children and adult BMI for weight assessment and follow up, along
3. Tobacco screening and cessation
4. Cervical Cancer Screening compliance
5. Colorectal Cancer Screening compliance
6. Percentage of those diagnosed with persistent asthma in control utilizing asthma control meds
7. IVD on aspirin or antiplatelets
8. CAD, Diabetes and Statin Use
9. % of patients diagnosed with hypertension in control
    a. Taking part in Target BP
    b. Million Hearts
    c. Diagnosing hypertension, hiding in plain site
10. % of patients commencing prenatal care in the first trimester of pregnancy
11. Reducing disparities with social determinants of health to include reducing the number of babies born with low birth weight.

CHI measures success by looking at Key Performance Indicators (KPIs) such as a reduction or increase in patient compliance with his/her treatment plan, a decrease in over utilization of hospital emergency visits and admissions as well as low medical loss ratios.

These clinical KPIs are tracked by CHI's AVP for Quality with oversight by its Chief Medical Officer, and then reported to CHI's agency-wide Performance Improvement Council, CHI's Board of Directors and HRSA in the form of Uniform Data System (UDS) reports (attached).

Financial KPIs are also established and monitored by CHI's VP of Finance, Executive Team, President/CEO and Board of Directors.

CHI also has a strategic plan that establishes a set of specific success measures for the upcoming three years along with corresponding key actions steps designed to guide implementation.

3. Communication Plan, Patient Engagement and Patient Services

a. What are anticipated standard hours of operation and how many staff members will be on site?

Anticipated standard hours of operation are as follows:

Monday	Closed
Tuesday	8:30am – 7:00pm
Wednesday	8:30am – 5:00pm
Thursday	8:30am – 7:00pm
Friday	8:30am – 5:00pm
Saturday	10:00am – 2:00pm
Sunday	Closed

It is proposed that the following staff will be on site during all days of operation:

- 1.0 Full Time Equivalent (FTE) Family medicine physician
- 1.0 FTE Site Manager
- 2.0 FTE Front Desk Staff
- 1.0 FTE LPN Care Coordinator
- 3.0 FTE Medical Assistants

Staff below will be on site two days per week:

- 0.4 FTE Obstetrics physician
- 0.4 FTE Pediatrician

Staff below will be on site one day per week

- 0.2 FTE VP of Community Relations & Business Development

Staff below will be available two days per week via telehealth

- 0.4 FTE Psychiatrist (via telehealth)

b. Describe your ability to communicate with a member that speaks a foreign language, i.e., Spanish, Creole, etc.

Community Health of South Florida prioritizes the hiring of care team members who are able to speak multiple languages. In addition, CHI will utilize Voyce, a service facilitated by a third party vendor that provides convenient access to on-demand video remote interpreters via an a Ipad device located within the exam room. The service enables our care teams to effectively communicate with patients in over 220 different languages.

In addition, all CHI printed materials for patients will be made available in English, Spanish and Haitian Creole.

d. How do you measure customer service and patient satisfaction?

CHI currently uses and proposes to use its existing practice (i.e., SolutionReach) of measuring customer service and patient satisfaction via a two-way texting service. Following every patient visit, all patients will be sent a text message requesting a brief survey focused on the customer service they just experienced and their patient satisfaction. The resulting text-based patient survey responses are aggregated, analyzed and reported on a monthly basis.

e. How is this reported to City?

Patient satisfaction data will be reported to the City annually along with health center data summary that will include the number of patients served from the site, the number and type of services provided, along with demographic information on health center patients cared for during the year.

f. Pricing Strategy

What is your pricing strategy for providing affordable services?

As a Federal Qualified Health Center, Community Health of South Florida has a Board of Directors approved policy related to its sliding fee discount program (see Attachment VI). Discounts on health care services are based on family size and income as included in CHI's attached sliding fee discount program policy. This policy will be used to determine what a patient will pay.

Cash, check, credit card and third-party payor (insurance plans) are accepted methods of payment.

Contractors Qualification Statement

PROPOSER'S QUALIFICATION STATEMENT

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

PROJECT NAME: Bahama Village Medical Clinic

SUBMITTED TO: The City of Key West
1300 White Street
Key West, FL 33040

SUBMITTED BY:

Company Name: Community Health of South Florida — Corporation X

Company Website: www.chisouthfl.org — Partnership ____

Principle's Name: Mr. Brodes H. Hartley Jr. — Individual ____

Principle's Title: President and CEO — Joint Vent ____

Address 1: 10300 SW 216th Street — Other ____

Address 2: Miami, FL 33190

Contact Email: CHartley@chisouthfl.org

LICENSING:

State of Florida License No. Not Applicable Expires ____

PROPOSER REFERENCES: List references, including contact name of whom we may call.

Reference List			
Reference	Contact Name	Phone	Email
Florida Key AHEC	Michael Cunningham	305-743-7111	mcunningham@fkahec.org
WomanKind	Cali Roberts	305-294--4004	croberts@womankindkeywest.org
Monroe County Health Deartment	Bob Eadie	305-797-5561	bob.eadie@flhealth.gov

I certify under oath that all the information herein is true.

Brodes H. Hartley Jr.
Signature

State of Florida
County of Miami Dade

Sworn to (or affirmed) and subscribed before me this 10 day of December, 2019
By Charles H. Hartley Jr.

(Seal)

ALLISON MADDEN
MY COMMISSION #GG187738
EXPIRES: FEB 19, 2022
Bonded through 1st State Insurance

Personally Known X
Produced Identification _____
Type Produced _____

Signature of Notary

Allison Madden
Print

Required Forms and Affidavits

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA)
: SS
COUNTY OF MONROE)

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: Brooks H. Hartley

Sworn and subscribed before me this

10th day of December, 2019.

NOTARY PUBLIC, State of Florida at Large

My Commission Expires:

ALLISON MADDEN
MY COMMISSION #GG187736
EXPIRES: FEB 19, 2022
Bonded through 1st State Insurance

NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA)
: SS
COUNTY OF MONROE)

I, the undersigned hereby declares that the only persons or parties interested in this Proposal are those named herein, that this Proposal is, in all respects, fair and without fraud, that it is made without collusion with any official of the Owner, and that the Proposal is made without any connection or collusion with any person submitting another Proposal on this Contract.

By: Brodes H. Hartley
Brodes H. Hartley Jr.

Sworn and subscribed before me this

10 day of December, 2019.

NOTARY PUBLIC, State of Florida at Large

ALLISON MADDEN
MY COMMISSION #GG187738
EXPIRES: FEB 19, 2022
Bonded through 1st State Insurance

My Commission Expires:

SWORN STATEMENT UNDER SECTION 287.133(3)(a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICE AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid, Bid or Contract No. RFP #004-20 for Bahama Village Medical Clinical Project

2. This sworn statement is submitted by Community Health of South Florida, Inc.
(Name of entity submitting sworn statement)

whose business address is 10300 SW 216th Street Miami, Fl 33190 and (if applicable) its Federal Employer Identification Number (FEIN) is 59 1372690 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.)

3. My name is Brodes H. Hartley jr. and my relationship to
(Please print name of individual signing)

the entity named above is President/CEO.

4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including but not limited to, any Bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(l)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means

   1. A predecessor or successor of a person convicted of a public entity crime: or

   2. An entity under the control of any natural person who is active in the management of t entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(8), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter

into a binding contract and which Bids or applies to Bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

___There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

___The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

___The person or affiliate has not been put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

Brodes H. Hartley Jr

(Signature)

Brodes H. Hartley Jr.

STATE OF FLORIDA (Date)

COUNTY OF MIAMI-DADE

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Brodes H. Hartley Jr.

(Name of individual signing)

who, after first being sworn by me, affixed his/her signature in the space provided above on this 10 day of December, 2019.

My commission expires:
NOTARY PUBLIC

ALLISON MADDEN
MY COMMISSION #GG187738
EXPIRES: FEB 19, 2022
Bonded through 1st State Insurance

INDEMNIFICATION

To the fullest extent permitted by law, the CONSULTANT expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents, and employees (herein called the "indemnitees") from liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the CONSULTANT, its Sub-consultants or persons employed or utilized by them in the performance of the Contract. Claims by indemnitees for indemnification shall be limited to the amount of CONSULTANT's insurance or $1 million per occurrence, whichever is greater. The parties acknowledge that the amount of the indemnity required hereunder bears a reasonable commercial relationship to the Contract and it is part of the project specifications or the bid documents, if any.

The indemnification obligations under the Contract shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the CONSULTANT under workers' compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of the CONSULTANT or of any third party to whom CONSULTANT may subcontract a part or all the Work. This indemnification shall continue beyond the date of completion of the work.

CONTRACTOR: Community Health of South Florida, Inc. SEAL:

10300 SW 216th Street, Miami, Fl 33190
Address

Brodes H. Hartley Jr
Signature

Brodes H. Hartley Jr.
Print Name

President/CEO
Title

Dec 10, 2019
Date

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF Florida)
: SS
COUNTY OF Miami - Dade)

I, the undersigned hereby duly sworn, depose and say that the firm of Community Health of South Florida, Inc. provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses per City of Key West Ordinance Sec. 2-799.

By: Brodes H. Hartley Jr.
Brodes H. Hartley Jr.

Sworn and subscribed before me this

10 day of December 2019.

NOTARY PUBLIC, State of FLORIDA at Large

My Commission Expires:

ALLISON MADDEN
MY COMMISSION #GG187738
EXPIRES: FEB 19, 2022
Bonded through 1st State Insurance

CONE OF SILENCE AFFIDAVIT

STATE OF FLORIDA)
: SS
COUNTY OF MIAMI - DADE)

I the undersigned hereby duly sworn depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of Community Health of South Florida, Inc. have read and understand the limitations and procedures regarding communications concerning City of Key West issued competitive solicitations pursuant to City of Key West Ordinance Section 2-773 Cone of Silence (attached).

Brodes H. Hartley Jr.
(signature) Brodes H. Hartley Jr.

Dec 10, 2019
(date)

Sworn and subscribed before me this

10 Day of December, 2019.

NOTARY PUBLIC, State of Florida at Large

My Commission Expires:

ALLISON MADDEN
MY COMMISSION #GG187738
EXPIRES: FEB 10, 2022
Bonded through 1st State Insurance

Sample Lease

Lease Agreement

between

City of Key West

Caroline Street Corridor and Bahama Village

Community Redevelopment Agency

as Landlord

and

Community Health of South Florida, Inc.

as Tenant

Dated _____

THIS LEASE, made and entered into at Key West, Monroe County, Florida, this_____day of _____, 20 by and between Caroline Street Corridor and Bahama Village Community Redevelopment Agency of the City of Key West, a Municipal Corporation whose address is 1300 White Street, Key West, Florida, 33041, (hereinafter "LANDLORD"), and Community Health of South Florida, Inc., a Florida Not for Profit Corporation whose address is 10300 SW 216 Street, Miami, FL 33190 (hereinafter "TENANT").

WHEREAS: LANDLORD issued a request for proposals (RFP# 004-20), which is attached hereto and incorporated herein at **Exhibit "A"**, for the design, construction and management of a neighborhood medical clinic located at 727 Fort Street and;

WHEREAS, the LANDLORD has accepted the proposal received from TENANT to redevelop the property in accordance with all terms and conditions contained in the request for proposals (RFP# 004-20) and the LEASE;

WITNESSETH:

That the LANDLORD and the TENANT, for and in consideration of their respective obligations contained herein, agree as follows:

1. **DEMISE.** The LANDLORD does hereby lease to the TENANT, and the TENANT does hereby lease from the LANDLORD, the following described premises, at 727 Fort Street, Key West, Monroe County, Florida (hereinafter referred to as "Premises") pursuant to the survey attached hereto and incorporated as **Exhibit "B"**. A new survey will be completed and replace Exhibit "B" when the redevelopment is complete depicting the Net Usable Square Feet of the Premises. The Net Usable Square Feet is defined as all interior floor space, any storage, covered dining areas and commercially used outdoor areas or any other area set aside for the exclusive use and economic benefit of the Tenant.

2. **TERM.** The term of this Lease shall be for 20 years , which term shall commence upon execution by the Landlord and Tenant and shall end at midnight on the last day of the 20th lease year1. **RENT.** The TENANT agrees to pay to the LANDLORD an annual rent for the Premises of $1.00 Dollar per year (Proposer to provide), which rental amount shall be paid on a monthly basis.

2. The TENANT additionally agrees to pay to LANDLORD any sales, use, excise, ad valorem, or other tax imposed or levied against rent or any other charge or payment which tax has been imposed or levied by any governmental agency having jurisdiction thereof, including any new taxes imposed during the term of this Lease which are in addition to or in substitution for any such tax which is presently imposed, and the TENANT agrees to make payment at the time said tax becomes due.

Pursuant to City Ordinance Sec 2-872, Audits and Inspections, any individual or organization that receives grant funds or subsidies from the city shall permit inspection of its books and records upon demand by the city as a precondition to the receipt of such funding. The city may also conduct program results audits to determine whether the desired results or benefits are being achieved and whether objectives of funding established by the city are being met.

4. USE OF THE PREMISES. Upon receiving all necessary approvals regulating use, the TENANT shall be entitled to use the Premises for the continuous operation of TENANT'S Medical Clinic. The Clinic will be a healthcare option for the benefit of current residents of Bahama Village and the City of Key West.

TENANT acknowledges and expressly agrees to be kept and bound by the Declaration of Restrictive Covenant Document 2070475 04/06/2016 Filed and Recorded in Monroe County, Florida which is attached hereto and incorporated as **Exhibit "C".**

In addition, TENANT further agrees:

A. Not to display any banners, pennants, search lights, signs, balloons, or similar temporary media on the Premises;
B. Not to commit waste in the Premises and to keep the Premises in a safe, neat, clean and orderly condition and to maintain the Premises in good condition;
C. Not to use the Premises or permit the same to be used for any residential purpose or permit the same to be used in any manner that violates any law, ordinance, rules, or regulation of the LANDLORD, or other governmental agencies, as existing or promulgated during the term hereof, or in a manner that would constitute a hazardous use of the Premises or violate any insurance policy of the TENANT or the LANDLORD;
D. To take no action that would: (i) violate the LANDLORD's contracts or (ii) cause any work stoppage or cause any manner of interference with LANDLORD;

E. To abide by and observe all rules and regulations established from time to time by the LANDLORD and the LANDLORD's insurance carrier;

F. To obtain and maintain all licenses, permits, and other approvals necessary to conduct the TENANT's business during the Lease term.

5. **COVENANT OF QUIET POSSESSION.** So long as the TENANT pays all of the rent and charges due herein, TENANT shall peaceably and quietly have, hold, and enjoy the Premises throughout the term of this Lease without interference or hindrance by the LANDLORD or LANDLORD's agents.

6. **INDEMNIFICATION.** To the fullest extent permitted by law, the TENANT expressly agrees to indemnify and hold harmless the City of Key West, their respective officers, directors, agents and employees (herein called the "indemnitees") from any and all liability for damages, including, if allowed by law, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, caused in whole or in part by any act, omission, or default by TENANT or its subcontractors, material men, or agents of any tier or their employees, arising out of this agreement or its performance, including any such damages caused in whole or in part by any act, omission or default of any indemnitee, but specifically excluding any claims of, or damages against an indemnitee resulting from such indemnitee's gross negligence, or the willful, wanton or intentional misconduct of such indemnitee or for statutory violation or punitive damages except and to the extent the statutory violation or punitive damages are caused by or result from the acts or omissions of the TENANT or its subcontractors, material men or agents of any tier or their respective employees.

The indemnification obligations under this Agreement shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the TENANT under Workers' Compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of the TENANT or of any third party to whom TENANT may subcontract a work. This indemnification shall continue beyond the date of termination of the Agreement.

7. **INSURANCE REQUIREMENTS**

A. The Tenant assures and certifies to Landlord that it will, during the term of this agreement , retain and continuously maintain in good standing , the required insurance coverages reflected in this agreement. Moreover, the Tenant shall require that any contractor that Tenant may retain for any reason will also comply with these insurance requirements.

B. During the Term of this agreement, the Tenant and their contractors shall provide, pay for, and maintain with insurance companies satisfactory to the City, the types of insurance described herein. Separate insurance requirements will apply to the construction phase of this agreement and the operational phase of this agreement.

C. ll insurance shall be from responsible insurance companies eligible to do business in the State of Florida. The required policies of insurance shall be performable in Monroe County, Florida, and shall be construed in accordance with the laws of the State of Florida.

D. The City shall be specifically included as an additional insured on the Tenant's and their contractors General Liability and Vehicle Liability policies and shall also provide the "Severability of Interest" provision (a/k/a "Separation of Insured's" provision). The City's additional insured status should be extended to all Completed Operations coverages.

E. The Tenant shall deliver to the City, prior to the commencement of any work governed by this agreement properly executed "Certificate(s) of Insurance" setting forth the insurance coverage and limits required herein. The Tenant will be responsible for obtaining properly executed Certificates of Insurance from all contractors evidencing the required insurance coverages specified for the Tenant's contractors. All certificates must be signed by an authorized representative of the insurance company(s) shown on the Certificate of Insurance. In addition, certified, true, and exact copies of the insurance policies required herein shall be provided to the City, on a timely basis, if requested by City.

F. If the Tenant or their contractors fails to provide or maintain the insurance coverages required in this agreement at any time during the Term of this agreement and if the Tenant or their contractors refuses or otherwise neglects to deliver the required Certificate(s) of Insurance signed by the authorized representative of the insurance company(s) to the City, the City may, at the City's sole discretion, terminate or suspend this agreement.

G. The Tenant and their contractors shall take immediate steps to make up any impairment to any Aggregate Policy Limit upon notification of the impairment. If at any time the City requests a written statement from the insurance company(s) as to any impairment to the Aggregate Limit, the Tenant and/or their contractors shall promptly authorize and have delivered such statement to the City.

H. The Tenant authorizes the City and/or its insurance consultant to confirm all information furnished to the City, as to its compliance with its Insurance Requirements, with the Tenant's insurance agents, brokers, and insurance carriers.

I. All insurance coverage of the Tenant and their contractors shall be primary to any insurance or self-insurance program carried by the City. The City's insurance or self-insurance programs or coverage shall not be contributory with any insurance required of the Tenant and/or their contractors in this agreement.

J. The acceptance of delivery to the City of any Certificate of Insurance evidencing the insurance coverage and limits required in this agreement does not constitute approval or agreement by the City that the insurance requirements in this agreement have been met or that the insurance policies shown in the Certificates of Insurance are in compliance with the agreement's requirements.

K. No work on or occupancy of the Premises shall commence on the Premises unless and until the required Certificate(s) of Insurance have been provided to the City.

L. The insurance coverage and limits required of the Tenant and their contractors under this agreement are designed to meet the minimum requirements of City. They are not designed as a recommended insurance program for the Tenant and/or their contractors. The Tenant and their contractors shall be responsible for the sufficiency of their own insurance program.

Should the Tenant or their contractors have any question concerning its exposures to loss under this agreement or the possible insurance coverage needed therefore, it should seek professional assistance.

M. Should any of the required insurances specified in this agreement provide for a deductible, self-insured retention, self-insured amount, or any scheme other than a fully insured program, and the insurance company providing the coverage will not agree in writing to pay the deductible or retention, including the costs of defense as provided for in its policy without consideration of the deductible or retention in the settlement of insured claims, then the Tenant agrees, if required by the City, to provide, pay for, and maintain a surety bond acceptable to the City from an insurance company acceptable to the City (or a standby irrevocable Letter of Credit acceptable to the City) in the amount of the deductible or retention, guaranteeing payment of the deductible or retention. Said guarantee is to continue for four (4) years following expiration or termination of the agreement.

N. All of the required insurance coverages shall be issued as required by law and shall be endorsed, where necessary, to comply with the minimum requirements contained herein.

O. All policies of insurance required herein shall require that the insurer give the City thirty (30) days advance written notice of any cancellation, intent not to renew any policy and/or any change that will reduce the insurance coverage required in this agreement, except for the application of the Aggregate Limits Provisions.

P. Renewal Certificate(s) of Insurance shall be provided to the City at least twenty (20) days prior to expiration of current coverages so that there shall be no termination or suspension of this agreement due to lack of proof of the insurance coverage required of the Tenant. The Tenant shall be responsible for obtaining renewal Certificates of Insurance from their contractors no later than 20 days prior to expiration of current coverages.

SPECIFIC INSURANCE COVERAGES AND LIMITS:

A. All requirements in this Insurance Section shall be complied with in full by the Tenant and their contractors unless excused from compliance in writing by City.

B. Separate and distinct insurance requirements will apply to the construction phase of this agreement and the operational phase of this agreement.

C. The amounts and types of insurance must conform to the following minimum requirements. Current Insurance Service Office (ISO) or National Council on Compensation Insurance (NCCI) policies, forms, and endorsements or broader shall be used where applicable. Notwithstanding the foregoing, the wording of all policies, forms, and endorsements must be acceptable to the City.

SPECIFIC INSURANCE REQUIREMENTS FOR THE CONSTRUCTION PHASE OF THIS AGREEMENT

Workers' Compensation and Employers' Liability Insurance shall be maintained by the Tenant and their contractors during the Term of this agreement for all employees engaged in work governed by this agreement. The minimum acceptable limits shall be:

Workers' Compensation	Florida Statutory Requirements
Employer's Liability	$1,000,000.00 Limit Each Accident
	$1,000,000.00 Limit Disease Aggregate
	$1,000,000.00 Limit Disease Each Employee

Commercial General Liability Insurance shall be maintained by the Tenant and their contractors on a Full Occurrence Form. Coverage shall include, but not be limited to, Premises and Operations, Personal Injury, Contractual for this agreement, Independent Contractors, and Products & Completed Operations Coverage. The limits of such coverage shall not be less than:

Bodily Injury & Property Damage Liability	$2,000,000.00 Combined Single Limit each Occurrence and Aggregate

Completed Operations Liability Coverage shall be maintained by the Tenant and their contractors for a period of not less than four (4) years following expiration or termination of this agreement..

The use of an Excess or Umbrella policy shall be acceptable if the level of protection provided by the Excess or Umbrella policy is equal to or more comprehensive than the Primary Commercial General Liability policy.

Business Automobile Liability Insurance shall be maintained by the Tenant and their contractors as to ownership, maintenance, use, loading and unloading of all owned, non-owned, leased, or hired vehicles with limits of not less than:

Bodily Injury	$1,000,000.00 Limit Each Accident
Property Damage Liability	$1,000,000.00 Limit Each Accident
	or
Bodily Injury & Property Damage Liability	$1,000,000.00 Combined Single Limit Each Accident

If the Tenant or their contractors do not own any vehicles, this requirement can be satisfied by having the Tenant's and or their contractors Commercial General Liability policy endorsed with "Non-Owned and Hired Automobile" Liability coverage.

Builders Risk Insurance shall be maintained by the Tenant and or their General Contractor. Coverage should be provided on an "All Risk" basis to include the perils of Flood and Wind. Coverage must extend to all materials stored at the construction site that is intended to be included in the completed structure. Coverage should be provided on a "Completed Value" basis. The minimum acceptable limits for this coverage shall the Full Replacement Value of the completed structure. **The City shall be designated as the "Loss Payee" and an "Additional Insured" on the policy.**

SPECIFIC INSURANCE REQUIREMENTS FOR THE OPERATIONAL PHASE OF THIS AGREEMENT

Workers' Compensation and Employers' Liability Insurance shall be maintained by the Tenant during the Term of this agreement for all employees engaged in work governed by this agreement. The minimum acceptable limits shall be:

Workers' Compensation	Florida Statutory Requirements
Employer's Liability	$1,000,000.00 Limit Each Accident $1,000,000.00 Limit Disease Aggregate $1,000,000.00 Limit Disease Each Employee

Commercial General Liability Insurance shall be maintained by the Tenant on a Full Occurrence Form. Coverage shall include, but not be limited to, Premises and Operations, Personal Injury, Contractual for this

agreement, Independent Contractors, and Products & Completed Operations Coverage. The limits of such coverage shall not be less than:

Bodily Injury & Property Damage Liability	$2,000,000.00 Combined Single Limit each Occurrence and Aggregate

Completed Operations Liability Coverage shall be maintained by the Tenant for a period of not less than four (4) years following expiration or termination of this agreement..

The use of an Excess or Umbrella policy shall be acceptable if the level of protection provided by the Excess or Umbrella policy is equal to or more comprehensive than the Primary Commercial General Liability policy.

Business Automobile Liability Insurance shall be maintained by the Tenant as to ownership, maintenance, use, loading and unloading of all owned, non-owned, leased, or hired vehicles with limits of not less than:

Bodily Injury	$1,000,000.00 Limit Each Accident
Property Damage Liability	$1,000,000.00 Limit Each Accident
	or
Bodily Injury & Property Damage Liability	$1,000,000.00 Combined Single Limit Each Accident

If the Tenant do not own any vehicles, this requirement can be satisfied by having the Tenant's Commercial General Liability policy endorsed with "Non-Owned and Hired Automobile" Liability coverage.

Medical Professional Liability Insurance shall be maintained by the Tenant which will respond to damages resulting from any claim arising out of the performance of professional services or any error or omission of the Tenant arising out of activities governed by this agreement. The minimum acceptable limits of liability shall be $1,000,000 per Occurrence and $2,000,000 Annual Aggregate. If the policy is structured on a "Claims Made" basis, the policy must contain a "Retroactive Date" of no later than the commencement date of this agreement and will have an extended reporting period of four (4) years following expiration or termination of this agreement.

8. **ASSIGNMENT AND HYPOTHECATION.** This Lease is not transferable or assignable, except as provided by Resolution of the Key West City Commission. The TENANT may not sublet the Premises or any part thereof. Any assignment or sub-letting, even with the LANDLORD's consent, shall not relieve the TENANT from the obligation to keep and be bound by the agreements of this Lease. The acceptance of Rent from any other person shall not be deemed to be a waiver of any of the agreements of this Lease or to be consent to the assignment for benefit of creditors or by operation of law and shall not be effective to transfer any rights to any assignee without prior consent of the LANDLORD.

9. **DEFAULT CLAUSE.**

A. It is covenanted and agreed by LANDLORD and TENANT that in case at any time default shall be made in the payment of rent, or if the TENANT shall fail to pay any of the taxes or assessments herein provided for, or in case of the sale of or forfeiture of the Premises or any part thereof during the demised term for non-payment of any tax or assessment, or in case the TENANT shall fail to keep the required insurance, or shall fail to spend insurance money, as herein provided for, or if the TENANT shall fail to perform any of the covenants of this Lease, including but not limited to TENANT'S failure to meet the financial requirements and timelines for stabilization and redevelopment pursuant to Exhibit "D", and Exhibit "E" attached hereto and incorporated herein, then, in any of such events, TENANT shall be subject to eviction pursuant to Chapter 83, Florida Statutes.

B. Or, the LANDLORD may have such other remedies as the law and this instrument afford, and the TENANT covenants and agrees that upon the termination of the demised term, at such election of the LANDLORD, or in any other way, the TENANT will surrender and deliver up the Premises and property (real and personal) peaceably to the LANDLORD, its agent, or attorneys, immediately upon the termination of the demised term. If the TENANT, its agents, attorneys, or tenants shall hold the Premises or any part thereof, one (1) day after the same should be surrendered according to the terms of this Lease, it shall be deemed guilty of forcible detainer of the Premises under the applicable statute and shall be subject to eviction or removal, forcibly or otherwise.

C. IN THE EVENT TENANT FILES ANY FORM OF BANKRUPTCY, LANDLORD SHALL BE ENTITLED TO IMMEDIATE TERMINATION OF THE AUTOMATIC STAY PROVISIONS OF 11 U.S.C. §362, GRANTING THE LANDLORD COMPLETE RELIEF AND ALLOWING THE LANDLORD TO EXERCISE ALL OF HIS LEGAL AND EQUITABLE RIGHTS AND REMEDIES, INCLUDING, WITHOUT LIMITATION, THE RIGHT TO TERMINATE THIS LEASE AND DISPOSSESS TENANT FROM THE DEMISED PREMISES IN ACCORDANCE WITH FLORIDA LAW. ADDITIONALLY, TENANT AGREES NOT TO DIRECTLY OR INDIRECTLY OPPOSE OR OTHERWISE DEFEND AGAINST THE LANDLORD'S EFFORT TO GAIN RELIEF FROM ANY AUTOMATIC STAY. THE LANDLORD SHALL BE ENTITLED AS AFORESAID TO THE LIFTING OF THE AUTOMATIC STAY WITHOUT THE NECESSITY OF AN EVIDENTIARY HEARING AND WITHOUT THE NECESSITY OR REQUIREMENT OF THE LANDLORD TO ESTABLISH OR PROVE THE VALUE OF THE LEASEHOLD, THE LACK OF ADEQUATE PROTECTION OF HIS INTEREST IN THE LEASEHOLD, OR THE LACK OF EQUITY IN THE SAME. TENANT SPECIFICALLY AGREES AND ACKNOWLEDGES THAT THE LIFTING OF THE

AUTOMATIC STAY HEREUNDER BY THE APPROPRIATE BANKRUPTCY COURT SHALL BE DEEMED TO BE "FOR CAUSE" PURSUANT TO SECTION 362(D)(1).

D. Where the alleged default consists of some alleged violation of any term of this Lease, other than the payments of money, including rent and insurance premiums, the LANDLORD may not declare this Lease in default until such violation shall have continued for ten (10) days after the LANDLORD shall have given the TENANT written notice of such violation, and TENANT shall not have undertaken, during this ten (10) days notice period, to cure said violation by vigorous and affirmative action, provided, however, that nothing herein contained shall be construed as precluding the LANDLORD from having such remedy as may be and become necessary in order to preserve the LANDLORD'S right and interest of the LANDLORD in the Premises and in this Lease, even before the expiration of the grace or notice periods provided for in this paragraph, if, under particular circumstances then existing, the allowance of such grace or the giving of such notice would prejudice or endanger the rights and estate of the LANDLORD in this Lease and in the Premises. With respect to the payment of the insurance premiums, the same must be paid at least thirty (30) days prior to the time when the policies would lapse for the failure to pay premiums thereon, and evidence of such payment given to the LANDLORD without any written notice being required to be served upon the TENANT in connection therewith.

E. All default and grace periods shall be deemed to run concurrently and not consecutively.

F. It is mutually covenanted and agreed that the various rights, powers, options, elections, privileges, and remedies of the LANDLORD contained in this Lease shall be construed as cumulative and no one of them shall be construed as being exclusive of the other or exclusive of any rights or priorities allowed by law.

G. It is further covenanted and agreed by and between the parties hereto that the right given to the LANDLORD in this Lease to collect the rent that may be due under the terms of this Lease by any proceeding under same, or the right to collect any additional rent, money, or payments due under the terms of this Lease by any proceedings under same, or the right given the LANDLORD to enforce any of the terms and provisions of this Lease shall not in any way affect the right of such LANDLORD to declare this Lease void and the terms ended hereby, as herein provided, when default is made in the payment of rent or when default is made by the TENANT in any of the terms and provisions of this Lease, including but not limited to TENANT'S failure to meet the financial requirements and

timelines for stabilization and redevelopment pursuant to Exhibit "D", and Exhibit "E" attached hereto and incorporated herein..

H. If at any time, by reason of the failure of the TENANT to keep and perform any covenant or agreement which, under the terms of this Lease, the TENANT is bound and obligated to keep and perform, it becomes necessary for the LANDLORD to employ an attorney to protect the rights and interests of the LANDLORD in the property demised or to enforce the Lease or proceed under it in any particular, then in any of such events, the TENANT will owe and will pay unto the LANDLORD all costs of Court and reasonable attorney's fees incurred or expended by the LANDLORD in taking such actions, including actions taken in all trial and appellate courts.

10. STABLIZATION AND REDEVELOPMENT

Stabilization and redevelopment shall be at NO cost to the LANDLORD. Design and redevelopment shall be consistent/conforming with the Chief Building Official .

TENANT shall pay all fees applicable to the stabilization and redevelopment of the Premises including but not limited to all permit fees and impact fees

LANDLORD agrees to cooperate with TENANT, to the fullest extent allowable, in TENANT'S applications for design and redevelopment grants.

11. ALTERATIONS

Upon completion of the approved design and redevelopment, TENANT shall not make any further alterations, additions or improvements to the Demised Premises (whether or not the same may be structural in nature) without LANDLORD'S prior written consent. All existing building contents and equipment, alterations, additions, or improvements made to the Demised Premises, except movable furniture and equipment installed at TENANT'S expense, shall be the property of the LANDLORD and remain upon and be surrendered with the Demised Premises at the expiration of the term of this Lease; provided, however, that LANDLORD may require TENANT to remove any additions made at TENANT'S request to the Demised Premises and to repair any damage caused by such removal, and provide further, that if TENANT has not removed its property and equipment within ten (10) days after the expiration or termination of this Lease, LANDLORD may elect to retain the same as abandoned property.

In the event TENANT shall request LANDLORD'S permission, and LANDLORD shall permit TENANT to perform any alterations, additions, improvements or repairs to the Demised Premises, TENANT shall (i) submit its plans and specifications to LANDLORD for its approval prior to the commencement of any construction, (ii) obtain all necessary permits prior to the commencement of any construction, (iii) only use contractors approved by LANDLORD, (iv) not permit any construction liens to be placed or remain on the Demised Premises. In the event a construction lien shall be filed against the Demised Premises as a result of work undertaken by TENANT, TENANT shall within ten (10) days of receiving notice of such lien, discharge the lien of record either by payment of the indebtedness to the lien claimant or by filing a bond as security therefore. All such work made by or on behalf of TENANT shall be performed in such manner as LANDLORD may designate and in accordance with all applicable laws and regulations of governmental authorities having jurisdiction over the same. All such work by TENANT or its contractors shall not interfere with, impede or delay any work by LANDLORD or its contractors, tenants or TENANT'S contractors. All contractors engaged by TENANT shall be bondable, licensed contractors, possessing good labor relations, and capable of performing quality workmanship.

12. **TENANT'S DUTY TO KEEP PREMISES IN GOOD REPAIR.** The TENANT covenants and agrees with the LANDLORD that during the term of this Lease, the TENANT will keep in good state of repair and in current condition, the Premises, the HVAC equipment, and the fixtures serving the Demised Premises, and all furnishings brought or placed upon the Premises by the TENANT; nor will the TENANT suffer or permit any strip, waste, or neglect of any such property to be committed; and the TENANT will repair, replace, and renovate the property as often as it may be necessary in order to keep the property in good repair and condition, at TENANT'S sole cost and expense. Tenant shall only utilize licensed contractors and shall apply for all permits, as required, to complete repairs.

13. **ADDITIONAL COVENANTS OF THE TENANT.**

A. The TENANT shall pay for all utilities associated with the use of the Premises including, but not limited to, water, electricity, sewer gas and solid waste. In the event that a separate bill for the Premises is not available for one or more of the utility services required by the Premises, then the TENANT shall pay a pro-rated share of that particular utility based on the square footage of the Premises and/or the parties' estimated usage of that particular utility, calculation of which to be mutually agreed upon.

B. The TENANT covenants and agrees with the LANDLORD that no damage or destruction to any building or improvement by fire, windstorm, or any other casualty shall be deemed to entitle the TENANT to surrender possession of the Premises or to terminate this Lease or to violate any

of its provisions or to cause any abatement or rebate in the rent then due or thereafter becoming due under the terms hereof, unless otherwise specifically provided for herein. If the Lease is canceled for the TENANT's default at any time while there remains outstanding any obligation from any insurance company to pay for the damage or any part thereof, then the claim against the insurance company shall, upon the cancellation of the Lease, be deemed immediately to become absolute and unconditional property of the LANDLORD. In the event of destruction of the Premises by casualty or hazard, the LANDLORD will have the option of canceling the Lease.

C. The TENANT covenants and agrees with the LANDLORD that nothing in this Lease shall ever be construed as empowering the TENANT to encumber or cause the TENANT to encumber the title or interest of the LANDLORD.

D. The TENANT covenants and agrees with the LANDLORD that, at the termination of this Lease, the TENANT will peaceably and quietly deliver unto the LANDLORD, possession of the Premises and all improvements located thereon, as well as the LANDLORD's interest in all fixtures and equipment appertaining thereto.

E. The TENANT agrees not to make any changes or alterations without written approval of the LANDLORD.

14. LANDLORD'S RIGHT OF ENTRY. The LANDLORD or its agents shall have the right to enter upon the Premises at all reasonable times to examine the condition and use thereof, provided only that such right shall be exercised in such manner as not to interfere with the TENANT in the conduct of the TENANT's business on the Premises.

15. EQUIPMENT, FIXTURES AND SIGNS. All fixtures, equipment, and signs used on the Premises by the TENANT but provided by the LANDLORD will at all times be and remain the property of the LANDLORD. Provided that this Lease is in good standing, the TENANT will have the right to remove any equipment or fixtures provided by the TENANT, or any part thereof, from the Premises during the term of this Lease, at the expiration thereof, or within a reasonable time thereafter; provided, however, that the TENANT, in so doing, does not cause any irreparable damage to the Premises; and provided further, that the TENANT shall pay or reimburse the LANDLORD for the reasonable expense of repairing damage caused by such removal.

16. ACCEPTANCE IN AS-IS CONDITION. The TENANT accepts the Premises in an as-is condition and all improvements and additions shall be at the sole expense of the TENANT.

17. **NO MECHANIC'S LIENS.** It is hereby covenanted, stipulated and agreed by and between the parties hereto that there shall, during the demised term, be no mechanic's liens upon any buildings or improvements that may at any time be put upon the demised property, and that in case of any mechanic's liens the TENANT must pay off the same; and that if default in payment thereof shall continue for thirty (30) days after written notice, LANDLORD shall have the right and privilege, at its option, to pay off the same or any portion of the same, and the amount so paid, including expenses, shall at the option of the LANDLORD, be so much additional rent due from the TENANT at the next rent due after such payment, with interest thereon at the maximum rate allowed by law. Nothing herein shall be construed to admit that a mechanic's lien may be enforced against municipal property.

18. **MISCELLANEOUS PROVISIONS.** It is mutually covenanted and agreed by and between the parties as follows:

A. That no waiver or a breach of any of the covenants in this Lease contained shall be construed to be a waiver of all succeeding breach of the same covenant.

B. That time is of the essence in every particular and particularly where the obligation to pay money is involved.

C. That all arrearages in the payment of rent or in the repayment to the LANDLORD of any sums which the LANDLORD may have paid in order to cure a default of the TENANT (as elsewhere herein provided for), shall bear interest from the date when due and payable at the highest rate permitted by law until paid.

D. That no modification, release, discharge, or waiver of any provision hereof shall be of any force, effect, or value unless in writing and signed by the persons who are then LANDLORD and TENANT.

E. That all covenants, promises, conditions, and obligations contained herein or implied by law, or covenants running with the land, shall attach to and be binding upon the heirs, executors, administrators, successors, legal representatives, and assigns of each of the parties to this Lease.

F. That this instrument contains the entire agreement between the parties as of this date, and that the execution hereof has not been induced by either of the parties by representations, promises or understandings not expressed herein, and that there are not collateral agreements, stipulations, promises, or understandings whatsoever between the representative parties in any way touching the subject matter of this instrument which are not expressly contained in this instrument.

G. That when either of the parties desire to give notice to the other or others in connection with and according to the terms of this Lease, such notice shall be deemed given when it shall

have been deposited in the U.S. Registered or Certified mail with sufficient postage pre-paid thereon to carry it to its addressed destination. The notice shall be addressed as follows:

As to LANDLORD: City Manager
City of Key West 1300 White Street P.O.
Box 1409
Key West, FL 33041

As to TENANT:

President/CEO
Community Health of South Florida, Inc
10300 SW 216 Street, Miami, FL 33190

When the parties on either side (LANDLORD or TENANT) consist of more than one person, notice or default by one of the persons on that side shall constitute notice or default by all of the persons on that side.

H. This Lease and the provisions thereof shall be governed by and construed and enforced in accordance with the laws of the State of Florida; venue for any action regarding this Lease shall be in Monroe County, Florida.

I. The parties agree to waive trial by jury in any action between them arising out of or in any way connected with this lease or TENANT'S use or occupancy of the Demised Premises. The venue for any action brought under this lease shall lie in the State Court of Monroe County, Florida.

J. If the TENANT or TENANTS are signing in a capacity other than as individuals, then the LANDLORD may require personal guarantees from individuals as the LANDLORD deems necessary.

K. LANDLORD may delegate its decision-making authority regarding any provision of this Lease to an Advisory Board.

L. This Lease is the result of negotiations between the parties and shall not be interpreted in favor of or to the detriment of either party due to its draftsmanship.

IN WITNESS WHEREOF, the parties hereto have caused the foregoing Lease to be executed on the day and year first above written.

ATTEST:

LANDLORD: Caroline Street Corridor and
Bahama Village Community
Redevelopment Agency of the City of Key West

_____

By: _____

Cheryl Smith, City Clerk

Teri Johnston, Chairperson

ATTEST:

TENANT: Community Health of South Florida, Inc.

_____

By: _____

Brodes H. Hartley, Jr., President/CEO

Addendum Acknowledgement

Addendum Acknowledgement

Community Health of South Florida has carefully reviewed and acknowledges all RFP #004-20 addenda.

Brodes H. Hartley Jr., President and CEO

THE CITY OF KEY WEST
1300 White Street
Key West, FL 33040

ADDENDUM NO. 2 – BAHAMA VILLAGE MEDICAL CLINIC
RFP 004-20

This addendum is issued as supplemental information to the bid package for clarification of certain matters of both a general and a technical nature. The referenced bid package is hereby addended in accordance with the following items:

RFP Question Submitted

1. *The Bahama Village Medical Clinic RFP refers to "pricing in Section VI" [Pricing (outlined in RFP Section VI)], but ... can't find section VI in the RFP document.*

Response: There is no Section VI in the document. In Part III, item 5, remove from the list "Pricing (outlined in RFP Section VI)." Add under Part V, Section 2, a paragraph 4 as follows:

4. Pricing Strategy
   a. What is your pricing strategy for providing affordable services?
   b. Describe accepted methods of payment and how it will be determined what a client will pay.

All Bidders shall acknowledge receipt and acceptance of this Addendum No. 2 by submitting the addendum with their proposal. This Addendum does not alter the bid-opening date of December 11, 2019 at 3:00pm. Proposals submitted without acknowledgement or without this Addendum may be considered non-responsive.

Brooke H Hartley DO — Signature

Community Health of South Florida, Inc — Name of Business

Attachment I

Proposal attachment I includes annual reports submitted to the federal government for the past five years. There have been no deficiencies and therefore no resolutions of deficiencies.

i. 2019 UDS Annual Report
ii. 2018 UDS Annual Report
iii. 2017 UDS Annual Report
iv. 2016 UDS Annual Report
v. 2015 UDS Annual Report

BHCMIS ID: 040320 - Community Health of South Florida, Inc., Cutler Bay, FL

Date Requested: 03/16/2019 2:24 PM EST

Date of Last Report Refreshed: 03/16/2019 2:24 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2018

Contact Information

Do you self-identify as an NMHC?: No

Title	Name	Phone	Fax	Email
UDS Contact	Allison Madden	(305) 278 6434	(305) 252 5881	amadden@chisouthfl.org
Project Director	Brodes H Hartley	(305) 252 4853	(305) 254 2011	bhartley@hcnetwork.org
Clinical Director	St. Anthony Amofah	(305) 252 4853	(786) 245 2770	samofah@chisouthfl.org
Chair Person	Arjun Saluja	(305) 608 7944	Not Available	Arjun@leasingexperts.com
CEO	Brodes H. Hartley, Jr.	(305) 252 4853	(786) 245 2770	bhartley@chisouthfl.org

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Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
32324	38	0	0	0	38
33001	16	6	4	7	33
33009	7	2	1	2	12
33010	33	7	0	10	50
33012	41	7	3	18	69
33013	28	2	3	2	35

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
33014	24	3	1	8	36
33015	36	8	1	8	53
33016	24	4	3	8	39
33018	24	6	1	16	47
33020	10	2	1	4	17
33023	21	4	1	1	27
33025	76	7	4	9	96
33027	13	0	3	2	18
33028	8	0	1	2	11
33029	6	2	0	3	11
33030	5694	1542	220	996	8452
33031	209	88	18	102	417
33032	3325	1694	244	2124	7387
33033	5847	1672	269	2085	9873
33034	3183	1237	220	749	5389
33035	1695	372	52	464	2583
33036	95	60	51	91	297
33037	261	308	109	268	946
33040	131	172	18	75	396
33042	22	32	6	27	87
33043	38	65	14	59	176
33050	571	415	124	449	1559
33051	9	6	7	9	31
33052	6	2	2	11	21
33054	27	9	4	6	46
33055	20	9	3	7	39
33056	32	23	5	6	66
33070	136	135	69	182	522
33090	19	10	10	19	58

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
33092	6	7	3	7	23
33125	100	37	4	43	184
33126	129	24	3	44	200
33127	157	41	8	15	221
33128	8	12	1	8	29
33129	18	11	4	40	73
33130	57	33	3	49	142
33131	17	5	1	27	50
33132	25	3	2	10	40
33133	336	380	63	459	1238
33134	108	48	4	136	296
33135	70	61	7	59	197
33136	84	36	4	22	146
33137	27	3	3	20	53
33138	17	9	2	12	40
33139	20	2	1	8	31
33141	23	2	1	6	32
33142	87	46	13	29	175
33143	316	261	43	384	1004
33144	93	14	1	20	128
33145	96	61	5	109	271
33146	24	9	6	57	96
33147	71	35	9	14	129
33149	21	4	0	23	48
33150	39	20	4	10	73
33155	163	60	10	134	367
33156	268	109	15	238	630
33157	3809	1412	284	1346	6851
33158	68	5	0	19	92

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
33160	19	1	0	2	22
33161	44	8	4	11	67
33162	24	13	4	4	45
33165	263	56	3	53	375
33166	90	8	1	17	116
33167	11	3	1	3	18
33168	13	8	0	5	26
33169	21	8	3	4	36
33170	1321	695	144	402	2562
33172	391	33	3	42	469
33173	267	53	20	78	418
33174	310	22	5	22	359
33175	1595	53	6	51	1705
33176	934	349	67	281	1631
33177	2146	834	201	962	4143
33178	304	22	1	40	367
33179	15	5	0	9	29
33180	16	1	0	5	22
33182	759	13	2	6	780
33183	930	64	11	100	1105
33184	775	22	1	28	826
33185	1258	30	3	33	1324
33186	1239	360	56	727	2382
33187	654	241	34	286	1215
33189	1234	581	179	849	2843
33190	1033	447	93	674	2247
33193	2299	141	18	156	2614
33194	175	8	3	10	196
33196	1176	264	43	532	2015

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
33197	25	23	7	13	68
34956	54	0	2	0	56

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	373	90	67	209	739
Unknown Residence	17	3	0	2	22
Total (Zip Codes + Other Zip Codes)	47767	15120	2958	16793	82638

Comments

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Table 3A - Patients By Age And By Sex Assigned At Birth

Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	532	548
2.	Age 1	331	280
3.	Age 2	307	318
4.	Age 3	431	386
5.	Age 4	679	620
6.	Age 5	1139	1043
7.	Age 6	1203	1191
8.	Age 7	1223	1098
9.	Age 8	1270	1255
10.	Age 9	1199	1149
11.	Age 10	1207	1154
12.	Age 11	1597	1570
13.	Age 12	1328	1093
14.	Age 13	1187	1084
15.	Age 14	1447	1486
16.	Age 15	952	915
17.	Age 16	715	758
18.	Age 17	598	696
	Subtotal Patients (Sum lines 1-18)	**17345**	**16644**
19.	Age 18	452	625
20.	Age 19	328	518
21.	Age 20	310	508

S.No	Age Groups	Male Patients (a)	Female Patients (b)
22.	Age 21	280	556
23.	Age 22	279	552
24.	Age 23	307	507
25.	Age 24	346	594
26.	Ages 25-29	1510	2415
27.	Ages 30-34	1654	3042
28.	Ages 35-39	1613	2913
29.	Ages 40-44	1631	2736
30.	Ages 45-49	1741	2821
31.	Ages 50-54	1992	3082
32.	Ages 55-59	2299	3248
33.	Ages 60-64	1973	2966
	Subtotal Patients(Sum lines 19-33)	**16715**	**27083**
34.	Ages 65-69	997	1510
35.	Ages 70-74	412	594
36.	Ages 75-79	231	398
37.	Ages 80-84	138	254
38.	Ages 85 and over	89	228
	Subtotal Patients(Sum lines 34-38)	**1867**	**2984**
39.	**Total Patients(Sum Lines 1-38)**	**35927**	**46711**

HCH

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	28	28
2.	Age 1	35	20
3.	Age 2	39	33
4.	Age 3	52	32
5.	Age 4	63	29
6.	Age 5	46	45
7.	Age 6	48	48
8.	Age 7	55	56
9.	Age 8	88	80
10.	Age 9	106	100
11.	Age 10	95	82
12.	Age 11	111	112
13.	Age 12	99	130
14.	Age 13	113	100
15.	Age 14	122	85
16.	Age 15	95	102
17.	Age 16	70	57
18.	Age 17	66	75
	Subtotal Patients(Sum lines 1-18)	1331	1214
19.	Age 18	49	93
20.	Age 19	60	94
21.	Age 20	58	82
22.	Age 21	48	103
23.	Age 22	40	92
24.	Age 23	45	102
25.	Age 24	47	119
26.	Ages 25-29	229	453
27.	Ages 30-34	290	619

S.No	Age Groups	Male Patients (a)	Female Patients (b)
28.	Ages 35-39	325	577
29.	Ages 40-44	268	468
30.	Ages 45-49	292	501
31.	Ages 50-54	323	537
32.	Ages 55-59	414	606
33.	Ages 60-64	371	621
	Subtotal Patients(Sum lines 19-33)	**2859**	**5067**
34.	Ages 65-69	180	345
35.	Ages 70-74	69	124
36.	Ages 75-79	32	91
37.	Ages 80-84	12	62
38.	Ages 85 and over	13	60
	Subtotal Patients(Sum lines 34-38)	**306**	**682**
39.	**Total Patients(Sum Lines 1-38)**	**4496**	**6963**

MHC

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	19	18
2.	Age 1	19	9
3.	Age 2	12	15
4.	Age 3	25	18
5.	Age 4	21	19
6.	Age 5	22	28
7.	Age 6	31	24
8.	Age 7	27	34
9.	Age 8	32	33
10.	Age 9	42	35
11.	Age 10	48	35
12.	Age 11	49	51
13.	Age 12	39	50
14.	Age 13	55	29
15.	Age 14	60	36
16.	Age 15	59	39
17.	Age 16	32	39
18.	Age 17	35	41
	Subtotal Patients(Sum lines 1-18)	627	553
19.	Age 18	17	27
20.	Age 19	11	37
21.	Age 20	8	26
22.	Age 21	7	21
23.	Age 22	10	16
24.	Age 23	10	20
25.	Age 24	11	25
26.	Ages 25-29	46	67
27.	Ages 30-34	28	118

S.No	Age Groups	Male Patients (a)	Female Patients (b)
28.	Ages 35-39	61	163
29.	Ages 40-44	55	160
30.	Ages 45-49	54	130
31.	Ages 50-54	49	111
32.	Ages 55-59	71	93
33.	Ages 60-64	41	52
	Subtotal Patients(Sum lines 19-33)	**479**	**1066**
34.	Ages 65-69	17	41
35.	Ages 70-74	5	4
36.	Ages 75-79	5	6
37.	Ages 80-84	1	5
38.	Ages 85 and over	1	4
	Subtotal Patients(Sum lines 34-38)	**29**	**60**
39.	**Total Patients(Sum Lines 1-38)**	**1135**	**1679**

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Table 3B - Demographic Characteristics

Universal

S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian	125	632		757
2a.	Native Hawaiian	1	6		7
2b.	Other Pacific Islander	39	45		84
2.	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	40	51		91
3.	Black/African American	858	15893		16751
4.	American Indian/Alaska Native	19	42		61
5.	White	44847	7226		52073
6.	More than one race	1966	499		2465
7.	Unreported/Refused to report race	3519	1256	5665	10440
8.	**Total Patients (Sum Lines 1 + 2 + 3 to 7)**	**51374**	**25599**	**5665**	**82638**

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	32596

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	353
14.	Straight (not lesbian or gay)	48549
15.	Bisexual	148
16.	Something else	94

S.No	Patients by Sexual Orientation	Number (a)
17.	Don't know	31428
18.	Chose not to disclose	2066
19.	**Total Patients (Sum Lines 13 to 18)**	**82638**

S.No	Patients by Gender Identity	Number (a)
20.	Male	23773
21.	Female	34496
22.	Transgender Male/ Female-to-Male	8
23.	Transgender Female/ Male-to-Female	11
24.	Other	19249
25.	Chose not to disclose	5101
26.	**Total Patients (Sum Lines 20 to 25)**	**82638**

HCH

S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian	16	121		137
2a.	Native Hawaiian	0	1		1
2b.	Other Pacific Islander	7	12		19
2.	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	7	13		20
3.	Black/African American	121	3395		3516
4.	American Indian/Alaska Native	1	14		15
5.	White	5538	834		6372
6.	More than one race	297	43		340
7.	Unreported/Refused to report race	570	122	367	1059
8.	**Total Patients (Sum Lines 1 + 2 + 3 to 7)**	**6550**	**4542**	**367**	**11459**

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	4904

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	70
14.	Straight (not lesbian or gay)	8781
15.	Bisexual	27
16.	Something else	16
17.	Don't know	2241
18.	Chose not to disclose	324
19.	**Total Patients (Sum Lines 13 to 18)**	11459

S.No	Patients by Gender Identity	Number (a)
20.	Male	3691

S.No	Patients by Gender Identity	Number (a)
21.	Female	6022
22.	Transgender Male/ Female-to-Male	3
23.	Transgender Female/ Male-to-Female	2
24.	Other	1363
25.	Chose not to disclose	378
26.	**Total Patients (Sum Lines 20 to 25)**	**11459**

MHC

S.No	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian	4	16		20
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	0	0		0
2.	**Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)**	0	0		0
3.	Black/African American	9	139		148
4.	American Indian/Alaska Native	0	1		1
5.	White	2109	84		2193
6.	More than one race	80	4		84
7.	Unreported/Refused to report race	334	20	14	368
8.	**Total Patients (Sum Lines 1 + 2 + 3 to 7)**	**2536**	**264**	**14**	**2814**

S.No	Patients by Linguistic Barriers to Care	Number (a)
12.	Patients Best Served in a Language Other Than English	2080

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	2
14.	Straight (not lesbian or gay)	2021
15.	Bisexual	1
16.	Something else	0
17.	Don't know	686
18.	Chose not to disclose	104
19.	**Total Patients (Sum Lines 13 to 18)**	**2814**

S.No	Patients by Gender Identity	Number (a)
20.	Male	892

S.No	Patients by Gender Identity	Number (a)
21.	Female	1430
22.	Transgender Male/ Female-to-Male	0
23.	Transgender Female/ Male-to-Female	0
24.	Other	473
25.	Chose not to disclose	19
26.	**Total Patients (Sum Lines 20 to 25)**	**2814**

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UDS Report - 2018

Table 4 - Selected Patient Characteristics

Universal

Income As Percent Of Poverty Guideline

S.No	Characteristic	Number of Patients (a)
1.	100% and below	30785
2.	101 - 150%	5397
3.	151 - 200%	1620
4.	Over 200%	20535
5.	Unknown	24301
6.	**Total (Sum lines 1-5)**	**82638**

S.No	Principal Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	25566	22201
8a.	Medicaid (Title XIX)	6888	8005
8b.	CHIP Medicaid	16	15
8.	**Total Medicaid (Sum lines 8a+8b)**	**6904**	**8020**
9a.	Dually eligible (Medicare and Medicaid)	16	1064
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	41	2917
10a.	**Other Public Insurance (Non-CHIP) (specify)**	0	0
10b.	Other Public Insurance CHIP	176	20
10.	**Total Public Insurance (Sum lines 10a+10b)**	**176**	**20**
11.	Private Insurance	1302	15491
12.	**Total (Sum lines 7+8+9+10+11)**	**33989**	**48649**

S.No	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member Months	156257	6133	0	55198	217588
13b.	Fee-for-service Member Months	7418	1177	0	24569	33164
13c.	**Total Member Months (Sum lines 13a+13b)**	**163675**	**7310**	**0**	**79767**	**250752**

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g awardees only)	1681
15.	Seasonal (330g awardees only)	1133
16.	**Total Agricultural Workers or Dependents (All health centers report this line)**	**2814**
17.	Homeless Shelter (330h awardees only)	182
18.	Transitional (330h awardees only)	306
19.	Doubling Up (330h awardees only)	8510
20.	Street (330h awardees only)	164
21.	Other (330h awardees only)	2295
22.	Unknown (330h awardees only)	2
23.	**Total Homeless (All health centers report this line)**	**11459**
24.	**Total School Based Health Center Patients (All health centers report this line)**	**16825**
25.	**Total Veterans (All health centers report this line)**	**196**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

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Income As Percent Of Poverty Guideline

S.No	Characteristic	Number of Patients (a)
1.	100% and below	6290
2.	101 - 150%	735
3.	151 - 200%	206
4.	Over 200%	2376
5.	Unknown	1852
6.	**Total (Sum lines 1-5)**	**11459**

S.No	Principal Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	1479	4418
8a.	Medicaid (Title XIX)	905	1724
8b.	CHIP Medicaid	2	5
8.	**Total Medicaid (Sum lines 8a+8b)**	**907**	**1729**
9a.	Dually eligible (Medicare and Medicaid)	2	394
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	2	581
10a.	**Other Public Insurance (Non-CHIP) (specify)**	0	0
10b.	Other Public Insurance CHIP	23	0
10.	**Total Public Insurance (Sum lines 10a+10b)**	**23**	**0**
11.	Private Insurance	134	2186
12.	**Total (Sum lines 7+8+9+10+11)**	**2545**	**8914**

Managed Care Utilization

S.No	Special Populations	Number of Patients (a)
16.	**Total Agricultural Workers or Dependents (All health centers report this line)**	**1194**
17.	Homeless Shelter (330h awardees only)	182
18.	Transitional (330h awardees only)	306

S.No	Special Populations	Number of Patients (a)
19.	Doubling Up (330h awardees only)	8510
20.	Street (330h awardees only)	164
21.	Other (330h awardees only)	2295
22.	Unknown (330h awardees only)	2
23.	**Total Homeless (All health centers report this line)**	**11459**
24.	**Total School Based Health Center Patients (All health centers report this line)**	**898**
25.	**Total Veterans (All health centers report this line)**	**29**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**	**0**

MHC

Income As Percent Of Poverty Guideline

S.No	Characteristic	Number of Patients (a)
1.	100% and below	1639
2.	101 - 150%	241
3.	151 - 200%	45
4.	Over 200%	474
5.	Unknown	415
6.	**Total (Sum lines 1-5)**	**2814**

S.No	Principal Third Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	724	1118
8a.	Medicaid (Title XIX)	383	157
8b.	CHIP Medicaid	3	1
8.	**Total Medicaid (Sum lines 8a+8b)**	**386**	**158**
9a.	Dually eligible (Medicare and Medicaid)	0	16
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	34
10a.	**Other Public Insurance (Non-CHIP) (specify)**	0	0
10b.	Other Public Insurance CHIP	4	1
10.	**Total Public Insurance (Sum lines 10a+10b)**	**4**	**1**
11.	Private Insurance	66	323
12.	**Total (Sum lines 7+8+9+10+11)**	**1180**	**1634**

Managed Care Utilization

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g awardees only)	1681
15.	Seasonal (330g awardees only)	1133
16.	**Total Agricultural Workers or Dependents (All health centers report this line)**	**2814**

S.No	Special Populations	Number of Patients (a)
23.	Total Homeless (All health centers report this line)	1200
24.	Total School Based Health Center Patients (All health centers report this line)	421
25.	Total Veterans (All health centers report this line)	1
26.	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	0

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Table 5 - Staffing And Utilization

Universal

Medical Care Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
1.	Family Physicians	21.55	37315	
2.	General Practitioners	2	4352	
3.	Internists	2	3705	
4.	Obstetrician/Gynecologists	11.3	7165	
5.	Pediatricians	7	21700	
7.	Other Specialty Physicians	0	0	
8.	**Total Physicians (Sum lines 1-7)**	**43.85**	**74237**	
9a.	Nurse Practitioners	7.77	24760	
9b.	Physician Assistants	5.55	17623	
10.	Certified Nurse Midwives	2.17	5515	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**15.49**	**47898**	
11.	Nurses	56.54	27896	
12.	Other Medical Personnel	67.49		
13.	Laboratory Personnel	6.16		
14.	X-Ray Personnel	3.9		
15.	**Total Medical (Sum lines 8+10a through 14)**	**193.43**	**150031**	**61844**

Dental Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
16.	Dentist	9.55	23787	
17.	Dental Hygienists	6.89	8517	
17a.	Dental Therapists	0	0	
18.	Other Dental Personnel	31.94		
19.	Total Dental Services (Sum lines 16-18)	48.38	32304	11827

Mental Health Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
20a.	Psychiatrists	14.74	13073	
20a1.	Licensed Clinical Psychologists	0	0	
20a2.	Licensed Clinical Social Workers	9.64	3661	
20b.	Other Licensed Mental Health Providers	4.38	15096	
20c.	Other Mental Health Staff	61.62	27220	
20.	Total Mental Health (Sum lines 20a-20c)	90.38	59050	10093

Substance Use Disorder Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
21.	Substance Use Disorder Services	1	793	62

Other Professional Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
22.	Other Professional Services Specify nutritionist	1.57	1167	754

Vision Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
22a.	Ophthalmologists	0	0	
22b.	Optometrists	0.4	1346	
22c.	Other Vision Care Staff	0.21		
22d.	**Total Vision Services (Sum lines 22a-22c)**	0.61	1346	1218

Pharmacy Personnel

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
23.	Pharmacy Personnel	25.86		

Enabling Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
24.	Case Managers	21.34	9715	
25.	Patient/Community Education Specialists	21.08	28132	
26.	Outreach Workers	0		
27.	Transportation Staff	11.44		
27a.	Eligibility Assistance Workers	0		
27b.	Interpretation Staff	0		
27c.	Community Health Workers	18.76		
28.	**Other Enabling Services Specify** Referrals	11.58		
29.	**Total Enabling Services (Sum lines 24-28)**	84.2	37847	13716

Other Programs/Services

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
29a.	**Other Programs/Services Specify:**	0		
29b.	Quality Improvement Staff	0		

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
30a.	Management and Support Staff	45.91		
30b.	Fiscal and Billing Staff	8.36		
30c.	IT Staff	4.42		
31.	Facility Staff	59.1		
32.	Patient Support Staff	96.63		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	214.42		

Grand Total

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
34.	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	659.85	282538	

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Medical Care Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
1.	Family Physicians	7340	
2.	General Practitioners	749	
3.	Internists	275	
4.	Obstetrician/Gynecologists	1383	
5.	Pediatricians	2817	
7.	Other Specialty Physicians	0	
8.	**Total Physicians (Sum lines 1-7)**	**12564**	
9a.	Nurse Practitioners	5078	
9b.	Physician Assistants	5793	
10.	Certified Nurse Midwives	1256	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**12127**	
11.	Nurses	1444	
15.	**Total Medical (Sum lines 8+10a through 14)**	**26135**	**9676**

Dental Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
16.	Dentist	4605	
17.	Dental Hygienists	1687	
17a.	Dental Therapists	0	
19.	**Total Dental Services (Sum lines 16-18)**	**6292**	**2119**

Mental Health Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
20a.	Psychiatrists	827	
20a1.	Licensed Clinical Psychologists	0	

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
20a2.	Licensed Clinical Social Workers	175	
20b.	Other Licensed Mental Health Providers	119	
20c.	Other Mental Health Staff	1453	
20.	Total Mental Health (Sum lines 20a-20c)	2574	578

Substance Use Disorder Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
21.	Substance Use Disorder Services	17	1

Other Professional Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22.	Other Professional Services Specify NUTRITIONIST SERVICES	286	173

Vision Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22a.	Ophthalmologists	0	
22b.	Optometrists	301	
22d.	Total Vision Services (Sum lines 22a-22c)	301	295

Enabling Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
24.	Case Managers	2483	
25.	Patient/Community Education Specialists	1669	
29.	Total Enabling Services (Sum lines 24-28)	4152	1342

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
34.	Grand Total (Lines 15+19+20+21+22+22d+29)	39757	

MHC

Medical Care Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
1.	Family Physicians	1106	
2.	General Practitioners	35	
3.	Internists	22	
4.	Obstetrician/Gynecologists	406	
5.	Pediatricians	1543	
7.	Other Specialty Physicians	0	
8.	**Total Physicians (Sum lines 1-7)**	**3112**	
9a.	Nurse Practitioners	1063	
9b.	Physician Assistants	1285	
10.	Certified Nurse Midwives	406	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**2754**	
11.	Nurses	567	
15.	**Total Medical (Sum lines 8+10a through 14)**	**6433**	**2389**

Dental Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
16.	Dentist	1419	
17.	Dental Hygienists	695	
17a.	Dental Therapists	0	
19.	**Total Dental Services (Sum lines 16-18)**	**2114**	**651**

Mental Health Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
20a.	Psychiatrists	0	
20a1.	Licensed Clinical Psychologists	0	

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
20a2.	Licensed Clinical Social Workers	8	
20b.	Other Licensed Mental Health Providers	1	
20c.	Other Mental Health Staff	10	
20.	**Total Mental Health (Sum lines 20a-20c)**	**19**	**10**

Substance Use Disorder Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
21.	**Substance Use Disorder Services**	**0**	**0**

Other Professional Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22.	**Other Professional Services Specify** nutritionist	63	37

Vision Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
22a.	Ophthalmologists	0	
22b.	Optometrists	55	
22d.	**Total Vision Services (Sum lines 22a-22c)**	**55**	**55**

Enabling Services

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
24.	Case Managers	320	
25.	Patient/Community Education Specialists	401	
29.	**Total Enabling Services (Sum lines 24-28)**	**721**	**370**

S.No	Personnel by Major Service Category	Clinic Visits (b)	Patients (c)
34.	Grand Total (Lines 15+19+20+21+22+22d+29)	9405	

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Table 5A - Tenure for Health Center Staff

Universal

S.No	Health Center Staff	Full and Part Time Persons (a)	Full and Part Time Total Months (b)	Locum, On-Call, etc Persons (c)	Locum, On-Call, etc Total Months (d)
1.	Family Physicians	25	1333	0	0
2.	General Practitioners	2	613	0	0
3.	Internists	1	64	0	0
4.	Obstetrician/Gynecologists	7	409	0	0
5.	Pediatricians	7	705	0	0
7.	Other Specialty Physicians	0	0	0	0
9a.	Nurse Practitioners	8	357	0	0
9b.	Physician Assistants	5	673	0	0
10.	Certified Nurse Midwives	2	83	0	0
11.	Nurses	60	4523	0	0
16.	Dentists	10	1170	0	0
17.	Dental Hygienists	6	818	0	0
17a.	Dental Therapists	0	0	0	0
20a.	Psychiatrists	27	765	0	0
20a1.	Licensed Clinical Psychologists	0	0	0	0
20a2.	Licensed Clinical Social Workers	11	482	0	0
20b.	Other Licensed Mental Health Providers	3	379	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	1	37	0	0
30a1.	Chief Executive Officer	1	416	0	0
30a2.	Chief Medical Officer	1	264	0	0

S.No	Health Center Staff	Full and Part Time Persons (a)	Full and Part Time Total Months (b)	Locum, On-Call, etc Persons (c)	Locum, On-Call, etc Total Months (d)
30a3.	Chief Financial Officer	1	5	0	0
30a4.	Chief Information Officer	1	7	0	0

Table 6A - Selected Diagnoses And Services Rendered

Universal

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	1348	509
3.	Tuberculosis	A15- through A19-, O98.01	104	86
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0)	429	377
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	19	17
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	148	109

Selected Diseases Of The Respiratory System

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5.	Asthma	J45-	2033	1388
6.	Chronic lower respiratory diseases	J40- through J44-, J47-	1581	1181

Selected Other Medical Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	617	497
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	178	144
9.	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	6610	4645

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1322	980
11.	Hypertension	I10- through I16-	14081	8090
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	1121	1001
13.	Dehydration	E86-	18	17
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	2	2
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	7518	5760

Selected Childhood Conditions (Limited To Ages 0 Through 17)

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15.	Otitis media and Eustachian tube disorders	H65- through H69-	1212	683
16.	Selected perinatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	231	187
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	537	441

Selected Mental Health And Substance Use Disorder Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18.	Alcohol related disorders	F10-, G62.1	387	197

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	1081	243
19a.	Tobacco use disorder	F17-, O99.33	1157	931
20a.	Depression and other mood disorders	F30- through F39-	12642	3579
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	2257	1128
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	2218	700
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34, R45.1, R45.2, 45.5, R45.6, R45.7, R45.81, R45.82, R48.0	10132	2491

Selected Diagnostic Tests/Screening/Preventive Services

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21.	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	5480	4689
21a.	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	2614	2236
21b.	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	2334	2272
22.	Mammogram	**CPT-4:** 77052, 77057, 77065, 77066, 77067 OR **ICD-10:** Z12.31	2352	1647
23.	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	3676	3638
24.	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	9174	6759

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
24a.	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749, 90756	7265	6297
25.	Contraceptive management	**ICD-10:** Z30-	2464	2160
26.	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393	3109	2276
26a.	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4:** 83655	535	527
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, H0050	5146	3578
26c.	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	8455	6236
26d.	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	1243	1218

Selected Dental Services

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27.	Emergency Services	**ADA:** D9110	20	17
28.	Oral Exams	**ADA:** D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	11882	10180
29.	Prophylaxis - adult or child	**ADA:** D1110, D1120	5111	4554
30.	Sealants	**ADA:** D1351	1000	794
31.	Fluoride treatment - adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	2937	2706
32.	Restorative services	**ADA:** D21xx through D29xx	7195	3239
33.	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	2365	1799
34.	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	7859	4220

Sources of Codes:

ICD-10-CM (2018). National Center for Health Statistics (NCHS).

CPT (2018). American Medical Association (AMA).

Code on Dental Procedures and Nomenclature CDT Code (2018) - Dental Procedure Codes. American Dental Association (ADA).

Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

HCH

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	503	196
3.	Tuberculosis	A15- through A19-	17	14
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0)	85	72
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	8	6
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	41	30

Selected Diseases Of The Respiratory System

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5.	Asthma	J45-	381	250
6.	Chronic lower respiratory diseases	J40- through J44-, J47-	276	214

Selected Other Medical Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	157	121
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	34	29
9.	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	1684	894
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	291	218

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
11.	Hypertension	I10- through I16-	3083	1771
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	183	169
13.	Dehydration	E86-	6	6
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	1730	1255

Selected Childhood Conditions (Limited To Ages 0 Through 17)

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15.	Otitis media and Eustachian tube disorders	H65- through H69-	147	90
16.	Selected perinatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	18	13
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	80	61

Selected Mental Health And Substance Use Disorder Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18.	Alcohol related disorders	F10-, G62.1	56	38
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	84	40

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
19a.	Tobacco use disorder	F17-	291	232
20a.	Depression and other mood disorders	F30- through F39-	1829	487
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	251	133
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	205	92
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34, R45.1, R45.2, 45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1689	341

Selected Diagnostic Tests/Screening/Preventive Services

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21.	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	1179	943
21a.	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	600	510
21b.	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	500	484
22.	Mammogram	**CPT-4:** 77052, 77057, 77065, 77066, 77067 OR **ICD-10:** Z12.31	597	393
23.	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	741	731
24.	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	1206	906

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
24a.	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749, 90756	1260	1125
25.	Contraceptive management	**ICD-10:** Z30-	456	379
26.	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393	295	241
26a.	Childhood lead test screening (9 to 72 months)	**CPT-4:** 83655	51	51
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, H0050	632	557
26c.	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	2204	1575
26d.	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	302	295

Selected Dental Services

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27.	Emergency Services	**ADA:** D9110	7	5
28.	Oral Exams	**ADA:** D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	2031	1765
29.	Prophylaxis - adult or child	**ADA:** D1110, D1120	823	713
30.	Sealants	**ADA:** D1351	159	118
31.	Fluoride treatment - adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	435	389
32.	Restorative services	**ADA:** D21xx through D29xx	1452	633
33.	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	517	391
34.	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1657	898

Sources of Codes:

ICD-10-CM (2018). National Center for Health Statistics (NCHS).

CPT (2018). American Medical Association (AMA).

Code on Dental Procedures and Nomenclature CDT Code (2018) - Dental Procedure Codes. American Dental Association (ADA).

Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

MHC

Selected Infectious And Parasitic Diseases

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	17	9
3.	Tuberculosis	A15- through A19-, O98.01	16	9
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0)	6	6
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	0	0
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	5	3

Selected Diseases Of The Respiratory System

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5.	Asthma	J45-	111	57
6.	Chronic lower respiratory diseases	J40- through J44-, J47-	47	37

Selected Other Medical Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	31	24
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	8	7
9.	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	291	165
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	41	28

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
11.	Hypertension	I10- through I16-	401	239
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	54	50
13.	Dehydration	E86-	1	1
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	203	167

Selected Childhood Conditions (Limited To Ages 0 Through 17)

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15.	Otitis media and Eustachian tube disorders	H65- through H69-	104	47
16.	Selected perinatal medical conditions	A33-, P19-, P22-through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	11	8
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	30	26

Selected Mental Health And Substance Use Disorder Conditions

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18.	Alcohol related disorders	F10-, G62.1	7	4
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	2	2

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
19a.	Tobacco use disorder	F17-	4	4
20a.	Depression and other mood disorders	F30- through F39-	24	23
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	18	16
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	14	12
20d.	Other mental disorders excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0-and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34, R45.1, R45.2, 45.5, R45.6, R45.7, R45.81, R45.82, R48.0	29	20

Selected Diagnostic Tests/Screening/Preventive Services

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21.	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	199	155
21a.	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350	164	128
21b.	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522	117	114
22.	Mammogram	**CPT-4:** 77052, 77057, 77065, 77066, 77067 OR **ICD-10:** Z12.31	59	40
23.	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	187	184
24.	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	490	333

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
24a.	Seasonal flu vaccine	**CPT-4:** 90630, 90653 through 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90688, 90749, 90756	492	408
25.	Contraceptive management	**ICD-10:** Z30-	164	148
26.	Health supervision of infant or child (ages 0 through 11)	**CPT-4:** 99381 through 99383, 99391 through 99393	93	77
26a.	Childhood lead test screening (9 to 72 months)	**CPT-4:** 83655	21	21
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4:** 99408, 99409 **HCPCS:** G0396, G0397, H0050	113	102
26c.	Smoke and tobacco use cessation counseling	**CPT-4:** 99406, 99407 OR **HCPCS:** S9075 OR **CPT-II:** 4000F, 4001F, 4004F	284	233
26d.	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014	55	55

Selected Dental Services

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27.	Emergency Services	**ADA:** D9110	0	0
28.	Oral Exams	**ADA:** D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	642	552
29.	Prophylaxis - adult or child	**ADA:** D1110, D1120	369	318
30.	Sealants	**ADA:** D1351	115	82
31.	Fluoride treatment - adult or child	**ADA:** D1206, D1208 **CPT-4:**99188	245	220
32.	Restorative services	**ADA:** D21xx through D29xx	557	254
33.	Oral surgery (extractions and other surgical procedures)	**ADA:**D7xxx	149	108
34.	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	406	265

Sources of Codes:

ICD-10-CM (2018). National Center for Health Statistics (NCHS).

CPT (2018). American Medical Association (AMA).

Code on Dental Procedures and Nomenclature CDT Code (2018) - Dental Procedure Codes. American Dental Association (ADA).

Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

BHCMIS ID: 040320 - Community Health of South Florida, Inc., Cutler Bay, FL

Date Requested: 03/16/2019 2:24 PM EST

Date of Last Report Refreshed: 03/16/2019 2:24 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2018

Table 6B - Quality Of Care Measures

Universal

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

Section A - Age Categories For Prenatal Care Patients:

Demographic Characteristics Of Prenatal Care Patients

S.No	Age	Number of Patients (a)
1.	Less than 15 years	8
2.	Ages 15-19	158
3.	Ages 20-24	317
4.	Ages 25-44	1006
5.	Ages 45 and over	10
6.	**Total Patients (Sum lines 1-5)**	1499

Section B - Early Entry Into Prenatal Care

S.No	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	640	61
8.	Second Trimester	622	25
9.	Third Trimester	127	24

Section C - Childhood Immunization Status

S.No	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	499	499	223

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	16967	16967	9831

Section E - Weight Assessment And Counseling For Nutrition And Physical Activity Of Children And Adolescents

S.No	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile and counseling on nutrition and physical activity documented	8666	8666	8212

Section F - Preventive Care And Screening: Body Mass Index (BMI) Screening And Follow-Up Plan

S.No	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	34571	34571	32206

Section G - Preventive Care And Screening: Tobacco Use: Screening And Cessation Intervention

S.No	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, and (2) if identified to be a tobacco user received cessation counseling intervention	25973	25973	24355

Section H - Use Of Appropriate Medications For Asthma

S.No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	340	340	321

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed a Lipid Lowering Therapy (c)
17.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy	356	356	322

Section J - Ischemic Vascular Disease (IVD): Use Of Aspirin Or Another Antiplatelet

S.No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	595	595	568

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	13766	13766	5816

Section L - HIV Linkage To Care

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis	46	46	19

Section M - Preventive Care And Screening: Screening For Depression And Follow-Up Plan

S.No	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive,(2) had a follow-up plan documented	34584	34584	31412

Section N - Dental Sealants For Children Between 6-9 Years

S.No	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22.	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	228	228	181

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Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

S.No	Prenatal Services	Patients (a)
0	HIV-Positive Pregnant Women	7
2	Deliveries Performed by Health Center's Providers	550

Hispanic/Latino

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a.	Asian	1	0	0	1
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	10	0	0	10
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	542	2	41	502
1f.	More Than One Race	33	0	5	27
1g.	Unreported/Refused to Report Race	78	1	4	72
	Subtotal Hispanic/Latino	664	3	50	612

Non-Hispanic/Latino

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a.	Asian	23	0	2	21
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	181	5	19	158
2d.	American Indian/Alaska Native	0	0	0	0
2e.	White	51	2	5	44
2f.	More Than One Race	4	0	0	4
2g.	Unreported/Refused to Report Race	4	0	2	2
	Subtotal Non-Hispanic/Latino	263	7	28	229

Unreported/Refused To Report Race And Ethnicity

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h.	Unreported/Refused to Report Race and Ethnicity	4	0	0	4
i.	**Total**	931	10	78	845

Controlling High Blood Pressure

Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a.	Asian	16	16	14
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	4	4	1
1c.	Black/African American	103	103	66
1d.	American Indian/Alaska Native	1	1	0
1e.	White	4070	4070	2803
1f.	More Than One Race	172	172	96
1g.	Unreported/Refused to Report Race	319	319	219
	Subtotal Hispanic/Latino	**4685**	**4685**	**3199**

Non-Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a.	Asian	108	108	80
2b1.	Native Hawaiian	4	4	1
2b2.	Other Pacific Islander	9	9	9
2c.	Black/African American	2707	2707	1616
2d.	American Indian/Alaska Native	11	11	8
2e.	White	1023	1023	647
2f.	More Than One Race	51	51	37
2g.	Unreported/Refused to Report Race	120	120	76
	Subtotal Non-Hispanic/Latino	**4033**	**4033**	**2474**

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	32	32	17
i.	Total	8750	8750	5690

Diabetes: Hemoglobin A1c Poor Control

Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a.	Asian	13	13	3
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	4	4	2
1c.	Black/African American	48	48	13
1d.	American Indian/Alaska Native	1	1	0
1e.	White	2319	2319	620
1f.	More Than One Race	121	121	38
1g.	Unreported/Refused to Report Race	196	196	67
	Subtotal Hispanic/Latino	**2702**	**2702**	**743**

Non-Hispanic/Latino

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a.	Asian	75	75	16
2b1.	Native Hawaiian	3	3	2
2b2.	Other Pacific Islander	6	6	0
2c.	Black/African American	1264	1264	375
2d.	American Indian/Alaska Native	8	8	1
2e.	White	464	464	121
2f.	More Than One Race	38	38	12
2g.	Unreported/Refused to Report Race	66	66	16
	Subtotal Non-Hispanic/Latino	**1924**	**1924**	**543**

Unreported/Refused To Report Race And Ethnicity

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h.	Unreported/Refused to Report Race and Ethnicity	19	19	4
i.	Total	4645	4645	1290

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Table 8A - Financial Costs

Universal

* Column c is equal to the sum of column a and column b.

Financial Costs For Medical Care

S.No	Cost Center	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
1.	Medical Staff	17889924	8871135	26761059
2.	Lab and X-ray	1418698	670492	2089190
3.	Medical/Other Direct			0
4.	**Total Medical Care Services (Sum lines 1-3)**	**19308622**	**9541627**	**28850249**

Financial Costs For Other Clinical Services

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
5.	Dental	3605294	1703901	5309195
6.	Mental Health	7076533	3344446	10420979
7.	Substance Use Disorder	95033	44914	139947
8a.	Pharmacy not including pharmaceuticals	2325809	2858478	5184287
8b.	Pharmaceuticals	3853649		3853649
9.	**Other Professional Specify:** Nutrionists	79000	62000	141000
9a.	Vision	113343	53567	166910
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**17148661**	**8067306**	**25215967**

Financial Costs Of Enabling And Other Services

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
11a.	Case Management	2057171		2057171
11b.	Transportation	962888		962888
11c.	Outreach			0
11d.	Patient and Community Education	880563		880563
11e.	Eligibility Assistance	0		0
11f.	Interpretation Services	0		0
11g.	**Other Enabling Services Specify:** Referrals	1353668		1353668
11h.	Community Health Workers	971802		971802
11.	**Total Enabling Services Cost (Sum lines 11a-11h)**	**6226092**	**2531351**	**8757443**
12.	**Other Related Services Specify:**	0	0	0
12a.	Quality Improvement	0	0	0
13.	**Total Enabling and Other Services (Sum Lines 11, 12, and 12a)**	**6226092**	**2531351**	**8757443**

Facility And Non-Clinical Support Services And Totals

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
14.	Facility	5013287		
15.	Non-Clinical Support Services	15126997		
16.	**Total Facility And Non-Clinical Support Services (Sum Lines 14 And 15)**	**20140284**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**62823659**		**62823659**
18.	**Value of Donated Facilities, Services and Supplies Specify:** In-Kind rent, Volunteer Service time			2104879

S.No	Services	Accrued Cost (a) $	Allocation Of Facility and Non-Clinical Support Services (b) $	Total Cost After Allocation of Facility and Non-Clinical Support Services (c) $
19.	Total with Donations (Sum lines 17 and 18)			64928538

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

Universal

S.No	Payer Category	Full Charges This Period (a) $	Amount Collected This Period (b) $	Collection of Reconciliation: Wrap Around Current Year (c1) $	Collection of Reconciliation: Wrap Around Previous Year (c2) $	Collection of Other Payments: P4P, Risk Pools, etc. (c3) $	Penalty/Payback (c4) $	Allowances (d) $	Sliding Fee Discounts (e) $	Bad Debt Write Off (f) $
1.	Medicaid Non-Managed Care	1861286	907475	0	0	0	0	854824		
2a.	Medicaid Managed Care (capitated)	6302597	3364583	0	0	0	0	2938014		
2b.	Medicaid Managed Care (fee-for-service)	3504766	7022950	3583713	1086618	0	0	-3618184		
3.	**Total Medicaid (Sum lines 1+2a+2b)**	11668649	11295008	3583713	1086618	0	0	174254		
4.	Medicare Non-Managed Care	1569438	579001	0	0	0	0	928575		
5a.	Medicare Managed Care (capitated)	589886	575489	0	0	0	0	14397		
5b.	Medicare Managed Care (fee-for-service)	413399	303934	0	0	0	0	95977		
6.	**Total Medicare (Sum lines 4+5a+5b)**	2572723	1458424	0	0	0	0	1038949		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	0	0	0	0	0	0	0		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	0	0	0	0	0	0	0		

S.No	Payer Category	Full Charges This Period (a) $	Amount Collected This Period (b) $	Collection of Reconciliation Wrap Around Current Year (c1) $	Collection of Reconciliation Wrap Around Previous Year (c2) $	Collection of Other Payments: P4P, Risk Pools, etc. (c3) $	Penalty/Payback (c4) $	Allowances (d) $	Sliding Fee Discounts (e) $	Bad Debt Write Off (f) $
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	0	0	0	0	0	0	0		
9.	**Total Other Public (Sum lines 7+8a+8b)**	0	0	0	0	0	0	0		
10.	Private Non-Managed Care	0	0			0	0	0		
11a.	Private Managed Care (capitated)	6077931	1540957			0	0	4536974		
11b.	Private Managed Care (fee-for-service)	14983367	9391609			0	0	5202430		
12.	**Total Private (Sum lines 10+11a+11b)**	21061298	10932566			0	0	9739404		
13.	Self-pay	24244040	6976792						14672187	1377905
14.	**Total (Sum lines 3+6+9+12+13)**	59546710	30662790	3583713	1086618	0	0	10953007	14672187	1377905

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Table 9E - Other Revenues

Universal

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

S.No	Source	Amount (a) $
1a.	Migrant Health Center	3475460
1b.	Community Health Center	9058070
1c.	Health Care for the Homeless	679321
1e.	Public Housing Primary Care	0
1g.	**Total Health Center (Sum lines 1a through 1e)**	**13212851**
1j.	Capital Improvement Program Grants	320339
1k.	Capital Development Grants, including School Based Health Center Capital Grants	0
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**13533190**

Other Federal Grants

S.No	Source	Amount (a) $
2.	Ryan White Part C HIV Early Intervention	0
3.	**Other Federal Grants Specify:** ACA Teaching Health Center (Federally Funded Residency program)	5017289
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	0
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**5017289**

Non-Federal Grants Or Contracts

S.No	Source	Amount (a) $
6.	**State Government Grants and Contracts Specify:** GME PSYCH STATE GRANT 300,000.00	300000
6a.	**State/Local Indigent Care Programs Specify:** Low Income Pool 6,424,781.00 FLORIDA ASSOC OF COMMUNITY HEALTH - DOH 557,894.90 Public Health Trust Baker Act 45,958.00 P4C - DOH 152,285.68	7180920

S.No	Source	Amount (a) $
7.	**Local Government Grants and Contracts Specify:** BUILDING BETTER COMMUNITIES GRANT 113,841.89 CASE MGMT RYAN WAHITE TITLE 1 125,586.95 DEPT. OF HEALTH (AATI) 93,000.00 DOH HIGH IMPACT PREVENTIO 349,999.97 GENERAL OBLIGATON BOND GRANT W KENDALL 122,636.94 HEALTHY STEPS GRANT 66,954.03 MD HEALTH DEPT TEST & TREAT CARES GRANT 50,403.48 MT SINAI MEDICAL CENTER 3,300,000.00 PUBLIC HEALTH TRUST - AWIS-MLK 45,600.00 PUBLIC HEALTH TRUST - DI-CBO 6,191,710.00 PUBLIC HEALTH TRUST - UCC - DI 108,118.00 RYAN WHITE MAI 83,261.07 RYAN WHITE TITLE 1 389,162.88 SCHOOL HEALTH CONNECT PROGRAM 2,071,755.21 SFAN - PHARMACY 113,632.54 SFAN - REFERRAL SUPPORT SVCS 41,111.24 SFBHN ADULT MENTAL HEALTH 3,443,673.90 SFBHN ADULT SUBSTANCE ABUSE 163,537.61 TCT SVC PARTNERSHIP 502,107.91 THE SCHOOL BOARD OF MIAMI DADE 108,000.00	17484094
8.	**Foundation/Private Grants and Contracts Specify:** AMERICAN CANCER SOCIETY HPV & COLORECTAL SCREENING GRANT 12,500.00 AMERICAN HEART ASSOC GRANT 23,040.00 DIRECT RELIEF - HURRICANE RELIEF 362,938.00 FAU COOPERATIVE 65,000.00 FIU GRANT 17,700.47 HCN NURSE FAMILY PARTNERSHIP GRANT 89,487.62 HEALTHY BODY HEALTHY SOUL - ST 58,364.00 HOMELESS TRUST #2002 2,760.00 HOMELESS TRUST #2003 10,440.00 MUA MEDICAL UNIVERSITY OF THE AMERICAS GRANT 37,800.00 NATIONAL CANCER INSTITUTE GRANT 115,705.41 NFL BREAST CANCER GRANT 8,914.04 NURSE FAM. PARTNERSHIP EXPANSION GRANT 60,404.00 PROJECT SCREEN 45,534.84 SABA UNIVERSITY GRANT 14,000.00	924588
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**25889602**
10.	**Other Revenue (non-patient related revenue not reported elsewhere) Specify:** ALPHA RHO BOULE FOUNDATION 780.00 BARRY UNIVERSITY GRANT 3,400.00 COBRA 6,386.94 COMMUNITY HEALTH FOUNDATION 3,010.79 GIVE MIAMI DAY 2,982.10 HEALTH CHOICE CARE 53,877.67 QUEST DIAGNOSTICS MISC 14,565.00 RDS - RESTORED DIGITAL SOLUTIONS 224,693.50 UNUM LIFE INS REFUND 66,328.52 ZENITH INS REFUND 39,756.00 Cafeteria Sales 110,184.97 VENDING MACHINE REVENUE 64,639.14 Prestige MSO Distribution 34,740.68 HEDIS Incentives 53,018.14 INTEREST REVENUE 3,932.78 Legal Settlement 50,020.83 Livescan Revenue 63,123.55 UMR INTERNAL INSURANCE REV 148,493.54	943934
11.	**Total Revenue (Sum lines 1+5+9+10)**	**45384015**

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Health Center Health Information Technology (HIT) Capabilities

HIT

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?:

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

[_]: Yes, but only installed at some sites or used by some providers

[_]: No

1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?:

[X]: Yes

[_]: No

Vendor: Greenway Health, LLC (e.g. SuccessEHS, PrimeSUITE, Intergy)

Other (Please specify):

Product Name: Intergy

Version Number: 11.10.00.09

ONC-certified Health IT Product List Number: 0015EWP8AUU9QQU

Vendor:

Other (Please specify):

Product Name:

Version Number:

1b. Did you switch to your current EHR from a previous system this year?:

[_]: Yes

[X]: No

1c. How many sites have the EHR system in use?:

1d. How many providers use the EHR system?:

1e. When do you plan to install the EHR system?:

[_]: a. 3 months

[_]: b. 6 months

[_]: c. 1 Year or more

[_]: d. Not planned

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing):

[X]: Yes

[_]: No

[_]: Not Sure

3. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?:

[X]: Yes

[_]: No

[_]: Not Sure

5. Does your center engage patients through health IT, such as patient portals, kiosks, or secure messaging (i.e., secure email) either through the EHR or through other technologies?:

[X]: Yes

[_]: No

[_]: Not Sure

6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?:

[X]: Yes

[_]: No

[_]: Not Sure

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

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

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

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

[_]: We do not use the EHR

8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as Meaningful Use?:

[X]: Yes, all eligible providers at all sites are participating

[_]: Yes, some eligible providers at some sites are participating

[_]: No, our eligible providers are not yet participating

[_]: No, because our providers are not eligible

[_]: Not Sure

8a. If yes (a or b), at what stage of Meaningful Use (MU) are the majority (more than half) of your participating providers attested (i.e., what is the stage for which they most recently received incentive payments)?:

[X]: Received MU for Modified Stage 2

[_]: Received MU for Stage 3

[_]: Not Sure

8b. If no (c only), are your eligible providers planning to participate?:

[_]: Yes, over the next 3 months

[_]: Yes, over the next 6 months

[_]: Yes, over the next 12 months or longer

[_]: No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services, such as outreach, language translation, transportation, case management, or other similar services?:

[X]: Yes

[_]: No

If yes, specify the type(s) of service: We currently are utilizing health IT for Case Management Services and Care Coordinaton services

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Other Data Elements

Other Data Elements

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

1a. How many physicians, certified nurse practitioners and physician assistants, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?: 0

1b. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?: 0

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

[_]: Yes

[X]: No

2a1. Who did you use telehealth to communicate with? (Select all that apply):

[_]: Patients at remote locations from your organization (e.g., home telehealth, satellite locations)

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

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

[_]: Real-time telehealth (e.g., video conference)

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

[_]: Remote patient monitoring

[_]: Mobile Health (mHealth)

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

[_]: Primary care

[_]: Oral health

[_]: Behavioral health: Mental health

[_]: Behavioral health: Substance use disorder

[_]: Dermatology

[_]: Chronic conditions

[_]: Disaster management

[_]: Consumer and professional health education

[_]: Other (Please specify)

Other (Please specify):

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

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

[_]: Lack of reimbursement for telehealth services

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

[X]: Lack of funding for telehealth equipment

[_]: Lack of training for telehealth services

[_]: Not needed

[_]: Other (Please specify)

Other (Please specify):

Other (Please specify):

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

Enter number of assists: 9195

Data Audit Report

Table 4-Selected Patient Characteristics

Edit 04185: Inter-year Member Months in question - A significant change in managed care participation on Table 4 Line 13a Column c (0) is reported compared with the prior year (47). Please correct or explain.

Related Tables: Table 4(UR)

Jeremy Radziewicz (Health Center) on 02/15/2019 7:11 PM EST: We had no Other Public Including Non-Medicaid CHIP patients this year.

Edit 04201: Inter-year Member Months in question - A significant change in managed care participation on Table 4 Line 13b Column c (0) is reported compared with the prior year (194). Please correct or explain.

Related Tables: Table 4(UR)

Jeremy Radziewicz (Health Center) on 02/15/2019 7:11 PM EST: We had no Other Public Including Non-Medicaid CHIP patients this year.

Edit 01235: Inter-year Change in Patients - There is a decrease in the number of Migrant Health patients reported on Line 16 (2814) from prior year (3108). Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 02/15/2019 2:41 PM EST: There was a 9.45% decrease in the number of migrant patients due to the fear of deportation. Many in the migrant community are fearful and will not present for doctor's appointments. Many do not even answer their door to people they do not know. We have held farmshare programs, free mammograms to raise awareness in the community, along with our Director of Migrant Health attending meetings with this community.

Table 5A-Tenure for Health Center Staff

Edit 05979: Inter-year change in staff tenure in question - Tenure reported for full and part time staff on Line 2/General Practitioners has increased by more than 12 months per person from the prior year. Please correct or explain.

Related Tables: Table 5A

Jeremy Radziewicz (Health Center) on 02/15/2019 7:53 PM EST: Information omitted a long tenured GP who was classified as family medicine.

Edit 06052: Inter-year change in staff tenure in question - Tenure reported for full and part time staff on Line 5/Pediatricians has increased by more than 12 months per person from the prior year. Please correct or explain.

Related Tables: Table 5A

Jeremy Radziewicz (Health Center) on 02/15/2019 7:56 PM EST: Incorrect data entry last year.

Edit 06078: Inter-year change in staff tenure in question - Tenure reported for full and part time staff on Line 20a2/ Licensed Clinical Social Workers has increased by more than 12 months per person from the prior year. Please correct or explain.

Related Tables: Table 5A

Jeremy Radziewicz (Health Center) on 02/15/2019 8:04 PM EST: We have added LCSWs as part of a grant initiative where last year we had 7 now we have 11

Table 5-Staffing and Utilization

Edit 04144: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY =(1442), CY = (578)). Please correct or explain.

Related Tables: Table 5(HCH)

Allison Madden (Health Center) on 02/15/2019 3:54 PM EST: CHI took on a new program from South Florida BH Network, entitled Jail Diversion Program. This is an experimental program with the State of Florida designed to assist in re- acclimating former convicts into the community. This program brought many challenges with documentation of demographic information, which resulted in the data not accurately captured. We hope to improve our work flow to better capture this information in the future.

Edit 06376: Substance Use Disorder Visit per Patient in Question - On Health Care for the Homeless - substance use disorder visits per substance use disorder patient varies substantially from national average.CY (17); PY National Average (8.16). Please correct and explain.

Related Tables: Table 5(HCH)

Allison Madden (Health Center) on 02/15/2019 3:56 PM EST: CHI looks at a co-occurring model of providing BH services to the community. Patients are not solely categorized as substance abuse patients, but categorized based on their primary diagnosis. Patients who do not suffer from a co-occurring Mental Illness and only substance abuse are categorized as such.

Edit 05141: Inter-year Patients questioned - On Healthcare for Homeless - A large change in Vision Services patients from the prior year is reported on Line 22d Column C. (PY = (229), CY = (295)). Please correct or explain.

Related Tables: Table 5(HCH)

Allison Madden (Health Center) on 02/15/2019 3:57 PM EST: In response to demand, we increased the number of days our optometrist was available.

Table 5-Staffing and Utilization

Edit 04682: Inter-year Patients questioned - On Migrant Health Center - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (544), CY = (370)). Please correct or explain.

Related Tables: Table 5(MHC)

Allison Madden (Health Center) on 02/15/2019 3:59 PM EST: Due to fear of ICE, the migrant population is hesitant to obtain healthcare services. In an effort to combat this fear, we have asked our outreach team to increase their availability in the community, as well as hosting farm share events and free mammogram services.

Table 5-Staffing and Utilization

Edit 00066: General Practitioner Productivity Questioned - A significant change in Productivity (visits/FTE) of General Practitioners on Line 2 (2176) is reported from the prior year (4011.51). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 02/15/2019 3:10 PM EST: One of our very productive General Practitioners passed away at age 85, working up until he passed away., additionally, another GP worked full time last year and this year he is working only 2 days per week. This leaves us with 1.25 GP's compared with 2.75 GP's last year.

Edit 00124: Internist Productivity Questioned - A significant change in Productivity (visits/FTE) of Internists on Line 3 (1852.5) is reported from the prior year (2613.29). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 02/15/2019 3:26 PM EST: One of our IM providers works in our Tavernier Center, located in the Florida Keys. Last year's hurricane , devastated the Keys, and with it took many residents as they lost their housing and moved further north. The other IM, is the Chief Medical Officer and DIO and assists with mentoring and supervising our resident physicians, therefore those visits are adjudicated to them.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity (visits/FTE) of Obstetrician/Gynecologists on Line 4 (634.07) is reported from the prior year (1000.17). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 02/15/2019 3:29 PM EST: This year we lost 3 of our OB/GYN physicians, who moved outside of our service area. This presented a challenge as we were left with 2.25 OB/GYN physicians instead of 5.25 for most of they year. Additionally, one of our OB/GYN physicians supervises our ob/gyn residents, thereby decreasing her own productivity.

Edit 04138: Provider FTE and Visits questioned - Physicians (Line 8) and Midlevel (Line 10a) provider FTEs on Table 5 have increased, but visits have actually decreased. (PY = (54.72), CY = (59.34)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 02/15/2019 3:33 PM EST: The number of physician's increased due to the residents we currently have attending our residency program. We currently have 12 family medicine residents, an increase in psychiatric residents and 2 ob/gyn residents. While the number of FTE's increased, the productivity decreased as the residents can not see as many patients as our physicians. Additionally the supervising providers have decreased their patient load and are attending physicians to the residents.

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (43.85). Prior Year - (40.17). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 02/15/2019 3:30 PM EST: We lost a number of physicians who moved outside of our service area.

Edit 06375: Substance Use Disorder Visit per Patient in Question - On Universal - substance use disorder visits per substance use disorder patient varies substantially from national average.CY (12.79); PY National Average (7.29). Please correct and explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 03/15/2019 12:41 PM EST: We have a forensic program and are also contracted with USPO (United States Parole Office) to provide services to those convicted of a crime. Many involve drug convictions, and we are mandated to see patients with frequency. Although drug testing is not a UDS encounter, the therapy services associated with SA are. Additionally, many of our behavioral health patients are dually diagnosed and receive frequent therapy and medication management services.

Edit 04145: Inter-year Patients questioned - On Universal - A large change in substance use disorder services patients from the prior year is reported on Line 21 Column C. (PY = (194), CY = (62)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 02/15/2019 3:46 PM EST: Due to treating on the cooccuring model, patients are not classifed as substance abuse vs mental health. Most fall into the MH category, as most suffer co-occuring issues.

Table 6A-Selected Diagnoses and Services Rendered

Related Tables: Table 6A(HCH)

Allison Madden (Health Center) on 02/15/2019 4:11 PM EST: The hurricane affecting South Florida and the Florida Keys devastated the community, and many resident fled northward. The Florida Keys is still recovering from Hurricane Irma and therefore the number of patients and visits were affected.

Edit 04694: Visits per Patient questioned - A high number of Mammogram services, Line 22, per patient is reported on Health Care for the Homeless . Please correct or explain.

Related Tables: Table 6A(HCH)

Cary Calhoun (Reviewer) on 03/10/2019 4:16 PM EST: Table 6A reports a significant increase in Average Encounters per Patient (1.43) when compared to the PY (1.05) related to mammograms. (This affects the HCH & MHC Reports, too.) The comments supplied for review but insufficient to clear the concern. It is understandable that more access helps, but reported is approximately half of the patients being retested within 2018. Please research and correct or explain.

Edit 03605: Well Child Patients Questioned - For Homeless Table: The number reported for Line 26 Column b (241) on Table 6A appears low when compared to children under 12 reported on Table 3A (1431). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

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

Allison Madden (Health Center) on 02/15/2019 4:48 PM EST: We utilize a psuedo code for school physicals, which are well child visits performed on the uninsured population. In 2018 we can add a total number of visits of 3452 for 3412 children ages 0-12. We saw an additional 249 visits for 248 patients

Table 6A-Selected Diagnoses and Services Rendered

Edit 04732: Visits per Patient Questioned - A low number of Diabetes visits, Line 9, per patient is reported on the Migrant Health Center report. Please correct or explain.

Related Tables: Table 6A(MHC)

Allison Madden (Health Center) on 02/15/2019 4:28 PM EST: A portion of the migrant community fled during Hurricane Irma which greatly affected the Florida Keys. They have not yet fully recovered from this storm as many fled the area. This affected our Universe as well as the patients presenting for office visits.

Edit 03606: Well Child Patients Questioned - For Migrant Health Table, the number reported for Line 26 Column (b) (77) on Table 6A appears low when compared to children under 12 reported on Table 3A (666). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

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

Allison Madden (Health Center) on 02/15/2019 4:50 PM EST: We utilize a psuedo code for school physicals, which are well child visits performed on the uninsured population. In 2018 we can add a total number of visits of 3452 for 3412 children ages 0-12. There were 154 visits for 152 patients added to the well child visits reported on 6A

Table 6A-Selected Diagnoses and Services Rendered

Edit 04308: Visits per Patient Questioned - A low number of Diabetes visits, Line 9, per patient is reported. Please correct or explain.

Allison Madden (Health Center) on 02/15/2019 4:09 PM EST: The decrease in the Migrant population may have led to the overall decrease in the diabetic patients, as many in the migrant community suffer from diabetes. Additionally, Hurricane Irma devastated the Florida Keys, causing many patients to flee the keys and move North. This affected our two centers located in the Keys. Many residents fled the area moving north and we saw a decrease in visits during the recovery period. The Keys is still recovering and sees fewer patients in the area,

Edit 02174: Well Child Patients Questioned - The number reported on Table 6A Line 26 Column b (2276) appears low when compared to children under 12 reported on Table 3A (21730). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

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

Allison Madden (Health Center) on 02/15/2019 4:41 PM EST: We utilize a psuedo code for school physicals, which are well child visits performed on the uninsured population. In 2018 we can add a total number of visits of 3452 for 3412 children ages 0-12.

Table 6B-Quality of Care Indicators

Edit 06315: Inter-year change in Prenatal Care by Referral Only - Last year you indicated prenatal care was provided by referral only. Please confirm that you provided prenatal care directly during the reporting year. If you still provide prenatal care by referral only, please check the referral only box on the table.

Related Tables: Table 6B

Allison Madden (Health Center) on 02/15/2019 5:02 PM EST: It must have been a mistake, we have never provided OB services by referral only. CHI always had an OB program and OB providers providing OB care to our patients.

Edit 05776: Line 12 Universe in Question - You are reporting (36.56)% of total possible medical patients in the universe for the Child and Adolescent Weight Assessment and Counseling measure(line 12 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 02/15/2019 5:09 PM EST: We saw 8666 medical patients who are children during 2018. Out of that denominator , 8212 were assessed for weight and BMI. That is a 94.76% compliance rate for this measure. We did see over 16,000 children in our school program, however most do not qualify as a medical patient.

Table 7-Health Outcomes and Disparities

Edit 05548: Low Birthweights Questioned - The total 'More Than One Race' (Line 1f+2f) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (13.89)% ;PYN (7.55)%

Related Tables: Table 7

Allison Madden (Health Center) on 03/15/2019 12:35 PM EST: More people identify as more than one race, additionally, there is an increase in interracial couples. LBW--Prenatal patients with low birth weight---In 2017 we performed 1053 deliveries , of which 8.73% were considered to have a low birth weight. In 2018 we performed 931 deliveries, a decrease of 12%. .Many of our OB patients emigrated from Venezuela and other South American Countries and arrived in the 2nd and 3rd trimester of pregnancy with little prenatal care. We believe this late entry into care combined with a lack of prenatal care in the first trimester affected the LBW outcomes. Additionally, we had a number of patients who delivered at 25-29 weeks gestation.

Edit 06321: Hypertension Patients by Race or Ethnicity in Question - The total number of White patients with hypertension reported on Table 7 (5093) is low compared to total White patients reported on Table 3B (52073). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 5:44 PM EST: in 2017 we treated 54785 patients who considered themselves white, out of those 4781 were diagnosed with hypertension. This is 8.72% of our universe. In 2018 we treated 52073 patients who considered themselves white. Of those 5093 were diagnosed with hypertension, This is 9.78% of our universe.

Edit 06322: Hypertension Patients by Race or Ethnicity in Question - The total number of patients of More than one race with hypertension reported on Table 7 (223) is low compared to total patients of More than one race reported on Table 3B (2465). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 5:59 PM EST: The totoal number of patients in 2017 that considered themselves more than one race was 1589. this year 2578 patients considered themselves more than one race. In 2017 95 were hypertensive. this is 6% of our universe, compared with 2018 , 223 were diagnosed as hypertensive, amounting to 8.65% this is a 2.5% increase.

Edit 06323: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to report race patients with hypertension reported on Table 7 (439) is low compared to total Unreported/Refused to report race patients reported on Table 3B (4775). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 5:59 PM EST: The total number of patients in 2017 that considered themselves more than one race was 1589. this year 2578 patients considered themselves more than one race. In 2017 95 were hypertensive. this is 6% of our universe, compared with 2018 , 223 were diagnosed as hypertensive, amounting to 8.65% this is a 2.5% increase.

Edit 06324: Hypertension Patients by Race or Ethnicity in Question - The total number of Hispanic/Latino patients with hypertension reported on Table 7 (4685) is low compared to total Hispanic/Latino patients reported on Table 3B (51374). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 6:15 PM EST: In 2017 we have 49029 hispanic patients. Out of those 4060 were hypertensive. This is 8.3% of our universe. In 2018 we had 54519 hispanic patients.I 4685 were hypertensive. This is 8.6% of our universe

Edit 06326: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with hypertension reported on Table 7 (32) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (5665). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 6:32 PM EST: In 2017 we have 5833 pts who had unreported race/ethnicity. of those 351 were hypertensive. This is 6% of our universe. In 2018 we had 5920 pts who had unreported race/ethnicity. and 439 were hypertensive. This amounts to 7.41% , an increase of 1.41%.

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

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

Allison Madden (Health Center) on 03/15/2019 12:36 PM EST: in 2017 we saw 1589 inidividuals who consider themselves more than one race. out of those 95 were hypertensive, This amounts to 6% of our universe. In 2018 we saw 1000 more patients considering themselves more than one race (2578). Out of those 223 were hypertensive. This is a jump to 8.65% of our universe.

Edit 06330: Diabetes Patients by Race or Ethnicity in Question - The total number of Black/African American patients with Diabetes reported on Table 7 (1312) is low compared to total Black/African American patients reported on Table 3B (16751). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 5:35 PM EST: This amounts to 7.8% of our black population. The incidence of diabetes in the black american population is 13.2%. This is similar to last year's statistics. Last year we treated 19389 black patients and 1444 suffered from diabetes, this is 7.45% suffering from diabetes.

Edit 06332: Diabetes Patients by Race or Ethnicity in Question - The total number of White patients with Diabetes reported on Table 7 (2783) is low compared to total White patients reported on Table 3B (52073). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 5:49 PM EST: In 2017 we treated 54785 patients who considered themselves white. Of those 3743 were diagnosed with diabetes. This amounts to 6.83% of our universe. In 2018 we treated 53877 white patients, of which 2783 were diagnosed as having diabetes. This amounts to 5.2% of our universe.

Edit 06333: Diabetes Patients by Race or Ethnicity in Question - The total number of More than One Race patients with diabetes reported on Table 7 (159) is low compared to total More Than One Race patients reported on Table 3B (2465). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 6:04 PM EST: The total number of patients in 2017 that considered themselves more than one race was 1589. this year 2578 patients considered themselves more than one race. In 2017 69 were diabetic. this is 4.34%% of our universe, compared with 2018 , 159 were diagnosed as diabetic , amounting to 6.2% this is a 2 % increase.

Edit 06334: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to report race patients with diabetes reported on Table 7 (262) is low compared to total Unreported/Refused to report race patients reported on Table 3B (4775). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 5:51 PM EST: Table 7 looks at medical visits, while 3a is pointing towards our universe. We have a large percentage of our universe who are solely treated in behavioral health and do not have medical visits.

Edit 06335: Diabetes Patients by Race or Ethnicity in Question - The total number of Hispanic/Latino patients with diabetes reported on Table 7 (2702) is low compared to total Hispanic/Latino patients reported on Table 3B (51374). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 6:25 PM EST: In 2017, 49029 patients were \hispanic. Of those 2468 were diabetic. That is 5.03% of our universe. In 2018, we had 51374 hispanic patients. 2702 were diabetic. This amounts to 5.25% of our universe.

Edit 06336: Diabetes Patients by Race or Ethnicity in Question - The total number of Non-Hispanic/Latino patients with diabetes reported on Table 7 (1924) is low compared to total Non-Hispanic/Latino patients reported on Table 3B (25599). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 6:20 PM EST: In 2017 32013 patients were non-hispanic. Of those 2123 were diabetic. That is 6.63% of our universe. In 2018, we had 29363 non-hispanic patients. 1924 were diabetic. This amounts to 6.55% of our universe.

Edit 06337: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with diabetes reported on Table 7 (19) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (5665). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 02/15/2019 6:37 PM EST: 2017 there were 5833 unreported patients , 251 were diagnosed with diabetes. This is 4.3% of our universe. In 2018 there were 5920 patients who did not report their race/ethnnicity. Out of those 262 were diabetic. This is 4.4% of our universe.

Edit 05495: Diabetic Universe in Question - You report the same number of diabetic patients on Tables 6A and 7. Since the definitions are different it is unlikely they would be exactly equal. Please be sure you are following the instructions for the universe on Table 7. Please review and correct or explain.

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

Allison Madden (Health Center) on 03/15/2019 12:37 PM EST: Table 7: Controlling Hypertension--we reported a total of 8,091 patients with a diagnosis of hypertension on Table 6A. Table 7 reflects 5690 patients who are in control in regards to their hypertension. This represents a 70% control rate for our population. We are a Target BP provider for the American Heart Association, and along with hypertension algorithms for treating hypertension and proper techniques for taking blood pressure we were able to increase the number of patients who are controlled. Table 7 : Diabetes in poor control: We reported 3485 patients who have a diagnosis of diabetes in 2018. Of those patients 1290 are considered to be in poor control with a HgbA1C that is > /= 9 or missing.

Table 8A-Financial Costs

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (164.35); Prior Year (189.16).

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

Jeremy Radziewicz (Health Center) on 02/15/2019 8:11 PM EST: We were able to leverage better supply chain rates with a new set of vendors.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (176.48); Prior Year (274.34).

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

Jeremy Radziewicz (Health Center) on 03/15/2019 1:56 PM EST: We revisited our allocation of expenses and tied them out to the ratio of substance abuse to mental health encounters. Our facility provides dual diagnosis for MH & SA so the allocation of expenses follows the encounter ratio.

Edit 03948: Cost Per Visit Questioned - Substance Use Disorder Cost Per Visit is substantially different than the prior year. Current Year (176.48); Prior Year (96.41). Please correct or explain.

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

Jeremy Radziewicz (Health Center) on 02/15/2019 8:13 PM EST: We believe that last years numbers were incorrectly inputted.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (79000)(Nutrionists) and Table 5, Line 22 (1.57)(nutritionist) . Review and confirm that FTEs relate to costs or correct.

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

Jeremy Radziewicz (Health Center) on 02/15/2019 8:20 PM EST: This is inline with the cost we pay to nutritionists.

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (124.00); Prior Year (96.98).

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

Jeremy Radziewicz (Health Center) on 02/15/2019 7:36 PM EST: Cost for vision has gone up as this is a contracted service.

Edit 04137: Costs and FTE Questioned - Other Enabling Services are reported on Table 8A, Line 11g (1353668) and Table 5, Line 28 (11.58). Review and confirm that FTEs relate to costs or correct.

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

Jeremy Radziewicz (Health Center) on 02/15/2019 8:43 PM EST: High cost for referral software and infrastructure for real time referrals.

Edit 06301: Costs and FTE Questioned - Community Health Workers are reported on Table 8A, Line 11h (971802) and Table 5, Line 27c (18.76). Review and confirm that FTEs relate to costs or correct.

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

Jeremy Radziewicz (Health Center) on 03/15/2019 4:43 PM EST: We moved the FTEs and Cost from outreach workers to Community Health Workers.

Edit 03945: Inter-Year variance questioned - Current Year Non-Clinical Support costs, Line 15 Column (a) (15126997) varies substantially from cost on the same line last year (18791861). Please correct or explain.

Related Tables: Table 8A

Jeremy Radziewicz (Health Center) on 02/15/2019 8:09 PM EST: We had a furlough that laid off 100 employees the majority of which were patient support as we did not touch the providers and clinical support.

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

Edit 01916: FQHC Medicaid FFS Managed Care retros questioned - FQHC Medicaid FFS Managed Care retros (4670331) exceed 50% of (7022950).Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Jeremy Radziewicz (Health Center) on 03/15/2019 3:12 PM EST: We adjusted the value to appropriately reflect the amount of prior year collections to be added to collections. We then backed out the retros from the allowance which gave us a negative value as expected from the UDS manual when referring to "wrap payments".

Edit 04156: Inter-year Capitation PMPM questioned - The average Medicare capitation PMPM reported on Line 5a (93.83) is significantly different from the prior year (72.98). Please correct or explain.

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

Jeremy Radziewicz (Health Center) on 03/15/2019 2:03 PM EST: We have improved our system reporting that this number is more in line with our contractual rate. We have confirmed that this is closer to the capitated contractual rate of just under $100 PMPM on our contracts. Because of retro terminations of members we believe the number of roughly $94 PMPM is most accurate.

Edit 02520: Other Public patients reported with no charges questioned - Other Public patients are reported on Table 4 Line 10 (196) but no charges are reported on Table 9D Line 9 Column a (0). Please correct or explain.

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

Jeremy Radziewicz (Health Center) on 03/15/2019 1:59 PM EST: We have adjusted Table 4 accordingly as we do not have any patients that are considered Public Housing.

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

Jeremy Radziewicz (Health Center) on 02/15/2019 7:05 PM EST: The $27 rate is much closer to our contractual rates which we have had multiple meetings with our managed care organizations to address this.

Table 9E-Other Revenues

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year on Table 9E Line 1b. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - On Table 9E Line 1b Column a (9058070). Prior Year - On Table 9E Line 1b Column a (10036382).

Related Tables: Table 9E

Jeremy Radziewicz (Health Center) on 02/15/2019 7:03 PM EST: Last year there was multiple one-time funding opportunities that did not carry over to the 2018 year. This caused the difference year over year.

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

Related Tables: Table 9E

Jeremy Radziewicz (Health Center) on 02/15/2019 7:02 PM EST: Our Teaching health grant went from reimbursing us $100,000 a resident to $150,000 a resident which caused a $1,500,000 change Year over year. Due to the fiscal cliff of 2017 our funds we should've received in 2017 we received in 2018.

Edit 06345: Change in Revenues - You report a large change on Line 6a/State/Local Indigent Care Programs revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Jeremy Radziewicz (Health Center) on 02/15/2019 7:01 PM EST: We received a much larger Low Income Pool sum this year $6,400,000 compared to last year $420,000. Additionally, our SFBHN was incorrectly labeled in that category last year.

Edit 06341: Change in Revenues - You report a large change on Line 7/Local Government Grants and Contracts revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Jeremy Radziewicz (Health Center) on 02/15/2019 7:01 PM EST: We received a large upfront deferred payment from our Public Health agency of $3,300,000 which we had not received last year. Additionally, in prior year our DCF grant was listed in State/Local Indigent Care incorrectly ($3,400,000 this year).

Comments

Report Comments

Table 7: Controlling Hypertension--we reported a total of 8,091 patients with a diagnosis of hypertension on Table 6A. Table 7 reflects 5690 patients who are in control in regards to their hypertension. This represents a 70% control rate for our population. We are a Target BP provider for the American Heart Association, and along with hypertension algorithms for treating hypertension and proper techniques for taking blood pressure we were able to increase the number of patients who are controlled. Table 7 : Diabetes in poor control: We reported 3485 patients who have a diagnosis of diabetes in 2018. Of those patients 1290 are considered to be in poor control with a HgbA1C that is > /= 9 or missing.

Table 3B Comments

Line 17 represents Sexual Orientation, for those that don't know. There was actually a 13.72% reduction from 2017 in those that reported 'do not know' YEAR # DO NOT KNOW SEXUAL PREFERENCE 2017 36,424 2018 31,428 % DIFFERENCE -13.71% Almost 14% do not know their sexual preference for table 3b line 17

Table 4 Comments

There was a 9.45% decrease in the number of Migrant patients, mainly due to the crackdown on illegal immigrants.. In reaching out to the migrant community, many are fearful of deportation and will avoid clinic visits. Many won't even open their door . Table 4: Line 26 I believe that the original number reported was in error. Our Health center's are not in or immediately near Public Housing. I have changed the number to 0. We need to further train our front end staff who capture the information .

Table 5 Comments

We have re ran our Optometry visits and updated accordingly. last year and this year we provided Optometry services 2 days a week every week of the year. This is the equivalent of a 0.4 FTE which should've been recorded last year as well.

Table 6A Comments

line 22. Mammograms-Reply I have reviewed our Practice Analytics reports for 2017 vs. the 2017 UDS report. I believe the number of patients in 2017 were incorrectly reported as 2742. According to my Practice Analytics report run for 2017 , we actually had 1577 patients completing 2045 mammograms in 2017. This represents 1.30 encounters per patient compared with this year, a 10% increase. This could be due to a slight increase in patients requiring further studies. encounters patients YR encounters / patient 2352 1647 2018 1.428 2045 1577 2017 1.296

Table 6B Comments

line 21 table 6b. Our compliance for depression screening for those 12 years and older increased from a 77% compliance rate to a 91% compliance rate. The is attributable to increase staff training on the correct documentation and work flow within our EHR, which ultimately increased our demonstrated compliance that was reported due to correct Medcin findings being reported correctly

Table 7 Comments

Prenatal patients with low birth weight---In 2017 we performed 1053 deliveries , of which 8.73% were considered to have a low birth weight. In 2018 we performed 931 deliveries, a decrease of 12%. .Many of our OB patients emigrated from Venezuela and other South American Countries and arrived in the 2nd and 3rd trimester of pregnancy with little prenatal care. We believe this late entry into care combined with a lack of prenatal care in the first trimester affected the LBW outcomes. Additionally, we had a number of patients who delivered at 25-29 weeks gestation.

HIT Comments

We are currently utilizing Health IT for Case Management/Care Coordination Services to care for our patients suffering from chronic disease to manage their care, create registries for abnormal diagnostics, receive Event Notification from the State for Hospital discharges. As for MU modified Stage 2, some of our providers received stage 2, others have not.

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UDS Report - 2017
Center / Health Center Profile

Do you self-identify as an NMHC? No

Title	Name	Phone	Fax	Email
UDS Contact	Fernando Vila	(305) 252-4851	(786) 245-2770	fvila@chisouthfl.org
Project Director	Brodes H Hartley	(305) 252-4853	(305) 254-2011	bhartley@hcnetwork.org
CEO	Brodes H. Hartley, Jr.	(305) 252-4853	(786) 245-2770	bhartley@chisouthfl.org
Chairperson	David Young	(305) 624-5188	Not Available	alpha66@bellsouth.net
Clinical Director	St. Anthony Amofah	(305) 252-4853	(786) 245-2770	samofah@chisouthfl.org

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Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
32043	0	0	3	8	11
33001	13	6	4	5	28
33009	6	3	1	4	14
33010	23	13	0	10	46
33012	40	16	1	12	69
33013	10	7	3	3	23
33014	15	5	2	2	24
33015	53	4	2	8	67
33016	38	12	3	5	58
33018	29	10	0	3	42
33020	10	4	1	1	16
33023	13	3	1	6	23
33025	21	6	0	6	33
33027	11	2	1	4	18
33030	5848	1705	272	796	8621
33031	229	89	12	83	413
33032	3328	1783	269	1671	7051
33033	5865	1900	279	1503	9547
33034	2982	1401	239	618	5240
33035	1642	460	73	349	2524
33036	101	69	39	108	317
33037	270	360	94	241	965
33040	130	254	23	58	465
33042	22	40	8	27	97
33043	70	70	13	66	219
33045	6	5	0	3	14
33050	570	466	125	391	1552
33051	11	5	2	11	29
33052	4	2	4	5	15
33054	26	22	7	6	61
33055	22	31	2	11	66
33056	25	30	1	6	62
33070	157	164	53	162	536
33090	23	14	7	8	52
33092	10	6	3	8	27
33122	10	2	0	0	12
33125	65	54	5	38	162
33126	125	23	5	39	192
33127	73	39	9	13	134
33128	14	13	0	5	32
33129	22	18	1	18	59
33130	52	37	4	39	132
33131	30	3	0	24	57
33132	23	3	0	12	38
33133	295	386	72	442	1195
33134	102	53	3	86	244

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
33135	75	70	5	35	185
33136	31	32	1	14	78
33137	16	5	2	11	34
33138	14	12	3	14	43
33139	16	1	1	8	26
33141	21	1	0	5	27
33142	62	61	6	36	165
33143	313	275	41	357	986
33144	81	25	2	18	126
33145	112	70	4	77	263
33146	21	14	1	49	85
33147	56	32	7	12	107
33149	16	10	3	17	46
33150	24	17	5	13	59
33155	187	65	16	105	373
33156	262	105	12	210	589
33157	3945	1710	338	1254	7247
33158	66	3	0	14	83
33160	16	2	0	0	18
33161	21	12	1	15	49
33162	20	16	4	5	45
33165	251	60	5	41	357
33166	56	17	0	16	89
33167	14	2	2	9	27
33168	10	11	3	2	26
33169	25	15	2	4	46
33170	1287	731	147	360	2525
33172	388	41	0	40	469
33173	277	62	15	61	415
33174	289	24	6	14	333
33175	1686	61	5	48	1800
33176	950	383	90	233	1656
33177	2237	991	231	903	4362
33178	301	27	1	31	360
33179	17	10	0	11	38
33181	8	1	0	2	11
33182	812	8	2	4	826
33183	1017	84	15	93	1209
33184	785	16	3	19	823
33185	1416	29	5	35	1485
33186	1360	382	68	475	2285
33187	581	267	42	208	1098
33189	1312	665	185	838	3000
33190	968	520	117	640	2245
33193	2600	153	25	137	2915
33194	192	6	0	7	205
33196	1339	296	42	371	2048
33197	19	18	7	14	58
33256	4	3	0	6	13
Other ZIP Codes	334	83	96	217	730
Unknown Residence					
Total	48344	17102	3212	14032	82690

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Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	607	577
2.	Age 1	345	324
3.	Age 2	385	312
4.	Age 3	456	430
5.	Age 4	683	616
6.	Age 5	1,132	1,164
7.	Age 6	1,257	1,208
8.	Age 7	1,199	1,185
9.	Age 8	1,416	1,324
10.	Age 9	1,261	1,212
11.	Age 10	1,244	1,227
12.	Age 11	1,682	1,509
13.	Age 12	1,265	1,192
14.	Age 13	1,160	1,074
15.	Age 14	1,476	1,507
16.	Age 15	950	989
17.	Age 16	808	827
18.	Age 17	574	765
Subtotal Patients (Sum lines 1-18)		**17,900**	**17,442**
19.	Age 18	409	666
20.	Age 19	339	512
21.	Age 20	319	544
22.	Age 21	285	577
23.	Age 22	306	556
24.	Age 23	306	625
25.	Age 24	341	594
26.	Ages 25-29	1,466	2,640
27.	Ages 30-34	1,604	3,194
28.	Ages 35-39	1,519	2,961
29.	Ages 40-44	1,467	2,689
30.	Ages 45-49	1,674	2,745
31.	Ages 50-54	1,910	2,947
32.	Ages 55-59	1,983	2,992
33.	Ages 60-64	1,720	2,764
Subtotal Patients (Sum lines 19-33)		**15,648**	**27,006**

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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2017

Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	982	1,398
35.	Ages 70-74	400	622
36.	Ages 75-79	226	366
37.	Ages 80-84	124	262
38.	Age 85 and over	98	216
Subtotal Patients (Sum lines 34-38)		**1,830**	**2,864**
39.	**Total Patients (Sum lines 1-38)**	**35,378**	**47,312**

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UDS Report - 2017

Table 3A: Patients By Age And By Sex Assigned At Birth - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	23	31
2.	Age 1	18	20
3.	Age 2	18	15
4.	Age 3	15	17
5.	Age 4	22	30
6.	Age 5	35	28
7.	Age 6	35	34
8.	Age 7	33	31
9.	Age 8	45	38
10.	Age 9	58	42
11.	Age 10	52	56
12.	Age 11	41	56
13.	Age 12	67	47
14.	Age 13	52	42
15.	Age 14	49	56
16.	Age 15	41	55
17.	Age 16	49	47
18.	Age 17	24	33
Subtotal Patients (Sum lines 1-18)		**677**	**678**
19.	Age 18	22	39
20.	Age 19	25	21
21.	Age 20	15	28
22.	Age 21	7	27
23.	Age 22	14	22
24.	Age 23	15	21
25.	Age 24	15	26
26.	Ages 25-29	42	95
27.	Ages 30-34	44	133
28.	Ages 35-39	61	180
29.	Ages 40-44	63	152
30.	Ages 45-49	66	120
31.	Ages 50-54	58	108
32.	Ages 55-59	77	90
33.	Ages 60-64	30	48
Subtotal Patients (Sum lines 19-33)		**554**	**1,110**

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Table 3A: Patients By Age And By Sex Assigned At Birth - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	24	34
35.	Ages 70-74	5	10
36.	Ages 75-79	4	2
37.	Ages 80-84	1	3
38.	Age 85 and over	3	3
Subtotal Patients (Sum lines 34-38)		**37**	**52**
39.	**Total Patients (Sum lines 1-38)**	**1,268**	**1,840**

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UDS Report - 2017

Table 3A: Patients By Age And By Sex Assigned At Birth - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	49	46
2.	Age 1	58	44
3.	Age 2	50	28
4.	Age 3	45	33
5.	Age 4	57	50
6.	Age 5	59	53
7.	Age 6	59	61
8.	Age 7	91	79
9.	Age 8	114	105
10.	Age 9	117	110
11.	Age 10	112	103
12.	Age 11	118	138
13.	Age 12	132	119
14.	Age 13	120	99
15.	Age 14	112	116
16.	Age 15	100	86
17.	Age 16	88	84
18.	Age 17	50	84
Subtotal Patients (Sum lines 1-18)		**1,531**	**1,438**
19.	Age 18	51	80
20.	Age 19	53	63
21.	Age 20	39	93
22.	Age 21	46	95
23.	Age 22	50	92
24.	Age 23	49	96
25.	Age 24	54	117
26.	Ages 25-29	265	501
27.	Ages 30-34	318	653
28.	Ages 35-39	298	575
29.	Ages 40-44	244	450
30.	Ages 45-49	287	439
31.	Ages 50-54	336	529
32.	Ages 55-59	377	562
33.	Ages 60-64	306	564
Subtotal Patients (Sum lines 19-33)		**2,773**	**4,909**

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UDS Report - 2017

Table 3A: Patients By Age And By Sex Assigned At Birth - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	191	284
35.	Ages 70-74	55	135
36.	Ages 75-79	30	83
37.	Ages 80-84	10	55
38.	Age 85 and over	19	51
Subtotal Patients (Sum lines 34-38)		**305**	**608**
39.	**Total Patients (Sum lines 1-38)**	**4,609**	**6,955**

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UDS Report - 2017

Table 3B - Demographic Characteristics - Universal

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	205	688		893
2a.	Native Hawaiian	1	8		9
2b.	Other Pacific Islander	40	45		85
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**41**	**53**		**94**
3.	Black/African American	751	18,638		19,389
4.	American Indian/Alaska native	25	82		107
5.	White	44,476	10,309		54,785
6.	More than one race	1,140	449		1,589
7.	Unreported/Refused to report race	2,391	1,794	1,648	5,833
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**49,029**	**32,013**	**1,648**	**82,690**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	31,986

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	218
14.	Straight (not lesbian or gay)	42,918
15.	Bisexual	39
16.	Something else	143
17.	Don't know	36,424
18.	Chose not to disclose	2,948
19.	**Total Patients (Sum Lines 13 to 18)**	**82,690**

S.No	Patients by Gender Identity	Number (a)
20.	Male	20,730
21.	Female	30,219
22.	Transgender Male/ Female-to-Male	10
23.	Transgender Female/ Male-to-Female	7
24.	Other	31,190
25.	Chose not to disclose	534
26.	**Total Patients (Sum Lines 20 to 25)**	**82,690**

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Table 3B - Demographic Characteristics - Migrant Health Center

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	2	18		20
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	0	0		0
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**0**	**0**		**0**
3.	Black/African American	16	172		188
4.	American Indian/Alaska native	1	1		2
5.	White	2,462	115		2,577
6.	More than one race	98	3		101
7.	Unreported/Refused to report race	195	19	6	220
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**2,774**	**328**	**6**	**3,108**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	2,264

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	4
14.	Straight (not lesbian or gay)	1,886
15.	Bisexual	0
16.	Something else	1
17.	Don't know	1,064
18.	Chose not to disclose	153
19.	**Total Patients (Sum Lines 13 to 18)**	**3,108**

S.No	Patients by Gender Identity	Number (a)
20.	Male	850
21.	Female	1,321
22.	Transgender Male/ Female-to-Male	0
23.	Transgender Female/ Male-to-Female	0
24.	Other	918
25.	Chose not to disclose	19
26.	**Total Patients (Sum Lines 20 to 25)**	**3,108**

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Table 3B - Demographic Characteristics - Health Care For The Homeless

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	16	89		105
2a.	Native Hawaiian	0	2		2
2b.	Other Pacific Islander	7	10		17
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**7**	**12**		**19**
3.	Black/African American	113	3,884		3,997
4.	American Indian/Alaska native	2	24		26
5.	White	5,575	928		6,503
6.	More than one race	131	30		161
7.	Unreported/Refused to report race	425	220	108	753
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**6,269**	**5,187**	**108**	**11,564**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	4,594

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	47
14.	Straight (not lesbian or gay)	7,358
15.	Bisexual	5
16.	Something else	21
17.	Don't know	3,685
18.	Chose not to disclose	448
19.	**Total Patients (Sum Lines 13 to 18)**	**11,564**

S.No	Patients by Gender Identity	Number (a)
20.	Male	3,230
21.	Female	5,032
22.	Transgender Male/ Female-to-Male	0
23.	Transgender Female/ Male-to-Female	4
24.	Other	3,220
25.	Chose not to disclose	78
26.	**Total Patients (Sum Lines 20 to 25)**	**11,564**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	32,688
2.	101 - 150%	4,946
3.	151 - 200%	1,554
4.	Over 200%	25,973
5.	Unknown	17,529
6.	**Total (Sum lines 1-5)**	**82,690**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	26,297	22,047
8a.	Regular Medicaid (Title XIX)	7,668	9,186
8b.	CHIP Medicaid	62	20
8.	**Total Medicaid (Sum lines 8a+8b)**	**7,730**	**9,206**
9a.	Dually eligible (Medicare and Medicaid)	9	1,546
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	22	3,190
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	148	18
10.	**Total Public Insurance (Sum lines 10a+10b)**	**148**	**18**
11.	Private Insurance	1,145	12,887
12.	**Total (Sum lines 7+8+9+10+11)**	**35,342**	**47,348**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	177,756	9,116	47	13,444	200,363
13b.	Fee-for-service Member months	36,337	4,703	194	16,060	57,294
13c.	**Total Member Months (Sum lines 13a+13b)**	**214,093**	**13,819**	**241**	**29,504**	**257,657**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	1,838
15.	Seasonal (330g grantees only)	1,270
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**3,108**
17.	Homeless Shelter (330h grantees only)	221
18.	Transitional (330h grantees only)	312
19.	Doubling Up (330h grantees only)	7,997
20.	Street (330h grantees only)	125
21.	Other (330h grantees only)	2,908
22.	Unknown (330h grantees only)	23
23.	**Total Homeless (All Health Centers Report This Line)**	**11,586**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**17,500**
25.	**Total Veterans (All Health Centers Report This Line)**	**144**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	**0**

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Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	1,763
2.	101 - 150%	235
3.	151 - 200%	39
4.	Over 200%	695
5.	Unknown	376
6.	**Total (Sum lines 1-5)**	**3,108**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	850	1,239
8a.	Regular Medicaid (Title XIX)	426	178
8b.	CHIP Medicaid	3	1
8.	**Total Medicaid (Sum lines 8a+8b)**	**429**	**179**
9a.	Dually eligible (Medicare and Medicaid)	2	26
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	2	49
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	8	0
10.	**Total Public Insurance (Sum lines 10a+10b)**	**8**	**0**
11.	Private Insurance	66	286
12.	**Total (Sum lines 7+8+9+10+11)**	**1,355**	**1,753**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

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Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	1,838
15.	Seasonal (330g grantees only)	1,270
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**3,108**
17.	Homeless Shelter (330h grantees only)	
18.	Transitional (330h grantees only)	
19.	Doubling Up (330h grantees only)	
20.	Street (330h grantees only)	
21.	Other (330h grantees only)	
22.	Unknown (330h grantees only)	
23.	**Total Homeless (All Health Centers Report This Line)**	**1,415**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**511**
25.	**Total Veterans (All Health Centers Report This Line)**	**1**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	**0**

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Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	6,206
2.	101 - 150%	736
3.	151 - 200%	173
4.	Over 200%	2,766
5.	Unknown	1,683
6.	**Total (Sum lines 1-5)**	**11,564**

Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	1,732	4,391
8a.	Regular Medicaid (Title XIX)	1,043	1,805
8b.	CHIP Medicaid	7	5
8.	**Total Medicaid (Sum lines 8a+8b)**	**1,050**	**1,810**
9a.	Dually eligible (Medicare and Medicaid)	1	423
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	2	692
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	25	3
10.	**Total Public Insurance (Sum lines 10a+10b)**	**25**	**3**
11.	Private Insurance	160	1,699
12.	**Total (Sum lines 7+8+9+10+11)**	**2,969**	**8,595**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

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Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	
15.	Seasonal (330g grantees only)	
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**1,435**
17.	Homeless Shelter (330h grantees only)	221
18.	Transitional (330h grantees only)	312
19.	Doubling Up (330h grantees only)	7,997
20.	Street (330h grantees only)	125
21.	Other (330h grantees only)	2,908
22.	Unknown (330h grantees only)	1
23.	**Total Homeless (All Health Centers Report This Line)**	**11,564**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**1,023**
25.	**Total Veterans (All Health Centers Report This Line)**	**23**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	**0**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	19.78	33,348	
2.	General Practitioners	1.39	5,576	
3.	Internists	1.43	3,737	
4.	Obstetrician/Gynecologists	11.63	11,632	
5.	Pediatricians	5.94	21,837	
7.	Other Specialty Physicians	0.00	0	
8.	**Total Physicians (Sum lines 1-7)**	**40.17**	**76,130**	
9a.	Nurse Practitioners	5.71	19,445	
9b.	Physician Assistants	6.83	23,421	
10.	Certified Nurse Midwives	2.01	5,292	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**14.55**	**48,158**	
11.	Nurses	42.42	24,591	
12.	Other Medical Personnel	76.14		
13.	Laboratory Personnel	7.32		
14.	X-Ray Personnel	5.16		
15.	**Total Medical (Sum lines 8+10a through 14)**	**185.76**	**148,879**	**61,230**
Dental Services				
16.	Dentists	10.61	24,180	
17.	Dental Hygienists	7.64	9,302	
17a.	Dental Therapists	0.00	0	
18.	Other Dental Personnel	38.21		
19.	**Total Dental Services (Sum lines 16-18)**	**56.46**	**33,482**	**11,879**
Mental Health Services				
20a.	Psychiatrists	14.54	11,301	
20a1.	Licensed Clinical Psychologists	0.58	472	
20a2.	Licensed Clinical Social Workers	7.50	4,211	
20b.	Other Licensed Mental Health Providers	9.76	23,756	
20c.	Other Mental Health Staff	87.10	18,207	
20.	**Total Mental Health (Sum lines 20a-20c)**	**119.48**	**57,947**	**9,648**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	1.00	1,003	194
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionists)	1.39	1,454	915
Vision Services				
22a.	Ophthalmologists	0.00	-	
22b.	Optometrists	0.33	1,108	
22c.	Other Vision Care Staff	0.38		
22d.	**Total Vision Services (Sum lines 22a-22c)**	**0.71**	**1,108**	**1,081**
Pharmacy Personnel				
23.	Pharmacy Personnel	23.30		
Enabling Services				
24.	Case Managers	18.73	10,425	
25.	Patient/Community Education Specialists	37.36	33,885	
26.	Outreach Workers	10.28		
27.	Transportation Staff	13.81		
27a.	Eligibility Assistance Workers	10.26		
27b.	Interpretation Staff	0.00		
27c.	Community Health Workers	0.31		
28.	Other Enabling Services (Specify: -)	-		
29.	**Total Enabling Services (Sum lines 24-28)**	**90.75**	**44,310**	**17,250**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: Food Service Workers)	5.81		
29b.	Quality Improvement Staff	8.02		
Administration and Facility				
30a.	Management and Support Staff	39.82		
30b.	Fiscal and Billing Staff	30.80		
30c.	IT Staff	5.26		
31.	Facility Staff	64.96		
32.	Patient Support Staff	136.13		
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**	**276.97**		
Grand Total				
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**	**769.65**	**288,183**	

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		1,047	
2.	General Practitioners		39	
3.	Internists		22	
4.	Obstetrician/Gynecologists		639	
5.	Pediatricians		1,714	
7.	Other Specialty Physicians		0	
8.	**Total Physicians (Sum lines 1-7)**		**3,461**	
9a.	Nurse Practitioners		784	
9b.	Physician Assistants		1,655	
10.	Certified Nurse Midwives		323	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**2,762**	
11.	Nurses		566	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**6,789**	**2,614**
Dental Services				
16.	Dentists		1,241	
17.	Dental Hygienists		614	
17a.	Dental Therapists		0	
18.	Other Dental Personnel			
19.	**Total Dental Services (Sum lines 16-18)**		**1,855**	**572**
Mental Health Services				
20a.	Psychiatrists		114	
20a1.	Licensed Clinical Psychologists		1	
20a2.	Licensed Clinical Social Workers		27	
20b.	Other Licensed Mental Health Providers		152	
20c.	Other Mental Health Staff		141	
20.	**Total Mental Health (Sum lines 20a-20c)**		**435**	**94**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		13	2
Other Professional Services				
22.	Other Professional Services (Specify: nutritionist)		113	60
Vision Services				
22a.	Ophthalmologists		0	
22b.	Optometrists		47	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**47**	**47**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		408	
25.	Patient/Community Education Specialists		659	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
27c.	Community Health Workers			
28.	Other Enabling Services (Specify: -)			
29.	**Total Enabling Services (Sum lines 24-28)**		**1,067**	**544**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)			
29b.	Quality Improvement Staff			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**		10,319	

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		6,508	
2.	General Practitioners		1,257	
3.	Internists		313	
4.	Obstetrician/Gynecologists		1,915	
5.	Pediatricians		3,204	
7.	Other Specialty Physicians		0	
8.	**Total Physicians (Sum lines 1-7)**		**13,197**	
9a.	Nurse Practitioners		3,926	
9b.	Physician Assistants		5,294	
10.	Certified Nurse Midwives		987	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**10,207**	
11.	Nurses		1,358	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**24,762**	**9,344**
Dental Services				
16.	Dentists		4,718	
17.	Dental Hygienists		1,800	
17a.	Dental Therapists		0	
18.	Other Dental Personnel			
19.	**Total Dental Services (Sum lines 16-18)**		**6,518**	**2,123**
Mental Health Services				
20a.	Psychiatrists		911	
20a1.	Licensed Clinical Psychologists		21	
20a2.	Licensed Clinical Social Workers		239	
20b.	Other Licensed Mental Health Providers		1,251	
20c.	Other Mental Health Staff		1,565	
20.	**Total Mental Health (Sum lines 20a-20c)**		**3,987**	**1,442**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		79	20
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionist)		273	165
Vision Services				
22a.	Ophthalmologists		0	
22b.	Optometrists		235	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**235**	**229**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		3,398	
25.	Patient/Community Education Specialists		1,963	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
27c.	Community Health Workers			
28.	Other Enabling Services (Specify: -)			
29.	**Total Enabling Services (Sum lines 24-28)**		**5,361**	**1,707**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)			
29b.	Quality Improvement Staff			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**		41,215	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	26	1,514	0	0
2.	General Practitioners	2	364	0	0
3.	Internists	1	52	0	0
4.	Obstetrician/Gynecologists	14	538	0	0
5.	Pediatricians	6	594	0	0
7.	Other Specialty Physicians	0	0	0	0
9a.	Nurse Practitioners	11	682	0	0
9b.	Physician Assistants	7	894	0	0
10.	Certified Nurse Midwives	2	123	0	0
11.	Nurses	58	5,208	0	0
16.	Dentists	12	1,254	0	0
17.	Dental Hygienists	10	895	0	0
17a.	Dental Therapists	0	0	0	0
20a.	Psychiatrists	24	975	0	0
20a1.	Licensed Clinical Psychologists	1	25	0	0
20a2.	Licensed Clinical Social Workers	7	337	0	0
20b.	Other Licensed Mental Health Providers	11	660	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	1	25	0	0
30a1.	Chief Executive Officer	1	404	0	0
30a2.	Chief Medical Officer	1	252	0	0
30a3.	Chief Financial Officer	1	157	0	0
30a4.	Chief Information Officer	0	0	0	0

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	1,765	619
3.	Tuberculosis	A15- through A19-	8	7
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	574	495
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	20	14
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	195	133
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	1,681	1,217
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	1,675	1,265
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, N63-, R92-	453	360
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	202	162
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	7,530	3,815
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1,323	936
11.	Hypertension	I10- through I16-	14,810	8,280
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	1,112	1,003
13.	Dehydration	E86-	19	19
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	7	7

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	62,733	19,977
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	1,126	657
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	243	186
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only.Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	641	504
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	1,940	410
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	4,538	654
19a.	Tobacco use disorder	F17-	2,641	1,135
20a.	Depression and other mood disorders	F30- through F39-	24,831	4,265
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	8,200	1,482
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	4,014	779
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	19,016	2,464

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87389 through 87391	5,877	4,869
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	2,981	2,527
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	2,627	2,559
22.	Mammogram	CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31	2,881	2,742
23.	Pap test	CPT-4: 88141 through 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	4,831	4,769
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	8,911	6,702
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	4,032	3,565

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	2,363	2,060
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	3,102	2,195
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	687	675
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, H0050	20,813	16,626
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	3,177	2,738
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	1,108	1,081

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	32	28
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	11,771	10,071
29.	Prophylaxis - adult or child	ADA: D1110, D1120	5,003	4,388
30.	Sealants	ADA: D1351	839	640
31.	Fluoride treatment - adult or child	ADA: D1206, D1208	2,222	2,001
32.	III. Restorative Services	ADA: D21xx through D29xx	7,560	3,498
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	2,578	1,980
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	8,480	4,489

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	32	11
3.	Tuberculosis	A15- through A19-	4	3
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	8	7
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	0	0
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	2	2
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	61	43
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	53	43
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, N63-, R92-	29	23
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	10	9
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	321	169
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	36	29
11.	Hypertension	I10- through I16-	399	232
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	82	73
13.	Dehydration	E86-	1	1
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	1	1
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	3,292	1,007

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	88	55
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	11	7
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only.Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	45	38
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	9	9
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	13	9
19a.	Tobacco use disorder	F17-	202	180
20a.	Depression and other mood disorders	F30- through F39-	131	81
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	48	32
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	68	28
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	116	73

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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87389 through 87391	222	181
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	142	114
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	104	103
22.	Mammogram	CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31	151	144
23.	Pap test	CPT-4: 88141 through 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	236	230
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	588	428
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	336	281

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	179	150
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	124	112
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	40	37
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, H0050	927	763
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	123	111
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	47	47

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	0	0
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	483	419
29.	Prophylaxis - adult or child	ADA: D1110, D1120	281	249
30.	Sealants	ADA: D1351	64	43
31.	Fluoride treatment - adult or child	ADA: D1206, D1208	128	116
32.	III. Restorative Services	ADA: D21xx through D29xx	429	205
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	108	85
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	471	255

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	671	228
3.	Tuberculosis	A15- through A19-	2	2
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	121	99
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	5	2
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	51	32
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	316	214
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	263	197
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, N63-, R92-	87	67
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	40	37
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	1,795	884
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	269	189
11.	Hypertension	I10- through I16-	3,125	1,675
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	194	174
13.	Dehydration	E86-	6	6
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	1	1
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	13,019	3,873

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	161	105
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	24	17
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only.Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	100	79
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	50	39
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	311	135
19a.	Tobacco use disorder	F17-	1,464	241
20a.	Depression and other mood disorders	F30- through F39-	1,027	880
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	279	229
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	369	132
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	707	432

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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87389 through 87391	1,175	893
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	524	447
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	451	434
22.	Mammogram	CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31	727	685
23.	Pap test	CPT-4: 88141 through 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	789	782
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	1,287	971
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	830	720

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	447	380
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	282	241
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	90	86
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, H0050	4,183	3,267
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	504	421
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	235	229

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	5	5
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	1,990	1,695
29.	Prophylaxis - adult or child	ADA: D1110, D1120	754	678
30.	Sealants	ADA: D1351	111	86
31.	Fluoride treatment - adult or child	ADA: D1206, D1208	313	281
32.	III. Restorative Services	ADA: D21xx through D29xx	1,399	636
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	546	399
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1,798	912

Sources of Codes:
International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).
Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).
Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).
Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6B - Quality Of Care Measures

Prenatal Care Provided by Referral Only (Check if Yes): No

Section A - Age Categories for Prenatal Care Patients:

S.No	Demographic Characteristics of Prenatal Care Patients Age	Number of Patients (a)
1.	Less than 15 years	7
2.	Ages 15-19	158
3.	Ages 20-24	430
4.	Ages 25-44	1,215
5.	Ages 45 and over	6
6.	**Total Patients (Sum lines 1-5)**	**1,816**

Section B - Early Entry into Prenatal Care

S.No	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	1,006	14
8.	Second Trimester	564	37
9.	Third Trimester	147	48

Section C - Childhood Immunization Status (CIS)

S.No	Childhood Immunization Status (CIS)	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	551	551	189

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Percentage of women 23-64 years of age, who were screened for cervical cancer	17,355	17,355	10,191

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Table 6B - Quality Of Care Measures

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

S.No	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	8,497	8,497	7,524

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

S.No	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	33,876	33,876	29,913

Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

S.No	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Percentage of patients 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention	25,077	25,077	23,574

Section H - Use of Appropriate Medications for Asthma

S.No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	313	313	298

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Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid lowering therapy	322	322	293

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

S.No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	669	669	589

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	13,402	13,402	5,264

Section L - HIV Linkage to Care

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	59	59	57

Section M - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

S.No	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	34,672	34,672	26,757

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Table 6B - Quality Of Care Measures

Section N - Dental Sealants for Children between 6-9 Years

S.No	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22.	MEASURE: Percentage of children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar	152	152	83

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Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	5
2	Deliveries Performed by Health Center's Provider	607

Section A: Deliveries and Birth Weight

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	5	0	0	5
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	9	3	1	7
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	575	3	30	542
1f.	More Than One Race	15	1	0	14
1g.	Unreported/Refused to Report Race	48	0	6	43
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**652**	**7**	**37**	**611**
Non-Hispanic/Latino					
2a.	Asian	13	0	2	11
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	243	6	28	209
2d.	American Indian/Alaska Native	0	0	0	0
2e.	White	107	0	8	99
2f.	More Than One Race	2	0	0	2
2g.	Unreported/Refused to Report Race	15	1	0	14
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**380**	**7**	**38**	**335**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	9	0	0	9
i.	**Total (Sum lines 1a-h)**	**1,041**	**14**	**75**	**955**

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Table 7 - Health Outcomes and Disparities

Section B: Controlling High Blood Pressure

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	28	28	21
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	5	5	3
1c.	Black/African American	95	95	70
1d.	American Indian/Alaska Native	1	1	0
1e.	White	3,643	3,643	2,519
1f.	More Than One Race	61	61	36
1g.	Unreported/Refused to Report Race	227	227	142
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**4,060**	**4,060**	**2,791**
Non-Hispanic/Latino				
2a.	Asian	92	92	45
2b1.	Native Hawaiian	1	1	0
2b2.	Other Pacific Islander	8	8	5
2c.	Black/African American	2,868	2,868	1,639
2d.	American Indian/Alaska Native	16	16	12
2e.	White	1,138	1,138	775
2f.	More Than One Race	34	34	15
2g.	Unreported/Refused to Report Race	124	124	91
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**4,281**	**4,281**	**2,582**
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	66	66	40
i.	**Total (Sum lines 1a-h)**	**8,407**	**8,407**	**5,413**

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Table 7 - Health Outcomes and Disparities

Section C: Diabetes: Hemoglobin A1c Poor Control

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with HbA1c >9% Or No Test During Year (3f)
Hispanic/Latino					
1a.	Asian	15	15	9	4
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	5	5	2	2
1c.	Black/African American	45	45	27	16
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	2,198	2,198	1,288	629
1f.	More Than One Race	42	42	26	11
1g.	Unreported/Refused to Report Race	163	163	94	45
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**2,468**	**2,468**	**1,446**	**707**
Non-Hispanic/Latino					
2a.	Asian	51	51	38	7
2b1.	Native Hawaiian	1	1	1	0
2b2.	Other Pacific Islander	2	2	0	0
2c.	Black/African American	1,399	1,399	816	429
2d.	American Indian/Alaska Native	9	9	6	2
2e.	White	546	546	327	143
2f.	More Than One Race	27	27	13	10
2g.	Unreported/Refused to Report Race	88	88	55	21
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**2,123**	**2,123**	**1,256**	**612**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	36	36	14	17
i.	**Total (Sum lines 1a-h)**	**4,627**	**4,627**	**2,716**	**1,336**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Financial Costs for Medical Care				
1.	Medical Staff	14,270,265	10,333,816	24,604,081
2.	Lab and X-ray	1,732,145	558,855	2,291,000
3.	Medical/Other Direct	770,926	0	770,926
4.	**Total Medical Care Services (Sum lines 1-3)**	**16,773,336**	**10,892,671**	**27,666,007**
Financial Costs for Other Clinical Services				
5.	Dental	3,905,777	2,427,729	6,333,506
6.	Mental Health	9,997,886	5,899,228	15,897,114
7.	Substance Abuse	56,874	39,826	96,700
8a.	Pharmacy not including pharmaceuticals	1,862,085	1,376,292	3,238,377
8b.	Pharmaceuticals	4,230,080		4,230,080
9.	Other Professional (Specify: Nutritionists)	97,786	71,948	169,734
9a.	Vision	97,430	10,028	107,458
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**20,247,918**	**9,825,051**	**30,072,969**
Financial Costs of Enabling and Other Services				
11a.	Case Management	1,034,639		1,034,639
11b.	Transportation	1,048,206		1,048,206
11c.	Outreach	561,594		561,594
11d.	Patient and Community Education	2,469,368		2,469,368
11e.	Eligibility Assistance	463,953		463,953
11f.	Interpretation Services	0		0
11g.	Other Enabling Services (Specify: -)	0		0
11h.	Community Health Workers	10,168		10,168
11.	**Total Enabling Services Cost (Sum lines 11a-11h)**	**5,587,928**	**3,458,158**	**9,046,086**
12.	Other Related Services (Specify: FOOD SERVICE STAFF)	547,469	140,466	687,935
12a.	Quality Improvement	436,576	302,078	738,654
13.	**Total Enabling and Other Services (Sum Lines 11, 12, and 12a)**	**6,571,973**	**3,900,702**	**10,472,675**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Facility and Non-Clinical Support Services and Totals				
14.	Facility	5,826,563		
15.	Non-Clinical Support Services	18,791,861		
16.	**Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)**	**24,618,424**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**68,211,651**		**68,211,651**
18.	Value of Donated Facilities, Services and Supplies (Specify: DONATED SERVICES AND SUPPLIES)			2,046,339
19.	**Total with Donations (Sum lines 17-18)**			**70,257,990**

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

S.No	Payer Category	Full Charges this Period (a) $	Amount Collected this Period (b) $	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) $	Sliding Discounts (e) $	Bad Debt Write Off (f) $
				Collection of Reconciliation/ Wrap around Current Year (c1) $	Collection of Reconciliation/ Wrap around Previous Years (c2) $	Collection of Other Payments: P4P, Risk Pools, Withholds, etc. (c3) $	Penalty/ Payback (c4) $			
1.	Medicaid Non-Managed Care	2,638,497	1,225,926	-	-	0	0	1,341,590		
2a.	Medicaid Managed Care (capitated)	6,814,064	3,655,509	0	0	0	0	3,158,555		
2b.	Medicaid Managed Care (fee-for-service)	8,452,342	10,742,054	4,315,938	1,471,535	0	0	575,259		
3.	**Total Medicaid (Sum lines 1+2a+2b)**	**17,904,903**	**15,623,489**	**4,315,938**	**1,471,535**	**0**	**0**	**5,075,404**		
4.	Medicare Non-Managed Care	1,926,109	714,425	0	0	0	0	808,913		
5a.	Medicare Managed Care (capitated)	512,520	665,311	0	0	0	0	-152,791		
5b.	Medicare Managed Care (fee-for-service)	907,080	284,184	0	0	0	-	222,962		
6.	**Total Medicare (Sum lines 4+5a+5b)**	**3,345,709**	**1,663,920**	**0**	**0**	**0**	**0**	**879,084**		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	0	0	0	0	0	0	0		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	27,423	510	0	0	0	0	26,913		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	217,554	105,696	0	0	0	0	114,390		
9.	**Total Other Public (Sum lines 7+8a+8b)**	**244,977**	**106,206**	**0**	**0**	**0**	**0**	**141,303**		
10.	Private Non-Managed Care	4,522,011	1,889,568			0	0	2,838,115		
11a.	Private Managed Care (capitated)	1,391,318	232,747			0	0	1,158,571		
11b.	Private Managed Care (fee-for-service)	0	0			0	0	0		
12.	**Total Private (Sum lines 10+11a+11b)**	**5,913,329**	**2,122,315**			**0**	**0**	**3,996,686**		
13.	Self-pay	27,466,073	11,595,741						7,654,722	2,476,900
14.	**Total (Sum lines 3+6+9+12+13)**	**54,874,991**	**31,111,671**	**4,315,938**	**1,471,535**	**0**	**0**	**10,092,477**	**7,654,722**	**2,476,900**

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Table 9E: Other Revenues

S.No	Source	Amount (a) $
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	3,850,824
1b.	Community Health Center	10,036,382
1c.	Health Care for the Homeless	752,691
1e.	Public Housing Primary Care	0
1g.	**Total Health Center Cluster (Sum lines 1a-1e)**	**14,639,897**
1j.	Capital Improvement Program Grants	515,019
1k.	Capital Development Grants, including School Based Health Center Capital Grants	0
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**15,154,916**
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	0
3.	Other Federal Grants (Specify:TEACHING HEALTH CTR GRANT - BHCC 1,332,023.00 TEACHING HEATLH CTR GRANT - FAMILY 1,037,026.00 TEACHING HEALTH CTR GRANT - OBGYN 876,555.00 TEACHING HEALTH CTR GRANT 30,125.00)	3,275,729
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	310,250
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**3,585,979**
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:-)	0
6a.	State/Local Indigent Care Programs (Specify:DEPT OF C & F - CSU-DETOX 1,059,016.61 DEPT OF C & F - AMH CCST 976,098.36 DEPT OF C & F - SCREENERS 455,227.76 LOW INCOME POOL 420,366.00 R PUBLIC HEALTH TRUST - BHCC P 287,238.50 DEPT OF C & F - INCIDENTAL AMH 196,634.53 OUR KIDS OF MIAMI DADE COUNTY DCF 142,718.50 DEPT OF C & F - FORENSIC TEAM 103,596.00 DEPT OF C & F - SFBHN WEST KENDALL 31,926.87)	3,672,823
7.	Local Government Grants and Contracts (Specify:PUBLIC HEALTH TRUST - DI-CBO 5,409,712.00 SCHOOL HEALTH CONNECT PROGRAM 3,038,093.47 PUBLIC HEALTH TRUST - UCC - DI 675,740.50 DOH HIGH IMPACT PREVENTIO 350,000.06 PUBLIC HEALTH TRUST - AWIS-MLK 285,002.00 TCT SVC PARTNERSHIP - SOUTH 252,871.42 TCT SVC PARTNERSHIP - NORTH 246,285.84 OUT-PATIENT RYAN WHITE TITLE 1 220,163.09 TCT SVC PARTNERSHIP - FL CITY 219,010.80 GENERAL OBLIGATON BOND GRANT W KENDALL 169,049.70 THE SCHOOL BOARD OF MIAMI DADE 148,500.00 BUILDING BETTER COMMUNITIES GRANT 126,868.21 DEPT. OF HEALTH (AATI) 104,266.65 ORAL HEALTH RYAN WHITE TITLE 1 97,859.00 CASE MGMT RYAN WAHITE TITLE 1 97,579.04 SFAN - PHARMACY 57,648.90 SFAN - MEDICAL 52,876.98 RYAN WHITE MAI MED CASE MANG. 47,958.00 SFAN - REFERRAL SUPPORT SVCS 40,280.80 SFAN - COORD SALARY 28,873.40 RYAN WHITE-MAI OUT PAT.MED.- 27,780.89 OUT REACH RYAN WHITE TITLE1 26,272.26 RYAN WHITE TITLE 1 TRANS VOUCH 8,159.19 RYAN WHITE MAI PRESC DRUGS 6,589.10 RYAN WHITE-MAI OUTREACH SERVS 6,332.47 RYAN WHITE TILTLE –PHARMACY 3,516.85)	11,747,291
8.	Foundation/Private Grants and Contracts (Specify:PROJECT SCREEN 252,736.52 HCN NURSE FAMILY PARTNERSHIP GRANT 108,381.75 FAU COOPERATIVE 80,000.01 NURSE FAM. PARTNERSHIP EXPANSION GRANT 62,665.80 HEALTHY BODY HEALTHY SOUL - ST 59,460.00 HIYA GRANT 52,904.08 SABA UNIVERSITY GRANT 30,800.00 NATIONAL CANCER INSTITUTE GRANT 28,187.56 NFL BREAST CANCER GRANT 23,159.00 MUA MEDICAL UNIVERSITY OF THE AMERICAS GRANT 16,100.00 HOMELESS TRUST #2003 9,060.00 HOMELESS TRUST #2002 1,890.00 REDLANDS CHRISTIAN MIGRANT ASS 1,728.00)	727,073
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**16,147,187**
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:286,000 220,755 136,285 95,700 85,674 53,851 36,547 31,513 26,790 16,640 15,513 15,090 14,539 13,667 10,680 9,970 7,644 7,120 6,515 6,296 5,833 5,176 5,000 Micellaneous Revenues $232,109)	1,344,907
11.	**Total Revenue (Sum lines 1+5+9+10)**	**36,232,989**

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/27/2018 07:21 AM EST
Date of Last Report Refreshed: 03/27/2018 07:21 AM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2017

Health Information Technology Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[X] Yes, installed at all sites and used by all providers [_] Yes, but only installed at some sites or used by some providers [_] No
1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?	[X] Yes [_] No
Vendor	Greenway Health, LLC (e.g. SuccessEHS, PrimeSUITE, Intergy)
Product Name	Intergy
Version Number	11.00.00.06
Certified Health IT Product List Number	0015EKKL0VCU0RT
1b. Did you switch to your current EHR from a previous system this year?	[_] Yes [X] No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X] Yes [_] No [_] Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X] Yes [_] No [_] Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[X] Yes [_] No [_] Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[X] Yes [_] No [_] Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X] Yes [_] No [_] Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[_] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [X] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	[X] Yes, all eligible providers at all sites are participating [_] Yes, some eligible providers at some sites are participating [_] No, our eligible providers are not yet participating [_] No, because our providers are not eligible [_] Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	[X] Received MU for Modified Stage 2 [_] Received MU for Stage 3 [_] Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/27/2018 07:21 AM EST
Date of Last Report Refreshed: 03/27/2018 07:21 AM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2017

Health Information Technology Capabilities and Quality Recognition

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[_] Yes [X] No
If yes, then specify the type(s) of service	-
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[X] Yes [_] No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	[X] National Committee for Quality Assurance (NCQA) [X] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC) [_] State Based Initiative [_] Private Payer Initiative [_] Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	[X] Yes [_] No
If yes, which third party organization granted accreditation?	[X] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC)

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/27/2018 07:21 AM EST
Date of Last Report Refreshed: 03/27/2018 07:21 AM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2017

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder	
How many physicians, certified nurse practitioners and physician assistants, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?	0
How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?	0
2. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services at a distance.	[_] Yes [X] No
If yes (a), how are you using telehealth?	[_] Provide primary care services [_] Provide specialty care services [_] Provide mental health services [_] Provide oral health services [_] Manage patients with chronic conditions [_] Other (Specify: -)
If no (b), please explain why you are not using telehealth:	Need to achieve appropriate equipment and staffing
3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment through the Marketplace, Medicaid or CHIP.	10,535

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/27/2018 07:21 AM EST
Date of Last Report Refreshed: 03/27/2018 07:21 AM EST

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2017
Data Audit Report

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

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (82,690). Prior Year - (74,878).

Related Tables: Table 3A(UR)

Allison Madden (Health Center) on 2/13/2018 2:16 PM EST: The number of patients is correct. The increase from prior year is due to the increase number of children for the following reasons: School Based Children, increased from 11,717 in 2016 to 17,500 in 2017, due to enhanced documentation processes to better capture services performed in our schools. School based staff is required to enter data into two systems, and this process affected our ability to properly document services rendered in our EHR. We corrected this issue in 2017; thus, we were better equipped to capture the correct data. Influx of Venezuelan immigrant children in Miami-Dade County, requesting limited school entrance physicals, that do not necessarily have a complete well child visit and often no additional visits throughout the year. Mid 2017 we commenced a Mobile Dental Van, that allowed for an increase in children receiving dental services at their location. These children may not be seen for medical services. 2017 2017 2016 2016 0-17 Yrs Old 18 and Older 0-17 Yrs Old 18 and Older Total Patients
35,342 47,348 26.650 48,228 School Based Patients 17,500 11,717

Table 4-Selected Patient Characteristics

Edit 06104: School Based Health Center Patients in Question - On Health Care for the Homeless - There was a (212.84) % change in School Based Health Center patients this year compared to the prior year on Line 24. Please correct or explain.

Related Tables: Table 4(HCH)

Allison Madden (Health Center) on 2/13/2018 2:20 PM EST: School Based Children, increased from 11,717 in 2016 to 17,500 in 2017, due to enhanced documentation processes to better capture services performed in our schools. School based staff is required to enter data into two systems, and this process affected our ability to properly document services rendered in our EHR. We corrected this issue in 2017; thus, we were better equipped to capture the correct data. These enhanced documentation process ensured that we better captured special population information. Thus the increase can be attributed to this improvement and 2016 numbers were understated.

Edit 06105: School Based Health Center Patients in Question - On Migrant Health Center - There was a (265)% change in School Based Health Center Patients this year compared to the prior year on line 24. Please correct or explain.

Related Tables: Table 4(MHC)

Allison Madden (Health Center) on 2/13/2018 2:21 PM EST: School Based Children, increased from 11,717 in 2016 to 17,500 in 2017, due to enhanced documentation processes to better capture services performed in our schools. School based staff is required to enter data into two systems, and this process affected our ability to properly document services rendered in our EHR. We corrected this issue in 2017; thus, we were better equipped to capture the correct data. These enhanced documentation process ensured that we better captured special population information. Thus the increase can be attributed to this improvement and 2016 numbers were understated.

Edit 03860: Income as Percent of Poverty Level in Question. - Number of patients reported with income over 200% FPL Line 4 Column a (25,973) is greater than 25% of the total patients reported (82,690) . Income must be verified. If income is not verified, please report patients under unknown income. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/13/2018 2:27 PM EST: The percentage of population reported with income over 200% FPL remained fairly stable at 31.5% in 2015, 29.6% in 2016 and at 31.2% in 2017.

Edit 04162: Inter-year change in Medicaid patients - The proportion of Medicaid patients to total patients has significantly decreased when compared to prior year. Current Year ((20.48)% (16,936)); Prior Year ((25.14)% (18,824)). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/13/2018 2:42 PM EST: We have seen a steady decline of Medicaid patients over the last 5 years. As more providers participate with Medicaid and the Medicaid Managed Care Plans, the pool of competing providers has grown thus diluting our patient base .

Edit 06116: Inter-year change in patients - The percentage of Dually eligible patients to total patients has significantly decreased when compared to prior year. Current Year ((48.41)%, (1,555));Prior Year ((60.25)%, (1,904)). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/14/2018 5:01 PM EST: The percentage of dual eligible appears to follow a trend for the last three years decreasing from 2055 in 2015 to 1555 for the current year 2017

Edit 04185: Inter-year Member Months in question - A significant change in managed care participation Capitated Member months Other Public Including Non-Medicaid Chip Line 13a Column c (47) is reported compared with the prior year (0) . Please correct or explain.

Related Tables: Table 4(UR)

Rudis Contreras (Health Center) on 2/14/2018 1:02 PM EST: We were awarded a small number of CHIP lives this year. This caused the significant change from prior year when we had 0.

Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column a (11,586) from prior year Line 23 Column a (12,459) . Please correct or explain.

Related Tables: Table 4(UR)

Cary Calhoun (Reviewer) on 3/4/2018 7:54 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Table 5-Staffing and Utilization

Edit 04144: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY =(2,450) , CY = (1,442)). Please correct or explain.

Related Tables: Table 5(HCH)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 04688: Inter-year Patients questioned - On Migrant Health Center - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = (202) , CY = (94)). Please correct or explain.

Related Tables: Table 5(MHC)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 06373: Mental Health Visit per Patient in Question - On Migrant Health Center - Mental Health visits per mental health patient varies substantially from national average.CY (4.63); PY National Average (3.07). Please correct and explain.

Related Tables: Table 5(MHC)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 06376: Substance Abuse Visit per Patient in Question - On Health Care for the Homeless - Substance Abuse visits per Substance Abuse patient varies substantially from national average.CY (3.95); PY National Average (9.06). Please correct and explain.

Related Tables: Table 5(HCH)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 06377: Substance Abuse Visit per Patient in Question - On Migrant Health Center - Substance Abuse visits per Substance Abuse patient varies substantially from national average.CY (6.5); PY National Average (3.6). Please correct and explain.

Related Tables: Table 5(MHC)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 05139: Inter-year Patients questioned - On Migrant Health Center - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (122) , CY = (47)). Please correct or explain.

Related Tables: Table 5(MHC)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 05141: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (421) , CY = (229)). Please correct or explain.

Related Tables: Table 5(HCH)

Cary Calhoun (Reviewer) on 3/4/2018 7:56 PM EST: Per the organization's comments: Due to a software issue, the health center reports a decline in special population patients accurately..

Edit 04682: Inter-year Patients questioned - On Migrant Health Center - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (327) , CY = (544)). Please correct or explain.

Related Tables: Table 5(MHC)

Allison Madden (Health Center) on 2/14/2018 8:57 AM EST: School Based Children, increased from 11,717 in 2016 to 17,500 in 2017, due to enhanced documentation processes to better capture services performed in our schools. School based staff is required to enter data into two systems, and this process affected our ability to properly document services rendered in our EHR. We corrected this issue in 2017; thus, we were better equipped to capture the correct data. These enhanced documentation process ensured that we better captured special population information. Thus the increase can be attributed to this improvement and 2016 numbers were understated.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity of Obstetrician/Gynecologists on Line 4 (1,000.17) is reported from the prior year (1,268.37). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/14/2018 5:10 PM EST: The residency program is impacting the change in productivity. The mix of PGY 1,2,3 and 4 affects the number of patients a resident can provide services to daily. Additionally, the residency program year calendar is based on school year not calendar year so the number of residents change mid-year.

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (40.17) . Prior Year - (32.33) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/14/2018 9:00 AM EST: In CY-2017 we added 8.66 FTEs to our medical staff. We have confirmed that the FTEs are calculated based on paid hours.

Edit 00058: NP Productivity Questioned - A significant change in Productivity of Nurse Practitioners on Line 9a (3,405.43) is reported from the prior year (2,665.35). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/14/2018 9:01 AM EST: In CY 2017, we eliminated 8.0 FTEs (NP) in our School Based Health Center due to Miami Dade Children's Trust funding guidelines. As a result of this reduction, Nurse Practitioners had a larger caseload per FTE. We have confirmed that the FTE and visit numbers are entered correctly.

Edit 00038: CNM Productivity Questioned - A significant change in Productivity of Certified Nurse Midwives on Line 10 (2,632.84) is reported from the prior year (2,078.54). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/14/2018 9:02 AM EST: Confirmed, both the FTE and visit numbers are entered correctly, and calculated based on paid hours.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (14.55) . Prior Year - (23.54) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/14/2018 9:03 AM EST: In CY-2017 we had an overall reduction of 9 FTEs resulting in a decrease in Mid-Level staff. The FTE and visit numbers are entered correctly, and calculated based on paid hours.

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (1,503) , CY = (1,081)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/13/2018 6:07 PM EST: We went from providing vision services 2 days a week to 1 day a week, offering fewer appointment options for the migrant and homeless populations to be treated in vision. We have a lower number of visits for vision services in 2017 vs. 2016 for our Universe and all special populations.

Edit 04149: Inter-year Patients questioned - On Universal - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (13,757) , CY = (17,250)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/13/2018 6:11 PM EST: School Based Children, increased from 11,717 in 2016 to 17,500 in 2017, due to enhanced documentation processes to better capture services performed in our schools. School based staff is required to enter data into two systems, and this process affected our ability to properly document services rendered in our EHR. We corrected this issue in 2017; thus, we were better equipped to capture the correct data. These enhanced documentation process ensured that we better captured special population information. Thus the increase can be attributed to this improvement and 2016 numbers were understated.

Table 6A-Selected Diagnoses and Services Rendered

Edit 04732: Visits per Patient Questioned - A low number of Diabetes visits, Line 9, per patient is reported on the Migrant Health Center report. Please correct or explain.

Related Tables: Table 6A(MHC)

Allison Madden (Health Center) on 2/14/2018 9:09 AM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines that would normally rely on ICD 10 diagnosis codes now based on medcin and loinc codes appearing in the provider's assessment .

Edit 03605: Well Child Patients Questioned - For Homeless Table: The number reported for Health supervision of infant or child (ages 0 through 11) Number of Patients with Diagnosis (B) Line 26 Column b (241) on Table 6A appears low when compared to children under 12 reported on Table 3A (1,779). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/14/2018 9:34 AM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines that would normally rely on CPT codes now based on medcin and loinc codes appearing in the provider's assessment. Additionally, we have a large number of children whose service is provided in our school based sites. Generally speaking, school based children present in the health suite for problem focused evaluations and education. These children do not have well child visits at the same rate as our general population.

Edit 03606: Well Child Patients Questioned - For Migrant Health Table, the number reported for Line 26 Column b (112) on Table 6A appears low when compared to children under 12 reported on Table 3A (793). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/14/2018 9:34 AM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines that would normally rely on CPT codes now based on medcin and loinc codes appearing in the provider's assessment. Additionally, we have a large number of children whose service is provided in our school based sites. Generally speaking, school based children present in the health suite for problem focused evaluations and education. These children do not have well child visits at the same rate as our general population.

Edit 04308: Visits per Patient Questioned - A low number of Diabetes visits, Line 9, per patient is reported. Please correct or explain.

Related Tables: Table 6A(UR)

Allison Madden (Health Center) on 2/14/2018 9:37 AM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines that would normally rely on ICD 10 diagnosis codes now based on medcin and loinc codes appearing in the provider's assessment .

Edit 02174: Well Child Patients Questioned - The number reported for Health supervision of infant or child (ages 0 through 11) Number of Patients with Diagnosis (B) Line 26 Column b (2,195) on Table 6A appears low when compared to children under 12 reported on Table 3A (22,755). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/14/2018 9:35 AM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines that would normally rely on CPT codes now based on medcin and loinc codes appearing in the provider's assessment. Additionally, we have a large number of children whose service is provided in our school based sites. Generally speaking, school based children present in the health suite for problem focused evaluations and education. These children do not have well child visits at the same rate as our general population.

Table 6B-Quality of Care Indicators

Edit 05776: Line 12 Universe in Question - You are reporting (34.99)% of total possible medical patients in the universe for the Child and Adolescent Weight Assessment and Counseling measure(line 12 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 2/14/2018 10:15 AM EST: Many of our 0-17 children are school based patients, and receive mass screenings for Weight assessment, BMI and vision as part of our school based contract. These mass screenings, per UDS guidelines are not included in our universe for medical visits on table 6B line 12.

Edit 06175: Line 22 Universe in Question - You are reporting (10.52)% of total possible dental patients in the universe for Patients with Sealants to First Molars (Line 22 Column A). This appears low compared to dental patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 3/26/2018 3:19 PM EST: Children are excluded from the Universe if molars are already sealed or 'non-sealable". Many children currently aged 7-9 that were reported as sealed during 2016 are excluded from the universe for 2017. Table 6B Line 22 reports a 38% decrease in the universe reported. This represents 78% of the estimated age-related Dental Users (Dental Patients/Total Patients*Age-related Patients from Table 3A). The PY was 20%, the PY State Average was 53%, and the PY National Average was 49%. Additionally, the compliance rate increased from 42% to 55%. The concern is that an underreported universe resulted in overstated compliance. (The supplied comments were reviewed, but response was a general statement and no data was submitted to support the data.) Please review the UDS Manual for inclusion in this measure and correct the entire line or provide a detailed explanation. (CC) In 2017 our dental providers did a much better job at documenting children whose first permanent molars were non-sealable (either decayed, unerupted or missing and mostly currently sealed). The process of excluding children with previously sealed molars and thus not eligible reduced the universe and improved compliance. This means that most of the children that were 6- 8 years during 2016 and had a sealant applied in 2016 and prior years became 7 to 9 years during 2017 and if properly documented excluded from the universe. This documentation practice was not in place during 2016 and thus the universe was overstated as it included children that were not eligible for sealants (molars were already sealed in prior years) but were not excluded from the universe. 2017 data is correct.

Table 7-Health Outcomes and Disparities

Edit 05471: Low Birthweights Questioned - The total "Asian" (Line 1a+2a) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (11.11)% ;PYN (7.09)%

Related Tables: Table 7

Allison Madden (Health Center) on 2/14/2018 10:25 AM EST: For CY 2017, there were 18 deliveries by Asian patients and any change of plus or minus 1 patient represents a significant change in percentage.

Edit 05549: Low Birthweights Questioned - The total "Unreported/Refused to Report Race" (Line 1g+2g) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (10.94)% ;PYN (6.66)%

Related Tables: Table 7

Allison Madden (Health Center) on 3/26/2018 3:21 PM EST: For CY 2017, there were 63 deliveries by "unreported/Refused to Report Race" patients and any change of plus or minus 1 patient represents a significant change in percentage.

Edit 06321: Hypertension Patients by Race or Ethnicity in Question - The total number of White patients with hypertension reported on Table 7 (4,781) is low compared to total White patients reported on Table 3B (54,785) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:22 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 54,785 white patients in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric. Explanation of this edit was previously submitted. Read above.

Edit 06322: Hypertension Patients by Race or Ethnicity in Question - The total number of patients of More than one race with hypertension reported on Table 7 (95) is low compared to total patients of More than one race reported on Table 3B (1,589) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:23 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 1589 patients who consider themselves 'more than one race' in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric. Explanation of this edit was previously submitted. Read above.

Edit 06323: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to report race patients with hypertension reported on Table 7 (351) is low compared to total Unreported/Refused to report race patients reported on Table 3B (4,185). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:24 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 4185 patients who consider are "unreported or refuse to report race" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06324: Hypertension Patients by Race or Ethnicity in Question - The total number of Hispanic/Latino patients with hypertension reported on Table 7 (4,060) is low compared to total Hispanic/Latino patients reported on Table 3B (49,029) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:24 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 49,029 patients who consider are Hispanic/Latino patients in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06326: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with hypertension reported on Table 7 (66) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (1,648) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:25 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 1648 patients who 'unreported/refused to report race and ethnicity" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

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

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

Allison Madden (Health Center) on 3/26/2018 3:27 PM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines including hypertension that would normally rely on ICD 10 diagnosis codes now based on medcin and loinc codes appearing in the provider's assessment .

Edit 06327: Diabetes Patients by Race or Ethnicity in Question - The total number of Asian patients with Diabetes reported on Table 7 (66) is low compared to total Asian patients reported on Table 3B (893) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:27 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 893 patients who consider themselves Asian in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06329: Diabetes Patients by Race or Ethnicity in Question - The total number of Other Pacific Islander patients with Diabetes reported on Table 7 (7) is low compared to total Other Pacific Islander patients reported on Table 3B (85) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:28 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 85 patients who consider themselves "other Pacific Islander" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06330: Diabetes Patients by Race or Ethnicity in Question - The total number of Black/African American patients with Diabetes reported on Table 7 (1,444) is low compared to total Black/African American patients reported on Table 3B (19,389) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:28 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 19389 patients who consider themselves "Black/African American" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06331: Diabetes Patients by Race or Ethnicity in Question - The total number of American Indian/Alaska native patients with Diabetes reported on Table 7 (9) is low compared to total American Indian/Alaska native patients reported on Table 3B (107) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:28 PM EST: n CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 107 patients who consider themselves "American Indian/Alaska natives" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06332: Diabetes Patients by Race or Ethnicity in Question - The total number of White patients with Diabetes reported on Table 7 (2,744) is low compared to total White patients reported on Table 3B (54,785) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:29 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 54785 patients who consider themselves "white" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06333: Diabetes Patients by Race or Ethnicity in Question - The total number of More than One Race patients with diabetes reported on Table 7 (69) is low compared to total More Than One Race patients reported on Table 3B (1,589) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:29 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 1589 patients who consider themselves "more than one race" in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06334: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to report race patients with diabetes reported on Table 7 (251) is low compared to total Unreported/Refused to report race patients reported on Table 3B (4,185). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:29 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 185 patients who are unreported/refused to report race in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06335: Diabetes Patients by Race or Ethnicity in Question - The total number of Hispanic/Latino patients with diabetes reported on Table 7 (2,468) is low compared to total Hispanic/Latino patients reported on Table 3B (49,029) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:30 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 49,029 who consider themselves Hispanic/Latino who are in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06336: Diabetes Patients by Race or Ethnicity in Question - The total number of Non-Hispanic/Latino patients with diabetes reported on Table 7 (2,123) is low compared to total Non-Hispanic/Latino patients reported on Table 3B (32,013) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:30 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 32,013 who consider themselves non-Hispanic/Latino who are in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 06337: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with diabetes reported on Table 7 (36) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (1,648) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 3/26/2018 3:30 PM EST: In CY 2017 74% of our patients were 'medical' patients. Table 3B reflects a total of 1648 who 'unreported/refused to report race and ethnicity" who are in our universe, however only 74% of those are considered medical patients. Of those 57% are adults included in this metric.

Edit 05468: Diabetic Universe in Question - The universe of diabetic patients reported on Table 7 is greater than the total diabetic patients reported on Table 6A. This is possible only if you have seen diabetic patients during the year without diagnosing them with diabetes. Please review and correct or explain.

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

Allison Madden (Health Center) on 3/26/2018 3:31 PM EST: At the end of 2016, Greenway, our EHR vendor, modified several tables in our reporting environment, including Table 6A. They were updated to use clinical workflows rather than only looking at billing workflows. This was a change from the original logic in the Intergy Practice Management reports for Table 6A. Due to this change, we saw a difference in the numbers between 2016 and 2017, particularly if our workflow did not match their logic for reporting. This resulted in many of the 6A lines including Diabetic patients that would normally rely on ICD 10 diagnosis codes now based on medcin and loinc codes appearing in the provider's assessment .

Table 8A-Financial Costs

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (204.16); Prior Year (227.42).

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

Rudis Contreras (Health Center) on 2/14/2018 9:05 AM EST: There are two major factors related to the reduction of the Total Medical Care Cost Per Visit. First, the medical care staff was reduced by 34 FTEs consequently, the total medical care cost decreased. Secondly, the Facility and Non-Clinical Support Services were allocated based on total FTEs in CY-2017. This directly contributed to the decrease in medical care cost.

Edit 03767: Overhead Costs Questioned on Line 3 - You report direct costs Medical/Other Direct Accrued Cost Line 3 Column a (770,926) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Allison Madden (Health Center) on 3/26/2018 3:32 PM EST: The total Medical and Other Direct Costs reported on line 3 are non-personnel medical expenditures. Therefore, no salaries costs are reported on this line. Consequently, there is no need to allocate Overhead Costs to this line.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (274.34); Prior Year (184.46).

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

Rudis Contreras (Health Center) on 2/14/2018 9:10 AM EST: The Mental Health Cost per Visit increase of $91 dollars is due to the following factors: Additional FTEs (14.39) were added to the Mental Health Staff due to expansion of services. The additional staff increase the personnel costs by $763K (Salaries-$615K and Fringes-$148K). In addition, the direct cost increased by $223K in CY-2017. Lastly, the allocation of Facility and Non-Clinical Support Services costs based on total FTE, increased the dental care cost by $187K. The total Mental Health Cost increased by $1.2M while the total visit decreases by $15K.

Edit 03948: Cost Per Visit Questioned - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (96.41); Prior Year (56.12). Please correct or explain.

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

Rudis Contreras (Health Center) on 2/14/2018 9:15 AM EST: Although the FTE and personnel costs reported in CY-2017 are almost identical to the prior year's reported data, the cost increase of $42k of other direct costs, and the overhead costs allocated to the Substance Abuse Cost Center resulted in the increase of Total Cost Per Visit.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (116.74); Prior Year (77.18).

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

Rudis Contreras (Health Center) on 2/14/2018 9:17 AM EST: The cost per visit increase is due to the personnel costs related to the additional .40 FTE reported this year and the allocation of the overhead costs. The net cost increase of 45K is related to the gross salaries, fringes and other direct costs.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (97,786) (Nutritionists) and Table 5, Line 22 (1.39) (Nutritionists) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/14/2018 9:19 AM EST: Confirmed, the FTEs and related Costs are entered correctly.

Edit 06301: Costs and FTE Questioned - Community Health Workers are reported on Table 8A, Line 11h (10,168) and Table 5, Line 27c (0.31) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/14/2018 9:21 AM EST: Confirmed, the FTEs and related Costs are entered correctly.

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (547,469) and Table 5, Line 29a (5.81) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/14/2018 9:22 AM EST: Confirmed, the FTEs and related Costs are entered correctly.

Edit 06306: Costs and FTE Questioned - Quality Improvement is reported on Table 8A, Line 12a (436,576) and Table 5, Line 29b (8.02) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/14/2018 9:22 AM EST: Confirmed, the FTEs and related Costs are entered correctly.

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

Edit 01916: FQHC Medicaid FFS Managed Care retros questioned - FQHC Medicaid FFS Managed Care retros (5,787,473) exceed 50% of Medicaid Managed Care (fee-for-service) Amount Collected This Period Line 2b Column b (10,742,054) .Verify that Columns C1 through C4 are included in Column b and subtracted from Column d. Please correct or explain.

Related Tables: Table 9D

Rudis Contreras (Health Center) on 3/9/2018 4:50 PM EST: Confirmed, the amounts are correctly reported.

Edit 04156: Inter-year Capitation PMPM questioned - The average Medicare capitation PMPM reported on Line 5a (72.98) is significantly different from the prior year (98.13). Please correct or explain.

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

Rudis Contreras (Health Center) on 2/14/2018 1:10 PM EST: This year there was 3,671 more member months than in prior year. This caused a steep decline in the PMPM calculation.

Edit 04158: Inter-year Capitation PMPM questioned - The average Private capitation PMPM reported on Line 11a (17.31) is significanlty different from the prior year (4.52). Please correct or explain.

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

Allison Madden (Health Center) on 2/15/2018 10:05 AM EST: There was a 12,399 increase in Private member months from last year's report. In calendar year 2017 we added 1 private medical plan with a higher capitation rate. PY only included private dental plans which pay at a lower capitation PMPM. The addition of the medical plan increased the average PMPM reimbursement in addition to the number of patients.

Edit 05100: PMPM collections in question - Private Capitation PMPM (17.31) is outside the typical range. Check to see that the revenue and member months are entered correctly or explain.

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

Allison Madden (Health Center) on 2/15/2018 10:07 AM EST: We have verified that the information was entered correctly. We had 13,444 in member months and 232,747 in total receipts. There was a 12,399 increase in Private member months from last year's report. In calendar year 2017 we added 1 private medical plan with a higher capitation rate. PY only included private dental plans which pay at a lower capitation PMPM. The addition of the medical plan increased the average PMPM reimbursement in addition to the number of patients. We have more capitated private dental plans than capitated private medical plans.

Table 9E-Other Revenues

Edit 02178: Inter-Year Variation in Grant Funds - Current year Migrant Health Center (Section 330(g)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Migrant Health Center Amount Line 1a Column a (3,850,824) . Prior Year - Migrant Health Center Amount Line 1a Column a (3,126,994)

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/14/2018 10:22 AM EST: This is correct our overall award base went from $13.1m in 2016 to $14.7m in 2017. This drove the overall increase in the Migrant Health Center portion from the prior year.

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Community Health Center Amount Line 1b Column a (10,036,382) . Prior Year - Community Health Center Amount Line 1b Column a (9,291,863) .

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/14/2018 10:03 AM EST: This is correct our overall award base went from $13.1m in 2016 to $14.7m in 2017. This drove increases in the Community Health Center portion of the 330 grant.

Edit 04206: Inter-year variation in grant funds - A large change in total 330 health center cluster is reported on Line 1g. Review the draw down amounts entered. Current Year Total Health Center (Sum lines 1a through 1e) Amount Line 1g Column a (14,639,897) ; Prior year Total Health Center (Sum lines 1a through 1e) Amount Line 1g Column a (13,105,590) . Please correct or explain this change.

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/14/2018 10:04 AM EST: This is correct our overall award base went from $13.1m in 2016 to $14.7m in 2017.

Edit 06342: Change in Revenues - You report a large change on Line 2/Ryan White Part C HIV Early Intervention revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/14/2018 10:08 AM EST: Using the last party rule methodology outlined in the UDS manual this is now reported under the state/local line as it is not a direct award from the federal government.

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

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/14/2018 10:10 AM EST: The Teaching Health Center federal award was increased and renewed for the 2017-2018 year.

Edit 06345: Change in Revenues - You report a large change on Line 6a/State/Local Indigent Care Programs revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/14/2018 10:16 AM EST: In 2016 $2.4m was associated with Low Income Pool funding, in 2017 only $420k was associated with Low Income Pool funding. This caused the significant change.

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = $ (-866,991); Percent Surplus or Deficit (-1.27)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 9D, Table 8A

Rudis Contreras (Health Center) on 2/14/2018 10:13 AM EST: This is correct. A large percentage of financial revenues are tied to accruals. The health center reported a loss overall for 2017.

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/27/2018 07:21 AM EST
Date of Last Report Refreshed: 03/27/2018 07:21 AM EST

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2017
Comments

Report Comments

Not Available

Table 5 Comments

Table 5 reports a 10% decrease in Medical Visits while Primary Care Providers increased by 26%. These do not align. Please research and correct or provide a detailed explanation. (CC) Multiple factors played a role in the overall reduction of medical visits in 2017. The largest being that the center was severely impacted by the effects of Hurricane Irma which closed one southern sites for more than a month. Also, primary sites were either closed or running on limited resources for up to 3 weeks after the storm. This storm also created a shift in the patient population for some of our sites as the areas were no longer inhabitable for some time. Also our residency program has increased the number of 1st and 2nd year residents for both Family Physicians and Obstetrician/Gynecologists which are limited in the number of visits they can handle Table 5 reports a 21% decrease in Mental Health Visits while MH Providers increased by 27%. Please research and correct or provide a detailed explanation. (CC) The center was severely impacted by the effects of Hurricane Irma which closed one southern sites for more than a month. Also, primary sites were either closed or running on limited resources for up to 3 weeks after the storm. This storm also created a shift in the patient population for some of our sites as the areas were no longer inhabitable for some time. In the month of March 2017, the Behavioral Health activities were migrated to a BH oriented EHR (CREDIBLE) and during the startup and for 2 full months the appointment templates were reduced by 20% to allow the staff to learn and become proficient in the new system. This affected in general visits by additional 6%. Our residency program has increased the number of 1st and 2nd year residents which are limited in the number of visits they can handle. The Average Number of Patients per Provider (related to Mental Health) was 69. Last year the average was 102, and the State Average was 206. Typically, this means that FTEs are incorrectly calculated. Please research and correct or provide a detailed explanation. There was an input error in line 20c FTEs where administrative staff was wrongly assigned to the line. Number of patients and visits was also affected by Hurricane Irma and the transition to BH new EHR.

Table 6B Comments

Table 6B Line 21 reports a 37% decrease in the universe reported. This represents 78% of the estimated age-related Medical Users (Medical Patients/Total Patients*Age-related Patients from Table 3A). The PY was 88%, the PY State Average was 85%, and the PY National Average was 85%. Please review the UDS Manual for inclusion in this measure and correct the entire line or provide a detailed explanation. (CC) Breakdown of line 21 shows: Universe Patients Screened 2016 36581 27080 2017 34672 26757 Variation -5.2% -1.1% Table 6B Line 22 reports a 38% decrease in the universe reported. This represents 78% of the estimated age-related Dental Users (Dental Patients/Total Patients*Age-related Patients from Table 3A). The PY was 20%, the PY State Average was 53%, and the PY National Average was 49%. Additionally, the compliance rate increased from 42% to 55%. The concern is that an underreported universe resulted in overstated compliance. (The supplied comments were reviewed, but response was a general statement and no data was submitted to support the data.) Please review the UDS Manual for inclusion in this measure and correct the entire line or provide a detailed explanation. (CC) In 2017 our dental providers did a much better job at documenting children whose first permanent molars were non-sealable (either decayed, unerupted or missing and mostly currently sealed). The process of excluding children with previously sealed molars and thus not eligible reduced the universe and improved compliance. This means that most of the children that were 6- 8 years during 2016 and had a sealant applied in 2016 and prior years became 7 to 9 years during 2017 and if properly documented excluded from the universe. This documentation practice was not in place during 2016 and thus the universe was overstated as it included children that were not eligible for sealants (molars were already sealed in prior years) but were not excluded from the universe. 2017 data is correct.

Table 8A Comments

Table 8A reports a significant decrease in Pharmacy Expenses. Please research and correct or provide a detailed justification. (CC) The decrease is due to the reduction of 8.0 FTEs (Pharmacist Technicians) in calendar year 2017. This decrease will account for: the total salaries, fringe benefits and the allocation of facility and non-clinical support services, which were lower than last year. Table 8A reports a different approach to allocating overhead when compared to the PY. Review pages 108-109 of the UDS Manual for the allowed methods for allocating overhead and correct. (CC) The facility and non-clinical support services costs are allocated based on the direct salaries associated to each cost center. Community Health of South Florida, Inc. has deemed it to be the best standard practice and will use this practice moving forward for UDS submissions as discussed with you earlier. Table 8A was updated in the EHBs to reflect the discussed allocation methodology.

Table 9D Comments

Table 9D reports a 26% reduction in Total Charges while billable encounters only decreased by 10%. These do not align. Please research and correct or provide a detailed explanation. (CC) Multiple factors played a role in the overall reduction of total charges and billable encounters in 2017. The largest being that the center was severely impacted by the effects of Hurricane Irma which closed one southern sites for more than a month. Also, primary sites were either closed or running on limited resources for up to 3 weeks after the storm. This storm also created a shift in the patient population for some of our sites as the areas were no longer inhabitable for some time. This difference is also related to the change in our contract mix for insurance plans. In 2017 we updated our charges for various plans as well lost several higher paying plans. Our patient mix in 2017 changed as uninsured patients increased while private insurance, Medicare and Medicaid stayed basically constant. Furthermore, based on the 3 year trend of reporting we believe that last year's total charges were overstated. We have review proper policies and procedures so that there is consistency on the reporting instructions going forward. 2017 2016 2015 Total Charges 54,874,991 74,553,908 63,505,715 Table 9D reports a significant change in the Medicaid Managed Care FFS Charges per Member per Member Year ($2,791) when compared to the PY ($962). The PY State Average was $1,116. Please research and correct or provide a detailed explanation. (CC) We had a large amount of our patient population base utilize the carve out portion of their managed care plan. This reduced the base population of fee for service member months as per the UDS manual we need to remove these carved-out individuals. Since last year we have reduced our fee for service based capitation contracts and increased our patient mix which has dropped significantly our eligible fee for service member months. Table 9D reports a significant change in the Medicare Capitated Charges per Member per Member Year ($675) when compared to the PY ($1,284). The PY State

Average was $919. Please research and correct or provide a detailed explanation. (CC) We notated a key entry error in the payment posting data for two of our Medicare Managed Care plans (Coventry & Molina). We have therefore reduced our overall members by 2,881 associated with these plans which gives a new total of 6,234 Medicare Managed Care Members. We updated our calculation which now gives us a Medicare Capitated Charges per Member per Member Year of $981. Table 9D reports a 31% decrease in Self Pay Charges and a 148% increase in Sliding Fee Discounts. These do not align with expectations. Please research and correct or provide a detailed explanation. (CC) We reviewed the sliding fee discount information from the prior year and found it to be in error. Those totals included automatic discounting of charges for specific categories of patients. After only reviewing the adjustments related to sliding fee scale we have determined the prior year number should've been $7,696,791 which is slightly higher than this years adjusted total of $7,654,722. We have notated this as a best practice and updated our policies and procedures for reporting UDS to reflect this. Reported Medicare Change in A/R (Charges-Collections-Allowances) results in an increase equal to almost 3 months of Charges. Please research and correct or provide a detailed explanation. (CC) In March 2017, we implemented a new E.H.R to track our behavioral health patients. We noted post implementation that the AR it was producing were unusually inflated. In our behavioral health line of business our outstanding Medicare AR represents $581,548 of the overall $802,705 outstanding Medicare AR reported on Table 9D. This total was overstated as it did not consider contractual adjustments which have now been implemented in 2018. We expect a large write-off in 2018 of Medicare related AR, especially related to behavioral health. Table 9D Line 1 reports Medicaid retro/wrap payments (Columns C1-C4). It seems unlikely that all of the retro/wrap payments are associated with straight FFS. Lines 1-2b appear to require adjustments to Columns B-D. (This may be the reason why reported A/R increased by over $2M.) Please correct or explain. (CC) We cannot properly assign a ratio between straight FFS, capitated, and managed care FFS for wraparound payments. We will therefore report this item on line 2b as this is a better representation of the overall receipts which make the encounters whole.

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/10/2017 04:50 PM EST
Date of Last Report Refreshed: 03/10/2017 04:50 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2016

Center / Health Center Profile

Do you self-identify as an NMHC? No

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BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/10/2017 04:50 PM EST
Date of Last Report Refreshed: 03/10/2017 04:50 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2016

Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
32043	2	0	2	9	13
33001	21	9	5	9	44
33010	17	11	0	5	33
33012	38	12	2	11	63
33013	22	2	3	4	31
33014	17	5	2	7	31
33015	40	10	1	6	57
33016	20	9	3	4	36
33018	24	8	4	7	43
33020	14	3	0	2	19
33023	7	3	2	3	15
33024	6	3	0	2	11
33025	17	4	0	12	33
33026	7	1	1	5	14
33027	9	1	1	7	18
33030	4610	2038	265	829	7742
33031	203	100	17	71	391
33032	2918	2054	292	1551	6815
33033	4349	2277	286	1457	8369
33034	2697	1723	243	563	5226
33035	1364	544	62	310	2280
33036	153	65	48	125	391
33037	332	308	92	226	958
33040	169	293	29	57	548
33042	40	44	7	31	122
33043	70	81	17	54	222
33045	3	10	0	2	15
33050	677	509	143	349	1678
33051	8	6	4	11	29
33052	7	7	1	3	18
33054	20	14	3	3	40
33055	19	20	2	12	53
33056	8	8	3	5	24
33070	190	173	57	166	586
33090	27	17	6	11	61
33092	10	12	5	7	34
33125	70	41	1	45	157
33126	84	36	2	55	177
33127	30	45	5	18	98
33128	11	9	0	12	32
33129	22	11	0	24	57
33130	55	35	4	35	129
33131	18	3	0	15	36
33132	14	3	1	11	29
33133	232	408	59	452	1151
33134	102	40	3	86	231

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
33135	65	57	6	44	172
33136	30	42	3	14	89
33137	11	10	1	12	34
33138	17	10	2	9	38
33139	14	2	0	5	21
33140	4	3	0	4	11
33141	17	2	0	9	28
33142	63	41	5	39	148
33143	325	280	42	391	1038
33144	87	25	3	12	127
33145	92	84	5	91	272
33146	24	7	0	57	88
33147	38	31	9	9	87
33149	15	11	0	26	52
33150	28	22	3	13	66
33155	150	65	3	158	376
33156	254	105	12	240	611
33157	3052	1869	329	1398	6648
33158	35	3	0	15	53
33160	8	0	0	3	11
33161	27	15	1	10	53
33162	11	11	4	6	32
33165	196	66	4	59	325
33166	50	19	2	14	85
33167	12	5	4	5	26
33168	8	9	2	5	24
33169	21	7	2	9	39
33170	1120	852	144	377	2493
33172	190	36	0	38	264
33173	218	70	9	78	375
33174	132	20	4	23	179
33175	1011	68	12	71	1162
33176	941	411	92	265	1709
33177	1859	1143	188	948	4138
33178	225	21	0	25	271
33179	11	6	0	8	25
33182	587	3	2	7	599
33183	718	90	9	74	891
33184	458	16	3	33	510
33185	688	37	4	37	766
33186	1088	310	60	381	1839
33187	541	273	41	182	1037
33189	1087	692	180	850	2809
33190	800	559	118	695	2172
33193	1874	186	18	127	2205
33194	125	8	1	3	137
33196	1032	292	40	296	1660
33197	31	16	6	11	64
33256	7	4	0	4	15
33326	8	1	0	5	14
Other ZIP Codes	345	110	104	271	830
Unknown Residence					

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Total	38523	19040	3160	14155	74878

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Submission Status: Change Requested

UDS Report - 2016

Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	668	618
2.	Age 1	387	336
3.	Age 2	356	346
4.	Age 3	424	414
5.	Age 4	549	557
6.	Age 5	772	755
7.	Age 6	1,009	936
8.	Age 7	1,058	991
9.	Age 8	1,109	1,046
10.	Age 9	1,028	1,044
11.	Age 10	953	913
12.	Age 11	819	797
13.	Age 12	701	591
14.	Age 13	588	563
15.	Age 14	688	707
16.	Age 15	856	919
17.	Age 16	751	907
18.	Age 17	640	854
Subtotal Patients (Sum lines 1-18)		**13,356**	**13,294**
19.	Age 18	478	676
20.	Age 19	375	568
21.	Age 20	302	572
22.	Age 21	350	584
23.	Age 22	328	607
24.	Age 23	356	629
25.	Age 24	352	670
26.	Ages 25-29	1,465	2,721
27.	Ages 30-34	1,742	3,370
28.	Ages 35-39	1,606	2,914
29.	Ages 40-44	1,525	2,676
30.	Ages 45-49	1,769	2,764
31.	Ages 50-54	2,003	3,060
32.	Ages 55-59	1,928	2,966
33.	Ages 60-64	1,650	2,697
Subtotal Patients (Sum lines 19-33)		**16,229**	**27,474**

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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2016

Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	961	1,323
35.	Ages 70-74	394	569
36.	Ages 75-79	223	381
37.	Ages 80-84	126	258
38.	Age 85 and over	96	194
Subtotal Patients (Sum lines 34-38)		**1,800**	**2,725**
39.	**Total Patients (Sum lines 1-38)**	**31,385**	**43,493**

OMB Control Number: 0195-0193

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UDS Report - 2016

Table 3A: Patients By Age And By Sex Assigned At Birth - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	33	24
2.	Age 1	15	9
3.	Age 2	17	15
4.	Age 3	13	25
5.	Age 4	27	24
6.	Age 5	26	29
7.	Age 6	34	32
8.	Age 7	39	34
9.	Age 8	37	29
10.	Age 9	40	42
11.	Age 10	23	45
12.	Age 11	39	29
13.	Age 12	39	33
14.	Age 13	32	24
15.	Age 14	43	37
16.	Age 15	50	52
17.	Age 16	36	51
18.	Age 17	34	39
Subtotal Patients (Sum lines 1-18)		**577**	**573**
19.	Age 18	22	32
20.	Age 19	14	22
21.	Age 20	5	24
22.	Age 21	13	25
23.	Age 22	21	24
24.	Age 23	15	30
25.	Age 24	12	20
26.	Ages 25-29	34	94
27.	Ages 30-34	53	152
28.	Ages 35-39	60	178
29.	Ages 40-44	66	149
30.	Ages 45-49	62	124
31.	Ages 50-54	73	124
32.	Ages 55-59	70	69
33.	Ages 60-64	41	55
Subtotal Patients (Sum lines 19-33)		**561**	**1,122**

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UDS Report - 2016

Table 3A: Patients By Age And By Sex Assigned At Birth - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	18	29
35.	Ages 70-74	7	9
36.	Ages 75-79	3	3
37.	Ages 80-84	1	3
38.	Age 85 and over	1	4
Subtotal Patients (Sum lines 34-38)		**30**	**48**
39.	**Total Patients (Sum lines 1-38)**	**1,168**	**1,743**

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UDS Report - 2016

Table 3A: Patients By Age And By Sex Assigned At Birth - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	104	70
2.	Age 1	55	40
3.	Age 2	47	39
4.	Age 3	43	52
5.	Age 4	68	59
6.	Age 5	57	66
7.	Age 6	96	86
8.	Age 7	110	80
9.	Age 8	101	98
10.	Age 9	96	68
11.	Age 10	76	101
12.	Age 11	96	68
13.	Age 12	90	70
14.	Age 13	82	86
15.	Age 14	90	85
16.	Age 15	87	95
17.	Age 16	68	90
18.	Age 17	87	102
Subtotal Patients (Sum lines 1-18)		**1,453**	**1,355**
19.	Age 18	46	83
20.	Age 19	60	91
21.	Age 20	46	86
22.	Age 21	54	111
23.	Age 22	66	119
24.	Age 23	68	127
25.	Age 24	64	151
26.	Ages 25-29	291	584
27.	Ages 30-34	364	738
28.	Ages 35-39	298	592
29.	Ages 40-44	272	468
30.	Ages 45-49	339	482
31.	Ages 50-54	392	639
32.	Ages 55-59	432	612
33.	Ages 60-64	351	617
Subtotal Patients (Sum lines 19-33)		**3,143**	**5,500**

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UDS Report - 2016

Table 3A: Patients By Age And By Sex Assigned At Birth - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	198	319
35.	Ages 70-74	58	156
36.	Ages 75-79	30	102
37.	Ages 80-84	18	57
38.	Age 85 and over	15	55
Subtotal Patients (Sum lines 34-38)		**319**	**689**
39.	**Total Patients (Sum lines 1-38)**	**4,915**	**7,544**

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UDS Report - 2016

Table 3B - Demographic Characteristics - Universal

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	384	672		1,056
2a.	Native Hawaiian	0	5		5
2b.	Other Pacific Islander	72	37		109
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**72**	**42**		**114**
3.	Black/African American	636	17,801		18,437
4.	American Indian/Alaska native	43	100		143
5.	White	38,065	10,193		48,258
6.	More than one race	483	306		789
7.	Unreported/Refused to report race	2,652	1,448	1,981	6,081
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**42,335**	**30,562**	**1,981**	**74,878**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	29,885

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	39
14.	Straight (not lesbian or gay)	7,498
15.	Bisexual	5
16.	Something else	33
17.	Don't know	59,045
18.	Chose not to disclose	8,258
19.	**Total Patients (Sum Lines 13 to 18)**	**74,878**

S.No	Patients by Gender Identity	Number (a)
20.	Male	7,609
21.	Female	9,274
22.	Transgender Male/ Female-to-Male	1
23.	Transgender Female/ Male-to-Female	1
24.	Other	57,939
25.	Chose not to disclose	54
26.	**Total Patients (Sum Lines 20 to 25)**	**74,878**

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UDS Report - 2016

Table 3B - Demographic Characteristics - Migrant Health Center

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	3	15		18
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	1	0		1
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**1**	**0**		**1**
3.	Black/African American	14	182		196
4.	American Indian/Alaska native	1	0		1
5.	White	2,357	105		2,462
6.	More than one race	17	5		22
7.	Unreported/Refused to report race	181	16	14	211
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**2,574**	**323**	**14**	**2,911**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	2,155

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	1
14.	Straight (not lesbian or gay)	384
15.	Bisexual	0
16.	Something else	0
17.	Don't know	2,508
18.	Chose not to disclose	18
19.	**Total Patients (Sum Lines 13 to 18)**	**2,911**

S.No	Patients by Gender Identity	Number (a)
20.	Male	192
21.	Female	281
22.	Transgender Male/ Female-to-Male	0
23.	Transgender Female/ Male-to-Female	0
24.	Other	2,436
25.	Chose not to disclose	2
26.	**Total Patients (Sum Lines 20 to 25)**	**2,911**

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UDS Report - 2016

Table 3B - Demographic Characteristics - Health Care For The Homeless

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	39	138		177
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	17	10		27
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**17**	**10**		**27**
3.	Black/African American	130	4,210		4,340
4.	American Indian/Alaska native	1	30		31
5.	White	5,887	1,101		6,988
6.	More than one race	76	30		106
7.	Unreported/Refused to report race	415	201	174	790
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**6,565**	**5,720**	**174**	**12,459**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	4,982

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	3
14.	Straight (not lesbian or gay)	1,613
15.	Bisexual	1
16.	Something else	4
17.	Don't know	10,682
18.	Chose not to disclose	156
19.	**Total Patients (Sum Lines 13 to 18)**	**12,459**

S.No	Patients by Gender Identity	Number (a)
20.	Male	760
21.	Female	1,129
22.	Transgender Male/ Female-to-Male	0
23.	Transgender Female/ Male-to-Female	1
24.	Other	10,557
25.	Chose not to disclose	12
26.	**Total Patients (Sum Lines 20 to 25)**	**12,459**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	32,928
2.	101 - 150%	4,790
3.	151 - 200%	1,460
4.	Over 200%	22,197
5.	Unknown	13,503
6.	**Total (Sum lines 1-5)**	**74,878**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	16,889	21,634
8a.	Regular Medicaid (Title XIX)	8,406	10,359
8b.	CHIP Medicaid	28	31
8.	**Total Medicaid (Sum lines 8a+8b)**	**8,434**	**10,390**
9a.	Dually eligible (Medicare and Medicaid)	15	1,889
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	20	3,140
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	184	32
10.	**Total Public Insurance (Sum lines 10a+10b)**	**184**	**32**
11.	Private Insurance	1,123	13,032
12.	**Total (Sum lines 7+8+9+10+11)**	**26,650**	**48,228**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	178,774	5,445	0	1,045	185,264
13b.	Fee-for-service Member months	58,650	1,780	5,400	86,200	152,030
13c.	**Total Member Months (Sum lines 13a+13b)**	**237,424**	**7,225**	**5,400**	**87,245**	**337,294**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	1,656
15.	Seasonal (330g grantees only)	1,255
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**2,911**
17.	Homeless Shelter (330h grantees only)	282
18.	Transitional (330h grantees only)	273
19.	Doubling Up (330h grantees only)	8,665
20.	Street (330h grantees only)	140
21.	Other (330h grantees only)	3,094
22.	Unknown (330h grantees only)	5
23.	**Total Homeless (All Health Centers Report This Line)**	**12,459**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**11,717**
25.	**Total Veterans (All Health Centers Report This Line)**	**135**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	**0**

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Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	1,755
2.	101 - 150%	197
3.	151 - 200%	26
4.	Over 200%	707
5.	Unknown	226
6.	**Total (Sum lines 1-5)**	**2,911**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	583	1,149
8a.	Regular Medicaid (Title XIX)	508	280
8b.	CHIP Medicaid	2	3
8.	**Total Medicaid (Sum lines 8a+8b)**	**510**	**283**
9a.	Dually eligible (Medicare and Medicaid)	1	35
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	1	47
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	3	1
10.	**Total Public Insurance (Sum lines 10a+10b)**	**3**	**1**
11.	Private Insurance	53	281
12.	**Total (Sum lines 7+8+9+10+11)**	**1,150**	**1,761**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

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Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	1,656
15.	Seasonal (330g grantees only)	1,255
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**2,911**
17.	Homeless Shelter (330h grantees only)	
18.	Transitional (330h grantees only)	
19.	Doubling Up (330h grantees only)	
20.	Street (330h grantees only)	
21.	Other (330h grantees only)	
22.	Unknown (330h grantees only)	
23.	**Total Homeless (All Health Centers Report This Line)**	**1,335**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**140**
25.	**Total Veterans (All Health Centers Report This Line)**	**2**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	**0**

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Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	7,178
2.	101 - 150%	729
3.	151 - 200%	159
4.	Over 200%	3,058
5.	Unknown	1,335
6.	**Total (Sum lines 1-5)**	**12,459**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	1,265	4,780
8a.	Regular Medicaid (Title XIX)	1,345	2,302
8b.	CHIP Medicaid	5	7
8.	**Total Medicaid (Sum lines 8a+8b)**	**1,350**	**2,309**
9a.	Dually eligible (Medicare and Medicaid)	1	577
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	1	751
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	24	7
10.	**Total Public Insurance (Sum lines 10a+10b)**	**24**	**7**
11.	Private Insurance	168	1,804
12.	**Total (Sum lines 7+8+9+10+11)**	**2,808**	**9,651**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

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Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	
15.	Seasonal (330g grantees only)	
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**1,335**
17.	Homeless Shelter (330h grantees only)	282
18.	Transitional (330h grantees only)	273
19.	Doubling Up (330h grantees only)	8,665
20.	Street (330h grantees only)	140
21.	Other (330h grantees only)	3,094
22.	Unknown (330h grantees only)	5
23.	**Total Homeless (All Health Centers Report This Line)**	**12,459**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**327**
25.	**Total Veterans (All Health Centers Report This Line)**	**26**
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	**0**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	14.67	30,181	
2.	General Practitioners	2.31	8,489	
3.	Internists	1.46	3,702	
4.	Obstetrician/Gynecologists	7.43	9,424	
5.	Pediatricians	5.91	20,579	
7.	Other Specialty Physicians	0.55	13	
8.	**Total Physicians (Sum lines 1-7)**	**32.33**	**72,388**	
9a.	Nurse Practitioners	13.68	36,462	
9b.	Physician Assistants	7.25	23,167	
10.	Certified Nurse Midwives	2.61	5,425	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**23.54**	**65,054**	
11.	Nurses	61.47	1,021	
12.	Other Medical Personnel	86.85		
13.	Laboratory Personnel	8.98		
14.	X-Ray Personnel	9.34		
15.	**Total Medical (Sum lines 8+10a through 14)**	**222.51**	**138,463**	**54,797**
Dental Services				
16.	Dentists	9.72	21,564	
17.	Dental Hygienists	6.12	8,503	
17a.	Dental Therapists	0.00	0	
18.	Other Dental Personnel	33.29		
19.	**Total Dental Services (Sum lines 16-18)**	**49.13**	**30,067**	**11,019**
Mental Health Services				
20a.	Psychiatrists	12.68	14,308	
20a1.	Licensed Clinical Psychologists	0.87	900	
20a2.	Licensed Clinical Social Workers	4.32	5,394	
20b.	Other Licensed Mental Health Providers	6.35	27,975	
20c.	Other Mental Health Staff	80.87	24,613	
20.	**Total Mental Health (Sum lines 20a-20c)**	**105.09**	**73,190**	**10,693**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	1.00	1,147	160
Other Professional Services				
22.	Other Professional Services (Specify: Registered Dietician/Nutritionist)	1.00	1,404	942
Vision Services				
22a.	Ophthalmologists	0.00	0	
22b.	Optometrists	0.40	1,550	
22c.	Other Vision Care Staff	0.92		
22d.	**Total Vision Services (Sum lines 22a-22c)**	**1.32**	**1,550**	**1,503**
Pharmacy Personnel				
23.	Pharmacy Personnel	30.93		
Enabling Services				
24.	Case Managers	21.44	15,252	
25.	Patient/Community Education Specialists	21.27	23,692	
26.	Outreach Workers	8.36		
27.	Transportation Staff	14.35		
27a.	Eligibility Assistance Workers	11.25		
27b.	Interpretation Staff	0.00		
27c.	Community Health Workers	0.64		
28.	Other Enabling Services (Specify: n/a)	0.00		
29.	**Total Enabling Services (Sum lines 24-28)**	**77.31**	**38,944**	**13,757**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: Food Service Workers)	5.29		
29b.	Quality Improvement Staff	7.88		
Administration and Facility				
30a.	Management and Support Staff	43.81		
30b.	Fiscal and Billing Staff	27.03		
30c.	IT Staff	6.27		
31.	Facility Staff	60.52		
32.	Patient Support Staff	155.97		
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**	**293.60**		
Grand Total				
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**	**795.06**	**284,765**	

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		1,055	
2.	General Practitioners		99	
3.	Internists		24	
4.	Obstetrician/Gynecologists		476	
5.	Pediatricians		1,581	
7.	Other Specialty Physicians		1	
8.	**Total Physicians (Sum lines 1-7)**		**3,236**	
9a.	Nurse Practitioners		1,456	
9b.	Physician Assistants		1,761	
10.	Certified Nurse Midwives		361	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**3,578**	
11.	Nurses		28	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**6,842**	**2,505**
Dental Services				
16.	Dentists		1,290	
17.	Dental Hygienists		637	
17a.	Dental Therapists		0	
18.	Other Dental Personnel			
19.	**Total Dental Services (Sum lines 16-18)**		**1,927**	**601**
Mental Health Services				
20a.	Psychiatrists		317	
20a1.	Licensed Clinical Psychologists		20	
20a2.	Licensed Clinical Social Workers		58	
20b.	Other Licensed Mental Health Providers		371	
20c.	Other Mental Health Staff		224	
20.	**Total Mental Health (Sum lines 20a-20c)**		**990**	**202**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		19	3
Other Professional Services				
22.	Other Professional Services (Specify: registered dietician/nutritionist)		88	57
Vision Services				
22a.	Ophthalmologists		0	
22b.	Optometrists		126	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**126**	**122**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		455	
25.	Patient/Community Education Specialists		308	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
27c.	Community Health Workers			
28.	Other Enabling Services (Specify: n/a)			
29.	**Total Enabling Services (Sum lines 24-28)**		**763**	**327**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: n/a)			
29b.	Quality Improvement Staff			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**		**10,755**	

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		6,734	
2.	General Practitioners		2,124	
3.	Internists		283	
4.	Obstetrician/Gynecologists		1,660	
5.	Pediatricians		3,825	
7.	Other Specialty Physicians		2	
8.	**Total Physicians (Sum lines 1-7)**		**14,628**	
9a.	Nurse Practitioners		6,739	
9b.	Physician Assistants		5,908	
10.	Certified Nurse Midwives		1,008	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**13,655**	
11.	Nurses		297	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**28,580**	**10,298**
Dental Services				
16.	Dentists		4,644	
17.	Dental Hygienists		1,855	
17a.	Dental Therapists		0	
18.	Other Dental Personnel			
19.	**Total Dental Services (Sum lines 16-18)**		**6,499**	**2,210**
Mental Health Services				
20a.	Psychiatrists		3,751	
20a1.	Licensed Clinical Psychologists		199	
20a2.	Licensed Clinical Social Workers		884	
20b.	Other Licensed Mental Health Providers		5,779	
20c.	Other Mental Health Staff		6,601	
20.	**Total Mental Health (Sum lines 20a-20c)**		**17,214**	**2,450**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		170	27
Other Professional Services				
22.	Other Professional Services (Specify: Registered Dietician/Nutritionist)		299	200
Vision Services				
22a.	Ophthalmologists		0	
22b.	Optometrists		432	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**432**	**421**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		5,174	
25.	Patient/Community Education Specialists		1,558	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
27c.	Community Health Workers			
28.	Other Enabling Services (Specify: n/a)			
29.	**Total Enabling Services (Sum lines 24-28)**		**6,732**	**1,574**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: n/a)			
29b.	Quality Improvement Staff			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)**		59,926	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	24	1,642	0	0
2.	General Practitioners	3	628	0	0
3.	Internists	2	280	0	0
4.	Obstetrician/Gynecologists	18	609	0	0
5.	Pediatricians	8	627	0	0
7.	Other Specialty Physicians	1	42	0	0
9a.	Nurse Practitioners	22	1,828	0	0
9b.	Physician Assistants	9	897	0	0
10.	Certified Nurse Midwives	3	155	0	0
11.	Nurses	122	7,168	0	0
16.	Dentists	14	1,305	0	0
17.	Dental Hygienists	9	782	0	0
17a.	Dental Therapists	0	0	0	0
20a.	Psychiatrists	20	738	0	0
20a1.	Licensed Clinical Psychologists	1	13	0	0
20a2.	Licensed Clinical Social Workers	7	431	0	0
20b.	Other Licensed Mental Health Providers	8	698	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	1	13	0	0
30a1.	Chief Executive Officer	1	392	0	0
30a2.	Chief Medical Officer	1	240	0	0
30a3.	Chief Financial Officer	1	145	0	0
30a4.	Chief Information Officer	-	-	-	-

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	2,719	821
3.	Tuberculosis	A15- through A19-	18	18
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	808	643
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	96	70
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	346	187
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	2,623	1,691
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	1,780	1,235
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	377	299
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	642	420
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	14,282	4,963
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52-	1,783	1,057
11.	Hypertension	I10- through I15-	25,492	10,325
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	1,351	1,177
13.	Dehydration	E86-	61	58
14.	Exposure to heat or cold	T33.XXXX, T34.XXXX, T67.XXXX, T68.XXXX, T69.XXXX	17	16
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	82,391	33,674

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).
NOTE: "X" in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	1,975	1,363
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P22.0, P29.3), P35- through P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	280	222
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	1,184	924
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	1,743	427
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	2,102	606
19a.	Tobacco use disorder	F17-	586	465
20a.	Depression and other mood disorders	F30- through F39-	30,196	7,046
20b.	Anxiety disorders including PTSD	F40- through F42-, F43.0, F43.1-	4,795	1,792
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	12,347	1,149
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09-, F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	22,821	3,611

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87390 through 87391	5,089	4,608
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	80	78
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	1,534	1,518
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-10: Z12.31	1,756	1,623
23.	Pap test	CPT-4: 88141 through 88155; 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4	6,425	5,965
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	13,864	10,574
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	4,442	4,071

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).
NOTE: "X" in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	2,329	1,544
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	9,947	6,980
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	199	198
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409	1,309	1,284
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	1,279	955
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	1,537	1,503

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	32	30
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	11,168	9,520
29.	Prophylaxis – adult or child	ADA: D1110, D1120	3,939	3,560
30.	Sealants	ADA: D1351	806	610
31.	Fluoride treatment – adult or child	ADA: D1206, D1208	2,330	2,181
32.	III. Restorative Services	ADA: D21xx through D29xx	6,059	2,887
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	2,191	1,718
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	7,512	3,065

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).
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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	79	21
3.	Tuberculosis	A15- through A19-	1	1
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	22	20
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	1	1
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	5	3
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	115	64
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	37	32
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	39	30
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	43	21
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	703	254
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52-	57	33
11.	Hypertension	I10- through I15-	759	317
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	64	56
13.	Dehydration	E86-	8	7
14.	Exposure to heat or cold	T33.XXXX, T34.XXXX, T67.XXXX, T68.XXXX, T69.XXXX	0	0
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	3,776	1,555

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	140	97
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P22.0, P29.3), P35- through P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	8	7
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	45	35
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	96	9
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	28	9
19a.	Tobacco use disorder	F17-	8	7
20a.	Depression and other mood disorders	F30- through F39-	525	139
20b.	Anxiety disorders including PTSD	F40- through F42-, F43.0, F43.1-	110	47
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	81	24
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09-, F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	227	66

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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87390 through 87391	175	146
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	1	1
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	66	66
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-10: Z12.31	101	94
23.	Pap test	CPT-4: 88141 through 88155; 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4	300	283
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	992	762
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	387	354

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).
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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	157	91
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	600	460
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	2	2
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409	56	55
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	8	8
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	123	121

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	0	0
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	612	516
29.	Prophylaxis – adult or child	ADA: D1110, D1120	303	268
30.	Sealants	ADA: D1351	79	67
31.	Fluoride treatment – adult or child	ADA: D1206, D1208	189	169
32.	III. Restorative Services	ADA: D21xx through D29xx	464	228
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	93	76
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	344	210

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).
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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	1,139	326
3.	Tuberculosis	A15- through A19-	7	7
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	175	138
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	31	20
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	105	55
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	646	365
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	435	273
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	100	78
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	190	115
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	3,613	1,350
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52-	443	268
11.	Hypertension	I10- through I15-	6,886	2,598
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	241	223
13.	Dehydration	E86-	13	11
14.	Exposure to heat or cold	T33.XXXX, T34.XXXX, T67.XXXX, T68.XXXX, T69.XXXX	3	3
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	19,592	6,980

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	380	275
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P22.0, P29.3), P35- through P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	19	17
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	199	154
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	475	92
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	548	135
19a.	Tobacco use disorder	F17-	154	122
20a.	Depression and other mood disorders	F30- through F39-	9,062	1,734
20b.	Anxiety disorders including PTSD	F40- through F42-, F43.0, F43.1-	868	340
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	782	215
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09-, F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	6,043	870

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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87390 through 87391	940	840
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	9	9
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	238	237
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-10: Z12.31	409	379
23.	Pap test	CPT-4: 88141 through 88155; 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4	1,332	1,236
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	2,674	2,082
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	1,041	952

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
Current Dental Terminology (CDT), 2016 – Dental Procedure Codes. American Dental Association (ADA).
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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	504	309
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	1,630	1,203
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	19	19
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409	342	336
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	473	324
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	429	422

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	5	4
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	2,194	1,858
29.	Prophylaxis – adult or child	ADA: D1110, D1120	735	662
30.	Sealants	ADA: D1351	116	101
31.	Fluoride treatment – adult or child	ADA: D1206, D1208	348	322
32.	III. Restorative Services	ADA: D21xx through D29xx	1,302	602
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	528	389
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1,823	726

Sources of Codes:
International Classification of Diseases, 2016, The Complete Draft Code Set (ICD-10-CM). American Medical Association (AMA).
Current Procedural Terminology (CPT), 2014. American Medical Association (AMA).
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Table 6B - Quality Of Care Measures

Prenatal Care Provided by Referral Only (Yes or No): No

Section A - Age Categories for Prenatal Care Patients:

	Demographic Characteristics of Prenatal Care Patients	
S.No	**Age**	**Number of Patients (a)**
1.	Less than 15 years	6
2.	Ages 15-19	173
3.	Ages 20-24	428
4.	Ages 25-44	1,216
5.	Ages 45 and over	8
6.	**Total Patients (Sum lines 1-5)**	**1,831**

Section B - Early Entry into Prenatal Care

S.No	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	1,049	9
8.	Second Trimester	552	22
9.	Third Trimester	145	54

Section C - Childhood Immunization Status

S.No	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	586	586	129

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	16,920	16,920	9,578

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Table 6B - Quality Of Care Measures

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

S.No	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	8,814	8,814	7,026

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

S.No	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Percentage of patients aged 18 and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	35,007	35,007	29,679

Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

S.No	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention	25,503	25,503	24,226

Section H - Use of Appropriate Medications for Asthma

S.No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Percentage of patients aged 5 through 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period	260	260	222

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Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	MEASURE: Percentage of patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy	319	319	269

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

S.No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antithrombotic Therapy (c)
18.	MEASURE: Percentage of patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PCI procedure with aspirin or another antithrombotic therapy	685	685	569

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	13,339	13,339	5,196

Section L - HIV Linkage to Care

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	36	36	36

Section M - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

S.No	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Percentage of patients aged 12 and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	36,581	36,581	27,080

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Table 6B - Quality Of Care Measures

Section N - Dental Sealants for Children between 6-9 Years

S.No	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22.	MEASURE: Percentage of children aged 6 through 9 years, at moderate to high risk of caries who received a sealant on a first permanent molar	247	247	103

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Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	4
2	Deliveries Performed by Health Center's Provider	495

Section A: Deliveries and Birth Weight

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	3	0	0	3
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	9	0	1	8
1d.	American Indian/Alaska Native	2	0	0	2
1e.	White	539	12	34	494
1f.	More Than One Race	6	1	1	4
1g.	Unreported/Refused to Report Race	38	0	0	38
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**597**	**13**	**36**	**549**
Non-Hispanic/Latino					
2a.	Asian	11	0	0	11
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	198	8	20	169
2d.	American Indian/Alaska Native	3	0	0	3
2e.	White	100	5	2	93
2f.	More Than One Race	4	0	0	4
2g.	Unreported/Refused to Report Race	18	0	1	17
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**334**	**13**	**23**	**297**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	17	0	3	14
i.	**Total (Sum lines 1a-h)**	**948**	**26**	**62**	**860**

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Table 7 - Health Outcomes and Disparities

Section B: Controlling High Blood Pressure

S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	33	33	20
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	6	6	4
1c.	Black/African American	95	95	53
1d.	American Indian/Alaska Native	3	3	1
1e.	White	3,329	3,329	2,150
1f.	More Than One Race	42	42	21
1g.	Unreported/Refused to Report Race	260	260	165
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**3,768**	**3,768**	**2,414**
Non-Hispanic/Latino				
2a.	Asian	117	117	76
2b1.	Native Hawaiian	1	1	1
2b2.	Other Pacific Islander	6	6	4
2c.	Black/African American	2,783	2,783	1,466
2d.	American Indian/Alaska Native	22	22	16
2e.	White	1,086	1,086	673
2f.	More Than One Race	27	27	14
2g.	Unreported/Refused to Report Race	79	79	57
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**4,121**	**4,121**	**2,307**
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	46	46	30
i.	**Total (Sum lines 1a-h)**	**7,935**	**7,935**	**4,751**

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Table 7 - Health Outcomes and Disparities

Section C: Diabetes: Hemoglobin A1c Poor Control

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with HbA1c >9% Or No Test During Year (3f)
Hispanic/Latino					
1a.	Asian	22	22	12	10
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	5	5	3	2
1c.	Black/African American	45	45	23	12
1d.	American Indian/Alaska Native	3	3	2	1
1e.	White	2,006	2,006	1,192	540
1f.	More Than One Race	24	24	18	4
1g.	Unreported/Refused to Report Race	167	167	93	47
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**2,272**	**2,272**	**1,343**	**616**
Non-Hispanic/Latino					
2a.	Asian	75	75	44	16
2b1.	Native Hawaiian	1	1	1	0
2b2.	Other Pacific Islander	2	2	1	1
2c.	Black/African American	1,395	1,395	775	445
2d.	American Indian/Alaska Native	13	13	11	1
2e.	White	570	570	334	171
2f.	More Than One Race	18	18	8	4
2g.	Unreported/Refused to Report Race	52	52	32	13
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**2,126**	**2,126**	**1,206**	**651**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	30	30	16	6
i.	**Total (Sum lines 1a-h)**	**4,428**	**4,428**	**2,565**	**1,273**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Financial Costs for Medical Care				
1.	Medical Staff	19,026,134	11,531,897	30,558,031
2.	Lab and X-ray	2,225,612	764,535	2,990,147
3.	Medical/Other Direct	423,784	275,427	699,211
4.	**Total Medical Care Services (Sum lines 1-3)**	**21,675,530**	**12,571,859**	**34,247,389**
Financial Costs for Other Clinical Services				
5.	Dental	3,361,185	1,891,499	5,252,684
6.	Mental Health	8,715,453	4,785,034	13,500,487
7.	Substance Abuse	52,344	12,020	64,364
8a.	Pharmacy not including pharmaceuticals	2,466,866	1,481,139	3,948,005
8b.	Pharmaceuticals	4,097,433		4,097,433
9.	Other Professional (Specify: NUTRITION)	71,738	36,624	108,362
9a.	Vision	124,240	22,684	146,924
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**18,889,259**	**8,229,000**	**27,118,259**
Financial Costs of Enabling and Other Services				
11a.	Case Management	1,224,799		1,224,799
11b.	Transportation	946,532		946,532
11c.	Outreach	426,279		426,279
11d.	Patient and Community Education	1,119,082		1,119,082
11e.	Eligibility Assistance	448,063		448,063
11f.	Interpretation Services	0		0
11g.	Other Enabling Services (Specify: -)	0		0
11h.	Community Health Workers	16,877		16,877
11.	**Total Enabling Services Cost (Sum lines 11a-11h)**	**4,181,632**	**2,324,837**	**6,506,469**
12.	Other Related Services (Specify: FOOD SERVICE)	820,348	115,271	935,619
12a.	Quality Improvement	413,341	264,359	677,700
13.	**Total Enabling and Other Services (Sum Lines 11, 12, and 12a)**	**5,415,321**	**2,704,467**	**8,119,788**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Facility and Non-Clinical Support Services and Totals				
14.	Facility	5,582,150		
15.	Non-Clinical Support Services	17,923,176		
16.	**Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)**	**23,505,326**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**69,485,436**		**69,485,436**
18.	Value of Donated Facilities, Services and Supplies (Specify: DONATED FACILITY AND SUPPLIES)			2,154,737
19.	**Total with Donations (Sum lines 17-18)**			**71,640,173**

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

S.No	Payer Category	Full Charges this Period (a) $	Amount Collected this Period (b) $	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) $	Sliding Discounts (e) $	Bad Debt Write Off (f) $
				Collection of Reconciliation/ Wrap around Current Year (c1) $	Collection of Reconciliation/ Wrap around Previous Years (c2) $	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) $	Penalty/ Payback (c4) $			
1.	Medicaid Non-Managed Care	2,135,015	1,721,786	0	0	0	0	269,747		
2a.	Medicaid Managed Care (capitated)	12,905,487	11,732,261	6,360,614	1,498,868	0	0	1,173,226		
2b.	Medicaid Managed Care (fee-for-service)	4,699,927	4,311,860	0	0	0	0	28,746		
3.	**Total Medicaid (Sum lines 1+2a+2b)**	**19,740,429**	**17,765,907**	**6,360,614**	**1,498,868**	**0**	**0**	**1,471,719**		
4.	Medicare Non-Managed Care	1,901,136	945,839	0	0	0	0	876,478		
5a.	Medicare Managed Care (capitated)	582,387	534,300	0	0	0	0	48,087		
5b.	Medicare Managed Care (fee-for-service)	189,979	169,624	0	0	0	0	6,220		
6.	**Total Medicare (Sum lines 4+5a+5b)**	**2,673,502**	**1,649,763**	**0**	**0**	**0**	**0**	**930,785**		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	0	0	0	0	0	0	0		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	0	0	0	0	0	0	0		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	429,630	209,699	0	0	0	0	202,457		
9.	**Total Other Public (Sum lines 7+8a+8b)**	**429,630**	**209,699**	**0**	**0**	**0**	**0**	**202,457**		
10.	Private Non-Managed Care	8,562,682	7,784,256			0	0	129,738		
11a.	Private Managed Care (capitated)	5,246	4,726			0	0	520		
11b.	Private Managed Care (fee-for-service)	3,173,963	2,885,421			0	0	48,091		
12.	**Total Private (Sum lines 10+11a+11b)**	**11,741,891**	**10,674,403**			**0**	**0**	**178,349**		
13.	Self-pay	39,968,456	4,652,496						27,584,946	6,714,701
14.	**Total (Sum lines 3+6+9+12+13)**	**74,553,908**	**34,952,268**	**6,360,614**	**1,498,868**	**0**	**0**	**2,783,310**	**27,584,946**	**6,714,701**

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Table 9E: Other Revenues

S.No	Source	Amount (a) $
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	3,126,994
1b.	Community Health Center	9,291,863
1c.	Health Care for the Homeless	686,733
1e.	Public Housing Primary Care	0
1g.	**Total Health Center Cluster (Sum lines 1a-1e)**	**13,105,590**
1j.	Capital Improvement Program Grants	136,117
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	0
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**13,241,707**
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	615,992
3.	Other Federal Grants (Specify:TEACHING HEALTH CENTER: BHCC_$971,984; FAMILY HEALTH_$733,064; OBGYN_$626,091; AND HOMELESS TRUST_$14,129)	2,345,196
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	-
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**2,961,188**
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:-)	-
6a.	State/Local Indigent Care Programs (Specify:LOW INCOME POOL_$2,604,773 AND DCF_$2,782,744)	5,387,517
7.	Local Government Grants and Contracts (Specify:PUBLIC HEALTH TRUST $6,726,741 SFAN $268,696 HEALTH CONNECT IN OUR SCHOOLS $3,325,713 HEALTHY BODY HEALTHY SOUL $59,460 DOH $736,005 TCT SERVICE PARTNERSHIPS $685,555 SABA $182,700 GOB $499,015 COPE $161,500 BUILDING BETTER COMMUNITIES $152,045 HELEN B BENTLEY $161,678 INTERGRATED BH $164,634)	13,123,742
8.	Foundation/Private Grants and Contracts (Specify:DCF $8,275 HEALTH PROMOTIONS $20,000 HIYA $29,656 MIAMI CHILDREN $575 MMP $795 MUA $47,250 NFL $27,001 NFP $79,247 PEP $10,000 RCMA $2,624 UM SUCCESS $12,138 WIC $553)	238,114
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**18,749,373**
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:PRESTIGE INVESTMENT SALE_$82,156 DONATIONS_$7,435 CAFETERIA_$117,189 VENDING MACHINE_30,179; MISCELLANEOUS_$717,189)	894,399
11.	**Total Revenue (Sum lines 1+5+9+10)**	**35,846,667**

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UDS Report - 2016

Health Information Technology Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[X] Yes, at all sites and for all providers [_] Yes, but only at some sites or for some providers [_] No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	[X] Yes [_] No
Vendor	Other (Specify: -)
Product Name	Intergy
Version Number	10.10.00.02
Certified Health IT Product List Number	1314E01PBYOOEAJ
1b. Did you switch to your current EHR from a previous system this year?	[_] Yes [X] No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X] Yes [_] No [_] Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X] Yes [_] No [_] Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[X] Yes [_] No [_] Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[X] Yes [_] No [_] Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X] Yes [_] No [_] Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[_] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [X] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	[X] Yes, all eligible providers at all sites are participating [_] Yes, some eligible providers at some sites are participating [_] No, our eligible providers are not yet participating [_] No, because our providers are not eligible [_] Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	[_] Adoption, Implementation, or Upgrade (AIU) [X] Stage 1 [_] Stage 2 [_] Stage 3 [_] Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A

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Health Information Technology Capabilities and Quality Recognition

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[X] Yes [_] No
If yes, then specify the type(s) of service	Care Management, Health Education
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[X] Yes [_] No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	[X] National Committee for Quality Assurance (NCQA) [X] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC) [_] State Based Initiative [_] Private Payer Initiative [_] Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	[X] Yes [_] No
If yes, which third party organization granted accreditation?	[X] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC)
12. Medication-Assisted Treatment (MAT) for Opioid Use Disorder	
How many physicians, on-site or with whom the health center has contracts, had obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?	0
How many patients received medication-assisted treatment for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?	0
13. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services at a distance.	[_] Yes [X] No
If yes (a), how are you using telehealth?	[_] Provide primary care services [_] Provide specialty care services [_] Provide mental health services [_] Provide oral health services [_] Manage patients with chronic conditions [_] Other (Specify: -)
If no (b), please explain why you are not using telehealth:	not reimbursable except for behavioral health at this juncture

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Data Audit Report

Table 3B-Demographic Characteristics

Edit 06166: Inter-year change in users - Proportion of Hawaiian/Other Pacific Islanders differs substantially from last year. CY (0.15)%; Prior Year (0.08)%. Please correct or explain.

Related Tables: Table 3B(UR)

Allison Madden (Health Center) on 2/13/2017 4:25 PM EST: We have such a small number of Hawaiian and /or Pacific Islanders that a change of 1 individual can make a large difference in reporting percentage

Table 4-Selected Patient Characteristics

Edit 05134: SCHIP - On Health Care for the Homeless - More than 25% of SCHIP patients are adults. Please confirm that adults are included in SCHIP. Please correct or explain.

Related Tables: Table 4(HCH)

Allison Madden (Health Center) on 2/15/2017 11:43 AM EST: We have 7 individuals age 18 and above in the Children's Health Insurance Program. UDS considers adults age 18 and up, while CHIP considers children through age 20.

Edit 05135: SCHIP - On Migrant Health Center - More than 25% of SCHIP patients are adults. Please confirm that adults are included in SCHIP. Please correct or explain.

Related Tables: Table 4(MHC)

Allison Madden (Health Center) on 2/15/2017 11:45 AM EST: We have 1 individualsage 18 and above in the Children's Health Insurance Program. UDS considers adults age 18 and up, while CHIP considers children through age 20.

Edit 06104: School Based Health Center Patients in Question - On Health Care for the Homeless - The proportion of School Based Health Center patients changed significantly compared to the prior year on Line 24. (Current Year = (2.62)%; Prior Year = (8.49)%). Please correct or explain.

Related Tables: Table 4(HCH)

Allison Madden (Health Center) on 2/15/2017 11:48 AM EST: Mid 2015 we had a change of scope in the school we provided services in. We went from a total of 42 school based sites that we were awarded down to 31 school based sites. Some of the schools that were lost are in areas with high homeless populations.

Edit 06105: School Based Health Center Patients in Question - On Migrant Health Center - The proportion of School Based Health Center Patients changed significantly compared to the prior year on Line 24. (Current Year = (4.81)%; Prior Year = (14.74)%). Please correct or explain.

Related Tables: Table 4(MHC)

Allison Madden (Health Center) on 2/15/2017 11:49 AM EST: Mid 2015 we had a change of scope in the school we provided services in. We went from a total of 42 school based sites that we were awarded down to 31 school based sites. Some of the schools that were lost are in areas with higher migrant populations.

Edit 03860: Income as Percent of Poverty Level in Question. - Number of patients reported with income over 200% FPL Line 4 Column a (22,197) is greater than 25% of the total patients reported (74,878) . Income must be verified. If income is not verified, please report patients under unknown income. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/15/2017 11:56 AM EST: While we saw a slight decrease in the over 200% population as well as the unknown, the percentage may be still disproportionate due to an increase in the number of patients with Affordable Care Act insurance, thereby treating patients categorized at a higher poverty level. 2016 2015 Percent of Poverty Level % of total Number of Patients (a) % of total Number of Patients (a) 100% and below 44.0% 32,928 38.5% 29391 101–150% 6.4% 4,790 6.0% 4577 151–200% 1.9% 1,460 1.8% 1404 Over 200% 29.6% 22,197 31.5% 24052 Unknown% 18.0% 13,503 22.2% 16922 Total (Sum Lines 1–5) 100.0% 74,878 100.0% 76346

Edit 04162: Inter-year change in Medicaid patients - The percentage of Medicaid patients to total patients has significantly decreased when compared to prior year. Current Year ((25.14)% (18,824)); Prior Year ((30.14)% (23,009)). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/15/2017 12:05 PM EST: We have seen a steady decrease in the number of Medicaid patients seen since the inception of the affordable care act. Since Florida did not expand Medicaid services to the uninsured, most of these patients are now insured under the Affordable Care Act or are now uninsured. 2016 2015 Third Party Insurance Source Total % Total % None/Uninsured 38,522 51.4% 36,938 48.4% Regular Medicaid (Title XIX) 18,765 25.1% 22,449 29.4% CHIP Medicaid 59 0.1% 560 0.7% Total Medicaid (Line 8a + 8b) 18,824 25.1% 23,009 30.1% Dually Eligible (Medicare and Medicaid) 1,904 2.5% 2,055 2.7% Medicare (Dually eligible and Title XVIII) 3,160 4.2% 3,191 4.2% Other Public Insurance Non-CHIP (specify:) 0 0.0% 0 0.0% Other Public Insurance CHIP 217 0.3% 332 0.4% Total Public Insurance (Line 10a + 10b) 217 0.3% 332 0.4% Private Insurance 14,155 18.9% 12,876 16.9% Total (Sum Lines 7 + 8 + 9 +10 +11) 74,878 100.0% 76,346 100.0%

Edit 06314: Inter-year change in patients - The percentage of Other Public Insurance patients to total patients has significantly decreased when compared to prior year. Current Year ((0.29)%, (216)); Prior Year ((0.43)%, (332). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/15/2017 12:08 PM EST: We have seen a steady decrease in the number of "other public Insurance" patients seen since the inception of the affordable care act. Most of these patients are now insured under the Affordable Care Act or are now uninsured.

Edit 01235: Inter-year Change in Patients - There is a decrease in the number of Migrant Health patients reported on Line 16 (2,911) from prior year (3,086) . Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/15/2017 12:11 PM EST: We have seen a steady decrease in the Migrant population as South Florida has relied more on mechanical methods that are less labor intensive.

Edit 04132: Inter-year Change in Patients - There is a decrease in the number of Homeless patients reported on Line 23 Column a (12,459) from prior year Line 23 Column a (13,187) . Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/15/2017 12:14 PM EST: The unemployment rate has seen a steady decrease in the last several years nationwide as well as South Florida. This has thankfully led to a slight decrease in the homeless population.

Table 5-Staffing and Utilization

Edit 05139: Inter-year Patients questioned - On Migrant Health Center - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (6) , CY = (122)). Please correct or explain.

Related Tables: Table 5(MHC)

Allison Madden (Health Center) on 2/10/2017 5:08 PM EST: We began vision services December 2015, therefore only reported 1 month's vision services rendered. In 2016, we reported vision services for the full year.

Edit 05141: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (36) , CY = (421)). Please correct or explain.

Related Tables: Table 5(HCH)

Allison Madden (Health Center) on 2/10/2017 5:14 PM EST: In 2015 we commenced vision services in December, therefore only 1 month vision services were performed in 2015. 2016 vision services represent 1 full year of providing service.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity of Obstetrician/Gynecologists on Line 4 (1,268.37) is reported from the prior year (810.62). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/10/2017 5:17 PM EST: 2015 we have fewer OB/GYN physicians on staff. We utilized Certified Nurse Midwifes to provide some OB/GYN services. This was reflected in the higher number of CNM encounters, then OB/GYN encounters. In 2016 , we were able to hire additional OB/GYN physicians, and thus able to revert back to increasing our ob/gyn physician visits, and reducing CNM visits.

Edit 00038: CNM Productivity Questioned - A significant change in Productivity of Certified Nurse Midwives on Line 10 (2,078.54) is reported from the prior year (2,715.36). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/10/2017 5:18 PM EST: 2015 we have fewer OB/GYN physicians on staff. We utilized Certified Nurse Midwifes to provide some OB/GYN services. This was reflected in the higher number of CNM encounters, then OB/GYN encounters. In 2016 , we were able to hire additional OB/GYN physicians, and thus able to revert back to increasing our ob/gyn physician visits, and reducing CNM visits.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (23.54) . Prior Year - (27.29) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/9/2017 4:43 PM EST: The decrease of the Mid-Level FTEs is related to the elimination of Nurse Practitioners Staff in the School Programs.

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (102) , CY = (1,503)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/10/2017 5:19 PM EST: In 2015 we commenced vision services in December, therefore only 1 month vision services were performed in 2015. 2016 vision services represent 1 full year of providing service.

Edit 04149: Inter-year Patients questioned - On Universal - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (6,263) , CY = (13,757)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/10/2017 5:28 PM EST: Mid 2015 we had a change of scope in the school we provided services in. We went from a total of 42 school based sites that we were awarded down to 31 school based sites. In addition, The Children's trust of Miami Dade County modified their funding model of services/staff providing services, thus reducing our mid level providers from 6 to 1. RN's were reduced as well , and replaced by LPN's. The effect of this reduction is

illustrated in the table below. Since LPN's are not considered independent medical providers, their medical encounters are not eligible for reporting; however, they do provide documented health education (Nutrition, physical activity, hygiene) on a one to one basis in addition to other services. These are now included in line 25. This resulted in the decrease in School Based UDS encounters for 2016 YEAR ENCOUNTERS 2015 Yr 17507 2016 Yr 11717

Table 6A-Selected Diagnoses and Services Rendered

Edit 03611: Contraceptive Management Patients Questioned - For Homeless table, the number reported on Line 25 Column b (309) on Table 6A appears low when compared to women aged 15-44 (3,437) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/13/2017 4:37 PM EST: The numbers reflect the decrease in homeless population from 13,162 in 2015, to 12,459 in 2016. Both numbers represent .025% homeless population receiving contraception management.

Edit 02149: Contraceptive Management Patients Questioned - The number reported on Line 25 Column b (1,544) on Table 6A appears low when compared to women aged 15-44 (18,667) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/13/2017 4:57 PM EST: Overall our number of patients receiving contraceptive management is low due to school based visits for ages 15-17, where contraceptive management is not offered. However, when comparing last year to this year, we has a slight improvement to 8.3% as the table below reflects. 2015 2016 Contraceptive mgt patients 1341 1544 Women Age 15-44 18076 18667 % women w/ contraceptive mgt 7.4% 8.3%

Table 6B-Quality of Care Indicators

Edit 05773: Line 10 Universe in Question - You are reporting (114.07)% of total possible medical patients in the universe for the Childhood Immunization measure (line 10 Column A). This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 2/15/2017 12:21 PM EST: The estimated medical patients in the age group mentioned is higher than for the overall patient base since children 0-2 do not receive BH services and limited dental services. This is reflected in the numbers presented.

Edit 05776: Line 12 Universe in Question - You are reporting (50.31)% of total possible medical patients in the universe for the Child and Adolescent Weight Assessment and Counseling measure(line 12 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 2/15/2017 12:29 PM EST: A large number of children are seen in our School Based Services, many of these children do not necessarily receive a qualified medical visit, but primarily a health education visit. The delivery model was changed in our school based services from Midlevel providers and RN's to RN's and LPN's.

Edit 05784: Line 16 Universe in Question - Based on the universe for total Patients with persistent Asthma on line 16 column A we estimate a prevalence of (0.54)%. This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 2/15/2017 12:31 PM EST: In implantation of ICD 10, in late 2015, allowed us to better identify and therefore provide a diagnosis for patients with persistent Asthma. Prior to the implementation, there was not a diagnosis code to identify persistent Asthma.

Edit 05866: Line 20 Compliance Rate Questioned - A compliance rate of 100% is reported for the Newly Identified HIV Cases and Follow-up measure, Line 20. Please review the reporting of Column c in relation to the sample or universe reported in Column b for accuracy and correct or explain.

Related Tables: Table 6B

Allison Madden (Health Center) on 3/9/2017 10:57 AM EST: We have a very small number of newly diagnosed HIV patients (36), and we track and provide care management in our Ryan White Program and P4C program to provide followup generally within 30 days of diagnosis. We are able to track and treat since there is a relatively small number. 3.9.2016 We reviewed our processes for identifying newly diagnosed HIV patients. This resulted in a lower number of newly diagnosed HIV patients identified in 2016. We believe training and documentation provided us with a more reliable number of newly diagnosed patients in 2016. We feel that this is a more accurate reflection of the truly newly diagnosed HIV patients than we presented in 2015.

Table 7-Health Outcomes and Disparities

Edit 03961: Low Birthweights Questioned - The Race Unreported/Refused to Report LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (1.79)%; PY National Average (6.67)%

Related Tables: Table 7

Allison Madden (Health Center) on 3/10/2017 4:48 PM EST: In calendar year 2015, we didn't report Unreported/Refused (lines 1g and 2g) separately. Everything was totaled and reported on line h. In calendar year 2016, we were able to separate and report each line individually.

Edit 05550: Low Birthweights Questioned - The total "Unreported/Refused to Report Race and Ethnicity" (Line h) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (17.65)%; PYN (8.36)%

Related Tables: Table 7

Allison Madden (Health Center) on 3/10/2017 4:47 PM EST: In calendar year 2015, we didn't report Unreported/Refused (lines 1g and 2g) separately. Everything was totaled and reported on line h. In calendar year 2016, we were able to separate and report each line individually.

Edit 01345: Deliveries in question - The total deliveries on table 7 Line i Column 1a is equal to the total babies delivered by birth weight in Columns 1b + 1c + 1d (948). This is almost impossible because of multiple births. Please correct or explain.

Related Tables: Table 7

Allison Madden (Health Center) on 2/14/2017 5:41 PM EST: For Hispanic/Latino we had one more birth than prenatal patients, indicative of a multiple birth, while for non-hispanic /Latino , we had one less birth than number of patients, indicative of a stillborn. The table below shows the detail. HISPANIC/LATINO NON HISPANIC/LATINO TOTAL Prenatal Pts who delivered 597 334 948 Live Births 598 333 948 Difference +1 -1 0

Edit 05091: Diabetes Universe in question - The universe of Native Hawaiian adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Allison Madden (Health Center) on 2/15/2017 12:33 PM EST: We only have 1 patient who identifies themselves as Native Hawaiian, and happens to be diabetic.

Edit 06215: Diabetes Universe in question - The universe of 'Unreported/Refused to Report Race and Ethnicity' adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR)

Allison Madden (Health Center) on 2/15/2017 12:44 PM EST: The numbers are quite similar, with only a 1% variation. UNIVERSE DIABETIC UNREPORTED/REF 5283 249 TOTAL 74878 4428 % OF TOTAL 7% 6%

Table 8A-Financial Costs

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (227.42); Prior Year (194.86).

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

Rudis Contreras (Health Center) on 2/15/2017 3:44 PM EST: In general, the cost per visit varies from last year because the allocation of the facility and non-clinical support services were allocated using a different allocation methodology. This year the expenses are allocated based on departmental personnel costs where as last year's were allocated based on square footage of offices.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (184.46); Prior Year (230.64).

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

Rudis Contreras (Health Center) on 2/15/2017 3:47 PM EST: As explained on Edit 4117 is due to the different allocation methodology used.

Edit 03948: Cost Per Visit Questioned - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (56.12); Prior Year (50.23). Please correct or explain.

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

Rudis Contreras (Health Center) on 2/15/2017 4:01 PM EST: As explained on Edit 4117 is due to the different allocation methodology used.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (71,738) (NUTRITION) and Table 5, Line 22 (1) (Registered Dietician/Nutritionist) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/15/2017 4:04 PM EST: Reviewed and confirmed that FTEs are correct.

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (94.79); Prior Year (41.79).

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

Rudis Contreras (Health Center) on 2/15/2017 4:15 PM EST: The vision department was established during the month of November last year, therefore, the costs reported were only for one month. On the other hand, this year covered twelve months of operation. As explained on Edit 4117 is due to the different allocation methodology used.

Edit 06301: Costs and FTE Questioned - Community Health Workers are reported on Table 8A, Line 11h (16,877) and Table 5, Line 27c (0.64) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/15/2017 4:17 PM EST: This is a new line for this year. It did not exist last year.

Edit 04131: Cost Per Visit Questioned - Total Enabling Services Cost Per Visit is substantially different than the prior year. Curent Year (167.07); Previous Year (223.08).

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

Rudis Contreras (Health Center) on 2/15/2017 4:22 PM EST: Enabling Services Costs increased due to the increased number of FTES (18). In addition, the costs allocation methodology changes increased the cost per visit.

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (820,348) and Table 5, Line 29a (5.29) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/15/2017 4:30 PM EST: Reviewed and confirm the FTEs reported (5.29) are correct. In addition, last year the other than personnel costs for the cafeteria were reported on this line. However, this year the costs have been allocated to the cost centers of individual departments.

Edit 06306: Costs and FTE Questioned - Quality Improvement is reported on Table 8A, Line 12a (413,341) and Table 5, Line 29b (7.88) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/15/2017 4:33 PM EST: Reviewed and confirmed the Quality Improvement FTEs (7.88) are correct. The cost increase is due to the inclusion of this new line on the UDS report.

Edit 03727: Inter-Year Variance Questioned - Current Year Facility costs vary substantially from last years cost. (Current Year: Facility Accrued Cost Line 14 Column a (5,582,150) ; Prior Year: Facility Accrued Cost Line 14 Column a (2,753,943)). Please correct or explain.

Related Tables: Table 8A

Allison Madden (Health Center) on 3/10/2017 4:38 PM EST: The substantial cost increase is due to the expansion programs established this year. The depreciation expenses of buildings and equipment increased along with facilities costs. 3/10/17 The increase of the Facility Expense is related to the following factors: A. The costs due to the renovation of three existing medical facilities. Plus, the acquisition and renovation of a new medical building at the Florida Keys. The major costs increase in CY-2016 are: depreciation expense ($184,874), pet control services, building permits, and leasing ($67,670), telecommunications and utilities ($58,322), maintenance and repairs of buildings equipment ($38,155), facility supplies expense ($34,783), contractual services for the maintenance of the air conditioning units and other minor equipment ($47,146), waste collection ($36,388). B. The salaries of the facility staff were increased by 3% in CY-2016. Plus, they received a 2% salary bonus on December 2016. As result of these, the personnel costs associated to the facility staff increased by $295,261. C. The total facilities costs related to the other medical facilities in this reporting year is $2,103,763. We reviewed the facility expenses to ensure that capital purchases are not included in the facility cost center.

Edit 03945: Inter-Year variance questioned - Current Year Non-Clinical Support costs, Line 15 Column a (17,923,176) varies substantially from cost on the same line last year (13,179,522) . Please correct or explain.

Related Tables: Table 8A

Rudis Contreras (Health Center) on 2/15/2017 4:50 PM EST: The Non-Clinical Support costs reported are correct. Due to the additional facility, personnel, office supplies, insurances and other operational expenses the costs had increased. Last year some of the non-clinical support costs were reported on line 3; 5; 6; 11c; 11e.

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

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros (7,859,482) exceed 50% of Medicaid Managed Care (capitated) Amount Collected This Period Line 2a Column b (11,732,261) . Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Rudis Contreras (Health Center) on 2/14/2017 4:02 PM EST: The Medicaid Wrap Amount reported ($7,859,482) is correct. The increase is due to the Affordable Care Act Reform which allows the Florida State Department to change the formula of the Wrap Around dollar distribution to the FQHC facilities.

Edit 04158: Inter-year Capitation PMPM questioned - The average Private capitation PMPM reported on Line 11a (4.52) is significanlty different from the prior year (20.93). Please correct or explain.

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

Allison Madden (Health Center) on 3/10/2017 4:39 PM EST: Reviewed and confirmed the average Private capitation PMPM reported on Line 11a is correct. The substantial variance is due to the loss of the Preferred Medical Plan. This plan went out of business on 08/01/2015. 3/10/17 The Charges are not underreported. The Preferred Medical Plan (HMO) went out of business at the end of CY-2015. Therefore, the charges decreased considerably in CY-2016. We used to receive $20.00 per member per month from Preferred Medical Plan. This reporting year, no activity is reported on Table 9D pertaining to this health plans.

Edit 05100: PMPM collections in question - Private Capitation PMPM is outside the typical range. Check to see that the revenue and member months are entered correctly or explain.

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

Allison Madden (Health Center) on 3/10/2017 4:43 PM EST: E Private Capitation PMPM is outside the typical range because of he loss of the Preferred Medical Plan. 3/10/17 The Charges are not underreported. The Preferred Medical Plan (HMO) went out of business at the end of CY-2015. Therefore, the charges decreased considerably in CY-2016. We used to receive $20.00 per member per month from Preferred Medical Plan. This reporting year, no activity is reported on Table 9D pertaining to this health plans. Our Billing and Collections Department in order increase efficiency and to reflect the actual patients account balances has been reviewing and writing off charges since CY-2015 to reflect the actual patients account balances due to our organization. Our company operating total accrued costs increased from $64,038,006 (CY-2015) $69,485,436 (CY-2016). This represents an overall increase of $5,447,430. Therefore, the Charges to Expense ratio had increased about 36%. 9E. The Teaching Health Center Funding was increased in CY-2016 by $1,078,168. This is the reason for the substantial increase of the Other Federal Receipts.

Table 9E-Other Revenues

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = $ (1,313,499); Percent Surplus or Deficit (1.89)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 9D, Table 8A

Rudis Contreras (Health Center) on 2/15/2017 5:10 PM EST: The deficit at year end reported is correct because the expenses are reported on an accrual basis of accounting while the revenues reported are on a cash basis.

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Cutler Bay, FL

Date Requested: 03/10/2017 04:50 PM EST
Date of Last Report Refreshed: 03/10/2017 04:50 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2016

Comments

Report Comments

Not Available

Table 4 Comments

Mid 2015 we had a change of scope in the school we provided services in. We went from a total of 42 school based sites that we were awarded down to 31 school based sites. In addition, The Children's trust of Miami Dade County modified their funding model of services/staff providing services, thus reducing our mid level providers from 6 to 1. RN's were reduced as well , and replaced by LPN's. The effect of this reduction is illustrated in the table below. The number of school based patients decreased from 17507 in 2015 to 11717 in 2016. This resulted in the decrease in children, however we increased in Adult patients. PATIENTS CHILDREN ADULTS 2015 Yr 31482 44864 2016 Yr 26650 48228

Table 5 Comments

Mid 2015 we had a change of scope in the school we provided services in. We went from a total of 42 school based sites that we were awarded down to 31 school based sites. In addition, The Children's trust of Miami Dade County modified their funding model of services/staff providing services, thus reducing our mid level providers from 6 to 1. RN's were reduced as well , and replaced by LPN's. The effect of this reduction is illustrated in the table below. Since LPN's are not considered independent medical providers, their medical encounters are not eligible for reporting; however, they do provide documented health education (Nutrition, physical activity, hygiene) on a one to one basis in addition to other services. These are now included in line 25. This resulted in the decrease in School Based UDS encounters for 2016 YEAR ENCOUNTERS 2015 Yr 17507 2016 Yr 11717 3/9/16 We began our Teaching Health Center in 2015, and 2016 we have 4 additional psychiatric residents indicated as FTE's. Although this increased our Full Time Equivalents , it did not produce an increase number of encounters due to the fact that the residents can only see about 6-8 patients a day, under the supervision of a supervising physician. This explains the discrepancy in productivity even though there was an increase in psychiatric FTE's.

Table 6B Comments

3/9/17 comment table 6b, line 13 2016 marked an increase in compliance with clinical indicators, not only for UDS but for HEDIS requirements. This was a result of increased staff training and documentation to assist us in achieving a much higher compliance with documentation of BMI screening and follow up. line 20 We reviewed our processes for identifying newly diagnosed HIV patients. This resulted in a lower number of newly diagnosed HIV patients identified in 2016. We believe training and documentation provided us with a more reliable number of newly diagnosed patients in 2016. We feel that this is a more accurate reflection of the truly newly diagnosed HIV patients than we presented in 2015. line 21 2016 marked an increase in compliance with clinical indicators, not only for UDS but for HEDIS requirements. This was a result of increased staff training and documentation to assist us in achieving a much higher compliance with documentation of depression screening for those 12 years of age and older and follow up. In addition we decreased the number of schools we provide services to, thereby decreasing our universe.

Table 7 Comments

Table Section A The information provided was correct, coincidentally , we had 4 multiple births and 3 Stillborn for the Hispanic/Latino and nor Non Hispanic /Latino we had 2 multiple births and 3 stillborn births. Both totals cancel each other and the total number of live births equal the total of deliveries as illustrated by the table below: Prenatal Patients Live Births: Live Births: Live Births: Total Live Births Multiple Births Stillborn Race and Ethnicity Who Delivered < 1500 grams 1500-2499 g > = 2500 grams (1a) (1b) (1c) (1d) Subtotal Hispanic/Latino 597 13 36 549 598 4 3 Subtotal Non-Hispanic/Latino 334 13 23 297 333 2 3 Unreported/Refused to Report Race/Ethnicity 17 0 3 14 17 0 0 Total 950 26 62 862 950 6 6

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
Date of Last Report Refreshed: 04/01/2016 12:04 PM EST

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Center / Health Center Profile

Do you self-identify as an NMHC? No

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BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
Date of Last Report Refreshed: 04/01/2016 12:04 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
32043	5	0	4	6	15
33001	14	9	6	7	36
33010	24	11	1	8	44
33012	22	12	3	9	46
33013	10	6	2	9	27
33014	18	3	2	9	32
33015	22	5	0	7	34
33016	27	6	2	4	39
33018	17	9	1	7	34
33020	5	1	1	3	10
33024	9	4	1	2	16
33025	12	7	0	6	25
33026	4	2	0	4	10
33030	3791	2922	278	735	7726
33031	183	113	23	63	382
33032	2200	2568	264	1495	6527
33033	3870	3093	310	1363	8636
33034	1920	2254	266	564	5004
33035	1217	719	59	289	2284
33036	143	56	32	91	322
33037	311	259	71	184	825
33040	107	344	26	64	541
33042	34	45	9	24	112
33043	65	88	20	44	217
33045	5	9	0	2	16
33050	638	594	153	350	1735
33051	11	6	4	7	28
33052	10	8	2	5	25
33054	12	14	3	2	31
33055	20	12	2	9	43
33056	7	12	6	5	30
33070	176	127	53	164	520
33090	14	16	9	14	53
33092	7	13	4	2	26
33125	77	46	3	31	157
33126	214	54	3	44	315
33127	32	30	6	12	80
33128	11	12	2	9	34
33129	23	11	1	14	49
33130	54	16	2	35	107
33131	20	5	0	10	35
33132	9	7	2	7	25
33133	605	433	47	390	1475
33134	190	45	3	107	345
33135	84	29	6	39	158
33136	32	47	3	14	96

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
33137	15	8	2	12	37
33138	11	16	2	16	45
33139	8	0	0	7	15
33140	9	2	1	4	16
33141	11	3	0	7	21
33142	70	54	6	27	157
33143	545	264	30	349	1188
33144	541	52	1	30	624
33145	206	71	6	104	387
33146	148	20	0	56	224
33147	26	28	6	13	73
33149	20	5	0	26	51
33150	20	23	3	12	58
33154	7	3	0	3	13
33155	514	68	1	137	720
33156	238	84	14	195	531
33157	2836	2413	365	1288	6902
33158	43	5	1	12	61
33160	7	2	0	6	15
33161	11	12	2	5	30
33162	11	10	4	8	33
33165	210	76	4	47	337
33166	43	9	1	12	65
33167	17	8	3	4	32
33168	7	10	3	3	23
33169	15	14	1	3	33
33170	823	1042	138	374	2377
33172	184	36	2	26	248
33173	232	85	11	71	399
33174	172	27	3	16	218
33175	969	130	9	56	1164
33176	805	501	75	238	1619
33177	1856	1286	196	863	4201
33178	196	21	3	17	237
33179	22	3	1	8	34
33180	13	2	0	2	17
33181	5	3	1	2	11
33182	480	12	1	7	500
33183	734	97	13	70	914
33184	404	50	6	17	477
33185	1518	36	3	33	1590
33186	962	287	51	255	1555
33187	459	301	36	128	924
33189	962	836	177	774	2749
33190	718	636	111	600	2065
33193	2196	177	17	106	2496
33194	150	14	0	3	167
33196	850	290	33	207	1380
33197	17	20	8	15	60
33256	10	1	0	5	16
33257	1	4	1	5	11
33326	7	1	0	6	14

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	322	101	144	317	884
Unknown Residence	1	0	0	0	1
Total	36938	23341	3191	12876	76346

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UDS Report - 2015

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	640	549
2.	Age 1	363	324
3.	Age 2	333	282
4.	Age 3	406	368
5.	Age 4	560	522
6.	Age 5	871	898
7.	Age 6	1,092	1,063
8.	Age 7	1,200	1,209
9.	Age 8	1,201	1,299
10.	Age 9	1,201	1,131
11.	Age 10	1,058	1,035
12.	Age 11	1,090	969
13.	Age 12	1,052	977
14.	Age 13	1,068	1,093
15.	Age 14	1,438	1,419
16.	Age 15	908	902
17.	Age 16	689	841
18.	Age 17	646	785
Subtotal Patients (Sum lines 1-18)		**15,816**	**15,666**
19.	Age 18	458	604
20.	Age 19	337	549
21.	Age 20	306	581
22.	Age 21	340	591
23.	Age 22	352	629
24.	Age 23	362	638
25.	Age 24	384	626
26.	Ages 25-29	1,730	3,111
27.	Ages 30-34	1,533	2,968
28.	Ages 35-39	1,428	2,671
29.	Ages 40-44	1,486	2,580
30.	Ages 45-49	1,606	2,538
31.	Ages 50-54	1,919	2,913
32.	Ages 55-59	1,783	2,729
33.	Ages 60-64	1,503	2,318
Subtotal Patients (Sum lines 19-33)		**15,527**	**26,046**

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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	628	867
35.	Ages 70-74	318	495
36.	Ages 75-79	180	317
37.	Ages 80-84	105	189
38.	Age 85 and over	59	133
Subtotal Patients (Sum lines 34-38)		**1,290**	**2,001**
39.	**Total Patients (Sum lines 1-38)**	**32,633**	**43,713**

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Submission Status: Change Requested

UDS Report - 2015

Table 3A: Patients By Age and Gender - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	23	24
2.	Age 1	19	10
3.	Age 2	13	16
4.	Age 3	25	18
5.	Age 4	19	29
6.	Age 5	35	31
7.	Age 6	30	38
8.	Age 7	47	36
9.	Age 8	54	61
10.	Age 9	34	55
11.	Age 10	58	33
12.	Age 11	50	39
13.	Age 12	49	41
14.	Age 13	55	48
15.	Age 14	55	53
16.	Age 15	42	61
17.	Age 16	33	46
18.	Age 17	32	39
Subtotal Patients (Sum lines 1-18)		**673**	**678**
19.	Age 18	19	24
20.	Age 19	13	24
21.	Age 20	15	25
22.	Age 21	18	33
23.	Age 22	19	32
24.	Age 23	12	19
25.	Age 24	15	28
26.	Ages 25-29	48	115
27.	Ages 30-34	59	185
28.	Ages 35-39	48	177
29.	Ages 40-44	60	143
30.	Ages 45-49	68	119
31.	Ages 50-54	70	96
32.	Ages 55-59	53	71
33.	Ages 60-64	32	43
Subtotal Patients (Sum lines 19-33)		**549**	**1,134**

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UDS Report - 2015

Table 3A: Patients By Age and Gender - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	9	17
35.	Ages 70-74	6	8
36.	Ages 75-79	2	3
37.	Ages 80-84	1	2
38.	Age 85 and over	0	4
Subtotal Patients (Sum lines 34-38)		**18**	**34**
39.	**Total Patients (Sum lines 1-38)**	**1,240**	**1,846**

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UDS Report - 2015

Table 3A: Patients By Age and Gender - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	92	77
2.	Age 1	47	36
3.	Age 2	39	30
4.	Age 3	58	42
5.	Age 4	45	52
6.	Age 5	108	103
7.	Age 6	108	106
8.	Age 7	120	121
9.	Age 8	130	127
10.	Age 9	114	144
11.	Age 10	143	110
12.	Age 11	124	94
13.	Age 12	112	125
14.	Age 13	115	113
15.	Age 14	101	115
16.	Age 15	80	106
17.	Age 16	87	101
18.	Age 17	69	84
Subtotal Patients (Sum lines 1-18)		**1,692**	**1,686**
19.	Age 18	52	102
20.	Age 19	67	89
21.	Age 20	62	126
22.	Age 21	69	129
23.	Age 22	74	155
24.	Age 23	59	153
25.	Age 24	66	146
26.	Ages 25-29	347	757
27.	Ages 30-34	319	721
28.	Ages 35-39	283	554
29.	Ages 40-44	291	479
30.	Ages 45-49	337	513
31.	Ages 50-54	445	617
32.	Ages 55-59	426	635
33.	Ages 60-64	323	581
Subtotal Patients (Sum lines 19-33)		**3,220**	**5,757**

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UDS Report - 2015

Table 3A: Patients By Age and Gender - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	114	245
35.	Ages 70-74	57	153
36.	Ages 75-79	26	80
37.	Ages 80-84	26	65
38.	Age 85 and over	8	33
Subtotal Patients (Sum lines 34-38)		**231**	**576**
39.	**Total Patients (Sum lines 1-38)**	**5,143**	**8,019**

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Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Universal

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	149	709		858
2a.	Native Hawaiian	1	2		3
2b.	Other Pacific Islander	21	35		56
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**22**	**37**		**59**
3.	Black/African American	651	18,190		18,841
4.	American Indian/Alaska native	9	97		106
5.	White	39,390	10,700		50,090
6.	More than one race	333	320		653
7.	Unreported/Refused to report race	-	-	5,739	5,739
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**40,554**	**30,053**	**5,739**	**76,346**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	28,660

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UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Migrant Health Center

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	1	19		20
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	0	0		0
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**0**	**0**		**0**
3.	Black/African American	15	175		190
4.	American Indian/Alaska native	0	1		1
5.	White	2,579	117		2,696
6.	More than one race	19	5		24
7.	Unreported/Refused to report race	0	0	155	155
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**2,614**	**317**	**155**	**3,086**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	2,170

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UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Health Care For The Homeless

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	21	156		177
2a.	Native Hawaiian	1	0		1
2b.	Other Pacific Islander	3	9		12
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**4**	**9**		**13**
3.	Black/African American	154	4,538		4,692
4.	American Indian/Alaska native	0	27		27
5.	White	6,318	1,193		7,511
6.	More than one race	61	29		90
7.	Unreported/Refused to report race	0	0	652	652
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**6,558**	**5,952**	**652**	**13,162**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	5,083

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UDS Report - 2015

Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	29,391
2.	101 - 150%	4,577
3.	151 - 200%	1,404
4.	Over 200%	24,052
5.	Unknown	16,922
6.	**Total (Sum lines 1-5)**	**76,346**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	19,617	17,321
8a.	Regular Medicaid (Title XIX)	10,112	12,337
8b.	CHIP Medicaid	448	112
8.	**Total Medicaid (Sum lines 8a+8b)**	**10,560**	**12,449**
9a.	Dually eligible (Medicare and Medicaid)	56	1,999
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	82	3,109
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	268	64
10.	**Total Public Insurance (Sum lines 10a+10b)**	**268**	**64**
11.	Private Insurance	955	11,921
12.	**Total (Sum lines 7+8+9+10+11)**	**31,482**	**44,864**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	158,425	6,043	0	15,887	180,355
13b.	Fee-for-service Member months	60,020	2,985	6,110	10,200	79,315
13c.	**Total Member Months (Sum lines 13a+13b)**	**218,445**	**9,028**	**6,110**	**26,087**	**259,670**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	1,677
15.	Seasonal (330g Health Centers Only)	1,409
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**3,086**
17.	Homeless Shelter (330h Health Centers Only)	295
18.	Transitional (330h Health Centers Only)	264
19.	Doubling Up (330h Health Centers Only)	8,981
20.	Street (330h Health Centers Only)	155
21.	Other (330h Health Centers Only)	3,467
22.	Unknown (330h Health Centers Only)	25
23.	**Total Homeless (All Health Centers Report This Line)**	**13,187**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**17,507**
25.	**Total Veterans (All Health Centers Report This Line)**	**160**
26.	**Total Public Housing Patients (All Health Centers Report This Line)**	**0**

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Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	1,655
2.	101 - 150%	224
3.	151 - 200%	30
4.	Over 200%	744
5.	Unknown	433
6.	**Total (Sum lines 1-5)**	**3,086**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	630	907
8a.	Regular Medicaid (Title XIX)	639	490
8b.	CHIP Medicaid	35	9
8.	**Total Medicaid (Sum lines 8a+8b)**	**674**	**499**
9a.	Dually eligible (Medicare and Medicaid)	7	40
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	7	53
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	8	3
10.	**Total Public Insurance (Sum lines 10a+10b)**	**8**	**3**
11.	Private Insurance	32	273
12.	**Total (Sum lines 7+8+9+10+11)**	**1,351**	**1,735**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	1,677
15.	Seasonal (330g Health Centers Only)	1,409
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**3,086**
17.	Homeless Shelter (330h Health Centers Only)	
18.	Transitional (330h Health Centers Only)	
19.	Doubling Up (330h Health Centers Only)	
20.	Street (330h Health Centers Only)	
21.	Other (330h Health Centers Only)	
22.	Unknown (330h Health Centers Only)	

S.No	Special Populations	Number of Patients (a)
23.	Total Homeless (All Health Centers Report This Line)	1,399
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	455
25.	Total Veterans (All Health Centers Report This Line)	2
26.	Total Public Housing Patients (All Health Centers Report This Line)	0

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Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	7,189
2.	101 - 150%	672
3.	151 - 200%	166
4.	Over 200%	2,992
5.	Unknown	2,143
6.	**Total (Sum lines 1-5)**	**13,162**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	1,313	4,071
8a.	Regular Medicaid (Title XIX)	1,811	3,143
8b.	CHIP Medicaid	97	38
8.	**Total Medicaid (Sum lines 8a+8b)**	**1,908**	**3,181**
9a.	Dually eligible (Medicare and Medicaid)	9	623
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	11	786
10a.	Other Public Insurance Non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	31	22
10.	**Total Public Insurance (Sum lines 10a+10b)**	**31**	**22**
11.	Private Insurance	115	1,724
12.	**Total (Sum lines 7+8+9+10+11)**	**3,378**	**9,784**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	
15.	Seasonal (330g Health Centers Only)	
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**1,398**
17.	Homeless Shelter (330h Health Centers Only)	295
18.	Transitional (330h Health Centers Only)	264
19.	Doubling Up (330h Health Centers Only)	8,981
20.	Street (330h Health Centers Only)	155
21.	Other (330h Health Centers Only)	3,467
22.	Unknown (330h Health Centers Only)	0

S.No	Special Populations	Number of Patients (a)
23.	Total Homeless (All Health Centers Report This Line)	13,162
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	1,118
25.	Total Veterans (All Health Centers Report This Line)	30
26.	Total Public Housing Patients (All Health Centers Report This Line)	0

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UDS Report - 2015

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	12.94	27,857	
2.	General Practitioners	3.07	10,186	
3.	Internists	1.51	3,263	
4.	Obstetrician/Gynecologists	6.31	5,115	
5.	Pediatricians	6.01	18,881	
7.	Other Specialty Physicians	0.88	409	
8.	**Total Physicians (Sum lines 1-7)**	**30.72**	**65,711**	
9a.	Nurse Practitioners	17.86	49,621	
9b.	Physician Assistants	6.76	20,175	
10.	Certified Nurse Midwives	2.67	7,250	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**27.29**	**77,046**	
11.	Nurses	57.99	16,630	
12.	Other Medical Personnel	90.01		
13.	Laboratory Personnel	9.61		
14.	X-Ray Personnel	9.71		
15.	**Total Medical (Sum lines 8+10a through 14)**	**225.33**	**159,387**	**65,270**
Dental Services				
16.	Dentists	10.47	20,672	
17.	Dental Hygienists	4.99	6,758	
18.	Other Dental Personnel	28.61		
19.	**Total Dental Services (Sum lines 16-18)**	**44.07**	**27,430**	**9,648**
Mental Health Services				
20a.	Psychiatrists	8.70	17,644	
20a1.	Licensed Clinical Psychologists	0.08	27	
20a2.	Licensed Clinical Social Workers	3.65	4,742	
20b.	Other Licensed Mental Health Providers	6.10	14,977	
20c.	Other Mental Health Staff	67.34	16,733	
20.	**Total Mental Health (Sum lines 20a-20c)**	**85.87**	**54,123**	**9,291**

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Program Name: Health Center 330
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UDS Report - 2015

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	1.00	1,326	162
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionist)	0.82	1,395	903
Vision Services				
22a.	Ophthalmologists	0.00	0	
22b.	Optometrists	0.04	102	
22c.	Other Vision Care Staff	0.08		
22d.	**Total Vision Services (Sum lines 22a-22c)**	**0.12**	**102**	**102**
Pharmacy Personnel				
23.	Pharmacy Personnel	28.04		
Enabling Services				
24.	Case Managers	22.56	16,809	
25.	Patient/Community Education Specialists	2.00	6,251	
26.	Outreach Workers	8.45		
27.	Transportation Staff	15.25		
27a.	Eligibility Assistance Workers	14.44		
27b.	Interpretation Staff	0.00		
28.	Other Enabling Services (Specify: None)	0.00		
29.	**Total Enabling Services (Sum lines 24-28)**	**62.70**	**23,060**	**6,263**

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Program Name: Health Center 330

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: Food Service)	5.72		
Administration and Facility				
30a.	Management and Support Staff	43.48		
30b.	Fiscal and Billing Staff	22.45		
30c.	IT Staff	5.56		
31.	Facility Staff	56.46		
32.	Patient Support Staff	163.17		
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**	**291.12**		
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**	**744.79**	**266,823**	

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		937	
2.	General Practitioners		322	
3.	Internists		17	
4.	Obstetrician/Gynecologists		389	
5.	Pediatricians		1,478	
7.	Other Specialty Physicians		16	
8.	**Total Physicians (Sum lines 1-7)**		**3,159**	
9a.	Nurse Practitioners		1,894	
9b.	Physician Assistants		1,347	
10.	Certified Nurse Midwives		604	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**3,845**	
11.	Nurses		348	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**7,352**	**2,725**
Dental Services				
16.	Dentists		1,566	
17.	Dental Hygienists		708	
18.	Other Dental Personnel			
19.	**Total Dental Services (Sum lines 16-18)**		**2,274**	**567**
Mental Health Services				
20a.	Psychiatrists		454	
20a1.	Licensed Clinical Psychologists		3	
20a2.	Licensed Clinical Social Workers		30	
20b.	Other Licensed Mental Health Providers		166	
20c.	Other Mental Health Staff		254	
20.	**Total Mental Health (Sum lines 20a-20c)**		**907**	**179**

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UDS Report - 2015

Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		33	3
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionist)		108	69
Vision Services				
22a.	Ophthalmologists		-	
22b.	Optometrists		6	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**6**	**6**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		483	
25.	Patient/Community Education Specialists		193	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services (Specify: -)			
29.	**Total Enabling Services (Sum lines 24-28)**		**676**	**301**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**		**11,356**	

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UDS Report - 2015

Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		6,697	
2.	General Practitioners		2,886	
3.	Internists		345	
4.	Obstetrician/Gynecologists		1,358	
5.	Pediatricians		3,594	
7.	Other Specialty Physicians		126	
8.	**Total Physicians (Sum lines 1-7)**		**15,006**	
9a.	Nurse Practitioners		7,840	
9b.	Physician Assistants		5,591	
10.	Certified Nurse Midwives		1,556	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**14,987**	
11.	Nurses		1,443	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**31,436**	**11,135**
Dental Services				
16.	Dentists		4,599	
17.	Dental Hygienists		1,644	
18.	Other Dental Personnel			
19.	**Total Dental Services (Sum lines 16-18)**		**6,243**	**2,032**
Mental Health Services				
20a.	Psychiatrists		5,028	
20a1.	Licensed Clinical Psychologists		7	
20a2.	Licensed Clinical Social Workers		1,026	
20b.	Other Licensed Mental Health Providers		3,252	
20c.	Other Mental Health Staff		5,255	
20.	**Total Mental Health (Sum lines 20a-20c)**		**14,568**	**2,267**

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UDS Report - 2015

Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		288	33
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionist)		313	202
Vision Services				
22a.	Ophthalmologists		-	
22b.	Optometrists		36	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**36**	**36**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		5,090	
25.	Patient/Community Education Specialists		2,233	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services (Specify: -)			
29.	**Total Enabling Services (Sum lines 24-28)**		**7,323**	**1,691**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**		**60,207**	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	27	1,359	0	0
2.	General Practitioners	4	671	0	0
3.	Internists	2	256	0	0
4.	Obstetrician/Gynecologists	12	352	0	0
5.	Pediatricians	10	623	0	0
7.	Other Specialty Physicians	1	30	0	0
9a.	Nurse Practitioners	38	1,952	0	0
9b.	Physician Assistants	11	824	0	0
10.	Certified Nurse Midwives	3	119	0	0
11.	Nurses	131	7,848	0	0
16.	Dentists	16	1,286	0	0
17.	Dental Hygienists	7	687	0	0
20a.	Psychiatrists	22	928	0	0
20a1.	Licensed Clinical Psychologists	1	1	0	0
20a2.	Licensed Clinical Social Workers	8	576	0	0
20b.	Other Licensed Mental Health Providers	17	884	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	1	1	0	0
30a1.	Chief Executive Officer	1	380	0	0
30a2.	Chief Medical Officer	1	228	0	0
30a3.	Chief Financial Officer	1	133	0	0
30a4.	Chief Information Officer	0	0	0	0

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UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	4,689	846
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	46	43
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	586	468
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	72	46
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	471	197
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	2,630	1,659
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	1,368	1,058
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	539	423
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	803	501
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	13,007	4,551
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	1,895	1,073
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	18,730	8,786
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)	1,598	1,340

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
13.	Dehydration	276.5x	E86-	47	36
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	21	21
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	66,668	31,945
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	1,782	1,162
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	326	257
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	1,175	897

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	1,495	432
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	1,902	593
19a.	Tobacco use disorder	305.1	F17-	635	519
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	23,218	5,964
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	3,610	1,461
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	9,754	1,174
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	16,081	3,447

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	5,416	4,806
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	72	71
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	1,725	1,690
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	1,538	1,446
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9:	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-,	6,403	5,962

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	V72.3; V72.31; V72.32; V76.2 CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	Z01.42, Z12.4 CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	11,757	9,182
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 – 90662, 90672-90673, 90685-90688	3,595	3,333

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	2,079	1,341
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	9,223	6,387
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	142	138
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	701	685
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	1,472	1,056
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	102	102

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	96	85
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	9,528	8,238
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	3,169	2,853
30.	Sealants	ADA: D1351	ADA: D1351	774	556
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	1,627	1,516
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	5,707	2,621
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	2,338	1,770
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	3,801	2,507

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
Date of Last Report Refreshed: 04/01/2016 12:04 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	93	21
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	6	5
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	14	12
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	0	0
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	4	1
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	118	62
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	58	43
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	29	22
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	50	24
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	593	226
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	41	20
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	494	252
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)	87	73

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
13.	Dehydration	276.5x	E86-	3	3
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	1	1
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	3,132	1,467
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	129	82
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	15	10
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	55	46

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
Date of Last Report Refreshed: 04/01/2016 12:04 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	96	9
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	46	10
19a.	Tobacco use disorder	305.1	F17-	3	2
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	502	111
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	90	38
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	114	36
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	261	72

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	247	208
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	5	5
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	99	96
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	83	81
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9:	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-,	356	331

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
		V72.3; V72.31; V72.32; V76.2	Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	813	635
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	266	243

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	109	70
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	575	454
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	6	6
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	15	15
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	17	15
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	6	6

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	2	2
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	530	431
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	325	278
30.	Sealants	ADA: D1351	ADA: D1351	107	71
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	205	183
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	653	240
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	137	108
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	314	195

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	2,020	326
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	11	10
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	138	107
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	30	17
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	198	75
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	610	390
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	358	243
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	145	106
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	248	142
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	3,682	1,341
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	550	304
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	5,449	2,363
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)	309	253

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
13.	Dehydration	276.5x	E86-	7	5
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA	2	2
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	15,101	6,364
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	280	202
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	33	24
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	192	138

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	441	111
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	523	150
19a.	Tobacco use disorder	305.1	F17-	146	117
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	6,960	1,598
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	771	334
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	1,031	257
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	4,657	902

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	1,167	1,014
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	15	15
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	336	328
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	345	329
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9:	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-,	1,537	1,445

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
		V72.3; V72.31; V72.32; V76.2	Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	2,428	1,951
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	897	834

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	554	335
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	1,599	1,195
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	13	12
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	184	182
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	496	332
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	36	36

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	20	15
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	1,961	1,686
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	630	565
30.	Sealants	ADA: D1351	ADA: D1351	159	108
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	312	287
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	1,298	580
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	541	418
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	695	621

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Table 6B - Quality Of Care Measures

Prenatal care by referral only: No

Section A - Age Categories for Prenatal Patients

Demographic Characteristics of Prenatal Care Patients

S.No	Age	Number of Patients (a)
1.	Less than 15 Years	5
2.	Ages 15 - 19	180
3.	Ages 20 - 24	505
4.	Ages 25 - 44	1,258
5.	Ages 45 and Over	9
6.	**Total Patients (Sum lines 1-5)**	**1,957**

Section B - Trimester of Entry into Prenatal Care

S.No	Trimester of Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	1,193	11
8.	Second Trimester	516	23
9.	Third Trimester	175	39

Section C - Childhood Immunization

S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Children who have received age appropriate vaccines prior to their 3rd birthday during measurement year (on or prior to December 31)	399	399	279

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	17,505	17,505	10,820

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Table 6B - Quality Of Care Measures

Section E - Weight Assessment and Counseling for Children and Adolescents

S.No	Weight Assessment and Counseling for Children and Adolescents	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	27,152	27,152	13,337

Section F - Adult Weight Screening and Follow-Up

S.No	Adult Weight Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	35,962	35,962	23,918

Section G - Tobacco Use Screening and Cessation Intervention

S.No	Tobacco Use Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year and (2) for those found to be a tobacco user, received cessation counseling intervention or medication	27,134	27,134	26,597

Section H - Asthma Pharmacological Therapy

S.No	Asthma Pharmacologic Therapy	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	51	51	39

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Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	MEASURE: Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy	310	310	255

Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy

S.No	Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy	617	617	413

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	12,754	12,754	5,574

Section L - HIV Linkage to Care

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	125	125	116

Section M - Patients Screened for Depression and Follow-Up

S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented	46,490	46,490	24,319

Section N - Dental Sealants

S.No	Dental Sealants	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22.	MEASURE: Children aged 6 through 9 years at moderate to high risk of caries who received a sealant on a permanent first molar tooth	249	249	86

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Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Provider	473

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

S.No	Race and Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	2	0	0	1
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	10	0	1	12
1d.	American Indian/Alaska Native	1	0	0	1
1e.	White	574	22	33	579
1f.	More Than One Race	8	0	1	11
1g.	Unreported/Refused to Report Race	-	-	-	-
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**595**	**22**	**35**	**604**
Non-Hispanic/Latino					
2a.	Asian	18	2	1	24
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	243	14	22	213
2d.	American Indian/Alaska Native	2	0	0	1
2e.	White	90	5	3	53
2f.	More Than One Race	4	0	1	4
2g.	Unreported/Refused to Report Race	-	-	-	-
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**357**	**21**	**27**	**295**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	145	5	3	84
i.	**Total (Sum lines 1a-h)**	**1,097**	**48**	**65**	**983**

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Table 7 - Health Outcomes and Disparities

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

S.No	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	6	6	4
1b1.	Native Hawaiian	1	1	1
1b2.	Other Pacific Islander	1	1	0
1c.	Black/African American	65	65	51
1d.	American Indian/Alaska Native	0	0	0
1e.	White	2,407	2,407	1,614
1f.	More Than One Race	26	26	17
1g.	Unreported/Refused to Report Race	-	-	-
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**2,506**	**2,506**	**1,687**
Non-Hispanic/Latino				
2a.	Asian	98	98	64
2b1.	Native Hawaiian	1	1	1
2b2.	Other Pacific Islander	6	6	3
2c.	Black/African American	2,176	2,176	1,225
2d.	American Indian/Alaska Native	20	20	12
2e.	White	728	728	460
2f.	More Than One Race	15	15	7
2g.	Unreported/Refused to Report Race	-	-	-
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**3,044**	**3,044**	**1,772**
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	231	231	140
i.	**Total (Sum lines 1a-h)**	**5,781**	**5,781**	**3,599**

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Table 7 - Health Outcomes and Disparities

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

S.No	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanic/Latino					
1a.	Asian	3	3	1	2
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	31	31	14	10
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	1,482	1,482	883	389
1f.	More Than One Race	21	21	17	2
1g.	Unreported/Refused to Report Race	-	-	-	-
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**1,537**	**1,537**	**915**	**403**
Non-Hispanic/Latino					
2a.	Asian	51	51	31	15
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	3	3	2	0
2c.	Black/African American	1,044	1,044	614	299
2d.	American Indian/Alaska Native	12	12	9	2
2e.	White	370	370	237	87
2f.	More Than One Race	13	13	8	3
2g.	Unreported/Refused to Report Race	-	-	-	-
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**1,493**	**1,493**	**901**	**406**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	141	141	73	48
i.	**Total (Sum lines 1a-h)**	**3,171**	**3,171**	**1,889**	**857**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Financial Costs for Medical Care				
1.	Medical Staff	18,715,300	6,550,355	25,265,655
2.	Lab and X-ray	2,314,419	999,829	3,314,248
3.	Medical/Other Direct	1,835,662	715,908	2,551,570
4.	**Total Medical Care Services (Sum lines 1-3)**	**22,865,381**	**8,266,092**	**31,131,473**
Financial Costs for Other Clinical Services				
5.	Dental	3,832,655	1,418,082	5,250,737
6.	Mental Health	9,111,547	3,371,272	12,482,819
7.	Substance Abuse	55,505	11,101	66,606
8a.	Pharmacy not including pharmaceuticals	1,965,783	920,576	2,886,359
8b.	Pharmaceuticals	3,973,202		3,973,202
9.	Other Professional (Specify: Vision Services)	92,962	24,170	117,132
9a.	Vision	1,978	2,285	4,263
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**19,033,632**	**5,747,486**	**24,781,118**
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management	1,113,341		1,113,341
11b.	Transportation	801,786		801,786
11c.	Outreach	1,247,699		1,247,699
11d.	Patient and Community Education	112,632		112,632
11e.	Eligibility Assistance	571,945		571,945
11f.	Interpretation Services	0		0
11g.	Other Enabling Services (Specify: None)	0		0
11.	**Total Enabling Services Cost (Sum lines 11a-11g)**	**3,847,403**	**1,296,769**	**5,144,172**
12.	Other Related Services (Specify: Food Service)	2,358,125	623,118	2,981,243
13.	**Total Enabling and Other Services (Sum lines 11-12)**	**6,205,528**	**1,919,887**	**8,125,415**
Facility and Non-Clinical Support Services and Totals				
14.	Facility	2,753,943		
15.	Non-Clinical Support Services	13,179,522		
16.	**Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)**	**15,933,465**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**64,038,006**		**64,038,006**
18.	Value of Donated Facilities, Services and Supplies (Specify: Donated Facilities and Supplies)			3,125,734
19.	**Total with Donations (Sum lines 17-18)**			**67,163,740**

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

S.No	Payer Category	Full Charges this Period (a) $	Amount Collected this Period (b) $	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) $	Sliding Discounts (e) $	Bad Debt Write Off (f) $
				Collection of Reconciliation/ Wrap around Current Year (c1) $	Collection of Reconciliation/ Wrap around Previous Years (c2) $	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) $	Penalty/ Payback (c4) $			
1.	Medicaid Non-Managed Care	5,580,374	4,574,077	0	0	0	0	689,630		
2a.	Medicaid Managed Care (capitated)	8,748,929	8,739,335	3,672,628	1,476,093	0	0	9,594		
2b.	Medicaid Managed Care (fee-for-service)	3,074,266	2,840,651	0	0	0	0	363,378		
3.	**Total Medicaid (Sum lines 1+2a+2b)**	**17,403,569**	**16,154,063**	**3,672,628**	**1,476,093**	**0**	**0**	**1,062,602**		
4.	Medicare Non-Managed Care	1,946,385	926,850	0	0	0	0	944,674		
5a.	Medicare Managed Care (capitated)	611,499	571,494	0	0	0	0	40,005		
5b.	Medicare Managed Care (fee-for-service)	364,864	306,608	0	0	0	0	33,491		
6.	**Total Medicare (Sum lines 4+5a+5b)**	**2,922,748**	**1,804,952**	**0**	**0**	**0**	**0**	**1,018,170**		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	0	0	0	0	0	0	0		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	0	0	0	0	0	0	0		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	385,828	235,427	0	0	0	0	126,337		
9.	**Total Other Public (Sum lines 7+8a+8b)**	**385,828**	**235,427**	**0**	**0**	**0**	**0**	**126,337**		
10.	Private Non-Managed Care	7,284,183	6,702,846			0	0	446,812		
11a.	Private Managed Care (capitated)	362,808	332,453			0	0	30,355		
11b.	Private Managed Care (fee-for-service)	638,270	531,338			0	0	54,010		
12.	**Total Private (Sum lines 10+11a+11b)**	**8,285,261**	**7,566,637**			**0**	**0**	**531,177**		
13.	Self-pay	34,508,309	4,292,858						23,815,655	5,728,379
14.	**Total (Sum lines 3+6+9+12+13)**	**63,505,715**	**30,053,937**	**3,672,628**	**1,476,093**	**0**	**0**	**2,738,286**	**23,815,655**	**5,728,379**

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Table 9E: Other Revenues

S.No	Source	Amount (a) $
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	3,153,293
1b.	Community Health Center	8,933,479
1c.	Health Care for the Homeless	689,943
1e.	Public Housing Primary Care	0
1g.	**Total Health Center Cluster (Sum lines 1a-1e)**	**12,776,715**
1j.	Capital Improvement Program Grants (excluding ARRA)	26,625
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	0
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**12,803,340**
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	657,116
3.	Other Federal Grants (Specify:TEACHING HEALTH CTR: BHCC 605,178.00 OBGYN 276,939.00 FAMILY 370854.00)	1,252,971
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	178,500
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**2,088,587**
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:-)	-
6a.	State/Local Indigent Care Programs (Specify:LOW INCOME POOL 2,429,134 DCF 1,843,021 PHT BAKER ACT 203,531)	4,475,686
7.	Local Government Grants and Contracts (Specify:PUBLIC HEALTH TRUST 5,368,699; SFAN 313,313; SCHOOL, HEALTH CONNECTORS 2,689,141; HEALTHY BODY HEALTHY SOUL 61,755; HEALTHY START 235,114; HEALTHY STEPS 169,451; PROJECT SCREEN 182,136; DOH 1,138,020; TCT SVC PARTNERSHIP 711,805; HCN NURSE PARTNERSHIP GRANT 103,817; SABA UNIVERSITY GRANT 189,800; GENERAL OBLIGATION GRANT 1948540)	13,111,590
8.	Foundation/Private Grants and Contracts (Specify:MISC. GRANTS 249,450)	249,450
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**17,836,726**
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:TRUE HEALTH-PRESTIGE 6,476,404; GOLF, AWARDS BANQUET 48,433; DONATIONS 48,586; CAFETERIA 126825; VENDING MACHINE 38,641; MISC 187,258)	6,926,147
11.	**Total Revenue (Sum lines 1+5+9+10)**	**39,654,800**

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Electronic Health Record Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[X] Yes, at all sites and for all providers [_] Yes, but only at some sites or for some providers [_] No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	[X] Yes [_] No
Vendor	Greenway
Product Name	Intergy
Version Number	9.30.00.7
Certified Health IT Product List Number	09302015-4350-5
1b. Did you switch to your current EHR from a previous system this year?	[_] Yes [X] No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X] Yes [_] No [_] Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X] Yes [_] No [_] Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[X] Yes [_] No [_] Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[X] Yes [_] No [_] Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X] Yes [_] No [_] Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[_] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [X] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	[X] Yes, all eligible providers at all sites are participating [_] Yes, some eligible providers at some sites are participating [_] No, our eligible providers are not yet participating [_] No, because our providers are not eligible [_] Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	[_] Adoption, Implementation, or Upgrade (AIU) [X] Stage 1 [_] Stage 2 [_] Stage 3 [_] Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[X] Yes [_] No
If yes, then specify the type(s) of service	Event Notification Service
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[X] Yes [_] No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	[X] National Committee for Quality Assurance (NCQA) [X] The Joint Commission (TJC)

	[_] Accreditation Association for the Ambulatory Health Care (AAAHC) [_] State Based Initiative [_] Private Payer Initiative [_] Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	[X] Yes [_] No
If yes, which third party organization granted accreditation?	[X] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC)

OMB Control Number: 0195-0193

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
Date of Last Report Refreshed: 04/01/2016 12:04 PM EST

Program Name: Health Center 330
Submission Status: Change Requested

UDS Report - 2015
Data Audit Report

Table 3A-Patients by Age and Gender

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (76,346). Prior Year - (74,323).

Related Tables: Table 3A(UR)

Allison Madden (Health Center) on 2/12/2016 7:13 PM EST: We added a new access point in 2015 , thus an increase in the number of patients served.

Table 4-Selected Patient Characteristics

Edit 05134: SCHIP - On Health Care for the Homeless - More than 25% of SCHIP patients are adults. Please confirm that adults are included in SCHIP. Please correct or explain.

Related Tables: Table 4(HCH)

Allison Madden (Health Center) on 2/12/2016 8:24 PM EST: This is due to the number of 18 year olds enrolled in CHIP.

Edit 06095: Public Housing Patients in Question - On Health Care for the Homeless - The proportion of Public housing patients changed significantly compared to the prior year on Line 26. (Current Year = (0); Prior Year = (112)). Please correct or explain.

Related Tables: Table 4(HCH)

Allison Madden (Health Center) on 4/1/2016 11:42 AM EST: The correct number is 0, we don't have any 'public housing' facilities within a radius of our centers, based on UDS definition.

Edit 03852: Inter-year change in patients - The percentage of Uninsured patients to total patients has significantly decreased when compared to prior year. Current Year ((48.38)%, (36,938)); Prior Year ((65.97)%, (49,030). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/12/2016 8:13 PM EST: The Affordable Care Act has provided insurance to many of our uninsured patients thus increasing the number of private insured patients, doubling from prior year

Edit 03860: Income as Percent of Poverty Level in Question. - Number of patients reported with income over 200% FPL Line 4 Column a (24,052) is greater than 25% of the total patients reported (76,346) . Income must be verified. If income is not verified, please report patients under unknown income. Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 2/12/2016 8:16 PM EST: Patients with private insurance due to the Affordable Care Act have doubled from prior year. Typically individuals with private insurance have a higher income bracket.

Edit 06093: Public Housing Patients in Question - On Universal - The proportion of Public housing patients changed significantly compared to the prior year on Line 26. (Current Year = (0); Prior Year = (390)). Please correct or explain.

Related Tables: Table 4(UR)

Allison Madden (Health Center) on 4/1/2016 11:41 AM EST: The correct number is 0, we don't have any 'public housing' facilities within a radius of our centers, based on UDS definition.

Table 5A-Tenure for Health Center Staff

Edit 06084: Inter-year change in staff tenure in question - Staffing tenure reported on Line 30a1 has increased by more than 12 months per staff person. Please correct or explain.

Related Tables: Table 5A

Rudis Contreras (Health Center) on 2/12/2016 9:38 PM EST: Conducted verification of the information provided, it is correct. Last year the data provided was incorrect.

Edit 06087: Inter-year change in staff tenure in question - Staffing tenure reported on Line 30a3 has increased by more than 12 months per staff person. Please correct or explain.

Related Tables: Table 5A

Rudis Contreras (Health Center) on 3/14/2016 9:51 AM EST: Table 5A Columns A & B Lines 7, 11, 20a, 20a2& 30a report unanticipated numbers when compared to the PY. Also, Columns C & D report no staff. While these may be accurate for 2015 and 2014 was reported representative, they are unexplained. Please review and correct or explain. Line 7 – The Other Specialty Physician: The reason for the unanticipated change is that last year the Radiologist, Dr. Fabio M. Paes was

reported on Table 5 on line 14 (X-Ray Personnel) instead of line 7. Line 11 – Nurses: The change is related to the increase of the overall FTEs (16.19). The School Board of Miami Dade County required a new staffing model for the schools. The Board requested to increase the number of nurses at the schools and to eliminate the Medical Support Staff. Line 20a – Psychiatrics: The change is related to the increase of the FTEs (3.46). These positions are funded under the BHCC Expanded Medical Services Grant. The funding of this grant commenced in January 2015. Line 20a2 – Clinical Social Workers: The change is related to the addition of five part-time employees who have been working for CHI since 2009. These employees were reported on Table 5 line 20c in previous years. In addition, a Licensed Clinical Social Workers (fte .65) was hired during CY-2015. Line 30a3 – Chief Financial Officer: This individual has been working in our corporation as CFO since 11/29/2008. Last year, the date of hire for this individual was erroneously reported. The months (133) reported this year is correct. Columns C & D – Locum and On-Call Personnel: There is nothing to report on these columns, since we do not have these types of employees on staff.

Table 5-Staffing and Utilization

Edit 05139: Inter-year Patients questioned - On Migrant Health Center - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (0) , CY = (6)). Please correct or explain.

Related Tables: Table 5(MHC)

Allison Madden (Health Center) on 2/12/2016 9:12 PM EST: We have added optometry services back into our scope as of November 23, 2015.

Edit 05141: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (0) , CY = (36)). Please correct or explain.

Related Tables: Table 5(HCH)

Allison Madden (Health Center) on 2/12/2016 9:13 PM EST: We have added optometry services back into our scope as of November 23, 2015.

Edit 00024: Family Physicians Productivity Questioned - A significant change in Productivity of Family Physicians Line 1 (2,152.78) is reported from the prior year (3,261.08). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Cary Calhoun (Reviewer) on 3/7/2016 8:34 AM EST: Table 5 reports Family Practitioners' Productivity (Encounters/FTEs) much differently (2,153) than the PY (3,261). The PY State Average was 3,843. Please research and correct or provide a detailed explanation.

Edit 00033: Peds Productivity Questioned - A significant change in Productivity of Pediatricians on Line 5 (3,141.6) is reported from the prior year (2,581.62). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 8:33 PM EST: This is due to the impact of our residency program on productivity. While the number of physicians increased due to our residents, this hampered the productivity as they see less patients than credentialed providers.

Edit 00038: CNM Productivity Questioned - A significant change in Productivity of Certified Nurse Midwives on Line 10 (2,715.36) is reported from the prior year (782.37). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 8:34 PM EST: Due to our residency program in OB/GYN, our CNM's provided most of the clinic visits in our Women's Health Department, thus causing a shift from OB/GYN physician visits to CNM visits. At the same time 4 resident's were added to the FTE total of OB/GYN physicians.

Edit 00058: NP Productivity Questioned - A significant change in Productivity of Nurse Practitioners on Line 9a (2,778.33) is reported from the prior year (2,294.81). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 9:04 PM EST: Due to a decrease in the ARNP's in our School Based Health Centers, the productivity of the remaining NP staff have increased.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity of Obstetrician/Gynecologists on Line 4 (810.62) is reported from the prior year (2,560.19). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 9:05 PM EST: Due to our residency program in OB/GYN, our CNM's provided most of the clinic visits in our Women's Health Department, thus causing a shift from OB/GYN physician visits to CNM visits. At the same time 4 resident's were added to the FTE total of OB/GYN physicians.

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (30.72) . Prior Year - (25.01) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 9:08 PM EST: This is due to our resident physicians being included in the FTE count this year.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (27.29) . Prior Year - (34.88) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 9:11 PM EST: We have decreased the number of mid-level providers as we have reduced the number of schools that we service, going from 41 to 31 school sites. In addition, the practice model has changed from mid-level providers to nurses and medical assistants. In addition, these figures only take into effect the second half of 2015, as these changes came into effect in the 2015-2016 school year.

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (0) , CY = (102)). Please correct or explain.

Related Tables: Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 9:12 PM EST: We have added optometry services back into our scope as of November 23, 2015.

Table 6A-Selected Diagnoses and Services Rendered

Edit 03611: Contraceptive Management Patients Questioned - For Homeless table, the number reported on Line 25 Column b (335) on Table 6A appears low when compared to women aged 15-44 (3,702) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/12/2016 7:51 PM EST: Historically low

Edit 03612: Contraceptive Management Patients Questioned - For Migrant Health Table, the number reported on Line 25 Column b (70) on Table 6A appears low when compared to women aged 15-44 (951) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/12/2016 7:51 PM EST: Historically low.

Edit 05460: Dental in Question - Total dental visits (2,273) on Table 6A(MHC) is less than the total dental visits reported on Table 5(MHC) Total Dental Services (Sum lines 16-18) Clinic Visits Line 19 Column b (2,274) . Please correct or explain.

Related Tables: Table 6A(MHC), Table 5(MHC)

Allison Madden (Health Center) on 2/12/2016 8:59 PM EST: Table 6A does not include services provided by dental hygienists, thus causing the difference.

Edit 05461: Dental in Question - Total dental visits (5,616) on Table 6A(HCH) is less than the total dental visits reported on Table 5(HCH) Total Dental Services (Sum lines 16-18) Clinic Visits Line 19 Column b (6,243) . Please correct or explain.

Related Tables: Table 6A(HCH), Table 5(HCH)

Allison Madden (Health Center) on 2/12/2016 9:00 PM EST: Table 6A does not include services provided by dental hygienists, thus causing the difference.

Edit 02149: Contraceptive Management Patients Questioned - The number reported on Line 25 Column b (1,341) on Table 6A appears low when compared to women aged 15-44 (18,076) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Allison Madden (Health Center) on 2/12/2016 7:12 PM EST: This value has been historically low.

Edit 05459: Dental in Question - Total dental visits (27,040) on Table 6A(Universal) is less than the total dental visits reported on Table 5(Universal) Total Dental Services (Sum lines 16-18) Clinic Visits Line 19 Column b (27,430) . Please correct or explain.

Related Tables: Table 6A(UR), Table 5(UR)

Allison Madden (Health Center) on 2/12/2016 8:59 PM EST: Table 6A does not include services provided by dental hygienists, thus causing the difference.

Table 6B-Quality of Care Indicators

Edit 05777: Line 12 Universe in Question - You are reporting (109.55)% of total possible medical patients in the universe for the Child and Adolescent Weight Assessment and Counseling measure(line 12 Column A). This appears high compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Allison Madden (Health Center) on 2/12/2016 8:06 PM EST: Out of 28992 patients ages 3-17 during the measurement year, 27152 were weight assessed, this is an expected value since our process includes weight /bmi assessment.

Edit 05784: Line 16/Asthma Universe in Question - Based on the universe for total Patients with persistent Asthma on line 16 column A we estimate a prevalence of (0.13)%. This appears low compared to national averages. Please review and correct or explain.

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

Cary Calhoun (Reviewer) on 3/26/2016 3:43 PM EST: Similarly low as the PY

Edit 06161: Line 20 Universe in Question - Based on the universe reported for total patients with HIV Linkage to Care on line 20 column A we estimate a prevalence rate of (0.19)%. This appears high compared to the prior year national average. Please review and correct or explain.

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

Allison Madden (Health Center) on 2/12/2016 8:12 PM EST: South Florida /Miami Dade County has one of the highest rates of HIV in the nation. This has been confirmed and is valid.

Edit 06017: Newly Identified HIV Patients in Question - The universe of newly identified HIV patients reported on Table 6B, Line 20, Column A, is high when compared to total patients diagnosed with Symptomatic/Asymptomatic HIV, reported on Table 6A line 1-2, Column B. Please correct or explain.

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

Allison Madden (Health Center) on 2/12/2016 9:23 PM EST: Miami Dade County has one of the highest HIV rates in the country. We have an outreach program designed to screen each individual for HIV. This number is correct.

Table 7-Health Outcomes and Disparities

Edit 05471: Low Birthweights Questioned - The Asian LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (10.71)% ;PYN (6.76)%

Related Tables: Table 7

Allison Madden (Health Center) on 2/12/2016 9:27 PM EST: Since the number of Asian population delivering is low, a variance of 1 or 2 patients has a significant impact on the rate.

Edit 05548: Low Birthweights Questioned - The More Than One Race LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (11.76)% ;PYN (6.53)%

Related Tables: Table 7

Allison Madden (Health Center) on 2/12/2016 9:30 PM EST: Due to the low number of women who consider themselves more than one race , small variances can impact the percentage of low birth weight significantly

Edit 05097: Diabetes Universe in question - The universe of 'Unreported/Refused to Report' adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR)

Rudis Contreras (Health Center) on 3/14/2016 4:22 PM EST: The fix and comment was made on table 3B (please see comments on table 3b). Our UDS report is coming directly from our Practice Management System and EHR and aggregates data. The report values on Table 3B and Table 7 are directly generated and reported from our PM/EHR dataset. After reviewing each table we found the following: For Hispanic/Latino-White, table 3B, column A, Line 5 there were 39,390 patients in our universe. Table 7, Section B, Line 1e indicates that there are 2407patients with a diagnosis of hypertension. this reflects 6.1% of our population. The total number of patients with hypertension is 5,781, which is 7.5% of our total population. The difference reflects that fact that white/Hispanic have less prevalence of hypertension than black/African Americans, which is 12%. It appears that even though the tables 3B and 7 are directly generated from our EHR, table 7 does not discriminate unreported/refused to report by ethnicity, while table 3B does. As a solution we have moved the unreported/refused from columns A and B to Column C. Race/Ethnicity Table 3B Table 7 Hispanic/Latino-White Column A, Line 5 Section B, Line 1e Hispanic/Latino-Race Unreported/Refused to Report Column A, Line 7 Sections A,B&C, Line 1g Non-Hispanic/Latino-Black/African American Column B, Line 3 Sections B&C, Line 1c Unreported/Refused to Report Race and Ethnicity Column C, Line 7 Sections B&C, Line h

Table 8A-Financial Costs

Edit 03948: Cost Per Visit Questioned - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (50.23); Prior Year (139.81). Please correct or explain.

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

Rudis Contreras (Health Center) on 3/14/2016 10:44 PM EST: The Substance Abuse Cost Per Visit was reduced due to the reduction of the contractual services costs in the amount of 95,325. The total number of visits reported on Table 5 is correct. Conducted again the verification of the information provided

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (Food Service) and Table 5, Line 29a (Food Service) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/12/2016 9:25 PM EST: The description was fixed. And verified the number of FTEs. It is correct.

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (194.86); Prior Year (156.44).

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

Rudis Contreras (Health Center) on 3/14/2016 10:52 PM EST: Total Medical Care Cost Per Visit reported is correct. The current cost per visit increase is due to the additional programs expenditures related related to the Teaching Health Center Program and the Expansion of Hours of Services at the Doris Ison and MLKCC locations. The medical care services cost had an overall increase of $4,363,593, however, the total visits didn't have a significant increase. I researched and verified that the current year cost per visit is correct.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (191.42); Prior Year (137.32).

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

Rudis Contreras (Health Center) on 3/14/2016 11:03 PM EST: Dental Care Cost Per Visit reported is correct. The current cost per visit increase is due to the additional programs expenditures related to the additional hours of services at the Doris Ison and MLK-Annex locations. The dental costs had an overall increase of $1,572,667. The cost increase includes personnel and remodeling costs associated with the expanded hour of services. The visits and costs reported were verified and are correct.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (230.64); Prior Year (191.31).

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

Rudis Contreras (Health Center) on 3/14/2016 11:24 PM EST: The total mental health costs increased only by $44,894, however, the total visits decreased because of the Teaching Health Center Program. The Psychiatrists' visits were less in CY-2015 than in CY-2014 because the Psychiatrics supervision of 4 residents. the costs per visit reported is correct.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (83.97); Prior Year (67.34).

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

Rudis Contreras (Health Center) on 2/12/2016 9:52 PM EST: Cost increase due to the increase of food prices and the space renovation.

Edit 04131: Cost Per Visit Questioned - Total Enabling Services Cost Per Visit is substantially different than the prior year. Curent Year (223.08); Previous Year (146.63).

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

Rudis Contreras (Health Center) on 2/12/2016 9:57 PM EST: The cost increase this year is due to the additional office space and salaries increases paid to new staff.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (92,962) and Table 5, Line 22 (0.82) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/12/2016 9:30 PM EST: Conducted verification of the FTE reported, it is correct.

Edit 03727: Inter-Year Variance Questioned - Current Year Facility costs vary substantially from last years cost. (Current Year: Facility Accrued Cost Line 14 Column a (2,753,943) ; Prior Year: Facility Accrued Cost Line 14 Column a (1,709,341)). Please correct or explain.

Related Tables: Table 8A

Rudis Contreras (Health Center) on 3/14/2016 11:28 PM EST: The total expense increase ($1,032,018) is related to the in-kind costs required by the DOH and South Florida Behavioral Health (new matching costs requirement).

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

Edit 04156: Inter-year Capitation PMPM questioned - The average Medicare capitation PMPM reported on Line 5a (94.57) is significantly different from the prior year (136.45). Please correct or explain.

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

Rudis Contreras (Health Center) on 2/12/2016 8:30 PM EST: The current PMPM rate is reported is correct. We are not doing business with a couple of MSO that provided a higher PMPM rates.

Edit 04158: Inter-year Capitation PMPM questioned - The average Private capitation PMPM reported on Line 11a (20.93) is significanlty different from the prior year (28.68). Please correct or explain.

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

Rudis Contreras (Health Center) on 2/12/2016 8:35 PM EST: Research was conducted, and verified that the PMPM rate is correct.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (133.98); Prior year (111.93). Please review the information and correct or explain.

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

Rudis Contreras (Health Center) on 2/12/2016 10:03 PM EST: We are contracted with a third party billing entity. RCM to transmit our billing. RCM also works our denials. It is the main reason for the revenue increase.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros (5,148,721) exceed 50% of Medicaid Managed Care (capitated) Amount Collected This Period Line 2a Column b (8,739,335) . Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Rudis Contreras (Health Center) on 2/12/2016 10:37 PM EST: Research was conducted, and verified the Medicaid Managed Care (capitated) amount collected in CY-2015 is correct. We received a Medicaid wrap-around payment in the amount of $1,476,093 related to CY-2014.

Table 9E-Other Revenues

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = $ (5,670,731); Percent Surplus or Deficit (8.86)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 8A, Table 9D

Rudis Contreras (Health Center) on 2/12/2016 10:17 PM EST: The surplus is due to the Prestige HMO Sales Proceeds in the amount of $6.3 million.

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Community Health Center Amount Line 1b Column a (8,933,479) . Prior Year - Community Health Center Amount Line 1b Column a (8,173,748) .

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/12/2016 10:46 PM EST: Research was conducted, and verified the amount reported is correct. We received additional funding and a large based increase during CY-2015.

Edit 03467: Inter-Year variation in grant funds - Current year Health Care for the Homeless(Section 330(h)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Health Care for the Homeless Amount Line 1c Column a (689,943) . Prior Year - Health Care for the Homeless Amount Line 1c Column a (493,218) .

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/12/2016 10:47 PM EST: Research was conducted, and verified the amount reported is correct. We received additional funding and a large based increase during CY-2015.

Edit 04206: Inter-year variation in grant funds - A large change in total 330 health center cluster is reported on Line 1g. Review the draw down amounts entered. Please correct or explain this change.
Related Tables: Table 9E
Rudis Contreras (Health Center) on 2/12/2016 10:48 PM EST: Research was conducted, and verified the amount of draw down reported is correct.

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 04/01/2016 12:04 PM EST
Date of Last Report Refreshed: 04/01/2016 12:04 PM EST

Program Name: Health Center 330

Submission Status: Change Requested

UDS Report - 2015

Comments

Report Comments

Community Health of South Florida receives funding from the Children's Trust to provide School Based Healthcare. In 2014 we provided services in 41 School Based Sites, and in 2015 we had a decrease in the number of school sites to 31. The model now incorporates the use of Nurses and Medical Support Staff to provide these services. As a result , School Based Patients patients were reduced from 22045 to a current number of 17507. In addition this year we are including our Residents under the Teaching Healthcenter in Table 5A, showing an increase in the number of physicians.

Table 3B Comments

Our UDS report is coming directly from our Practice Management System and EHR and aggregates data. The report values on Table 3B and Table 7 are directly generated and reported from our PM/EHR dataset. After reviewing each table we found the following: For Hispanic/Latino-White, table 3B, column A, Line 5 there were 39,390 patients in our universe. Table 7, Section B, Line 1e indicates that there are 2407patients with a diagnosis of hypertension. this reflects 6.1% of our population. The total number of patients with hypertension is 5,781, which is 7.5% of our total population. The difference reflects that fact that white/Hispanic have less prevalence of hypertension than black/African Americans, which is 12%. It appears that even though the tables 3B and 7 are directly generated from our EHR, table 7 does not discriminate unreported/refused to report by ethnicity, while table 3B does. As a solution we have moved the unreported/refused from columns A and B to Column C. Race/Ethnicity Table 3B Table 7 Hispanic/Latino-White Column A, Line 5 Section B, Line 1e Hispanic/Latino-Race Unreported/Refused to Report Column A, Line 7 Sections A,B&C, Line 1g Non-Hispanic/Latino-Black/African American Column B, Line 3 Sections B&C, Line 1c Unreported/Refused to Report Race and Ethnicity Column C, Line 7 Sections B&C, Line h

Table 4 Comments

The correct number is 0, we don't have any 'public housing' facilities within a radius of our centers, based on UDS definition.

Table 5 Comments

Due to our residency program in OB/GYN, our CNM's provided most of the clinic visits in our Women's Health Department, thus causing a shift from OB/GYN physician visits to CNM visits. At the same time 4 resident's were added to the FTE total of OB/GYN physicians. Due to our residency program the number of family physician FTE's increased by 4. The residency program decreases the productivity of : 1. Supervising Providers 2. The residents have a daily cap on the number of patients that can be seen/treated by them. Due to our residency program in Psychiatry, the number of psychiatric FTE's increased by approximately 4 FTE's over the preceding year, thus causing a decrease in productivity of the ; 1. Supervising Providers 2. The residents have a daily cap on the number of patients that can be seen/treated by them. In addition, our most senior/productive psychiatrist retired at the end of 2014 with an estimated impact of 6500 encounters. Furthermore, in 2014 line 20c included patient support staff, that we reclassified to line 32 in 2015. Six (6) Fiscal and Billing staff were reclassified to Patient Support Staff which also added to the increase of 43 FTE's in this category. The average number of Substance Abuse encounters per Substance Abuse patient increased due to an increase in the number of Substance Abuse Groups provided in 2015 vs 2014.

Table 6B Comments

Our patient universe of 6-9 yr olds is influenced by the addition of our 31 schools where medical services are provided, however dental services are not provided in these locations. Hence, the lower proportion of dental patients this age receiving services. Section H line 16: This information has been confirmed for the population CHI serves and includes the number of patients with persistent Asthma.

Table 7 Comments

The fix and comment was made on table 3B (please see comments on table 3b). Our UDS report is coming directly from our Practice Management System and EHR and aggregates data. The report values on Table 3B and Table 7 are directly generated and reported from our PM/EHR dataset. After reviewing each table we found the following: For Hispanic/Latino-White, table 3B, column A, Line 5 there were 39,390 patients in our universe. Table 7, Section B, Line 1e indicates that there are 2407patients with a diagnosis of hypertension. this reflects 6.1% of our population. The total number of patients with hypertension is 5,781, which is 7.5% of our total population. The difference reflects that fact that white/Hispanic have less prevalence of hypertension than black/African Americans, which is 12%. It appears that even though the tables 3B and 7 are directly generated from our EHR, table 7 does not discriminate unreported/refused to report by ethnicity, while table 3B does. As a solution we have moved the unreported/refused from columns A and B to Column C. Race/Ethnicity Table 3B Table 7 Hispanic/Latino-White Column A, Line 5 Section B, Line 1e Hispanic/Latino-Race Unreported/Refused to Report Column A, Line 7 Sections A,B&C, Line 1g Non-Hispanic/Latino-Black/African American Column B, Line 3 Sections B&C, Line 1c Unreported/Refused to Report Race and Ethnicity Column C, Line 7 Sections B&C, Line h

Table 8A Comments

Line 4 - Medical Care Services: Reports large changes due the increase of personnel and other than personnel expenditures related to the Teaching Health Center and the Expanded Hours of Medical Services Operations. As result of it, the Laboratory and X-Ray Departments hours of services were increased in CY-2015. Line 5 - Dental Services: This department hours of services were expanded in CY-2015. It's the main reason of the expenditures increase. Line 8a & b - Pharmacy Services Expense: Decrease ($167,932) because of the elimination of contractual pharmacists. This resulted in a reduction of expenditures when compare to CY-2014. However, the pharmaceuticals expenditures increase due to the increase of pharmacy prescriptions associated with self pay patients. Line 9a - Vision Services Expense: This line

report an increase of only $4,263 because CHSFL just started the vision services on 12/31/2015. Line 11b - Transportation: This expense category increased by $207,023 due to the patient transportation buses' repairs services maintenance costs . Line 11c & 11e - Outreach & Eligibility Assistance Departments: The total costs of these departments increased by $205,000 and $362,038 respectably due to the personnel and other costs increases related to the Outreach and Enrollment Program Budget increases funded under the Obama Care Reform. Line 12 - Other Related Services: The total expense decrease due to the reduction of food purchased and the reduction of the remodeling costs reported in CY-2014. Line 14 & 15 - Facility and Non-Clinical Support Services Totals: These reported expenditures increased by $2,076,620. The increase it's related to the remodeling of the Pharmacies and Health Information departments, as well as, the additional offices space associated to the Outreach and Enrollment departments. Line 19- Value of Donated Services Facility, Services and Supplies: The total expense increase ($1,637,734) is related to the in-kind costs required by the DOH and South Florida Behavioral Health (new matching cost requirement).

Table 9D Comments

Even though the total private insurance patient charges do not align with the expectation, we believe the charges reported are correct. These charges are generated from our intergy medical billing system. We recognized that the total allowances for private insurances charges reported are high. The two main reasons are the following: 1. Private Insurance Claims are on hold pending approval of provider's credentials. 2. Delayed authorization for services rendered to private insurance patients. The indigent care charges are being removed from A/R via Sliding Fee Discounts. These removal is done in a quarterly basis. **** No further action needed to revise this table. ****

Table EHR Comments

complete

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Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2014

Center / Health Center Profile

Title	Name	Phone	Fax	Email
UDS Contact	Hermine E Pollard	(305) 216-6429	(786) 245-2770	hpollard@chisouthfl.org
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Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private Insurance (e)	Total Patients (f)
33001	18	6	4	2	30
33010	23	7	1	1	32
33012	35	14	2	3	54
33013	18	4	4	1	27
33014	15	8	3	1	27
33015	30	6	1	6	43
33016	12	3	2	0	17
33018	10	2	0	4	16
33023	10	2	0	0	12
33025	15	3	1	4	23
33027	7	0	1	5	13
33030	5709	1796	300	288	8093
33031	235	72	19	33	359
33032	3366	1930	264	694	6254
33033	5667	2153	365	511	8696
33034	3041	1532	263	252	5088
33035	1554	402	57	116	2129
33036	135	39	18	57	249
33037	350	159	34	92	635
33040	146	309	24	18	497
33042	49	44	9	16	118
33043	119	75	19	26	239
33045	6	5	0	0	11
33050	916	486	159	219	1780
33051	22	2	5	6	35
33052	14	11	1	1	27
33054	8	7	2	2	19
33055	11	8	1	4	24
33056	12	6	3	2	23
33070	228	96	41	68	433
33090	28	14	6	2	50
33092	10	4	5	0	19
33125	139	29	5	7	180
33126	403	29	1	13	446
33127	34	18	6	7	65
33128	15	13	3	5	36
33129	61	4	2	16	83
33130	70	20	1	20	111
33131	30	0	0	8	38
33132	16	5	1	5	27
33133	1307	281	34	200	1822
33134	386	25	1	25	437
33135	171	21	6	24	222
33136	33	25	3	5	66
33137	23	2	1	5	31
33138	20	7	1	5	33

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private Insurance (e)	Total Patients (f)
33139	24	1	1	6	32
33140	25	3	0	1	29
33141	10	2	1	1	14
33142	102	32	10	11	155
33143	1026	155	26	66	1273
33144	1176	13	1	14	1204
33145	498	36	1	39	574
33146	272	4	1	22	299
33147	45	28	10	7	90
33149	39	2	0	9	50
33150	21	15	2	5	43
33155	889	50	4	28	971
33156	287	52	17	30	386
33157	4246	1797	382	554	6979
33158	55	1	2	6	64
33160	12	1	0	2	15
33161	21	3	0	4	28
33162	19	4	3	3	29
33165	257	39	4	26	326
33166	42	4	1	2	49
33167	13	6	4	3	26
33168	9	2	5	3	19
33169	12	9	4	4	29
33170	1120	803	152	190	2265
33172	136	22	3	23	184
33173	263	68	11	26	368
33174	145	17	4	3	169
33175	1031	42	7	17	1097
33176	1002	355	104	111	1572
33177	2698	980	245	578	4501
33178	125	6	1	10	142
33179	18	2	1	2	23
33181	9	4	0	1	14
33182	79	6	0	3	88
33183	651	54	16	32	753
33184	383	7	3	8	401
33185	496	20	3	9	528
33186	1034	202	50	120	1406
33187	573	215	48	59	895
33189	1464	643	188	386	2681
33190	917	457	90	325	1789
33193	1745	98	23	39	1905
33194	188	5	1	2	196
33196	866	190	26	86	1168
33197	35	10	9	6	60
Other ZIP Codes	425	74	103	163	765
Unknown Residence					
Grand Total	49030	16223	3246	5824	74323

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Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	579	573
2.	Age 1	289	295
3.	Age 2	292	308
4.	Age 3	369	353
5.	Age 4	641	634
6.	Age 5	1,445	1,397
7.	Age 6	1,573	1,468
8.	Age 7	1,167	1,245
9.	Age 8	1,469	1,448
10.	Age 9	1,033	1,024
11.	Age 10	1,096	1,012
12.	Age 11	1,721	1,682
13.	Age 12	1,132	1,078
14.	Age 13	1,018	926
15.	Age 14	851	864
16.	Age 15	756	861
17.	Age 16	719	834
18.	Age 17	631	727
Subtotal Patients (Sum lines 1-18)		**16,781**	**16,729**
19.	Age 18	414	627
20.	Age 19	344	509
21.	Age 20	293	537
22.	Age 21	307	562
23.	Age 22	349	593
24.	Age 23	341	587
25.	Age 24	312	577
26.	Ages 25-29	1,474	2,823
27.	Ages 30-34	1,374	2,657
28.	Ages 35-39	1,263	2,471
29.	Ages 40-44	1,423	2,316
30.	Ages 45-49	1,488	2,375
31.	Ages 50-54	1,792	2,753
32.	Ages 55-59	1,469	2,442
33.	Ages 60-64	1,328	2,080
Subtotal Patients (Sum lines 19-33)		**13,971**	**23,909**

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UDS Report - 2014

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	525	778
35.	Ages 70-74	296	445
36.	Ages 75-79	154	286
37.	Ages 80-84	85	181
38.	Age 85 and over	59	124
Subtotal Patients (Sum lines 34-38)		**1,119**	**1,814**
39.	**Total Patients (Sum lines 1-38)**	**31,871**	**42,452**

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UDS Report - 2014

Table 3A: Patients By Age and Gender - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	4	2
2.	Age 1	8	13
3.	Age 2	10	14
4.	Age 3	15	14
5.	Age 4	22	16
6.	Age 5	39	32
7.	Age 6	51	46
8.	Age 7	44	65
9.	Age 8	52	60
10.	Age 9	58	40
11.	Age 10	56	49
12.	Age 11	56	47
13.	Age 12	47	46
14.	Age 13	40	40
15.	Age 14	37	52
16.	Age 15	22	32
17.	Age 16	35	30
18.	Age 17	25	29
Subtotal Patients (Sum lines 1-18)		**621**	**627**
19.	Age 18	18	29
20.	Age 19	16	27
21.	Age 20	19	32
22.	Age 21	12	30
23.	Age 22	19	28
24.	Age 23	8	28
25.	Age 24	12	16
26.	Ages 25-29	83	120
27.	Ages 30-34	77	187
28.	Ages 35-39	73	187
29.	Ages 40-44	67	127
30.	Ages 45-49	62	116
31.	Ages 50-54	83	91
32.	Ages 55-59	41	70
33.	Ages 60-64	37	53
Subtotal Patients (Sum lines 19-33)		**627**	**1,141**

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Table 3A: Patients By Age and Gender - Migrant Health Center

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	8	18
35.	Ages 70-74	7	2
36.	Ages 75-79	1	2
37.	Ages 80-84	2	2
38.	Age 85 and over	0	2
Subtotal Patients (Sum lines 34-38)		**18**	**26**
39.	**Total Patients (Sum lines 1-38)**	**1,266**	**1,794**

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UDS Report - 2014

Table 3A: Patients By Age and Gender - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	35	24
2.	Age 1	22	18
3.	Age 2	20	20
4.	Age 3	28	23
5.	Age 4	91	73
6.	Age 5	119	131
7.	Age 6	129	122
8.	Age 7	110	112
9.	Age 8	128	144
10.	Age 9	151	127
11.	Age 10	128	94
12.	Age 11	120	142
13.	Age 12	110	108
14.	Age 13	109	102
15.	Age 14	81	101
16.	Age 15	84	89
17.	Age 16	70	86
18.	Age 17	70	89
Subtotal Patients (Sum lines 1-18)		**1,605**	**1,605**
19.	Age 18	72	90
20.	Age 19	62	123
21.	Age 20	69	124
22.	Age 21	66	162
23.	Age 22	84	162
24.	Age 23	80	170
25.	Age 24	74	160
26.	Ages 25-29	398	849
27.	Ages 30-34	344	691
28.	Ages 35-39	301	540
29.	Ages 40-44	323	475
30.	Ages 45-49	358	532
31.	Ages 50-54	486	671
32.	Ages 55-59	418	622
33.	Ages 60-64	318	600
Subtotal Patients (Sum lines 19-33)		**3,453**	**5,971**

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UDS Report - 2014

Table 3A: Patients By Age and Gender - Health Care For The Homeless

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	109	228
35.	Ages 70-74	58	142
36.	Ages 75-79	29	87
37.	Ages 80-84	27	69
38.	Age 85 and over	10	38
Subtotal Patients (Sum lines 34-38)		**233**	**564**
39.	**Total Patients (Sum lines 1-38)**	**5,291**	**8,140**

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Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Language - Universal

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non Hispanic/Latino (b)	Unreported/Refused to Report (c)	Total (d)
1.	Asian	56	715		771
2a.	Native Hawaiian	0	5		5
2b.	Other Pacific Islander	11	27		38
2.	**Total Hawaiian/Pacific Islander (Sum lines 2a+2b)**	**11**	**32**		**43**
3.	Black/African American	686	19,023		19,709
4.	American Indian/Alaska native	17	128		145
5.	White	37,856	10,087		47,943
6.	More than one race	424	169		593
7.	Unreported/Refused to report	3,239	1,412	468	5,119
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**42,289**	**31,566**	**468**	**74,323**

S.No	Patients by Language	Number of Patients (a)
12.	Patients Best Served in a Language other than English	24,376

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Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Language - Migrant Health Center

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non Hispanic/Latino (b)	Unreported/Refused to Report (c)	Total (d)
1.	Asian	1	9		10
2a.	Native Hawaiian	0	0		0
2b.	Other Pacific Islander	0	1		1
2.	**Total Hawaiian/Pacific Islander (Sum lines 2a+2b)**	**0**	**1**		**1**
3.	Black/African American	13	149		162
4.	American Indian/Alaska native	2	1		3
5.	White	2,609	100		2,709
6.	More than one race	22	5		27
7.	Unreported/Refused to report	132	13	3	148
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**2,779**	**278**	**3**	**3,060**

S.No	Patients by Language	Number of Patients (a)
12.	Patients Best Served in a Language other than English	2,021

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Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Language - Health Care For The Homeless

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non Hispanic/Latino (b)	Unreported/Refused to Report (c)	Total (d)
1.	Asian	15	129		144
2a.	Native Hawaiian	0	1		1
2b.	Other Pacific Islander	1	8		9
2.	**Total Hawaiian/Pacific Islander (Sum lines 2a+2b)**	**1**	**9**		**10**
3.	Black/African American	152	4,728		4,880
4.	American Indian/Alaska native	5	26		31
5.	White	6,358	1,152		7,510
6.	More than one race	88	25		113
7.	Unreported/Refused to report	580	130	33	743
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**7,199**	**6,199**	**33**	**13,431**

S.No	Patients by Language	Number of Patients (a)
12.	Patients Best Served in a Language other than English	4,960

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UDS Report - 2014

Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	29,631
2.	101 - 150%	4,993
3.	151 - 200%	1,626
4.	Over 200%	22,413
5.	Unknown	15,660
6.	**Total (Sum lines 1-5)**	**74,323**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	25,348	23,682
8a.	Regular Medicaid (Title XIX)	7,270	8,361
8b.	CHIP Medicaid	227	46
8.	**Total Medicaid (Sum lines 8a+8b)**	**7,497**	**8,407**
9.	Medicare (Title XVIII)	65	3,181
10a.	Other Public Insurance non-CHIP (Specify: Other Public Insurance Non-CHIP)	1	5
10b.	Other Public Insurance CHIP	287	26
10.	**Total Public Insurance (Sum lines 10a+10b)**	**288**	**31**
11.	Private Insurance	312	5,512
12.	**Total (Sum lines 7+8+9+10+11)**	**33,510**	**40,813**

Managed Care Utilization

S.No	Payor Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	132,925	6,089	-	5,114	144,128
13b.	Fee-for-service Member months	34,615	2,150	3,088	13,687	53,540
13c.	**Total Member Months (Sum lines 13a+13b)**	**167,540**	**8,239**	**3,088**	**18,801**	**197,668**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristics - Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	1,463
15.	Seasonal (330g Health Centers Only)	1,598
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**3,061**
17.	Homeless Shelter (330h Health Centers Only)	307
18.	Transitional (330h Health Centers Only)	282
19.	Doubling Up (330h Health Centers Only)	8,829
20.	Street (330h Health Centers Only)	103
21.	Other (330h Health Centers Only)	3,915
22.	Unknown (330h Health Centers Only)	21
23.	**Total Homeless (All Health Centers Report This Line)**	**13,457**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**22,045**
25.	**Total Veterans (All Health Centers Report This Line)**	**168**
26.	**Total Public Housing Patients (All Health Centers Report This Line)**	**390**

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Table 4 - Selected Patient Characteristics - Migrant Health Center

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	1,863
2.	101 - 150%	250
3.	151 - 200%	25
4.	Over 200%	442
5.	Unknown	480
6.	**Total (Sum lines 1-5)**	**3,060**

	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	740	1,405
8a.	Regular Medicaid (Title XIX)	467	241
8b.	CHIP Medicaid	14	3
8.	**Total Medicaid (Sum lines 8a+8b)**	**481**	**244**
9.	Medicare (Title XVIII)	7	54
10a.	Other Public Insurance non-CHIP (Specify: Other Public Insurance Non-CHIP)	0	0
10b.	Other Public Insurance CHIP	15	0
10.	**Total Public Insurance (Sum lines 10a+10b)**	**15**	**0**
11.	Private Insurance	5	109
12.	**Total (Sum lines 7+8+9+10+11)**	**1,248**	**1,812**

Managed Care Utilization

S.No	Payor Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

S.No	Characteristics - Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	1,462
15.	Seasonal (330g Health Centers Only)	1,598
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**3,060**
17.	Homeless Shelter (330h Health Centers Only)	
18.	Transitional (330h Health Centers Only)	
19.	Doubling Up (330h Health Centers Only)	
20.	Street (330h Health Centers Only)	
21.	Other (330h Health Centers Only)	
22.	Unknown (330h Health Centers Only)	
23.	**Total Homeless (All Health Centers Report This Line)**	**1,212**

S.No	Characteristics - Special Populations	Number of Patients (a)
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	675
25.	Total Veterans (All Health Centers Report This Line)	2
26.	Total Public Housing Patients (All Health Centers Report This Line)	12

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Table 4 - Selected Patient Characteristics - Health Care For The Homeless

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	7,735
2.	101 - 150%	899
3.	151 - 200%	188
4.	Over 200%	2,484
5.	Unknown	2,125
6.	**Total (Sum lines 1-5)**	**13,431**

Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	1,986	6,369
8a.	Regular Medicaid (Title XIX)	1,105	2,218
8b.	CHIP Medicaid	35	10
8.	**Total Medicaid (Sum lines 8a+8b)**	**1,140**	**2,228**
9.	Medicare (Title XVIII)	9	861
10a.	Other Public Insurance non-CHIP (Specify: Other Public Insurance Non-CHIP)	0	0
10b.	Other Public Insurance CHIP	43	5
10.	**Total Public Insurance (Sum lines 10a+10b)**	**43**	**5**
11.	Private Insurance	32	758
12.	**Total (Sum lines 7+8+9+10+11)**	**3,210**	**10,221**

Managed Care Utilization

S.No	Payor Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**					

S.No	Characteristics - Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	
15.	Seasonal (330g Health Centers Only)	
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**1,212**
17.	Homeless Shelter (330h Health Centers Only)	307
18.	Transitional (330h Health Centers Only)	282
19.	Doubling Up (330h Health Centers Only)	8,824
20.	Street (330h Health Centers Only)	103
21.	Other (330h Health Centers Only)	3,915
22.	Unknown (330h Health Centers Only)	0
23.	**Total Homeless (All Health Centers Report This Line)**	**13,431**

S.No	Characteristics - Special Populations	Number of Patients (a)
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	1,546
25.	Total Veterans (All Health Centers Report This Line)	27
26.	Total Public Housing Patients (All Health Centers Report This Line)	112

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	8.89	28,991	
2.	General Practitioners	3.90	13,326	
3.	Internists	1.20	3,185	
4.	Obstetrician/Gynecologists	4.22	10,804	
5.	Pediatricians	6.80	17,555	
7.	Other Specialty Physicians	0.00	5	
8.	**Total Physicians (Sum lines 1-7)**	**25.01**	**73,866**	
9a.	Nurse Practitioners	22.56	51,771	
9b.	Physician Assistants	9.20	23,582	
10.	Certified Nurse Midwives	3.12	2,441	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**34.88**	**77,794**	
11.	Nurses	41.80	6,333	
12.	Other Medical Personnel	111.49		
13.	Laboratory Personnel	9.04		
14.	X-Ray Personnel	10.64		
15.	**Total Medical (Sum lines 8+10a through 14)**	**232.86**	**157,993**	**63,040**
Dental Services				
16.	Dentists	10.48	19,904	
17.	Dental Hygienists	5.44	6,880	
18.	Dental Assistants, Aides, Techs	20.77		
19.	**Total Dental Services (Sum lines 16-18)**	**36.69**	**26,784**	**9,492**
Mental Health Services				
20a.	Psychiatrists	5.24	25,602	
20a1.	Licensed Clinical Psychologists	0.00	0	
20a2.	Licensed Clinical Social Workers	3.00	5,672	
20b.	Other Licensed Mental Health Providers	5.50	15,453	
20c.	Other Mental Health Staff	103.95	18,286	
20.	**Total Mental Health (Sum lines 20a-20c)**	**117.69**	**65,013**	**11,134**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	1.00	1,169	202
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionists.)	1.08	1,389	878
Vision Services				
22a.	Ophthalmologists	0.00	0	
22b.	Optometrists	0.00	0	
22c.	Other Vision Care Staff	0.00		
22d.	**Total Vision Services (Sum lines 22a-22c)**	**0.00**	**0**	**0**
Pharmacy Personnel				
23.	Pharmacy Personnel	26.26		
Enabling Services				
24.	Case Managers	22.52	18,959	
25.	Patient/Community Education Specialists	3.09	6,525	
26.	Outreach Workers	22.40		
27.	Transportation Staff	11.78		
27a.	Eligibility Assistance Workers	5.37		
27b.	Interpretation Staff	0.00		
28.	Other Enabling Services (Specify: -)	0.00		
29.	**Total Enabling Services (Sum lines 24-28)**	**65.16**	**25,484**	**7,436**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: Food Service)	5.20		
Administration and Facility				
30a.	Management and Support Staff	50.13		
30b.	Fiscal and Billing Staff	28.21		
30c.	IT Staff	4.80		
31.	Facility Staff	53.31		
32.	Patient Support Staff	120.31		
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**	**256.76**		
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**	**742.70**	**277,832**	

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		1,230	
2.	General Practitioners		740	
3.	Internists		28	
4.	Obstetrician/Gynecologists		889	
5.	Pediatricians		1,053	
7.	Other Specialty Physicians		0	
8.	**Total Physicians (Sum lines 1-7)**		**3,940**	
9a.	Nurse Practitioners		1,832	
9b.	Physician Assistants		1,350	
10.	Certified Nurse Midwives		192	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**3,374**	
11.	Nurses		228	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**7,542**	**2,705**
Dental Services				
16.	Dentists		1,616	
17.	Dental Hygienists		724	
18.	Dental Assistants, Aides, Techs			
19.	**Total Dental Services (Sum lines 16-18)**		**2,340**	**638**
Mental Health Services				
20a.	Psychiatrists		595	
20a1.	Licensed Clinical Psychologists		0	
20a2.	Licensed Clinical Social Workers		85	
20b.	Other Licensed Mental Health Providers		180	
20c.	Other Mental Health Staff		251	
20.	**Total Mental Health (Sum lines 20a-20c)**		**1,111**	**235**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		7	1
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionists.)		110	66
Vision Services				
22a.	Ophthalmologists		0	
22b.	Optometrists		0	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**0**	**0**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		565	
25.	Patient/Community Education Specialists		242	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services (Specify: -)			
29.	**Total Enabling Services (Sum lines 24-28)**		**807**	**314**

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Table 5 - Staffing And Utilization - Migrant Health Center

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: Cook and Food Service Workers.)			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**		**11,917**	

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians		7,737	
2.	General Practitioners		4,473	
3.	Internists		378	
4.	Obstetrician/Gynecologists		3,083	
5.	Pediatricians		2,688	
7.	Other Specialty Physicians		1	
8.	**Total Physicians (Sum lines 1-7)**		**18,360**	
9a.	Nurse Practitioners		7,186	
9b.	Physician Assistants		6,761	
10.	Certified Nurse Midwives		534	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**		**14,481**	
11.	Nurses		1,086	
12.	Other Medical Personnel			
13.	Laboratory Personnel			
14.	X-Ray Personnel			
15.	**Total Medical (Sum lines 8+10a through 14)**		**33,927**	**11,291**
Dental Services				
16.	Dentists		4,384	
17.	Dental Hygienists		1,680	
18.	Dental Assistants, Aides, Techs			
19.	**Total Dental Services (Sum lines 16-18)**		**6,064**	**1,993**
Mental Health Services				
20a.	Psychiatrists		7,690	
20a1.	Licensed Clinical Psychologists		0	
20a2.	Licensed Clinical Social Workers		1,286	
20b.	Other Licensed Mental Health Providers		3,261	
20c.	Other Mental Health Staff		5,410	
20.	**Total Mental Health (Sum lines 20a-20c)**		**17,647**	**2,827**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services		294	51
Other Professional Services				
22.	Other Professional Services (Specify: Nutritionists.)		409	255
Vision Services				
22a.	Ophthalmologists		0	
22b.	Optometrists		0	
22c.	Other Vision Care Staff			
22d.	**Total Vision Services (Sum lines 22a-22c)**		**0**	**0**
Pharmacy Personnel				
23.	Pharmacy Personnel			
Enabling Services				
24.	Case Managers		5,822	
25.	Patient/Community Education Specialists		2,166	
26.	Outreach Workers			
27.	Transportation Staff			
27a.	Eligibility Assistance Workers			
27b.	Interpretation Staff			
28.	Other Enabling Services (Specify: -)			
29.	**Total Enabling Services (Sum lines 24-28)**		**7,988**	**1,641**

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Table 5 - Staffing And Utilization - Health Care For The Homeless

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: Cafeteria Staff.)			
Administration and Facility				
30a.	Management and Support Staff			
30b.	Fiscal and Billing Staff			
30c.	IT Staff			
31.	Facility Staff			
32.	Patient Support Staff			
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**			
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**		**66,329**	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	17	1,065	0	0
2.	General Practitioners	4	623	0	0
3.	Internists	2	232	0	0
4.	Obstetrician/Gynecologists	8	240	0	0
5.	Pediatricians	7	491	0	0
7.	Other Specialty Physicians	0	0	0	0
9a.	Nurse Practitioners	31	1,326	0	0
9b.	Physician Assistants	11	745	0	0
10.	Certified Nurse Midwives	5	146	0	0
11.	Nurses	55	4,553	0	0
16.	Dentists	13	1,053	0	0
17.	Dental Hygienists	6	583	0	0
20a.	Psychiatrists	13	828	0	0
20a1.	Licensed Clinical Psychologists	0	0	0	0
20a2.	Licensed Clinical Social Workers	3	287	0	0
20b.	Other Licensed Mental Health Providers	8	709	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	0	0	0	0
30a1.	Chief Executive Officer	1	360	0	0
30a2.	Chief Medical Officer	1	216	0	0
30a3.	Chief Financial Officer	1	84	0	0
30a4.	Chief Information Officer	0	0	0	0

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic HIV, Asymptomatic HIV	042, 079.53, V08	3,710	819
1-2a.	Newly Diagnosed HIV			41
3.	Tuberculosis	010.xx - 018.xx	18	16
4.	Syphilis and other sexually transmitted infections	090.xx - 099.xx	376	276
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32	66	38
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71	510	194
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx	2,683	1,586
6.	Chronic bronchitis and Emphysema	490.xx - 492.xx	1,072	893
Selected Other Medical Conditions				
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	329	236
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	958	501
9.	Diabetes Mellitus	250.xx; 648.0x; 775.1x	12,089	4,324
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	1,847	999
11.	Hypertension	401.xx - 405.xx;	17,680	8,098
12.	Contact Dermatitis and other Eczema	692.xx	1,415	1,200
13.	Dehydration	276.5x	35	28
14.	Exposure to Heat or Cold	991.xx - 992.xx	17	16
14a.	Overweight and Obesity	ICD-9: 278.0 - 278.02 or V85.xx excluding V85.0,V85.1, V85.51, V85.52	39,383	21,993
Selected Childhood Conditions				
15.	Otitis Media and Eustachian Tube Disorders	381.xx - 382.xx	1,735	1,158
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	222	173
17.	Lack of expected normal physiologic development (such as delayed milestone, failure to gain weight, failure to thrive). Does not include sexual or mental development nutritional deficiencies in children only	260.xx - 269.xx; 779.3x; 783.3x - 783.4x;	860	644

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	1,601	445
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x - 292.8x; 304.xx, 305.2x - 305.9x; 357.6x, 648.3x	2,232	661
19a.	Tobacco use disorder	305.1	722	588
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	32,217	7,038
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	3,563	1,415
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	11,133	1,445
20d.	Other Mental Disorders,Excluding Drug or Alcohol Dependence (includes mental retardation)	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	18,921	3,886

S.No	Service Category	Applicable ICD-9-CM or CPT-4 Code(s)	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	5,587	4,904
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	474	439
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	2,733	2,614
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	3,086	2,484
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3; V72.31; V72.32; V76.2	6,655	5,796
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	11,578	8,731
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	3,969	3,632

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
25.	Contraceptive Management	ICD-9: V25.xx	2,015	1,214
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383;	8,220	5,511
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	823	799
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075	1,848	1,349
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	608	484
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	9,505	8,251
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	3,092	2,867
30.	Sealants	ADA: D1351	944	704
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	2,276	2,141
32.	III. Restorative Services	ADA: D21xx - D29xx	5,528	2,487
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	2,126	1,629
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	3,709	2,273

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic HIV, Asymptomatic HIV	042, 079.53, V08	96	18
1-2a.	Newly Diagnosed HIV			1
3.	Tuberculosis	010.xx - 018.xx	1	1
4.	Syphilis and other sexually transmitted infections	090.xx - 099.xx	14	8
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32	3	2
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71	2	2
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx	120	70
6.	Chronic bronchitis and Emphysema	490.xx - 492.xx	54	45
Selected Other Medical Conditions				
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	13	10
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	52	27
9.	Diabetes Mellitus	250.xx; 648.0x; 775.1x	512	190
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	33	20
11.	Hypertension	401.xx - 405.xx;	509	243
12.	Contact Dermatitis and other Eczema	692.xx	94	71
13.	Dehydration	276.5x	4	3
14.	Exposure to Heat or Cold	991.xx - 992.xx	1	1
14a.	Overweight and Obesity	ICD-9: 278.0 - 278.02 or V85.xx excluding V85.0,V85.1, V85.51, V85.52	2,029	1,112
Selected Childhood Conditions				
15.	Otitis Media and Eustachian Tube Disorders	381.xx - 382.xx	138	95
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	0	0
17.	Lack of expected normal physiologic development (such as delayed milestone, failure to gain weight, failure to thrive). Does not include sexual or mental development nutritional deficiencies in children only	260.xx - 269.xx; 779.3x; 783.3x - 783.4x;	49	37

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	84	14
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x - 292.8x; 304.xx, 305.2x - 305.9x; 357.6x, 648.3x	69	9
19a.	Tobacco use disorder	305.1	12	9
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	556	146
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	101	41
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	269	49
20d.	Other Mental Disorders,Excluding Drug or Alcohol Dependence (includes mental retardation)	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	322	86

S.No	Service Category	Applicable ICD-9-CM or CPT-4 Code(s)	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	275	228
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	15	9
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	130	127
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	152	118
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3; V72.31; V72.32; V76.2	371	326
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	595	488
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	340	307

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Migrant Health Center

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
25.	Contraceptive Management	ICD-9: V25.xx	125	70
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383;	323	276
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	46	44
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075	34	28
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	5	4
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	630	533
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	317	285
30.	Sealants	ADA: D1351	114	89
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	261	243
32.	III. Restorative Services	ADA: D21xx - D29xx	559	226
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	152	97
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	351	210

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic HIV, Asymptomatic HIV	042, 079.53, V08	1,635	334
1-2a.	Newly Diagnosed HIV			16
3.	Tuberculosis	010.xx - 018.xx	4	4
4.	Syphilis and other sexually transmitted infections	090.xx - 099.xx	112	81
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32	34	17
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71	244	76
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx	678	400
6.	Chronic bronchitis and Emphysema	490.xx - 492.xx	251	202
Selected Other Medical Conditions				
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	86	57
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	283	254
9.	Diabetes Mellitus	250.xx; 648.0x; 775.1x	4,061	1,408
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	535	303
11.	Hypertension	401.xx - 405.xx;	5,478	2,422
12.	Contact Dermatitis and other Eczema	692.xx	265	229
13.	Dehydration	276.5x	5	5
14.	Exposure to Heat or Cold	991.xx - 992.xx	4	4
14a.	Overweight and Obesity	ICD-9: 278.0 - 278.02 or V85.xx excluding V85.0,V85.1, V85.51, V85.52	9,986	4,947
Selected Childhood Conditions				
15.	Otitis Media and Eustachian Tube Disorders	381.xx - 382.xx	306	211
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	8	4
17.	Lack of expected normal physiologic development (such as delayed milestone, failure to gain weight, failure to thrive). Does not include sexual or mental development nutritional deficiencies in children only	260.xx - 269.xx; 779.3x; 783.3x - 783.4x;	143	111

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	493	116
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x - 292.8x; 304.xx, 305.2x - 305.9x; 357.6x, 648.3x	663	157
19a.	Tobacco use disorder	305.1	197	155
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	9,662	2,003
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	795	325
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	1,559	308
20d.	Other Mental Disorders,Excluding Drug or Alcohol Dependence (includes mental retardation)	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	5,985	1,032

S.No	Service Category	Applicable ICD-9-CM or CPT-4 Code(s)	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	1,435	1,257
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	125	112
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	709	662
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	914	745
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3; V72.31; V72.32; V76.2	1,834	1,547
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	2,182	1,775
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	972	896

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Health Care For The Homeless

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Visits with Noted Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
25.	Contraceptive Management	ICD-9: V25.xx	560	338
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383;	938	778
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	115	113
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075	626	415
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	152	122
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	2,035	1,701
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	569	526
30.	Sealants	ADA: D1351	218	146
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	430	396
32.	III. Restorative Services	ADA: D21xx - D29xx	1,241	548
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	473	358
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	946	595

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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UDS Report - 2014

Table 6B - Quality Of Care Indicators

Section A - Age Categories for Prenatal Patients

	Demographic Characteristics of Prenatal Care Patients	
S.No	**Age**	**Number of Patients (a)**
1.	Less than 15 Years	5
2.	Ages 15 - 19	159
3.	Ages 20 - 24	466
4.	Ages 25 - 44	1,085
5.	Ages 45 and Over	7
6.	**Total Patients (Sum lines 1-5)**	**1,722**

Section B - Trimester of Entry into Prenatal Care

S.No	Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	1,079	14
8.	Second Trimester	454	13
9.	Third Trimester	150	12

Section C - Childhood Immunization

S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	Children who have received age appropriate vaccines prior to reaching their 3rd birthday during measurement year (on or prior to 31 December)	402	402	326

Section D - Cervical Cancer Screening

S.No	Pap Tests	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	15,108	15,108	8,965

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Table 6B - Quality Of Care Indicators

Section E - Weight Assessment and Counseling for Children and Adolescents

S.No	Child and Adolescent Weight Assessment and Counseling	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	24,160	24,160	14,528

Section F - Adult Weight Screening and Follow-Up

S.No	Adult Weight Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	29,521	29,521	15,796

Section G - Tobacco Use Screening and Cessation Intervention

S.No	Tobacco Use Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year AND (2) for those found to be a tobacco user, received cessation counseling intervention or medication	17,998	17,998	17,697

Section H - Asthma Pharmacological Therapy

S.No	Asthma Treatment Plan	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	69	69	51

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Table 6B - Quality Of Care Indicators

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy	170	170	131

Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy

S.No	Aspirin or Other Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy	553	553	408

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	10,621	10,621	4,534

Section L - Newly Identified HIV Cases and Follow-Up

S.No	New HIV Cases with Timely Follow-up	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	Patients whose first ever HIV diagnosis was made by health center staff between October 1 and September 30 and who were seen for follow up treatment within 90 days of that first ever diagnosis	41	41	36

Section M - Patients Screened for Depression and Follow-Up

S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	Patients aged 12 and over who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented if patients were considered depressed	36,126	36,126	17,953

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Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	1
2	Deliveries Performed by Health Center's Provider	542

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

S.No	Race & Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	1	0	0	1
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	12	1	1	10
1d.	American Indian/Alaska Native	0	0	0	1
1e.	White	604	14	28	564
1f.	More Than One Race	22	0	2	21
1g.	Unreported/Refused to Report Race	0	0	0	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**639**	**15**	**31**	**597**
Non-Hispanic/Latino					
2a.	Asian	12	0	1	11
2b1.	Native Hawaiian	1	0	0	1
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	261	14	19	231
2d.	American Indian/Alaska Native	2	0	0	2
2e.	White	67	3	3	59
2f.	More Than One Race	11	0	1	11
2g.	Unreported/Refused to Report Race	0	0	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**354**	**17**	**24**	**315**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race & Ethnicity	86	4	6	77
i.	**Total (Sum lines 1a-h)**	**1,079**	**36**	**61**	**989**

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Table 7 - Health Outcomes and Disparities

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

S.No	Race & Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	5	5	4
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	0	0	0
1c.	Black/African American	60	60	32
1d.	American Indian/Alaska Native	2	2	2
1e.	White	1,990	1,990	1,242
1f.	More Than One Race	21	21	13
1g.	Unreported/Refused to Report Race	0	0	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**2,078**	**2,078**	**1,293**
Non-Hispanic/Latino				
2a.	Asian	77	77	51
2b1.	Native Hawaiian	0	0	0
2b2.	Other Pacific Islander	3	3	3
2c.	Black/African American	2,035	2,035	1,085
2d.	American Indian/Alaska Native	15	15	10
2e.	White	581	581	340
2f.	More Than One Race	9	9	5
2g.	Unreported/Refused to Report Race	0	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**2,720**	**2,720**	**1,494**
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race & Ethnicity	281	281	168
i.	**Total (Sum lines 1a-h)**	**5,079**	**5,079**	**2,955**

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Table 7 - Health Outcomes and Disparities

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

S.No	Race & Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with 8%<= Hba1c <= 9% (3e)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanic/Latino						
1a.	Asian	4	4	0	1	3
1b1.	Native Hawaiian	0	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0	0
1c.	Black/African American	39	39	24	3	12
1d.	American Indian/Alaska Native	0	0	0	0	0
1e.	White	1,351	1,351	745	175	431
1f.	More Than One Race	19	19	8	3	8
1g.	Unreported/Refused to Report Race	0	0	0	0	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**1,413**	**1,413**	**777**	**182**	**454**
Non-Hispanic/Latino						
2a.	Asian	52	52	30	5	17
2b1.	Native Hawaiian	0	0	0	0	0
2b2.	Other Pacific Islander	1	1	1	0	0
2c.	Black/African American	1,086	1,086	592	130	364
2d.	American Indian/Alaska Native	14	14	10	0	4
2e.	White	338	338	192	50	96
2f.	More Than One Race	8	8	6	1	1
2g.	Unreported/Refused to Report Race	0	0	0	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**1,499**	**1,499**	**831**	**186**	**482**
Unreported/Refused to Report Ethnicity						
h.	Unreported /Refused to Report Race & Ethnicity	206	206	118	25	63
i.	**Total (Sum lines 1a-h)**	**3,118**	**3,118**	**1,726**	**393**	**999**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Financial Costs for Medical Care				
1.	Medical Staff	15,829,534	5,540,337	21,369,871
2.	Lab and X-ray	2,124,402	917,742	3,042,144
3.	Medical/Other Direct	1,694,867	660,998	2,355,865
4.	**Total Medical Care Services (Sum lines 1-3)**	**19,648,803**	**7,119,077**	**26,767,880**
Financial Costs for Other Clinical Services				
5.	Dental	2,684,723	993,348	3,678,071
6.	Mental Health	9,070,647	3,367,278	12,437,925
7.	Substance Abuse	136,199	27,240	163,439
8a.	Pharmacy not including pharmaceuticals	2,091,980	962,311	3,054,291
8b.	Pharmaceuticals	3,263,425		3,263,425
9.	Other Professional (Specify: Nutritionist)	74,233	19,301	93,534
9a.	Vision	0	-	0
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**17,321,207**	**5,369,478**	**22,690,685**
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management	1,110,600		1,110,600
11b.	Transportation	594,763		594,763
11c.	Outreach	1,042,699		1,042,699
11d.	Patient and Community Education	130,561		130,561
11e.	Eligibility Assistance	209,907		209,907
11f.	Interpretation Services	0		0
11g.	Other Enabling Services (Specify: -)	-		
11.	**Total Enabling Services Cost (Sum lines 11a-11g)**	**3,088,530**	**648,265**	**3,736,795**
12.	Other Related Services (Specify: Food Service)	2,820,945	720,025	3,540,970
13.	**Total Enabling and Other Services (Sum lines 11-12)**	**5,909,475**	**1,368,290**	**7,277,765**
Facility and Non-Clinical Support Services and Totals				
14.	Facility	1,709,341		
15.	Non-Clinical Support Services	12,147,504		
16.	**Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)**	**13,856,845**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**56,736,330**		**56,736,330**
18.	Value of Donated Facilities, Services and Supplies (Specify: Value of donated facilities and supplies.)			1,488,000
19.	**Total with Donations (Sum lines 17-18)**			**58,224,330**

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

S.No	Payor Category	Full Charges this Period (a) $	Amount Collected this Period (b) $	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) $	Sliding Discounts (e) $	Bad Debt Write Off (f) $
				Collection of Reconciliation/ Wrap around Current Year (c1) $	Collection of Reconciliation/ Wrap around Previous Years (c2) $	Collection of Other Retroactive Payments including Risk Pool/ Incentive/ Withhold (c3) $	Penalty/ Payback (c4) $			
1.	Medicaid Non-Managed Care	4,756,393	3,866,986	-	-	-	-	621,692		
2a.	Medicaid Managed Care (Capitated)	8,064,546	8,061,608	3,422,394	791,566	-	-	2,938		
2b.	Medicaid Managed Care (Fee-for-Service)	2,724,413	2,233,125	-	-	-	-	322,944		
3.	**Total Medicaid (Sum lines 1+2a+2b)**	**15,545,352**	**14,161,719**	**3,422,394**	**791,566**			**947,574**		
4.	Medicare Non-Managed Care	1,449,133	686,793	-	-	-	-	706,868		
5a.	Medicare Managed Care (Capitated)	887,680	830,818	-	-	-	-	56,862		
5b.	Medicare Managed Care (Fee-for-Service)	261,579	221,677	-	-	-	-	21,997		
6.	**Total Medicare (Sum lines 4+5a+5b)**	**2,598,392**	**1,739,288**					**785,727**		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	-	-	-	-	-	-	-		
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)	-	-	-	-	-	-	-		
8b.	Other Public including Non-Medicaid CHIP (Managed Care Fee-for-Service)	146,613	99,985	-	-	-	-	23,314		
9.	**Total Other Public (Sum lines 7+8a+8b)**	**146,613**	**99,985**					**23,314**		
10.	Private Non-Managed Care	6,752,066	5,871,362			-	-	406,479		
11a.	Private Managed Care (Capitated)	161,351	146,683			-	-	14,668		
11b.	Private Managed Care (Fee-for-Service)	841,711	701,426			-	-	83,632		
12.	**Total Private (Sum lines 10+11a+11b)**	**7,755,128**	**6,719,471**					**504,779**		
13.	Self Pay	34,502,558	4,529,367						23,806,765	5,692,922
14.	**Total (Sum lines 3+6+9+12+13)**	**60,548,043**	**27,249,830**	**3,422,394**	**791,566**	-	-	**2,261,394**	**23,806,765**	**5,692,922**

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Table 9E: Other Revenues

S.No	Source	Amount (a) $
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	3,019,869
1b.	Community Health Center	8,173,748
1c.	Health Care for the Homeless	493,218
1e.	Public Housing Primary Care	-
1g.	**Total Health Center Cluster (Sum lines 1a-1e)**	**11,686,835**
1j.	Capital Improvement Program Grants (excluding ARRA)	252,416
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	-
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**11,939,251**
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	665,183
3.	Other Federal Grants (Specify:$37,500 GE Medical Home $975,000 Teaching Health Grant)	1,012,500
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	497,250
4a.	American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	-
5.	**Total Other Federal Grants (Sum lines 2-4a)**	**2,174,933**
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:-)	-
6a.	State/Local Indigent Care Programs (Specify:$1730626 Dept. C & F $348,910 PHT Baker Act $850,000 West Kendall Expansion (LIP) $1,747,717 Low Income Pool)	4,677,253
7.	Local Government Grants and Contracts (Specify:$5,177,506 Public Health Trust, $$250,739 SFAN Grants, $3,640,715 MDCSHC School Grants, $394,920 Healthy Start Coalition, $301,628 Healthy Steps, $240,402 Health Connectors Program, $$140,869 Project Screen, $81,755 Healthy Body Healthy Soul, $94,570 DOH AATI, $655, 500 DOH Expansion Grant, $379,167 DOH High Impact Prevention, $665, 206 TCT Grant, $66,924 Community Transformation Grant, $85,403 HCN Nurse Family Partnership Grant, $84,515 Integrated BH Prog. Grant, $123,253 RCHN Enrollment Assistance Grant, $149,855 West Perrine CDBG, $70,209 Other Local Grants)	12,603,137
8.	Foundation/Private Grants and Contracts (Specify:$75,194 Chronic Disease Grant, $6,748 CRC Screening Grant, $5,810 Other Foundation Grants)	87,752
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**17,368,142**
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:Other Revenue (Non-patient related revenue not reported elsewhere) $769,847 Prestige HMO Sales Proceeds, $89,581 Banquet & Golf Tourm. Proceeds, $10,996 Donations, $92,616 Cafeteria Sales, $42,547 Vending Machine Revenues, $228,047 Other Misc. Revenue)	1,233,634
11.	**Total Revenue (Sum lines 1+5+9+10)**	**32,715,960**

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Electronic Health Record Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[X] Yes, at all sites and for all providers [_] Yes, but only at some sites or for some providers [_] No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	[X] Yes [_] No
Vendor	Greenway Health, LLC
Product Name	Greenway Intergy Meaningful Use Edition
Version Number	v9.10
Certified Health IT Product List Number	10092014-2190-5
1b. Did you switch to your current EHR from a previous system this year?	[_] Yes [X] No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X] Yes [_] No [_] Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X] Yes [_] No [_] Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[_] Yes [X] No [_] Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[X] Yes [_] No [_] Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X] Yes [_] No [_] Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[X] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [_] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	[X] Yes, all eligible providers at all sites are participating [_] Yes, some eligible providers at some sites are participating [_] No, our eligible providers are not yet participating [_] No, because our providers are not eligible [_] Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	[_] Adoption, Implementation, or Upgrade (AIU) [X] Stage 1 [_] Stage 2 [_] Stage 3 [_] Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[X] Yes [_] No
If yes, then specify the type(s) of service	outreach, case management
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[X] Yes [_] No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	[_] National Committee for Quality Assurance (NCQA) [X] The Joint Commission (TJC)

	[_] Accreditation Association for the Ambulatory Health Care (AAAHC) [_] State Based Initiative [_] Private Payer Initiative [_] Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	[X] Yes [_] No
If yes, which third party organization granted accreditation?	[X] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC)

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Table 3A-Patients by Age and Gender

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (74,323). Prior Year - (68,504).

Related Tables: Table 3A(UR)

Rudis Contreras (Health Center) on 2/13/2015 7:22 PM EST: Increase in Sites Additional expanded services Implemented Walk In services . Affordable Care Act brought in new insured patients. Additional schools brought in new patients

Table 4-Selected Patient Characteristics

Edit 03860: Income as Percent of Poverty Level in Question. - Number of patients reported with income over 200% FPL Line 4 Column a (22,413) is greater than 25% of the total patients reported (74,323) . Income must be verified. If income is not verified, please report patients under unknown income. Please correct or explain.

Related Tables: Table 4(UR)

Hermine Pollard (Health Center) on 3/13/2015 4:08 PM EST: Due to the Affordable Care Act, there was an increase in the number of patients with private insurance by 160% compared to CY 2013. Typically, individuals with private insurance have a higher income bracket.

Table 5A-Tenure for Health Center Staff

Edit 05834: Staff Tenure in Question - It appears that all staff have increased tenure by twelve or more months over the past year. Please correct or explain.

Related Tables: Table 5A

Hermine Pollard (Health Center) on 3/13/2015 3:06 PM EST: For 2013 only the number of months worked in 2013 was reported. 2014 data is correct.

Table 5-Staffing and Utilization

Edit 04142: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = Total Dental Services (Sum lines 16-18) Patients Line 19 Column c (2,359) , CY = Total Dental Services (Sum lines 16-18) Patients Line 19 Column c (1,993)). Please correct or explain.

Related Tables: Table 5(HCH)

Rudis Contreras (Health Center) on 2/13/2015 7:32 PM EST: Vacancy of 1 FTE oral health educator. Position doesn't directly enter patient encounter, however facilitates dentist activity in the DCPS and Head Start Centers. Decreasing provider encounters in range of 1100-1400 per year One dental unit closed for renovations . moved to remote site whose patient waiting area reduced by 50% One dental site closed for 30 days for renovations One dental unit without FTE for 30 days

Edit 04146: Inter-year Patients questioned - On Health Care for the Homeless - A large change in Substance Abuse Services patients from the prior year is reported on Line 21 Column C. (PY =Substance Abuse Services Patients Line 21 Column c (59) , CY = Substance Abuse Services Patients Line 21 Column c (51)). Please correct or explain.

Related Tables: Table 5(HCH)

Rudis Contreras (Health Center) on 2/13/2015 7:34 PM EST: Due to co occurring Substance abuse/MH services, SA staff reduced to 1

Edit 04686: Inter-year Patients questioned - On Migrant Health Center - A large change in Substance Abuse Services patients from the prior year is reported on Line 21 Column C. (PY = Substance Abuse Services Patients Line 21 Column c (7) , CY = Substance Abuse Services Patients Line 21 Column c (1)). Please correct or explain.

Related Tables: Table 5(MHC)

Rudis Contreras (Health Center) on 2/13/2015 7:37 PM EST: coocurring substance abuse and mh services rendered decreasing Sub Abuse staff to 1

Edit 04688: Inter-year Patients questioned - On Migrant Health Center - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = Total Mental Health (Lines 20a-c) Patients Line 20 Column c (267) , CY = Total Mental Health (Lines 20a-c) Patients Line 20 Column c (235)). Please correct or explain.

Related Tables: Table 5(MHC)

Rudis Contreras (Health Center) on 2/13/2015 7:39 PM EST: The reported data is correct

Edit 04690: Inter-year Patients questioned - On Migrant Health Center - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = Total Dental Services (Sum lines 16-18) Patients Line 19 Column c (763) , CY = Total Dental Services (Sum lines 16-18) Patients Line 19 Column c (638)). Please correct or explain.

Related Tables: Table 5(MHC)

Rudis Contreras (Health Center) on 2/13/2015 7:39 PM EST: Vacancy of 1 FTE oral health educator. Position doesn't directly enter patient encounter, however facilitates dentist activity in the DCPS and Head Start Centers. Decreasing provider encounters in range of 1100-1400 per year One dental unit closed for renovations . moved to remote site whose patient waiting area reduced by 50% One dental site closed for 30 days for renovations One dental unit without FTE for 30 days

Edit 00038: CNM Productivity Questioned - A significant change in Productivity of Certified Nurse Midwives on Line 10 (782.37) is reported from the prior year (1,151.44). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/13/2015 6:48 PM EST: Table 5 Edit 38 CNM Productivity Question - CNM's On-call at hospital and performed majority of deliveries CNM clinic encounters reduced to On-call hours,therefore reducing clinic hours.

Edit 00052: Dentist Productivity Questioned - A significant change in Productivity of Dentists on Line 16 (1,899.24) is reported from the prior year (2,581.13). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/13/2015 6:55 PM EST: Table 5 edit 52: Vacancy of 1.0 FTE Densists S Atluri left open January to april 2014 Vacancy of 1.0 FTE Oral Health Educator M Radcliffe left open Jan to Dec 2014. While position does not directly enter patient encounters, it facilitates dentist activity in the Dace County Public School and Head Start Centers. This position arranges visits to schools by mobile dental unit where the provider generates the encoutners previously in range of 1100 to 1400 per year MLKCC Dental unit was closed for renovations from January to May 2014 for renovation. Staff moved to remote sites whose patient area was reduced by 50% West Perrine Dental unit was closed 30 days for renovations (medical unit was also closed for significant portion of year) Marathon Dental unit was w/o 1 FTE dentist for 30 days

Edit 00066: General Practitioner Productivity Questioned - A significant change in Productivity of General Practitioners on Line 2 (3,416.92) is reported from the prior year (6,669.78). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/13/2015 6:59 PM EST: Numbers for prior year were overstated due to System error.

Edit 00123: Ob/Gyn Productivity Questioned - A significant change in Productivity of Obstetrician/Gynecologists on Line 4 (2,560.19) is reported from the prior year (1,778.55). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/13/2015 7:03 PM EST: Added 2 additional sites that provided OB /GYN services, thereby increasing access to care .

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (25.01) . Prior Year - (21.35) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Hermine Pollard (Health Center) on 3/13/2015 3:08 PM EST: The Medical FTEs increased due to the addition of five resident physicians in CY 2014.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (34.88) . Prior Year - (27.97) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Hermine Pollard (Health Center) on 3/13/2015 3:07 PM EST: Mid level FTE was calculated correctly. We have additional Mid Level Staff.

Edit 04145: Inter-year Patients questioned - On Universal - A large change in Substance Abuse Services patients from the prior year is reported on Line 21 Column C. (PY = Substance Abuse Services Patients Line 21 Column c (426) , CY = Substance Abuse Services Patients Line 21 Column c (202)). Please correct or explain.

Related Tables: Table 5(UR)

Rudis Contreras (Health Center) on 2/13/2015 7:33 PM EST: Due to Co occurring diagnosis, number of SA staff reduced to 1

Table 6A-Selected Diagnoses and Services Rendered

Edit 03611: Contraceptive Management Patients Questioned - For Homeless table, the number reported on Line 25 Column b (338) on Table 6A appears low when compared to women aged 15-44 (3,810) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Cary Calhoun (Reviewer) on 3/5/2015 11:15 AM EST: Historically low

Edit 03612: Contraceptive Management Patients Questioned - For Migrant Health Table, the number reported on Line 25 Column b (70) on Table 6A appears low when compared to women aged 15-44 (902) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Cary Calhoun (Reviewer) on 3/5/2015 11:15 AM EST: Historically low

Edit 02149: Contraceptive Management Patients Questioned - The number reported on Line 25 Column b (1,214) on Table 6A appears low when compared to women aged 15-44 (16,681) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

Cary Calhoun (Reviewer) on 3/5/2015 11:15 AM EST: Historically low

Table 6B-Quality of Care Indicators

Edit 05778: Line 13 Universe in Question - You are reporting (85.28)% of total possible medical patients in the universe for the Adult Weight Screening and Follow-Up measure (line 13 Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Rudis Contreras (Health Center) on 3/20/2015 8:17 PM EST: Medical patients include 22,045 school based patients ages 0-17 making the ratio of adult to child different than the universe of CHI. Most MH patients consists of adults. The age profile of our total patient base is not the same as the age profile of medical (with 35% school based). Reported values are correct and provided by the Electronic Health Record. The medical patients reported in line 13 Column A is correct.

Edit 05784: Line 16/Asthma Universe in Question - Based on the universe for total Patients with persistent Asthma on line 16 column A we estimate a prevalence of (0.17)%. This appears low compared to national averages. Please review and correct or explain.

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

Hermine Pollard (Health Center) on 3/13/2015 4:05 PM EST: This information has been confirmed for the population CHI serves and only includes the number of patients with "persistent" asthma.

Edit 05895: Line 14a Universe in Question - You are reporting (51.99)% of total possible adult medical patients in the universe for the Tobacco Use Screening and Cessation measure (line 14a Column A). This appears low compared to estimated medical patients in the age group being measured. Please review and correct or explain.

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

Rudis Contreras (Health Center) on 3/20/2015 8:18 PM EST: Medical patients include 22,045 school based patients which are age 17 and under. This changes the adult to child ratio of medical patients. The age profile of our total patient base is not the same as the age profile of medical (with 35% school based). Reported values are correct and provided by the Electronic Health Record. The medical patients reported in line 14a column A is correct.

Table 7-Health Outcomes and Disparities

Edit 05097: Diabetes Universe in question - The universe of 'Unreported/Refused to Report' adults aged 18-75 with diabetes is outside the typical range based on the number of adults aged 18-75 reported on Table 3A adjusted for the same race. Please correct or explain.

Related Tables: Table 7, Table 3A(UR)

Hermine Pollard (Health Center) on 3/13/2015 4:04 PM EST: This information has been verified and is correct.

Table 8A-Financial Costs

Edit 03948: Cost Per Visit Questioned - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (139.81); Prior Year (497.55). Please correct or explain.

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

Rudis Contreras (Health Center) on 2/13/2015 7:05 PM EST: Substance Abuse and Mental Health services became co occurring, thereby providing service under Mental Health. Only 1 FTE dedicated to SA services, vs 13.67 FTE dedicated in 2013.

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (Food Service) and Table 5, Line 29a (Food Service) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/13/2015 7:10 PM EST: Confirmed that FTE reported is correct

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (191.31); Prior Year (128.21).

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

Hermine Pollard (Health Center) on 3/13/2015 3:11 PM EST: Added additional programs (Service Partnership), P4C, and High Impact, thereby increasing total number FTE 2 highly productive providers left, therefore there was a reduction in encounters. These disproportionate variances are mostly related to the personnel costs increase related to the compensation earned by the PRP Staff (24 FTEs). These employees are compensated based on their daily provision of the mental health services. Their earnings in CY 2014 are much higher because of the new pay rates implemented in CY 2014.

Edit 04131: Cost Per Visit Questioned - Total Enabling Services Cost Per Visit is substantially different than the prior year. Curent Year (146.63); Previous Year (128.04).

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

Rudis Contreras (Health Center) on 2/13/2015 7:26 PM EST: Added 12 new outreach workers whose encounters are non billable.

Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (74,233) and Table 5, Line 22 (1.08) . Review and confirm that FTEs relate to costs or correct.

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

Rudis Contreras (Health Center) on 2/13/2015 7:28 PM EST: Reviewed and confirmed

Edit 03727: Inter-Year Variance Questioned - Current Year Facility costs vary substantially from last years cost. (Current Year: Facility Accrued Cost Line 14 Column a (1,709,341) ; Prior Year: Facility Accrued Cost Line 14 Column a (1,259,087)). Please correct or explain.

Related Tables: Table 8A

Rudis Contreras (Health Center) on 2/13/2015 8:03 PM EST: Added 2 new sites Completed Renovation of 4 sites

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

Edit 04156: Inter-year Capitation PMPM questioned - The average Medicare capitation PMPM reported on Line 5a (136.45) is significantly different from the prior year (102.81). Please correct or explain.

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

Cary Calhoun (Reviewer) on 3/21/2015 6:30 PM EST: Table 9D reports a significant change in the Medicare Capitated Charges per Member per Member Year ($430) when compared to the PY ($1,524). The PY State Average was $1,019. Please research and correct or provide a detailed explanation.Research was conducted, and Table 9D was revised to report the correct PMPM reimbursement rate.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (111.93); Prior year (95.4). Please review the information and correct or explain.

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

Rudis Contreras (Health Center) on 2/13/2015 7:36 PM EST: Medicaid FFS transitioned to Managed Care, thereby increasing Wrap around payments. EHR MU dollars received Newly insured patients due to Affordable Care Act.

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros (4,213,960) exceed 50% of Medicaid Managed Care (capitated) Amount Collected This Period Line 2a Column b (8,061,608) . Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Hermine Pollard (Health Center) on 2/13/2015 9:40 PM EST: The Medicaid Wrap around total receipts was about 50% larger than the previous reporting year.

Table 9E-Other Revenues

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = (3,229,460); Percent Surplus or Deficit (5.69). Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 8A, Table 9D

Hermine Pollard (Health Center) on 2/13/2015 9:43 PM EST: We received an increase in Medicaid patients, plus the state changed the Medicaid Wrap around formula. We made improvements in the collection of last year's account receivable.

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - Community Health Center Amount Line 1b Column a (8,173,748) . Prior Year - Community Health Center Amount Line 1b Column a (7,176,358) .

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/13/2015 8:18 PM EST: Inter year grant funds substantial increase due to: ACA funding New Access Point Expansion Grant High Impact Grant

Edit 04206: Inter-year variation in grant funds - A large change in total 330 health center cluster is reported on Line 1g. Review the draw down amounts entered. Be sure that ARRA funds are not included here, but instead on Line 4. Please correct or explain this change.

Related Tables: Table 9E

Rudis Contreras (Health Center) on 2/13/2015 8:19 PM EST: due to ACA funding New Access Point High Impact Grant Expansion grant

Edit 04208: Check Capital Improvement Program Grants - Check to be sure that you have not included any ARRA - CIP or FIP funds on Table 9E Line 1j. ARRA - CIP and ARRA - FIP funds should be reported on Lines 4a and/or 4b of Table 9E. Please correct or explain.

Related Tables: Table 9E

Hermine Pollard (Health Center) on 2/13/2015 9:41 PM EST: Confirmed. It was not included.

BHCMIS ID: 040320 - COMMUNITY HEALTH OF SOUTH FLORIDA, INC., Miami, FL

Date Requested: 08/06/2015 12:12 PM EST
Date of Last Report Refreshed: 08/06/2015 12:12 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2014

Comments

Report Comments
Not Available

Table 3A Comments
Two new sites were added 11 new school based sites added in 2014 Increased providers to include pediatricians implemented expanded services at our Martin Luther King Site and expanded services at our Doris Ison Site Expanded pharmacy hours.

Table 5 Comments
Table 5 Edit 38 CNM Productivity Question - CNM's On-call at hospital and performed majority of deliveries CNM clinic encounters reduced to On-call hours,therefore reducing clinic hours.

Table 5A Comments
For 2013 only the number of months worked in 2013 was reported. 2014 data is correct.

Attachment II

Organizational Financials

COMMUNITY HEALTH OF SOUTH FLORIDA, INC.
Financial Statements
Years Ended September 30, 2019 and 2018
With Independent Auditors' Report

withum
AUDIT TAX ADVISORY

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
September 30, 2019 and 2018

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PRELIMINARY DRAFT

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Community Health of South Florida, Inc.
Miami, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of Community Health of South Florida, Inc. (the "Center") (a nonprofit organization), which comprise the statements of financial position as of September 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Center's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Center as of September 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PRELIMINARY DRAFT

Emphasis of Matter

As discussed in Note 1 to financial statements, in fiscal year 2019, the Center adopted Accounting Standard Update ("ASU") No. 2016-14, Non-for-Profits Entities (Topic 958). Our opinion is not modified with respect to this matter.

Other Matters

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis, as required by the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of State Earnings, Substance Abuse and Mental Health Services Program/Cost Center Actual Revenues and Expenses Schedule, Bed-Day Availability Payments, and Related Party Transaction Adjustments on pages 30 through 34 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December ___, 2019, on our consideration of the Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control over financial reporting and compliance.

December __, 2019

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Statements of Financial Position
September 30, 2019 and 2018

	2019	2018
Assets		
Current assets		
Cash and cash equivalents	$ 13,928,626	$ 4,524,637
Patient accounts receivable, net of allowance for contractual adjustments and uncollectible accounts of 2019-$8,554,830 and 2018-$5,250,335	3,084,868	2,891,280
Grants receivable	1,864,083	4,901,759
Pharmaceutical supplies inventory	292,319	379,600
Prepaid expenses and other assets	1,209,119	996,229
Total current assets	20,379,015	13,693,505
Noncurrent assets		
Investments in limited liability companies	589,373	621,892
Construction in progress	2,310,699	1,429,782
Property, plant, and equipment, net	21,145,120	20,905,333
Total noncurrent assets	24,045,192	22,957,007
Total assets	$ 44,424,207	$ 36,650,512
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	$ 3,617,312	$ 3,528,849
Deferred support	2,417,823	316,198
Compensated absences	1,707,336	1,788,942
Accrued payroll	979,142	861,773
Current maturites of long-term debt	564,181	521,587
Current maturities of capital lease obligations	414,775	616,735
Total current liabilities	9,700,569	7,634,084
Noncurrent liabilities		
Long-term debt, less current maturities	3,956,005	5,240,241
Capital lease obligations, less current maturities	371,842	786,617
Total noncurrent liabilities	4,327,847	6,026,858
Total liabilities	14,028,416	13,660,942
Net assets		
Without donor restrictions	30,395,791	22,989,570
Total net assets	30,395,791	22,989,570
Total liabilities and net assets	$ 44,424,207	$ 36,650,512

The Notes to Financial Statements are an integral part of these statements.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Statements of Activities
Years Ended September 30, 2019 and 2018

	2019	2018
Support and revenue		
Support		
Federal grants	$ 23,827,285	$ 24,132,134
Other government grants	8,587,147	7,297,050
Private support	7,814,074	6,617,698
In-kind contributions	1,609,118	2,044,571
Total support	41,837,624	40,091,453
Revenue		
Patient service revenue, net of provision for contractual adjustments and bad debts of $39,977,826 and $39,558,218, respectively	31,977,305	30,472,170
Interest income	129,646	2,365
Other	454,835	480,517
Total revenue	32,561,786	30,955,052
Total support and revenue	74,399,410	71,046,505
Expenses		
Program services		
Doris Ison Center	17,455,123	17,274,586
Martin Luther King Center	6,855,291	6,661,361
Behavioral Health Care Center	9,107,124	8,613,389
West Perrine Center	802,729	748,927
Naranja Center	987,824	1,147,150
South Dade Center	455,289	478,093
Everglades Center	715,254	635,763
Marathon Center	1,905,899	1,792,271
South Miami Center	1,414,936	1,328,127
Tarvenier Center	809,812	869,982
West Kendall Center	1,765,662	1,686,009
Coconut Grove Center	875,181	908,996
Other grants and contracts	10,182,719	10,892,198
Total program services	53,332,843	53,036,852
Supporting services		
Corporate office	13,627,827	11,896,665
Total supporting services	13,627,827	11,896,665
Total expenses	66,960,670	64,933,517
Increase in net assets before equity in income of limited liability companies	7,438,740	6,112,988
Equity in income (losses) of limited liability companies	(32,519)	214,336
Increase in net assets	7,406,221	6,327,324
Net assets		
Without donor restrictions		
Beginning of year	22,989,570	16,662,246
End of year	$ 30,395,791	$ 22,989,570

The Notes to Financial Statements are an integral part of these statements.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Statements of Functional Expenses
Years Ended September 30, 2019 and 2018

	2019														
	Doris Ison Center	Martin Luther King Center	Behavioral Health Care Center	West Perrine Center	Naranja Center	South Dade Center	Everglades Center	Marathon Center	South Miami Center	Tarvenier Center	West Kendall Center	Coconut Grove Center	Other Grants and Contracts	Corporate	Total
Salaries and related costs	$ 8,928,090	$ 4,739,019	$ 6,918,509	$ 619,273	$ 671,036	$ 359,771	$ 564,645	$ 1,128,981	$ 973,612	$ 663,491	$ 1,264,126	$ 607,587	$ 8,899,870	$ 5,943,993	$ 42,282,003
Advertising	-	-	-	-	-	-	-	-	-	-	-	-	-	210,099	210,099
Contractual services	2,070,069	167,679	1,421,531	9,751	44,862	12,837	14,122	325,424	79,667	14,233	98,803	85,875	359,391	3,991,669	8,695,913
Depreciation and amortization	702,917	287,451	73,093	35,628	74,360	15,366	51,876	79,000	177,558	18,944	168,793	57,323	79,625	727,072	2,549,006
Donated facilities	1,132,000	248,000	-	-	-	-	-	-	-	-	-	-	-	-	1,380,000
Insurance	-	194,811	2,576	-	-	-	-	-	-	-	-	-	-	564,582	761,969
Licenses and permits	17,155	16,478	17,589	197	2,096	160	361	1,668	1,850	190	1,080	602	18,923	23,222	101,571
Memberships		-	4,520	-	-	-	-	-	-	-	-	-	110,452	48,711	163,683
Repairs and maintenance	369,268	291,610	1,445	22,552	35,183	15,694	32,826	54,935	31,645	5,081	35,610	13,476	19,329	31,547	960,201
Postage and freight	7,043	787	4,099	223	23	13	14	248	42	26	-	239	586	40,355	53,698
Professional services	-	-	-	-	-	-	-	-	-	-	-	-	-	219,933	219,933
Rent	8,910	-	19,797	42,109	-	301	-	111,551	-	65,221	10,000	3,750	-	330,299	591,938
Seminars	8,566	2,622	32,787	-	-	-	-	200	-	-	-	-	48,708	88,345	181,228
Supplies	3,654,166	782,761	337,344	70,777	140,075	35,714	35,457	170,590	123,915	24,965	157,479	98,078	529,913	116,789	6,278,023
Travel	13,122	4,121	69,591	76	164	-	71	2,562	-	-	-	-	77,201	111,976	278,884
Telephone and utilities	248,450	119,651	19,977	2,143	20,025	15,433	15,882	25,905	26,647	16,436	29,771	8,251	34,116	535,773	1,118,460
Food	287,572	-	182,010	-	-	-	-	-	-	-	-	-	2,960	4,764	477,306
Bank fees	697	-	-	-	-	-	-	-	-	-	-	-	-	139,226	139,923
Non-operating expense	-	-	-	-	-	-	-	-	-	-	-	-	570	40,345	40,915
Interest expense	-	-	-	-	-	-	-	-	-	-	-	-	-	340,481	340,481
Other expenses	7,098	302	2,256	-	-	-	-	4,835	-	1,225	-	-	1,075	118,648	135,439
	$ 17,455,123	$ 6,855,291	$ 9,107,124	$ 802,729	$ 987,824	$ 455,289	$ 715,254	$ 1,905,899	$ 1,414,936	$ 809,812	$ 1,765,662	$ 875,181	$ 10,182,719	$ 13,627,827	$ 66,960,670

The Notes to Financial Statements are an integral part of these statements.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Statements of Functional Expenses
Years Ended September 30, 2019 and 2018

	2018														
	Doris Ison Center	Martin Luther King Center	Behavioral Health Care Center	West Perrine Center	Naranja Center	South Dade Center	Everglades Center	Marathon Center	South Miami Center	Tarvenier Center	West Kendall Center	Coconut Grove Center	Other Grants and Contracts	Corporate	Total
Salaries and related costs	$ 9,866,205	$ 4,509,133	$ 6,596,620	$ 622,679	$ 810,269	$ 383,811	$ 501,982	$ 1,186,712	$ 939,175	$ 670,733	$ 1,303,103	$ 692,454	$ 9,562,100	$ 4,633,980	$ 42,278,956
Advertising	-	-	950	-	-	-	-	-	-	-	-	-	-	134,730	135,680
Contractual services	1,826,345	126,147	1,263,700	10,788	53,501	12,262	12,803	289,020	80,420	8,392	89,663	80,481	338,078	3,704,478	7,896,078
Depreciation and amortization	734,515	264,296	72,799	35,628	73,422	15,366	51,643	65,578	170,724	18,958	158,237	57,917	92,233	379,100	2,190,416
Donated facilities	1,132,000	248,000	-	-	-	-	-	36,000	-	-	-	-	-	-	1,416,000
Insurance	-	180,602	6,543	-	-	-	-	-	-	-	-	-	-	687,074	874,219
Licenses and permits	10,181	8,122	13,914	85	273	85	85	2,777	416	1,509	3,652	85	11,513	23,657	76,354
Memberships		-	34,420	-	-	-	-	-	-	3,588	-	-	46,602	38,839	123,449
Repairs and maintenance	370,869	409,635	685	21,425	38,010	15,889	23,940	26,571	37,784	-	20,086	10,759	7,624	55,096	1,038,373
Postage and freight	7,150	687	5,208	132	192	82	28	-	146	-	-	128	672	43,005	57,430
Professional services	-	-	-	-	-	-	-	-	-	-	-	-	313,182	314,689	627,871
Rent	16,081	-	10,734	23,008	-	-	-	61,239	-	61,733	6,000	3,000	27,030	504,489	713,314
Seminars	6,473	2,651	8,063	128	128	84	106	106	-	-	108	-	37,077	51,382	106,306
Supplies	2,788,652	774,245	356,933	34,355	146,148	37,047	32,839	98,002	74,852	86,706	78,708	57,514	359,843	99,464	5,025,308
Travel	11,527	21,243	54,563	131	3,677	-	-	1,677	-	58	-	-	68,364	53,314	214,554
Telephone and utilities	254,217	116,550	10,588	568	20,016	13,467	12,337	19,248	24,610	17,090	26,452	6,658	24,058	601,962	1,147,821
Food	246,277	-	174,394	-	1,514	-	-	-	-	-	-	-	2,432	881	425,498
Bank fees	197	-	-	-	-	-	-	-	-	-	-	-	-	134,700	134,897
Non-operating expense	-	-	-	-	-	-	-	-	-	-	-	-	390	36,322	36,712
Interest expense	-	-	-	-	-	-	-	-	-	-	-	-	-	350,773	350,773
Other expenses	3,897	50	3,275	-	-	-	-	5,341	-	1,215	-	-	1,000	48,730	63,508
	$ 17,274,586	$ 6,661,361	$ 8,613,389	$ 748,927	$ 1,147,150	$ 478,093	$ 635,763	$ 1,792,271	$ 1,328,127	$ 869,982	$ 1,686,009	$ 908,996	$ 10,892,198	$ 11,896,665	$ 64,933,517

The Notes to Financial Statements are an integral part of these statements.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Statements of Cash Flows
Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Increase in net assets	$ 7,406,221	$ 6,327,324
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation	2,549,006	2,190,416
Provision for bad debts	4,735,983	4,628,812
Gain on sale of property	(29,667)	-
Equity in income (losses) of limited liability companies	32,519	(214,336)
Changes in operating assets and liabilities		
Patient accounts receivable	(4,929,571)	(2,473,316)
Grants receivable	3,037,676	(1,523,031)
Pharmaceutical supplies inventory	87,281	11,958
Prepaid expenses and other assets	(212,890)	(389,829)
Accounts payable and accrued expenses	88,463	230,063
Deferred support	2,101,625	(1,253,444)
Compensated absences	(81,606)	(1,128,777)
Accrued payroll	117,369	(8,257)
Net cash provided by operating activities	14,902,409	6,397,583
Cash flows from investing activities		
Payment on construction-in-progress	(865,482)	(450,188)
Purchases of property, plant, and equipment	(1,534,061)	(1,527,776)
Proceeds from sale of property, plant, and equipment	39,500	-
Proceeds from sale of investments	-	15,310
Distributions from limited liability companies	-	67,684
Net cash used in investing activities	(2,360,043)	(1,894,970)
Cash flows from financing activities		
Draws on note payable	-	449,844
Payments on long-term debt	(2,521,642)	(1,060,953)
Payments on capital lease obligations	(616,735)	(275,839)
Net cash used in financing activities	(3,138,377)	(886,948)
Net increase in cash and cash equivalents	9,403,989	3,615,665
Cash and cash equivalents		
Beginning of year	4,524,637	908,972
End of year	$ 13,928,626	$ 4,524,637
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 340,481	$ 350,773

Noncash investing and financing activities

During the year ended September 30, 2019, the Center acquired property utilizing a $1,280,000 note payable.

During the year ended September 30, 2018, the Center converted $1,371,223 in lines of credit into debt.

During the year ended September 30, 2018, the Center acquired equipment valued at $920,429 through capital lease obligations.

The Notes to Financial Statements are an integral part of these statements.

PRELIMINARY DRAFT

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations
The Community Health of South Florida, Inc., (the "Center") is a not-for-profit organization established in 1971 to provide healthcare to the uninsured and underinsured residents of South Miami-Dade County. The Center operates a primary health care delivery system in South Miami-Dade and Monroe counties of, Florida. The system includes the following primary care centers: the Martin Luther King, Jr., Clinica Campesina ("MLK"), the Doris Ison Center, West Perrine, Naranja, South Dade, Everglades, Marathon, West Kendall, South Miami, Travernier, Coconut Grove Health Center and thirty-three public schools. The Behavioral Health Care Center ("BHCC") provides comprehensive mental health counseling services. Other grants and contracts are a consortium of self-sustaining programs that are independent of the individual centers. The Center serves all individuals desiring services, and charges patients according to a fee schedule. The fee schedule is determined by the board of directors and is in line with the sliding fee scale as set by the annual poverty guidelines. The U.S. Department of Health and Human Services ("DHHS") provides substantial direct and indirect support to the Center. The Center is obligated under the terms of the DHHS grant to comply with specified conditions and program requirements set forth by the grantor.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Basis of Presentation
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). According to GAAP, the Center is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions, and net assets without donor restrictions. Net assets of the Center and changes therein are classified and reported as follows:

Net Assets Without Donor restrictions – Net assets that are not subject to donor-imposed stipulations. These assets may, however, be subject to Board designation.

Net Assets With Donor Restrictions – Net assets that are subject to donor-imposed stipulations. These stipulations either require the Center to maintain the net asset permanently, generally permitting all or part of the income earned on related investments for general or specific purposes, or be met either by the completion of a stipulated action and/or the passage of time.

The Center had no net assets with donor restrictions at September 30, 2019 or 2018.

Cash and Cash Equivalents
For the purpose of the statements of cash flows, the Center considers all short-term debt securities purchased with an original maturity of three months or less to be cash equivalents.

PRELIMINARY DRAFT

Patient Accounts Receivable, Net

Patient accounts receivable are reported at the estimated net realizable amounts from patients, third-party payors, and others, including retroactive adjustments under payment agreements with third-party payors. The Center has agreements with third-party payors that generally provide for payments to the Center at amounts different from its established rates. For uninsured patients, the Center recognizes revenues based on established rates, subject to certain discounts as determined by the Center which are recorded as a deduction to patient service revenue. An estimated provision for contractual adjustments and uncollectible accounts is recorded that results in patient services receivable being reported at the net amount expected to be received. The Center reports patient services receivable prior to assessing the patient's ability to pay.

The Center is paid a prospectively determined rate for the majority of care and services provided (principally Medicare, Medicaid, and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Medicare payments are received on a prospective determined rate with final settlement determined after submission of annual cost reports. Medicaid payments are received on regulatory established rates which are adjusted each year for inflation. Management believes patient services receivable has been recorded at estimated realizable value including estimates for retroactive adjustments, if any, resulting from regulatory matters or other adjustments under payment agreements. All other patient services receivable is recorded at published charges with contractual allowances deducted to arrive at patient services receivable, net.

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action and in the normal course of business, the Center is subject to contractual reviews and audits. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The Center believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

Patient accounts receivable are reduced by an allowance for contractual adjustments and doubtful accounts. In evaluating the collectability of patient services receivable, the Center analyzes its past history and identifies trends for each of its major payor sources to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Center analyzes contractually due amounts and provides an allowance for contractual adjustments and doubtful accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the discounted standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

PRELIMINARY DRAFT

Grant Receivables
Amounts reflected as grants receivable represent the differences between the grant awards (federal, state, and local) and contractual revenue (federal and state) earned and cash receipts related to these awards and revenue. Grant revenue is recognized to the extent that these funds are earned. The Center believes that the concentration associated with its grant receivable is mitigated by the fact that the majority of the grants receivable at year end are due from state and federal agencies.

Pharmaceutical Supplies Inventory
Inventory consists of pharmaceuticals for resale. Inventory is stated at the lower of cost or net realizable value on primarily a specific identification basis. Management performs periodic assessments to determine the existence of obsolete, slow moving, and unsalable inventories.

Investments in Limited Liability Companies
The Center's investments in Health Choice Care, LLC and Prestige MSO Holdco, LLC are accounted for under the equity method accounting whereby the Center's equity in the earnings or losses of the affiliate are included in income, and the related investments are adjusted accordingly to reflect the Center's equity in the net assets.

Construction in Progress
Construction-in-progress is recorded at cost. Depreciation is recorded when construction is substantially complete and the asset is placed into service.

Property, Plant, and Equipment
Acquisitions greater than $1,000 with a useful life longer than one year are capitalized. Property, plant, and equipment are recorded at cost. Depreciation is provided for over the estimated useful life of each class of depreciable assets and is computed using the straight-line method as follows:

Description	Estimated Life (Years)
Buildings and improvements	10 – 40 years
Leasehold improvements	15 years
Capital lease	5 years
Furniture, fixtures, and equipment	7 – 10 years
Computer hardware and software	3 – 10 years

Contributed assets are recorded at their estimated fair value at the date of contribution. Such donations are reported as unrestricted support unless the donor has restricted the donated assets to a specific purpose. Repairs and maintenance are expensed as incurred.

Under the terms of its contract with Miami-Dade County, Florida, the Center maintains possession and operating control of, but not title to, all equipment purchased directly by the Center within its approved budget.

Compensated Absences
The Center's policies provide for granting a specific number of days of personal time off with pay. In addition, these policies provide for paying an employee for unused personal time off upon termination. Compensated absences are accrued when earned.

PRELIMINARY DRAFT

Support and Grant Revenue
The Center received grant funding from certain private foundations for which revenue is recognized only to the extent of expenditures under the terms of the grant. Revenue from government grants and contracts designated for use in specific activities is recognized in the period when the expenditures have been incurred in compliance with the grantor's restrictions. Grants and contract awards for the acquisition of long-lived assets are reported as unrestricted non-operating revenue, in the absence of donor stipulations to the contrary, during the fiscal year in which the assets are acquired. Grant amounts awarded in excess of obligations incurred are recorded as deferred support.

In-Kind Contributions
In-kind contributions are recorded as support and expense at their fair value at date of donation. The Center recognizes the fair value of contributed services received if such services create or enhance nonfinancial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not contributed. In-kind contributions are comprised of donated facilities and services.

Income Taxes
The Center is a nonprofit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America prescribe requirements for the recognition of income taxes in financial statements, and the amounts recognized are affected by income tax positions taken by the Center in its tax returns. The Center's status as an exempt organization is defined as an income tax position under these requirements. While management believes it has complied with the Internal Revenue Code, the sustainability of some income tax positions taken by the Center in its tax returns may be uncertain. There are minimum thresholds of likelihood that uncertain tax positions are required to meet before being recognized in the financial statements. Management does not believe that the Center has any material uncertain tax positions at September 30, 2019.

In the event interest and penalties were due relating to an unsustainable tax position, they would be treated as a component of income tax expense.

Functional Expense
The cost of providing the various services and other activities has been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been charged to program services or supporting services based on a combination of specific identification and allocation by management.

Directly identifiable expenses are charged to programs and supporting services. Management and general administrative expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support of the Center. Such expenses are allocated on the basis of full-time equivalent ("FTE"). Depreciation is allocated on the basis of usage of the related property, plant, and equipment.

Advertising Expense
Advertising expenses are charged to operations as incurred and are included in the statement of activities. The amount charged for the years ended September 30, 2019 and 2018, was $210,099 and $135,680, respectively.

PRELIMINARY DRAFT

Reclassification
Certain reclassifications have been made to the prior years' financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets.

Subsequent Events
The Center has evaluated subsequent events through December __, 2019, the date which the financial statements were available to be issued. Based upon this evaluation, the Center has determined that no subsequent events have occurred which require adjustment to or disclosure in the financial statements.

New Accounting Pronouncement Adopted in Current Year
During 2019, the Center adopted ASU 2016-14 – Not-for-profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-profit Entities. This guidance is intended to improve the net asset classification requirements and the information presented in the financial statements and notes about a not-for-profit's liquidity, financial performance and cash flows. The main provisions of this guidance include: presentation of two classes of net assets versus the previously required three; recognition of capital gifts for construction as a net asset without donor restrictions when the associated long-lived asset is placed in service; and the recognition of underwater endowment funds as a reduction in net assets with donor restrictions. This guidance also enhances disclosures for board designated endowments, composition of net assets without donor restrictions, liquidity and presentation of expenses by both their natural and functional classification.

Net Asset Classsification

	September 30, 2018		
	Without Donor Restrictions	With Donor Restrictions	Total Net Assets
As previously presented			
Unrestricted	$ 22,989,570	$ -	$ 22,989,570
Permanently restricted	-	-	-
Net assets as previously presented	$ 22,989,570	$ -	$ 22,989,570

2. PATIENT ACCOUNTS RECEIVABLE, NET

Patient accounts receivable consist of receivables from Medicaid, Medicare, self-pay, and third party payors. The patient accounts receivable are recorded on the accrual basis of accounting based on services provided, net of contractual allowance and an allowance for doubtful accounts. Patient accounts receivable, net consist of the following at September 30, 2019 and 2018:

PRELIMINARY DRAFT

	2019	2018
Medicaid	$ 2,509,291	$ 2,502,947
Medicare	611,415	370,117
Other third-party payors	4,219,069	1,786,821
Self-pay	4,299,923	3,481,730
	11,639,698	8,141,615
Less: allowance for doubtful accounts and contractual allowance	(8,554,830)	(5,250,335)
Net patient accounts receivable	$ 3,084,868	$ 2,891,280

3. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment consists of the following at September 30, 2019 and 2018:

	2019	2018
Land	$ 372,248	$ 372,248
Building and improvements	16,965,039	15,124,363
Leasehold improvements	10,917,242	10,571,123
Capital lease	2,350,691	2,350,691
Furniture, fixtures, and equipment	10,798,717	10,599,987
Computer hardware and software	3,138,004	3,127,061
Gross property, plant, and equipment	44,541,941	42,145,473
Less accumulated depreciation	23,396,821	21,240,140
	$ 21,145,120	$ 20,905,333
Construction in progress	$ 2,310,699	$ 1,429,782

Property and equipment includes $2,350,691 of equipment held under capital leases with approximately $1,201,000 of related accumulated depreciation at September 30, 2019.

Property and equipment includes $2,350,691 of equipment held under capital leases with approximately $731,000 of related accumulated depreciation at September 30, 2018.

Depreciation expense was $2,549,006 and $2,190,416 for the years ended September 30, 2019 and 2018, respectively.

PRELIMINARY DRAFT

4. INVESTMENTS IN LIMITED LIABILITY COMPANIES

Health Choice Care, LLC

The Center has a 7.83% member interest in the for-profit limited liability company, Health Choice Care, LLC ("HCC"). HCC commenced operations in 2013. HCC is an Accountable Care Organization ("ACO") under the Patient Protection and Affordable Care Act. The Center has purchased an interest in HCC in order to be eligible to participate in the ACO. The Center's investment in HCC as of September 30, 2019 and 2018 was $380,380 and $238,787 , respectively. The Center did not contribute to capital during the years ended September 30, 2019 and 2018, respectively. The Center did not receive a distribution for the year ended September 30, 2019. The Center received a distribution of $33,855 for the year ended September 30, 2018. Condensed financial data, as of and for the nine months ended September 30, 2019 and 2018, are as follows:

	2019 (Unaudited)	2018 (Unaudited)
September 30, 2019 and 2018		
Current assets	$ 5,449,004	$ 3,223,061
Total assets	$ 5,449,004	$ 3,223,061
Current liabilities	$ 704,596	$ 174,746
Members' equity	4,744,408	3,048,315
	$ 5,449,004	$ 3,223,061
For the nine months ended September 30, 2019 and 2018		
Revenue	$ 2,835,212	$ 2,734,698
Expenses	(1,020,245)	(1,600,889)
Net income	$ 1,814,967	$ 1,133,809

PRELIMINARY DRAFT

Prestige MSO Holdco, LLC

The Center has a 9.07% ownership interest in Prestige MSO HoldCo, LLC ("MSO"). MSO owns a 49.0% interest in Community Care of Florida, LLC ("CCF"). CCF was formed to provide support services for an independent organization that operates under a contract with the Agency for Health Care Administration. The Center's investment in MSO as of September 30, 2019 and 2018 was $208,993 and $383,105, respectively. The Center did not contribute to capital during the years ended September 30, 2019 and 2018, respectively. The Center did not receive a distribution for the year ended September 30, 2019. The Center received a distribution of $33,829 for the year ended September 30, 2018. Condensed financial data, as of and for the nine months ended September 30, 2019 and 2018, are as follows:

	2019 (Unaudited)	2018 (Unaudited)
September 30, 2019 and 2018		
Total assets	$ 2,396,596	$ 2,388,750
Current liabilities	$ -	$ -
Members' equity	2,396,596	2,388,750
	$ 2,396,596	$ 2,388,750
For the nine months ended September 30, 2019 and 2018		
Equity in gains from limited liability companies	$ 9,142	$ 980,490

5. NOTES PAYABLE

The Center had a line of credit with Totalbank that allowed the Center to draw up to $1,371,223. The line of credit was collateralized by assets of the Center, and required monthly payments of interest only at the Wall Street Journal prime rate plus 1.5%. The line of credit balance of $1,371,223 was converted into long-term debt in December 2017. The debt matures in November 2023.

6. LONG-TERM DEBT

Long-term debt consists of the following at September 30, 2019 and 2018:

	2019	2018
Nissan Motor Acceptance Corp., note payable at $2,110 monthly, including interest at 2.99%, collateralized by vehicle, matures March 2021	$ 37,070	$ 60,891
Nissan Motor Acceptance Corp., note payable at $2,662 monthly, including interest at 2.91%, collateralized by vehicle, matures April 2021	49,308	79,302
Navitas Leasing Corp., note payable at $3,670 monthly, including interest at 6.0%, collateralized by equipment, matures May 2021	66,854	103,880

PRELIMINARY DRAFT

	2019	2018
Financial lender, note payable at $3,788 monthly, including interest at 3.87%, collateralized by property, matures May 2023 (Coconut Grove)	603,552	625,194
Financial institution, note payable at $9,509 monthly, includes interest at 5.32%, collateralized by property, matures May 2023	1,512,385	1,557,887
Financial institution, note payable at $21,757 monthly, includes interest at 4.5%, collateralized by property, matured November 2018	-	43,267
Financial institution, note payable at $4,014 monthly, includes interest at 6.0%, collateralized by property, matures September 2020	46,313	89,936
Financial institution, note payable at $895 monthly, includes interest at 6.0%, collateralized by property, matures September 2020	10,323	20,047
Financial institution, note payable at $749 monthly, includes interest at 6.0%, collateralized by property, matures September 2020	8,639	16,776
Financial institution, note payable, interest only monthly payments, includes interest at Prime (5.25% at 9/30/18), collateralized by property, paid off March 2019	-	2,000,000
Financial institution, note payable at $25,761 monthly, includes interest at 4.75%, collateralized by property, matures October 2022.	905,742	1,164,648
Financial institution, note payable at $9,298 monthly, includes interest at 3.68%, collateralized by property, matures September 2034.	1,280,000	-
	4,520,186	5,761,828
Less current maturities	564,181	521,587
Long-term portion	$ 3,956,005	$ 5,240,241

PRELIMINARY DRAFT

Future aggregate maturities of long-term liabilities for the five years ending September 30 are as follows:

Year Ending September 30,	
2020	$ 564,181
2021	501,029
2022	452,406
2023	719,173
2024	1,354,476
Thereafter	928,921
	$ 4,520,186

Certain of the above notes contain financial covenants.

7. CAPITAL LEASE OBLIGATIONS

The Center leases certain equipment under agreements that are classified as capital leases. The cost of the equipment under capital leases is included in the statement of financial position as property, plant, and equipment, net, and was $2,350,691 at September 30, 2019 and 2018. Accumulated depreciation of the leased equipment at September 30, 2019 and 2018, was approximately $1,201,000 and $731,000, respectively. Depreciation of assets under capital leases is included in depreciation expense. Future minimum lease payments required under capital leases and the present value of the net minimum lease payments as of September 30, 2019, are as follows:

Year Ending September 30,	
2020	$ 460,680
2021	372,901
2022	15,842
Total minimum lease payments	849,423
Less: Amount representing interest	62,806
Present value of net minimum lease payments	786,617
Less: Current maturities of capital lease obligations	414,775
Long-term capital lease obligations	$ 371,842

8. NET PATIENT REVENUE

The Center has agreements with third-party payors that provide for reimbursement to the programs at amounts different from its established rates. A summary of the basis of reimbursement with major third-party payors are as follows:

PRELIMINARY DRAFT

- Medicare – Under part B of the Medicare program, the Center is reimbursed 80% of cost for covered services. The Medicare patient is responsible for 20% co-insurance for covered services.

- Medicaid – The Medicaid program operated by the State of Florida Agency for Health Care Administration ("AHCA") provides reimbursements for certain outpatient services rendered to beneficiaries of the program based upon a reimbursable cost rate.

- The Center has also entered into payment agreements with certain commercial insurance carriers, Health Maintenance Organizations ("HMO") and preferred provider organizations. The basis for payments to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Additionally, the Center entered into the Provider Services Agreement between the Public Health Trust ("PHT"), which is a sub-network of the South Florida Community Care Network ("SFCCN"). SFCCN is a partnership formed by the PHT in Miami-Dade County, the North Broward Hospital District, and South Broward. The partners/sub-network has the authority to enter into contractual relationships with health care providers to render contracted health care services, pursuant to the terms of an executed agreement.

9. DONATED FACILITIES

The Center has a lease agreement with the Public Health Trust of Miami-Dade County, Florida. The lease, which is classified as an operating lease, covers several facilities including the main operating site, Doris Ison, Marathon, and MLK. The annual base rent is $1. The term of the lease is for 30 years, ending September 30, 2044. The fair market rental of these facilities for the year ended September 30, 2019 was $1,132,000 for Doris Ison center, $248,000 for MLK center and $108,000 for Marathon center. The fair market rental of these facilities for the year ended September 30, 2018, was $1,132,000 for the Doris Ison center, $248,000 for the MLK center and $36,000 for Marathon center.

11. GENERAL OBLIGATION BOND PROGRAM GRANT

In 2010, the Center was awarded a $5 million grant from the proceeds of the Building Better Communities General Obligation Bond Program issued by Miami Dade County. This bond, Project No. 305 "Primary Health Care Facilities" funds are to be used exclusively for the purpose of capital expansion projects to include a new Children's Crisis and Pediatric Center, a Kendall Health Center, as well as to renovate existing sites. As of September 30, 2019 and 2018, the Center has expended $3,034,902 in capital expenditures related to this grant. The Center charged $196,064 in capital expenditures to this grant during the fiscal year ended September 30, 2018 and no expenditures to the grant during the fiscal year ended September 30, 2019.

12. RETIREMENT PLAN

The Center offers a retirement plan (the "Plan") qualified under Section 401(k) of the Internal Revenue Code. The Plan covers full-time employees with one year of service. Employees may make voluntary contributions to the Plan up to the maximum amount allowed by the Internal Revenue Code. The Center contributions are 4% of each eligible employee's basic monthly gross pay to the Plan. For the fiscal years ended September 30, 2019 and 2018, contributions of $733,536 and $1,121,045 were remitted to the Plan and are included in the accompanying financial statements, respectively.

PRELIMINARY DRAFT

The Center also maintains a nonqualified deferred-compensation plan for key employees as prescribed by Section 457(b) of the Internal Revenue Code. Retirement plan expense under this plan for the year ended September 30, 2019 and 2018, amounted to $112,877 and $81,495, respectively.

13. LEASE COMMITMENTS

The Center is obligated under non-cancelable operating leases for various office equipment and office space. Total rent expense for the fiscal years ended September 30, 2019 and 2018, was approximately $592,000 and $713,000, respectively. Future minimum rental payments under these operating leases are as follow:

Year Ending September 30,	
2020	$ 420,576
2021	381,393
2022	272,275
2023	69,057
2024	21,697
Total future minimum payments	$ 1,164,998

14. RELATED PARTIES

The Center is a member of Health Choice Network of Florida, Inc. ("HCNFL"), an association for federally qualified health centers, which provides substantial support serves to the Center's operations in terms of information technology, finance, electronic health records, managed care and other clinical services. The amount paid to HCNFL for this support was approximately $2,970,983 and $2,568,268 for the years ended September 30, 2019 and 2018, respectively. At September 30, 2019 and 2018, the Center owed HCNFL $162,099 and $39,120, respectively.

15. CONCENTRATIONS, COMMITMENTS, AND CONTINGENCIES

Risk and Uncertainties

Financial instruments that potentially subject the Center to concentrations of credit risk consist principally of cash, patient services receivables, and grants and contracts receivable. At times during the year, the Center's cash balances may exceed federally insured limits. The Center places its cash with two financial institutions and has not experienced losses in any such accounts. At various times throughout the years ended September 30, 2019 and 2018, cash balances held at these financial institutions were in excess of federally insured limits of $250,000.

Grants receivable credit risk is limited due to the nature of the grants. The Center regularly monitors its grants receivable by investigating delayed payments and differences when payments received do not conform to the amount billed. The Center considers all grants as collectible. Patient services receivables are due from managed care organizations and patients in and around South Florida. Risk is limited due to the large number of individually insignificant accounts which comprise the Center's customer base, thus spreading the default risk. No single customer represents greater than 10% of total patient service receivables.

PRELIMINARY DRAFT

Significant Vendors
The Center is dependent upon third-party service providers and suppliers for all of its pharmaceuticals and lab service. The Center is dependent on the ability of its vendors to provide products and services on a timely basis and on favorable pricing terms. The loss of certain principal vendors or a significant reduction in product and/or service availability could have a material effect on the Center. The Center believes that its relationships with its vendors are satisfactory.

One company accounted for approximately $3,795,000 and $3,429,000 of the total pharmaceutical purchases for the years ending September 30, 2019 and 2018, respectively, and had an accounts payable balance outstanding of approximately $288,000 and $283,000 at September 30, 2019 and 2018, respectively.

Significant Grantors
The largest grantor accounted for 100% of deferred revenue at September 30, 2019 and 2018, and for 25% of total revenues for the years then ended. The loss of this funding source could have an adverse impact on the Center.

Capital Assets from Federal Funding
Certain property and equipment was purchased with funds provided by the DHHS. Federal grant regulations applicable to rural health organizations stipulate that the federal government can recover its proportionate share of any proceeds obtained from the sale or liquidation of any property or equipment fully or partially funded by the DHHS. The Center has no plans or intentions to liquidate any of its property or equipment subject to this lien.

Litigation
The Center may be involved in various claims and legal actions arising in the ordinary course of business. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the Center's financial position or results of operations.

Medical Malpractice
The Center maintains its medical malpractice coverage under the Federal Tort Claims Act ("FTCA"). FTCA provides malpractice coverage to eligible PHS-Supported programs and applies to the Center and its employees while providing services within the scope of employment included under grant-related activities. The Attorney General, through the U.S. Department of Justice, has the responsibility for the defense of the individual and/or grantee for malpractice cases approved for FTCA coverage. The Center maintains a GAP insurance policy for coverage beyond the coverage under FTCA.

Self-Insurance Reserve
The Center has a self-insured contract, up to certain limits, for employee group health claims. Operations are charged with the cost of claims reported and an estimate of claims incurred but not reported. A liability for unpaid claims and the associated claim expenses, including incurred but not reported losses, is actuarially determined and reflected in the statement of financial position as an accrued expense. The self-insured claims liability includes incurred but not reported loss of $757,629 and $871,241 at September 30, 2019 and 2018, respectively. The determination of such claims and expenses and the appropriateness of the related liability is continually reviewed and updated.

PRELIMINARY DRAFT

16. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Center's financial assets available within one year of the statement of financial position date, September 30, 2019, for general expenditures are as follows:

Cash and cash equivalents	$ 13,928,626
Patient accounts receivable	3,084,868
Grants receivable	1,864,083
Total financial assets available within one year	$ 18,877,577
Less:	
Amounts unavailable for general expenditures within one year	-
Total financial assets available within one year net of amounts unavailable	$ 18,877,577

As part of the Center's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

PRELIMINARY DRAFT

SUPPLEMENTARY INFORMATION

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Schedule of Expenditures of Federal Awards
Year Ended September 30, 2019

U.S. Department of Health and Human Services			
Direct programs:			
Consolidated Health Centers	93.224	H80CS00821	$ 14,333,397
Capital Assistance for Hurricane Response and Recovery Efforts	93.224	C13CS32060	227,899
			14,561,296
Teaching Health Center	93.530	T91HP27230, T91HP27228, T91HP27229	4,147,500
CMS Healthy Kids	93.767	1Y1CMS331711-01-00	30,731
Total U.S. Department of Health and Human Services direct programs			18,739,527
Passed through State of Florida Department of Health			
HIV Prevention Activities Health Department Based (High Impact Prevention)	93.940	CODMZ	85,555
HIV Prevention Activities Health Department Based (Expanded Testing Initiative – AATI/ETI)	93.940	DEX28	25,000
Total HIV Prevention Activities Health Department Based			110,555
Test and Treat Program	93.917	DEX40	131,338
Passed through Florida Atlantic University:			
CAPE - Nurse Education, Practice Quality, & Rentention	93.359	6UK1HP31715-01-01	32,500
CAPP - Caring-Based Academic Practice Partnerships	93.247	D9HP29975	65,000
Passed through Public Health Trust of Miami-Dade County, Florida			
HIV Care Formula Grants (SFAN)	93.917	CODJS-CHI # 003/004	166,535
Passed through Miami-Dade County, Florida			
HIV Emergency Relief Project Grants (Ryan White – Title I)	93.914	BU3CHI28/BU3CHI29	666,372
Passed through South Florida Behavioral Network			
Block Grant for Community Mental Health Services & Substance Abuse Treatment	93.958 & 93.959	ME225-9-16, ME225-10-16	3,694,517
Passed through Health Choice Network of Florida, Inc.			
HIYA2	93.307	FY 2018-2019	69,096
Centers for Disease Control and Prevention Investigations and Technical Assistance (Healthy Body Healthy Soul)	93.283	FY 2018-2019	59,460
Nurse Family Partnership MIECHV	93.505	FY 2018-2019	92,385
			$ 23,827,285

See Independent Auditors' Report.
The Notes to Schedule of Expenditures of Federal Awards are an integral part of this schedule.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Notes to Schedule of Expenditures of Federal Awards
Year Ended September 30, 2019

1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of the Center under programs of the federal government for the year ended September 30, 2019. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of the Center, it is not intended to, and does not, present the financial position, changes in net assets, or cash flows of the Center.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

3. INDIRECT COST RATE

The Center has elected to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

4. RECEIVABLE FROM DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Center submits requests for reimbursements to the Department of Health and Human Services on a periodic basis. At September 30, 2019, there was a $30,731 receivable from the Department of Health and Human Services.

5. SUBRECIPIENTS

The Center does not provide federal funds to subrecipients.

PRELIMINARY DRAFT

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors
Community Health of South Florida, Inc.
Miami, Florida

We have audited in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Health of South Florida, Inc. (the "Center") (a nonprofit organization), which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December __, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Center's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Center's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

PRELIMINARY DRAFT

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

December __, 2019

PRELIMINARY DRAFT

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors
Community Health of South Florida, Inc.
Miami, Florida

Report on Compliance for Each Major Federal Program

We have audited Community Health of South Florida, Inc.'s (the "Center") (a nonprofit organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Center's major federal programs for the year ended September 30, 2019. The Center's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Center's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Center's compliance.

Opinion on Each Major Federal Program

In our opinion, the Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2019.

PRELIMINARY DRAFT

Report on Internal Control Over Compliance

Management of the Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Center's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

December __, 2019

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Schedule of Findings and Questioned Costs
Year Ended September 30, 2019

SECTION I – SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued on whether the financial statements were prepared in accordance with GAAP:	Unmodified	
Internal control over financial reporting:		
Material weakness(es) identified?	____ Yes	X No
Significant deficiencies identified?	____ Yes	X None reported
Noncompliance material to financial statements noted?	____ Yes	X No

Federal Awards Programs

Internal control over major federal programs:		
Material weakness(es) identified?	____ Yes	X No
Significant deficiencies identified?	____ Yes	X None reported
Type of auditors' report issued on compliance for major federal programs:	Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	____ Yes	X No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
93.224	Consolidated Health Centers
93.958 & 93.959	Block Grant for Community Mental Health Services & Substance Abuse Treatment

Dollar threshold used to distinguish between Type A and Type B programs	$ 750,000	
Auditee qualified as low-risk auditee?	X Yes	____ No

SECTION II – FINANCIAL STATEMENT FINDINGS

No matters were reported.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters were reported.

SECTION IV – PRIOR AUDIT FINDINGS AND CORRECTIVE ACTION PLAN

No matters were reported.

See Independent Auditors' Report.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Schedule of State Earnings
Year Ended September 30, 2019

1.	Total expenditures	$ 71,696,650
2.	Less other state and federal funds	(19,904,869)
3.	Less non-match ADM funds	(279,120)
4.	Less unallowable costs per 65E-14, FAC	(4,735,983)
5.	Less unallowable patient fees	(31,977,305)
6.	Total allowable expenditures *(Sum of lines 1, 2, 3, 4, and 5)*	14,799,373
7.	Maximum available earnings *(Line 6 times 75%)*	11,099,530
8.	Amount of state funds requiring match *(Total amount of contract fund paid by the Department)*	3,034,104
9.	Amount due to department *(Subtract line 8 from line 7. If negative, the amount of the difference is due to the department up to the amount of line 8)*	$ -

See Independent Auditors' Report.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Substance Abuse and Mental Health Services Program/Cost Center
Actual Revenues and Expenses Schedule
For the Year Ended September 30, 2019

FUNDING SOURCES & REVENUES	01 Assessment	02 Case Management	03 Crisis Stabilization	04 Crisis Support/ Emergency	11 Intervention - Individual	12 Medical Services	14 Outpatient - Individual	15 Outreach/Forensic Team	24 Substance Abuse Detox	35 Outpatient Group	Indigent Drug	44 CCST/Jail Diversion	28 Incidental Expenses	44 CCST - Individual	Total for State Funded SAMH Cost Centers	Total for Non-State Funded SAMH Cost Centers	Total SAMH Cost Centers	Non-SAMH Cost Center	Total Revenue
1A. STATE SAMH FUNDING																			
(1) Management, Oversight and Administration															$ 3,694,519.00		$ 3,694,519.00		$ 3,694,519.00
(2) Services Revenue															$ -		$ -	xxxxxxxxx	$ -
	$ 62,204.00	$ 122,094.00	$ 1,273,240.00	$ 336,138.00	$ 27,550.00	$ 407,433.00	$ 114,133.00	$ 452,439.00	$ 104,635.00	$ 1,636.00	$ -	$ 475,522.00	$ 317,495.00		$ 3,694,519.00		$ 3,694,519.00		$ -
South Florida Behavorial Health Network/DCF	$ 62,204.00	$ 122,094.00	$ 1,273,240.00	$ 336,138.00	$ 27,550.00	$ 407,433.00	$ 114,133.00	$ 452,439.00	$ 104,635.00	$ 1,636.00	$ -	$ 475,522.00	$ 317,495.00		$ -		$ -		$ -
															$ -		$ -		$ -
															$ 139,240.00		$ 139,240.00		$ 139,240.00
1B. OTHER GOVT. FUNDING															$ 1,017,076.00		$ 1,017,076.00	$ 475,210.00	$ 1,492,286.00
(1) Other State Agency Funding (F1 State Hospital IDP Drug Program)	$ 210,376.00	$ 94,013.00	$ 39,353.00	$ 770.00	$ 112,280.00	$ 124,402.00	$ 422,057.00		$ 4,487.00	$ 9,240.00	$ 139,240.00			$ 98.00	$ 384,904.00		$ 384,904.00	$ 1,107,688.00	$ 1,492,592.00
(2) Medicaid			$ 384,904.00												$ -		$ -	$ 286,716.00	$ 286,716.00
(3) Local Government (PHT) (TCT)															$ -		$ -		$ -
(4) Federal Grants and Contracts															$ -		$ -		$ -
(5) In-kind from local government only																			
TOTAL GOVERNMENT FUNDING =	$ 272,580.00	$ 216,107.00	$ 1,697,497.00	$ 336,908.00	$ 139,830.00	$ 531,835.00	$ 536,190.00	$ 452,439.00	$ 109,122.00	$ 10,876.00	$ 139,240.00	$ 475,522.00	$ 317,495.00	$ 98.00	$ 5,235,739.00	$ -	$ 5,235,739.00	$ 1,869,614.00	$ 7,105,353.00
1C. ALL OTHER REVENUES																			
														$ 664.00	$ 93,287.00	$ -	$ 93,287.00	$ 12,322.00	$ 105,609.00
(1) 1st & 2nd Party Payments (Self Pay)	$ 6,102.00	$ 12,003.00	$ 6,535.00	$ 10,208.00	$ 9,928.00	$ 16,639.00	$ 19,335.00		$ 1,704.00	$ 10,169.00	$ -			$ 6.00	$ 794,543.00	$ -	$ 794,543.00		$ 794,543.00
(2) 3rd Party Payments (Insurance)	$ 55,805.00	$ 59,633.00	$ 141,029.00	$ 230.00		$ 268,391.00	$ 263,591.00			$ 5,858.00	$ -				$ 274,875.00	$ -	$ 274,875.00		$ 274,875.00
(3) Medicare	$ 20,979.00	$ 3,840.00	$ 29,199.00			$ 198,340.00	$ 22,298.00			$ 219.00					$ -		$ -	$ 2,710.00	$ 2,710.00
(4) Contributions and Donations														$ 32.00	$ 392,204.00	$ -	$ 392,204.00	$ 453,649.00	$ 845,853.00
(5) Other (Low Income Pool) (Wraparound)															$ -		$ -		$ -
(6) In-kind	$ 46,616.00	$ 36,656.00	$ 9,894.00			$ 254,467.00	$ 39,762.00		$ 117.00	$ 4,660.00									
TOTAL ALL OTHER REVENUES =	$ 129,502.00	$ 112,132.00	$ 186,657.00	$ 10,438.00	$ 9,928.00	$ 737,837.00	$ 344,986.00	$ -	$ 1,821.00	$ 20,906.00	$ -	$ -	$ -	$ 702.00	$ 1,554,909.00	$ -	$ 1,554,909.00	$ 468,681.00	$ 2,023,590.00
TOTAL FUNDING =	$ 402,082.00	$ 328,239.00	$ 1,884,154.00	$ 347,346.00	$ 149,758.00	$ 1,269,672.00	$ 881,176.00	$ 452,439.00	$ 110,943.00	$ 31,782.00	$ 139,240.00	$ 475,522.00	$ 317,495.00	$ 800.00	$ 6,790,648.00	$ -	$ 6,790,648.00	$ 2,338,295.00	$ 9,128,943.00

Continued

See Independent Auditors' Report.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Substance Abuse and Mental Health Services Program/Cost Center
Actual Revenues and Expenses Schedule
For the Year Ended September 30, 2019

EXPENSE CATEGORIES	01 Assessment	02 Case Management	03 Crisis Stabilization	04 Crisis Support/ Emergency	11 Intervention - Individual	12 Medical Services	14 Outpatient - Individual	15 Outreach/Forensic Team	24 Substance Abuse Detox	35 Outpatient Group	Indigent Drug	CST/Jail Diversion	28 Incidental Expenses	44 CCST - Individual	Total for State Funded SAMH Cost Centers	Total for Non-State Funded SAMH Cost Centers	Total SAMH Cost Centers	Non-SAMH Cost Center	Other Support Costs	Administration
IIA. PERSONNEL EXPENSES																				
(1) Salaries	$ 276,308.00	$ 225,589.00	$ 1,060,949.00	$ 340,119.00	$ 39,486.00	$ 968,155.00	$ 400,677.00	$ 320,332.00	$ 98,113.00			$ 349,959.00			$ 4,079,687.00	$ -	$ 4,079,687.00	$ 1,227,565.00	$ 339,440.00	$ 243,475.00
(2) Fringe Benefits	$ 48,965.00	$ 42,633.00	$ 144,201.00	$ 79,381.00	$ 8,851.00	$ 117,130.00	$ 69,500.00	$ 62,506.00	$ 21,905.00			$ 68,287.00			$ 663,359.00		$ 663,359.00	$ 240,618.00	$ 81,157.00	$ 43,207.00
TOTAL PERSONNEL EXPENSES =	$ 325,273.00	$ 268,222.00	$ 1,205,150.00	$ 419,500.00	$ 48,337.00	$ 1,085,285.00	$ 470,177.00	$ 382,838.00	$ 120,018.00	$ -	$ -	$ 418,246.00		$ -	$ 4,743,046.00	$ -	$ 4,743,046.00	$ 1,468,183.00	$ 420,597.00	$ 286,682.00
IIB. OTHER EXPENSES																				
(1) Building Occupancy												$ 8,221.00			$ 18,909.00		$ 18,909.00	$ 6,304.00	$ 857.00	$ 53,909.00
(2) Professional Services		$ 200.00	$ 672.00		$ 1,615.00	$ 677.00		$ 7,524.00							$ -		$ -	$ 4,000.00		
(3) Travel															$ 41,686.00		$ 41,686.00	$ 16,565.00		$ 42,741.00
(4) Equipment		$ 4,843.00	$ 1,154.00		$ 813.00			$ 17,430.00			$ 16.00	$ 17,430.00			$ -		$ -	$ 4,052.00		
(5) Food Services			$ 79,307.00												$ 79,307.00		$ 79,307.00	$ 102,704.00		
(6) Medical and Pharmacy		$ 2,944.00	$ 30,820.00			$ 1,126.00					$ 139,240.00	$ 2,071.00	$ 20,383.00		$ 196,584.00		$ 196,584.00	$ 201.00	$ 529.00	
(7) Contractual Services (ALPS, etc for clients)			$ 27,278.00	$ 5,264.00		$ 12,000.00						$ 253,205.00	$ 173,244.00		$ 470,991.00		$ 470,991.00	$ 789,136.00		$ 157,028.00
(8) Insurance												$ 2,576.00			$ 2,576.00		$ 2,576.00			
(9) Interest Paid															$ -		$ -			
(10) Operating Supplies & Expenses		$ 11,727.00	$ 11,813.00			$ 5,121.00		$ 12,958.00	$ 7,987.00			$ 1,019.00	$ 14,485.00		$ 65,110.00		$ 65,110.00	$ 62,986.00	$ 1,874.00	$ 32,843.00
(11) Donated Items															$ -		$ -			
(12) Other Expense			$ 3,167.00	$ 24,044.00	$ 618.00				$ 6,286.00			$ 340.00			$ 34,455.00		$ 34,455.00	$ 3,017.00	$ 252.00	$ 2,528,082.00
TOTAL OTHER EXPENSES =	$ -	$ 19,714.00	$ 154,211.00	$ 29,308.00	$ 3,046.00	$ 18,924.00	$ -	$ 37,912.00	$ 14,273.00	$ -	$ 139,256.00	$ 284,862.00	$ 208,112.00	$ -	$ 909,618.00	$ -	$ 909,618.00	$ 988,965.00	$ 3,512.00	$ 2,814,603.00
TOTAL PERSONNEL & OTHER EXPENSES =	$ 325,273.00	$ 287,936.00	$ 1,359,361.00	$ 448,808.00	$ 51,383.00	$ 1,104,209.00	$ 470,177.00	$ 420,750.00	$ 134,291.00	$ -	$ 139,256.00	$ 703,108.00	$ 208,112.00	$ -	$ 5,652,664.00	$ -	$ 5,652,664.00	$ 2,457,148.00	$ 424,109.00	$ 3,101,285.00
IIC. DISTRIBUTED INDIRECT COSTS	$ 16,540.00	$ 22,054.00	$ 83,125.00	$ 15,268.00	$ 7,633.00	$ 67,857.00	$ 40,290.00	$ 20,357.00	$ 7,269.00		$ -	$ 21,205.00	$ -	$ -	$ 301,538.00		$ 301,538.00	$ 122,570.00	$ (424,109.00)	$ (3,101,285.00)
(a) Other Support Costs (Optional)	$ 213,988.00	$ 189,178.00	$ 570,636.00	$ 155,064.00	$ 58,924.00	$ 567,535.00	$ 322,533.00	$ 164,368.00	$ 62,026.00		$ -	$ 155,064.00	$ -		$ 2,459,316.00		$ 2,459,316.00	$ 641,969.00	xxxxxxxxx	xxxxxxxxx
(b) Administration															$ 2,760,854.00	$ -	$ 2,760,854.00	$ 764,539.00	xxxxxxxxx	xxxxxxxxx
TOTAL DISTRIBUTED INDIRECT COSTS =	$ 230,528.00	$ 211,232.00	$ 653,761.00	$ 170,332.00	$ 66,557.00	$ 635,392.00	$ 362,823.00	$ 184,725.00	$ 69,295.00	$ -	$ -	$ 176,269.00	$ -	$ -	$ 5,521,708.00	$ -	$ 5,521,708.00	$ 1,529,078.00	xxxxxxxxx	xxxxxxxxx
TOTAL ALLOWABLE OPERATING EXPENSES =	$ 555,801.00	$ 499,168.00	$ 2,013,122.00	$ 619,140.00	$ 117,940.00	$ 1,739,601.00	$ 833,000.00	$ 605,475.00	$ 203,526.00	$ -	$ 139,256.00	$ 879,377.00	$ 208,112.00	$ -	$ 8,413,518.00	$ -	$ 8,413,518.00	$ 3,221,687.00	xxxxxxxxx	xxxxxxxxx
IID. UNALLOWABLE COSTS															$ -		$ -	$ -	$ -	$ -
IIE. CAPITAL EXPENDITURES															$ -		$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES =	$ 555,801.00	$ 499,168.00	$ 2,013,122.00	$ 619,140.00	$ 117,940.00	$ 1,739,601.00	$ 833,000.00	$ 605,475.00	$ 203,526.00	$ -	$ 139,256.00	$ 879,377.00	$ 208,112.00	$ -	$ 8,413,518.00	$ -	$ 8,413,518.00	$ 3,221,687.00	$ -	$ -

See Independent Auditors' Report.

PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Schedule of Bed-Day Availability Payments
For the Year Ended September 30, 2019

Program	Covered Service	Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Government, or Other State Agencies	Maximum Number of Units Eligible for Payment by Department	Amount Paid for Services by the Department	Maximum Dollar Value of Units in Column F	Amount Owed to Department
A	B	C	D	E	F	G	H	I
Adult MH	Crisis Stabilization Unit	$399.53	3,498.00	-	3,498.00	$739,065.00	$1,397,555.94	-
Adult SA	Substance Abuse Detox	$286.67	618.90	-	618.90	$104,635.00	$177,420.06	-
Total		$686.20	4,116.90	=	4,116.90	$843,700.00	$1,574,976.00	=

See Independent Auditors' Report.

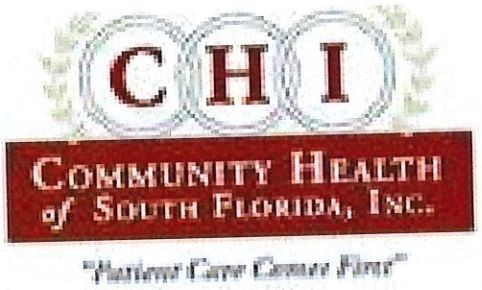
PRELIMINARY DRAFT

Community Health of South Florida, Inc.
Schedule of Related Party Transaction Adjustments
For the Year Ended September 30, 2019

Revenues From Grantee	Related Party	Allocation of Related Party Transaction Adjustment				
		SAMH Covered Services				Total
		Adult - SA	Adult - MH	Child - SA	Child - MH	
Rent	-	-	-	-	-	-
Services	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total revenue from grantee	-	-	-	-	-	-
Expenses associated with grantee transactions						
Personnel services	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total associated expenses	-	-	-	-	-	-
Related party transaction adjustment	-	-	-	-	-	-

See Independent Auditors' Report.

PRELIMINARY DRAFT



COMMUNITY HEALTH OF SOUTH FLORIDA, INC.
Financial Statements
September 30, 2018 and 2017
With Independent Auditors' Report

withum
AUDIT TAX ADVISORY

Community Health of South Florida, Inc.
September 30, 2018 and 2017

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withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Community Health of South Florida, Inc.
Miami, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of Community Health of South Florida, Inc. (the "Center") (a nonprofit organization), which comprise the statements of financial position as of September 30, 2018 and 2017, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Center's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Center as of September 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

withum
ADVISORY TAX AUDIT

Other Matters

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis, as required by the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of State Earnings, Substance Abuse and Mental Health Services Program/Cost Center Actual Revenues and Expenses Schedule, Bed-Day Availability Payments, and Related Party Transaction Adjustments on pages 30 through 34 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 17, 2018, on our consideration of the Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control over financial reporting and compliance.

Withum Smith + Brown, PC

December 17, 2018

Community Health of South Florida, Inc.
Statements of Financial Position
September 30, 2018 and 2017

	2018	2017
Assets		
Current assets		
Cash and cash equivalents	$ 4,524,637	$ 908,972
Patient accounts receivable, net of allowance for contractual adjustments and uncollectible accounts of 2018-$5,250,335 and 2017-$3,560,134	2,891,280	5,046,428
Grants receivable	4,901,759	3,378,728
Pharmaceutical supplies inventory	379,600	391,558
Prepaid expenses and other assets	996,229	606,400
Total current assets	13,693,505	10,332,086
Noncurrent assets		
Investments	-	15,310
Investments in limited liability companies	621,892	475,588
Construction in progress	1,429,782	979,594
Property, plant, and equipment, net	20,905,333	20,647,544
Total noncurrent assets	22,957,007	22,118,036
Total assets	$ 36,650,512	$ 32,450,122
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	$ 3,528,849	$ 3,298,786
Deferred support	316,198	1,569,642
Compensated absences	1,788,942	2,917,719
Accrued payroll	861,773	870,030
Note payable	-	921,379
Current maturites of long-term debt	521,587	856,956
Current maturities of capital lease obligations	616,735	275,839
Total current liabilities	7,634,084	10,710,351
Noncurrent liabilities		
Long-term debt, less current maturities	5,240,241	4,594,602
Capital lease obligations, less current maturities	786,617	482,923
Total noncurrent liabilities	6,026,858	5,077,525
Total liabilities	13,660,942	15,787,876
Net assets		
Unrestricted	22,989,570	16,662,246
Total net assets	22,989,570	16,662,246
Total liabilities and net assets	$ 36,650,512	$ 32,450,122

The Notes to Financial Statements are an integral part of these statements.

Community Health of South Florida, Inc.
Statements of Activities
Years Ended September 30, 2018 and 2017

	2018	2017
Support and revenue		
Support		
Federal grants	$ 24,132,134	$ 20,472,174
Other government grants	7,297,050	5,394,994
Private support	6,617,698	8,132,775
In-kind contributions	2,044,571	2,054,614
Total support	40,091,453	36,054,557
Revenue		
Patient service revenue, net of provision for contractual adjustments and bad debts of $39,558,218 and $34,768,178, respectively	30,472,170	32,428,070
Investment income	214,336	452,590
Interest income	2,365	3,959
Other	480,517	815,384
Total revenue	31,169,388	33,700,003
Total support and revenue	71,260,841	69,754,560
Expenses		
Program services		
Doris Ison Center	17,274,586	19,476,132
Martin Luther King Center	6,661,361	8,021,206
Behavioral Health Care Center	8,613,389	9,600,398
West Perrine Center	748,927	922,533
Naranja Center	1,147,150	1,660,133
South Dade Center	478,093	456,549
Everglades Center	635,763	520,568
Marathon Center	1,792,271	1,903,477
South Miami Center	1,328,127	1,458,501
Tarvenier Center	869,982	867,337
West Kendall Center	1,686,009	1,767,131
Coconut Grove Center	908,996	907,844
Other grants and contracts	10,892,198	10,552,085
Total program services	53,036,852	58,113,894
Supporting services		
Corporate office	11,896,665	14,961,150
Total supporting services	11,896,665	14,961,150
Total expenses	64,933,517	73,075,044
Increase (decrease) in net assets	6,327,324	(3,320,484)
Net assets		
Beginning of year	16,662,246	19,982,730
End of year	$ 22,989,570	$ 16,662,246

The Notes to Financial Statements are an integral part of these statements.

Community Health of South Florida, Inc.
Statements of Functional Expenses
Years Ended September 30, 2018 and 2017

	2018														
	Doris Ison Center	Martin Luther King Center	Behavioral Health Care Center	West Perrine Center	Naranja Center	South Dade Center	Everglades Center	Marathon Center	South Miami Center	Tarvenier Center	West Kendall Center	Coconut Grove Center	Other Grants and Contracts	Corporate	Total
Salaries and related costs	$ 9,866,205	$ 4,509,133	$ 6,596,620	$ 622,679	$ 810,269	$ 383,811	$ 501,982	$ 1,186,712	$ 939,175	$ 670,733	$ 1,303,103	$ 692,454	$ 9,562,100	$ 4,633,980	$ 42,278,956
Advertising	-	-	950	-	-	-	-	-	-	-	-	-	-	134,730	135,680
Contractual services	1,826,345	126,147	1,263,700	10,788	53,501	12,262	12,803	289,020	80,420	8,392	89,663	80,481	338,078	3,704,478	7,896,078
Depreciation and amortization	734,515	264,296	72,799	35,628	73,422	15,366	51,643	65,578	170,724	18,958	158,237	57,917	92,233	379,100	2,190,416
Donated facilities	1,132,000	248,000	-	-	-	-	-	36,000	-	-	-	-	-	-	1,416,000
Insurance	-	180,602	6,543	-	-	-	-	-	-	-	-	-	-	687,074	874,219
Licenses and permits	10,181	8,122	13,914	85	273	85	85	2,777	416	1,509	3,652	85	11,513	23,657	76,354
Memberships		-	34,420	-	-	-	-	-	-	3,588	-	-	46,602	38,839	123,449
Repairs and maintenance	370,869	409,635	685	21,425	38,010	15,889	23,940	26,571	37,784	-	20,086	10,759	7,624	55,096	1,038,373
Postage and freight	7,150	687	5,208	132	192	82	28	-	146	-	-	128	672	43,005	57,430
Professional services	-	-	-	-	-	-	-	-	-	-	-	-	313,182	314,689	627,871
Rent	16,081	-	10,734	23,008	-	-	-	61,239	-	61,733	6,000	3,000	27,030	504,489	713,314
Seminars	6,473	2,651	8,063	128	128	84	106	106	-	-	108	-	37,077	51,382	106,306
Supplies	2,788,652	774,245	356,933	34,355	146,148	37,047	32,839	98,002	74,852	86,706	78,708	57,514	359,843	99,464	5,025,308
Travel	11,527	21,243	54,563	131	3,677	-	-	1,677	-	58	-	-	68,364	53,314	214,554
Telephone and utilities	254,217	116,550	10,588	568	20,016	13,467	12,337	19,248	24,610	17,090	26,452	6,658	24,058	601,962	1,147,821
Food	246,277	-	174,394	-	1,514	-	-	-	-	-	-	-	2,432	881	425,498
Bank fees	197	-	-	-	-	-	-	-	-	-	-	-	-	134,700	134,897
Non-operating expense	-	-	-	-	-	-	-	-	-	-	-	-	390	36,322	36,712
Interest expense	-	-	-	-	-	-	-	-	-	-	-	-	-	350,773	350,773
Other expenses	3,897	50	3,275	-	-	-	-	5,341	-	1,215	-	-	1,000	48,730	63,508
	$ 17,274,586	$ 6,661,361	$ 8,613,389	$ 748,927	$ 1,147,150	$ 478,093	$ 635,763	$ 1,792,271	$ 1,328,127	$ 869,982	$ 1,686,009	$ 908,996	$ 10,892,198	$ 11,896,665	$ 64,933,517

The Notes to Financial Statements are an integral part of these statements.

Community Health of South Florida, Inc.
Statements of Functional Expenses
Years Ended September 30, 2018 and 2017

	2017														
	Doris Ison Center	Martin Luther King Center	Behavioral Health Care Center	West Perrine Center	Naranja Center	South Dade Center	Everglades Center	Marathon Center	South Miami Center	Tarvenier Center	West Kendall Center	Coconut Grove Center	Other Grants and Contracts	Corporate	Total
Salaries and related costs	$ 12,258,894	$ 5,597,808	$ 7,645,654	$ 745,663	$ 1,260,684	$ 346,347	$ 351,289	$ 1,294,674	$ 1,051,391	$ 717,762	$ 1,365,222	$ 679,055	$ 9,060,335	$ 7,371,831	$ 49,746,609
Advertising	-	-	-	-	-	-	-	-	-	-	-	-	5,852	238,279	244,131
Contractual services	1,102,391	183,598	1,194,132	11,479	55,065	17,036	18,358	218,990	87,849	6,971	91,048	78,210	337,070	3,847,022	7,249,219
Depreciation and amortization	573,276	265,316	74,623	35,628	73,788	13,285	51,643	70,371	156,851	18,958	155,700	57,813	88,160	412,397	2,047,809
Donated facilities	1,132,000	248,000	-	-	-	-	-	108,000	-	-	-	-	-	-	1,488,000
Insurance	-	161,433	-	-	-	-	-	-	-	-	-	-	-	730,512	891,945
Licenses and permits	23,964	1,558	8,893	321	1,357	172	130	3,649	3,029	1,879	964	316	4,373	77,915	128,520
Memberships	900	-	1,200	-	-	-	-	-	-	-	-	-	38,525	43,283	83,908
Repairs and maintenance	375,209	458,826	155	38,257	39,674	35,871	35,964	36,469	46,490	14,089	34,113	20,476	5,643	48,824	1,190,060
Postage and freight	7,529	1,337	5,567	241	248	202	129	1,717	521	-	-	280	860	50,712	69,343
Professional services	-	-	-	-	-	-	-	-	-	-	-	-	381,043	177,296	558,339
Rent	9,702	80	13,133	41,100	-	-	-	2	380	62,815	-	3,000	79,423	465,321	674,956
Seminars	3,328	1,775	9,169	64	89	42	53	53	-	-	108	-	44,912	53,666	113,259
Supplies	3,405,717	943,716	391,154	49,118	209,328	30,723	49,194	135,583	90,438	19,110	96,143	62,464	347,634	228,802	6,059,124
Travel	5,651	21,315	37,942	44	-	-	-	6,638	-	-	91	-	91,266	106,520	269,467
Telephone and utilities	283,702	136,444	12,396	618	18,320	12,871	13,808	22,715	21,552	24,188	23,742	6,230	44,158	463,074	1,083,818
Food	293,362	-	206,314	-	1,495	-	-	-	-	-	-	-	16,946	3,259	521,376
Bank fees	247	-	-	-	-	-	-	-	-	-	-	-	-	135,839	136,086
Non-operating expense	-	-	-	-	-	-	-	-	-	-	-	-	100	117,947	118,047
Interest expense	-	-	-	-	-	-	-	-	-	-	-	-	-	359,565	359,565
Other expenses	260	-	66	-	85	-	-	4,616	-	1,565	-	-	5,785	29,086	41,463
	$ 19,476,132	$ 8,021,206	$ 9,600,398	$ 922,533	$ 1,660,133	$ 456,549	$ 520,568	$ 1,903,477	$ 1,458,501	$ 867,337	$ 1,767,131	$ 907,844	$ 10,552,085	$ 14,961,150	$ 73,075,044

The Notes to Financial Statements are an integral part of these statements.

Community Health of South Florida, Inc.
Statements of Cash Flows
Years Ended September 30, 2018 and 2017

	2018	2017
Cash flows from operating activities		
Increase (decrease) in net assets	$ 6,327,324	$ (3,320,484)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation	2,190,416	2,047,809
Provision for bad debts	4,628,812	3,998,355
Gain on sale of property	-	(203,179)
Equity in gains of limited liability companies	(214,336)	(452,590)
Changes in operating assets and liabilities		
Patient accounts receivable	(2,473,316)	(4,416,187)
Grants receivable	(1,523,031)	(1,198,742)
Due from sale of investment	-	82,156
Pharmaceutical supplies inventory	11,958	41,379
Prepaid expenses and other assets	(389,829)	(70,134)
Accounts payable and accrued expenses	230,063	1,044,585
Deferred support	(1,253,444)	1,569,642
Compensated absences	(1,128,777)	964,762
Accrued payroll	(8,257)	34,481
Net cash provided by operating activities	6,397,583	121,853
Cash flows from investing activities		
Payment on construction-in-progress	(450,188)	(979,594)
Purchases of property, plant, and equipment	(1,527,776)	(2,590,249)
Proceeds from sale of property, plant, and equipment	-	338,500
Proceeds from sale of investments	15,310	-
Distributions from limited liability companies	67,684	122,220
Net cash used in investing activities	(1,894,970)	(3,109,123)
Cash flows from financing activities		
Draws (payments) on note payable	449,844	(105,935)
Payments on long-term debt	(1,060,953)	(677,911)
Payments on capital lease obligations	(275,839)	(251,919)
Net cash used in financing activities	(886,948)	(1,035,765)
Net increase (decrease) in cash and cash equivalents	3,615,665	(4,023,035)
Cash and cash equivalents		
Beginning of year	908,972	4,932,007
End of year	$ 4,524,637	$ 908,972
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 350,773	$ 359,565

Noncash investing and financing activities

During the years ended September 30, 2018 and 2017, the Center converted $1,371,223 and $2,000,000 in lines of credit into debt, respectively.

During the years ended September 30, 2018 and 2017, the Center acquired equipment, including $920,429 and $286,000 of it through capital lease obligations, respectively.

The Notes to Financial Statements are an integral part of these statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations
The Community Health of South Florida, Inc., (the "Center") is a not-for-profit organization established in 1971 to provide healthcare to the uninsured and underinsured residents of South Miami-Dade County. The Center operates a primary health care delivery system in South Miami-Dade and Monroe counties of, Florida. The system includes the following primary care centers: the Martin Luther King, Jr., Clinica Campesina ("MLK"), the Doris Ison Center, West Perrine, Naranja, South Dade, Everglades, Marathon, West Kendall, South Miami, Travernier, Coconut Grove Health Center and thirty-three public schools. The Behavioral Health Care Center ("BHCC") provides comprehensive mental health counseling services. Other grants and contracts are a consortium of self-sustaining programs that are independent of the individual centers. The Center serves all individuals desiring services, and charges patients according to a fee schedule. The fee schedule is determined by the board of directors and is in line with the sliding fee scale as set by the annual poverty guidelines. The U.S. Department of Health and Human Services ("DHHS") provides substantial direct and indirect support to the Center. The Center is obligated under the terms of the DHHS grant to comply with specified conditions and program requirements set forth by the grantor.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Basis of Presentation
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenues are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Center and changes therein are classified and reported as follows:

Unrestricted Net Assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Center and/or the passage of time. When a restriction is satisfied or expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. There were no temporarily restricted net assets as of September 30, 2018 and 2017.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Center. There were no permanently restricted net assets as of September 30, 2018 and 2017.

Cash and Cash Equivalents
For the purpose of the statements of cash flows, the Center considers all short-term debt securities purchased with an original maturity of three months or less to be cash equivalents.

Patient Accounts Receivable, Net

Patient accounts receivable are reported at the estimated net realizable amounts from patients, third-party payors, and others, including retroactive adjustments under payment agreements with third-party payors. The Center has agreements with third-party payors that generally provide for payments to the Center at amounts different from its established rates. For uninsured patients, the Center recognizes revenues based on established rates, subject to certain discounts as determined by the Center which are recorded as a deduction to patient service revenue. An estimated provision for contractual adjustments and uncollectible accounts is recorded that results in patient services receivable being reported at the net amount expected to be received. The Center reports patient services receivable prior to assessing the patient's ability to pay.

The Center is paid a prospectively determined rate for the majority of care and services provided (principally Medicare, Medicaid, and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Medicare payments are received on a prospective determined rate with final settlement determined after submission of annual cost reports. Medicaid payments are received on regulatory established rates which are adjusted each year for inflation. Management believes patient services receivable has been recorded at estimated realizable value including estimates for retroactive adjustments, if any, resulting from regulatory matters or other adjustments under payment agreements. All other patient services receivable is recorded at published charges with contractual allowances deducted to arrive at patient services receivable, net.

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action and in the normal course of business, the Center is subject to contractual reviews and audits. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The Center believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

Patient accounts receivable are reduced by an allowance for contractual adjustments and doubtful accounts. In evaluating the collectability of patient services receivable, the Center analyzes its past history and identifies trends for each of its major payor sources to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Center analyzes contractually due amounts and provides an allowance for contractual adjustments and doubtful accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the discounted standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Grant Receivables
Amounts reflected as grants receivable represent the differences between the grant awards (federal, state, and local) and contractual revenue (federal and state) earned and cash receipts related to these awards and revenue. Grant revenue is recognized to the extent that these funds are earned. The Center believes that the concentration associated with its grant receivable is mitigated by the fact that the majority of the grants receivable at year end are due from state and federal agencies.

Pharmaceutical Supplies Inventory
Inventory consists of pharmaceuticals for resale. Inventory is stated at the lower of cost or net realizable value on primarily a specific identification basis. Management performs periodic assessments to determine the existence of obsolete, slow moving, and unsalable inventories.

Investments
The Center's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investments in Limited Liability Companies
The Center's investments in Health Choice Care, LLC and Prestige MSO Holdco, LLC are accounted for under the equity method accounting whereby the Center's equity in the earnings or losses of the affiliate are included in income, and the related investments are adjusted accordingly to reflect the Center's equity in the net assets.

Construction in Progress
Construction-in-progress is recorded at cost. Depreciation is recorded when construction is substantially complete and the asset is placed into service.

Property, Plant, and Equipment
Acquisitions greater than $1,000 with a useful life longer than one year are capitalized. Property, plant, and equipment are recorded at cost. Depreciation is provided for over the estimated useful life of each class of depreciable assets and is computed using the straight-line method as follows:

Description	Estimated Life (Years)
Buildings and improvements	10 – 40 years
Leasehold improvements	15 years
Capital lease	5 years
Furniture, fixtures, and equipment	7 – 10 years
Computer hardware and software	3 – 10 years

Contributed assets are recorded at their estimated fair value at the date of contribution. Such donations are reported as unrestricted support unless the donor has restricted the donated assets to a specific purpose. Repairs and maintenance are expensed as incurred.

Under the terms of its contract with Miami-Dade County, Florida, the Center maintains possession and operating control of, but not title to, all equipment purchased directly by the Center within its approved budget.

Compensated Absences
The Center's policies provide for granting a specific number of days of personal time off with pay. In addition, these policies provide for paying an employee for unused personal time off upon termination. Compensated absences are accrued when earned.

Support and Grant Revenue
The Center received grant funding from certain private foundations for which revenue is recognized only to the extent of expenditures under the terms of the grant. Revenue from government grants and contracts designated for use in specific activities is recognized in the period when the expenditures have been incurred in compliance with the grantor's restrictions. Grants and contract awards for the acquisition of long-lived assets are reported as unrestricted non-operating revenue, in the absence of donor stipulations to the contrary, during the fiscal year in which the assets are acquired. Grant amounts awarded in excess of obligations incurred are recorded as deferred support.

In-Kind Contributions
In-kind contributions are recorded as support and expense at their fair value at date of donation. The Center recognizes the fair value of contributed services received if such services create or enhance nonfinancial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not contributed. In-kind contributions are comprised of donated facilities and services.

Income Taxes
The Center is a nonprofit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America prescribe requirements for the recognition of income taxes in financial statements, and the amounts recognized are affected by income tax positions taken by the Center in its tax returns. The Center's status as an exempt organization is defined as an income tax position under these requirements. While management believes it has complied with the Internal Revenue Code, the sustainability of some income tax positions taken by the Center in its tax returns may be uncertain. There are minimum thresholds of likelihood that uncertain tax positions are required to meet before being recognized in the financial statements. Management does not believe that the Center has any material uncertain tax positions at September 30, 2018.

In the event interest and penalties were due relating to an unsustainable tax position, they would be treated as a component of income tax expense.

Functional Expense
The cost of providing the various services and other activities has been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been charged to program services or supporting services based on a combination of specific identification and allocation by management.

Directly identifiable expenses are charged to programs and supporting services. Management and general administrative expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support of the Center. Such expenses are allocated on the basis of full-time equivalent ("FTE"). Depreciation is allocated on the basis of usage of the related property, plant, and equipment.

Advertising Expense
Advertising expenses are charged to operations as incurred and are included in the statement of activities. The amount charged for the years ended September 30, 2018 and 2017, was $135,680 and $244,131, respectively.

Reclassification
Certain reclassifications have been made to the prior years' financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets.

Subsequent Events
The Center has evaluated subsequent events through December 17, 2018, the date which the financial statements were available to be issued. Based upon this evaluation, the Center has determined that no subsequent events have occurred which require adjustment to or disclosure in the financial statements.

2. PATIENT ACCOUNTS RECEIVABLE, NET

Patient accounts receivable consist of receivables from Medicaid, Medicare, self-pay, and third party payors. The patient accounts receivable are recorded on the accrual basis of accounting based on services provided, net of contractual allowance and an allowance for doubtful accounts. Patient accounts receivable, net consist of the following at September 30, 2018 and 2017:

	2018	2017
Medicaid	$ 2,502,947	$ 4,476,925
Medicare	370,117	401,425
Other third-party payors	1,786,821	2,151,099
Self-pay	3,481,730	1,577,113
	8,141,615	8,606,562
Less: allowance for doubtful accounts and contractual allowance	(5,250,335)	(3,560,134)
Net patient accounts receivable	$ 2,891,280	$ 5,046,428

3. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment consists of the following at September 30, 2018 and 2017:

	2018	2017
Land	$ 372,248	$ 372,248
Building and improvements	15,124,363	14,587,211
Leasehold improvements	10,571,123	10,026,531
Capital lease	2,350,691	1,313,763
Furniture, fixtures, and equipment	10,599,987	10,476,450
Computer hardware and software	3,127,061	2,921,065
Gross property, plant, and equipment	42,145,473	39,697,268
Less accumulated depreciation	21,240,140	19,049,724
	$ 20,905,333	$ 20,647,544
Construction in progress	$ 1,429,782	$ 979,594

Property and equipment includes $2,350,691 of equipment held under capital leases with approximately $731,000 of related accumulated depreciation at September 30, 2018.

Property and equipment includes $1,313,763 of equipment held under capital leases with approximately $470,000 of related accumulated depreciation at September 30, 2017.

Depreciation expense was $2,190,416 and $2,047,809 for the years ended September 30, 2018 and 2017, respectively.

4. INVESTMENTS IN LIMITED LIABILITY COMPANIES

Health Choice Care, LLC

The Center has a 7.83% member interest in the for-profit limited liability company, Health Choice Care, LLC ("HCC"). HCC commenced operations in 2013. HCC is an Accountable Care Organization ("ACO") under the Patient Protection and Affordable Care Act. The Center has purchased an interest in HCC in order to be eligible to participate in the ACO. The Center's investment in HCC as of September 30, 2018 and 2017 was $238,787 and $194,035, respectively. The Center did not contribute to capital during the years ended September 30, 2018 and 2017, respectively. The Center received a distribution of $33,855 for the year ended September 30, 2018. The Center did not receive a distribution for the year ended September 30, 2017. Condensed financial data, as of and for the nine months ended September 30, 2018 and 2017, are as follows:

	2018 (Unaudited)	2017 (Unaudited)
September 30, 2018 and 2017		
Current assets	$ 3,223,061	$ 2,937,527
Total assets	$ 3,223,061	$ 2,937,527
Current liabilities	$ 174,746	$ 459,680
Members' equity	3,048,315	2,477,847
	$ 3,223,061	$ 2,937,527
For the nine months ended September 30, 2018 and 2017		
Revenue	$ 2,734,698	$ 1,485,826
Expenses	(1,600,889)	(785,856)
Net income	$ 1,133,809	$ 699,970

Prestige MSO Holdco, LLC

The Center has a 9.07% ownership interest in Prestige MSO HoldCo, LLC ("MSO"). MSO owns a 49.0% interest in Community Care of Florida, LLC ("CCF"). CCF was formed to provide support services for an independent organization that operates under a contract with the Agency for Health Care Administration. The Center's investment in MSO as of September 30, 2018 and 2017 was $383,105 and $281,553, respectively. The Center did not contribute to capital during the years ended September 30, 2018 and 2017, respectively. The Center received distributions of $33,829 and $122,220 for the years ended September 30, 2018 and 2017, respectively. Condensed financial data, as of and for the nine months ended September 30, 2018 and 2017, are as follows:

	2018 (Unaudited)	2017 (Unaudited)
September 30, 2018 and 2017		
Total assets	$ 2,388,750	$ 2,083,970
Current liabilities	$ -	$ -
Members' equity	2,388,750	2,083,970
	$ 2,388,750	$ 2,083,970
For the nine months ended September 30, 2018 and 2017		
Equity in gains from limited liability companies	$ 980,490	$ 1,108,381

5. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Center has the ability to access.

- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Center had no assets within the fair value hierarchy as of September 30, 2018. The following table sets forth by level, within the fair value hierarchy, the Center's assets at fair value as of September 30, 2017:

Description	Level 1	Level 2	Level 3
Common stock	$ 15,310	$ -	$ -
	$ 15,310	$ -	$ -

6. NOTES PAYABLE

The Center had a line of credit with Totalbank that allowed for borrowings up to $2,000,000. The line of credit was collateralized by assets of the Center, and required monthly payments of interest only at the Wall Street Journal prime rate plus 1.5%. On May 10, 2017, the line of credit balance of $2,000,000 was converted into a note payable with a maturity date of May 10, 2020.

The Center had a line of credit with Totalbank that allowed the Center to draw up to $1,371,223. The line of credit was collateralized by assets of the Center, and required monthly payments of interest only at the Wall Street Journal prime rate plus 1.5%. The line of credit balance of $1,371,223 was converted into long-term debt in December 2017. The debt matures in November 2023.

7. LONG-TERM DEBT

Long-term debt consists of the following at September 30, 2018 and 2017:

	2018	2017
Nissan Motor Acceptance Corp., note payable at $2,110 monthly, including interest at 2.99%, collateralized by vehicle, matures March 2021	$ 60,891	$ 84,021
Nissan Motor Acceptance Corp., note payable at $2,662 monthly, including interest at 2.91%, collateralized by vehicle, matures April 2021	79,302	108,436
Navitas Leasing Corp., note payable at $3,670 monthly, including interest at 6.0%, collateralized by equipment, matures May 2021	103,880	138,755

	2018	2017
Financial lender, note payable at $3,788 monthly, including interest at 3.87%, collateralized by property, matures June 2023 (Coconut Grove)	625,194	646,016
Financial institution, note payable at $8,947 quarterly, includes interest at 5.0%, collateralized by property, matured May 2018 (Marathon)	-	387,546
Financial institution, note payable at $9,509 monthly, includes interest at 3.95%, collateralized by property, matures July 2038	1,557,887	1,606,025
Financial institution, note payable at $21,757 monthly, includes interest at 4.5%, collateralized by property, matures November 2018	43,267	296,089
Financial institution, note payable at $4,014 monthly, includes interest at 6.0%, collateralized by property, matures September 2020	89,936	131,024
Financial institution, note payable at $895 monthly, includes interest at 6.0%, collateralized by property, matures September 2020	20,047	29,206
Financial institution, note payable at $749 monthly, includes interest at 6.0%, collateralized by property, matures September 2020	16,776	24,440
Financial institution, note payable, interest only monthly payments, includes interest at Prime (5.25% at 9/30/18), collateralized by property, balloon payment due May 2020	2,000,000	2,000,000
Financial institution, note payable at $25,761 monthly, includes interest at 4.75%, collateralized by property, matures November 2023.	1,164,648	-
	5,761,828	5,451,558
Less current maturities	521,587	856,956
Long-term portion	$ 5,240,241	$ 4,594,602

Future aggregate maturities of long-term liabilities for the five years ending September 30 are as follows:

Year Ending September 30,	
2019	$ 521,587
2020	2,508,737
2021	423,722
2022	382,281
2023	648,184
Thereafter	1,277,317
	$ 5,761,828

Certain of the above notes contain financial covenants.

8. CAPITAL LEASE OBLIGATIONS

The Center leases certain equipment under agreements that are classified as capital leases. The cost of the equipment under capital leases is included in the statement of financial position as property, plant, and equipment, net, and was $2,350,691 and $1,313,763 at September 30, 2018 and 2017. Accumulated depreciation of the leased equipment at September 30, 2018 and 2017, was approximately $731,000 $470,000, respectively. Depreciation of assets under capital leases is included in depreciation expense. Future minimum lease payments required under capital leases and the present value of the net minimum lease payments as of September 30, 2018, are as follows:

Year Ending September 30,	
2019	$ 680,876
2020	460,680
2021	372,901
2022	15,843
Total minimum lease payments	1,530,300
Less: Amount representing interest	126,948
Present value of net minimum lease payments	1,403,352
Less: Current maturities of capital lease obligations	616,735
Long-term capital lease obligations	$ 786,617

9. NET PATIENT REVENUE

The Center has agreements with third-party payors that provide for reimbursement to the programs at amounts different from its established rates. A summary of the basis of reimbursement with major third-party payors are as follows:

- Medicare – Under part B of the Medicare program, the Center is reimbursed 80% of cost for covered services. The Medicare patient is responsible for 20% co-insurance for covered services.

- Medicaid – The Medicaid program operated by the State of Florida Agency for Health Care Administration ("AHCA") provides reimbursements for certain outpatient services rendered to beneficiaries of the program based upon a reimbursable cost rate.

- The Center has also entered into payment agreements with certain commercial insurance carriers, Health Maintenance Organizations ("HMO") and preferred provider organizations. The basis for payments to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Additionally, the Center entered into the Provider Services Agreement between the Public Health Trust ("PHT"), which is a sub-network of the South Florida Community Care Network ("SFCCN"). SFCCN is a partnership formed by the PHT in Miami-Dade County, the North Broward Hospital District, and South Broward. The partners/sub-network has the authority to enter into contractual relationships with health care providers to render contracted health care services, pursuant to the terms of an executed agreement.

10. DONATED FACILITIES

The Center has a lease agreement with the Public Health Trust of Miami-Dade County, Florida. The lease, which is classified as an operating lease, covers several facilities including the main operating site, Doris Ison, Marathon, and MLK. The annual base rent is $1. The term of the lease is for 30 years, ending September 30, 2044. The fair market rental of these facilities for the year ended September 30, 2018 was $1,132,000 for Doris Ison center, $248,000 for MLK center and $108,000 for Marathon center. The fair market rental of these facilities for the year ended September 30 2017, was $1,132,000 for the Doris Ison center, $248,000 for the MLK center and $36,000 for Marathon center.

11. GENERAL OBLIGATION BOND PROGRAM GRANT

In 2010, the Center was awarded a $5 million grant from the proceeds of the Building Better Communities General Obligation Bond Program issued by Miami Dade County. This bond, Project No. 305 "Primary Health Care Facilities" funds are to be used exclusively for the purpose of capital expansion projects to include a new Children's Crisis and Pediatric Center, a Kendall Health Center, as well as to renovate existing sites. As of September 30, 2018 and 2017, the Center has expended $3,034,902 and $2,838,838 in capital expenditures related to this grant. The Center charged $196,064 in capital expenditures to this grant during the fiscal year ended September 30, 2018 and no expenditures to the grant during the fiscal year ended September 30, 2017.

12. RETIREMENT PLAN

The Center offers a retirement plan (the "Plan") qualified under Section 401(k) of the Internal Revenue Code. The Plan covers full-time employees with one year of service. Employees may make voluntary contributions to the Plan up to the maximum amount allowed by the Internal Revenue Code. The Center contributions are 4% of each eligible employee's basic monthly gross pay to the Plan. For the fiscal years ended September 30, 2018 and 2017, contributions of $1,121,045 and $1,069,308 were remitted to the Plan and are included in the accompanying financial statements, respectively.

The Center also maintains a nonqualified deferred-compensation plan for key employees as prescribed by Section 457(b) of the Internal Revenue Code. Retirement plan expense under this plan for the year ended September 30, 2018 amounted to $81,495. No contributions were made to the plan for the year ended September 30, 2017.

13. LEASE COMMITMENTS

The Center is obligated under non-cancelable operating leases for various office equipment and office space. Total rent expense for the fiscal years ended September 30, 2018 and 2017, was approximately $713,000 and $675,000, respectively. Future minimum rental payments under these operating leases are as follow:

Year Ending September 30,	
2019	$ 483,650
2020	356,830
2021	286,050
2022	182,472
2023	3,966
Total future minimum payments	$ 1,312,968

14. RELATED PARTIES

The Center is a member of Health Choice Network of Florida, Inc. ("HCNFL"), an association for federally qualified health centers, which provides substantial support serves to the Center's operations in terms of information technology, finance, electronic health records, managed care and other clinical services. The amount paid to HCNFL for this support was approximately $2,568,268 and $2,316,788 for the years ended September 30, 2018 and 2017, respectively. At September 30, 2018 and 2017, the Center owed HCNFL $39,120 and $214,781, respectively.

15. CONCENTRATIONS, COMMITMENTS, AND CONTINGENCIES

Risk and Uncertainties

Financial instruments that potentially subject the Center to concentrations of credit risk consist principally of cash, patient services receivables, and grants and contracts receivable. At times during the year, the Center's cash balances may exceed federally insured limits. The Center places its cash with two financial institutions and has not experienced losses in any such accounts. At various times throughout the years ended September 30, 2018 and 2017, cash balances held at these financial institutions were in excess of federally insured limits of $250,000.

Grants receivable credit risk is limited due to the nature of the grants. The Center regularly monitors its grants receivable by investigating delayed payments and differences when payments received do not conform to the amount billed. The Center considers all grants as collectible. Patient services receivables are due from managed care organizations and patients in and around South Florida. Risk is limited due to the large number of individually insignificant accounts which comprise the Center's customer base, thus spreading the default risk. No single customer represents greater than 10% of total patient service receivables.

Significant Vendors
The Center is dependent upon third-party service providers and suppliers for all of its pharmaceuticals and lab service. The Center is dependent on the ability of its vendors to provide products and services on a timely basis and on favorable pricing terms. The loss of certain principal vendors or a significant reduction in product and/or service availability could have a material effect on the Center. The Center believes that its relationships with its vendors are satisfactory.

One company accounted for approximately $3,429,000 and $4,125,000 of the total pharmaceutical purchases for the years ending September 30, 2018 and 2017, respectively, and had an accounts payable balance outstanding of approximately $283,000 and $9,000 at September 30, 2018 and 2017, respectively.

Significant Grantors
The largest grantor accounted for 100% of deferred revenue at September 30, 2018 and 2017, and for 25% of total revenues for the years then ended. The loss of this funding source could have an adverse impact on the Center.

Capital Assets from Federal Funding
Certain property and equipment was purchased with funds provided by the DHHS. Federal grant regulations applicable to rural health organizations stipulate that the federal government can recover its proportionate share of any proceeds obtained from the sale or liquidation of any property or equipment fully or partially funded by the DHHS. The Organization has no plans or intentions to liquidate any of its property or equipment subject to this lien.

Litigation
The Center may be involved in various claims and legal actions arising in the ordinary course of business. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the Center's financial position or results of operations.

Medical Malpractice
The Center maintains its medical malpractice coverage under the Federal Tort Claims Act ("FTCA"). FTCA provides malpractice coverage to eligible PHS-Supported programs and applies to the Center and its employees while providing services within the scope of employment included under grant-related activities. The Attorney General, through the U.S. Department of Justice, has the responsibility for the defense of the individual and/or grantee for malpractice cases approved for FTCA coverage. The Center maintains a GAP insurance policy for coverage beyond the coverage under FTCA.

Self-Insurance Reserve
The Center has a self-insured contract, up to certain limits, for employee group health claims. Operations are charged with the cost of claims reported and an estimate of claims incurred but not reported. A liability for unpaid claims and the associated claim expenses, including incurred but not reported losses, is actuarially determined and reflected in the statement of financial position as an accrued expense. The self-insured claims liability includes incurred but not reported loss of $871,241 and $375,348 at September 30, 2018 and 2017, respectively. The determination of such claims and expenses and the appropriateness of the related liability is continually reviewed and updated.

SUPPLEMENTARY INFORMATION

Community Health of South Florida, Inc.
Schedule of Expenditures of Federal Awards
Year Ended September 30, 2018

Programs	CFDA Number	Contract/ Grant Number	Grant Expenditures
U.S. Department of Health and Human Services			
Direct programs:			
Consolidated Health Centers	93.224	H80CS00821	$ 13,980,639
Marathon Expansion Grant	93.526	C8DCS29159	590,160
Teaching Health Center	93.530	T91HP27230/T91HP27228/T91HP2722[illegible]	4,525,580
Total U.S. Department of Health and Human Services direct programs			19,096,379
Passed through State of Florida Department of Health			
HIV Prevention Activities Health Department Based (High Impact Prevention)	93.940	CODMZ	349,141
HIV Prevention Activities Health Department Based (Expanded Testing Initiative – AATI/ETI)	93.940	DEX28	93,000
HIV Prevention Activities Health Department Based (Partnership For Care)	93.917	DEX30	122,104
Total HIV Prevention Activities Health Department Based			564,245
Test and Treat Program	93.917	DEX40	33,771
Passed through Public Health Trust of Miami-Dade County, Florida			
HIV Care Formula Grants (SFAN)	93.917	CODJS-CHI 17-18	116,080
Passed through Miami-Dade County, Florida			
HIV Emergency Relief Project Grants (Ryan White – Title I)	93.914	BU3CHI27	164,917
HIV Emergency Relief Project Grants (Ryan White – MAI)	93.914	BU3CHI27	42,007
HIV Emergency Relief Project Grants (Ryan White – Title I)	93.914	BU3CHI28	339,479
HIV Emergency Relief Project Grants (Ryan White – MAI)	93.914	BU3CHI28	33,374
Total HIV Emergency Relief Project Grants			579,777
Passed through South Florida Behavioral Network			
Block Grant for Community Mental Health Services & Substance Abuse Treatment	93.958 & 93.959	ME225-18/ME225-19	3,544,179
Passed through Health Choice Network of Florida, Inc.			
Centers for Disease Control and Prevention Investigations and Technical Assistance (Healthy Body Healthy Soul)	93.283	FY 2017-2018	51,504
Nurse Family Partnership MIECHV	93.505	FY 2016-2018	49,952
Nurse Family Partnership Expansion	93.505	FY 2017-2018	96,247
			$ 24,132,134

See Independent Auditors' Report.

The Notes to Schedule of Expenditures of Federal Awards are an integral part of this schedule.

1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of the Center under programs of the federal government for the year ended September 30, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of the Center, it is not intended to, and does not, present the financial position, changes in net assets, or cash flows of the Center.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

3. INDIRECT COST RATE

The Center has elected to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

4. RECEIVABLE FROM DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Center submits requests for reimbursements to the Department of Health and Human Services on a periodic basis. At September 30, 2018, there was no receivable from the Department of Health and Human Services.

5. SUBRECIPIENTS

The Center does not provide federal funds to subrecipients.

withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors
Community Health of South Florida, Inc.
Miami, Florida

We have audited in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Health of South Florida, Inc. (the "Center") (a nonprofit organization), which comprise the statement of financial position as of September 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 17, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Center's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Center's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Withum Smith + Brown, PC

December 17, 2018

withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors
Community Health of South Florida, Inc.
Miami, Florida

Report on Compliance for Each Major Federal Program

We have audited Community Health of South Florida, Inc.'s (the "Center") (a nonprofit organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Center's major federal programs for the year ended September 30, 2018. The Center's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Center's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Center's compliance.

Opinion on Each Major Federal Program

In our opinion, the Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2018.

withum
ADVISORY TAX AUDIT

Report on Internal Control Over Compliance

Management of the Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Center's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Withum Smith + Brown, PC

December 17, 2018

Community Health of South Florida, Inc.
Schedule of Findings and Questioned Costs
Year Ended September 30, 2018

SECTION I – SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued on whether the financial statements were prepared in accordance with GAAP:	Unmodified	
Internal control over financial reporting:		
Material weakness(es) identified?	____ Yes	X No
Significant deficiencies identified?	____ Yes	X None reported
Noncompliance material to financial statements noted?	____ Yes	X No

Federal Awards Programs

Internal control over major federal programs:		
Material weakness(es) identified?	____ Yes	X No
Significant deficiencies identified?	____ Yes	X None reported
Type of auditors' report issued on compliance for major federal programs:	Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	____ Yes	X No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
93.224	Consolidated Health Centers

Dollar threshold used to distinguish between Type A and Type B programs	$ 750,000	
Auditee qualified as low-risk auditee?	X Yes	____ No

SECTION II – FINANCIAL STATEMENT FINDINGS

No matters were reported.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters were reported.

SECTION IV – PRIOR AUDIT FINDINGS AND CORRECTIVE ACTION PLAN

No matters were reported.

See Independent Auditors' Report.

Community Health of South Florida, Inc.
Schedule of State Earnings
Year Ended September 30, 2018

1.	Total expenditures	$ 64,933,517
2.	Less other state and federal funds	(20,432,050)
3.	Less non-match ADM funds	(290,885)
4.	Less unallowable costs per 65E-14, FAC	(4,628,812)
5.	Less unallowable patient fees	(38,652,384)
6.	Total allowable expenditures *(Sum of lines 1, 2, 3, 4, and 5)*	929,386
7.	Maximum available earnings *(Line 6 times 75%)*	697,040
8.	Amount of state funds requiring match *(Total amount of contract fund paid by the Department)*	859,595
9.	Amount due to department *(Subtract line 8 from line 7. If negative, the amount of the difference is due to the department up to the amount of line 8)*	$ -

See Independent Auditors' Report.

Community Health of South Florida, Inc.
Substance Abuse and Mental Health Services Program/Cost Center
Actual Revenues and Expenses Schedule
For the Year Ended September 30, 2018

FUNDING SOURCES & REVENUES	01 Assessment	02 Case Management	03 Crisis Stabilization	04 Crisis Support/ Emergency	11 Intervention - Individual	12 Medical Services	14 Outpatient - Individual	15 Outreach	24 Substance Abuse Detox	35 Outpatient Group	Indigent Drug	44 Forensic and Jail Diversion	28 Incidental Expenses	44 CCST - Individual	Total for State Funded SAMH Cost Centers	Total for Non-State Funded SAMH Cost Centers	Total SAMH Cost Centers	Non-SAMH Cost Center	Total Revenue
IA. STATE SAMH FUNDING																			
(1) Management, Oversight and Administration																			
(2) Services Revenue	$ 49,251.94	$ 112,423.78	$ 1,320,415.22	$ 311,566.40	$ 55,415.83	$ 434,227.71	$ 95,351.99	$ 23,806.17	$ 108,209.50	$ 1,527.88	$ -	$ 820,636.19	$ 211,346.61	$ -	$ 3,544,179.22		$ 3,544,179.22		$ 3,544,179.22
															$ -		$ -	xxxxxxxx	$ -
South Florida Behavorial Health Network/DCF	$ 49,251.94	$ 112,423.78	$ 1,320,415.22	$ 311,566.40	$ 55,415.83	$ 434,227.71	$ 95,351.99	$ 23,806.17	$ 108,209.50	$ 1,527.88	$ -	$ 820,636.19	$ 211,346.61		$ 3,544,179.22				
															$ -		$ -		$ -
															$ -		$ -		$ -
IB. OTHER GOVT. FUNDING											$ 139,240.00				$ 139,240.00		$ 139,240.00		$ 139,240.00
(1) Other State Agency Funding														$ -	$ 967,129.00		$ 967,129.00	$ 292,461.00	$ 1,259,590.00
(2) Medicaid	$ 80,253.00	$ 111,459.00	$ 235,754.00	$ -	$ 2,838.00	$ 275,335.00	$ 218,250.00		$ -	$ 43,240.00					$ 248,336.20		$ 248,336.20	$ 559,247.00	$ 807,583.20
(3) Local Government (PHT) (TCT)			$ 248,336.20												$ -		$ -	$ 302,650.00	$ 302,650.00
(4) Federal Grants and Contracts															$ -		$ -		$ -
(5) In-kind from local government only																			
TOTAL GOVERNMENT FUNDING =	$ 129,504.94	$ 223,882.78	$ 1,804,505.42	$ 311,566.40	$ 58,253.83	$ 709,562.71	$ 313,601.99	$ 23,806.17	$ 108,209.50	$ 44,767.88	$ 139,240.00	$ 820,636.19	$ 211,346.61	$ -	$ 4,898,884.42	$ -	$ 4,898,884.42	$ 1,154,358.00	$ 6,053,242.42
IC. ALL OTHER REVENUES																			
(1) 1st & 2nd Party Payments	$ 21,496.00	$ 28,560.00	$ 3,796.00	$ 23,664.00	$ 6,054.00	$ 18,955.00	$ 93,897.00	$ 2,928.00	$ 8,173.00	$ 14,149.00	$ -	$ -	$ -	$ -	$ 221,672.00	$ -	$ 221,672.00	$ 107,284.00	$ 328,956.00
(2) 3rd Party Payments (except Medicare)	$ 147,998.00	$ 143,953.00	$ 183,861.00	$ 12,452.00	$ 257,657.00	$ 298,189.00	$ 1,541.00		$ -	$ 5,810.00					$ 1,051,461.00	$ -	$ 1,051,461.00	$ 270,250.00	$ 1,321,711.00
(3) Medicare	$ 10,557.00	$ 26,117.00	$ 43,123.00			$ 121,446.00	$ 146,997.00		$ 5,815.00					$ -	$ 354,055.00	$ -	$ 354,055.00		$ 354,055.00
(4) Contributions and Donations															$ -		$ -		$ -
(5) Other (Low Income Pool)	$ 37,801.00	$ 29,724.00				$ 214,399.00	$ 32,338.00			$ 3,779.00					$ 318,041.00	$ -	$ 318,041.00	$ 367,870.00	$ 685,911.00
(6) In-kind															$ -		$ -		$ -
TOTAL ALL OTHER REVENUES =	$ 217,852.00	$ 228,354.00	$ 230,780.00	$ 36,116.00	$ 263,711.00	$ 652,989.00	$ 274,773.00	$ 2,928.00	$ 13,988.00	$ 23,738.00	$ -	$ -	$ -	$ -	$ 1,945,229.00	$ -	$ 1,945,229.00	$ 745,404.00	$ 2,690,633.00
TOTAL FUNDING =	$ 347,356.94	$ 452,236.78	$ 2,035,285.42	$ 347,682.40	$ 321,964.83	$ 1,362,551.71	$ 588,374.99	$ 26,734.17	$ 122,197.50	$ 68,505.88	$ 139,240.00	$ 820,636.19	$ 211,346.61	$ -	$ 6,844,113.42	$ -	$ 6,844,113.42	$ 1,899,762.00	$ 8,743,875.42

Continued

See Independent Auditors' Report.

Community Health of South Florida, Inc.
Substance Abuse and Mental Health Services Program/Cost Center
Actual Revenues and Expenses Schedule
For the Year Ended September 30, 2018

EXPENSE CATEGORIES	01 Assessment	02 Case Management	03 Crisis Stabilization	04 Crisis Support/ Emergency	11 Intervention - Individual	12 Medical Services	14 Outpatient - Individual	15 Outreach	24 Substance Abuse Detox	35 Outpatient Group	Indigent Drug	Forensic and Jail Diversion	28 Incidental Expenses	44 CCST - Individual	Total for State Funded SAMH Cost Centers	Total for Non-State Funded SAMH Cost Centers	Total SAMH Cost Centers	Non-SAMH Cost Center	Other Support Costs	Administration	Total Expenses
IIA. PERSONNEL EXPENSES																					
(1) Salaries	$ 111,422.00	$ 220,860.00	$ 1,100,575.00	$ 120,787.00	$ 74,090.00	$ 876,702.00	$ 589,995.00	$ 30,889.00	$ 86,902.00	$ 21,455.00	$ -	$ 497,918.00		$ -	$ 3,731,595.00	$ -	$ 3,731,595.00	$ 941,967.00	$ 487,283.00	$ 298,945.00	$ 5,459,790.00
(2) Fringe Benefits	$ 26,006.00	$ 51,549.00	$ 206,869.00	$ 28,192.00	$ 17,293.00	$ 154,622.00	$ 137,705.00	$ 7,209.00	$ 20,283.00	$ 5,008.00	$ -	$ 116,214.00	$ -	$ -	$ 770,950.00		$ 770,950.00	$ 178,855.00	$ 123,009.00	$ 64,015.00	$ 1,136,829.00
TOTAL PERSONNEL EXPENSES =	$ 137,428.00	$ 272,409.00	$ 1,307,444.00	$ 148,979.00	$ 91,383.00	$ 1,031,324.00	$ 727,700.00	$ 38,098.00	$ 107,185.00	$ 26,463.00	$ -	$ 614,132.00		$ -	$ 4,502,545.00	$ -	$ 4,502,545.00	$ 1,120,822.00	$ 610,292.00	$ 362,960.00	$ 6,596,619.00
IIB. OTHER EXPENSES																					
(1) Building Occupancy			$ 2,686.00									$ 12,476.00			$ 15,162.00		$ 15,162.00	$ 3,243.00		$ 6,055.00	$ 24,460.00
(2) Professional Services			$ 12,194.00			$ 62,190.00									$ 74,384.00		$ 74,384.00			$ 129,843.00	$ 204,227.00
(3) Travel		$ 4,104.00	$ 469.00				$ 1,698.00	$ 2,142.00				$ 22,490.00	$ 89.00		$ 30,992.00		$ 30,992.00	$ 14,683.00		$ 3,199.00	$ 48,874.00
(4) Equipment															$ -		$ -				$ -
(5) Food Services			$ 75,004.00												$ 75,004.00		$ 75,004.00	$ 99,391.00			$ 174,395.00
(6) Medical and Pharmacy		$ 2,090.00	$ 40,761.00			$ 338.00					$ 139,240.00	$ 3,932.00	$ 28,676.00		$ 215,037.00		$ 215,037.00	$ 693.00	$ 31.00		$ 215,761.00
(7) Contractual Services												$ 166,076.00	$ 166,224.00		$ 332,300.00		$ 332,300.00	$ 824,954.00		$ 2,526.00	$ 1,159,780.00
(8) Insurance												$ 6,543.00			$ 6,543.00		$ 6,543.00				$ 6,543.00
(9) Interest Paid															$ -		$ -				$ -
(10) Operating Supplies & Expenses		$ 442.00	$ 3,423.00			$ 1,257.00	$ 412.00					$ 7,361.00			$ 12,895.00		$ 12,895.00	$ 18,511.00	$ 2,275.00	$ 9,348.00	$ 43,029.00
(11) Donated Items															$ -		$ -				$ -
(12) Other Expense		$ 201.00	$ 2,974.00												$ 3,175.00		$ 3,175.00	$ 393,598.00	$ 29,127.00	$ 2,148,950.00	$ 2,574,850.00
TOTAL OTHER EXPENSES =	$ -	$ 6,837.00	$ 137,511.00	$ -	$ -	$ 63,785.00	$ 2,110.00	$ 2,142.00	$ -	$ -	$ 139,240.00	$ 218,878.00	$ 194,989.00	$ -	$ 765,492.00	$ -	$ 765,492.00	$ 1,355,073.00	$ 31,433.00	$ 2,299,921.00	$ 4,451,919.00
TOTAL PERSONNEL & OTHER EXPENSES =	$ 137,428.00	$ 279,246.00	$ 1,444,955.00	$ 148,979.00	$ 91,383.00	$ 1,095,109.00	$ 729,810.00	$ 40,240.00	$ 107,185.00	$ 26,463.00	$ 139,240.00	$ 833,010.00	$ 194,989.00	$ -	$ 5,268,037.00	$ -	$ 5,268,037.00	$ 2,475,895.00	$ 641,725.00	$ 2,662,881.00	$ 11,048,538.00
IIC. DISTRIBUTED INDIRECT COSTS																					
(a) Other Support Costs (Optional)	$ 12,834.50	$ 25,669.00	$ 121,927.75	$ 12,835.61	$ 7,700.47	$ 91,124.95	$ 60,963.88	$ 3,850.35	$ 8,984.15	$ 2,566.90	$ -	$ 69,306.30	$ -	$ -	$ 417,763.86		$ 417,764.00	$ 223,960.00	$ (641,725.00)		$ -
(b) Administration	$ 47,931.85	$ 95,863.72	$ 497,958.75	$ 53,257.62	$ 31,954.57	$ 378,129.00	$ 252,973.69	$ 15,977.28	$ 37,280.33	$ 10,651.52	$ -	$ 287,591.15	$ -		$ 1,709,569.48		$ 1,709,569.48	$ 953,311.52		$ (2,662,881.00)	$ -
TOTAL DISTRIBUTED INDIRECT COSTS =	$ 60,766.35	$ 121,532.72	$ 619,886.50	$ 66,093.23	$ 39,655.04	$ 469,253.95	$ 313,937.57	$ 19,827.63	$ 46,264.48	$ 13,218.42	$ -	$ 356,897.45	$ -	$ -	$ 2,127,333.34	$ -	$ 2,127,333.48	$ 1,177,271.52	xxxxxxxx	xxxxxxxx	
TOTAL ALLOWABLE OPERATING EXPENSES =	$ 198,194.35	$ 400,778.72	$ 2,064,841.50	$ 215,072.23	$ 131,038.04	$ 1,564,362.95	$ 1,043,747.57	$ 60,067.63	$ 153,449.48	$ 39,681.42	$ 139,240.00	$ 1,189,907.45	$ 194,989.00	$ -	$ 7,395,370.34	$ -	$ 7,395,370.34	$ 3,653,166.52	xxxxxxxx	xxxxxxxx	$ 11,048,536.86
IID. UNALLOWABLE COSTS															$ -		$ -				$ -
IIE. CAPITAL EXPENDITURES															$ -						$ -
TOTAL OPERATING EXPENSES =	$ 198,194.35	$ 400,778.72	$ 2,064,841.50	$ 215,072.23	$ 131,038.04	$ 1,564,362.95	$ 1,043,747.57	$ 60,067.63	$ 153,449.48	$ 39,681.42	$ 139,240.00	$ 1,189,907.45	$ 194,989.00	$ -	$ 7,395,370.34	$ -	$ 7,395,370.34	$ 3,653,166.52	$ -	$ -	$ 11,048,536.86

See Independent Auditors' Report.

Community Health of South Florida, Inc.
Schedule of Bed-Day Availability Payments
For the Year Ended September 30, 2018

Program	Covered Service	Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Government, or Other State Agencies	Maximum Number of Units Eligible for Payment by Department	Amount Paid for Services by the Department	Maximum Dollar Value of Units in Column F	Amount Owed to Department
A	B	C	D	E	F	G	H	I
Adult MH	Crisis Stabilization Unit	$399	$3,204	-	$3,204	$739,065	$1,277,178	-
Adult SA	Substance Abuse Detox	$285	$533	-	$533	$109,401	$151,978	-
Total		$684	$3,737	-	$3,737	$848,466	$1,429,156	-

See Independent Auditors' Report.

Community Health of South Florida, Inc.
Schedule of Related Party Transaction Adjustments
For the Year Ended September 30, 2018

Revenues From Grantee	Related Party	Allocation of Related Party Transaction Adjustment				
		SAMH Covered Services				
		Adult - SA	Adult - MH	Child - SA	Child - MH	Total
Rent	-	-	-	-	-	-
Services	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total revenue from grantee	-	-	-	-	-	-
Expenses associated with grantee transactions						
Personnel services	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-
Interest	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total associated expenses	-	-	-	-	-	-
Related party transaction adjustment	-	-	-	-	-	-

See Independent Auditors' Report.

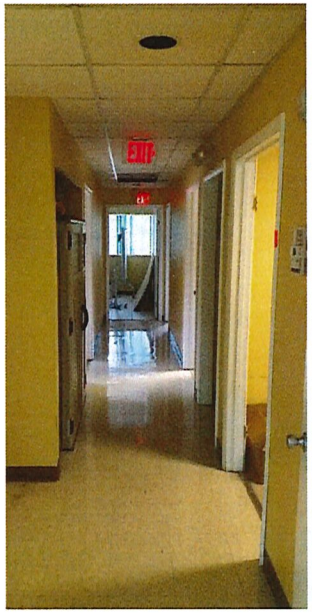
Attachment III

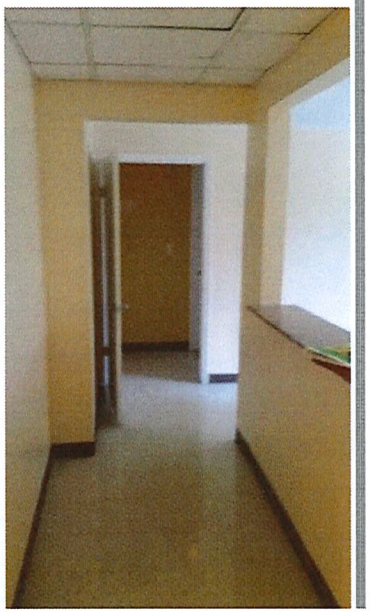
Sample Redevelopment Projects

ARCHITECTURA GROUP MIAMI
1920 E Hallandale Bch Blvd. Suite 908 Hallandale, Florida 33009
PH: 954.558.3024 EMAIL: ARGROUPINC@AOL.COM
www.architecturagroup.com

CHI- Sunset Drive – Third Floor REMODELING
BEFORE and AFTER

BEFORE

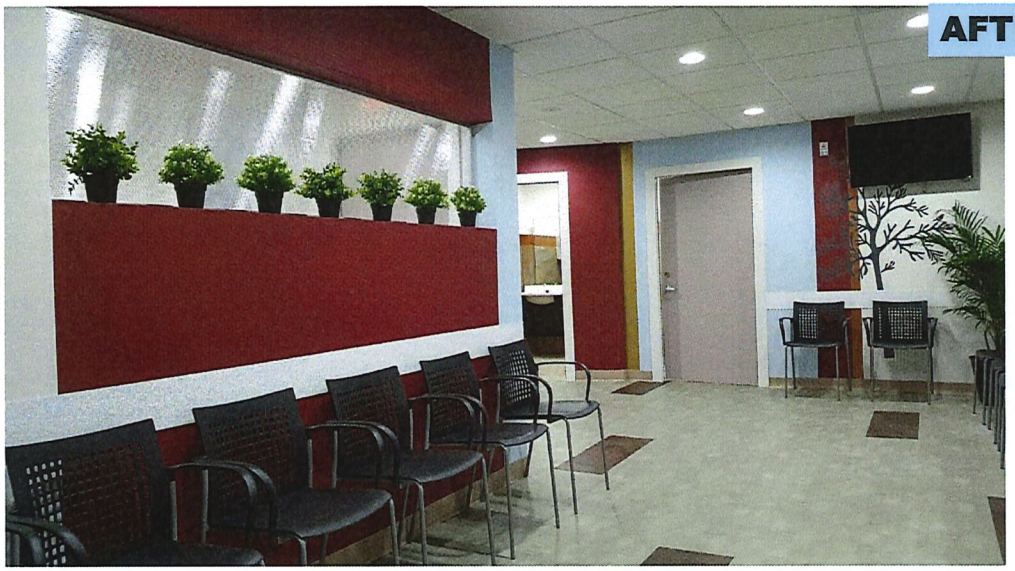




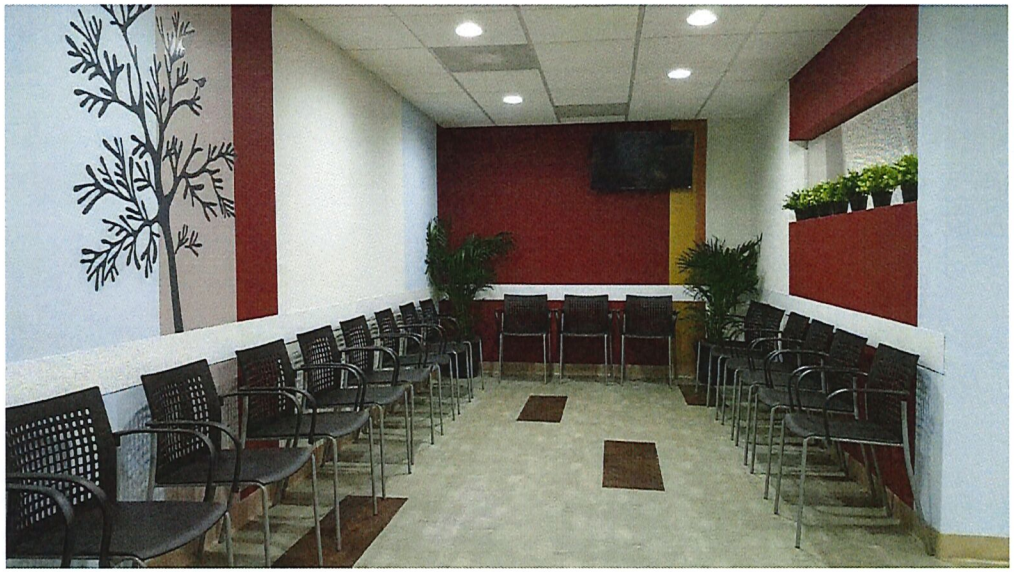
AFTER

ARCHITECTURA GROUP MIAMI
1920 E Hallandale Bch Blvd. Suite 908 Hallandale, Florida 33009
PH: 954.558.3024 EMAIL: ARGROUPINC@AOL.COM
www.architecturagroup.com

CHI- Sunset Drive – Third Floor REMODELING
BEFORE and AFTER



AFTER



ARCHITECTURA GROUP MIAMI
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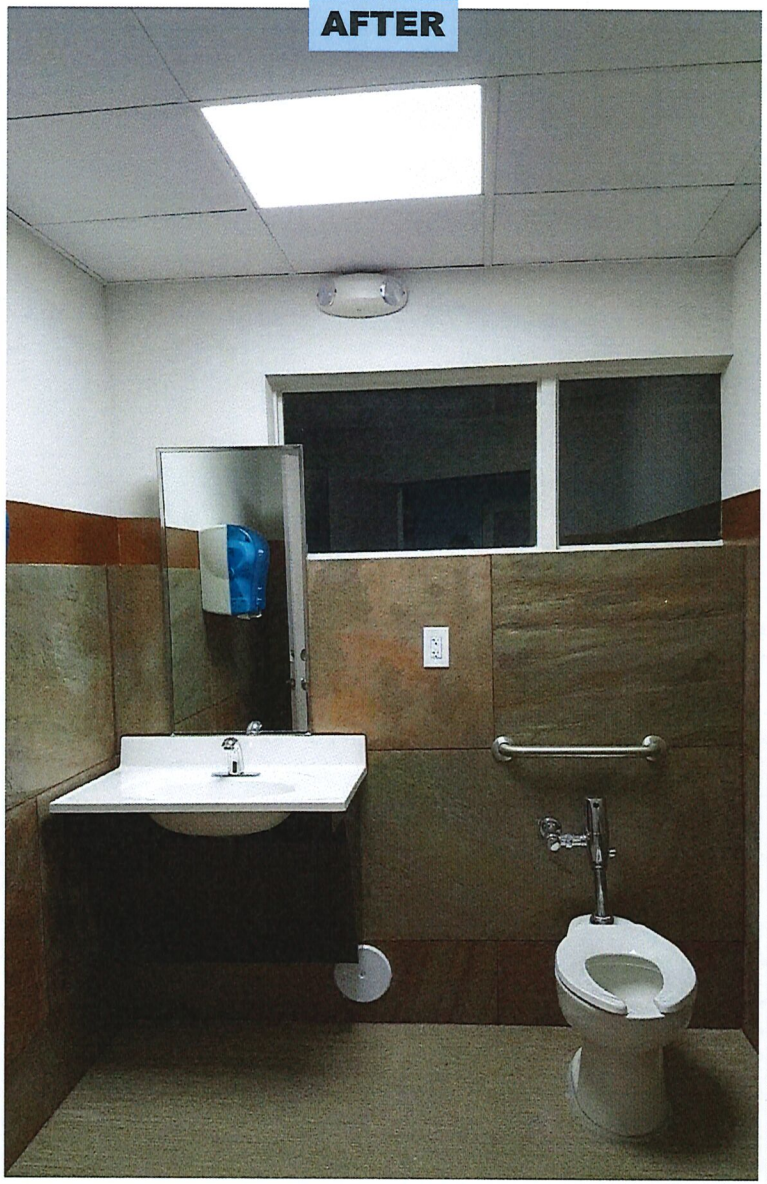
CHI- Sunset Drive – Third Floor REMODELING
BEFORE and AFTER

AFTER



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CHI – MARATHON Medical Center
Building RESTORATION and REHABILITATION

Existing Building, prior to CHI Restoration process

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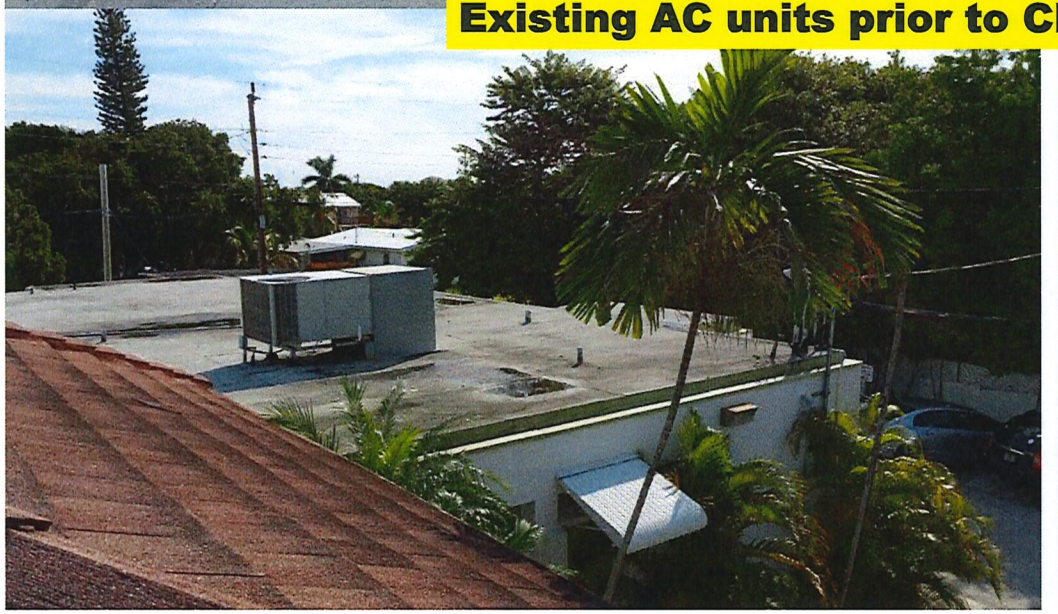
CHI – MARATHON Medical Center
Building RESTORATION and REHABILITATION

Existing AC units prior to CHI Restoration process



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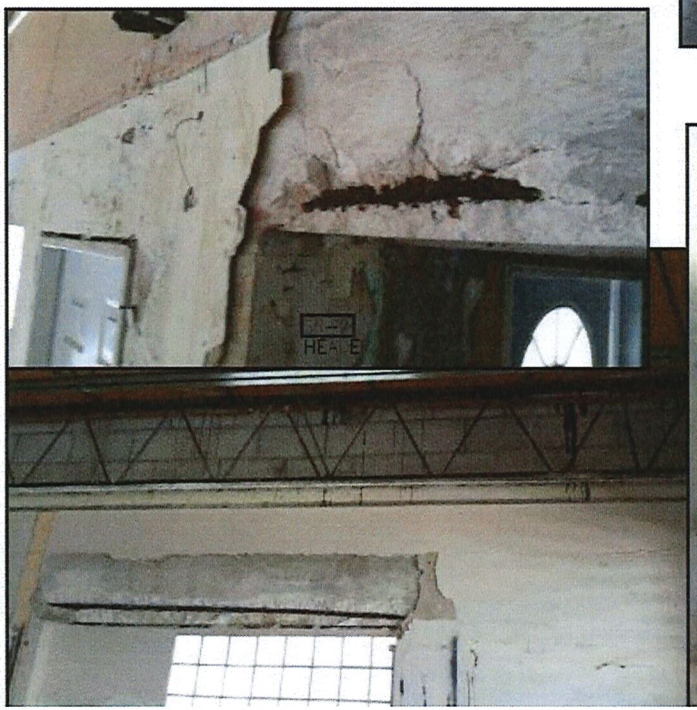
CHI – MARATHON Medical Center
Building RESTORATION and REHABILITATION

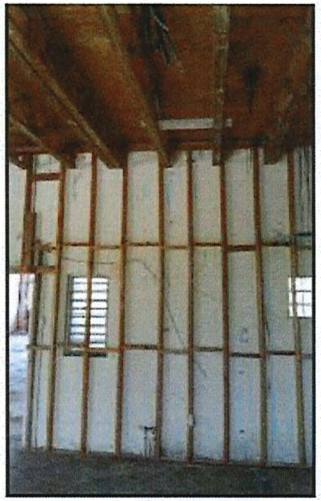
AFTER THE EXPLORATORY DEMO PROCESS, IT WAS DISCOVERED A SUBSTANTIAL DEGRADATION OF THE STRUCTURAL CONCRETE TIE BEAMS AND COLUMNS THROUGHOUT THE STRUCTURE.

A COMPLETE CONCRETE REHABILITATION OF THE BUILDING HAS BEEN DONE

SR-1
@ COL. BOT.

SR-2 @ HEADER





WOOD FRAMED
BEARING WALL
SR-3

STRUCTURAL REPAIR LEGEND

- SR1 SPALING CONCRETE REPAIR
- SR2 SPALING CONCRETE W/ EXPOSED REINFORCEMENT REPAIR TYPE "B"
- SR3 FAILED CONCRETE COLUMN AND REINF.
- SR4 8" BLOCK WALL HOLES REPAIR
- SR5 CONCRETE FILL AT COL. BASE
- SR6 REMOVE WOOD FRAMED BEARING WALL SEE SECTION "D"/SR-4.0

GENERAL REPAIR REQUIREMENTS

-REMOVE ALL LOOSE PLASTER THROUGHOUT THE INTERIOR OF THE MASONRY WALLS INCLUDING ALL CONCRETE BEAMS AND COLUMNS.
-REPAIRS SHALL BE APPLIED USING SIKA BRAND REPAIR SYSTEMS MATERIALS SPECIFIED.
-SPECIAL INSPECTOR SERVICES BY ENGINEER OF RECORD ARE REQUIRED PER FBC 2014 COMPLIANCE.
-FINAL CERTIFICATION OF REPAIRS BY ENGINEER OF RECORD IS REQUIRED FOR PERMIT CLOSE-OUT.
-THIS PLAN DOES NOT MAKE THE ATTEMPT TO IDENTIFY ALL INSTANCES OF THE REPAIRS DEPICTED.

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CHI – MARATHON Medical Center
Building RESTORATION and REHABILITATION

COMPLETE INTERIOR DEMO, Shoring and Concrete Restoration phase

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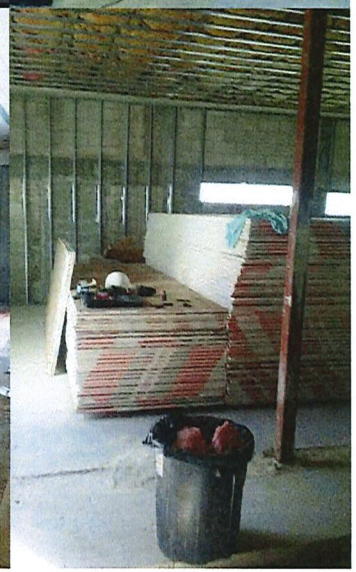
CHI Marathon Clinic - PROGRESS WORK : all NEW PLUMBING LINES, INSULATION AND Fire Protection of existing steel joists



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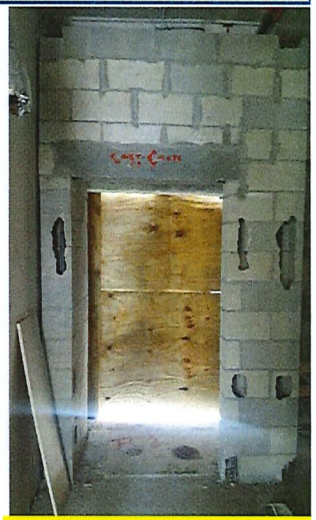
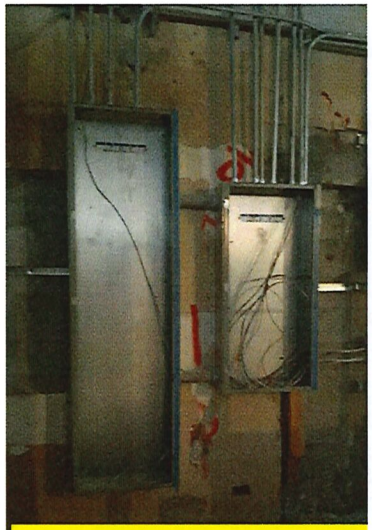
NEW Entrance concrete and steel beam completed, Front Door and side windows installed

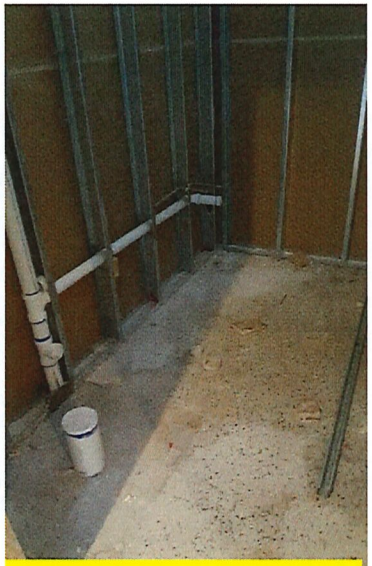
All Interior Framing and AC Ductwork completed



NEW Service entrance: concrete work completed



All NEW Electrical piping and Panels installed



All Plumbing and ext. NEW Meter installed

Generator Platform rebar and forming complete ready for Concrete

Interior DRYWALL started

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CHI Marathon Clinic - PROGRESS WORK on Dec 11, 2017:

1. **All rough plumbing and Compressed Air Network completed.**
2. **Drywall installation started on ONE side throughout the space**

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ALL NEW ENERGY–EFFICIENT ROOF-TOP A/C UNITS INSTALLATION COMPLETED / AAL NEW INTERIOR DUCT COMPLETED

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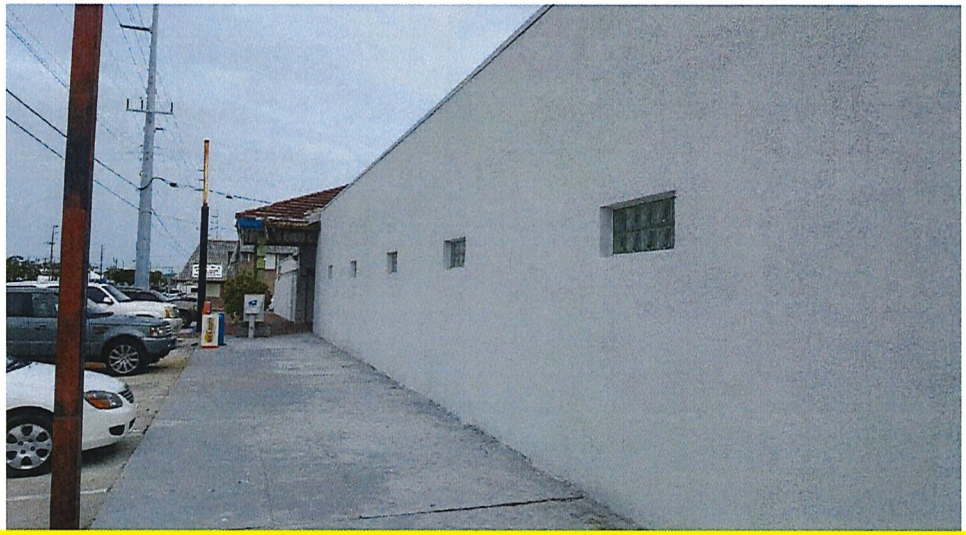

DURING THE Façades Reconstruction and NEW A.D.A. Sliding Impact Front Entrance Door installation

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CHI – MARATHON Medical Center
Building RESTORATION and REHABILITATION

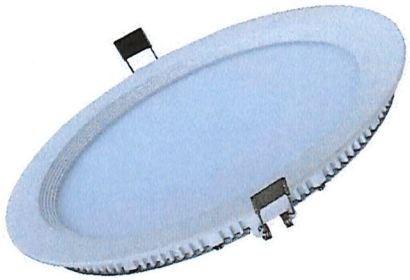
COMPLETED FACILITY AS OF October 2019

IMPLEMENTED GREEN BUILDING GUIDELINES

- Energy efficiency
- Thermal efficiency of building envelope and fenestration
- Use of recyclable products and those with recycled material content
- "CLEAN AIR" - Indoor environmental quality
- Minimization of microbial growth (anti bacterial flooring and surfacing materials)
- Use of high efficiency air conditioning systems
- Use of GLASS BLOCK fenestration to bring daylight, cut glare and heat gain
- Examine the building envelope and eliminate all possible air leaks around existing windows, exit doors, pipe penetrations and moisture intrusion
- Use SANUVOX medical grade purification in-duct air conditioning systems

IMPLEMENTED BUILDING DESIGN AND CONSTRUCTION ECONOMICS

- Capital cost savings through VALUED ENGINEERING, DESIGN and SPECIFICATIONS
- Using an integrated design process to reduce loads first, then utilize energy efficient measures to reduce the building's energy demand – results in savings in both energy and cost.
- Reducing running / maintenance costs
- Better Environment = Increased productivity, staff recruitment and retention
- External image of the Building - provide a very public face to the organization where patients, suppliers visit the premises. Positive Image impact in the neighborhood / property values
- Coordinated architectural and building mechanical systems strategies achieve large load reduction goals. Reduced cooling loads were realized by adding exterior shading systems shading of the most exposed (west) elevation – in our case either PRODEMA louvers — which in turn reduced the size and first-cost of the cooling system.



EFFICIENT AND GREEN TECHNOLOGIES and MATERIALS USED:

- Low-flow fixtures, like low-flow toilets and water saving AUTOMATIC faucets / Flush Valves
- LED light fixtures are incorporated with full spectrum color to simulate natural daylight
- Exterior luminaires around the building – ALL LED
- Use of durable and recyclable materials with low maintenance, low pollutant emissions and zero toxicity content (interior paint and finishes, adhesives, LVT flooring materials, furnishings, etc)
- Use of "cool roof" white / reflective membrane (paint) to reduce heat gains
- LVT- Luxury Vinyl Tiles – synthetic planks with high recycled content

Attachment IV

Letter of Support

Florida House of Representatives

Representative Holly Raschein

District 120

District Office:
99198 Overseas Highway
Suite 10
Key Largo, FL 33037-2437
(305) 453-1202
(305) 453-1204 (fax)

Tallahassee Office:
418 The Capitol
402 South Monroe Street
Tallahassee, FL 32399
(850) 717-5120

Email:Holly.Raschein@myfloridahouse.gov

December 2, 2019

Brodes H. Hartley, Jr.
President & Chief Executive Officer
Community Health of South Florida, Inc.
10300 SW 216 Street
Miami, Florida 33190

Dear Mr. Hartley:

I am pleased to express my strong support of Community Health of South Florida's application to the City of Key West to deliver comprehensive health care services from the City's building located in Bahama Village.

It is widely known that Community Health of South Florida (CHI) has a strong set of health centers throughout the region (including Tavernier and Marathon) and that it is well positioned to offer similar services in Bahama Village. Your organization clearly has the expertise and experience to effectively rehabilitate the City's building and deliver affordable health care services to the residents of Key West.

I commend Community Health of South Florida for its efforts to expand and sustain affordable health care services throughout South Florida and support your efforts to offer your services in the Lower Keys.

Sincerely,

Holly Raschein
State Representative, District 120

Committees: Agriculture & Natural Resources Appropriations Subcommittee (Chair), Agriculture & Natural Resources Committee (Vice Chair), Rules Committee, Joint Administrative Procedures Committee, Appropriations Committee, State Affairs Committee

Attachment V

Promotional Material

CONVENIENT QUALITY HEALTH CARE FOR MORE THAN FOUR DECADES

Mission Statement:

To deliver safe, accessible, compassionate and culturally competent quality health care services to the people of South Florida while training the next generation of health care professionals.

Main Services:

- **Primary Care**
- **Pediatrics**
- **Behavioral Health**
- **Dental**
- **Women's Health OB/GYN**
- **Urgent Care/Walk In Services**
- **Low Cost Pharmacy/Free Medication Delivery**
- **Radiology Services**
- **Laboratory Services**
- **Vision**

It's all here. Save yourself money and time.

At one visit to a CHI center you can:

✔ See your primary care doctor
✔ Get your prescription filled at the pharmacy
✔ Get an x-ray in radiology
✔ Get your teeth cleaned and examined
✔ Have your vision checked ✔ Visit with a mental health expert
...and much more

CALL US (305) 252-4820

CHI

COMMUNITY HEALTH *of* SOUTH FLORIDA, INC.

CONVENIENT LOCATIONS

Doris Ison Health Center
10300 SW 216 Street
Miami, Florida 33190
(305) 253-5100

Coconut Grove Health Center
3831 Grand Avenue
Miami, Florida 33133
(786) 245-2700

Everglades Health Center
19300 SW 376 Street
Florida City, Florida 33034
(305) 246-4607

Martin Luther King, Jr. Clinica Campesina
810 W. Mowry Dr.
Homestead, Florida 33030
(305) 248-4334

Naranja Health Center
13805 SW 264 Street
Naranja, Florida 33032
(305) 258-6813

South Dade Health Center
13600 SW 312 Street
Homestead, Florida 33033
(305) 242-6069

South Miami Health Center
6350 Sunset Drive
Miami, Florida 33143
(786) 293-5500

West Perrine Health Center
18255 Homestead Avenue
Perrine, Florida 33157
(305) 234-7676

West Kendall Health Center
13540 SW 135 Avenue
Miami, Florida 33186
(786) 231-0800

Marathon Health Center
2805 Overseas Highway (MM 48.5)
Marathon, Florida 33050
(305) 743-4000

Tavernier Health Center
91200 Overseas Hwy. #17
Tavernier Towne Shopping Center
Tavernier, Florida 33070
(305) 743-0383

TO MAKE AN APPOINTMENT CALL
305-252-4820
Transportation to and from appointments

CHI
COMMUNITY HEALTH of SOUTH FLORIDA, INC.

www.chisouthfl.org

2016 GOVERNOR'S STERLING AWARD
FLORIDA STERLING COUNCIL
"A state of excellence"
RECIPIENT

YouTube

PATIENT CARE COMES FIRST!

Attachment VI

Pricing Strategy

COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

Department:	**Administration**	**Section:**	**Financial**
Title:	**Sliding Fee Discount Program**		
Approved By:	**Board of Directors**	**Effective Date:05/19** **Review Date:05/07/18** **Revised Date: 4/30/19**	

Policy: It is the policy of CHI to implement a sliding fees discount program that will assure that no patient will be denied health care services due to an individual's inability to pay for such services and to assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill the assurance when appropriate. The Sliding Fee Discount Program will be provided for all services in CHI's scope of project to eligible persons regardless of their ability to pay. Ability to pay is determined by the family size and income relative to a sliding fee discount scale (SFDS) based on federal poverty income guidelines. This program applies to any uninsured or underinsured patients who qualify for the program. *No patient will be denied health care services due to an individual's inability to pay for such services by the Health Center.*

Procedures:

1. **ANNUAL REVIEW-The SFDS and corresponding policies and procedures for administration of the sliding fee program will be updated and reviewed on an annual basis.**

   - **SFDS**-Annually, the sliding fee discount scale will be reviewed by the Chief Operating Officer (COO) and/or Chief Financial Officer (CFO). Once published, A representative from the Revenue Cycle Management Office (RCM) will obtain the updated federal poverty income guidelines from the Federal Register and updates the sliding fee discount scale. Related policies and procedures will also be reviewed and revised as needed by the COO and/or CFO and presented to the CEO. Any policy updates will be presented to the finance committee of the Board of Directors (BOD) for review and presentation to the full board of directors for final approval.

   - **BOD Oversight**-The BOD will annually review evaluations of the sliding fee program operating procedures and assess their effectiveness in reducing barriers to care and their appropriateness for the health center and its community. CHI will gather feedback via from patients including consumer board members regarding the sliding fee scale and the nominal fee charged to ensure that fees do not pose a barrier to care and that the

nominal charge is nominal from the patient's perspective and not based on the cost of service.

- **FEE SCHEDULE**- The fee schedule for the provision of services will be reviewed annually by the CFO or their designee and will be designed to cover reasonable costs of providing services in the approved scope of project and will be consistent with locally prevailing rates. Fees will be adjusted as appropriate based on regular cost analyses as well as changes in the local health care market. The board of directors must approve any changes to the fee schedule.

2. **NOTIFICATION TO PATIENTS- Patient Financial Services Specialist (PFSS) will ensure that patients are informed about the availability of the Sliding Fee Discount Program.**

   - As part of the registration process, the Patient Financial Services Specialist (PFSS), Patient Service Representative (PSR) or designee will determine which patients are uninsured and/or underinsured and inform them of the sliding fee discount program. Patients will be provided with the sliding fee application form for completion. Assistance with completing the form will be provided as needed.

   - Patients are also made aware of the availability of the sliding fee discount program through signage posted in the waiting areas, website, brochures, flyers and other means of communication as necessary.

3. **ELIGIBILITY PROCESS- CHI will apply its sliding fee discount schedule uniformly, consistently, and equally for all eligible patients and will verify patient eligibility at least annually. Discounts will be based on income and family size. CHI uses the Census Bureaus definitions of each**

   a. **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

   b. **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies)* ***do not*** *count.*

      - **Income Verification**: Patients applying for the sliding fee discount

program must provide written verification of income and family size. Examples of written verification include prior year's W-2 forms or the two most recent pay stubs **(See Exhibit A- Eligibility Requirements)**. All patients must complete a sliding fee application form which spells out all details. In addition, patients will be educated on public or private insurance coverages available to them (i.e. Medicaid, ACA Plans etc.). Patients will be encouraged to apply for these coverages with center outreach and enrollment staff. Patients applying for the sliding fee discount program will be informed that they are obligated to inform the PFSS if their income or household status changes. Otherwise, patient eligibility for the SFDS will be renewed/reviewed at least once a year or upon the patient's next visit to the center.

- **Self Declaration:** Self Declaration may only be used in special circumstances. Specific examples include patients who are homeless or patients who have no income and are living with a friend or relative who is not legally obligated to provide assistance and/or support. These patients will be asked to sign or have signed a self-declaration form (601-44 OPEN DECLARATION) as listed in Exhibit A. The classification assigned will be granted for 30 days. Patients who are unable to provide written verification of income and do not fall in the categories outlined above must self-attest their income by signing form 601- 44 and having it notarized. Patients will then be classified for one year. Patients will have the ability to request a reclassification if their employment status or other qualifying circumstances exist and will be handled on a case by case basis.

- **Ineligible Patients**: Patients who are unwilling to provide any level of documentation are not eligible to participate in the sliding fee discount program and will be required to pay 100% of their charges, until such time they provide documentation. At the time documentation is provided, any eligible discount will be applied to previous services retroactively up to 30 days.

- All patients must sign a Financial Class Statement Form 601-20 upon completion of registration

4. **SFDS PERCENTAGES- Individuals and families with annual incomes at or below 200 percent of the federal poverty guideline (FPG) are eligible for the SFDS. The percentage of discount received by patients varies depending on their percentage of poverty.**

   - **Discounts** -All patients who are 100% or less of poverty receive a full discount for an office visit and pay a nominal charge. Patients who are 101% or greater of poverty will receive discounts based on the percent of discount established by CHI's Board of Directors (**See Exhibit B for most**

recent scale). No patient will be denied health care services due to an individual's inability to pay for such services by the Health Center, assuring that any fees or payments required by the Center for such services may be reduced or waived.

- **Nominal Fees:**

  a. ***Medical Services:*** All patients who are 100% or less of poverty will pay a nominal charge of thirty-five dollars ($35). The nominal charge is not a threshold for receiving care and thus, is not a minimum fee, minimum charge or co-payment. To cover reasonable cost for medically necessary services above a general office visit, (i.e. labs, diagnostic testing, injections, nebulizer treatments, colposcopies, etc.), a corresponding schedule of discounts adjusted based on the patient's ability to pay has been established. Patients who are 101% or greater of poverty will receive discounts based on the percent of discount established by CHI's Board of Directors (See Exhibit B for most recent scale). In all cases, the nominal charge will be less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100 percent of the FPG. No patient will be denied health care services due to an individual's inability to pay for such services by the Health Center, assuring that any fees or payments required by the Center for such services may be reduced or waived.

  b. ***Dental Services:*** All patients who are 100% or less of poverty will pay a nominal charge of thirty-five dollars ($35) for basic preventative and restorative care. Patients who are 101% or greater of poverty will receive discounts based on the percent of discount established by CHI's Board of Directors (See Exhibit B for most recent scale). In all cases, the nominal charge will be less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100 percent of the FPG. No patient will be denied dental care services due to an individual's inability to pay for such services by the Health Center, assuring that any fees or payments required by the Center for such services may be reduced or waived. For other services above basic preventative and restorative care, (i.e. crowns, dentures, bone grafts, etc.), for patients who are 100% or less of poverty these services will be discounted based on cost plus nominal charges and 50% deposit is due prior to services for patient able to pay.

  c. ***Behavioral Health Services (FQHC):*** All patients who are 100% or less of poverty will pay a nominal charge of twenty-five dollars ($25). The nominal charge is not a threshold for receiving care and thus, is not a minimum fee, minimum charge or co-payment. To cover reasonable cost for medically necessary BH services above a

general office visit, (i.e. medication management, therapy services, etc.), a corresponding schedule of discounts adjusted based on the patient's ability to pay has been established. Patients who are 101% or greater of poverty will receive discounts based on the percent of discount established by CHI's Board of Directors (See Exhibit B for most recent scale).

d. **Behavioral Health Services (CMHC)** – CHI shall require payment of fees not eligible for Medicaid and whose gross family income is less than 150 percent of the federal poverty income guidelines in accordance with Section 409.9081, F.S. Nominal co-payment for the following substance abuse and mental health services shall apply:

Outpatient treatment services - $3 per day.
Residential treatment services - $2 per day
The total charges to an individual shall not exceed 5% of gross household income.

5. BILLING and COLLECTIONS

a. **BILLING THIRD PARTY PAYORS-** CHI makes every reasonable effort to maximize revenue from public and third-party payors through billing and collections. CHI contracts with various public and private payors and based on our target population. Collections are billed at the full amount in accordance with the fees associated with the negotiated contract.

b. **BILLING PATIENTS-** CHI staff are required to make reasonable efforts to secure payments from patients in an efficient, respectful and culturally appropriate manner, assuring that procedures do not present a barrier to care and ensure patient privacy.

- **Outstanding Balances-** CHI will maintain consistent expectations for payment on outstanding balances and will clearly communicate these expectations. Staff will request and expect payment at the time of the patient's visit. Minimum charges as outlined in section four must be collected at time of visit, but the rest may be billed if the patient indicates that he or she is unable to pay the entire bill. Patients without the minimum will be asked to bring to the next visit. All patients will be sent a statement via mail. In the event, there is a balance on their account, attempts to collect balances up to 180 days will be done via statements and during visits. After 180 days, the accounts are reviewed for further collection efforts or bad debt write off per CHI's write off policy.

- **Inability to Pay-:** In certain situations, patients may not be able to pay the nominal or discount fee at the time of service. These cases are assessed and approved by the PFSS and are handled on a case by case basis.

Patients who have special circumstances that prevent them from paying will be given the option of a payment plan. At no time, will a patient be denied services due to their ability to pay.

- **Waiving of Charges:** For certain circumstances, such as recent unemployment, unexpected illness, and homelessness, CHI will waive charges for those patients who qualify. Waiving of charges must be approved by the COO or CFO.

- **Denial of Service**-No patient will be denied health care services due to an individual's inability to pay for such services by the Health Center, assuring that any fees or payments required by the Center for such services may be reduced or waived.

6. **INSURED PATIENTS WHO QUALIFY FOR SFDS-**Patients with third party insurance that does not cover or only partially covers fees for certain health center services may also be eligible for the SFDS based on income and family size. If this is the case, unless precluded by contract language, the out of pocket expenses an insured patient incurs who is eligible for a discount will not be more than the discounted amount the patient would owe if they were uninsured. Insured patients who refuse to provide eligibility information to qualify for the SFDS will be deemed ineligible to receive discounts and will be asked to sign a waiver attesting that they were presented with the option and refused.

EXHIBIT A

COMMUNITY HEALTH OF SOUTH FLORIDA
10300 SW 216TH STREET
MIAMI, FLORIDA 33190
(305) 253-5100

Welcome to Community Health of South Florida!

Eligibility Requirements for Sliding Fee Scale

Patients with incomes between 100% and 200% of the Federal Poverty Guideline can qualify for sliding fee discounts. Clients are assessed based on gross income and family size. Clients over 200% FPL pay full cost for services.

1. **Proof of Identification**
   Please bring one of the following: A valid driver's license, official Florida ID, Passport, Social Security with name, voter's registration card, birth certificate; if newborn: footprints record, **if you are enrolling a child who is not your child you must provide proof of legal guardianship.**

2. **Proof of Address**
   Recent mail addressed to you (utility bills, mortgage, rent receipt with current address, proof of school enrollment or notarized letter from you landlord. If living with a friend or relative, notarized letter stating living arrangements.

3. **Insurance Information**
   If you have Medicaid, Medicaid MA, Medicare, Medicare HMO, commercial or private insurance, please bring your insurance card. We need to copy and verify your Medicaid, Medicare, & HMO assignment (primary care physician) and your insurance coverage.

4. **Proof of income for you, spouse and all family members.**
   One month of consecutive check stubs of each wage earner in the family unit with a date of not more than 30 days of your financial interview. *Examples of income:* Income tax statement if self-employed, pension, social security award letter or copy of check, rental income, worker's compensation, unemployment compensation, child support and/or alimony, employer income verification letter on company letter head if paid in cash, or notarized letter from employer verifying gross weekly income. If self-employed, most recent tax return is required. One month of income information should be included on work calendar (s). Work calendar (s) should be signed by a crew leader and/or signature of worker on work calendar (s) must be notarized. Proof of income applies to **all patients** interested in paying for their services on a sliding fee scale, otherwise, charges will be at a full pay.
5. **PLEASE BE ADVISED THAT PAYMENT IS EXPECTED AT THE TIME OF SERVICE.**

At the end of your interview we will advise if you are eligible for a sliding fee scale discount. If any of your information changes, please notify us. Please bring your identification and if applicable your insurance card to each visit.

Thank you for choosing Community of Health South Florida as your healthcare provider.

601-01E
Rev. 9/96, 2/00, 8/01, 3/03, 1/04, 12/10 ,06/15, 4/17, 12/17

EXHIBIT B- DENTAL/MEDICAL/BEHAVIORAL SFDS-2019

FAMILY SIZE	SLIDING FEE TYPE BASED ON FAMILY INCOME ($)				
	A-Nominal <100%	B - 40% >101-133% FPL	C - 54% >134-166% FPL	D - 67% >167-200 FPL	E - 100% >200% FPL
1	$0	$12,491	$16,613	$20,734	$24,981
	12,490	16,612	20,733	24,980	+
2	$0	$16,911	$22,491	$28,072	$33,821
	16,910	22,490	28,071	33,820	+
3	$0	$21,331	$28,370	$35,409	$42,661
	21,330	28,369	35,408	42,660	+
4	$0	$25,751	$34,249	$42746	$51,501
	25,750	34,248	42,745	51,500	+
5	$0	$30,171	$40,127	$48,838	$58,841
	30,170	40,126	48,837	58,840	+
6	0	$34,591	$46,006	$57,420	$69,181
	34,590	46,005	57,419	69,180	+
7	0	$39,011	$51,884	$64,758	$78,021
	39,010	51,883	64,757	78,020	+
8	0	$43,431	$57,763	$70,094	$86,861
	43,430	57,762	72,094	86,860	+
9	0	$47,851	$63,642	$79,432	$95,701
	47,850	63,641	79,431	95,700	+
10	0	$52,270	$69,520	$86,769	$104,541
	52,270	69,519	86,768	104,540	+

Note: The sliding fee schedule is calculated as follows:
Base rate $ 12,490 Increment $ 4,420

Nominal Fee: Medical = $35 Dental = $35 Behavioral = $25