



Office of Statewide Health Planning and Development

Accounting and Reporting Systems Section

400 R Street, Suite 250
 Sacramento, California 95811-6213
 (916) 326-3854
 Fax (916) 322-1442
 www.oshpd.ca.gov



Automated Licensing Information & Report Tracking System

February 10, 2009

To: Primary Care Clinic OSHPD ALIRTS Account Administrator
 And Other Interested Parties

Re: Primary Care Clinic Technical Letter No. 2008-1

This is the first in a series of technical letters developed by the Office of Statewide Health Planning and Development (OSHPD) regarding the requirements on reporting of the 2008 Annual Utilization Report of Primary Care Clinics.

HEALTHY SAN FRANCISCO

In October of 2007 the Centers for Medicare and Medicaid Services approved a request to amend California's section 1115 demonstration (known as the Medi-Cal Hospital/ Uninsured Care - Waiver 11-W-00193/9). The purpose of this demonstration project was to stabilize the financing of the State's safety net hospitals and the implementation of other Medicaid reforms.

The amended section 1115 authorized the State to create a Coverage Initiative (CI) to expand health care coverage for eligible low-income, uninsured individuals.

The Counties with Coverage Initiative programs are:

Alameda	San Diego
Contra Costa	San Francisco
Kern	San Mateo
Los Angeles	Santa Clara
Orange	Ventura

Each county's program operates slightly differently and there are different instructions for each.

Healthy San Francisco – program description

To be qualified for this program the patients need to meet all of the following:

- A San Francisco resident
- Uninsured for the last 90 days
- Not eligible for public insurance programs such as Medi-Cal or Healthy Families
- Between the ages of 18 and 64
- Living within program income guidelines



How to report data on the Annual Utilization Report

1. On Section 3 Patient Demographics Reporting:
 - a. The Healthy San Francisco patients are to be accounted for on all of the demographic tables in Sec. 3 (Age, Race, Sex, Poverty Level, etc.).
 - b. In the Patient Coverage table Healthy San Francisco patients are classified as “Self-Pay / Sliding Fee” (line 70);
 - c. This program is not “coverage” and the patients are not to be re-classified into a distinct patient group on the “Patient Coverage” table (sec 3, lines 60 – 75).

2. On Section 6 Revenue and Utilization by Payer Reporting:
 - a. The Healthy San Francisco program is not a distinct payment source. As noted earlier Healthy San Francisco patients are the Self Pay / Sliding Fee patients and their encounters are recorded in “Self Pay/ Sliding Fee” (sec. 6, column 8).
 - b. The vast majority of the reported Gross Revenue for services rendered to the Healthy San Francisco patients will be written off as “sliding fee scale” on line 4.

3. On Section 7 Income Statement Reporting:
 - a. The amount of the clinic’s Healthy San Francisco grant will be entered as “Local (City or District) Funds on line 11 of the Income Statement.

Example: A clinic has the following data:

- The clinic received a \$40,000 Healthy San Francisco grant.
- The clinic enrolls 1,000 patients in the Healthy San Francisco program.
- These patients had a total of 2,000 encounters during the year.
- 50% of the encounters were for patients that were between 101% - 300% of FPL and had a \$20 co-pay.
- 50% of the encounters were for patients that were 100% of FPL or below and had no co-pay.
- All encounters were for an Evaluation & Management procedure with a Gross Revenue of \$110 for each encounter.

SECTION 3 – PATIENT DEMOGRAPHICS

The Healthy San Francisco patients would be recorded on the **Patient Coverage** table as “*Self Pay / Sliding Fee*”. Note that while the clinic enrolled 1,000 patients in Healthy San Francisco it did not affect the total number of Self Pay / Sliding Fee patients, which remained at 3,000. These patients would also have to be accounted for in the other demographic tables in Sec. 3 of the Annual Utilization Report.

The example below shows only how to record the data related to the Self Pay / Sliding Fee patients, Healthy San Francisco patients are a sub-set of Self Pay but do not show up distinctly on the Patient Coverage table. A typical clinic would also have patients listed in the other patient coverage categories and could have patients in the other episodic programs.

PATIENT COVERAGE

Line No.		(1) No. of Patients
60	Medicare	
61	Medicare - Managed Care	
62	Medi-Cal	
63	Medi-Cal - Managed Care	
64	County Indigent / CMSP / MISP	
65	Healthy Families	
66	Private Insurance	
67	Alameda Alliance for Health	
68	LA Co. Public Private Partnership	
69	San Diego Co. Medical Plan	
70	<i>Self-Pay / Sliding Fee*</i>	1,000
71	Free	
74	All Other Payers	
75	Total Patients	

EPISODIC PROGRAMS

	(1) No. of Patients	Line No.
BCCCP		80
CHDP		81
EAPC		82
Family PACT		83
Other Co Programs		84
Children's Treat Program		85
Other Payer - grant*		89
Total Episodic Patients (duplicated)		90

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

	(1) Number	Line No.
CHDP Assessments		95

SECTION 6 – REVENUE AND UTILIZATION BY PAYER

(Note: The table below has been truncated for purposes of this example).

Assumptions for example:

- Total of 1,000 patients were enrolled in Healthy San Francisco.
- Each patient had 2 encounters.
- Total Healthy San Francisco patient encounters was 2300.
- All encounters are for Evaluation & Management procedures with Gross Revenue (charges) at \$110 for each encounter.

REVENUE AND UTILIZATION BY PAYER

ANNUAL UTILIZATION REPORT OF
PRIMARY CARE CLINICS 2008
OSHPD FACILITY ID # _____

SECTION 6

REVENUE AND UTILIZATION BY PAYMENT SOURCE

(do not input any "\$" signs, commas or decimals, round up to whole dollar)

Line No.		(5) columns 1-5 combined for this example	(6) Healthy Families	(7) Private Insurance	(8) Self-Pay / Sliding Fee	(9) Free	Line No.
1	Encounters				2,000		1
	Gross Revenue						
2	(Charges at 100% Rate)				220,000		2
	Write-offs and Adjustments						
3	Sliding Fee Scale				200,000		3
4	Free/ Complimentary						4
5	Contractual Adjustments						5
6	Bad Debt						6
7	Grants (credit balance)	()	()	()	()		7
8	Other Adjustments						8
9	Reconciliation						9
10	Total Write Offs & Adj. (sum lines 3-9)		0		200,000		10
15	Net Patient Revenue (collected) (line 2 - line 10)	0	0	0	20,000		15

SECTION 7 – INCOME STATEMENT

Healthy San Francisco program

In this example the \$40,000 Healthy San Francisco grant would be recorded as “Local (City or District) Funds” on Line 11 of the Income Statement.

(Note: only the revenue portion of the Income Statement is shown in the example below)

INCOME STATEMENT

ANNUAL UTILIZATION REPORT OF
PRIMARY CARE CLINICS 2008
OSHPD FACILITY ID # _____

SECTION 7

INCOME STATEMENT

(do not input "\$" signs, commas or decimals, round up to whole dollar)

Line No.		(1) Total	Line No.
1	GROSS PATIENT REVENUE (from Sec 6, line 2, col. 19)		1
2	TOTAL WRITE-OFFS AND ADJUSTMENTS (from Sec 6, line 10, col. 19)		2
3	NET PATIENT REVENUE (from Sec 6, line 15, col. 19)		3
4	OTHER OPERATING REVENUE: Federal Funds		4
5	State Funds EAPC		5
6	Other		6
7	County Funds LA County Public Private Partnership		7
8			8
9	San Diego County Medical Plan		9
10	Other County Grant Programs		10
11	Local (City or District) Funds	40,000	11
12	Private		12
13	Donations / Contributions		13
19	Other		19
20	TOTAL OTHER OPERATING REVENUE (sum lines 4-19)		20
25	TOTAL OPERATING REVENUE (line 3 + line 20)		25