

Public File
DOCUMENTATION

The State Utilization Data File
of Primary Care Clinics

**Calendar Year
2004**

State Utilization Data File of Primary Care Clinics 2004

TABLE OF CONTENTS

Introduction	1
ALIRTS	1
New Data File Format	1
Description of the Excel Worksheets	1
Significant Data Field Changes for 2004	3
Traditional and Alternative Header Rows	3
Field Descriptions (by Report Form Section):	
Section 1, Facility Descriptors	5
Section 2, License Type, Rural Status, Languages Spoken, Ownership, Type of Control	5
Section 3, Patient Demographics and Payers	9
Section 4, Encounters by Principal Diagnosis	11
Section 5, Encounters by Principal Service and for Selected Procedures	11
Section 6, Revenue and Utilization by Payer	16
Section 7, Income Statement	12
Section 8, Major Equipment and Capital Expenditures	13
 2004 <i>Annual Utilization Report of Primary Care Clinics</i> Report Form Facsimile	Appendix A

State Utilization Data File of Primary Care Clinics 2004

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the State Utilization Data File of Primary Care Clinics. The data come from the individual *Annual Utilization Report of Primary Care Clinics* that are filed by California's licensed Primary Care Clinics from the previous calendar year. The data are "as reported" by each facility after complying with input quality control edits. This primary care clinics data file includes additional data fields populated by information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities, and subsequent updates to the OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information (Visit the OSHPD website regarding LFIS: <http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx> A login is not required for general use). As with many new systems, unanticipated problems and omissions can occur. That means that future sets of the data file may include corrections of data earlier released.

OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

New Online Reporting System: ALIRTS

Beginning with 2002 data, clinics began to submit their utilization data to OSHPD through a new, paperless, Internet-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the data are submitted and meet the ALIRTS input quality criteria, the data are accepted and immediately become available to the public via the Internet (<http://alirts.oshpd.state.ca.us>). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility.

OSHPD creates this State Utilization Data File of Primary Care Clinics after the annual reporting deadline, February 15, arrives for all individual licensed clinics.

New Data File Format

In addition to online reporting, another recent change involves the file type used for the public data file. Rather than displaying the data in a comma-delimited text file, the data file is now configured as a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in six of the seven worksheets. In the data worksheets, each row (line) displays all the data from one facility, while each column displays the values for one data field (sequentially, by row and column, from the report form).

Excel was selected because it is the analytical software used by most primary care clinic utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is incompatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

State Utilization Data File of Primary Care Clinics 2004

Section 6 worksheet

This worksheet contains data from Section 6 of the *Annual Utilization Report of Primary Clinics* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, "**NonRespon6**" that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 6** Presents revenue and encounters/utilization by payer source.

The worksheets' default (original) sequence order: The first two columns of the worksheets display the facility's name and OSHPD_ID number. The worksheet lists the facilities in numeric order by OSHPD_ID number (Column A). Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order.

Significant Data Field Changes in the State Utilization Data File

For 2004, there are no major data field changes. There are, however, three important adjustments that affect the Report form or the Excel data file:

1. In the data file, the fields (columns) in the worksheet containing Section 6 are organized and displayed in "Section - Column - Line" order. In the past, the order of the Section 6 table, "Revenue and Utilization by Payment Source" was laid out in "Section - Line - Column" order. It is a lay-out change only and no data items were added or removed. Use care if you customarily cut and paste or link any of that table's items to an external file or document. Referring to the Report form for 2004 will assist you in navigating the fields in Section 6.
2. In Section 2, the "License Category (Type)" field was moved from Line 3 to Line 1. FQHC status and Rural Health Clinic fields were moved from Lines 1 and 2, to Lines 2 and 3, respectively.
3. New fields for displaying **future data items** are included in this dataset. Users should note that these items are not derived from facility-reported data or from the Licensing and Certification Division of DHS. Some of these fields remain unpopulated for 2004 but are slated to be filled in future datasets. These fields are located between the License Status and County fields.

Traditional and Alternative Header Rows

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here (see Figure 2 sample below). For users who prefer English names, the first alternative header row displays English abbreviations.

State Utilization Data File of Primary Care Clinics 2004

	A	B	C
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_1
2	slc010201	slc010101	slc010301
3			
4	1.2.1	1.1.1	1.3.1
5	306010804	EASTER SEAL SOC OF THE BAY AREA	2757 TELEGRAPH AVENUE
6	306010901	WOMENS CHOICE CLINIC - OAKLAND	431 30TH STREET, STE NO.3
7	306012807	BERKELEY COMMUNITY HEALTH PROJECT	2339 DURANT AVENUE

Figure 2

The second alternative header (row 2) contains alpha characters, does not include periods, and uses the Section+Line+Column type layout. Each field name in this set begins with the letters “slc”, followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, “Was this clinic in operation at any time during year?” (**section 1, line 9, column 1**), would be field name “slc010901.” This type header is especially helpful when the user will be conducting many sorts with the data.

The third header row represents the style that has been traditionally used for this data file. The field names display the **section+line+column** numbers, separated by “dots” (periods). Thus, using the prior example, “Was this clinic in operation at any time during year?” is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the “Sections 1-3” worksheet and is displayed as “1.9.1”. This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

These header styles are simply alternatives for your use. You have the option to use one or all three, and delete those not needed. A final note: If the data in the facility utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow “periods.” The alternative field names in the first two rows both meet these naming conventions.

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_ONE	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_TWO	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City, location of facility
F	1.5.1	slc010501	FAC_ZIP--Code	Zip-Code, of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
I	1.9.1	slc010901	FAC_OPER_CURRYR	Facility in operation at any time during report period
J	1.10.1	slc011001	BEG_DATE	Begin date of operation
K	1.11.1	slc011101	END_DATE	End date of operation
L	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
M	1.13.1	slc011301	PARENT_ADDRESS_ONE	Parent corporation address one
N	1.13.1	slc011301	PARENT_ADDRESS_TWO	Parent corporation address two
O	1.14.1	slc011401	PARENT_CITY	Parent corporation city
P	1.15.1	slc011501	PARENT_STATE	Parent corporation state
Q	1.16.1	slc011601	PARENT_ZIP--Code	Parent corporation ZipCode
R	1.18.1	slc011801	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STAT	LIC_STAT	LIC_STATUS	Status of facility's license, according to California Department of Health Services (DHS)
T	DATE_LIC_STAT	DATE_LIC_STAT	DATE_LIC_STAT	Date of status of facility's license, according to DHS
U	ORIG_DATE_LIC	ORIG_DATE_LIC	ORIG_DATE_LIC	Date that the facility was originally licensed.
V	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number (future field)
W	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number (future field)
X	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	DHS ACLAIMS Number
Y	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
Z	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
AA	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional District
AB	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AC	MSSA	MSSA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area.
AD	LACO_SPA	LACO_SPA	LACO_SVC_PLAN_AREA	LA County Service Planning Area; nine planning areas designated by Los Angeles County. (future field)
AE	HSA	HSA	HEALTH_SVC_AREA	Health Service Area is a planning area comprising one or more whole counties.
AF	COUNTY	COUNTY	COUNTY	County
AG	LICENSE_NO	LICENSE_NO	LICENSE_NO	Facility's license number as issued by California Department of Health Services
AH	2.1.1	slc020101	Lic_Type	License Types are Community clinic and Free clinic
AI	2.2.1	slc020201	Clin_FQHC_or_Like	Federally Qualified Health Clinic type, or similar type, if applicable: -- FQHC (Federally Qualified Health Clinic) -- FQHC Look alike -- Neither
AJ	2.3.1	slc020301	Clin_95210_Rural	Rural clinic category under PL-95-210
AK	2.10.1	slc021001	ComSvc_Adult_Day_Care	Community services offered, adult day care
AL	2.11.1	slc021101	ComSvc_Child_Care	Community services offered, child care
AM	2.12.1	slc021201	ComSvc_Education	Community services offered, community education
AN	2.13.1	slc021301	ComSvc_Nutrition	Community services offered, community nutrition

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
AO	2.14.1	slc021401	ComSvc_Disaster_Relief	Community services offered, disaster
AP	2.15.1	slc021501	ComSvc_Environ_Health	Community services offered, environmental health
AQ	2.16.1	slc021601	ComSvc_Homeless	Community services offered, homeless
AR	2.17.1	slc021701	ComSvc_Legal	Community services offered, legal
AS	2.18.1	slc021801	ComSvc_Outreach	Community services offered, outreach
AT	2.19.1	slc021901	ComSvc_Social_Svcs	Community services offered, social services
AU	2.20.1	slc022001	ComSvc_Subst_Abuse	Community services offered, substance abuse
AV	2.21.1	slc022101	ComSvc_Transport	Community services offered, transportation
AW	2.22.1	slc022201	ComSvc_Voc_Training	Community services offered, vocational training
AX	2.23.1	slc022301	ComSvc_Other	Community services offered, Other
AY	2.30.1	slc023001	Arabic_Lang_Stf	Language spoken by staff, Arabic
AZ	2.30.2	slc023002	Arabic_Lang_Pt	Language spoken by patients, Arabic
BA	2.31.1	slc023101	Armenian_Lang_Stf	Language spoken by staff, Armenian
BB	2.31.2	slc023102	Armenian_Lang_Pt	Language spoken by patients, Armenian
BC	2.32.1	slc023201	Cambodian_Lang_Stf	Language spoken by staff, Cambodian
BD	2.32.2	slc023202	Cambodian_Lang_Pt	Language spoken by patients, Cambodian
BE	2.33.1	slc023301	Chinese_Lang_Stf	Language spoken by staff, Chinese
BF	2.33.2	slc023302	Chinese_Lang_Pt	Language spoken by patients, Chinese
BG	2.34.1	slc023401	Hindustani_Lang_Stf	Language spoken by staff, Hindustani
BH	2.34.2	slc023402	Hindustani_Lang_Pt	Language spoken by patients, Hindustani
BI	2.35.1	slc023501	Hmong_Lang_Stf	Language spoken by staff, Hmong
BJ	2.35.2	slc023502	Hmong_Lang_Pt	Language spoken by patients, Hmong
BK	2.36.1	slc023601	Japanese_Lang_Stf	Language spoken by staff, Japanese
BL	2.36.2	slc023602	Japanese_Lang_Pt	Language spoken by patients, Japanese
BM	2.37.1	slc023701	Korean_Lang_Stf	Language spoken by staff, Korean
BN	2.37.2	slc023702	Korean_Lang_Pt	Language spoken by patients, Korean
BO	2.38.1	slc023801	Laotian_Lang_Stf	Language spoken by staff, Laotian
BP	2.38.2	slc023802	Laotian_Lang_Pt	Language spoken by patients, Laotian
BQ	2.39.1	slc023901	Portugese_Lang_Stf	Language spoken by staff, Portugese
BR	2.39.2	slc023902	Portugese_Lang_Pt	Language spoken by patients, Portugese
BS	2.40.1	slc024001	Punjabi_Lang_Stf	Language spoken by staff, Punjabi
BT	2.40.2	slc024002	Punjabi_Lang_Pt	Language spoken by patients, Punjabi
BU	2.41.1	slc024101	Russian_Lang_Stf	Language spoken by staff, Russian
BV	2.41.2	slc024102	Russian_Lang_Pt	Language spoken by patients, Russian
BW	2.42.1	slc024201	Sign_Lang_Stf	Sign language used by staff
BX	2.42.2	slc024202	Sign_Lang_Pt	Sign language used by patients
BY	2.43.1	slc024301	Spanish_Lang_Stf	Language spoken by staff, Spanish
BZ	2.43.2	slc024302	Spanish_Lang_Pt	Language spoken by patients, Spanish
CA	2.44.1	slc024401	Tagalog_Lang_Stf	Language spoken by staff, Tagalog
CB	2.44.2	slc024402	Tagalog_Lang_Pt	Language spoken by patients, Tagalog
CC	2.45.1	slc024501	Vietnamese_Lang_Stf	Language spoken by staff, Vietnamese
CD	2.45.2	slc024502	Vietnamese_Lang_Pt	Language spoken by patients, Vietnamese
CE	2.55.1	slc025501	Eng_Not_Prim_Pt_Percent	Language not primarily English, patient percentage

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
CF	2.56.1	slc025601	Lang_If_Eng_Not_Prim	Language spoken by patients if English not primary
CG	2.60.1	slc026001	Physn_Salary_FTE	Personnel, for Encounters, Physician on Salary, Full-Time-Equivalent
CH	2.60.2	slc026002	Physn_Contract_FTE	Personnel, for Encounters, Physician on Contract, Full-Time-Equivalent
CI	2.60.3	slc026003	Physn_Volunteer_FTE	Personnel, for Encounters, Physician as Volunteer, Full-Time-Equivalent
CJ	2.60.4	slc026004	Physn_TOT_FTE	Personnel, for Encounters, Physician TOTAL, Full-Time-Equivalent
CK	2.60.5	slc026005	Physn_Enctr_FTE	Personnel, for Encounters, Physician TOTAL Encounters
CL	2.61.1	slc026101	Physn_Asst_Salary_FTE	Personnel, for Encounters, Physician Assistant on Salary, Full-Time-Equivalent
CM	2.61.2	slc026102	Physn_Asst_Contract_FTE	Personnel, for Encounters, Physician Assistant on Contract, Full-Time-Equivalent
CN	2.61.3	slc026103	Physn_Asst_Volunteer_FTE	Personnel, for Encounters, Physician Assistant as Volunteer, Full-Time-Equivalent
CO	2.61.4	slc026104	Physn_Asst_TOT_FTE	Personnel, for Encounters, Physician Assistant TOTAL, Full-Time-Equivalent
CP	2.61.5	slc026105	Physn_Asst_Enctr_FTE	Personnel, for Encounters, Physician Assistant TOTAL Encounters
CQ	2.62.1	slc026201	Nur_Fam_Pract_Salary_FTE	Personnel, for Encounters, Nurse Family Practitioner on Salary, Full-Time-Equivalent
CR	2.62.2	slc026202	Nur_Fam_Pract_Contract_FTE	Personnel, for Encounters, Nurse Family Practitioner on Contract, Full-Time-Equivalent
CS	2.62.3	slc026203	Nur_Fam_Pract_Volunteer_FTE	Personnel, for Encounters, Nurse Family Practitioner as Volunteer, Full-Time-Equivalent
CT	2.62.4	slc026204	Nur_Fam_Pract_TOT_FTE	Personnel, for Encounters, Nurse Family Practitioner TOTAL, Full-Time-Equivalent
CU	2.62.5	slc026205	Nur_Fam_Pract_Enctr_FTE	Personnel, for Encounters, Nurse Family Practitioner TOTAL Encounters
CV	2.63.1	slc026301	Midwiv_Salary_FTE	Personnel, for Encounters, Midwives, certified Nurse on Salary, Full-Time-Equivalent
CW	2.63.2	slc026302	Midwiv_Contract_FTE	Personnel, for Encounters, Midwives, certified Nurse on Contract, Full-Time-Equivalent
CX	2.63.3	slc026303	Midwiv_Volunteer_FTE	Personnel, for Encounters, Midwives, certified Nurse as Volunteer, Full-Time-Equivalent
CY	2.63.4	slc026304	Midwiv_TOT_FTE	Personnel, for Encounters, Midwives, certified Nurse TOTAL, Full-Time-Equivalent
CZ	2.63.5	slc026305	Midwiv_Enctr_FTE	Personnel, for Encounters, Midwives, certified Nurse TOTAL Encounters
DA	2.64.1	slc026401	Nur_Visit_Salary_FTE	Personnel, for Encounters, Visiting Nurse on Salary, Full-Time-Equivalent
DB	2.64.2	slc026402	Nur_Visit_Contract_FTE	Personnel, for Encounters, Visiting Nurse on Contract, Full-Time-Equivalent
DC	2.64.3	slc026403	Nur_Visit_Volunteer_FTE	Personnel, for Encounters, Visiting Nurse as Volunteer, Full-Time-Equivalent
DD	2.64.4	slc026404	Nur_Visit_TOT_FTE	Personnel, for Encounters, Visiting Nurse TOTAL, Full-Time-Equivalent
DE	2.64.5	slc026405	Nur_Visit_Enctr_FTE	Personnel, for Encounters, Visiting Nurse TOTAL Encounters
DF	2.65.1	slc026501	Dentist_Salary_FTE	Personnel, for Encounters, Dentist on Salary, Full-Time-Equivalent
DG	2.65.2	slc026502	Dentist_Contract_FTE	Personnel, for Encounters, Dentist on Contract, Full-Time-Equivalent
DH	2.65.3	slc026503	Dentist_Volunteer_FTE	Personnel, for Encounters, Dentist as Volunteer, Full-Time-Equivalent
DI	2.65.4	slc026504	Dentist_TOT_FTE	Personnel, for Encounters, Dentist TOTAL, Full-Time-Equivalent
DJ	2.65.5	slc026505	Dentist_Enctr_FTE	Personnel, for Encounters, Dentist TOTAL Encounters
DK	2.66.1	slc026601	Dent_Hyg_Salary_FTE	Personnel, for Encounters, Dental Hygienist, registered on Salary, Full-Time-Equivalent
DL	2.66.2	slc026602	Dent_Hyg_Contract_FTE	Personnel, for Encounters, Dental Hygienist, registered on Contract, Full-Time-Equivalent
DM	2.66.3	slc026603	Dent_Hyg_Volunteer_FTE	Personnel, for Encounters, Dental Hygienist, registered as Volunteer, Full-Time-Equivalent
DN	2.66.4	slc026604	Dent_Hyg_TOT_FTE	Personnel, for Encounters, Dental Hygienist, registered TOTAL, Full-Time-Equivalent
DO	2.66.5	slc026605	Dent_Hyg_Enctr_FTE	Personnel, for Encounters, Dental Hygienist, registered TOTAL Encounters
DP	2.67.1	slc026701	PsyD_Salary_FTE	Personnel, for Encounters, Psychiatrist on Salary, Full-Time-Equivalent
DQ	2.67.2	slc026702	PsyD_Contract_FTE	Personnel, for Encounters, Psychiatrist on Contract, Full-Time-Equivalent
DR	2.67.3	slc026703	PsyD_Volunteer_FTE	Personnel, for Encounters, Psychiatrist as Volunteer, Full-Time-Equivalent
DS	2.67.4	slc026704	PsyD_TOT_FTE	Personnel, for Encounters, Psychiatrist TOTAL, Full-Time-Equivalent
DT	2.67.5	slc026705	PsyD_Enctr_FTE	Personnel, for Encounters, Psychiatrist TOTAL Encounters
DU	2.68.1	slc026801	Psych_Clin_Salary_FTE	Personnel, for Encounters, Clinical Psychologist on Salary, Full-Time-Equivalent
DV	2.68.2	slc026802	Psych_Clin_Contract_FTE	Personnel, for Encounters, Clinical Psychologist on Contract, Full-Time-Equivalent

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
DW	2.68.3	slc026803	Psych_Clin_Volunteer_FTE	Personnel, for Encounters, Clinical Psychologist as Volunteer, Full-Time-Equivalent
DX	2.68.4	slc026804	Psych_Clin_TOT_FTE	Personnel, for Encounters, Clinical Psychologist TOTAL, Full-Time-Equivalent
DY	2.68.5	slc026805	Psych_Clin_Enctr_FTE	Personnel, for Encounters, Clinical Psychologist TOTAL Encounters
DZ	2.69.1	slc026901	LCSW_Salary_FTE	Personnel, for Encounters, Licensed Clinical Social Worker on Salary, Full-Time-Equivalent
EA	2.69.2	slc026902	LCSW_Contract_FTE	Personnel, for Encounters, Licensed Clinical Social Worker on Contract, Full-Time-Equivalent
EB	2.69.3	slc026903	LCSW_Volunteer_FTE	Personnel, for Encounters, Licensed Clinical Social Worker as Volunteer, Full-Time-Equivalent
EC	2.69.4	slc026904	LCSW_TOT_FTE	Personnel, for Encounters, Licensed Clinical Social Worker TOTAL, Full-Time-Equivalent
ED	2.69.5	slc026905	LCSW_Enctr_FTE	Personnel, for Encounters, Licensed Clinical Social Worker TOTAL Encounters
EE	2.70.1	slc027001	Couns_MaFaCh_Salary_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor on Salary, Full-Time-Equivalent
EF	2.70.2	slc027002	Couns_MaFaCh_Contract_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor on Contract, Full-Time-Equivalent
EG	2.70.3	slc027003	Couns_MaFaCh_Volunteer_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor as Volunteer, Full-Time-Equivalent
EH	2.70.4	slc027004	Couns_MaFaCh_TOT_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor TOTAL, Full-Time-Equivalent
EI	2.70.5	slc027005	Couns_MaFaCh_Enctr_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor TOTAL Encounters
EJ	2.71.1	slc027101	Othr_MediCal_Provdr_Salary_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable on Salary, Full-Time-Equivalent
EK	2.71.2	slc027102	Othr_MediCal_Provdr_Contract_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable on Contract, Full-Time-Equivalent
EL	2.71.3	slc027103	Othr_MediCal_Provdr_Volunteer_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable as Volunteer, Full-Time-Equivalent
EM	2.71.4	slc027104	Othr_MediCal_Provdr_TOT_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable TOTAL, Full-Time-Equivalent
EN	2.71.5	slc027105	Othr_MediCal_Provdr_Enctr_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable TOTAL Encounters
EO	2.74.1	slc027401	Othr_CPSP_Provdr_Salary_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) on Salary, Full-Time-Equivalent
EP	2.74.2	slc027402	Othr_CPSP_Provdr_Contract_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) on Contract, Full-Time-Equivalent
EQ	2.74.3	slc027403	Othr_CPSP_Provdr_Volunteer_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) as Volunteer, Full-Time-Equivalent
ER	2.74.4	slc027404	Othr_CPSP_Provdr_TOT_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) TOTAL, Full-Time-Equivalent
ES	2.74.5	slc027405	Othr_CPSP_Provdr_Enctr_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) TOTAL Encounters
ET	2.75.1	slc027501	FTE_Salary_TOT	Personnel, for Encounters, TOTAL on Salary, Full-Time-Equivalent
EU	2.75.2	slc027502	FTE_Contract_TOT	Personnel, for Encounters, TOTAL on Contract, Full-Time-Equivalent
EV	2.75.3	slc027503	FTE_Volunteer_TOT	Personnel, for Encounters, TOTAL as Volunteer, Full-Time-Equivalent
EW	2.75.4	slc027504	FTE_GRAND_TOT	Personnel, for Encounters, GRAND TOTAL, Full-Time-Equivalent

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
EX	2.75.5	slc027505	Enctr_GRAND_TOT	Personnel, for Encounters, GRAND TOTAL Encounters
EY	2.80.1	slc028001	Dent_Asst_Salary_FTE	Personnel, for Contacts, Dental Assisant on Salary, Full-Time-Equivalent
EZ	2.80.2	slc028002	Dent_Asst_Contract_FTE	Personnel, for Contacts, Dental Assisant on Contract, Full-Time-Equivalent
FA	2.80.3	slc028003	Dent_Asst_Volunteer_FTE	Personnel, for Contacts, Dental Assisant as Volunteer, Full-Time-Equivalent
FB	2.80.4	slc028004	Dent_Asst_TOT_FTE	Personnel, for Contacts, Dental Assisant TOTAL, Full-Time-Equivalent
FC	2.80.5	slc028005	Dent_Asst_Contacts_FTE	Personnel, for Contacts, Dental Assisant TOTAL Contacts
FD	2.81.1	slc028101	Nur_Regist_Salary_FTE	Personnel, for Contacts, Registered Nurse on Salary, Full-Time-Equivalent
FE	2.81.2	slc028102	Nur_Regist_Contract_FTE	Personnel, for Contacts, Registered Nurse on Contract, Full-Time-Equivalent
FF	2.81.3	slc028103	Nur_Regist_Volunteer_FTE	Personnel, for Contacts, Registered Nurse as Volunteer, Full-Time-Equivalent
FG	2.81.4	slc028104	Nur_Regist_TOT_FTE	Personnel, for Contacts, Registered Nurse TOTAL, Full-Time-Equivalent
FH	2.81.5	slc028105	Nur_Regist_Contacts_FTE	Personnel, for Contacts, Registered Nurse TOTAL Contacts
FI	2.82.1	slc028201	LVN_Salary_FTE	Personnel, for Contacts, Licensed Vocational Nurse on Salary, Full-Time-Equivalent
FJ	2.82.2	slc028202	LVN_Contract_FTE	Personnel, for Contacts, Licensed Vocational Nurse on Contract, Full-Time-Equivalent
FK	2.82.3	slc028203	LVN_Volunteer_FTE	Personnel, for Contacts, Licensed Vocational Nurse as Volunteer, Full-Time-Equivalent
FL	2.82.4	slc028204	LVN_TOT_FTE	Personnel, for Contacts, Licensed Vocational Nurse TOTAL, Full-Time-Equivalent
FM	2.82.5	slc028205	LVN_Contacts_FTE	Personnel, for Contacts, Licensed Vocational Nurse TOTAL Contacts
FN	2.83.1	slc028301	Pt_Educ_NonLic_Salary_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed on Salary, Full-Time-Equivalent
FO	2.83.2	slc028302	Pt_Educ_NonLic_Contract_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed on Contract, Full-Time-Equivalent
FP	2.83.3	slc028303	Pt_Educ_NonLic_Volunteer_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed as Volunteer, Full-Time-Equivalent
FQ	2.83.4	slc028304	Pt_Educ_NonLic_TOT_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed TOTAL, Full-Time-Equivalent
FR	2.83.5	slc028305	Pt_Educ_NonLic_Contacts_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed TOTAL Contacts
FS	2.89.1	slc028901	Othr_Provdr_Not_Enctr_Salary_FTE	Personnel, for Contacts, Other Providers on Salary, Full-Time-Equivalent
FT	2.89.2	slc028902	Othr_Provdr_Not_Enctr_Contract_FTE	Personnel, for Contacts, Other Providers on Contract, Full-Time-Equivalent
FU	2.89.3	slc028903	Othr_Provdr_Not_Enctr_Volunteer_FTE	Personnel, for Contacts, Other Providers as Volunteer, Full-Time-Equivalent
FV	2.89.4	slc028904	Othr_Provdr_Not_Enctr_TOT_FTE	Personnel, for Contacts, Other Providers TOTAL, Full-Time-Equivalent
FW	2.89.5	slc028905	Othr_Provdr_Not_Enctr_Contacts_FTE	Personnel, for Contacts, Other Providers TOTAL Contacts
FX	2.90.1	slc029001	FTE_Contacts_Salary_TOT	Personnel, for Contacts, TOTAL on Salary, Full-Time-Equivalent
FY	2.90.2	slc029002	FTE_Contacts_Contract_TOT	Personnel, for Contacts, TOTAL on Contract, Full-Time-Equivalent
FZ	2.90.3	slc029003	FTE_Contacts_Volunteer_TOT	Personnel, for Contacts, TOTAL as Volunteer, Full-Time-Equivalent
GA	2.90.4	slc029004	FTE_Contacts_TOT	Personnel, for Contacts, GRAND TOTAL, Full-Time-Equivalent
GB	2.90.5	slc029005	FTE_Contacts_GRAND_TOT	Personnel, for Contacts, GRAND TOTAL Contacts
GC	3.1.1	slc030101	White_Pt_Race	Patient, White, race (Hispanic included)
GD	3.2.1	slc030201	Black_Pt_Race	Patient, Black, race
GE	3.3.1	slc030301	NativeAmerican_Pt_Race	Patient, Native American, Alaskan Native, race
GF	3.4.1	slc030401	AsianPac_Pt_Race	Patient, Asian, Pacific Islander, race
GG	3.9.1	slc030901	Other_Unkn_Pt_Race	Patient, Other, Unknown, race
GH	3.10.1	slc031001	Race_Pt_TOTL	Patient, All races TOTAL
GI	3.11.1	slc031101	Hispanic_Pt_Ethnicity	Patient, Hispanic, ethnicity
GJ	3.12.1	slc031201	NonHispanic_Pt_Ethnicity	Patient, NonHispanic, ethnicity
GK	3.13.1	slc031301	Unkn_Pt_Ethnicity	Patient, Unknown, ethnicity

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
	GL	3.15.1	slc031501	
GM	3.20.1	slc032001	Pov_Less_Than_100_Percent_Pt	Patient, poverty level less than 100 percent
GN	3.21.1	slc032101	Pov_100to200_Percent_Pt	Patient, poverty level 100 to 200 percent
GO	3.22.1	slc032201	Pov_More_Than_200_Percent_Pt	Patient, poverty level more than 200 percent
GP	3.23.1	slc032301	Pov_Unkn_Pt	Patient, poverty level unknown
GQ	3.24.1	slc032401	Pov_TOTAL_Pt	Patient, All poverty levels TOTAL
GR	3.30.1	slc033001	Agri_MigrWrkr_TOTAL_Pt	Patient, Seasonal Agricultural and Migratory workers TOTAL
GS	3.31.1	slc033101	Agri_MigrWrkr_TOTAL_Enctr	Patient Encounters, Seasonal Agricultural and Migratory workers TOTAL
GT	3.40.1	slc034001	M_Less_Than_1_YR	Patient, Male, Under 1 Year
GU	3.40.2	slc034002	F_Less_Than_1_YR	Patient, Female, Under 1 Year
GV	3.41.1	slc034101	M_1to4_YR	Patient, Male, 1 to 4 years
GW	3.41.2	slc034102	F_1to4_YR	Patient, Female, 1 to 4 years
GX	3.42.1	slc034201	M_5to12_YR	Patient, Male, 5 to 12 years
GY	3.42.2	slc034202	F_5to12_YR	Patient, Female, 5 to 12 years
GZ	3.43.1	slc034301	M_13to14_YR	Patient, Male, 12 to 14 years
HA	3.43.2	slc034302	F_13to14_YR	Patient, Female, 12 to 14 years
HB	3.44.1	slc034401	M_15to19_YR	Patient, Male, 15 to 19 years
HC	3.44.2	slc034402	F_15to19_YR	Patient, Female, 15 to 19 years
HD	3.45.1	slc034501	M_20to34_YR	Patient, Male, 20 to 34 years
HE	3.45.2	slc034502	F_20to34_YR	Patient, Female, 20 to 34 years
HF	3.46.1	slc034601	M_35to44_YR	Patient, Male, 35 to 44 years
HH	3.46.2	slc034602	F_35to44_YR	Patient, Female, 35 to 44 years
HH	3.47.1	slc034701	M_45to64_YR	Patient, Male, 45 to 64 years
HI	3.47.2	slc034702	F_45to64_YR	Patient, Female, 45 to 64 years
HJ	3.48.1	slc034801	M_More_Than_65_YR	Patient, Male, More than 65 years
HK	3.48.2	slc034802	F_More_Than_65_YR	Patient, Female, More than 65 years
HL	3.55.1	slc035501	M_TOTAL	Patient, Male, All Ages TOTAL
HM	3.55.2	slc035502	F_TOTAL	Patient, Female, All Ages TOTAL
HN	3.60.1	slc036001	Medicare_Pt_Cov	Patient, Medicare, payer
HO	3.61.1	slc036101	Medicare_Mgn_Pt_Cov	Patient, Medicare Managed Care, payer
HP	3.62.1	slc036201	MediCal_Pt_Cov	Patient, Medi-Cal, payer
HQ	3.63.1	slc036301	MediCal_Mgn_Pt_Cov	Patient, Medi-Cal Managed Care, payer
HR	3.64.1	slc036401	County_CMSP_MISP_Pt_Cov	Patient, County Indigent, CMSP, MISP (see data file doc.)
HS	3.65.1	slc036501	Healthy_Families_Pt_Cov	Patient, Healthy Families program, payer
HT	3.66.1	slc036601	Private_Insurance_Pt_Cov	Patient, Private insurance, payer
HU	3.67.1	slc036701	Alameda_Alliance_Pt_Cov	Patient, Alameda Alliance for Health, payer
HV	3.68.1	slc036801	La_County_Partnership_Pt_Cov	Patient, Los Angeles County Public Private Partnership, payer
HW	3.69.1	slc036901	San_Diego_Med_Plan_Pt_Cov	Patient, San Diego County Medical Plan, payer
HX	3.70.1	slc037001	SelfPay_SlideFee_Pt_Cov	Patient, Self-pay, Sliding Fee, payer
HY	3.71.1	slc037101	Free_Pt_Cov	Patient, Free, payer
HZ	3.74.1	slc037401	All_Other_Payers_Pt_Cov	Patient, All Other, payer
IA	3.75.1	slc037501	GRAND_TOTAL_Pt_Cov	Patient, GRAND TOTAL, all payer
IB	3.80.1	slc038001	Breast_Ca_Pt_Episodic	Episodic Programs: Breast and Cervical Cancer Control Program (BCCCP), payer

2004 Primary Care Clinics Documentation - Sections 1 through 3

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
IC	3.81.1	slc038101	CHDP_Pt_Episodic	Episodic Programs: Child Health and Disability Prevention (CHDP) program, payer
ID	3.82.1	slc038201	EAPC_Pt_Episodic	Episodic Programs: Expanded Access to Primary Care (EAPC) program, payer
IE	3.83.1	slc038301	Family_PACT_Pt_Episodic	Episodic Programs: Planning, Access, Care, Treatment (Family PACT) program, payer
IF	3.84.1	slc038401	Other_County_Pt_Episodic	Episodic Programs: Other County programs, payer
IG	3.85.1	slc038501	Children_Treatm_Prog_Pt_Episodic	Episodic Programs: Childrens Treatment Program, payer
IH	3.89.1	slc038901	Othr_Payer_Grant_Cov_Pt_Episodic	Episodic Programs: Other Payer covered by grant, payer

2004 Primary Care Clinics Documentation - Sections 4-5_7-8

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
A	1.2.1	slc010201	OSHDP_ID	OSHDP Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	4.1.1	slc040101	Dx_001to139_infectious_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Infectious and Parasitic Diseases
D	4.2.1	slc040201	Dx_140to239_neoplasms_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Neoplasms
E	4.3.1	slc040301	Dx_240to279_endocrine_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders
F	4.4.1	slc040401	Dx_280to289_blood_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Blood and Blood Forming Disorders
G	4.5.1	slc040501	Dx_290to319_mental_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Mental Disorders
H	4.6.1	slc040601	Dx_320to389_nervous_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Nervous System and Sense Organs Diseases
I	4.7.1	slc040701	Dx_390to459_circulatory_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Circulatory System Diseases
J	4.8.1	slc040801	Dx_460to519_respiratory_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Respiratory System Diseases
K	4.9.1	slc040901	Dx_520to579_digestive_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Digestive System Diseases
L	4.10.1	slc041001	Dx_580to629_genit_urinary_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Genitourinary System Diseases
M	4.11.1	slc041101	Dx_630to679_pregchild_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Pregnancy, Childbirth & the Puerperium
N	4.12.1	slc041201	Dx_680to709_skin_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Skin and Subcutaneous Tissue Diseases
O	4.13.1	slc041301	Dx_710to739_muscles_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Musculoskeletal System and Connective Tissue Diseases
P	4.14.1	slc041401	Dx_740to759_congenital_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Congenital Anomalies
Q	4.15.1	slc041501	Dx_760to779_perinatal_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Certain Conditions Originating in the Perinatal Period
R	4.16.1	slc041601	Dx_780to799_ill_defined_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Symptoms, Signs, and Ill-defined Conditions
S	4.17.1	slc041701	Dx_800to999_injurypoison_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Injury and Poisoning
T	4.18.1	slc041801	Dx_V01toV83_hlthstatus_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Factors Influencing Health Status and Contact with Health Services
U	4.19.1	slc041901	Dx_Dental_Enctr	Encounters by Principal Diagnosis: Dental Diagnoses
V	4.20.1	slc042001	Family_Planning_S-Codes	Encounters by Principal Diagnosis: Family Planning S-Codes
W	4.21.1	slc042101	Other_Encounters	Encounters by Principal Diagnosis: Other
X	4.25.1	slc042501	TOT_Dx_Enctr	Encounters by Principal Diagnosis Encounters All TOTAL
Y	5.1.1	slc050101	CPT_99201to205_Eval_Mgt_Enctr	Encounters, Evaluation and management, new patient CPT Codes 99201 - 99205
Z	5.2.1	slc050201	CPT_99211to215_Eval_Mgt_Enctr	Encounters, Evaluation and management, established patient CPT Codes 99211 - 99215
AA	5.3.1	slc050301	CPT_99217to239_Eval_Mgt_Enctr	Encounters, Hospital related services CPT Codes 99217 - 99223; 99231 - 99239
AB	5.4.1	slc050401	CPT_99241to275_Eval_Mgt_Enctr	Encounters, Consultations CPT Codes 99241 - 99275
AC	5.5.1	slc050501	CPT_99281toEtc_Eval_Mgt_Enctr	Encounters, Other evaluation and management services CPT Codes 99281 - 99285; 99354 - 99360; 99420 - 99429; 99450 - 99456; 99499
AD	5.6.1	slc050601	CPT_99301to316_Eval_Mgt_Enctr	Encounters, Nursing Facility Related Services CPT Codes 99301 - 99316
AE	5.7.1	slc050701	CPT_99361to373_Eval_Mgt_Enctr	Encounters, Case Management Services CPT Codes 99361 - 99373
AF	5.8.1	slc050801	CPT_99381toEtc_Eval_Mgt_Enctr	Encounters, Preventive Medicine (infant, child, adolescent) CPT Codes 99381 - 99384; 99391 - 99394; 99431 - 99440
AG	5.9.1	slc050901	CPT_99385toEtc_Eval_Mgt_Enctr	Encounters, Preventive Medicine (adults) CPT Codes 99385 - 99387; 99395 - 99397
AH	5.10.1	slc051001	CPT_99401to412_Eval_Mgt_Enctr	Encounters, Counseling CPT Codes 99401 - 99412
AI	5.11.1	slc051101	CPT_00100to99140_Othr_Svcs_Enctr	Encounters, Anesthesia CPT Codes 00100 - 01999, 99100, 99116, 99135, 99140
AJ	5.12.1	slc051201	CPT_10021to19499_Othr_Svcs_Enctr	Encounters, Integumentary System CPT Codes 10021 - 19499
AK	5.13.1	slc051301	CPT_20000to29999_Othr_Svcs_Enctr	Encounters, Musculoskeletal System CPT Codes 20000 - 29999
AL	5.14.1	slc051401	CPT_30000to32999_Othr_Svcs_Enctr	Encounters, Respiratory System CPT Codes 30000 - 32999
AM	5.15.1	slc051501	CPT_33010to37799_Othr_Svcs_Enctr	Encounters, Cardiovascular System CPT Codes 33010 - 37799
AN	5.16.1	slc051601	CPT_38100to599_Othr_Svcs_Enctr	Encounters, Hemic and Lymphatic System CPT Codes 38100 - 38999
AO	5.17.1	slc051701	CPT_39000to599_Othr_Svcs_Enctr	Encounters, Mediastinum and Diaphragm System CPT Codes 39000 - 39599

2004 Primary Care Clinics Documentation - Sections 4-5_7-8

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
AP	5.18.1	slc051801	CPT_40490to49999_Othr_Svcs_Enctr	Encounters, Digestive System CPT Codes 40490 - 49999
AQ	5.19.1	slc051901	CPT_50010to53899_Othr_Svcs_Enctr	Encounters, Urinary System CPT Codes 50010 - 53899
AR	5.20.1	slc052001	CPT_54000to55899_Othr_Svcs_Enctr	Encounters, Male Genital System CPT Codes 54000 - 55899
AS	5.21.1	slc052101	CPT_55970to55980_Othr_Svcs_Enctr	Encounters, Intersex Surgery CPT Codes 55970, 55980
AT	5.22.1	slc052201	CPT_56405to58999_Othr_Svcs_Enctr	Encounters, Female Genital System CPT Codes 56405 - 58999
AU	5.23.1	slc052301	CPT_59000to899_Othr_Svcs_Enctr	Encounters, Maternity Care and Delivery CPT Codes 59000 -59899
AV	5.24.1	slc052401	CPT_60000to699_Othr_Svcs_Enctr	Encounters, Endocrine System CPT Codes 60000 - 60699
AW	5.25.1	slc052501	CPT_61000to64999_Othr_Svcs_Enctr	Encounters, Nervous System CPT Codes 61000 - 64999
AX	5.26.1	slc052601	CPT_65091to68899_Othr_Svcs_Enctr	Encounters, Eye and Ocular Adnexa System CPT Codes 65091 - 68899
AY	5.27.1	slc052701	CPT_69000to990_Othr_Svcs_Enctr	Encounters, Auditory System CPT Codes 69000 - 69990
AZ	5.28.1	slc052801	CPT_70010to79999_Othr_Svcs_Enctr	Encounters, Radiology CPT Codes 70010 - 79999
BA	5.29.1	slc052901	CPT_80048to89356_Othr_Svcs_Enctr	Encounters, Pathology / Laboratory CPT Codes 80048 - 89356
BB	5.30.1	slc053001	CPT_90281to99199_Othr_Svcs_Enctr	Encounters, Medicine - Special Services CPT Codes 90281 - 99091, 99141 - 99199
BC	5.31.1	slc053101	CPT_Z_Codes_Othr_Svcs_Enctr	Encounters, Family Planning "Z" codes CPT Codes "Z" codes
BD	5.32.1	slc053201	CPT_Dental_All_CDT_Codes_Othr_Svcs_Enctr	Encounters, Dental CPT Codes all CDT codes
BE	5.33.1	slc053301	CPT_Category_III_Codes_0001Tto0074T_Enctr	Encounters, Category III Codes CPT Codes 0001T - 0062T - 0074T
BF	5.44.1	slc054401	CPT_Any_Othr_Svcs_Enctr	Encounters, Any Other
BG	5.45.1	slc054501	CPT_TOTL_Enctr	Encounters by Principal Service TOTAL
BH	5.50.1	slc055001	CPT_76090to092_Eval_Mgt_Proced	Procedures, Selected, Mammogram CPT Codes 76085, 76090 - 76092
BI	5.51.1	slc055101	CPT_86701_Etc_Eval_Mgt_Proced	Procedures, Selected, HIV Testing CPT Codes 86701 - 86703; 86689; 87390 - 87391
BJ	5.52.1	slc055201	CPT_88141_Etc_Eval_Mgt_Proced	Procedures, Selected, Pap Smear CPT Codes 88141 - 88155; 88164 - 88167; 88174 - 88175
BK	5.53.1	slc055301	CPT_11975_Etc_Eval_Mgt_Proced	Procedures, Selected, Contraceptive Management CPT Codes 11975 - 11977; 55250; 55450; 57170; 58300 - 58301; 58600 - 58611
BL	5.60.1	slc056001	CPT_90701_Etc_Eval_Mgt_Proced	Procedures, Selected, DPT, Tetanus and Diphtheria CPT Codes 90701, 90718, 90700
BM	5.61.1	slc056101	CPT_90645to48_Eval_Mgt_Proced	Procedures, Selected, Hemophilus Influenza B (Hib) CPT Codes 90645 - 90648
BN	5.62.1	slc056201	CPT_90633to36_Eval_Mgt_Proced	Procedures, Selected, Hepatitis A CPT Codes 90633-90636
BO	5.63.1	slc056301	CPT_90740to47_Eval_Mgt_Proced	Procedures, Selected, Hepatitis B or HepB-HIB CPT Codes 90740 - 90747
BP	5.64.1	slc056401	CPT_90748_Eval_Mgt_Proced	Procedures, Selected, HepB and Hib CPT Codes 90748
BQ	5.65.1	slc056501	CPT_90657to60_Eval_Mgt_Proced	Procedures, Selected, Influenza Virus Vaccine CPT Codes 90657 - 90660
BR	5.66.1	slc056601	CPT_90707_Eval_Mgt_Proced	Procedures, Selected, Measles, Mumps and Rubella (MMR) CPT Codes 90707
BS	5.67.1	slc056701	CPT_90669_Eval_Mgt_Proced	Procedures, Selected, Pneumococcal CPT Codes 90669
BT	5.68.1	slc056801	CPT_90712to13_Eval_Mgt_Proced	Procedures, Selected, Poliovirus CPT Codes 90712 - 90713
BU	5.69.1	slc056901	CPT_90716_Eval_Mgt_Proced	Procedures, Selected, Varicella CPT Codes 90716
BV	7.1.1	slc070101	TOTL_Gro_Rev	Gross Revenue TOTAL
BW	7.2.1	slc070201	TOTL_Gro_Rev_TOTL_WriteOffs_Adj	Write Offs and Adjustments TOTAL
BX	7.3.1	slc070301	TOTL_Net_Pt_Rev_collected	Net Patient Revenue Collected TOTAL
BY	7.4.1	slc070401	Fed_Othr_Oper_Rev	Other Operating Revenue: Federal Funds
BZ	7.5.1	slc070501	State_Othr_Oper_Rev	Other Operating Revenue: State Funds
CA	7.6.1	slc070601	County_Othr_Oper_Rev	Other Operating Revenue: County Funds
CB	7.7.1	slc070701	Local_Othr_Oper_Rev	Other Operating Revenue: Local (City or District) Funds
CC	7.8.1	slc070801	Pvt_Othr_Oper_Rev	Other Operating Revenue: Private
CD	7.9.1	slc070901	Donat_Contr_Othr_Oper_Rev	Other Operating Revenue: Donations, Contributions
CE	7.19.1	slc071901	Othr_Income_Othr_Oper_Rev	Other Operating Revenue: Other
CF	7.20.1	slc072001	TOTL_Othr_Rev	Other Operating Revenue TOTAL
CG	7.25.1	slc072501	TOTL_Op_Rev	Total Operating Revenue GRAND TOTAL
CH	7.30.1	slc073001	Exp_Sal	Operating Expenses: Salaries, Wages and Employee Benefits
CI	7.31.1	slc073101	Exp_Contr_Prof	Operating Expenses: Contract Services - Professional

2004 Primary Care Clinics Documentation - Sections 4-5_7-8

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
CJ	7.32.1	slc073201	Exp_Sup_Med_Dent	Operating Expenses: Supplies - Medical and Dental
CK	7.33.1	slc073301	Exp_Sup_Ofc	Operating Expenses: Supplies - Office
CL	7.34.1	slc073401	Exp_Out_Pt_Care	Operating Expenses: Outside Patient Care Services
CM	7.35.1	slc073501	Exp_Rent_Deprc	Operating Expenses: Rent, Depreciation, Mortgage Interest
CN	7.36.1	slc073601	Exp_Util	Operating Expenses: Utilities
CO	7.37.1	slc073701	Exp_LiablIns_Prof	Operating Expenses: Professional Liability Insurance
CP	7.38.1	slc073801	Exp_Othr_Ins	Operating Expenses: Other Insurance
CQ	7.39.1	slc073901	Exp_Cont_Ed	Operating Expenses: Continuing Education
CR	7.44.1	slc074401	Exp_Othr_Exp	Operating Expenses: All Other Expenses
CS	7.45.1	slc074501	TOTL_Exp	Operating Expenses TOTAL
CT	7.50.1	slc075001	Net_Frm_Op	Net from Operations
CU	8.1.1	slc080101	EQUIP_ACQ_OVER_500K	Equipment, diagn. or ther. value \$500,000 and above, Yes or No
CV	8.2.1	slc080201	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, description
CW	8.2.2	slc080202	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, value
CX	8.2.3	slc080203	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, acquisition date
CY	8.2.4	slc080204	EQUIP_01_ACQUI_MEANS	Equipment piece no. 01 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CZ	8.3.1	slc080301	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, description
DA	8.3.2	slc080302	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, value
DB	8.3.3	slc080303	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, acquisition date
DC	8.3.4	slc080304	EQUIP_02_ACQUI_MEANS	Equipment piece no. 02 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DD	8.4.1	slc080401	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, description
DE	8.4.2	slc080402	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, value
DF	8.4.3	slc080403	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, acquisition date
DG	8.4.4	slc080404	EQUIP_03_ACQUI_MEANS	Equipment piece no. 03 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DH	8.5.1	slc080501	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, description
DI	8.5.2	slc080502	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, value
DJ	8.5.3	slc080503	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, acquisition date
DK	8.5.4	slc080504	EQUIP_04_ACQUI_MEANS	Equipment piece no. 04 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DL	8.6.1	slc080601	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, description
DM	8.6.2	slc080602	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, value
DN	8.6.3	slc080603	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, acquisition date
DO	8.6.4	slc080604	EQUIP_05_ACQUI_MEANS	Equipment piece no. 05 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DP	8.7.1	slc080701	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, description
DQ	8.7.2	slc080702	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, value
DR	8.7.3	slc080703	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, acquisition date
DS	8.7.4	slc080704	EQUIP_06_ACQUI_MEANS	Equipment piece no. 06 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DT	8.8.1	slc080801	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, description
DU	8.8.2	slc080802	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, value
DV	8.8.3	slc080803	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, acquisition date
DW	8.8.4	slc080804	EQUIP_07_ACQUI_MEANS	Equipment piece no. 07 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DX	8.9.1	slc080901	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, description

2004 Primary Care Clinics Documentation - Sections 4-5_7-8

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
	DY	8.9.2	slc080902	
DZ	8.9.3	slc080903	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, acquisition date
EA	8.9.4	slc080904	EQUIP_08_ACQUI_MEANS	Equipment piece no. 08 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
EB	8.10.1	slc081001	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, description
EC	8.10.2	slc081002	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, value
ED	8.10.3	slc081003	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, acquisition date
EE	8.10.4	slc081004	EQUIP_09_ACQUI_MEANS	Equipment piece no. 09 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
EF	8.11.1	slc081101	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, description
EG	8.11.2	slc081102	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, value
EH	8.11.3	slc081103	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, acquisition date
EI	8.11.4	slc081104	EQUIP_10_ACQUI_MEANS	Equipment piece no. 10 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
EJ	8.25.1	slc082501	CAP_EXP_OVER_1MIL	Capital expenditure (building projects) commenced in report period over \$1 million. Yes or No
EK	8.26.1	slc082601	PROJ_01_DESCRIP_CAP_EXP	Project capital expenditure no. 01, description
EL	8.26.2	slc082602	PROJ_01_PROJTD_CAP_EXP	Project capital expenditure no. 01, projected expense
EM	8.26.3	slc082603	PROJ_01_OSHPD_PROJ_NO	Project capital expenditure no. 01, OSHPD project number, if applic.
EN	8.27.1	slc082701	PROJ_02_DESCRIP_CAP_EXP	Project capital expenditure no. 02, description
EO	8.27.2	slc082702	PROJ_02_PROJTD_CAP_EXP	Project capital expenditure no. 02, projected expense
EP	8.27.3	slc082703	PROJ_02_OSHPD_PROJ_NO	Project capital expenditure no. 02, OSHPD project number, if applic.
EQ	8.28.1	slc082801	PROJ_03_DESCRIP_CAP_EXP	Project capital expenditure no. 03, description
ER	8.28.2	slc082802	PROJ_03_PROJTD_CAP_EXP	Project capital expenditure no. 03, projected expense
ES	8.28.3	slc082803	PROJ_03_OSHPD_PROJ_NO	Project capital expenditure no. 03, OSHPD project number, if applic.
ET	8.29.1	slc082901	PROJ_04_DESCRIP_CAP_EXP	Project capital expenditure no. 04, description
EU	8.29.2	slc082902	PROJ_04_PROJTD_CAP_EXP	Project capital expenditure no. 04, projected expense
EV	8.29.3	slc082903	PROJ_04_OSHPD_PROJ_NO	Project capital expenditure no. 04, OSHPD project number, if applic.
EW	8.30.1	slc083001	PROJ_05_DESCRIP_CAP_EXP	Project capital expenditure no. 05, description
EX	8.30.2	slc083002	PROJ_05_PROJTD_CAP_EXP	Project capital expenditure no. 05, projected expense
EY	8.30.3	slc083003	PROJ_05_OSHPD_PROJ_NO	Project capital expenditure no. 05, OSHPD project number, if applic.
EZ	8.40.1	slc084001	BEG_FUND_BAL_CAP_EXP	Beginning Fund Balance
FA	8.41.1	slc084101	CURR_YR_CONTRIB_CAP_EXP	Current Year Contributions
FB	8.42.1	slc084201	CURR_YR_INT_EARN_CAP_EXP	Current Year Interest Earnings
FC	8.43.1	slc084301	CURR_YR_EXPEN_CAP_EXP	Current Years Expenditures
FD	8.44.1	slc084401	END_FUND_BAL_CAP_EXP	Ending Fund Balance

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2004
Licensed Community and Free Clinics

1. Facility DBA (Doing Business As) Name:		2. OSHPD Facility ID No.	
3. Street Address:		4. City:	5. Zip Code
6. Facility Phone No.: ()	7. Administrator Name:		8. Administrator's E-Mail
9. Was this clinic in operation at any time during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dates of Operation (MMDDYYYY) 10. From: 11. Through:	
12. Name of Parent Corporation:			
13. Corporate Business Address:		14. City:	15. State: 16. Zip Code
17. Person Completing Report		18. Phone No. () Ext.	
19. Fax No. ()		20. E-mail Address:	

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____ Date

_____ Administrator Signature

_____ Administrator Name (Please Print)

Completion of the Annual Utilization Report of Primary Care Clinics is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15 may result in suspension of the clinic's license.

Office of Statewide Health Planning and Development
 Accounting and Reporting Systems Section
 Licensed Services Data and Compliance Unit
 818 K Street, Room 400
 Sacramento, CA 95814

Phone: (916) 323-71
 FAX: (916) 322-14

CLINIC SERVICES

SECTION 2

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.		(1)
1	Community	
	Free	

FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)

Line No.	Federally Qualified Health Clinics and Rural Clinics	(1)
2	Indicate clinic type, if applicable:	FQHC <input type="checkbox"/> FQHC Look-Alike <input type="checkbox"/> Neither <input type="checkbox"/>

RURAL HEALTH CLINIC

Line No.	Rural Health Clinic	(1)
3	Is this a 95-210 Rural Health Clinic?	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMUNITY SERVICES (Indicate Community Services offered.)

Line No.		(1) Offered
10	Adult Day Care	
11	Child Care	
12	Community Education	
13	Community Nutrition	
14	Disaster Relief	
15	Environmental Health	
16	Homeless	
17	Legal	
18	Outreach	
19	Social Services	
20	Substance Abuse	
21	Transportation	
22	Vocational Training Placement	
23	Other	

LANGUAGES SPOKEN BY STAFF AND PATIENTS*

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

***Staff** - Indicate if one or more of your staff members speak a listed language. **Patients** - Indicate if 100 patients (or more than 1% of your patient populations) are best served in a listed language. Estimates are acceptable if exact counts are not available.

LANGUAGE SUMMARY

Line No.		(1)
55	Percentage (%) of patient population best served in a non-English language (round to nearest WHOLE percent)	
56	From the languages listed above, enter the primary language (other than English) spoken by your patient population. (There will be a drop down box in ALIRTS.)	

CLINIC SERVICES

SECTION 2 (continued)

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

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

**Other Provider billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists, Acupuncturists and any other professional who is able to be reimbursed through the Medi-Cal program.

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

FTEs AND CONTACTS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Assistants					
81	Registered Nurses					
82	Licensed Vocational Nurses					
83	Non-Licensed Patient Education Staff					
89	Other Providers not listed above					
90	Totals					

* Report FTEs to two decimal places, e.g., 2.25

PATIENT DEMOGRAPHICS

SECTION 3

RACE

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

FEDERAL POVERTY LEVEL

	(1) No. of Patients	Line No.
Under 100%		20
100 - 200%		21
Above 200%		22
Unknown		23
Total Patients*		24

ETHNICITY

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

AGE CATEGORY

	(1) Males	(2) Females	Line No.
Under 1 year			40
1 - 4 years			41
5 - 12 years			42
13 - 14 years			43
15 - 19 years			44
20 - 34 years			45
35 - 44 years			46
45 - 64 years			47
65 and over			48
Total Patients*			55

SEASONAL AGRICULTURAL AND MIGRATORY WORKERS

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

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	Self-Pay / Sliding Fee	
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 County Programs		84
Childrens Treatment Program		85
Other Payer - covered by a grant		89
Total Episodic Patients (duplicated)		90

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

	(1) Number	Line No.
CHDP Assessments		95

* Totals for these tables must agree.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2004

SECTION 4

OSHPD FACILITY ID # _____

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

ENCOUNTERS BY PRINCIPAL DIAGNOSIS

Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-9-CM Codes	(1) No. of Encounters	Line No.
1	Infectious and Parasitic Diseases	001 - 139		1
2	Neoplasms	140 - 239		2
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	240 - 279		3
4	Blood and Blood Forming Disorders	280 - 289		4
5	Mental Disorders	290 - 319		5
6	Nervous System and Sense Organs Diseases	320 - 389		6
7	Circulatory System Diseases	390 - 459		7
8	Respiratory System Diseases	460 - 519		8
9	Digestive System Diseases	520 - 579		9
10	Genitourinary System Diseases	580 - 629		10
11	Pregnancy, Childbirth & the Puerperium	630 - 677		11
12	Skin and Subcutaneous Tissue Diseases	680 - 709		12
13	Musculoskeletal System and Connective Tissue Diseases	710 - 739		13
14	Congenital Anomalies	740 - 759		14
15	Certain Conditions Originating in the Perinatal Period	760 - 779		15
16	Symptoms, Signs, and Ill-defined Conditions	780 - 799		16
17	Injury and Poisoning	800 - 999		17
18	Factors Influencing Health Status and Contact with Health Services	V01 - V83		18
19	Dental Diagnoses			19
20	Family Planning S-Codes			20
21	Other			21
25	Total			25

ENCOUNTERS BY PRINCIPAL SERVICE

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2004

SECTION 5

OSHPD FACILITY ID # _____

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

ENCOUNTERS BY PRINCIPAL SERVICE

Line No.	Principal Service	CPT Codes - 2004	(1) No. of Encounters	Line No.
	Evaluation and Management Services			
1	Evaluation and Management (new patient)	99201 - 99205		1
2	Evaluation and Management (established patient)	99211 - 99215		2
3	Hospital Related Services	99217 - 99223 99231 - 99239		3
4	Consultations	99241 - 99275		4
5	Other Evaluation and Management Services	99281 - 99285 99354 - 99360 99420 - 99429 99450 - 99456, 99499		5
6	Nursing Facility Related Services	99301 - 99316		6
7	Case Management Services	99361 - 99373		7
8	Preventive Medicine (infant, child, adolescent)	99381 - 99384 99391 - 99394 99431 - 99440		8
9	Preventive Medicine (adults)	99385 - 99387 99395 - 99397		9
10	Counseling	99401 - 99412		10
	All Other Services			
11	Anesthesia	00100 - 01999, 99100, 99116, 99135, 99140		11
12	Integumentary System	10021 - 19499		12
13	Musculoskeletal System	20000 - 29999		13
14	Respiratory System	30000 - 32999		14
15	Cardiovascular System	33010 - 37799		15
16	Hemic and Lymphatic System	38100 - 38999		16
17	Mediastinum and Diaphragm System	39000 - 39599		17
18	Digestive System	40490 - 49999		18
19	Urinary System	50010 - 53899		19
20	Male Genital System	54000 - 55899		20
21	Intersex Surgery	55970, 55980		21
22	Female Genital System	56405 - 58999		22
23	Maternity Care and Delivery	59000 - 59899		23
24	Endocrine System	60000 - 60699		24
25	Nervous System	61000 - 64999		25
26	Eye and Ocular Adnexa System	65091 - 68899		26
27	Auditory System	69000 - 69990		27
28	Radiology	70010 - 79999		28
29	Pathology / Laboratory	80048 - 89356 90281 - 99091		29
30	Medicine - Special Services	99141 - 99199		30
31	Family Planning "Z" codes	"Z" codes		31
32	Dental encounters	all CDT codes		32
33	Category III Codes	0001T - 0074T		33
44	Any other encounters			44
45	Total			45

SELECTED PROCEDURES

SECTION 5 (continued)

Report the number of procedures for each code (or range of codes) regardless of whether it is the primary or subsequent procedure code.

SELECTED PROCEDURE CODES

Line No.	Selected Procedures	CPT Codes - 2004	(1) No. of Procedures	Line No.
50	Mammogram	76082 - 76083 76090 - 76092		50
51	HIV Testing	86689, 86701 - 86703 87390 - 87391		51
52	Pap Smear	88141 - 88155 88164 - 88167 88174 - 88175		52
53	Contraceptive Management	11975 - 11977 55250, 55450, 57170, 58300 - 58301, 58600 - 58611		53
60	Vaccinations: DTaP, DTP, Diphtheria and Tetanus	90700 - 90701, 90718		60
61	Hemophilus Influenza B (Hib)	90645 - 90648		61
62	Hepatitis A	90632 - 90634, 90636		62
63	Hepatitis B	90740 - 90747		63
64	HepB and Hib	90748		64
65	Influenza Virus Vaccine	90655 - 90658, 90660		65
66	Measles, Mumps and Rubella (MMR)	90707		66
67	Pneumococcal	90669		67
68	Poliovirus	90712 - 90713		68
69	Varicella	90716		69

REVENUE AND UTILIZATION BY PAYER

SECTION 6

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE									Line No.
		(1) Medicare	(2) Medicare - Managed Care	(3) Medi-Cal	(4) Medi-Cal - Managed Care	(5) County Indigent / CMSP / MISP	(6) Healthy Families	(7) Private Insurance	(8) Self-Pay / Sliding Fee	(9) Free	
1	Encounters										1
2	Gross Revenue (Charges at 100% Rate)										2
3	Write-offs and Adjustments Sliding Fee Scale										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)										10
15	Net Patient Revenue (collected) (line 2 - line 10)										15

REVENUE AND UTILIZATION BY PAYER

SECTION 6 (continued)

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE										Line No.
		(10) Breast Cancer Programs*	(11) CHDP	(12) EAPC	(13) Family PACT	(14) San Diego Co. Medical Plan	(15) LA Co. Public Private Partnership	(16) Alameda Alliance for Health	(17) Other County Programs	(18) All Other Payers	(19) Total	
1	Encounters											1
2	Gross Revenue (Charges at 100% Rate)											2
3	Write-offs and Adjustments Sliding Fee Scale											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)											10
15	Net Patient Revenue (collected) (line 2 - line 10)											15

*These include the following:

Breast Cancer Early Detection Program

Breast and Cervical Cancer Control Program

INCOME STATEMENT

SECTION 7

INCOME STATEMENT

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		5
6	County Funds		6
7	Local (City or District) Funds		7
8	Private		8
9	Donations / Contributions		9
19	Other		19
20	TOTAL OTHER OPERATING REVENUE (sum lines 4-19)		20
25	TOTAL OPERATING REVENUE (line 3 + line 20)		25
30	OPERATING EXPENSES: Salaries, Wages and Employee Benefits		30
31	Contract Services - Professional		31
32	Supplies - Medical and Dental		32
33	Supplies - Office		33
34	Outside Patient Care Services		34
35	Rent / Depreciation / Mortgage Interest		35
36	Utilities		36
37	Professional Liability Insurance		37
38	Other Insurance		38
39	Continuing Education		39
44	All Other Expenses		44
45	TOTAL OPERATING EXPENSES (sum lines 30-44)		45
50	NET FROM OPERATIONS (line 25 - line 45)		50

MAJOR CAPITAL EXPENDITURES

SECTION 8

Section 127285 (3) of the Health and Safety Code requires each clinic to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT ACQUIRED DURING THE REPORT PERIOD

Line No.		(1)
1	Did your clinic acquire any diagnostic or therapeutic equipment that had a value in excess of \$500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

EQUIPMENT DETAIL

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MM/DD/YYYY)	(4) Means of Acquisition (Check one.)			
2				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
3				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
4				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
5				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
6				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
7				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
8				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
9				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
10				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
11				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER \$1,000,000

Section 127285 (4) of the Health and Safety Code requires each clinic to report the "commencement of projects during the reporting period that require a capital expenditure for the clinic in excess of one million dollars (\$1,000,000)."

Line No.		(1)
25	Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26			
27			
28			
29			
30			

MAJOR CAPITAL EXPENDITURES

SECTION 8 (continued)

CAPITAL FUND

Line No.		(1)
40	Beginning Fund Balance	
41	Current Year Contributions	
42	Current Year Interest Earnings	
43	Current Year Expenditures	()
44	Ending Fund Balance (line 40+line 41+line 42-line 43)	