

**List of Health Centers - 2017**  
**National - Universal - 56 Health Centers**

Health Center Name	City	State	Tracking Number	BHCMIS ID	Funding Streams
AGHABY COMPREHENSIVE COMMUNITY HEALTH CENTER	COMPTON	CA	LALCS314202017	09E01270	
ALTA FAMILY HEALTH CLINIC, INC.	DINUBA	CA	LALCS000832017	09E00688	
ASPIRE HEALTH CENTER	ANDERSON	IN	LALCS312602017	05E01271	
BAYOUCLINIC, INC.	BAYOU LA BATRE	AL	LALCS001092017	04E00812	
BRIGHTER BEGINNINGS	PLEASANT HILL	CA	LALCS001762017	09E01225	
CASTLE FAMILY HEALTH CENTERS, INC.	ATWATER	CA	LALCS000122017	09E00153	
CATHERINE'S HEALTH CENTER	GRAND RAPIDS	MI	LALCS307942017	05E01262	
CENTRO MEDICO COMMUNITY CLINIC INC	CORONA	CA	LALCS000622017	0928860	
COMMUNITY ACCESS NETWORK, INC.	LYNCHBURG	VA	LALCS311062017	03E01267	
COMMUNITY CLINICAL SERVICES, INC.	LEWISTON	ME	LALCS000852017	01E00188	
COMMUNITY HEALTH FOUNDATION OF PUERTO RICO INC.	BAYAMON	PR	LALCS311242017	02E01268	
COMMUNITY MEDICAL AND DENTAL CARE, INC	MONSEY	NY	LALCS001462017	027370	
EL PUEBLO HEALTH SERVICES INC	BERNALILLO	NM	LALCS000402017	06E00612	
FAMILIES TOGETHER OF ORANGE COUNTY	TUSTIN	CA	LALCS001862017	09E01250	
GARFIELD HEALTH CENTER	MONTEREY PARK	CA	LALCS001242017	09E00641	
GREATER FRESNO HEALTH ORGANIZATION	FRESNO	CA	LALCS000412017	0924800	
GREENE COUNTY HEALTH, INC.	LINTON	IN	LALCS311072017	05E01266	
HEALTH AND LIFE ORGANIZATION, INC. (H.A.L.O.)	SACRAMENTO	CA	LALCS000182017	09E00647	
HEALTH CENTERS DETROIT FOUNDATION, INC.	DETROIT	MI	LALCS000082017	05E00936	
HEALTHRIGHT 360	SAN FRANCISCO	CA	LALCS307972017	09E01263	
HIGHLAND HEALTH PROVIDERS CORPORATION	HILLSBORO	OH	LALCS001802017	05E01236	
HOPE FAMILY CARE CENTER	KANSAS CITY	MO	LALCS001752017	07E01222	
HOT SPRINGS HEALTH PROGRAM INC	MARSHALL	NC	LALCS000362017	044855E	
HYGEIA FACILITIES FOUNDATION, INC.	WHITESVILLE	WV	LALCS000392017	03E00793	
INSTITUTUTE FOR POPULATION HEALTH, INC.	DETROIT	MI	LALCS001872017	05E01257	

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INTERCOMMUNITY, INC.	EAST HARTFORD	CT	LALCS001702017	01E01129	
KNOX/WINAMAC COMMUNITY HEALTH CENTERS, INC	KNOX	IN	LALCS000382017	05E00734	
KOREAN COMMUNITY SERVICES, INC.	BUENA PARK	CA	LALCS001832017	09E01237	
LEE MEMORIAL HEALTH SYSTEM	FORT MYERS	FL	LALCS001712017	04E01130	
LEGACY MEDICAL CARE INC	ARLINGTON HEIGHTS	IL	LALCS001742017	05E01162	
LIVINGSTONE COMMUNITY DEVELOPMENT CORPORATION	STANTON	CA	LALCS312592017	09E01272	
MADISON COUNTY COMMUNITY HEALTH CENTER, INCORPORATED	ANDERSON	IN	LALCS001852017	0516760	
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	LALCS000372017	09E00911	
MAYVIEW COMMUNITY HEALTH CENTER, INC.	PALO ALTO	CA	LALCS000012017	09E00575	
MEDICAL CENTER HOSPITAL (INC)	ODESSA	TX	LALCS000072017	06E00846	
METRO FAMILY PRACTICE, INC.	PITTSBURGH	PA	LALCS000132017	03E00566	
MON VALLEY COMMUNITY HEALTH SERVICES, INC.	CHARLEROI	PA	LALCS000652017	03E00802	
MONTEREY, COUNTY OF	SALINAS	CA	LALCS000492017	092640	
MOUNTAINEER COMMUNITY HEALTH CENTER INC	PAW PAW	WV	LALCS000532017	03E00927	
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION	NEW YORK	NY	LALCS001692017	02E01128	
NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION	FULLERTON	CA	LALCS001392017	09E00942	
NORTHEAST COMMUNITY CLINIC, INC	ALHAMBRA	CA	LALCS000332017	09E00004	
OHIO STATE UNIVERSITY, THE	COLUMBUS	OH	LALCS311232017	05E01269	
PHILADELPHIA, CITY OF	PHILADELPHIA	PA	LALCS000842017	03E00360	
PROHEALTH RURAL HEALTH SERVICES, INC.	FRANKLIN	TN	LALCS000612017	04E00685	
RURAL HEALTH ACCESS CORPORATION	CHAPMANVILLE	WV	LALCS001122017	03E00583	
SAN JOAQUIN, COUNTY OF	STOCKTON	CA	LALCS001582017	09E01121	
SHARON COMMUNITY HEALTH CENTER, INC.	SHARON	PA	LALCS000452017	03E00937	
ST. MARY'S HOSPITAL OF EAST ST. LOUIS, ILLINOIS VOLUNTEERS	EAST SAINT LOUIS	IL	LALCS000222017	05E00578	
STANISLAUS, COUNTY OF	MODESTO	CA	LALCS000762017	09E00703	

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Health Center Name	City	State	Tracking Number	BHCMIS ID	Funding Streams
TERROS INC	PHOENIX	AZ	LALCS001662017	09E00421	
TRI COUNTY FAMILY MEDICINE PROGRAM	DANSVILLE	NY	LALCS001812017	02E01238	
TRILLIUM HEALTH, INC.	ROCHESTER	NY	LALCS001822017	02E01239	
TULARE, COUNTY OF	VISALIA	CA	LALCS000702017	09E00864	
UNIVERSAL MEDICAL SERVICES, INC.	MINNEAPOLIS	MN	LALCS000282017	05E00781	
YEHOWA MEDICAL SERVICES	LOS ANGELES	CA	LALCS001792017	09E01231	

**Table 3A - Patients by Age and by Sex Assigned at Birth - 2017**  
**National - Universal - 56 Health Centers**

S.No.	Age Groups	Male Patients (a)	Female Patients (b)	All Patients
1.	Under Age 1	9,866	9,227	19,093
2.	Age 1	6,564	6,275	12,839
3.	Age 2	6,323	5,926	12,249
4.	Age 3	6,203	6,079	12,282
5.	Age 4	6,605	6,383	12,988
6.	Age 5	6,605	6,413	13,018
7.	Age 6	6,271	5,914	12,185
8.	Age 7	6,158	5,662	11,820
9.	Age 8	6,215	5,920	12,135
10.	Age 9	6,108	5,938	12,046
11.	Age 10	6,279	6,058	12,337
12.	Age 11	6,455	6,295	12,750
13.	Age 12	6,250	6,197	12,447
14.	Age 13	6,069	5,988	12,057
15.	Age 14	5,898	5,881	11,779
16.	Age 15	5,502	6,024	11,526
17.	Age 16	5,355	6,280	11,635
18.	Age 17	5,143	6,323	11,466
<b>Subtotal Patients, Children &lt;18 Years (Sum lines 1-18)</b>		<b>113,869</b>	<b>112,783</b>	<b>226,652</b>
19.	Age 18	3,920	5,794	9,714
20.	Age 19	3,137	5,664	8,801
21.	Age 20	2,764	5,518	8,282
22.	Age 21	2,666	5,682	8,348
23.	Age 22	2,605	6,175	8,780
24.	Age 23	2,679	6,090	8,769
25.	Age 24	2,700	6,415	9,115
26.	Ages 25 - 29	15,154	34,284	49,438
27.	Ages 30 - 34	15,337	31,756	47,093
28.	Ages 35 - 39	15,404	29,803	45,207
29.	Ages 40 - 44	15,248	27,077	42,325
30.	Ages 45 - 49	17,140	27,137	44,277
31.	Ages 50 - 54	19,890	27,557	47,447
32.	Ages 55 - 59	20,120	27,678	47,798
33.	Ages 60 - 64	17,981	24,374	42,355
<b>Subtotal Patients, Adults 18-64 Years (Sum lines 19-33)</b>		<b>156,745</b>	<b>271,004</b>	<b>427,749</b>
34.	Ages 65 - 69	11,530	16,229	27,759
35.	Ages 70 - 74	6,709	10,030	16,739
36.	Ages 75 - 79	4,207	6,582	10,789
37.	Ages 80 - 84	2,418	4,277	6,695
38.	Ages 85 and over	1,813	3,726	5,539
<b>Subtotal Patients, Older Adults Age 65 and Older (Sum lines 34-38)</b>		<b>26,677</b>	<b>40,844</b>	<b>67,521</b>
<b>39.</b>	<b>Total Patients (Sum lines 1-38)</b>	<b>297,291</b>	<b>424,631</b>	<b>721,922</b>
<b>% of Total</b>		<b>41.18%</b>	<b>58.82%</b>	

Table 3B - Demographic Characteristics - 2017

National - Universal - 56 Health Centers

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) (Sum Columns A+B+C)		
		Number (a)	Number (b)	Number (c)	% of Total Patients <sup>1</sup>	Number (d)	% of Total Patients <sup>1</sup>	% of Known Race <sup>2</sup>
1.	Asian	720	51,246			51,966	7.20%	9.25%
2a.	Native Hawaiian	67	821			888	0.12%	0.16%
2b.	Other Pacific Islander	788	1,879			2,667	0.37%	0.47%
2.	<b>Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)</b>	<b>855</b>	<b>2,700</b>			<b>3,555</b>	<b>0.49%</b>	<b>0.63%</b>
3.	Black/African American	2,766	135,504			138,270	19.15%	24.60%
4.	American Indian/Alaska Native	2,037	2,099			4,136	0.57%	0.74%
5.	White	192,442	162,867			355,309	49.22%	63.23%
6.	More than one race	4,596	4,136			8,732	1.21%	1.55%
6a.	<b>Total Known (Sum lines 1+2+3+4+5+6)</b>	<b>203,416</b>	<b>358,552</b>			<b>561,968</b>		
7.	Unreported/Refused to report Race	72,851	20,588	66,515	9.21%	159,954	22.16%	
8.	<b>Total Patients (Sum lines 1+2+3 through 7)</b>	<b>276,267</b>	<b>379,140</b>	<b>66,515</b>		<b>721,922</b>	<b>100.00%</b>	
<b>Total Known Ethnicity (Sum line 8, columns A + B)</b>		<b>655,407</b>						
		<b>% of Hispanic/Latino of Total Known Ethnicity<sup>3</sup> (a)</b>	<b>% of Non-Hispanic/Latino of Total Known Ethnicity<sup>3</sup> (b)</b>					
9.	<b>Total Patients</b>	<b>42.15%</b>	<b>57.85%</b>					

S.No.	Patients by Language	Number (a)	% of Total
12.	Patients best served in a language other than English	232,811	32.25%

<sup>1</sup> Total Patients is reported on line 8, column D.<sup>2</sup> Known Race is reported on line 6a, column D.<sup>3</sup> Known Ethnicity is shown on the line titled 'Total Known Ethnicity'.

% may not equal 100% due to rounding.

Table 3B - Demographic Characteristics - 2017

National - Universal - 56 Health Centers

S.No.	Patients by Sexual Orientation		
		Number (a)	% of Known
13.	Lesbian or Gay	3,926	0.54%
14.	Straight (not lesbian or gay)	225,873	31.29%
15.	Bisexual	1,975	0.27%
16.	Something else	901	0.12%
		Number (a)	% of Total
17.	Don't know	404,627	56.05%
18.	Chose not to disclose	84,620	11.72%
19.	<b>Total Patients (Sum Lines 13 to 18)</b>	<b>721,922</b>	<b>100.00%</b>

S.No.	Patients by Gender Identity		
		Number (a)	% of Known
20.	Male	137,144	19.00%
21.	Female	209,536	29.02%
22.	Transgender Male/ Female-to-Male	764	0.11%
23.	Transgender Female/ Male-to-Female	959	0.13%
		Number (a)	% of Total
24.	Other	314,747	43.60%
25.	Chose not to disclose	58,772	8.14%
26.	<b>Total Patients (Sum Lines 20 to 25)</b>	<b>721,922</b>	<b>100.00%</b>

**Table 4 - Selected Patient Characteristics - 2017**  
**National - Universal - 56 Health Centers**

S.No.	Characteristic	Number of Patients (a)		% of Total	% of Known	
Income as Percent of Poverty Guideline						
1.	100% and Below	371,196		51.42%	72.27%	
2.	101 - 150%	85,680		11.87%	16.68%	
3.	151 - 200%	24,652		3.41%	4.80%	
4.	Over 200%	32,099		4.45%	6.25%	
5.	Unknown	208,295		28.85%		
6.	Total (Sum lines 1-5)	721,922		100.00%		
Principal Third Party Medical Insurance Source		Ages 0 - 17 (a)	Ages 18+ (b)	Total	%	
7.	None/Uninsured	12,613	93,406	106,019	14.69%	
8a.	Regular Medicaid (Title XIX)	176,830	245,046	421,876	58.44%	
8b.	CHIP Medicaid	16,110	2,495	18,605	2.58%	
8.	Total Medicaid (Sum lines 8a+8b)	192,940	247,541	440,481	61.02%	
9a.	Dually eligible (Medicare and Medicaid)	52	35,154	35,206	4.88%	
9.	Medicare (Inclusive of dually eligible (line 9a) and other Title XVIII beneficiaries)	183	71,656	71,839	9.95%	
10a.	Other Public Insurance Non-CHIP	752	567	1,319	0.18%	
10b.	Other Public Insurance CHIP	2,953	549	3,502	0.49%	
10.	Total Public Insurance (Sum lines 10a+10b)	3,705	1,116	4,821	0.67%	
11.	Private Insurance	17,211	81,551	98,762	13.68%	
12.	Total (Sum Lines 7+8+9+10+11)	226,652	495,270	721,922	100.00%	
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	2,550,025	39,495	6,952	62,043	2,658,515
13b.	Fee-for-service Member months	1,443,256	174,098	9,879	24,000	1,651,233
13c.	Total Member Months (Sum lines 13a+13b)	3,993,281	213,593	16,831	86,043	4,309,748
S.No.	Special Populations			Number of Patients (a)	%	
14.	Migratory (330g grantees only)			-		
15.	Seasonal (330g grantees only)			-		
	Migrant/Seasonal (non-330g grantees)			8,828	100.00%	
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)			8,828	100.00%	
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)			-		
	Homeless (non-330h grantees)			8,370	100.00%	
23.	Total Homeless (All Health Centers Report This Line)			8,370	100.00%	
24.	Total School Based Health Center Patients (All Health Centers Report This Line)			10,324		
25.	Total Veterans (All Health Centers Report This Line)			5,329		
26.	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)			105,019		

% may not equal 100% due to rounding.

Table 5 - Staffing and Utilization - 2017

National - Universal - 56 Health Centers

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
1.	Family Physicians	152.24	497,777	
2.	General Practitioners	9.15	36,726	
3.	Internists	101.02	317,309	
4.	Obstetrician/Gynecologists	41.90	140,888	
5.	Pediatricians	99.19	301,117	
7.	Other Specialty Physicians	18.50	54,209	
8.	<b>Total Physicians (Sum lines 1-7)</b>	<b>422.00</b>	<b>1,348,026</b>	
9a.	Nurse Practitioners	172.13	438,189	
9b.	Physician Assistants	99.89	248,418	
10.	Certified Nurse Midwives	16.53	33,283	
10a.	<b>Total NPs, PAs, CNMs (Sum lines 9a-10)</b>	<b>288.55</b>	<b>719,890</b>	
11.	Nurses	382.98	21,520	
12.	Other Medical Personnel	1,007.00		
13.	Laboratory Personnel	77.75		
14.	X-Ray Personnel	36.50		
15.	<b>Total Medical Services (Sum lines 8+10a through 14)</b>	<b>2,214.78</b>	<b>2,089,436</b>	<b>655,514</b>
16.	Dentists	55.98	182,086	
17.	Dental Hygienists	16.37	13,400	
17a.	Dental Therapists	0.00	0	
18.	Other Dental Personnel	108.19		
19.	<b>Total Dental Services (Sum lines 16-18)</b>	<b>180.54</b>	<b>195,486</b>	<b>84,290</b>
20a.	Psychiatrists	22.51	83,729	
20a1.	Licensed Clinical Psychologists	25.27	25,263	
20a2.	Licensed Clinical Social Workers	83.30	56,684	
20b.	Other Licensed Mental Health Providers	14.83	25,859	
20c.	Other Mental Health Staff	31.13	4,146	
20.	<b>Total Mental Health Services (Sum lines 20a-20c)</b>	<b>177.04</b>	<b>195,681</b>	<b>32,946</b>
21.	Substance Abuse Services	10.01	3,615	931
22.	Other Professional Services	23.73	40,566	17,945
22a.	Ophthalmologists	3.01	6,069	
22b.	Optometrists	7.21	28,028	
22c.	Other Vision Care Staff	9.49		
22d.	<b>Total Vision Services (Sum lines 22a-22c)</b>	<b>19.71</b>	<b>34,097</b>	<b>23,820</b>
23.	Pharmacy Personnel	74.16		
24.	Case Managers	127.47	39,939	
25.	Patient/Community Education Specialists	45.62	5,426	
26.	Outreach Workers	47.52		
27.	Transportation Staff	11.60		
27a.	Eligibility Assistance Workers	86.80		
27b.	Interpretation Staff	14.00		
27c.	Community Health Workers	6.78		
28.	Other Enabling Services	9.03		
29.	<b>Total Enabling Services (Sum lines 24-28)</b>	<b>348.82</b>	<b>45,365</b>	<b>23,863</b>

Clinic visits are shown only for personnel that generate reportable visits.

Subtotals may differ from the sum of cells due to rounding.



Table 5 - Staffing and Utilization - 2017  
National - Universal - 56 Health Centers

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
29a.	Other Programs/Services	44.75		
29b.	Quality Improvement Staff	51.95		
30a.	Management and Support Staff	570.36		
30b.	Fiscal and Billing Staff	241.81		
30c.	IT Staff	84.28		
31.	Facility Staff	191.76		
32.	Patient Support Staff	806.30		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	1,894.51		
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+29b+33)	5,040.00	2,604,246	

Clinic visits are shown only for personnel that generate reportable visits.  
Subtotals may differ from the sum of cells due to rounding.

**Table 5 - Staffing and Utilization - 2017**  
**National - Universal - 56 Health Centers**

S.No	Personnel by Major Service Category	FTEs		Clinic Visits	
		% Group	% Total	% Group	% Total
1.	Family Physicians	6.87%	3.02%	23.82%	19.11%
2.	General Practitioners	0.41%	0.18%	1.76%	1.41%
3.	Internists	4.56%	2.00%	15.19%	12.18%
4.	Obstetrician/Gynecologists	1.89%	0.83%	6.74%	5.41%
5.	Pediatricians	4.48%	1.97%	14.41%	11.56%
7.	Other Specialty Physicians	0.84%	0.37%	2.59%	2.08%
8.	<b>Total Physicians (Sum lines 1-7)</b>	<b>19.05%</b>	<b>8.37%</b>	<b>64.52%</b>	<b>51.76%</b>
9a.	Nurse Practitioners	7.77%	3.42%	20.97%	16.83%
9b.	Physician Assistants	4.51%	1.98%	11.89%	9.54%
10.	Certified Nurse Midwives	0.75%	0.33%	1.59%	1.28%
10a.	<b>Total NPs, PAs, CNMs (Sum lines 9a-10)</b>	<b>13.03%</b>	<b>5.73%</b>	<b>34.45%</b>	<b>27.64%</b>
11.	Nurses	17.29%	7.60%	1.03%	0.83%
12.	Other Medical Personnel	45.47%	19.98%		
13.	Laboratory Personnel	3.51%	1.54%		
14.	X-Ray Personnel	1.65%	0.72%		
15.	<b>Total Medical (Sum lines 8+10a through 14)</b>	<b>100.00%</b>	<b>43.94%</b>	<b>100.00%</b>	<b>80.23%</b>
16.	Dentists	31.01%	1.11%	93.15%	6.99%
17.	Dental Hygienists	9.07%	0.32%	6.85%	0.51%
17a.	Dental Therapists	0.00%	0.00%	0.00%	0.00%
18.	Other Dental Personnel	59.93%	2.15%		
19.	<b>Total Dental Services (Sum lines 16-18)</b>	<b>100.00%</b>	<b>3.58%</b>	<b>100.00%</b>	<b>7.51%</b>
20a.	Psychiatrists	12.71%	0.45%	42.79%	3.22%
20a1.	Licensed Clinical Psychologists	14.27%	0.50%	12.91%	0.97%
20a2.	Licensed Clinical Social Workers	47.05%	1.65%	28.97%	2.18%
20b.	Other Licensed Mental Health Providers	8.38%	0.29%	13.21%	0.99%
20c.	Other Mental Health Staff	17.58%	0.62%	2.12%	0.16%
20.	<b>Total Mental Health Services (Sum lines 20a-20c)</b>	<b>100.00%</b>	<b>3.51%</b>	<b>100.00%</b>	<b>7.51%</b>
21.	Substance Abuse Services	100.00%	0.20%	100.00%	0.14%
22.	Other Professional Services	100.00%	0.47%	100.00%	1.56%
22a.	Ophthalmologists	15.27%	0.06%	17.80%	0.23%
22b.	Optometrists	36.58%	0.14%	82.20%	1.08%
22c.	Other Vision Care Staff	48.15%	0.19%		
22d.	<b>Total Vision Services (Sum lines 22a-22c)</b>	<b>100.00%</b>	<b>0.39%</b>	<b>100.00%</b>	<b>1.31%</b>
23.	Pharmacy Personnel	100.00%	1.47%		
24.	Case Managers	36.54%	2.53%	88.04%	1.53%
25.	Patient/Community Education Specialists	13.08%	0.91%	11.96%	0.21%
26.	Outreach Workers	13.62%	0.94%		
27.	Transportation Staff	3.33%	0.23%		
27a.	Eligibility Assistance Workers	24.88%	1.72%		
27b.	Interpretation Staff	4.01%	0.28%		
27c.	Community Health Workers	1.94%	0.13%		
28.	Other Enabling Services	2.59%	0.18%		
29.	<b>Total Enabling Services (Sum lines 24-28)</b>	<b>100.00%</b>	<b>6.92%</b>	<b>100.00%</b>	<b>1.74%</b>

Clinic visits are shown only for personnel that generate reportable visits.  
Subtotals may differ from the sum of cells due to rounding.  
% may not equal 100% due to rounding.

Table 5 - Staffing and Utilization - 2017  
National - Universal - 56 Health Centers

S.No	Personnel by Major Service Category	FTEs		Clinic Visits	
		% Group	% Total	% Group	% Total
29a.	Other Programs/Services	100.00%	0.89%		
29b.	Quality Improvement Staff	100.00%	1.03%		
30a.	Management and Support Staff		11.32%		
30b.	Fiscal and Billing Staff		4.80%		
30c.	IT Staff		1.67%		
31.	Facility Staff		3.80%		
32.	Patient Support Staff		16.00%		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	100.00%	37.59%		
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+29b+33)		100.00%		100.00%

Clinic Visits are shown only for personnel that generate reportable visits.  
Subtotals may differ from the sum of cells due to rounding.  
% may not equal 100% due to rounding.

Table 5A - Tenure for Health Center Staff - 2017

National - Universal - 56 Health Centers

S.No	Key Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	281	20,293	7	92
2.	General Practitioners	17	658	0	0
3.	Internists	148	13,373	1	89
4.	Obstetrician/Gynecologists	93	9,514	3	11
5.	Pediatricians	132	15,862	7	109
7.	Other Specialty Physicians	46	4,173	0	0
9a.	Nurse Practitioners	234	13,874	21	309
9b.	Physician Assistants	119	8,755	12	57
10.	Certified Nurse Midwives	36	3,722	2	88
11.	Nurses	457	42,811	3	48
16.	Dentists	74	6,219	1	36
17.	Dental Hygienists	25	1,515	0	0
17a.	Dental Therapists	0	0	0	0
20a.	Psychiatrists	48	4,520	2	133
20a1.	Licensed Clinical Psychologists	33	2,750	1	27
20a2.	Licensed Clinical Social Workers	110	7,357	3	45
20b.	Other Licensed Mental Health Providers	35	1,598	0	0
22a.	Ophthalmologists	9	1,040	0	0
22b.	Optometrists	7	354	2	48
30a1.	Chief Executive Officer	55	6,043	0	0
30a2.	Chief Medical Officer	52	2,871	0	0
30a3.	Chief Financial Officer	46	2,776	3	79
30a4.	Chief Information Officer	20	1,289	1	24

**Table 6A - Selected Diagnoses and Services Rendered - 2017**  
**National - Universal - 56 Health Centers**

S.No	Diagnostic Category	Applicable ICD - 10 - CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)	Visits per Patient
<b>Selected Infectious and Parasitic Diseases</b>					
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	23,174	7,680	3.02
3.	Tuberculosis	A15- thru A19-	354	210	1.69
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	9,558	6,863	1.39
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	6,832	2,602	2.63
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	11,493	5,473	2.10
<b>Selected Diseases of the Respiratory System</b>					
5.	Asthma	J45-	74,817	39,147	1.91
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	38,326	17,910	2.14
<b>Selected Other Medical Conditions</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-, N63-, R92-	12,186	7,668	1.59
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	10,594	6,274	1.69
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	245,084	74,432	3.29
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	54,553	21,726	2.51
11.	Hypertension	I10- thru I16-	331,824	125,936	2.63
12.	Contact dermatitis and other eczema	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59- (Exclude L57.0 thru L57.4)	23,544	18,080	1.30
13.	Dehydration	E86-	1,219	1,127	1.08
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	61	49	1.24
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	211,811	111,306	1.90
<b>Selected Childhood Conditions (limited to ages 0 through 17)</b>					
15.	Otitis media and Eustachian tube disorders	H65- thru H69-	30,417	20,354	1.49
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	4,984	3,277	1.52

**Table 6A - Selected Diagnoses and Services Rendered - 2017**  
**National - Universal - 56 Health Centers**

S.No	Diagnostic Category	Applicable ICD - 10 - CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)	Visits per Patient
<b>Selected Childhood Conditions (limited to ages 0 through 17)</b>					
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	46,493	27,539	1.69
<b>Selected Mental Health and Substance Abuse Conditions</b>					
18.	Alcohol related disorders	F10-, G62.1	14,438	6,148	2.35
19.	Other substance related disorders (excludes tobacco use disorders)	F11- thru F19- (Exclude F17-), G62.0, O99.32-	24,904	8,708	2.86
19a.	Tobacco use disorders	F17-	32,494	18,299	1.78
20a.	Depression and other mood disorders	F30- thru F39-	175,038	51,626	3.39
20b.	Anxiety disorders including PTSD	F06.4, F40- thru F42-, F43.0, F43.1-, F93.0	120,535	40,915	2.95
20c.	Attention deficit and disruptive behavior disorders	F90- thru F91-	22,580	8,237	2.74
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	89,860	33,009	2.72

**Table 6A - Selected Diagnoses and Services Rendered - 2017**  
**National - Universal - 56 Health Centers**

S.No	Service Category	Applicable ICD-10-CM or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)	Visits per Patient
<b>Selected Diagnostic Tests/Screening/Preventive Services</b>					
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87389 through 87391	46,009	40,893	1.13
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	19,754	16,923	1.17
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	17,684	16,626	1.06
22.	Mammogram	CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31	44,527	38,900	1.14
23.	Pap tests	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)	56,822	53,661	1.06
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	139,641	92,880	1.50
24a.	Seasonal flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	135,932	122,588	1.11
25.	Contraceptive management	ICD-10: Z30-	67,491	40,456	1.67
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	154,133	98,589	1.56
26a.	Childhood lead test screening (ages 9 to 72 months)	CPT-4: 83655	15,736	14,627	1.08
26b.	Screening, brief intervention, and referral to treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, H0050	1,686	1,450	1.16
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	19,821	12,791	1.55
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	29,697	22,427	1.32

**Table 6A - Selected Diagnoses and Services Rendered - 2017**  
**National - Universal - 56 Health Centers**

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)	Visits per Patient
<b>Selected Dental Services</b>					
27.	I. Emergency services	ADA: D9110	1,451	1,332	1.09
28.	II. Oral exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	81,593	66,453	1.23
29.	Prophylaxis - adult or child	ADA: D1110, D1120	48,114	40,891	1.18
30.	Sealants	ADA: D1351	5,926	4,752	1.25
31.	Fluoride treatment - adult or child	ADA: D1206, D1208	24,584	20,668	1.19
32.	III. Restorative services	ADA: D21xx - D29xx	38,534	20,748	1.86
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	13,762	10,811	1.27
34.	V. Rehabilitation services (Endo,Perio,Prosth,Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	15,364	8,377	1.83

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.



**Table 6B - Quality of Care Measures - 2017**  
**National - Universal - 56 Health Centers**

Prenatal Care Provided by Referral Only		
Answer	Number of Health Centers	% Total
Yes	19	33.93%
No	37	66.07%

Section A - Age Categories for Prenatal Care Patients: (Health Centers Who Provide Prenatal Care Only)			
Demographic Characteristics of Prenatal Care Patients			
	Age	Number of Patients (a)	Percent (b)
1.	Less than 15 Years	28	0.14%
2.	Ages 15 - 19	1,583	8.03%
3.	Ages 20 - 24	5,222	26.48%
4.	Ages 25 - 44	12,826	65.05%
5.	Ages 45 and Over	59	0.30%
6.	Total Patients (Sum lines 1-5)	19,718	100.00%

Section B - Early Entry into Prenatal Care					
	Early Entry into Prenatal Care	Women Having First Visit with Health Center		Women Having First Visit with Another Provider	
		(a)	%	(b)	%
7.	First Trimester	13,987	70.94%	650	3.30%
8.	Second Trimester	3,560	18.05%	296	1.50%
9.	Third Trimester	1,105	5.60%	120	0.61%
					6.21%

Section C - Childhood Immunization Status				
	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Estimated Number Patients Immunized (b)	Estimated % Patients Immunized (c)
10.	Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	11,444	5,243	45.81%

Section D - Cervical Cancer Screening				
	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Estimated Number Patients Tested (b)	Estimated % Patients Tested (c)
11.	Percentage of women 23-64 years of age, who were screened for cervical cancer	203,602	109,025	53.55%

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents				
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Estimated Number Patients Assessed and Counseled (b)	Estimated % Patients Assessed and Counseled (c)
12.	Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	141,273	92,250	65.30%

% may not equal 100% due to rounding.

Estimated % Patients for Sections C through N are based on the total of the estimated number of patients included in column b for each health center, for each measure, divided by the total number of patients in the applicable category (i.e., the Universe) for each measure.

**Table 6B - Quality of Care Measures - 2017**  
**National - Universal - 56 Health Centers**

<b>Section F – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b>				
	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b>	<b>Total Patients Aged 18 and Older (a)</b>	<b>Estimated Number Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (b)</b>	<b>Estimated % Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)</b>
13.	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	412,839	202,612	49.08%

<b>Section G – Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>				
	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>	<b>Total Patients Aged 18 and Older (a)</b>	<b>Estimated Number Patients Assessed for Tobacco Use and provided Intervention if a Tobacco User (b)</b>	<b>Estimated % Patients Assessed for Tobacco Use and provided Intervention if a Tobacco User (c)</b>
14a.	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 if identified to be a tobacco user (2) received cessation counseling intervention	330,214	261,755	79.27%

<b>Section H – Use of Appropriate Medications for Asthma</b>				
	<b>Use of Appropriate Medications for Asthma</b>	<b>Total Patients Aged 5 through 64 with Persistent Asthma (a)</b>	<b>Estimated Number with Acceptable Plan (b)</b>	<b>Estimated % Patients with Acceptable Plan (c)</b>
16.	Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	11,097	8,716	78.55%

<b>Section I – Coronary Artery Disease (CAD): Lipid Therapy</b>				
	<b>Coronary Artery Disease (CAD): Lipid Therapy</b>	<b>Total Patients Aged 18 and Older With CAD Diagnosis (a)</b>	<b>Estimated Number Patients Prescribed a Lipid Lowering Therapy (b)</b>	<b>Estimated % Patients Prescribed a Lipid Lowering Therapy (c)</b>
17.	Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid lowering therapy	8,098	5,910	72.98%

<b>Section J – Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</b>				
	<b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</b>	<b>Total Patients Aged 18 And Older With IVD Diagnosis or AMI, CABG, or PCI Procedure (a)</b>	<b>Estimated Number Patients with Aspirin or Other Anitplatelet Therapy (b)</b>	<b>Number of Patients with Documentation of Aspirin or Other Anitplatelet Therapy (c)</b>
18.	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	15,919	11,624	73.02%

% may not equal 100% due to rounding.

Estimated % Patients for Sections C through N are based on the total of the estimated number of patients included in column b for each health center, for each measure, divided by the total number of patients in the applicable category (i.e., the Universe) for each measure.

**Table 6B - Quality of Care Measures - 2017**  
**National - Universal - 56 Health Centers**

<b>Section K – Colorectal Cancer Screening</b>				
	<b>Colorectal Cancer Screening</b>	<b>Total Patients Aged 50 through 75 (a)</b>	<b>Estimated Number Patients with Appropriate Screening for Colorectal Cancer (b)</b>	<b>Estimated % Patients with Appropriate Screening for Colorectal Cancer (c)</b>
19.	Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	156,749	73,521	46.90%

<b>Section L – HIV Linkage to Care</b>				
	<b>HIV Linkage to Care</b>	<b>Total Patients First Diagnosed with HIV (a)</b>	<b>Estimated Number Patients Seen Within 90 Days of First Diagnosis of HIV (b)</b>	<b>Estimated % Patients Seen Within 90 Days of First Diagnosis of HIV (c)</b>
20.	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	217	163	75.12%

<b>Section M – Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>				
	<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>	<b>Total Patients Aged 12 and Older (a)</b>	<b>Estimated Number Patients Screened for Depression and Follow-up Plan Documented as Appropriate (b)</b>	<b>Estimated % Patients Screened for Depression and Follow-up Plan Documented as Appropriate (c)</b>
21.	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	425,089	258,357	60.78%

<b>Section N – Dental Sealants for Children between 6-9 Years</b>				
	<b>Dental Sealants for Children between 6-9 Years</b>	<b>Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)</b>	<b>Estimated Number Patients with Sealants to First Molars (b)</b>	<b>Estimated % Patients with Sealants to First Molars (c)</b>
22.	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	2,602	1,241	47.71%

% may not equal 100% due to rounding.

Estimated % Patients for Sections C through N are based on the total of the estimated number of patients included in column b for each health center, for each measure, divided by the total number of patients in the applicable category (i.e., the Universe) for each measure.

Table 7 - Health Outcomes and Disparities - 2017

National - Universal - 56 Health Centers

Total (i)						
HIV Positive Pregnant Women	48					
Deliveries Performed by Health Center Provider	3,873					
Section A: Deliveries And Birth Weight						
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)	% Low and Very Low Birth Weight
By Race						
Asian (a)	479	4.34%	4	31	438	7.40%
Native Hawaiian (b1)	6	0.05%	0	1	6	14.29%
Other Pacific Islander (b2)	66	0.60%	1	4	55	8.33%
Black/African American (c)	1,570	14.21%	31	118	1,414	9.53%
Hispanic/Latino	65	0.59%	2	6	57	12.31%
Non-Hispanic/Latino	1,505	13.62%	29	112	1,357	9.41%
American Indian/Alaska Native (d)	79	0.72%	0	9	70	11.39%
White (e)	6,483	58.69%	68	363	6,111	6.59%
Hispanic/Latino	4,280	38.75%	48	224	4,036	6.31%
Non-Hispanic/Latino	2,203	19.94%	20	139	2,075	7.12%
More than one race (f)	50	0.45%	1	3	48	7.69%
Race Unreported/Refused to Report (g)	1,957	17.72%	24	111	1,855	6.78%
Sub-total (Sum a+b1+b2+c+d+e+f+g)	10,690	96.78%	129	640	9,997	7.14%
By Ethnicity						
Hispanic/Latino (section 1)	6,068	54.93%	65	328	5,715	6.43%
Non-Hispanic/Latino (section 2)	4,622	41.84%	64	312	4,282	8.07%
Sub-total (Sum section 1 + section 2)	10,690	96.78%	129	640	9,997	7.14%
Unreported/Refused to Report Race and Ethnicity (h)	356	3.22%	5	30	320	9.86%
Total (i)	11,046	100.00%	134	670	10,317	7.23%

% shown are rounded to the .01% level for table display purposes; calculations are made using % to 8 decimal places.

**Table 7 - Health Outcomes and Disparities - 2017**  
**National - Universal - 56 Health Centers**

Section B: Controlling High Blood Pressure		
Patients 18 through 85 Years of Age Diagnosed with Hypertension whose Last Blood Pressure was Less than 140/90		
Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Estimated % Patients with Controlled Blood Pressure (2b)
By Race		
Asian (a)	10,084	64.06%
Native Hawaiian (b1)	126	59.76%
Other Pacific Islander (b2)	482	60.65%
Black/African American (c)	31,620	57.25%
Hispanic/Latino	753	82.69%
Non-Hispanic/Latino	30,867	56.63%
American Indian/Alaska Native (d)	690	74.74%
White (e)	56,266	65.08%
Hispanic/Latino	21,638	63.01%
Non-Hispanic/Latino	34,628	66.07%
More than one race (f)	1,139	58.23%
Race Unreported/Refused to Report (g)	15,362	65.81%
<b>Sub-total (Sum a+b1+b2+c+d+e+f+g)</b>	<b>115,769</b>	
By Ethnicity		
Hispanic/Latino (section 1)	36,051	66.03%
Non-Hispanic/Latino (section 2)	79,718	61.56%
<b>Sub-total (Sum section 1 + section 2)</b>	<b>115,769</b>	
Unreported/Refused to Report Race and Ethnicity (h)	6,304	74.78%
<b>Total (i)</b>	<b>122,073</b>	<b>63.60%</b>

% shown are rounded to the .01% level for table display purposes; calculations are made using % to 8 decimal places  
% by race are low estimates, not adjusted at the health center level for samples with zero patients in racial categories.

**Table 7 - Health Outcomes and Disparities - 2017**  
**National - Universal - 56 Health Centers**

Section C: Diabetes: Hemoglobin A1c Poor Control			
Patients 18 to 75 years of age diagnosed with Type I or Type II Diabetes: Most Recent Test Results			
Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Estimated % Patients with Hba1c > 9% (3b)	Estimated % Patients with Hba1c < 8% (3c)
By Race			
Asian (a)	6,449	30.86%	61.07%
Native Hawaiian (b1)	69	30.30%	53.03%
Other Pacific Islander (b2)	366	38.48%	53.83%
Black/African American (c)	15,530	39.16%	50.85%
Hispanic/Latino	389	22.53%	69.78%
Non-Hispanic/Latino	15,141	39.53%	50.43%
American Indian/Alaska Native (d)	560	53.32%	40.23%
White (e)	31,847	37.22%	50.17%
Hispanic/Latino	16,378	37.89%	49.38%
Non-Hispanic/Latino	15,469	36.44%	51.03%
More than one race (f)	761	34.99%	51.22%
Race Unreported/Refused to Report (g)	11,122	25.31%	66.27%
<b>Sub-total (Sum a+b1+b2+c+d+e+f+g)</b>	<b>66,704</b>		
By Ethnicity			
Hispanic/Latino (section 1)	26,115	34.51%	54.45%
Non-Hispanic/Latino (section 2)	40,589	36.53%	52.91%
<b>Sub-total (Sum section 1 + section 2)</b>	<b>66,704</b>		
Unreported/Refused to Report Race and Ethnicity (h)	3,553	21.74%	61.13%
<b>Total (i)</b>	<b>70,257</b>	<b>35.11%</b>	<b>53.84%</b>

% shown are rounded to the .01% level for table display purposes; calculations are made using % to 8 decimal places

% by race are low estimates, not adjusted at the health center level for samples with zero patients in racial categories.

**Table 8A - Financial Costs - 2017**  
**National - Universal - 56 Health Centers**

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) \$
<b>Financial Costs for Medical Care</b>				
1.	Medical Staff	240,511,251	140,650,729	381,161,980
2.	Lab and X-ray	13,061,273	12,406,448	25,467,721
3.	Medical/Other Direct	32,923,088	19,335,002	52,258,090
4.	<b>Total Medical Care Services (Sum lines 1-3)</b>	<b>286,495,612</b>	<b>172,392,179</b>	<b>458,887,791</b>
<b>Financial Costs for Other Clinical Services</b>				
5.	Dental	21,866,013	11,147,603	33,013,616
6.	Mental Health	25,755,634	13,559,045	39,314,679
7.	Substance Abuse	420,709	49,491	470,200
8a.	Pharmacy not including pharmaceuticals	11,570,361	4,263,617	15,833,978
8b.	Pharmaceuticals	42,543,093		42,543,093
9.	Other Professional	2,931,658	2,018,010	4,949,668
9a.	Vision	2,830,214	2,146,080	4,976,294
10.	<b>Total Other Clinical Services (Sum lines 5-9a)</b>	<b>107,917,682</b>	<b>33,183,846</b>	<b>141,101,528</b>
<b>Financial Costs of Enabling and Other Services</b>				
11a.	Case Management	9,681,723		9,681,723
11b.	Transportation	879,739		879,739
11c.	Outreach	2,956,258		2,956,258
11d.	Patient and Community Education	2,338,815		2,338,815
11e.	Eligibility Assistance	5,241,032		5,241,032
11f.	Interpretation Services	2,372,341		2,372,341
11g.	Other Enabling Services	554,343		554,343
11h.	Community Health Workers	460,825		460,825
11.	<b>Total Enabling Services Cost (Sum lines 11a through 11h)</b>	<b>24,485,076</b>	<b>35,018,323</b>	<b>59,503,399</b>
12.	Other Related Services	6,824,739	1,241,422	8,066,161
12a.	Quality Improvement	4,525,886	1,399,687	5,925,573
13.	<b>Total Enabling and Other Services (Sum lines 11, 12, and 12a)</b>	<b>35,835,701</b>	<b>37,659,432</b>	<b>73,495,133</b>
<b>Facility and Non-Clinical Support Services and Totals</b>				
14.	Facility	61,540,946		
15.	Non-Clinical Support Services	181,694,511		
16.	<b>Total Facility and Non-Clinical Support Services(Sum lines 14 and 15)</b>	<b>243,235,457</b>		
17.	<b>Total Accrued Costs (Sum lines 4+10+13+16)</b>	<b>673,484,452</b>		<b>673,484,452</b>
18.	Value of Donated Facilities, Services and Supplies			9,661,837
19.	<b>Grand Total including Donations (Sum lines 17-18)</b>			<b>683,146,289</b>

**Table 9D - Patient Related Revenue (Scope of Project Only) - 2017**  
**National - Universal - 56 Health Centers**

S.No	Payer Category	Charges			Collections			
		Full Charges This Period (a)	% of Payer	% of Total	Amount Collected This Period (b)	% of Payer	% of Total	% of Charges
1.	Medicaid Non-Managed Care	90,421,792	17.95%	9.39%	102,558,893	26.60%	20.20%	113.42%
2a.	Medicaid Managed Care (capitated)	86,656,691	17.20%	9.00%	95,285,338	24.71%	18.77%	109.96%
2b.	Medicaid Managed Care (fee-for-service)	326,765,050	64.85%	33.95%	187,771,555	48.69%	36.98%	57.46%
<b>3.</b>	<b>Total Medicaid (Sum lines 1+2a+2b)</b>	<b>503,843,533</b>	<b>100.00%</b>	<b>52.35%</b>	<b>385,615,786</b>	<b>100.00%</b>	<b>75.95%</b>	<b>76.53%</b>
4.	Medicare Non-Managed Care	98,129,406	72.65%	10.19%	35,747,834	68.62%	7.04%	36.43%
5a.	Medicare Managed Care (capitated)	1,986,447	1.47%	0.21%	1,763,771	3.39%	0.35%	88.79%
5b.	Medicare Managed Care (fee-for-service)	34,947,884	25.88%	3.63%	14,587,197	28.00%	2.87%	41.74%
<b>6.</b>	<b>Total Medicare (Sum lines 4+5a+5b)</b>	<b>135,063,737</b>	<b>100.00%</b>	<b>14.03%</b>	<b>52,098,802</b>	<b>100.00%</b>	<b>10.26%</b>	<b>38.57%</b>
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	15,248,040	68.17%	1.58%	5,399,025	59.53%	1.06%	35.41%
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	526,480	2.35%	0.05%	315,125	3.47%	0.06%	59.86%
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	6,592,868	29.48%	0.68%	3,355,600	37.00%	0.66%	50.90%
<b>9.</b>	<b>Total Other Public (Sum lines 7+8a+8b)</b>	<b>22,367,388</b>	<b>100.00%</b>	<b>2.32%</b>	<b>9,069,750</b>	<b>100.00%</b>	<b>1.79%</b>	<b>40.55%</b>
10.	Private Non-Managed Care	63,329,277	48.88%	6.58%	31,913,073	69.26%	6.29%	50.39%
11a.	Private Managed Care (capitated)	1,558,648	1.20%	0.16%	956,158	2.08%	0.19%	61.35%
11b.	Private Managed Care (fee-for-service)	64,685,707	49.92%	6.72%	13,208,168	28.67%	2.60%	20.42%
<b>12.</b>	<b>Total Private (Sum lines 10+11a+11b)</b>	<b>129,573,632</b>	<b>100.00%</b>	<b>13.46%</b>	<b>46,077,399</b>	<b>100.00%</b>	<b>9.07%</b>	<b>35.56%</b>
13.	Self-Pay	171,686,776	100.00%	17.84%	14,893,880	100.00%	2.93%	8.68%
<b>14.</b>	<b>Total (Sum lines 3+6+9+12+13)</b>	<b>962,535,066</b>		<b>100.00%</b>	<b>507,755,617</b>		<b>100.00%</b>	<b>52.75%</b>

% may not equal 100% due to rounding.



**Table 9D - Patient Related Revenue (Scope of Project Only) - 2017**  
**National - Universal - 56 Health Centers**

S.No	Payer Category	Retroactive Settlements, Receipts, and Paybacks						Allowances	
		(c)							
		Collection of Recon/Wrap Around Current Year (c1)	Collection of Recon/Wrap Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, Withholds, etc. (c3)	Penalty/ Payback (c4)	Net Retros	Net Retros % of Charges	Allowances (d)	Allowances % of Charges
1.	Medicaid Non-Managed Care	14,290,667	17,236,252	7,806,847	725,680	38,608,086	42.70%	18,117,400	20.04%
2a.	Medicaid Managed Care (capitated)	51,592,832	2,868,704	6,474,238	296,856	60,638,918	69.98%	-8,657,685	-9.99%
2b.	Medicaid Managed Care (fee-for-service)	8,225,926	6,754,530	50,838,940	118,912	65,700,484	20.11%	127,218,996	38.93%
3.	<b>Total Medicaid (Sum lines 1+2a+2b)</b>	<b>74,109,425</b>	<b>26,859,486</b>	<b>65,120,025</b>	<b>1,141,448</b>	<b>164,947,488</b>	<b>32.74%</b>	<b>136,678,711</b>	<b>27.13%</b>
4.	Medicare Non-Managed Care	295,694	315,314	112,670	13,602	710,076	0.72%	41,922,916	42.72%
5a.	Medicare Managed Care (capitated)	3,534	0	900	0	4,434	0.22%	290,774	14.64%
5b.	Medicare Managed Care (fee-for-service)	524,306	78,620	330,099	762	932,263	2.67%	32,020,202	91.62%
6.	<b>Total Medicare (Sum lines 4+5a+5b)</b>	<b>823,534</b>	<b>393,934</b>	<b>443,669</b>	<b>14,364</b>	<b>1,646,773</b>	<b>1.22%</b>	<b>74,233,892</b>	<b>54.96%</b>
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	0	0	0	426	-426	0.00%	8,108,838	53.18%
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	25,044	4,420	0	0	29,464	5.60%	211,460	40.16%
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	71,281	12,579	12,427	0	96,287	1.46%	2,716,714	41.21%
9.	<b>Total Other Public (Sum lines 7+8a+8b)</b>	<b>96,325</b>	<b>16,999</b>	<b>12,427</b>	<b>426</b>	<b>125,325</b>	<b>0.56%</b>	<b>11,037,012</b>	<b>49.34%</b>

% may not equal 100% due to rounding.

Table 9D - Patient Related Revenue (Scope of Project Only) - 2017  
National - Universal - 56 Health Centers

S.No	Payer Category	Retroactive Settlements, Receipts, and Paybacks						Allowances	
		(c)							
		Collection of Recon/Wrap Around Current Year (c1)	Collection of Recon/Wrap Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, Withholds, etc. (c3)	Penalty/ Payback (c4)	Net Retros	Net Retros % of Charges	Allowances (d)	Allowances % of Charges
10.	Private Non-Managed Care			720,995	2,310	718,685	1.13%	25,508,405	40.28%
11a.	Private Managed Care (capitated)			227,972	0	227,972	14.63%	631,545	40.52%
11b.	Private Managed Care (fee-for-service)			97,702	81	97,621	0.15%	46,716,662	72.22%
12.	Total Private (Sum lines 10+11a+11b)			1,046,669	2,391	1,044,278	0.81%	72,856,612	56.23%
13.	Self-Pay								
14.	Total (Sum lines 3+6+9+12+13)	75,029,284	27,270,419	66,622,790	1,158,629	167,763,864	17.43%	294,806,227	30.63%

S.No		Sliding Discounts (e)	Bad Debt Write Off (f)
13.	Self-Pay	145,844,225	11,200,682

% may not equal 100% due to rounding.

**Table 9E - Other Revenues - 2017**  
**National - Universal - 56 Health Centers**

S.No	Source	Amount (a) \$	% Group Total
<b>BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)</b>			
1a.	Migrant Health Center	-	-
1b.	Community Health Center	-	-
1c.	Health Care for the Homeless	-	-
1e.	Public Housing Primary Care	-	-
<b>1g.</b>	<b>Total Health Center Cluster (Sum lines 1a through 1e)</b>	<b>-</b>	<b>-</b>
1j.	Capital Improvement Program Grants	-	-
1k.	Capital Development Grants, including School Based Health Center Capital Grants	-	-
<b>1.</b>	<b>Total BPHC Grants (Sum Lines 1g+1j+1k)</b>	<b>-</b>	<b>-</b>
<b>Other Federal Grants</b>			
2.	Ryan White Part C HIV Early Intervention	691,096	6.56%
3.	Other Federal Grants	6,055,387	57.47%
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	3,790,877	35.98%
<b>5.</b>	<b>Total Other Federal Grants (Sum Lines 2-3a)</b>	<b>10,537,360</b>	<b>100.00%</b>
<b>Non-Federal Grants or Contracts</b>			
6.	State Government Grants and Contracts	20,037,137	28.41%
6a.	State/Local Indigent Care Programs	15,475,846	21.94%
7.	Local Government Grants and Contracts	26,524,598	37.60%
8.	Foundation/Private Grants and Contracts	8,498,214	12.05%
<b>9.</b>	<b>Total Non-Federal Grants And Contracts (Sum lines 6+6a+7+8)</b>	<b>70,535,795</b>	<b>100.00%</b>
10.	Other Revenue (Non-patient related revenue not reported elsewhere)	45,266,791	100.00%
<b>11.</b>	<b>Grand Total Revenue (Sum lines 1+5+9+10)</b>	<b>126,339,946</b>	

% may not equal 100% due to rounding.

## Health Information Technology Capabilities and Quality Recognition - 2017

## National - Universal - 56 Health Centers

S.No.	Measures	Number of Health Centers	% of Total
1.	Health Centers that have an EHR installed and in use		
1a.	Yes, installed at all sites and used by all providers	53	94.64%
1b.	Yes, but only installed at some sites or used by some providers	3	5.36%
	<b>Total Health Centers with EHR installed (Sum 1a + 1b)</b>	<b>56</b>	<b>100.00%</b>
1c.	Health Centers who will install the EHR system in 3 months	0	0.00%
1d.	Health Centers who will install the EHR system in 6 months	0	0.00%
1e.	Health Centers who will install the EHR system in 1 year or more	0	0.00%
1f.	Health Centers who have Not Planned on installing the EHR system	0	0.00%
	<b>Total Health Centers with No EHR installed (sum 1c + 1d + 1e + 1f)</b>	<b>0</b>	<b>0.00%</b>
	<b>Total Health Centers reported</b>	<b>56</b>	<b>100.00%</b>
2.	Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)		
	Yes	55	98.21%
	No	1	1.79%
	Not Sure	0	0.00%
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?		
	Yes	54	96.43%
	No	1	1.79%
	Not Sure	1	1.79%
4.	Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?		
	Yes	37	66.07%
	No	18	32.14%
	Not Sure	1	1.79%
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?		
	Yes	40	71.43%
	No	16	28.57%
	Not Sure	0	0.00%
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?		
	Yes	52	92.86%
	No	4	7.14%
	Not Sure	0	0.00%
7.	How do you collect data for UDS clinical reporting (Tables 6B and 7)?		
	We use the EHR to extract automated reports	26	46.43%
	We use the EHR but only to access individual patient charts	5	8.93%
	We use the EHR in combination with another data analytic system	25	44.64%
	We do not use the EHR	0	0.00%
8.	Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?		
	Yes	41	73.21%
	No	13	23.21%
	Not sure	2	3.57%

**Health Information Technology Capabilities and Quality Recognition - 2017**  
**National - Universal - 56 Health Centers**

S.No.	Measures	Number of Health Centers	% of Total
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)?		
	a. Received MU for Modified Stage 2	22	53.66%
	b. Received MU for Stage 3	2	4.88%
	c. Not sure	17	41.46%
8b.	If no (c only), are your eligible providers planning to participate?	5	71.43%
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	30	53.57%
	No	26	46.43%
10.	Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?		
	Yes	17	30.36%
	No	39	69.64%
11.	Has your health center received accreditation?		
	Yes	2	3.57%
	No	54	96.43%

**Other Data Elements - 2017**  
**National - Universal - 56 Health Centers**

S.No.	Measures	Number of Physicians (1a) or Patients (1b)	% of Total
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?	50	
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?	1,514	0.21%
S.No.	Measures	Number of Health Centers	% of Total
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	19	33.93%
	No	37	66.07%
2a.	If yes (a), how are you using telehealth?		
	Provide primary care services	4	21.05%
	Provide specialty care services	6	31.58%
	Provide mental health services	3	15.79%
	Provide oral health services	2	10.53%
	Manage patients with chronic conditions	6	31.58%
	Other	5	26.32%
S.No.	Measures	Number of Assists <sup>4</sup>	
3.	Provide the number of assists during the past year by a trained assister (e.g., certified application counselor or equivalent). 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.	35,483	

<sup>4</sup> Assists do not count as visits on the UDS tables.

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