



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022
6:00 p.m.

Agenda



<p><u>Council Members</u> Ryan Winkle, Chairman Michelle Barker, DHSc, Vice Chairman Nelly Clotter-Woods, Ph.D., Treasurer Terry Benelli, Member Salina Imam, Member Scott Jacobson, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>Mission Statement of the Valleywise Community Health Centers Governing Council Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-04-06-22/> for further information.

Wednesday, April 6, 2022
6:00 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council may be in attendance telephonically or by other technological means. Council members participating telephonically or by other technological means will be announced at the meeting.

Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.

Call to Order

Roll Call

Call to the Public

This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: 15 min
Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.
 - a. Minutes:
 - i. **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated March 2, 2022
 - b. Contracts:
 - i. **Acknowledge** a new agreement (MCO-20-025-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
 - ii. **Acknowledge** a new agreement (MCO-20-026-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
 - iii. **Acknowledge** amendment #3 to the agreement (MCO-20-001-03) between United Healthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services including medical inpatient and outpatient hospital services, Federally Qualified Health Center medical and behavioral clinics, and professional services for the Navigate narrow network product
 - c. Governance:
 - i. **Accept Recommendations** from the Finance Committee to **Renew** the Federally Qualified Health Center Clinics' Sliding Fee Discount Schedule
 - ii. **Accept** Calendar Year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA)
 - iii. **Acknowledge** grant application to Bank of America Foundation for funding in the amount of \$50,000, to provide Valleywise Health Staff, including Cultural Health Navigators (CHNs) with tools and trauma relief training to support Afghan Refugees
 - iv. **Acknowledge** grant application to Department of Economic Security (DES) Office of Refugee Resettlement, for funding in the amount of \$240,000, for one year, to expand cross training for Licensed Clinical Social Workers (LCSWs) and Cultural Health Navigators (CHNs), to be able to provide mental health services and domestic violence support and treatment to medically vulnerable Afghan Refugees
 - v. **Acknowledge** grant application to Blue Cross Blue Shield (BCBS) of Arizona for funding in the amount of \$125,000, for one year, to provide Valleywise Health Integrated Behavioral Health (IBH) staff with training to support the treatment of youth
 - vi. **Approve** budget modification to Health Resources and Services Administration (HRSA) funding received for Expanding Capacity for Coronavirus Testing (ECT) Grant No. H8ECS38222

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda, cont.:
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials

End of Consent Agenda

2. Discuss and Review Select Data Points of the Calendar Year (CY) 2021 Uniform Data System (UDS) Submission to Health Resources and Services Administration (HRSA) **20 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
3. Presentation on Barriers to and Facilitators of Telehealth for Primary Care Patients **20 min**
Michelle Barker, DHSc, Valleywise Community Health Centers Governing Council
4. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees **5 min**
 - a. Compliance and Quality Committee
Michelle Barker, DHSc, Committee Chair
 - b. Executive Committee
Ryan Winkle, Committee Chair
 - c. Finance Committee
Nelly Clotter-Woods, Ph.D., Committee Chair
 - d. Strategic Planning and Outreach Committee
Joseph Larios, Committee Chair
5. Federally Qualified Health Center Clinics Chief Executive Officer's report **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
6. Maricopa County Special Health Care District Board of Directors Report **5 min**
Mary Rose Garrido Wilcox, Chairman, Maricopa County Special Health Care District Board of Directors
7. Valleywise Health's President and Chief Executive Officer's report **5 min**
Steve Purves, President and Chief Executive Officer, Valleywise Health
8. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council
9. Review Staff Assignments **5 min**
Cassandra Santos, Assistant Clerk

Old Business:

March 2, 2022

Future report/presentation on targeted marketing materials for our patient population

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.a.i.

Minutes:
March 2, 2022

Minutes

**Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
March 2, 2022
6:00 p.m.**

DRAFT

Members Present:

Ryan Winkle, Chairman - *participated remotely*
Michelle Barker, DHSc, Vice Chairman - *participated remotely*
Nelly Clotter-Woods, Ph.D., Treasurer - *participated remotely*
Terry Benelli, Member - *participated remotely*
Salina Imam, Member - *participated remotely*
Scott Jacobson, Member - *participated remotely*
Joseph Larios, Member - *participated remotely*
Liz McCarty, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*

Non-Voting Members Present:

Mary Rose Garrido Wilcox, Maricopa County Special Health Care District Board of Directors - *participated remotely*

Others/Guest Presenters:

Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
Steve Purves, President & Chief Executive Officer, Valleywise Health - *participated remotely*
Michael White, M.D., Chief Clinical Officer - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Runjhun Nanchal, Senior Vice President, Strategy, Marketing and Communications - *participated remotely*
Martin Demos, General Counsel - *participated remotely*
Melanie Talbot, Chief Governance Officer - *participated remotely*

Recorded by:

Cassandra Santos, Assistant Clerk - *participated remotely*

Call to Order

Chairman Winkle called the meeting to order at 6:00 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that all nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum.

For the benefit of all participants, Ms. Talbot announced the Governing Council members participating remotely.

Call to the Public

Chairman Winkle called for public comment.

There were no comments.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated February 2, 2022
 - b. Contracts:
 - i. Acknowledge amendment #55 to the professional services agreement (90-12-084-1-55) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
 - ii. Acknowledge amendment #1 to the sub-operating agreement (90-17-189-1-01) between Southwest Center for HIV/AIDS and the Maricopa County Special Health Care District dba Valleywise Health, for space to provide dental services and for storage
 - iii. Acknowledge a new intergovernmental agreement (90-22-167-1) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for a Ryan White Part A emergency relief project grant
 - c. Governance:
 - i. Accept Recommendations from the Finance Committee to Approve the revised Finance Committee Charter
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials
 - ii. Acknowledge revisions to policy 39018 S: Medical Staff Professionalism Policy

Mr. Jacobson requested to remove item 1.b.ii. from the consent agenda to be discussed and voted on separately.

MOTION: Mr. Jacobson moved to approve the consent agenda minus consent agenda item 1.b.ii. Ms. Benelli seconded.

VOTE: 9 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick
0 Nays
Motion passed.

Mr. Jacobson addressed consent agenda item 1.b.ii., amendment #1 to the sub-operating agreement (90-17-189-1-01) between Southwest Center for HIV/AIDS and the Maricopa County Special Health Care District dba Valleywise Health, for space to provide dental services and for storage.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.:

Mr. Jacobson asked for details on the agreement including the amount of additional space being provided.

Ms. Harding stated that the sub-operating agreement was to retain use of space already occupied for dental services at Valleywise Community Health Center-McDowell. No additional space was outlined within the agreement.

MOTION: Chairman Winkle moved to approve consent agenda item 1.b.ii., acknowledge amendment #1 to the sub-operating agreement (90-17-189-1-01) between Southwest Center for HIV/AIDS and the Maricopa County Special Health Care District dba Valleywise Health, for space to provide dental services and for storage. Ms. Imam seconded.

VOTE: 9 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick
0 Nays
Motion passed.

2. Discuss, Review, and Approve Service Area Competition (SAC) application funding opportunity #HRSA-22-008 to Health Resources and Services Administration (HRSA)

Ms. Harding reminded the Governing Council about the New Access Point (NAP) funding awarded by Health Resources and Services Administration (HRSA) in September, 2019. The NAP award allowed the organization to obtain full Federally Qualified Health Center (FQHC) status, receiving \$650,000 annually in funding. Obtaining full FQHC status also meant eligibility to apply and receive additional grant funding.

The Service Area Competition (SAC) application funding opportunity would allow continuance of funding.

Ms. Harding gave examples of the additional funding opportunities and awards since being awarded full FQHC status designation. She highlighted select components of the SAC application.

The continuation of funding would assist in improving the overall health of the patient population served. This included plans to transition the Family Learning Centers (FLC) into community learning centers, which would eventually be referred to as Family Resource Centers (FRC). The initiative would increase access to community support services, non-medical resources, educational, and chronic disease management services, among many other needs.

Mr. Larios asked if the application narrative included plans to support formally incarcerated populations, stating that Maricopa County had one of the highest incarceration rates in the nation.

Ms. Harding pointed out that the Arizona Health Care Cost Containment System (AHCCCS) Justice Targeted Investment Program (TIP) was included within the narrative. The program, which was available at select Valleywise Community Health Centers, integrated primary care and behavioral health care for adults with behavioral health needs transitioning from the criminal justice system. She mentioned that there was definitely an opportunity to grow and improve in this area, to address the unique needs of that population.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

General Session, Presentation, Discussion and Action, cont.:

2. Discuss, Review, and Approve Service Area Competition (SAC) application funding opportunity #HRSA-22-008 to Health Resources and Services Administration (HRSA), cont.

MOTION: Chairman Winkle moved to approve Service Area Competition (SAC) application funding opportunity #HRSA-22-008 to Health Resources and Services Administration (HRSA). Mr. Jacobson seconded.

VOTE: 9 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick
0 Nays
Motion passed.

3. Presentation on the patient financial assistance program at Valleywise Health and the eligibility process

Ms. Hartneck highlighted the sliding fee discount schedule (SFDS) screening process which was based on five category levels related to the Federal Poverty Level (FPL). FPL guidelines were updated annually by the Department of Health and Human Services (HHS) and a patient's FPL was determined by income and family size. To qualify for financial assistance a patient was screened and approved by a Valleywise Health eligibility specialist.

She gave an overview of the financial assistance module within electronic privacy information center (EPIC) software. To determine a patient's FPL, required information was entered into the module and a program tracker accessed the SFDS rate as well as status of an AHCCCS application. A patient was also assessed for available prenatal and maternity packages, if applicable. She highlighted other functions within the financial assistance module assuring the Governing Council that only fictitious patient information was presented, and not actual patient health information (PHI).

There were 21 eligibility team members throughout Valleywise Health with 16 eligibility specialists stationed at various FQHC clinics. Organizational processes streamlined over time improved staff efficiency, productivity, and patient wait times. Compared to previous years, eligibility screening appointments were scheduled at a much faster rate for patients.

Ms. Hartneck compared the number of eligibility appointments scheduled, completed eligibility interviews, and appointment no-shows from 2021, noting significant improvement over recent years.

She mentioned that due to AHCCCS staff vacancies, the application process time increased which created challenges.

Ms. Benelli noted that Valleywise Community Health Center-Mesa staff did not have AHCCCS application submissions from July through October 2021. She asked if that was attributed to staffing vacancies at that location.

Ms. Hartneck confirmed that due to staffing vacancies, AHCCCS applications submitted were processed through different clinics.

There was a financial assistance module tracking tool to track patients that utilized the self-pay option or were no longer eligible for financial assistance. The financial module automatically referred self-pay individuals to an eligibility specialist to apply for financial assistance.

Ms. Hartneck outlined other tools used by staff to determine a patient's eligibility for specific programs.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

General Session, Presentation, Discussion and Action, cont.:

3. Presentation on the patient financial assistance program at Valleywise Health and the eligibility process, cont.

Propensity to pay (PTP) calculated household income while Connecting Kids to Care (CK2C) assisted families in applying for AHCCCS for children. Within calendar year (CY) 2021, staff assisted 1,085 children and families apply for AHCCCS.

Ms. Hartneck discussed Title X Family Planning, a federal program that supported comprehensive family planning and related preventative services. She highlighted other prenatal and maternity program available to applicable patients. In CY 2021, eligibility specialists qualified over 1,235 women for various healthcare programs based on family planning needs.

She spoke about the recent influx of Afghan refugees resettling in Arizona, noting the emergent need for healthcare assistance within that population. Depending on eligibility, financial assistance would assist refugee with access to health care and other benefits. She also mentioned a grant award which allowed for extended outreach to individuals applying for marketplace insurance, as part of the Affordable Care Act (ACA).

Director Wilcox stated that the Maricopa County Special Health Care District (MC SHCD) Board of Directors was pleased with the patient financial assistance program and eligibility process.

She said that the Valleywise Health Foundation was an additional financial resource in raising funds to support financial need. She said that a marketing approach that publicized Valleywise Health's financial assistance programs would bring awareness to the community about AHCCCS options.

Chairman Winkle agreed, stating the community may not even be truly aware of the options available.

Mr. Larios commented it was critical to generate marketing strategies that spoke directly to vulnerable populations. It was also important to track visits based on specific vulnerable populations.

Mr. Jacobson said that the Strategic Planning and Outreach Committee had dynamic discussions about marketing geared toward vulnerable populations. In addition, he recalled a monthly marketing newsletter, routinely shared with Governing Council members.

Compared to previous years, Chairman Winkle said there had been significant improvement in Valleywise Health's social media marketing efforts toward all populations.

He suggested a future presentation on the marketing strategies that target specific and intended patient populations.

Director Wilcox recommended that Highnoon, the brand and campaign messaging firm, present with the Marketing and Communications Department at an upcoming Governing Council meeting.

Ms. Nanchal said that the Marketing and Communications Department was currently developing targeted marketing materials to reach specific patient populations. This information would be presented to the Strategic Planning and Outreach Committee in the coming months, subsequently to the Governing Council.

4. Report on the 2022 National Association of Community Health Centers (NACHC) Board Member Boot Camp

Ms. Imam informed the Governing Council that she did not attend the 2022 National Association of Community Health Centers (NACHC) Board Member Boot Camp, therefore this item was not discussed.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

General Session, Presentation, Discussion and Action, cont.:

5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee

NOTE: Mr. Jacobson disconnected from the meeting at 6:45 p.m.

Vice Chairman Barker reported that the Compliance and Quality Committee met and discussed data points of the draft CY 2021 Uniform Data System (UDS) submission to HRSA, along with other recurring reports and topics.

Chairman Winkle noted that the Executive Committee discussed appointment of a District Board member as a non-voting member of the Governing Council. The committee also spoke about Governing Council member attendance.

Dr. Clotter-Woods said the Finance Committee met and discussed financial reports for January 2022 and reviewed recurring quarterly financial reports.

Mr. Larios stated that the Strategic Planning and Outreach Committee met and discussed marketing to vulnerable patient populations, community outreach and engagement, and ways to budget and support that work.

Director Wilcox commented that the COVID-19 pandemic hindered marketing of the new clinics within communities. She said it would be valuable to plan community outreach efforts to spread the word about services offered at Valleywise Health's new and existing facilities.

Mr. Larios mentioned that the culture of white fragility and supremacy still existed within the organization. He said staff needed routine cultural training to better understand and relate to the multiple diverse patient populations served by Valleywise Health.

Chairman Winkle said it was also important to plan for and develop a line-item budget to address many of these issues to better serve patients.

6. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding briefly outlined the draft CY 2021 UDS submission to HRSA, and highlighted improvements of select metrics shown within the calendar year. She pointed out areas that were challenged and required improvement.

She compared COVID-19 vaccination rates of Valleywise Health patients during CY 2021, including those who were fully vaccinated, partially vaccinated, and unvaccinated.

Ms. Harding highlighted various statistics from NACHC's national findings in response to COVID-19, as of January, 2021.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

General Session, Presentation, Discussion and Action, cont.:

7. Maricopa County Special Health Care District Board of Directors Report

Director Wilcox elaborated on her appointed term as a member of the original hospital board, noting that she self-appointed into the role in 1992. She said she ran as an elected official for the MC SHCD Board of Directors in 2014 and was currently serving as the Chair.

She stated strategic plans were put in place about four years ago in conjunction with Care Reimagined initiatives. Within time, new facilities began to take shape.

Director Wilcox described the newly opened Valleywise Comprehensive Health Center-Peoria as a tremendous facility, which addressed unmet need in that community. In previous years, she was concerned about West Valley communities having access to care.

She commented that the newly opened Valleywise Community Health Center-West Maryvale was wonderful with steady high volumes. She commended Valleywise Emergency-Maryvale and Valleywise Behavioral Health Center-Maryvale, pointing out the need for emergency and behavioral health services indicated by consistent high volumes.

Director Wilcox informed the Governing Council that Ms. Susan Lara-Willars was recently hired as the new Chief Human Resources Officer (CHRO). She said she and Ms. Willars would discuss improving recruitment strategies and the hiring process to diversify the workforce.

As a part of the Care Reimagined initiative, Director Wilcox announced the March 9, 2022 ceremonial topping out event for the new Support Services Building (SSB), located at the Valleywise Health Medical Center.

8. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves thanked the Governing Council for being the voice of the community and Valleywise Health. He agreed that it was critical to create a budget toward resources for diversity and inclusion within the organization.

He gave a brief update on legislative progress related to safety net funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. He touched on the financial challenges incurred during the continued plight of the COVID-19 pandemic and elaborated on structural inequities related to relief funding for the organization.

Mr. Purves discussed workforce relief endeavors, cybersecurity protection, and other current events within the organization.

9. Chairman and Council Member Closing Comments/Announcements

There were no closing comments or announcements.

10. Review Staff Assignments

Ms. Talbot reviewed staff assignments and follow up stemming from the meeting.

She reminded Governing Council members to return the completed annual member information form and compliance training and conflict of interest education personal commitment and attestation form.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 2, 2022**

Adjourn

MOTION: Ms. Benelli moved to adjourn the March 2, 2022 Valleywise Community Health Centers Governing Council meeting. Mr. Larios seconded.

VOTE: 8 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods,
Ms. Imam, Mr. Larios, Ms. McCarty, Mr. Messick

0 Nays

1 Absent: Mr. Jacobson

Motion passed.

Meeting adjourned at 7:22 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.b.i.

Contracts:
(MCO-20-025-MSA)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, March 7, 2022 2:17 PM
To: Melanie Talbot
Subject: Contract Approval Request: Aetna Facility Agreement Aetna Network Services, LLC

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Aetna Facility Agreement Aetna Network Services, LLC
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Aetna Facility Agreement

Contract Identifier
Contract Number MCO-20-025 -MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Facility Agreement for Commercial and Medicare Advantage
Action/Background Approve a new agreement (MCO-20-024-MSA) between Aetna Network Services, LLC, and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
Evaluation Process This is a new agreement is between Aetna Network Services, LLC, and Maricopa County Special Health Care District dba Valleywise Health. This agreement will allow members to receive comprehensive healthcare through Valleywise Health facilities and providers to include inpatient and outpatient medical and behavioral hospital services for commercial and Medicare Advantage members. Professional services offered in Valleywise Health clinics are covered through a separate agreement. This agreement excludes retail pharmacy and dental which are covered through a relationship with a separate entity.

Category
Effective Date 5/1/2022

Term End Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Aetna Network Services, LLC

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.b.ii.

Contracts:
(MCO-20-026-MSA)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, March 7, 2022 2:18 PM
To: Melanie Talbot
Subject: Contract Approval Request: Aetna Professional Agreement Aetna Network Services, LLC

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Aetna Professional Agreement Aetna Network Services, LLC
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Aetna Professional Agreement

Contract Identifier
Contract Number MCO-20-026-MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Professional Services Agreement for Commercial and Medicare Advantage
Action/Background Approve a new agreement (MCO-20-025-MSA) between Aetna Network Services, LLC, and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services.
Evaluation Process This is a new agreement is between Aetna Network Services, LLC, and Maricopa County Special Health Care District dba Valleywise Health. This agreement will allow Aetna Commercial and Medicare Advantage members to receive comprehensive medical and behavioral healthcare services through Valleywise Health professional providers. Inpatient and outpatient services offered in Valleywise Health facilities are covered through a separate agreement. This agreement excludes retail pharmacy and dental which are covered through a relationship with a separate entity.

Category
Effective Date 5/1/2022
Term End Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Aetna Network Services, LLC

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.b.iii.

Contracts:
(MCO-20-001-03)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, March 7, 2022 6:02 PM
To: Melanie Talbot
Subject: Contract Approval Request: UnitedHealthcare Amendment 3 United HealthCare

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Tucker, Collee](#)
To [Talbot, Melanie](#);

Subject Contract Approval Request: UnitedHealthcare Amendment 3 United HealthCare

Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title UnitedHealthcare Amendment 3

Contract Identifier

Contract Number MCO-20-001-03

Primary Responsible Party Tucker, Collee K.

Departments

Product/Service Description Add Navigate Narrow Network facility, professional in partnership with ACN

Action/Background Approve new Amendment 3 (MCO-20-001-03) between United Healthcare Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services including medical inpatient and outpatient hospital services, FQHC medical and behavioral clinic, and professional services for the Navigate narrow network product.

Evaluation Process This Amendment 3 is between United Healthcare Insurance Company and Maricopa County Special Health Care District dba Valleywise Health. This Amendment will add Navigate product to the existing agreement and address the name of change of the currently included Compass product to Individual Exchange Benefit Plan allowing members to receive comprehensive healthcare services through Valleywise Health facilities including medical and behavioral inpatient and outpatient hospital, FQHC medical and behavioral clinic, and professional services. This agreement excludes retail pharmacy and dental which are covered through a relationship with a separate entity.

Category
Effective Date 4/15/2022
Term End Date
Annual Value \$0.00
Expense/Revenue
Budgeted Travel Type
Procurement Number
Primary Vendor United HealthCare

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.i.

Governance:

Committee Recommendation -
Sliding Fee Discount Schedule



Chief Governance Officer

2601 East Roosevelt Street • Phoenix • AZ • 85008

Phone: (602) 344-5177 • Fax: (602) 655-9337

DATE: February 24, 2022

TO: VCHCGC Finance Committee

FROM: Melanie Talbot, Chief Governance Officer

SUBJECT: Sliding Fee Discount Program, Federal Poverty Guidelines
and Fee Schedule

The United States Census Bureau updates the poverty thresholds each year.

HRSA requires that health centers have a sliding fee discount program and a fee schedule, and that the fee schedule is reviewed annually based on the most recent federal poverty guidelines.

Based on a review of the 2022 guidelines, there are no recommended changes to the fee schedule at this time. Therefore, we are requesting that the Finance Committee approve renewing the current sliding fee schedule.

Valleywise Health
Federally Qualified Health Center Sliding Fee Discount Schedule
Effective 09/22/21

Medical

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	>251% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount	
Family Planning Services - Maryvale Clinic Only	\$0	\$20	\$30	\$40	201-250% FPL \$50	>251% FPL No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount	
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount	
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount	

Dental

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	
Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount	
Restorative Dental Services *See Grid Below	\$50 Nominal Charge	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount	
Dental Lab Services	\$50 Nominal Charge	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount	
Restorative Grid	Category 1	Category 2	Category 3	Category 4	Category 5	
Filling	\$90.00	\$98.00	\$105.00	\$112.00	No Discount	
Crowns	\$250.00	\$545.00	\$583.00	\$620.00	No Discount	
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	No Discount	
Dentures - partial	\$250.00	\$740.00	\$784.00	\$827.00	No Discount	
Bridges	\$250.00	\$550.00	\$590.00	\$620.00	No Discount	
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	No Discount	
Extractions - complex	\$100.00	\$169.00	\$180.00	\$191.00	No Discount	



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.i.

Governance:
FPL Guidelines
(for reference)

2022 Federal Poverty Levels

HHS Poverty Guidelines for 2022

The 2022 poverty guidelines are in effect as of January 12, 2022.

[Federal Register Notice, January 12, 2022 - Full text.](#)

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

[For Comparison Purposes Only]

2021 Federal Poverty Guidelines

HHS POVERTY GUIDELINES FOR 2021

The 2021 poverty guidelines are in effect as of January 13, 2021

The Federal Register notice for the 2021 Poverty Guidelines will be published the week of January 18 through January 22, 2021.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,540 for each additional person.	
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.i.

Governance:
Utilization
(for reference)

Sliding Fees CY2021

Cat %	Row Labels	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
58.0%	SLIDING FEE CAT 1	80,908	135,118,776.48	(130,271,208.83)	(2,781,017.81)	2,066,549.84
13.1%	SLIDING FEE CAT 2	18,293	32,511,110.35	(30,517,419.56)	(951,755.06)	1,041,935.73
2.1%	SLIDING FEE CAT 3	2,988	5,971,884.11	(5,447,187.29)	(200,754.35)	323,942.47
4.2%	SLIDING FEE CAT 4	5,862	17,021,656.47	(15,159,750.65)	(532,448.61)	1,329,457.21
22.5%	SLIDING FEE CAT 5	31,365	101,619,814.56	(85,284,721.42)	(2,285,220.12)	14,049,873.02
	Grand Total	139,416	292,243,241.97	(266,680,287.75)	(6,751,195.95)	18,811,758.27

Sliding Fees CY2020

Cat %	Row Labels	Enc Count	T_Charges	T_Adjust	T_Payment	T_Balance
0.2%	PRIOR TO 02132020	170	2,927,559.72	(2,641,462.43)	(86,182.69)	199,914.60
57.5%	SLIDING FEE CAT 1	63,393	98,653,284.87	(95,220,941.73)	(1,941,000.34)	1,491,342.80
12.3%	SLIDING FEE CAT 2	13,518	19,345,736.68	(18,051,088.83)	(619,631.65)	675,016.20
2.0%	SLIDING FEE CAT 3	2,235	3,189,495.64	(2,945,619.68)	(128,844.25)	115,031.71
5.0%	SLIDING FEE CAT 4	5,528	9,547,224.03	(8,251,360.28)	(395,243.59)	900,620.16
23.0%	SLIDING FEE CAT 5	25,316	79,367,584.28	(65,498,078.86)	(1,696,716.70)	12,172,788.72
	Grand Total	110,160	213,030,885.22	(192,608,551.81)	(4,867,619.22)	15,554,714.19



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.ii.

Governance:
Calendar Year 2021
Uniform Data System
(UDS) Submission



Office of the Senior Vice President & CEO FQHC Clinics
2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: April 6, 2022
To: Valleywise Community Health Centers Governing Council
From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics
Subj: Uniform Data System (UDS) Submission – CY21

About the Uniform Data System (UDS)

Each year, health center grantees and look-alikes report on their performance using the measures defined in the Uniform Data System (UDS). The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes.¹

Using data extracted from the Electronic Health Record (EHR), EPIC and Dentrax systems, Valleywise Health collects and submits the data as required for HRSA reporting. The reporting is based on a calendar year.

The data reported is utilized by the Governing Council to determine key priorities for strategic planning. It is used as a guide for identification of population trends to opportunities to finely tune the actions to be taken to improve the health of the community served.

¹ HRSA Health Center Programs: Uniform Data System (UDS) Resources. <https://bphc.hrsa.gov/datareporting/reporting/index.html>
Retrieved: 03/30/2022.

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2021

Contact Information

Do you receive Bureau of Health Workforce funding during the reporting year?: No

Title	Name	Phone	Fax	Email
UDS Contact	Joy Cortright			
Project Director	Barbara Harding			
Clinical Director	Christina Smarik-Snyder, MD			
Chair Person	Ryan Winkle			
CEO	Barbara Harding			

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Submission Status: Review In Progress

UDS Report - 2021

Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85001	2	6	3	1	12
85003	83	277	91	65	516
85004	36	127	35	86	284
85005	2	20	3	0	25
85006	472	835	105	137	1,549
85007	263	725	234	93	1,315
85008	1,173	2,750	224	447	4,594
85009	1,346	2,081	164	193	3,784
85012	22	46	13	38	119
85013	68	188	38	104	398
85014	118	198	51	92	459
85015	425	900	126	154	1,605
85016	185	331	65	141	722

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85017	698	1,086	63	121	1,968
85018	109	250	48	71	478
85019	507	739	55	106	1,407
85020	195	261	70	105	631
85021	353	714	192	202	1,461
85022	143	149	40	60	392
85023	168	157	33	58	416
85024	28	48	9	33	118
85027	85	127	18	50	280
85028	10	17	12	22	61
85029	326	594	79	130	1,129
85031	686	1,165	83	165	2,099
85032	308	220	30	68	626
85033	955	1,088	73	184	2,300
85034	113	238	42	32	425
85035	885	1,201	62	216	2,364
85036	5	21	4	7	37
85037	467	568	57	192	1,284
85040	670	1,448	224	267	2,609
85041	1,075	2,075	285	698	4,133
85042	489	767	126	328	1,710
85043	431	601	51	221	1,304
85044	36	98	30	112	276
85045	4	5	3	9	21
85048	24	54	13	72	163
85050	45	25	5	22	97
85051	432	774	60	163	1,429
85053	69	135	30	43	277
85060	2	7	3	3	15
85063	10	13	4	5	32
85066	3	14	7	2	26
85067	2	5	6	3	16
85069	4	11	4	2	21
85071	1	7	3	3	14
85076	1	9	1	1	12
85082	3	12	3	1	19
85083	2	9	2	13	26
85085	8	26	8	46	88
85086	15	20	4	34	73
85087	3	7	4	3	17
85118	4	6	2	6	18
85119	15	21	6	9	51
85120	53	62	22	21	158
85122	21	30	6	27	84
85123	6	8	5	2	21

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85128	9	17	6	8	40
85131	3	10	3	10	26
85132	1	23	5	10	39
85138	44	85	12	77	218
85139	27	42	7	16	92
85140	27	39	7	29	102
85142	42	66	26	76	210
85143	39	30	7	28	104
85194	3	5	0	6	14
85201	472	555	95	177	1,299
85202	136	239	40	108	523
85203	242	292	45	79	658
85204	675	566	81	139	1,461
85205	63	171	51	89	374
85206	74	126	27	54	281
85207	87	99	24	56	266
85208	95	105	21	39	260
85209	71	57	19	62	209
85210	449	544	79	178	1,250
85211	1	13	0	3	17
85212	29	36	10	69	144
85213	61	100	25	47	233
85215	10	25	6	21	62
85224	129	216	43	149	537
85225	852	1,652	295	519	3,318
85226	84	155	35	125	399
85233	41	107	20	58	226
85234	36	61	20	62	179
85244	6	12	2	5	25
85246	3	6	0	4	13
85248	35	67	34	69	205
85249	40	80	20	90	230
85250	6	12	3	11	32
85251	78	92	13	42	225
85253	2	21	3	8	34
85254	9	28	12	21	70
85255	6	11	1	10	28
85256	5	7	4	1	17
85257	50	94	20	43	207
85258	9	12	1	9	31
85259	9	9	3	5	26
85260	14	20	4	14	52
85268	7	10	1	12	30
85274	1	8	1	1	11
85281	174	285	56	122	637

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85282	197	333	47	111	688
85283	234	735	138	267	1,374
85284	5	31	7	38	81
85285	4	12	4	8	28
85286	118	260	44	207	629
85295	39	71	21	85	216
85296	32	68	12	51	163
85297	19	45	11	50	125
85298	19	43	21	34	117
85301	914	1,744	244	338	3,240
85302	165	348	53	111	677
85303	322	535	61	161	1,079
85304	68	131	27	49	275
85305	69	98	24	76	267
85306	39	76	22	39	176
85307	47	78	15	56	196
85308	58	118	26	39	241
85310	3	8	3	13	27
85311	2	5	1	3	11
85321	1	8	1	1	11
85322	6	6	2	0	14
85323	555	1,462	251	546	2,814
85326	244	322	47	183	796
85329	43	82	35	16	176
85331	11	10	1	4	26
85335	231	909	147	293	1,580
85337	18	8	2	1	29
85338	161	298	63	255	777
85339	216	548	82	346	1,192
85340	68	104	21	80	273
85345	222	599	98	254	1,173
85351	19	76	45	28	168
85353	378	578	76	264	1,296
85354	66	60	6	6	138
85355	6	26	6	21	59
85361	15	34	11	10	70
85363	30	112	18	27	187
85373	3	12	6	15	36
85374	38	96	17	53	204
85375	2	13	8	4	27
85378	27	72	28	16	143
85379	52	160	30	135	377
85380	3	4	2	2	11
85381	21	54	16	60	151
85382	38	72	18	50	178

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85383	13	38	3	47	101
85387	5	29	5	28	67
85388	13	56	15	51	135
85390	6	4	1	2	13
85392	136	304	45	201	686
85395	45	63	15	87	210
85396	50	80	8	61	199
85541	2	7	4	4	17
86314	7	4	2	3	16

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	139	303	88	181	711
Unknown Residence	3	2	0	1	6
Total	23,167	40,940	6,230	13,322	83,659

Comments

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Submission Status: Review In Progress

UDS Report - 2021

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

Universal

Line	Age Groups	Male Patients (a)	Female Patients (b)
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Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	1,251	1,257
2	Age 1	629	632
3	Age 2	590	566
4	Age 3	589	543
5	Age 4	558	571
6	Age 5	587	561
7	Age 6	523	466
8	Age 7	468	467
9	Age 8	437	421
10	Age 9	431	388
11	Age 10	434	442
12	Age 11	501	541
13	Age 12	492	477
14	Age 13	524	552
15	Age 14	508	544
16	Age 15	465	548
17	Age 16	482	580
18	Age 17	478	588
19	Age 18	396	648
20	Age 19	324	708
21	Age 20	338	755
22	Age 21	284	702
23	Age 22	315	701
24	Age 23	297	694
25	Age 24	341	698
26	Ages 25-29	1,962	3,870
27	Ages 30-34	2,147	3,894
28	Ages 35-39	2,392	3,995
29	Ages 40-44	2,561	4,404
30	Ages 45-49	2,593	4,330
31	Ages 50-54	2,810	3,718
32	Ages 55-59	2,681	3,162
33	Ages 60-64	2,234	2,808
34	Ages 65-69	1,427	1,681
35	Ages 70-74	724	996
36	Ages 75-79	410	591
37	Ages 80-84	218	349
38	Age 85 and over	116	294
	Total Patients (Sum of Lines 1-38)	34,517	49,142

Table 3B - Demographic Characteristics

Universal

Patients by Race and Hispanic or Latino/a Ethnicity

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	35	2,246		2,281
2a	Native Hawaiian	4	34		38
2b	Other Pacific Islander	246	476		722
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	250	510		760
3	Black/African American	243	10,371		10,614
4	American Indian/Alaska Native	154	900		1,054
5	White	50,109	16,071		66,180
6	More than one race	95	290		385
7	Unreported/Refused to report race	1,209	1,072	104	2,385
	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	52,095	31,460	104	83,659

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	34,939

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	2,269
14	Heterosexual (or straight)	44,839
15	Bisexual	857
16	Something else	443
17	Don't know	782
18	Chose not to disclose	3,226
18a	Unknown	31,243
	Total Patients (Sum of Lines 13 to 18a)	83,659

Line	Patients by Gender Identity	Number (a)
19	Male	20,603
20	Female	33,973
21	Transgender Man/Transgender Male/Transgender Masculine	90
22	Transgender Woman/Transgender Female/Transgender Feminine	154
23	Other	87
24	Chose not to disclose	186
25a	Unknown	28,566
	Total Patients (Sum of Lines 20 to 25a)	83,659

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST
Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2021

Table 4 - Selected Patient Characteristics

Universal

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	49,906
2	101 - 150%	13,083
3	151 - 200%	5,663
4	Over 200%	7,390
5	Unknown	7,617
6	TOTAL (Sum of Lines 1-5)	83,659

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	1,503	21,664
8a	Medicaid (Title XIX)	16,382	24,090
8b	CHIP Medicaid	405	0
8	Total Medicaid (Line 8a + 8b)	16,787	24,090
9a	Dually Eligible (Medicare and Medicaid)	1	4,574
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	2	6,228
10a	Other Public Insurance (Non-CHIP) (specify) Refugee Medical	51	9
10b	Other Public Insurance CHIP	3	0
10	Total Public Insurance (Line 10a + 10b)	54	9
11	Private Insurance	1,745	11,577
12	TOTAL (Sum of Lines 7 + 8 + 9 +10 +11)	20,091	63,568

Managed Care Utilization

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a	Capitated Member Months	0	0	0	0	0
13b	Fee-for-service Member Months	0	0	0	0	0
13c	Total Member Months (Sum of Lines 13a + 13b)	0	0	0	0	0

Line	Special Populations	Number of Patients (a)
	Total Agricultural Workers or Dependents (All health centers report this line)	124
23	Total Homeless (All health centers report this line)	279
	Total School-Based Health Center Patients (All health centers report this line)	
25	Total Veterans (All health centers report this line)	680
	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	83,659

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2021

Table 5 - Staffing and Utilization

Universal

Medical Care Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
0	Family Physicians	18.16	36,764	18,485	
1	General Practitioners	0	0	0	
2	Internists	9.96	20,844	6,885	
3	Obstetrician/Gynecologists	8.03	19,491	2,602	
4	Pediatricians	15.15	25,173	5,946	
7	Other Specialty Physicians	0	0	0	
8	Total Physicians (Lines 1-7)	51.3	102,272	33,918	
9a	Nurse Practitioners	20.56	35,508	17,876	
9b	Physician Assistants	12.58	24,700	12,611	
10	Certified Nurse Midwives	2.59	6,392	765	
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	35.73	66,600	31,252	
11	Nurses	36.89	0	0	
12	Other Medical Personnel	101.59			
13	Laboratory Personnel	37.7			
14	X-ray Personnel	7.44			
	Total Medical Care Services (Lines 8 + 10a through 14)	270.65	168,872	65,170	79,990

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
15	Dentists	10.97	19,706	0	
16	Dental Hygienists	4.81	0	0	
17a	Dental Therapists	0	0	0	
17	Other Dental Personnel	18.53			
	Total Dental Services (Lines 16-18)	34.31	19,706	0	8,787

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	1.29	509	1,807	
20a1	Licensed Clinical Psychologists	0	0	0	
20a2	Licensed Clinical Social Workers	8.36	562	6,914	
20b	Other Licensed Mental Health Providers	3.23	687	5,851	
20c	Other Mental Health Personnel	3.77	135	1,733	
	Total Mental Health Services (Lines 20a-c)	16.65	1,893	16,305	3,663

Substance Use Disorder Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21	Substance Use Disorder Services	0	0	0	0

Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
	Other Professional Services Specify Diabetic Educators	3	1,134	995	1,483

Vision Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	0	0	0	
22b	Optometrists	0	0	0	
22c	Other Vision Care Personnel	0			
22d	Total Vision Services (Lines 22a-c)	0	0	0	0

Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	Pharmacy Personnel	6.75			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	17.07	0	0	
25	Patient and Community Education Specialists	0	0	0	
26	Outreach Workers	0			
27	Transportation Personnel	0			
27a	Eligibility Assistance Workers	9.44			
27b	Interpretation Personnel	0			
27c	Community Health Workers	9.22			
28	Other Enabling Services Specify	0			
	Total Enabling Services (Lines 24-28)	35.73	0	0	0

Other Programs/Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
29a	Other Programs and Services Specify				
29b	Quality Improvement Personnel	1			

Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	44.21			
30b	Fiscal and Billing Personnel	13.31			
30c	IT Personnel	28.5			
31	Facility Personnel	33.75			
32	Patient Support Personnel	96.02			
	Total Facility and Non-Clinical Support Personnel (Lines 30a-32)	215.79			

Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	583.88	191,605	82,470	

Selected Service Detail Addendum

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	99	7,861	3,140	7,490
20a02	Nurse Practitioners	42	2,798	1,479	2,992
20a03	Physician Assistants	25	2,373	1,298	2,581
20a04	Certified Nurse Midwives	10	91	17	85

Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	91	2,216	744	2,052
21b	Nurse Practitioners (Medical)	40	952	388	976
21c	Physician Assistants	22	962	327	945
21d	Certified Nurse Midwives	9	44	5	34
21e	Psychiatrists	7	139	358	212
21f	Licensed Clinical Psychologists	0	0	0	0
21g	Licensed Clinical Social Workers	10	34	234	87
21h	Other Licensed Mental Health Providers	10	99	724	182

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2021

Table 6A - Selected Diagnoses and Services Rendered

Universal

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	14,691	4,191
3	Tuberculosis	A15- through A19-, O98.0-	43	22
4	Sexually transmitted infections	A50- through A64-	1,828	1,220
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	326	182
4b	Hepatitis C	B17.1-, B18.2, B19.2-	745	466
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	3,570	2,671

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	5,067	3,474
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-	2,075	1,183
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40 (count only when code U07.1 is present), J22, J98.8, J80	27	22

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	1,593	1,244
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	1,744	1,125
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	34,252	11,927
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	5,316	2,873
11	Hypertension	I10- through I16-, O10-, O11-	35,464	16,329
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	1,952	1,631
13	Dehydration	E86-	91	88
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-	10	10
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	15,381	11,455

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	413	341
16	Selected perinatal/neonatal medical conditions	A33, P19-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P92-, P96.81), R78.81, R78.89	698	482
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), R63.3	1,570	1,053

Selected Mental Health Conditions, Substance Use Disorders, and Exploitations

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	1,573	764
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	2,850	1,430
19a	Tobacco use disorder	F17-, O99.33-	2,326	1,692
20a	Depression and other mood disorders	F30- through F39-	7,003	2,510
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	18,690	6,371
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	1,506	654
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	10,627	5,089
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	2	2

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
18	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	21,061	15,119
21a	Hepatitis B test	CPT-4: 80074, 86704 through 86707, 87340, 87341, 87350, 87912	3,968	3,808
21b	Hepatitis C test	CPT-4: 80074, 86803, 86804, 87520 through 87522, 87902	7,067	6,601
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U, 0240U, 0241U	4,707	4,234
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U	333	323
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP	CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP	392	142
19	Mammogram	CPT-4: 77063, 77065, 77066, 77067 ICD-10: Z12.31 HCPCS: G0279	15,847	11,508
20	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	8,039	7,687
21	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	18,185	14,093
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	17,851	16,762
24b	Coronavirus (SARS-CoV-2) vaccine	CPT-I: 0001A-0004A, 0011A- 0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 91300, 91301, 91302, 91303, 91304, 91305, 0051A-0053A, 91306, 0064A, 0004A, 0054A	9,780	5,831
22	Contraceptive management	ICD-10: Z30-	9,138	4,738
23	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-, Z76.1, Z76.2	20,850	11,701
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	2,816	2,497
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	0	0
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	3,077	2,830
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
24	Emergency services	CDT: D0140, D9110	3,143	2,835
25	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	6,623	5,700
26	Prophylaxis-adult or child	CDT: D1110, D1120	3,986	3,153
29	Sealants	CDT: D1351	252	241
30	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	2,776	2,155
31	Restorative services	CDT: D21xx through D29xx	3,193	1,930
32	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	2,543	2,078
33	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	3,462	1,651

Sources of Codes

ICD-10-CM (2021)-[National Center for Health Statistics \(NCHS\)](#)

CPT (2021)-[American Medical Association \(AMA\)](#)

Code on Dental Procedures and Nomenclature CDT Code (2021)-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 whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2021

Table 6B - Quality of Care Measures

Universal

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

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
0	Less than 15 years	3
1	Ages 15—19	226
2	Ages 20—24	541
3	Ages 25—44	1,403
4	Ages 45 and over	5
6	Total Patients (Sum of Lines 1-5)	2,178

Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester	1,335	84
8	Second Trimester	532	39
9	Third Trimester	170	18

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2 nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday	1,163	1,163	555

Section D - Cervical and Breast Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	28,939	28,939	14,404

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51-73 years of age who had a mammogram to screen for breast cancer	10,344	10,344	6,057

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

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 16 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-16 years of age with a BMI percentile <i>and</i> counseling on nutrition <i>and</i> physical activity documented	13,114	13,114	10,241

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

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	46,661	46,661	15,987

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

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use <i>and</i> Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 12 months, and (2) if identified to be a tobacco user received cessation counseling intervention	43,193	43,193	37,916

Section H - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	15,577	15,577	10,654

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

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	2,355	2,355	1,849

Section J - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer	20,187	20,187	10,265

Section K - HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	24	24	22

Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range	54,209	54,209	31,541

Section L - Depression Measures

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented	47,539	47,539	23,173

Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number Charts Sampled or EHR Total (b)	Number of Patients who Reached Remission (c)
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	98	98	0

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

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	108	108	55

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, Phoenix, AZ

Date Requested: 02/25/2022 3:46 PM EST

Program Name: Health Center 330

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

Submission Status: Review In Progress

Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	38
2	Deliveries Performed by Health Center's Providers	1,951

Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a	Asian	1	0	0	1
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	2	1	0	1
1c	Black/African American	5	0	0	5
1d	American Indian/Alaska Native	11	0	0	11
1e	White	1,039	15	73	955
1f	More than One Race	2	1	0	0
1g	Unreported/Refused to Report Race	11	0	1	10
	Subtotal Hispanic or Latino/a	1,071	17	74	983

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	34	1	1	32
2b1	Native Hawaiian	0	0	0	0
2b2	Other Pacific Islander	16	0	2	14
2c	Black/African American	204	7	18	180
2d	American Indian/Alaska Native	64	1	5	60
2e	White	115	2	4	109
2f	More than One Race	6	0	0	6
2g	Unreported/Refused to Report Race	7	0	0	7
	Subtotal Non-Hispanic or Latino/a	446	11	30	408

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h	Unreported/Refused to Report Race and Ethnicity	1	0	0	1
i	Total	1,518	28	104	1,392

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	13	13	4
1b1	Native Hawaiian	1	1	1
1b2	Other Pacific Islander	31	31	16
1c	Black/African American	41	41	15
1d	American Indian/Alaska Native	34	34	16
1e	White	10,030	10,030	4,924
1f	More than One Race	10	10	7
1g	Unreported/Refused to Report Race	248	248	120
	Subtotal Hispanic or Latino/a	10,408	10,408	5,103

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	539	539	263
2b1	Native Hawaiian	8	8	3
2b2	Other Pacific Islander	110	110	49
2c	Black/African American	2,704	2,704	1,153
2d	American Indian/Alaska Native	134	134	64
2e	White	4,443	4,443	2,122
2f	More than One Race	59	59	29
2g	Unreported/Refused to Report Race	200	200	97
	Subtotal Non-Hispanic or Latino/a	8,197	8,197	3,780

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Refused to Report Race and Ethnicity	17	17	10
i	Total	18,622	18,622	8,893

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	6	6	0
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	28	28	11
1c	Black/African American	19	19	10
1d	American Indian/Alaska Native	23	23	12
1e	White	7,715	7,715	2,518
1f	More than One Race	8	8	4
1g	Unreported/Refused to Report Race	187	187	69
Subtotal Hispanic or Latino/a		7,986	7,986	2,624

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	290	290	52
2b1	Native Hawaiian	4	4	1
2b2	Other Pacific Islander	74	74	17
2c	Black/African American	1,280	1,280	409
2d	American Indian/Alaska Native	127	127	54
2e	White	1,940	1,940	574
2f	More than One Race	31	31	7
2g	Unreported/Refused to Report Race	126	126	37
Subtotal Non-Hispanic or Latino/a		3,872	3,872	1,151

Unreported/Refused to Report Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Refused to Report Race and Ethnicity	12	12	6
i	Total	11,870	11,870	3,781

Table 8A - Financial Costs

Universal

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

Financial Costs of Medical Care

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
1	Medical Personnel	\$40,176,991	\$11,075,561	\$51,252,552
2	Lab and X-ray	\$8,334,169	\$2,297,475	\$10,631,644
3	Medical/Other Direct	\$2,850,452	\$785,782	\$3,636,234
	Total Medical Care Services (Sum of Lines 1 through 3)	\$51,361,612	\$14,158,818	\$65,520,430

Financial Costs of Other Clinical Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
4	Dental	\$4,028,878	\$1,110,638	\$5,139,516
5	Mental Health	\$1,845,363	\$508,710	\$2,354,073
6	Substance Use Disorder	\$0	\$0	\$0
8a	Pharmacy (not including pharmaceuticals)	\$874,307	\$241,020	\$1,115,327
8b	Pharmaceuticals	\$1,548,210		\$1,548,210
8	Other Professional specify Diabetic Educators	\$417,825	\$115,182	\$533,007
9a	Vision	\$0	\$0	\$0
	Total Other Clinical Services (Sum of Lines 5 through 9a)	\$8,714,583	\$1,975,550	\$10,690,133

Financial Costs of Enabling and Other Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
11a	Case Management	\$2,283,186		\$2,283,186
11b	Transportation	\$0		\$0
11c	Outreach	\$0		\$0
11d	Patient and Community Education	\$0		\$0
11e	Eligibility Assistance	\$518,568		\$518,568
11f	Interpretation Services	\$0		\$0
11g	Other Enabling Services specify	\$0		\$0
11h	Community Health Workers	\$618,092		\$618,092
	Total Enabling Services (Sum of Lines 11a through 11h)	\$3,419,846	\$942,747	\$4,362,593
12	Other Program-Related Services specify Cost of Leased Space	\$15,968	\$0	\$15,968
12a	Quality Improvement	\$120,067	\$33,099	\$153,166
	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	\$3,555,881	\$975,846	\$4,531,727

Facility and Non-Clinical Support Services and Totals

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
13	Facility	\$2,445,303		
14	Non-Clinical Support Services	\$14,664,911		
15	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	\$17,110,214		
	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	\$80,742,290		\$80,742,290
16	Value of Donated Facilities, Services, and Supplies specify			\$0
	Total with Donations (Sum of Lines 17 and 18)			\$80,742,290

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Table 9D - Patient Service Revenue

Universal

Line	Payer Category	Full Charges This Period	Amount Collected This Period (a)	Retroactive Settlements, Receipts, and Paybacks (c)				Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
				Collection of Reconciliation Wraparound Current Year (c1)	Collection of Reconciliation Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)			
1	Medicaid Non-Managed Care	\$124,620,595	\$41,044,122	\$4,283,121	\$223,595	\$57,894	\$0	\$81,736,411		
2a	Medicaid Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2b	Medicaid Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	Total Medicaid (Sum of Lines 1 + 2a + 2b)	\$124,620,595	\$41,044,122	\$4,283,121	\$223,595	\$57,894	\$0	\$81,736,411		
3	Medicare Non-Managed Care	\$26,599,325	\$4,769,002	\$0	\$21,569	\$0	\$0	\$19,887,139		
5a	Medicare Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
5b	Medicare Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	Total Medicare (Sum of Lines 4 + 5a + 5b)	\$26,599,325	\$4,769,002	\$0	\$21,569	\$0	\$0	\$19,887,139		
5	Other Public, including Non-Medicaid CHIP, Non-Managed Care	\$1,292,291	\$149,971	\$0	\$0	\$0	\$0	\$1,071,657		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8c	Other Public, including COVID-19 Uninsured Program	\$978,192	\$336,500			\$0	\$0	\$593,777		
	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)	\$2,270,483	\$486,471	\$0	\$0	\$0	\$0	\$1,665,434		
10	Private Non-Managed Care	\$43,540,846	\$7,308,198			\$0	\$0	\$34,760,039		
11a	Private Managed Care (capitated)	\$0	\$0			\$0	\$0	\$0		
11b	Private Managed Care (fee-for-service)	\$0	\$0			\$0	\$0	\$0		
	Total Private (Sum of Lines 10 + 11a + 11b)	\$43,540,846	\$7,308,198			\$0	\$0	\$34,760,039		
13	Self-Pay	\$90,226,815	\$5,166,096						\$82,187,539	\$2,409,134
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	\$287,258,064	\$58,773,889	\$4,283,121	\$245,164	\$57,894	\$0	\$138,049,023	\$82,187,539	\$2,409,134

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Table 9E - Other Revenues

Universal

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

Line	Source	Amount (a)
1a	Migrant Health Center	\$0
1b	Community Health Center	\$812,500
1c	Health Care for the Homeless	\$0
1e	Public Housing Primary Care	\$0
1g	Total Health Center (Sum of Lines 1a through 1e)	\$812,500
1k	Capital Development Grants, including School-Based Health Center Capital Grants	\$0
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	\$0
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	\$614,010
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	\$717,978
1o	American Rescue Plan (H8F)	\$68,578
1p	Other COVID-19-Related Funding from BPHC specify	\$0
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	\$1,400,566
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1q)	\$2,213,066

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	\$66,776
3	Other Federal Grants specify ReLink-Intergrating Treatment Transition; Ryan White Part D-Youth/Women/Children; Ryan White HIV AIDS Program Part C COVID-19 Response; Ryan White HIV AIDS Program Part D COVID-19 Response, Ending the HIV Epidemic	\$555,867
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	\$277,388
3b	Provider Relief Fund specify US HHS Stimulus (ARP Rural Payment)	\$466,247
	Total Other Federal Grants (Sum of Lines 2 through 3b)	\$1,366,278

Non-Federal Grants Or Contracts

Line	Source	Amount (a)
4	State Government Grants and Contracts specify FTF-Care Coord-Cent Phx; FTF-Care Coord-NW/SW; FTF-Care Coord-E Maricopa; FTF-FLC; Reproductive Health (Indirect); CDC- HIV Prevention- TESTAZ; Well Women's Health Check; Emergency Preparedness- HPP; GOHS- Toddler Carseats/Helmets; First Episode Intervention Clinic; Refugee Health Promotion; ADHS-HIV Rebates; 2Match; Ambulatory HIV Opt-Out Testing; Title X Reproductive Health Funding; Arizona Public Assistance COVID-19 Recovery; State Targeted Response to the Opioid Crisis	\$5,467,253
6a	State/Local Indigent Care Programs specify	\$0
5	Local Government Grants and Contracts specify Ryan White Part A-Primary Care (Salary/ERE/Indirect); Ryan White Part A-Mental Health (Indirect); Ryan White Part A-Substance Abuse (Indirect); Ryan White Part A-Cost Sharing (Indirect); Ryan White Part A-Speakers Bureau; Ryan White Part A-Non Med Case Mgt	\$515,130
6	Foundation/Private Grants and Contracts specify Mountain Park; Other Misc Grants	\$132,615
	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	\$6,114,998
7	Other Revenue (non-patient service revenue not reported elsewhere) specify Peoria FHC and McDowell FHC Rent Received	\$15,968
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	\$9,710,310

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Health Center Health Information Technology (HIT) Capabilities

HIT

1. Does your health center currently have an electronic health record (EHR) system installed and in use, at minimum for medical care, by December 31?:

: Yes, installed at all service delivery sites and used by all providers

: Yes, but only installed at some service delivery sites or used by some providers

: No

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

: Yes

: No

1a1.Vendor: Epic Systems Corporation (not including OCHIN)

Other (Please specify):

1a2.Product Name: EpicCare Ambulatory Base

1a3.Version Number: May 2021

1a4.ONC-certified Health IT Product List Number: 15.04.04.1447.Epic.AM.18.1.210709

1a1.Vendor: Select one

Other (Please specify):

1a2.Product Name:

1a3.Version Number:

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

: Yes

: No

1c. Do you use more than one EHR or data system across your organization?:

: Yes

: No

If yes, what is the reason?:

: Additional EHR/data system(s) are used during transition to primary EHR

: Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health)

: Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition

: Other (please describe)

Other (please describe):

1d. Is your EHR up to date with the latest software and system patches?:

: Yes

: No

: Not sure

1e. When do you plan to update/install the latest EHR software and system patches?:

: a. 3 months

: b. 6 months

: c. 1 Year or more

: d. Not planned

2. Question removed.

3. Question removed.

4. Which of the following key providers/health care settings does your health center electronically exchange clinical information with? (Select all that apply.):

: Hospitals/Emergency rooms

: Specialty providers

: Other primary care providers

: Labs or imaging

: Health information exchange (HIE)

: None of the above

: Other (please describe)

Other (please describe):

5. Does your health center engage patients through health IT in any of the following ways? (Select all that apply.):

: Patient portals

: Kiosks

: Secure messaging

: Other (please describe)

: No, we DO NOT engage patients using HIT

Other (please describe):

6. Question removed.

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

: We use the EHR to extract automated reports

: We use the EHR but only to access individual patient health records

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

: We DO NOT use the EHR

8. Question removed.

9. Question removed.

10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.):

- : Quality improvement
- : Population health management
- : Program evaluation
- : Research
- : Other (please describe)
- : We DO NOT utilize HIT or EHR data beyond direct patient care

Other (please describe):

11. Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?:

- : Yes
- : No, but we are in planning stages to collect this information
- : No, we are not planning to collect this information

12. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply.):

- : Accountable Health Communities Screening Tools
- : Upstream Risks Screening Tool and Guide
- : iHELLP
- : Recommend Social and Behavioral Domains for EHRs
- : Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences (PRAPARE)
- : Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)
- : WellRx
- : Health Leads Screening Toolkit
- : Other (please describe)
- : We DO NOT use a standardized screener

Other (please describe):

12a. Please provide the total number of patients that screened positive for the following at any point during the calendar year:

Food insecurity: 814

Housing insecurity: 121

Financial strain: 977

Lack of transportation/access to public transportation: 363

12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.):

- : Have not considered/unfamiliar with standardized screeners
- : Lack of funding for addressing these unmet social needs of patients
- : Lack of training for personnel to discuss these issues with patients
- : Inability to include with patient intake and clinical workflow
- : Not needed
- : Other (please describe)

Other (please describe):

13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?:

- : Yes
- : No
- : Not sure

Comments

Dental services uses Dentrix as the EHR for dental patients. Product Name: Dentrix Version: 11.0 CE ONC Certification: 15.04.04.1624.Dent.11.00.1.190815 12a. Decrease SDOH screenings noted from prior report. Key contributors to this reduction include: • Impact of COVID on clinic staff • Impact of telehealth visits on process. • Workforce loss, the great retirement, reducing staff Action plans are in development to improve screening in CY22.

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Other Data Elements

Other Data Elements

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

a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,¹ 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 during the calendar year?: 21

b. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or certified nurse midwife with a DATA waiver working on behalf of the health center?: 64

2. Did your organization use telemedicine to provide remote (virtual) clinical care services?

The term "telehealth" includes "telemedicine" services, but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.:

: Yes

: No

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

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

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

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

: Real-time telehealth (e.g., live videoconferencing)

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

: Remote patient monitoring

: Mobile Health (mHealth)

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

: Primary care

: Oral health

: Behavioral health: Mental health

: Behavioral health: Substance use disorder

: Dermatology

: Chronic conditions

: Disaster management

: Consumer health education

: Provider-to-provider consultation

: Radiology

: Nutrition and dietary counseling

: Other (Please describe)

Other (Please describe):

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

: Have not considered/unfamiliar with telehealth service options

: Policy barriers (Select all that apply)

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

: Lack of funding for telehealth equipment

: Lack of training for telehealth services

: Not needed

: Other (Please describe)

Other (Please describe):

Policy barriers (Select all that apply):

: Lack of or limited reimbursement

: Credentialing, licensing, or privileging

: Privacy and security

: Other (Please describe)

Other (Please describe):

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

: Cost of service

: Lack of infrastructure

: Other (Please describe)

Other (Please describe):

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

Enter number of assists: 47,708

¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs).

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Workforce

Workforce

1. Does your health center provide health professional education/training that is a hands-on, practical, or clinical experience?:

: Yes

: No

1a. If yes, which category best describes your health center's role in the health professional education/training process? (Select all that apply.):

: Sponsor [2]

: Training site partner [3]

: Other (please describe)

Other (please describe):

2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category⁴ within the calendar year.

	Medical	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians	0	0
	a. Family Physicians		24
	b. General Practitioners		0
	c. Internists		52
	d. Obstetrician/Gynecologists		35
	e. Pediatricians		0
	f. Other Specialty Physicians		54
2.	Nurse Practitioners	0	0
3.	Physician Assistants	0	0
4.	Certified Nurse Midwives	0	0
5.	Registered Nurses	21	2
6.	Licensed Practical Nurses/Vocational Nurses	0	0
7.	Medical Assistants	10	0

	Dental	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	0	31
9.	Dental Hygienists	0	0
10.	Dental Therapists	0	0
10a.	Dental Assistants	0	0

	Mental Health and Substance Use Disorder	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		0
12.	Clinical Psychologists	0	0
13.	Clinical Social Workers	2	0
14.	Professional Counselors	1	0
15.	Marriage and Family Therapists	0	0
16.	Psychiatric Nurse Specialists	0	0
17.	Mental Health Nurse Practitioners	0	0
18.	Mental Health Physician Assistants	0	0
19.	Substance Use Disorder Personnel	0	0

	Vision	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
20.	Ophthalmologists	0	0
21.	Optometrists	0	0

	Other Professionals	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors	0	0
23.	Dieticians/Nutritionists	0	0
24.	Pharmacists	21	0
25.	Other please describe Med Lab Sciences -3, Audiology -1, Chaplain student -7, Health Information management-1, Medical Imaging - 9, Occupational Therapy -8, Paramedics- 92, Phlebotomy -6, Physical Therapy- 5, Surgical Technology- 2, Respiratory Therapy- 15	88	61

3. Provide the number of health center personnel serving as preceptors at your health center.: 131

4. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs.: 52

5. How often does your health center conduct satisfaction surveys to providers working for the health center? (Select one.):

: Monthly

: Quarterly

: Annually

: We DO NOT currently conduct provider satisfaction surveys

: Other (please describe)

Other (please describe):

6. How often does your health center conduct satisfaction surveys for general personnel working for the health center (report provider surveys in question 5 only)? (Select one.):

: Monthly

: Quarterly

: Annually

: We DO NOT currently conduct personnel satisfaction surveys

: Other (please describe)

Other (please describe):

² A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

³ A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession

education provider (e.g., month-long primary care dentistry experience for dental students).

⁴ Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.

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Data Audit Report

Edit Comments

Edit Code	Comments

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Data Audit Report

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

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (83659). Prior Year - (78554).

Related Tables: Table 3A(UR)

Addy Munoz (Health Center) on 02/11/2022 4:41 PM EST: Last year we had a decrease of patients due to Covid-19. We have reviewed our data, and feel it is accurate. We believe we had more people came back for their healthcare who may have quarantined during the previous year.

Table 4-Selected Patient Characteristics

Edit 05870: Patient Count in Question - You report a high proportion of your total patients served at a health center located in or immediately accessible to a public housing site on line 26 (100)% compared to total patients. Please correct or explain.

Related Tables: Table 4(UR)

Addy Munoz (Health Center) on 02/14/2022 9:39 AM EST: All Community Health Centers are located near public housing. For example, the South Phoenix Laveen Community Health was newly built and opened in 2020. There are 222 HUD facilities within a five mile radius of this location.

Edit 04189: Inter-year Member Months in question - A significant change in managed care participation on Table 4 Line 13b Column a (0) is reported compared with the prior year (810154). Please correct or explain.

Related Tables: Table 4(UR)

Addy Munoz (Health Center) on 02/11/2022 4:54 PM EST: Member months were incorrectly reported in prior year. Managed care programs our patients are enrolled in allow them to receive care from other providers. Per UDS instructions, no member months should be reported.

Edit 04200: Inter-year Member Months in question - A significant change in managed care participation on Table 4 Line 13b Column b (0) is reported compared with the prior year (77950). Please correct or explain.

Related Tables: Table 4(UR)

Addy Munoz (Health Center) on 02/11/2022 4:55 PM EST: Member months were incorrectly reported in prior year. Managed care programs our patients are enrolled in allow them to receive care from other providers. Per UDS instructions, no member months should be reported.

Table 5-Staffing And Utilization

Edit 07251: Virtual Visits greater than Clinic Visits - Mental Health virtual visits on Line 20 Column b2 (16305) are greater than or equal to Mental Health visits reported on Line 20 Column b (1893). Please correct or explain.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/14/2022 9:29 AM EST: Due to the impact of COVID-19, mental health services has seen a shift to more virtual visits than in-person.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (35.73). Prior Year - (38.55). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/14/2022 9:29 AM EST: Due to operational changes in the last quarter of the prior calendar year, we experienced a decrease in FTEs for Nurse Practitioners.

Edit 00052: Dentist Productivity Questioned - A significant change in Productivity (visits/FTE) of Dentists on Line 16 (1796.35) is reported from the prior year (1313.49). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/14/2022 9:30 AM EST: The prior year had dental clinic closures due to COVID-19 limiting occupancy and causing a decrease in productivity.

Edit 00219: Substantial inter-year variance in providers - Number of dental providers and hygienists on Lines 16 , 17 and 17a Column a differs substantially from prior year. Current Year - (15.78). Prior Year - (12.23). Please correct or explain.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/14/2022 9:30 AM EST: The current year experienced an expansion of dental services at a new location.

Table 6B-Quality of Care Indicators

Edit 06815: Line 13 Compliance Rate Questioned - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Line 13: The proportion of patients in compliance 34.26% dropped significantly when compared to the prior year 61.39%. Please review and correct or explain.

Related Tables: Table 6B

Addy Munoz (Health Center) on 02/11/2022 4:43 PM EST: CMS Changed the logic to this measure where a follow up must occur every time the BMI is recorded, aka, every visit. Therefore, this significantly reduced the numerator. We have a work group in place to address this new workload.

Edit 07432: Line 21a Compliance Rate Questioned - A compliance rate of 0% is reported for the Depression Remission measure, Line 21a. Please review the reporting of Column C in relation to the number reported in Column B for accuracy and correct or explain.

Related Tables: Table 6B

Allyson Roby (Reviewer) on 02/23/2022 7:28 PM EST: Stable, if disappointing, performance.

Edit 05787: Line 17a Column A in Question - Based on the number of patients age 21+ at high risk of cardiovascular events reported on Line 17a, Column A, we estimate a prevalence rate of (26.97)%. This appears high compared to the prior year national average. Please review and correct or explain.

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

Allyson Roby (Reviewer) on 02/23/2022 7:27 PM EST: Proper collection of data confirmed.

Table 7-Health Outcomes and Disparities

Edit 05544: Low Birthweights Questioned - The total 'Pacific Islander' (Line 1b2+2b2) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (16.67)% ;PYN (7.60)%

Related Tables: Table 7

Addy Munoz (Health Center) on 02/11/2022 4:48 PM EST: All 3 deliveries were preterm and none of the mothers received complete prenatal care at VH.

Edit 05467: Total Patients with Hypertension in Question - Total patients with hypertension reported on Table 7 is greater than the total patients with hypertension reported on Table 6A. This is possible only if you have seen patients who have hypertension without treating them for the diagnosis during the year. Please review and correct or explain.

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

Addy Munoz (Health Center) on 02/11/2022 4:47 PM EST: There are patients that were evaluated for Table 7 whose DX was overlapping with another measurement period (which meets the 2021 UDS guidelines per the manual). This would exclude the patient from appearing in Table 6a.

Table 8A-Financial Costs

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (260.81); Prior Year (324.45).

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

Addy Munoz (Health Center) on 02/11/2022 8:07 PM EST: Total costs were 19.49% greater than in prior year while visits increased by 35.28%. Salary cost increased due to additional Dentists hired to fill the gap from losing Dental Residency Program.

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (129.36); Prior Year (146.34).

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

Addy Munoz (Health Center) on 02/11/2022 8:08 PM EST: Total costs were 22.03% greater than prior year while visits increased 31.08%. Salary costs increased due to additional Clinician and Behavioral Health Specialist FTEs.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (250.36); Prior Year (194.01).

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

Addy Munoz (Health Center) on 02/11/2022 8:08 PM EST: Total costs remained relatively the same to the prior year while visits decreased 23.34%.

Edit 01026: Overhead Costs Questioned on Line 12 - You report direct costs (15968) on Table 8A Line 12 Column a but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Addy Munoz (Health Center) on 02/11/2022 8:07 PM EST: Amount reflects rental income used to approximate the cost of space leased to others for which no overhead is associated.

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

Edit 05767: Charge to Cost Ratio Questioned - Total charge to cost ratio of (3.77) is reported which suggests that charges are more than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Alyson Roby (Reviewer) on 02/15/2022 8:12 PM EST: Steady situation over years.

Edit 04064: Average Charges - Average charge per medical + dental + mental health + substance use disorder+ vision + other professional visits varies substantially from the prior year national average. Current Year (1048.1); Prior Year National Average (323.27). Please correct or explain.

Related Tables: Table 9D, Table 5(UR)

Alyson Roby (Reviewer) on 02/15/2022 8:15 PM EST: Consistent issue over years.

Table 9E-Other Revenues

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year on Table 9E Line 1b. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - On Table 9E Line 1b Column a (812500). Prior Year - On Table 9E Line 1b Column a (537825).

Related Tables: Table 9E

Alyson Roby (Reviewer) on 02/23/2022 7:44 PM EST: See Table level comment from grantee.

BHCMIS ID: 09E00911 - MARICOPA COUNTY SPECIAL HEALTH CARE

DISTRICT, Phoenix, AZ

Program Name: Health Center 330

Submission Status: Review In Progress

Date Requested: 02/25/2022 3:46 PM EST

Date of Last Report Refreshed: 02/25/2022 3:46 PM EST

UDS Report - 2021

Comments

Report Comments

Not Available

HIT Comments

Dental services uses Dentrix as the EHR for dental patients. Product Name: Dentrix Version: 11.0 CE ONC Certification: 15.04.04.1624.Dent.11.00.1.190815 12a. Decrease SDOH screenings noted from prior report. Key contributors to this reduction include: • Impact of COVID on clinic staff • Impact of telehealth visits on process. • Workforce loss, the great retirement, reducing staff Action plans are in development to improve screening in CY22.

ODE Comments

There was a notable increase in the number of assists reported in 2021. Review of 2020 was incorrectly reported as the number of personnel completing the assists. Data reported in 2021 are the assists that were completed by 16 people In addition, the screen process has improved with the implementation of the EPIC Financial Assistance Module.



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.iii.

Governance:
Bank of America Foundation
Grant Application

Category	Response
Name of funding opportunity	Behavioral Health Support for Afghan Refugees
Name of person submitting opportunity	Marina Sandoval & Alyssa Crockett, Valleywise Health Foundation
Sustainability required? If yes, provide details.	Yes <input type="radio"/> No <input checked="" type="radio"/> Details: Personnel trained will train others at VH as outlined in the grant proposal. No additional funding will be needed past the grant year.
Indirect rate or return on investment outcome (completed by Grants)	Yes <input type="radio"/> No <input checked="" type="radio"/> Details:
Name of funder	Bank of America Foundation
Application deadline	
Proposed amount requesting	\$50,000
Purpose and aims of funding	To provide the Center for Mind-Body Medicine (CMBM) Professional Training Program (PTP) to a cohort of VH personnel who can implement this training within the trauma-relief program for Afghan Refugees. New Afghan Cultural Health Navigators (CHNs) will attend the training, as well as other CHNs to participate as a workforce development opportunity.
Areas of focus	The training will provide participants with the tools and support they need to address their own stress and trauma and integrate what they have learned from CMBM and apply to the therapeutic, educational, and social service work they do in their respective communities.
Budget (How will the funds be used)	Are items in the approved capital budget? Yes <input type="radio"/> No <input checked="" type="radio"/> Are personnel expenses included in the budget? Yes <input checked="" type="radio"/> No <input type="radio"/> New hires? Yes <input type="radio"/> No <input checked="" type="radio"/> Offsetting revenue for current employees? Yes <input checked="" type="radio"/> No <input type="radio"/> Provide a description of the main expenses covered under this grant. CMBM Professional Training Program (PTP) – Cohort of 10 - \$15,000, Offset salary/ERE costs - \$34,000 Program Materials - \$1,000, TOTAL: \$50,000
Link to grant opportunity or include the Request for Grant Application	https://about.bankofamerica.com/en/making-an-impact/charitable-foundation-funding
Length of program (i.e. 1 year, 2 years)	The PTP Training is 5 days.
Other notes to be considered by the Grants Advisory Committee:	
Key stakeholders reviewed:	<input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Behavioral Health <input type="checkbox"/> Biomed <input type="checkbox"/> Clinic Manager <input type="checkbox"/> Facilities <input type="checkbox"/> Family Learning Center <input type="checkbox"/> IT <input type="checkbox"/> Marketing <input type="checkbox"/> Nursing <input type="checkbox"/> Research <input type="checkbox"/> VHF <input checked="" type="checkbox"/> Other Afghan Refugee Program



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.iv.

Governance:
Department of Economic Security
Office of Refugee Resettlement
Grant Application

Category	Response												
Name of funding opportunity	Afghan Refugee Competition I Practicum												
Name of person submitting opportunity	Cindy Morrison, Sr. Grants Program Manager												
Sustainability required? If yes, provide details.	Yes <input type="radio"/> No <input checked="" type="radio"/> Details:												
Indirect rate or return on investment outcome (completed by Grants)	Yes <input checked="" type="radio"/> No <input type="radio"/> Details: 25% Indirect Rate												
Name of funder	Department of Economic Security (DES)												
Application deadline													
Proposed amount requesting	\$240,000												
Purpose and aims of funding	Expanding the network/internal cross-training in a centralized curriculum to be able to provide services to medically vulnerable Afghan refugees.												
Areas of focus	General Health Literacy, Mental Health and Domestic violence support and treatment.												
Budget (How will the funds be used)	<p>Are items in the approved capital budget? Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Are personnel expenses included in the budget? Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>New hires? Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>Offsetting revenue for current employees? Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>Provide a description of the main expenses covered under this grant.</p> <p>Offset Salary/Benefits Cultural Health Navigators and an LCSW CHN cell phones and related monthly expenses, laptops, program materials, and hotel vouchers for eligible patients.</p>												
Link to grant opportunity or include the Request for Grant Application													
Length of program (i.e. 1 year, 2 years)	1 year												
Other notes to be considered by the Grants Advisory Committee:	This is a non-competitive grant. Valleywise was approached and asked to submit a Practicum and a scope of work to provide services that support the new Afghan arrivals.												
Key stakeholders reviewed:	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Ambulatory</td> <td><input type="checkbox"/> IT</td> </tr> <tr> <td><input type="checkbox"/> Behavioral Health</td> <td><input type="checkbox"/> Marketing</td> </tr> <tr> <td><input type="checkbox"/> Biomed</td> <td><input type="checkbox"/> Nursing</td> </tr> <tr> <td><input type="checkbox"/> Clinic Manager</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Facilities</td> <td><input type="checkbox"/> VHF</td> </tr> <tr> <td><input type="checkbox"/> Family Learning Center</td> <td><input checked="" type="checkbox"/> Other Dr. Crista Johnson</td> </tr> </table>	<input checked="" type="checkbox"/> Ambulatory	<input type="checkbox"/> IT	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Marketing	<input type="checkbox"/> Biomed	<input type="checkbox"/> Nursing	<input type="checkbox"/> Clinic Manager	<input type="checkbox"/> Research	<input type="checkbox"/> Facilities	<input type="checkbox"/> VHF	<input type="checkbox"/> Family Learning Center	<input checked="" type="checkbox"/> Other Dr. Crista Johnson
<input checked="" type="checkbox"/> Ambulatory	<input type="checkbox"/> IT												
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<input type="checkbox"/> Biomed	<input type="checkbox"/> Nursing												
<input type="checkbox"/> Clinic Manager	<input type="checkbox"/> Research												
<input type="checkbox"/> Facilities	<input type="checkbox"/> VHF												
<input type="checkbox"/> Family Learning Center	<input checked="" type="checkbox"/> Other Dr. Crista Johnson												



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.v.

Governance:
Blue Cross Blue Shield of Arizona
Grant Application

Category	Response												
Name of funding opportunity	Mental Health Grant												
Name of person submitting opportunity	Kathleen Metzger, Sr. Grants Writer												
Sustainability required? If yes, provide details.	Yes <input type="radio"/> No <input checked="" type="radio"/> Details:												
Indirect rate or return on investment outcome (completed by Grants)	Yes <input checked="" type="radio"/> No <input type="radio"/> Details: 10% requested												
Name of funder	Blue Cross Blue Shield of Arizona												
Application deadline	April 4, 2022												
Proposed amount requesting	\$125,000												
Purpose and aims of funding	Funding will be used to train Valleywise Health integrated behavioral health (IBH) staff in evidenced-based methods to enhance treatment for youth 7-17 and their families.												
Areas of focus	Integrated behavioral health for children and adolescents ages 7-17.												
Budget (How will the funds be used)	<p>Are items in the approved capital budget? Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Are personnel expenses included in the budget? Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>New hires? Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Offsetting revenue for current employees? Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>Provide a description of the main expenses covered under this grant.</p> <p>Budget will cover training expenses for Cognitive Behavioral Health Therapy and Dialectical Behavior Therapy for staff.</p>												
Link to grant opportunity or include the Request for Grant Application													
Length of program (i.e. 1 year, 2 years)	1 year												
Other notes to be considered by the Grants Advisory Committee:	Proposal will be submitted through Valleywise Health Foundation												
Key stakeholders reviewed:	<table border="0"> <tr> <td><input type="checkbox"/> Ambulatory</td> <td><input type="checkbox"/> IT</td> </tr> <tr> <td><input checked="" type="checkbox"/> Behavioral Health</td> <td><input type="checkbox"/> Marketing</td> </tr> <tr> <td><input type="checkbox"/> Biomed</td> <td><input type="checkbox"/> Nursing</td> </tr> <tr> <td><input type="checkbox"/> Clinic Manager</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> Facilities</td> <td><input checked="" type="checkbox"/> VHF</td> </tr> <tr> <td><input type="checkbox"/> Family Learning Center</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> IT	<input checked="" type="checkbox"/> Behavioral Health	<input type="checkbox"/> Marketing	<input type="checkbox"/> Biomed	<input type="checkbox"/> Nursing	<input type="checkbox"/> Clinic Manager	<input type="checkbox"/> Research	<input type="checkbox"/> Facilities	<input checked="" type="checkbox"/> VHF	<input type="checkbox"/> Family Learning Center	<input type="checkbox"/> Other
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<input type="checkbox"/> Family Learning Center	<input type="checkbox"/> Other												



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.c.vi.

Governance:
Budget Modification to
Health Resources and Services
Administration Grant H8ECS38222



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: April 6, 2022

To: Valleywise Community Health Centers Governing Council

From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

Subj: Budget Modification Submission for Health Resources and
Services Administration (HRSA) Expanding Capacity for
Coronavirus Testing (ECT) Award, Grant No. H8ECS38222

In Fiscal Year 2020, HRSA made supplemental funds available to FQHCs in support of clinical operations to manage the COVID-19 pandemic. Staff submitted the appropriate application and was awarded Expanding Capacity for Coronavirus Testing (ECT) Grant No. H8ECS38222. Total: \$1,408,999.00.

In Fiscal Year 2021, an extension of the ECT grant funding was approved to convert Valleywise Community Health Center – South Central to an advanced testing center and serve as an overflow center in the event of a large surge of patients infected with COVID-19 or other infectious pathogens. Total budgeted: \$381,012.00.

The conversion project was completed under budget. Total remaining: \$203,663.73.

Staff is requesting approval to submit a proposal to HRSA that the remaining funds be used for equipment and supplies to support COVID-19 testing at the converted space at Valleywise Community Health Center – South Central and at the updated COVID-19 testing site at Valleywise Health Community Health Center – Phoenix.



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 1.d.i.

Medical Staff:
FQHC Medical Staff and Allied Health
Professional Staff Credentials

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

PVALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Collette Rochelle Harris, M.D.	Courtesy	Family & Community Medicine	03/01/2022 to 02/29/2024	
Evan B. Taber, M.D.	Active	Obstetrics & Gynecology	03/01/2022 to 02/29/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Nothing to report			

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Angela S. Filler, M.D.	Active	Pediatrics	03/01/2022 to 02/29/2024	
Patricia A. Graham, M.D.	Active	Obstetrics / Gynecology	03/01/2022 to 02/29/2024	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Marie Elizabeth Oberst, D.O.	Family & Community Medicine	<u>Addition:</u> In-Patient Core Adult Cognitive & Adult Procedural Privileges	FPPE: a retrospective review of five (5) procedures/cases

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Renuka B. Nigam, M.D.	Pediatrics	Active to Inactive	Resigned effective December 31, 2021

Definitions:

- Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
- Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
- Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
- FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ALLIED HEALTH PROFESSIONALS – INITIAL APPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Almedina Hajric, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION

NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Brittney Kathleen Whitney, W.H.N.P.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Subdermal Contraceptive Capsule Privileges.

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Wendy Anne Byers, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Laura Dietrich-Lake, F.N.P.	Internal Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Lynn Rene Meadows, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Brittney Kathleen Whitney, W.H.N.P.	Obstetrics / Gynecology	Practice Prerogatives on file	03/01/2022 to 02/29/2024	

CHANGE IN PRIVILEGES

NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Alexis Elizabeth Sotis, P.A.-C	Family & Community Medicine	<u>Addition:</u> Therapeutic Procedures including Arthrocentesis/Joint Aspiration and Injection of joints, tendons, bursa or trigger points.	FPPE: Ongoing review of competency and performance conducted by supervising physician(s).; First three (3) cases will be under Personal Supervision.

RESIGNATIONS (Information Only)

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Mandi L. Filla, A.G.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective December 15, 2021
Anita Woodard Martinez, C.N.M.	Obstetrics / Gynecology	Allied Health Professional to Inactive	Resigned effective January 2, 2022

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

RESIGNATIONS (Information Only)

Adriana Vulic, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective December 31, 2021
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General Definitions:

<p>Allied Health Professional Staff</p> <p>Practice Prerogatives</p>	<p>An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners.</p> <p>Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.</p>
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Supervision Definitions:

<p>(1) General Supervision</p> <p>(2) Direct Supervision</p> <p>(3) Personal Supervision</p>	<p>The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.</p> <p>The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.</p> <p>A physician must be in the room during the performance of the procedure.</p>
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Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 2.

UDS Select Data Points

April 6, 2022

Preliminary Review of Select Data Points of the Calendar Year 2021 Uniform Data System (UDS)

Barbara Harding, SVP Ambulatory Care Services
CEO FQHC Clinics

Objectives

- Understand the Universal Data System (UDS)
 - Purpose
 - Report content
 - Use of the data
- Preliminary review of select data elements from the Calendar Year 2021 report
 - Table 3B – Demographics Characteristics
 - Race/Ethnicity
 - SOGI
 - Table 4 – Selected Patient Characteristics
 - Income as percent of Poverty Guidelines
 - Unique Unduplicated Patient Count

What is the Uniform Data Set (UDS) Report

- The Uniform Data System (UDS) is an annual reporting system that provides standardized information about the performance and operation of health centers delivering health care services to underserved communities and vulnerable populations.
- Its core components include patient demographics, staffing and utilization, selected diagnoses and services rendered, quality of care indicators, health outcomes and disparities, and finances and revenues of awardee health centers.
- UDS data on patient characteristics and clinical conditions are used to evaluate and improve health-center performance, ensure compliance with legislative mandates, and identify trends in health centers' impact on expanding access, addressing health disparities, improving quality, and reducing health care costs.
- Submission of the report to HRSA: February 15, 2022.

Data Elements Reported

Table	Data Reported
Service Area	
Zip Code Table	Patients by Zip Code
Patient Profile	
Table 3A	Patients by Age and by Sex Assigned at Birth
Table 3B	Demographic Characteristics
Table 4	Selected Patient Characteristics
Staffing and Utilization	
Table 5	Staffing and Utilization
Table 5A	Tenure for Health Center Staff
Clinical	
Table 6A	Selected Diagnoses and Services Rendered
Table 6B	Quality of Care Measures
Table 7	Health Outcomes and Disparities
Financial	
Table 8A	Financial Costs
Table 9D	Patient-Related Revenue
Table 9E	Other Revenue

Table 3B – Demographic Characteristic Race/Ethnicity

Patients by Race	CY2017			CY2018			CY2019			CY2020			CY2021		
	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported	Hispanic /Latino	Non-Hispanic or Latino	Unreported
Asian	37	1,943	0	35	2,074	0	35	2,108	0	28	1,890	0	35	2,245	0
Native Hawaiian	2	24	0	6	35	0	4	32	0	3	32	0	4	34	0
Other Pacific	84	471	0	56	449	0	88	495	0	131	442	0	246	476	0
Black/ African American	243	11,072	0	257	11,457	0	245	11,539	0	209	10,161	0	243	10,367	0
American Indian/ Alaska Native	83	830	0	95	864	0	107	853	0	105	760	0	151	901	0
White	51,309	18,595	0	51,050	18,447	0	50,354	17,955	0	46,027	16,089	0	50,095	16,082	0
More than one race	45	158	0	43	172	0	63	227	0	60	238	0	91	288	0
Unreported/Refused	3,157	2,376	232	2,826	1,781	80	1,704	1,490	79	1,098	1,212	69	1,220	1,076	105
TOTAL	54,960	35,496	232	54,368	35,279	80	52,600	34,699		47,661	30,824	69	52,085	31,469	105
COMBINED TOTAL	90,661			89,727			87,378			78,554			83,659		

Table 3B – Selected Patient
Characteristic
Special Populations:
Language

Year	Patients Served in Another Language Other than English
2021	34944
2020	31,615
2019	34,252
2018	34,674
2017	35,365

Table 3B – Demographic Characteristic Sexual Orientation/Gender Identity (SOGI)

Characteristics: Patients by Sexual Orientation	CY2017	CY2018	CY2019	CY2020	CY2021
Lesbian or Gay	761	1,392	1,440	1,436	2,238
Heterosexual (or straight)	37,317	40,287	37,900	29,368	44,646
Bisexual	315	396	391	340	850
Something Else	133	122	123	136	433
Don't know	49,876	45,411	45,941	93	780
Chose not to disclose	2,259	2,119	1,583	1,137	3,207
Unknown				46,044	31,687
TOTAL	90,661	89,727	87,378	78,554	83,659

Characteristics: Patients by Gender Identity	CY2017	CY2018	CY2019	CY2020	CY2021
Male	37,901	37,531	36,475	13,155	20,453
Female	52,459	52,006	50,734	21,564	33,709
Transgender Male/ Female to Male	42	55	56	66	89
Transgender Female/Male to Female	78	68	61	76	154
Other	2	9	10	21	87
Chose not to disclose	179	58	42	38	189
Unknown				43,634	28,978
TOTAL	90,661	89,727	87,378	78,554	83,659

Table 4 – Selected Patient Characteristic Income as Percent of Poverty Guidelines

Patients by Income Level	CY2017	CY2018	CY2019	CY2020	CY2021
100% of FPL & below	26,521	36,452	51,284	46,523	50,031
101 - 150%	5,546	7,987	15,764	13,226	13,132
151 - 200%	1,785	3,167	7,657	6,315	5,684
Over 200%	1,411	3,706	10,281	8,517	7,410
Unknown	55,398	38,415	2,392	3,973	7,402
TOTAL	90,661	89,727	87,378	78,554	83,659

Unique Unduplicated Patient Count

Total Patients by Year	2017	2018	2019	2020	2021
Valleywise Health	90,661	89,727	87,378	78,554	83,659



THANK YOU!



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 3.

Barriers to and Facilitators of
Telehealth for
Primary Care Patients

April 6, 2022

BARRIERS TO AND FACILITATORS OF TELEHEALTH FOR PRIMARY CARE PATIENTS

Research conducted by Michelle Barker, DHSc
and Kathleen Mathieson, PhD, CIP

In collaboration with Anthony Dunnigan, MD and
Barbara Harding, RN, MPA

BACKGROUND AND SIGNIFICANCE

Telehealth

- Adopted as a means to reduce COVID-19 exposure
- Use increased from 22% in 2019 to 80% in 2020 (Drees, 2020)
- Provided increased access to care by reducing travel time, decreasing costs, and minimizing provider shortages (Office of Disease Prevention and Health Promotions, 2020)
- Resulted in improved patient health outcomes (Gajarawala & Pelkowski, 2021)
- Proven effective in chronic disease management (Kruse et al., 2020)

RATIONALE

- Institute of Medicine identified technology (telehealth) as essential to improved health care (IOM, 2001)
- Early Studies focused on provider acceptance, not patient acceptance (Hu et al., 1999; Sheng et al., 1998; West, 2019)
- Underserved communities were unaware of telehealth's availability (Ghaddar et al., 2020)
- Limited research on telehealth at FQHCs and on patient perceptions since COVID-19
- Post pandemic use of telehealth will require an understanding of patients' characteristics and perspectives

RESEARCH QUESTION

What are the barriers to and facilitators of telehealth use by primary care patients?

What demographic characteristics of patients are associated with greater use of telehealth primary care services?

METHOD

Research Design

A quantitative cross-sectional descriptive study on the barriers to and facilitators of telehealth by primary care patients at a federally qualified health center

STUDY PARTICIPANTS

- Valleywise Health outpatient clinic patients who received care in 2020 or 2021 (no exclusion criteria)
- Surveys were sent electronically to patients with a valid email address and paper copies were provided in the clinics for 4 weeks
- A nonprobability convenience sample from the target population based on self-selection
- Informed consent acknowledged by survey participation
- Study was approved for exemption by the ATSU and VWH institutional review boards

SURVEY DEVELOPMENT

- Survey questions developed using the technology acceptance model (TAM) from validated question sets (An et al., 2021; Hirani et al., 2017; Kamal et al., 2020; Parmanto et al., 2016)
- Included five constructs of telehealth; Access, ease of use, usefulness, satisfaction, and privacy and confidentiality
- Patient characteristics included gender, ethnicity, race, age, income, education, insurance, number of annual visits, and participants' health status
- Nominal and ordinal data scales using multiple choice or Likert scale measures

DATA COLLECTION

Electronic

- Created in Survey Monkey in English and Spanish
- Sent to all patients with a valid email address in the participant's preferred language
- Participants were emailed an invitation and a link to Survey Monkey
- Survey results downloaded and exported into SPSS Ver. 28

Paper

- Paper surveys printed from Survey Monkey in English and Spanish
- Offered to clinic patients over 4-weeks
- Surveys were completed anonymously with no tracking or patient identifiers
- Results manually entered into SPSS

STATISTICAL ANALYSIS

- Descriptive statistics for demographic information included measurements of frequency and percentages
- Chi-square tests conducted to compare telehealth use with demographic characteristics (alpha set to .05)
- The dependent variable, telehealth user status, was tested with each independent variable (gender, age, income, education, race, ethnicity, health status, insurance)
- Telehealth constructs used a 5-point Likert scale and were reported by frequency and percentage

RESULTS

48,245 email invitations sent to VWH patients

1,823 electronic surveys completed (3.7%
return rate)

136 paper surveys completed across 12 clinics

1,962 total number of participants

93.1% of surveys completed electronically

DEMOGRAPHICS

The majority of surveys were completed by participants

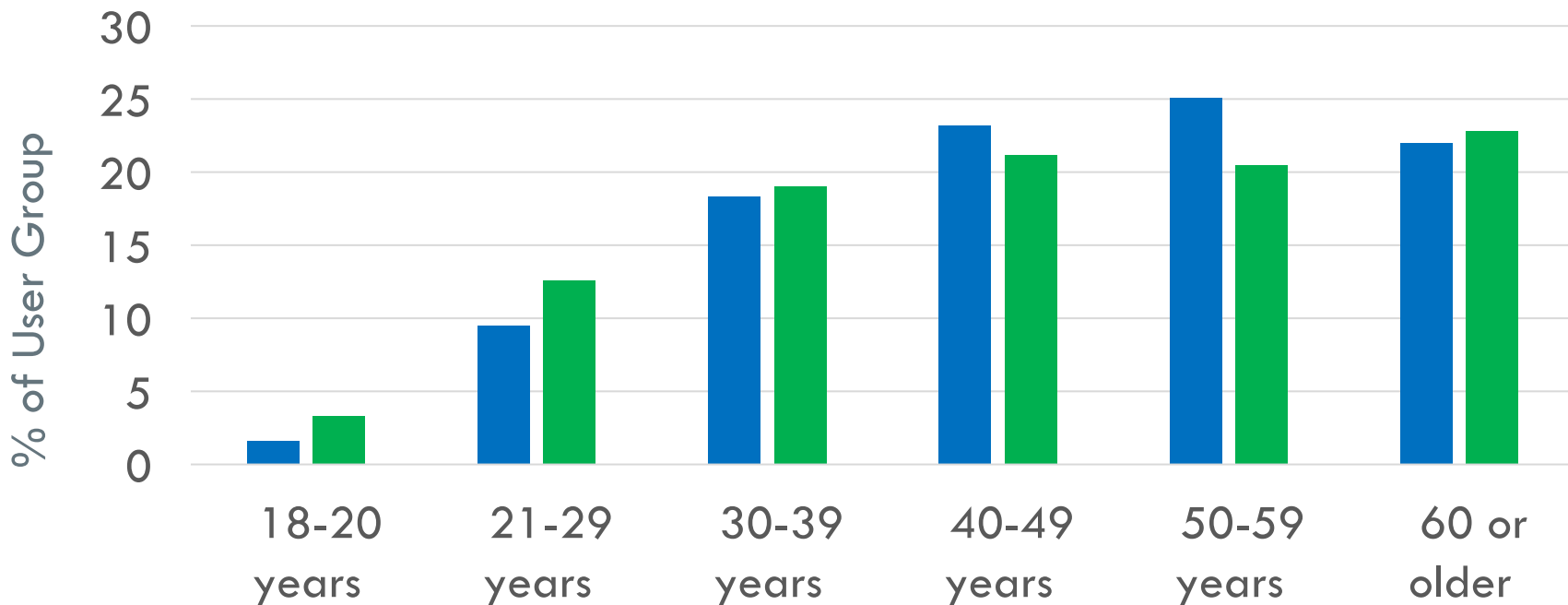
- In English (85.3%)
- Female (65.8%)
- With private insurance (81.3%)

DEMOGRAPHICS

Telehealth Users ■ Non-Users ■

Figure 1

Age Groups

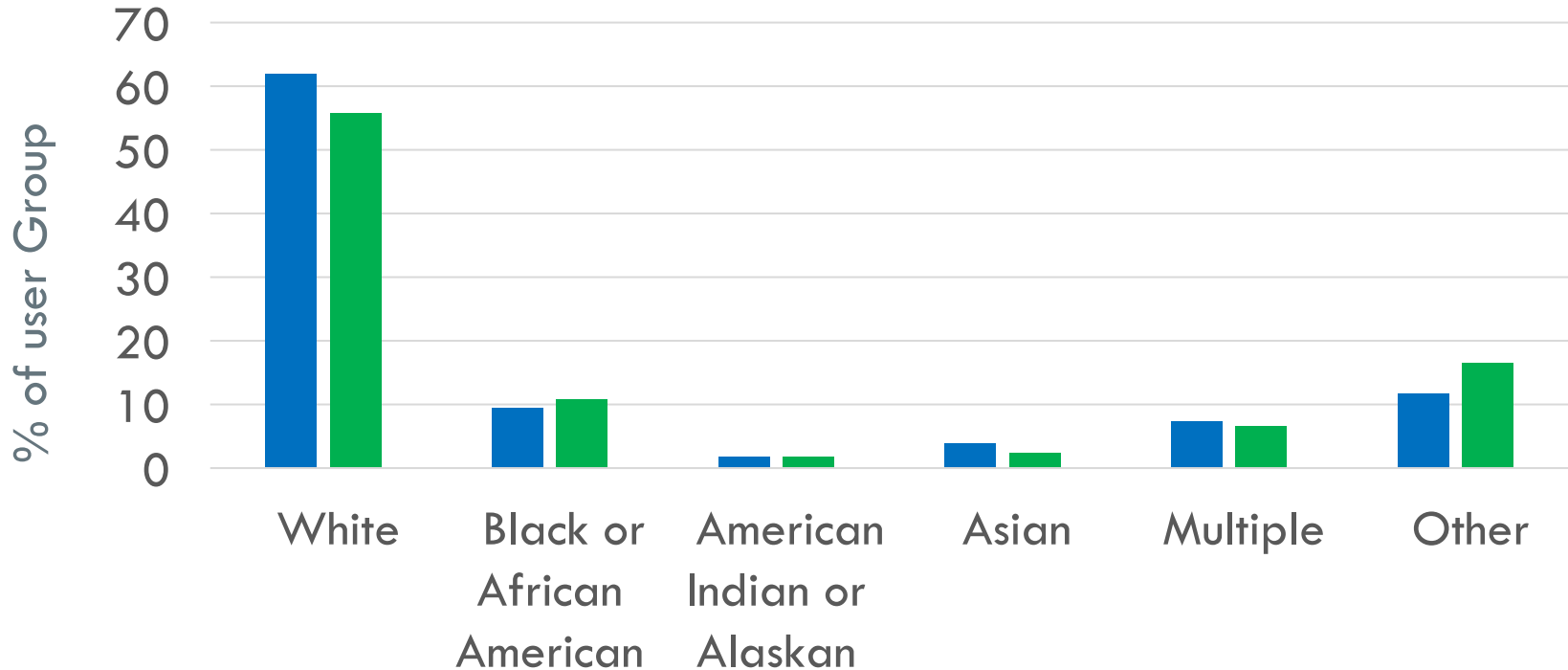


DEMOGRAPHICS

Telehealth Users ■ Non-Users ■

Figure 2

Race

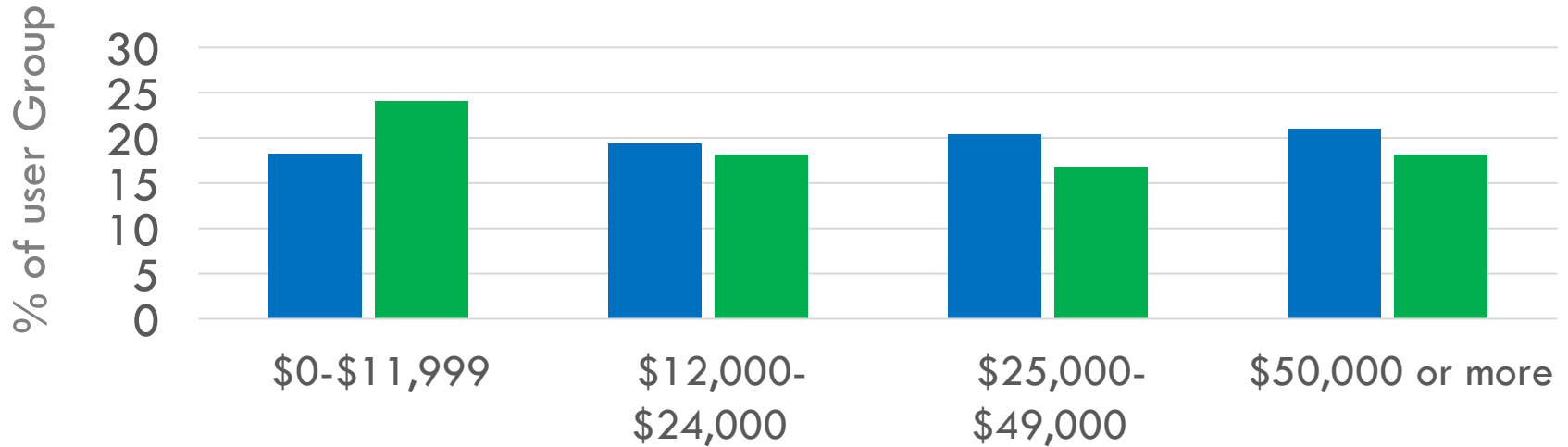


DEMOGRAPHICS

Telehealth Users ■ Non-Users ■

Figure 3

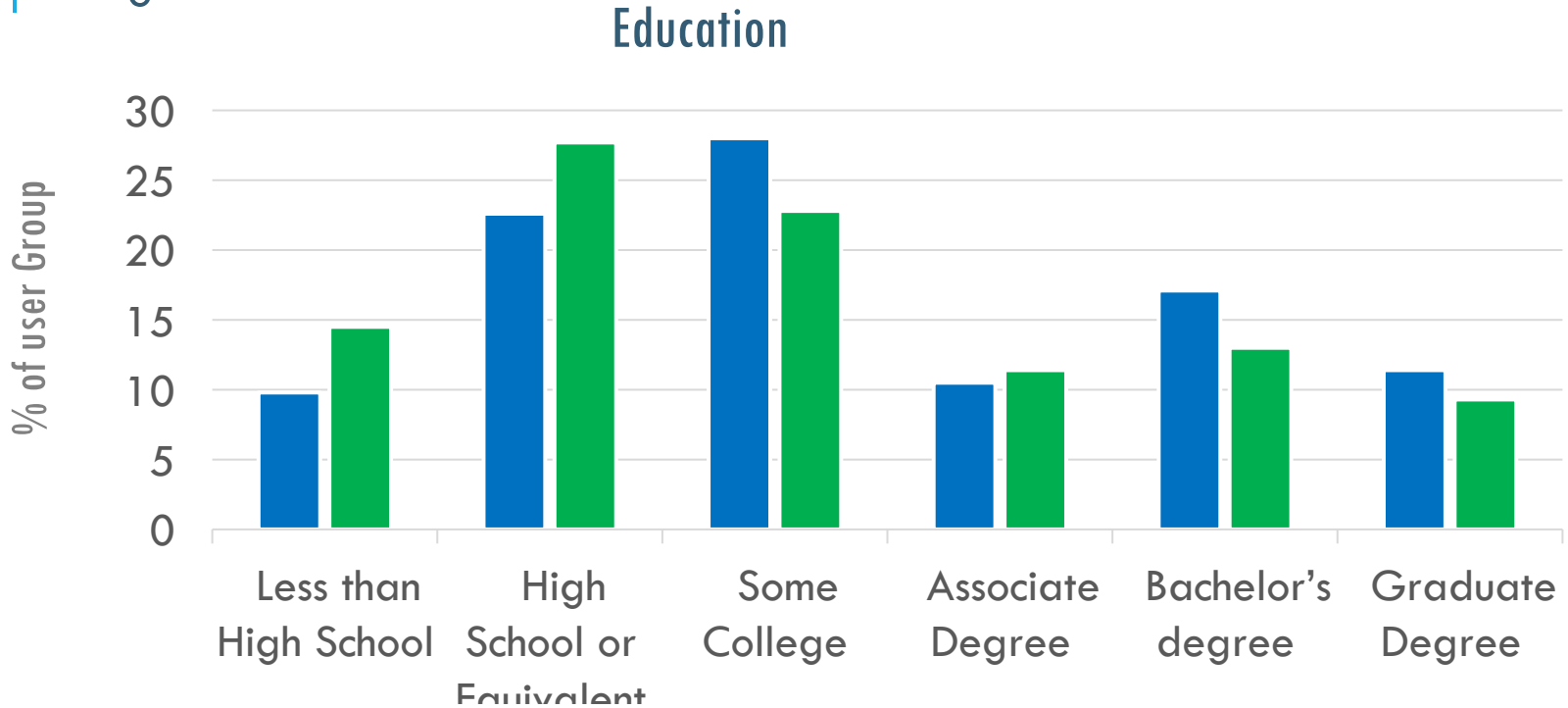
Income



DEMOGRAPHICS

Telehealth Users ■ Non-Users ■

Figure 4

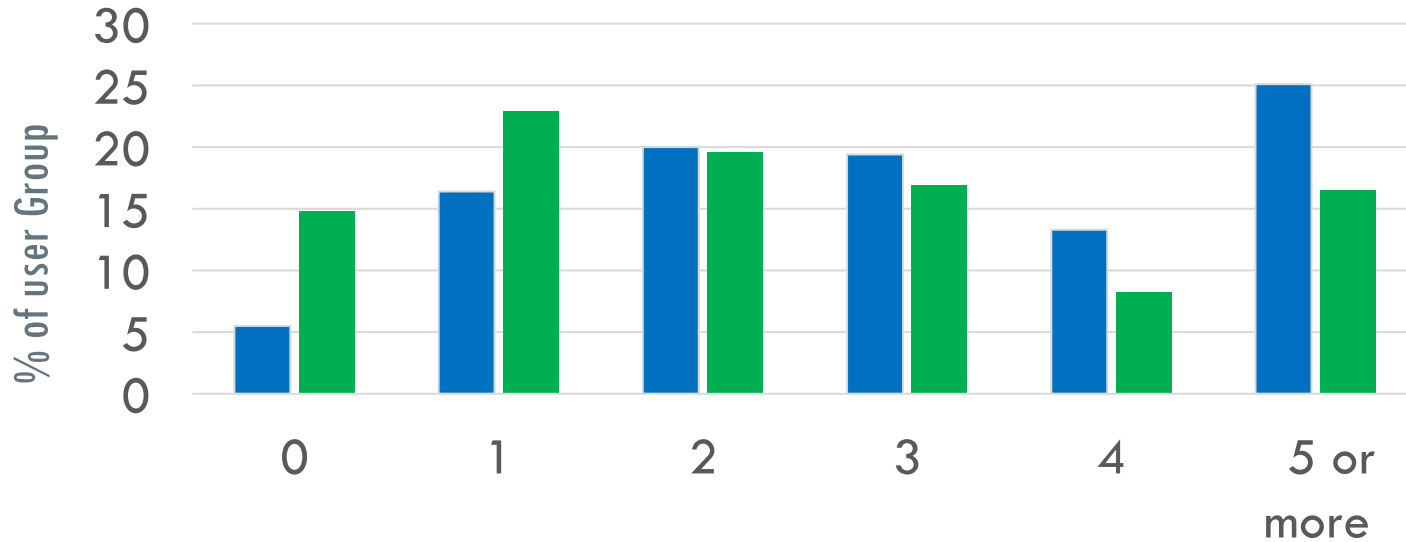


DEMOGRAPHICS

Telehealth Users ■ Non-Users ■

Figure 5

Annual Provider Visits



DEMOGRAPHICS

Table 1

Telehealth Users Crosstabulation of Row % by Demographics

		Telehealth Visit		
		No	Yes	p
		n (%)	n (%)	
Age Group	18-29	47.6	52.4	.002
	30 and over	37.5	62.5	
Income	\$0-\$24,000	41.7	58.3	.001
	\$25,000 and over	36.9	63.1	
Education	No college degree	45.4	54.6	<.001
	College degree	34.2	64.5	
# Annual Visits	1-3	43.6	56.4	<.001
	4 or more	29.1	70.9	
Insurance	No Insurance	49.8	50.2	<.001
	Medicaid (AHCCCS)	59.7	40.3	
	Private	35.6	64.4	

Note: Crosstabulation reported in row percentages

TELEHEALTH CONSTRUCTS

Users

- Easy to use (78.6%)
- Increased access (62.2%)
- Satisfied with telehealth (62.2)
- Privacy and confidentiality not a concern (81.8%)
- Usefulness: 66% neutral or dissatisfied due to the lack of physical contact
- 69.5% would use telehealth again

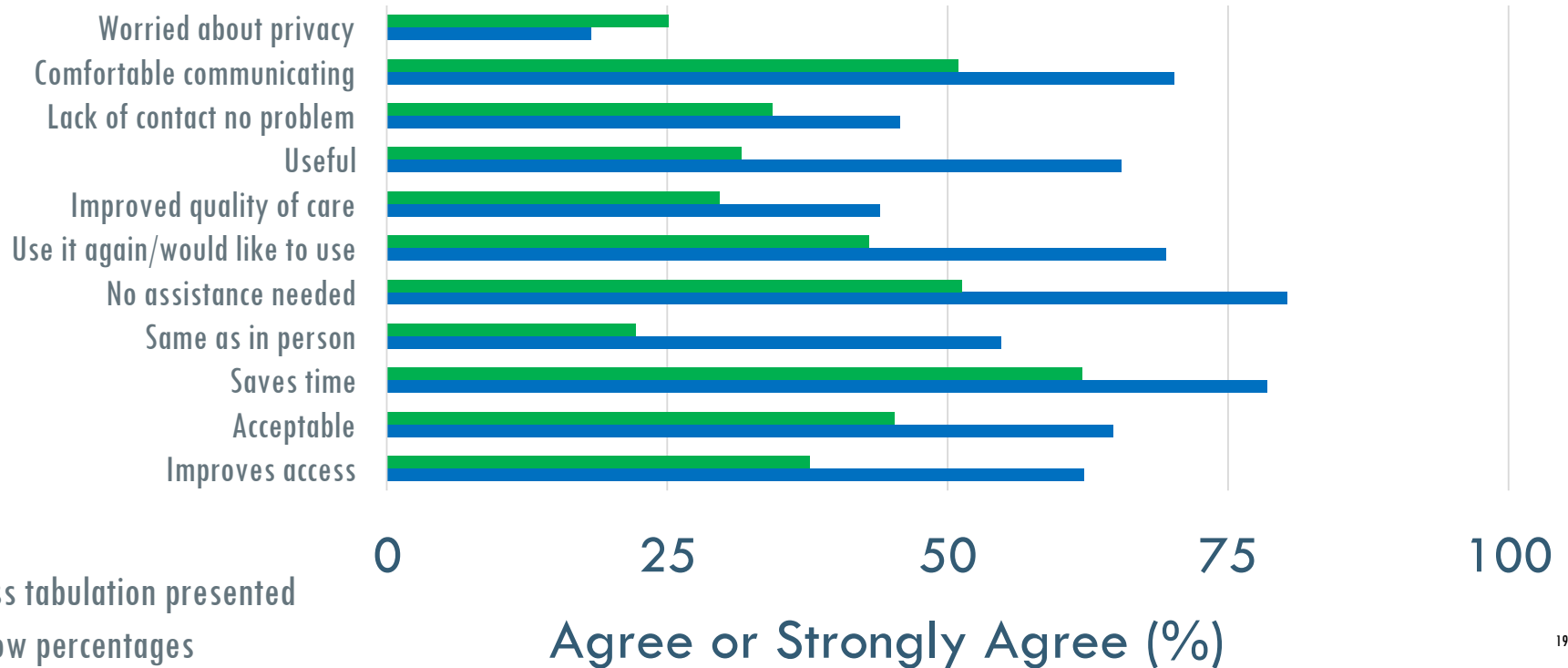
Non-Users

- Only 36% offered a telehealth appointment
- Neutral on most constructs, except
 - Agreed it would save time (62.1%),
 - No assistance would be needed (51.4%)
 - Would be comfortable communicating (51.1%)
- 43% would like to use telehealth in the future

TELEHEALTH CONSTRUCTS

Telehealth Users ■
Non-Users ■

Perceptions of Telehealth by User Group



DISCUSSION

Principle Findings

Limitations

Future Research Opportunities

PRINCIPLE FINDINGS - DEMOGRAPHICS

- Contrary to TAM research (Tsai et al., 2019), in this study older patients were more likely to use telehealth
- Greater telehealth use among participants with 5 or more provider visits annually
- Reasons for using telehealth include limited transportation and decreased mobility
- Younger participants had less annual visits and less telehealth use

*I use to miss a lot of appointments because I could not get to the clinic.
Now I can use telehealth and don't miss them anymore.*

- Study Participant

PRINCIPLE FINDINGS - CONSTRUCTS

- Telehealth's usefulness was limited by the lack of physical contact
- Users and non-users agree telehealth is beneficial for certain types of appointments
- Telehealth saved time, decreased work absences, and improved access to care
- Most telehealth users participated with a cell phone and were comfortable communicating with their provider
- Privacy and confidentiality were not a substantial concern
- No demographic correlations were found among non-users who were not offered telehealth - more research on telehealth awareness is needed

There are times when you just need to go in and see the doctor for test and measurements, like blood pressure.

- Study Participant

LIMITATIONS AND FUTURE RESEARCH

- Limited by the inability to survey users without an email address
- Only 136 participants across 12 clinics completed the paper survey
- Tracking by clinic not conducted (vulnerable populations may not be adequately represented)
- Limited ability to evaluate race by cross-tabulation analysis
- Future research to include vulnerable population and those without email
- Examine scheduling practices to determine why telehealth was not offered consistently

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Thank you

Dr. Michelle Barker





Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 4.

Committee Reports



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 4.a.

Compliance and Quality
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 4.b.

Executive Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 4.c.

Finance Committee Report -
Financial Highlights

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending February 28, 2022**

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	24,409	23,899	510	2.1%
Year-to-Date	206,086	193,423	12,663	6.5%

Visits greater than budget for the month by 510 or 2.1%. Current month visits greater than prior month by 654 or 2.6%. The VCHC's were less than budget by 10 or 0.1%, the Outpatient Behavioral Health clinics were greater than budget by 279 or 23.8%, VCHC-Phoenix was greater than budget by 75 or 1.3%, VCHC-Peoria was greater than budget by 190 or 8.3% and Dental less than budget by 24 or 1.4%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,992,804	\$ 4,707,902	\$ 284,902	6.1%
Year-to-Date	\$ 40,674,292	\$ 38,243,577	\$ 2,430,715	6.4%
Month-to-Date Per Visit	\$ 205	\$ 197	\$ 8	3.8%
Year-to-Date Per Visit	\$ 197	\$ 198	\$ (0)	-0.2%

Net patient service revenue is greater than budget by \$284.9K for MTD. On a per visit basis, net patient service revenue is greater than budget by 3.8% for MTD. The VCHC's were greater than budget by \$182.8K or 6.6%, the Outpatient Behavioral Health clinics were greater than budget by \$91.6K or 33.7%, the VCHC-Phoenix clinics were greater than budget by \$36.8K or 3.9%, the VCHC-Peoria was greater than budget by \$30.4K or 6.9% and Dental less than budget by \$56.8K or 20.7%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 653,547	\$ 224,959	\$ 428,588	190.5%
Year-to-Date	\$ 3,015,330	\$ 1,922,378	\$ 1,092,951	56.9%

Other operating revenue is greater than budget by \$428.6K for MTD.

(d) PCMH Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ -	\$ -	\$ -	0.0%
Year-to-Date	\$ 19,268	\$ 18,814	\$ 454	2.4%

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,646,351	\$ 4,932,861	\$ 713,490	14.5%
Year-to-Date	\$ 43,708,890	\$ 40,184,770	\$ 3,524,121	8.8%
Month-to-Date Per Visit	\$ 231	\$ 206	\$ 25	12.1%
Year-to-Date Per Visit	\$ 212	\$ 208	\$ 4	2.1%

Total operating revenues are greater than budget by \$713.5K for MTD. On a per visit basis, total operating revenue is greater than budget by \$25.00 for MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending February 28, 2022

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,979,117	\$ 1,649,364	\$ (329,753)	-20.0%
Year-to-Date	\$ 15,940,176	\$ 13,715,124	\$ (2,225,052)	-16.2%
Month-to-Date FTEs	404	449	46	10.2%
Year-to-Date FTEs	369	433	64	14.8%

Salaries and wages were greater than budget by \$329.8K for MTD. FTEs were less than budget by 46 for MTD. The average salaries and wages per FTE were less compared to the previous month by \$998.17.

The budget includes FTE's under the American Rescue Plan.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 613,524	\$ 550,756	\$ (62,767)	-11.4%
Year-to-Date	\$ 5,216,589	\$ 4,584,084	\$ (632,506)	-13.8%
Month-to-Date Per FTE	\$ 1,520	\$ 1,226	\$ (294)	-24.0%
Year-to-Date Per FTE	\$ 14,152	\$ 10,595	\$ (3,558)	-33.6%

Employee benefits are greater than budget by \$62.8K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	31.0%	33.4%	2.4%	7.2%
Year-to-Date	32.7%	33.4%	0.7%	2.1%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,774,356	\$ 1,869,299	\$ 94,943	5.1%
Year-to-Date	\$ 14,078,536	\$ 14,847,824	\$ 769,287	5.2%

Medical service fees were less than budget for the month by \$94.9K MTD.

The VCHC's were less than budget by \$82.8K or 7.1%, OP Behavioral Health greater than budget by \$77.3K or 503.8%, VCHC - Phoenix was less than budget by \$47.8K or 10.2% and VCHC-Peoria was less than budget by \$41.6K or 19.2%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 208,839	\$ 205,160	\$ (3,679)	-1.8%
Year-to-Date	\$ 1,910,017	\$ 1,671,457	\$ (238,560)	-14.3%
Month-to-Date Supplies per Visit	\$ 9	\$ 9	\$ 0	0.3%
Year-to-Date Supplies per Visit	\$ 9	\$ 9	\$ (1)	-7.3%

Supplies expenses greater than budget by \$3.7K MTD. The VCHC - Phoenix clinics less than budget in Pharmaceuticals by \$11.7K and Dental greater than budget in Dental Supplies by \$15.1K.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,774	\$ 13,492	\$ 2,718	20.1%
Year-to-Date	\$ 146,462	\$ 123,083	\$ (23,378)	-19.0%

Purchased services less than budget by \$2.7K MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending February 28, 2022**

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 74,630	\$ 69,126	\$ (5,504)	-8.0%
Year-to-Date	\$ 602,950	\$ 649,103	\$ 46,154	7.1%

Other expenses greater than budget by \$5.5K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 757,221	\$ 582,490	\$ (174,731)	-30.0%
Year-to-Date	\$ 5,992,763	\$ 4,803,903	\$ (1,188,860)	-24.7%

Allocated ancillary expenses were greater than budget by \$174.7K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,470,341	\$ 4,939,875	\$ (530,467)	-10.7%
Year-to-Date	\$ 43,999,207	\$ 40,396,166	\$ (3,603,041)	-8.9%
Month-to-Date Per Visit	\$ 224	\$ 207	\$ (17)	-7.8%
Year-to-Date Per Visit	\$ 213	\$ 209	\$ (5)	-2.2%

Total operating expenses greater than budget by \$530.4K MTD. On a per visit basis, the current month was 7.8% unfavorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 176,010	\$ (7,014)	\$ 183,024	2609.5%
Year-to-Date	\$ (290,317)	\$ (211,396)	\$ (78,921)	-37.3%
Month-to-Date Per Visit	\$ 7	\$ (0)	\$ 8	2557.0%
Year-to-Date Per Visit	\$ (1)	\$ (1)	\$ (0)	-28.9%

Total margin (before overhead allocation) is greater than budget by \$183.0K for MTD.



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 4.d.

Strategic Planning and Outreach
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 5.

FQHC Clinics'
CEO Report



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: April 6, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: CEO Report

Visit Metrics: February 2022

Valleywise Community Health Centers (FQHC) maintained a positive variance achieving 2.1 % MTD and 6.5% FYTD. Staffing challenges continue to be the primary barriers for attaining targets.

HIV Service Line

HIV services conducted at Valleywise Community Health Center – McDowell had a positive visit variance of 2.2% MTD. Valleywise Comprehensive Health Center – Peoria is experiencing challenges with ramping up. This has been complicated by the resignation of the provider effective March 31. Services will be suspended until a provider is found. .

Other FQHC including Peoria performed well in February with a positive variance of 3.4% MTD and 3.2% FYTD. Of note, Valleywise Comprehensive Health Center – Peoria (FQHC) Clinic is running a positive variance achieving 8.3 % MTD and 3.8% FYTD.

Integrated Behavioral Health (IBH) services MTD had a positive variance of 23.8% MTD and 6.8% FYTD.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound working to meet target goals given the past year's performance gaps created by the service limitations of the COVID-19 pandemic. February 2022 visit variance, MTD was negative at (1.4%) but is running a positive FYTD visit variance at 3.1%.

Human Resources

I'm pleased to announce Jori Davis, Director of Ambulatory Operations, has accepted a promotion to Vice President of Support Services Ancillary. She will be taking on her new responsibilities on 4/4/2022. Jori began her service with Valleywise Health as Director of Ambulatory Operations, in August of 2019. She has provided leadership for 11 Federally Qualified Health Centers (FQHCs) to include Primary Care, ObGyn, Pediatric Primary and Specialty Care, HIV Care, and Dental services. Jori was a key leader in the relocation of 7 FQHC's into new buildings, offering expanded service and improved workflows. Jori will be responsible for security, facilities, construction, EVS, nutrition, linen and space planning. Jori has a Master of Business Administration and has her Green Belt Lean Six Sigma Certification. Although she will be missed by the FQHC team, we are excited that she will be a key contributor at Valleywise Health! Congratulations Jori!

NRC Patient Experience

The Net Promoter, or patient experience, February MTD: 72.2%.

Management reviews comments patients have submitted during the survey.

Nothing speaks greater than a comment where our actions carry out the mission!

Thank you, Alex!

"Provide exceptional care, without exception, every patient, every time."

10 Extremely likely

RESP DATE: 22 FEBRUARY 2022 ENC DATE: 17 FEBRUARY 2022
COMMENT ADDED DATE: 22 FEBRUARY 2022 FACILITY: NPX FAMILY PRACTICE
PROVIDER: BASKOVITZ ALEXANDRIA (11856) SURVEY MODE: EMAIL
QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: -
NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Nurse Alex was very helpful kind and efficient there's not enough stars to rate her properly

- Nurse/Nurse Aide - Courtesy/Respect
- Nurse/Nurse Aide - Recognition
- Nurse/Nurse Aide - Responsiveness




Climate Change Is Affecting Our Mental Health

Behavioral Health / Environmental Health

Published on: March 17, 2022.

55% OF PEOPLE
are anxious about the impact of climate change on their mental health




Climate Change Is Affecting Our Mental Health

*The use of fossil fuels causes the release of carbon dioxide and other greenhouse gases, which builds up in the atmosphere and affects global temperatures and weather patterns—this is **climate change**. These conditions have far-reaching effects and are harmful to our **health and well-being**.*

What Do People Think About Climate Change?

67% of Americans agree that climate change is already impacting the population's health	55% of Americans are anxious about the impact of climate change on their own mental health
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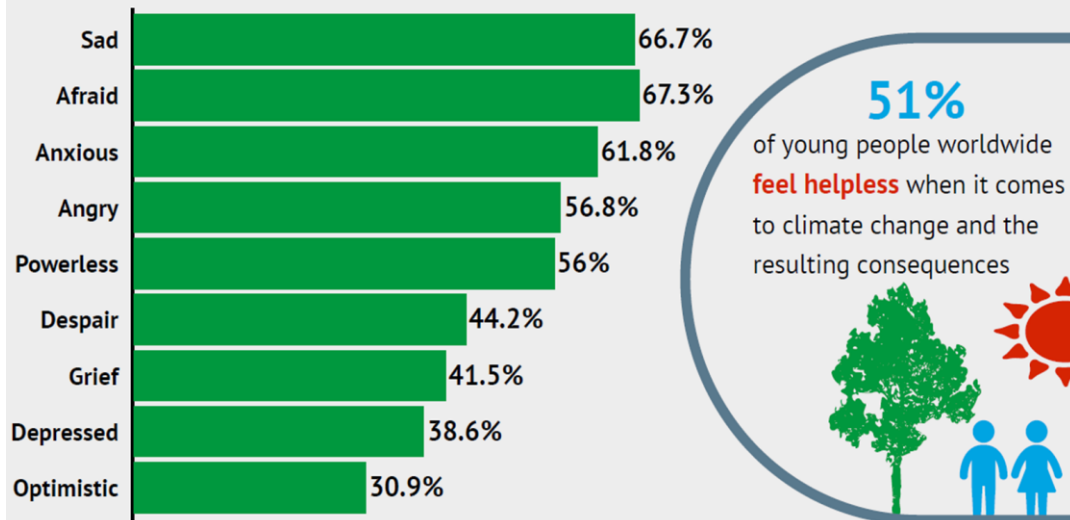


The impacts of a changing climate on mental health stem from acute events & longer-term change. Climate change-fueled disasters impact mental health and include trauma, shock, PTSD, anxiety & depression that can lead to suicidal ideation and risky behavior.

Does Climate Change Affect Our Mental Health?

Climate anxiety, also called eco-anxiety or climate distress, is a form of psychological distress related to the climate crisis—an overwhelming sense of fear, sadness, and dread in the face of a warming planet.

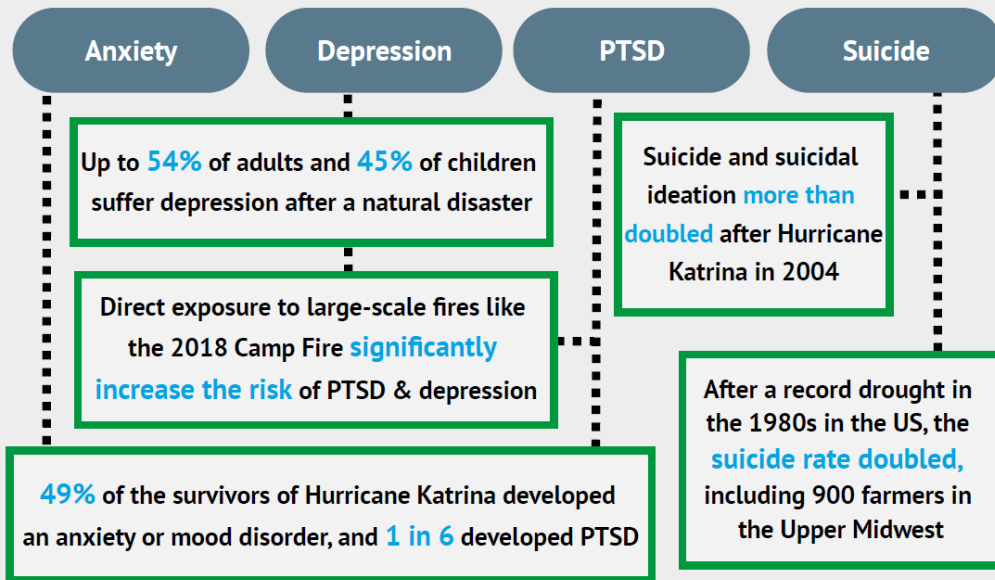
When young people from around the world were asked how climate change makes them feel, they said:

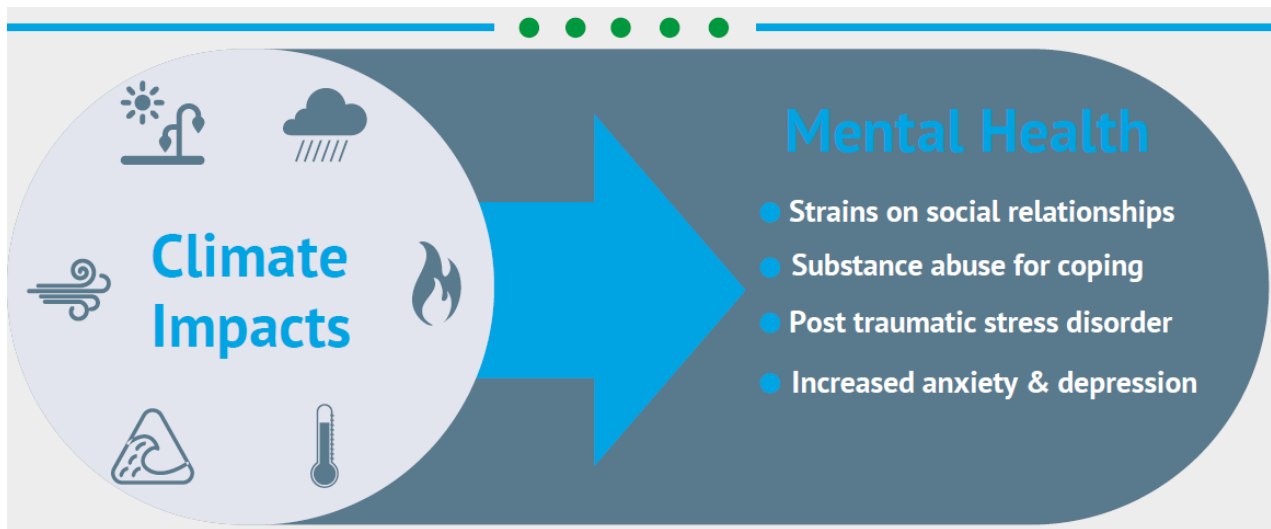


What Is Extreme Weather's Impact on Mental Health?

1 in 5 U.S. adults already experience mental illness each year

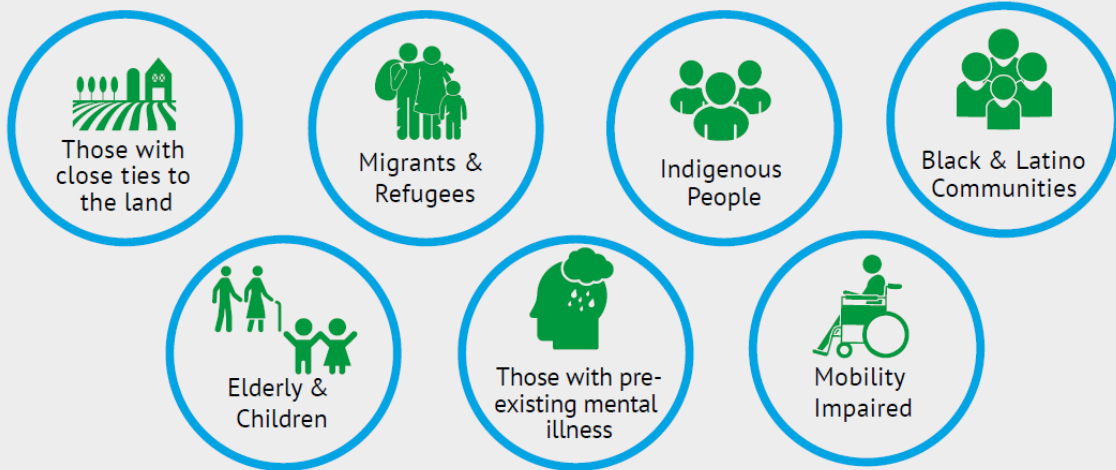
It is now being reported that **25-50%** of people who get exposed to an extreme weather disaster are at risk of adverse mental health effects including:





Who Is Vulnerable To Mental Health Impacts of Climate Change?

Everyone will experience climate change and the resulting mental health toll, but not everyone is affected equally. Some communities are at higher risk, including:



How To Build Mental Health Resilience During Climate Change?

Personal Resilience

Strengthen social networks

Individuals' personal capacity to withstand trauma is increased when they are connected to robust social networks.

Find a source of personal meaning

People who feel a sense of meaning in their life are more likely to be resilient to a negative event.

Community Resilience

Prioritize community building

Resilient communities have strong networks of individuals and local organizations willing and able to work together, building a sense of trust.

Address disparities

Communities cope better with an acute event when economic & social disparities are reduced and the needs of the vulnerable are fulfilled.

Build belief in one's own resilience

People who feel positive about their ability to overcome a source of stress and trauma do better than people with lower self-efficacy.

Involve the community

Every community is unique and adaptation and resilience efforts are more likely to succeed when community members are involved.

Foster optimism and hope

People who are able to reframe and find something positive in their circumstances tend to do better than people who are less able to regulate their thinking, emotions, and actions.

Update communications and infrastructure

Effective, reliable, and accessible communications and infrastructure can save lives, reduce property damage, and potentially reduce trauma during weather events.

What Can Mental Health Professionals Do?



Health and mental health practitioners have a **unique** and **powerful role** in influencing patients, professional communities, the public, and policymakers on health and climate.

¹

Become a climate-literate practitioner

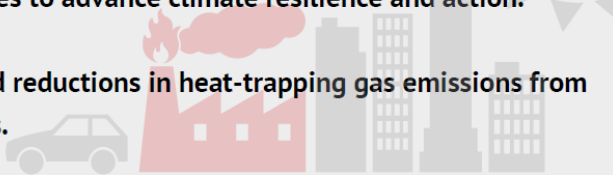
Engage other mental health professionals

Be vocal leaders within communities

What Can Society Do?

The need to address the root cause of climate change by enacting policies at all levels of governance is crucial. **Policymakers, businesses, nonprofits, mental health and other professionals** can all help to bring forth policies to advance climate resilience and action.

There needs to be strong, rapid, and sustained reductions in heat-trapping gas emissions from burning fossil fuels to address these problems.



¹ [Climate Change Is Affecting Our Mental Health \(nihcm.org\)](https://www.nihcm.org/Climate-Change-Is-Affecting-Our-Mental-Health). Retrieved 03/18/2022. National Institute for Health Care Management (NIHCM) Foundation is a nonprofit, nonpartisan organization dedicated to transforming health care through evidence and collaboration.



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 6.

District Board of Director's
Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 7.

Valleywise Health's President
and CEO Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 8.

Closing Comments
and Announcements
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

April 6, 2022

Item 9.

Staff Assignments
(No Handout)