



<p><b><u>Council Members</u></b> Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member Chris Hooper, Member Salina Imam, Member Norma Muñoz, Member William O’Neill, Member Essen Otu, Member Wayne Tormala, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><b><u>AGENDA</u></b> <b>Valleywise Community Health Centers Governing Council</b></p> <p><b>Mission Statement of the Federally Qualified Health Centers</b></p> <p>Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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• Virginia G. Piper Charitable Trust Pavilion •  
• 2609 East Roosevelt Street • Phoenix, Arizona 85008 •  
• 2<sup>nd</sup> Floor • Auditoriums 1 and 2 •

Wednesday, February 7, 2024  
5:30 p.m.

Access to the meeting room will start at 5:20 p.m., 10 minutes prior to the start of the meeting.

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

**Please silence cell phone, computer, etc., to minimize disruption of the meeting.**

5:30 **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.*

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

Agendas are available within 24 hours of each meeting at Valleywise Community Health Centers and at Valley Comprehensive Health Centers, 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, Virginia G. Piper Charitable Trust Pavilion, 2609 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.

2/1/2024 7:47 AM

**General Session, Presentation, Discussion and Action:**

5:35

1. Approval of Consent Agenda: **5 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 January 3, 2024](#)
  - b. Contracts:
    - i. **Acknowledge** a new agreement ([MCO-24-002-MSA](#)) between Blue Cross and Blue Shield of Arizona, Inc, and Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers
    - ii. **Acknowledge** addendum #7 to the contract ([90-19-192-1-07](#)) between GE Precision Healthcare LLC, a GE HealthCare Business, and Maricopa County Special Health Care District dba Valleywise Health, to add GE XR Service at Valleywise Community Health Center-Avondale from February 1, 2024 through August 31, 2024
    - iii. **Acknowledge** a new grant agreement ([90-24-184-1](#)) between the Arizona Early Childhood Development and Health Board Phoenix South Regional Partnership Council, and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for Family Resource Center services at the Valleywise Community Health Centers-West Maryvale
    - iv. **Acknowledge** amendment #3 to the sub-recipient agreement ([90-23-13-1-03](#)) between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC), and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alterations and renovations at Valleywise Community Health Center-Chandler
    - v. **Acknowledge** amendment #3 to the sub-recipient agreement ([90-23-14-1-03](#)) between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC), and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility renovations at Valleywise Community Health Center-Guadalupe
  - c. Governance:
    - i. **Approve** revisions to [policy 06503 S: HRSA Legislative Mandate Compliance Policy](#)
    - ii. **Acknowledge** a [grant award from CVS Health Foundation](#) to increase access to care and improve health outcomes for Valleywise Community Health Centers-South Central and South Phoenix/Laveen patients with diabetes
    - iii. **Acknowledge** a [grant award from Delta Dental of Arizona Foundation](#) to provide oral health education and outreach through Valleywise Health's Dental Clinics
    - iv. **Approve** registration fee for Valleywise Community Health Centers Governing Council members' Earl Arbuckle and Norma Muñoz, to attend the [Arizona Alliance for Community Health Centers \(AACHC\) Annual Conference](#) April 10-11, 2024, in Scottsdale, Arizona utilizing the Governing Council's seminar fees budget

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

- 5:35 1. Approval of Consent Agenda, cont.:
- d. Medical Staff:
- i. INTENTIONALLY LEFT BLANK

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**End of Consent Agenda**

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- 5:40 2. Mission Moment – A Patient Story **5 min - NO HANDOUT**  
*Georgette Linder, Manager, Women’s Care*
- 5:45 3. Overview of [Arizona Caregivers Summit](#) **10 min**  
*Wayne Tormala, Member, Governing Council*
- 5:55 4. Discuss and Review Federally Qualified Health Centers [Uniform Data System \(UDS\) Quality Metrics](#) for Calendar Year End 2023 **10 min**  
*Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety*
- 6:05 5. Discuss and Review Federally Qualified Health Centers [Patient Safety Report](#) for the Second Quarter of Fiscal Year 2024 **10 min**  
*Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety*
- 6:15 6. Discuss and Review Federally Qualified Health Centers [National Research Corporation \(NRC\) RealTime Platform Patient Experience Data](#) for the Second Quarter of Fiscal Year 2024 **10 min**  
*Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety*
- 6:25 7. Discuss and Review Federally Qualified Health Centers [Financials and Payor Mix](#) for the Second Quarter of Fiscal Year 2024 **10 min**  
*Matthew Meier, MBA, Vice President, Financial Services*
- 6:35 8. Federally Qualified Health Centers’ Chief Executive Officer’s Report including [Ambulatory Operational Dashboards](#) **10 min**  
*Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers*
- 6:45 9. Maricopa County Special Health Care District Board of Directors Report **5 min - NO HANDOUT**  
*Mary Rose Garrido Wilcox, Director, Board of Directors*
- 6:50 10. Valleywise Health’s President and Chief Executive Officer’s Report **5 min - NO HANDOUT**  
*Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health*

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

6:55 11. Concluding Items 10 min

a. Old Business: - NO HANDOUT

**January 2024**

Future presentation on behavioral health services offered at Valleywise Community Health Center-McDowell

Future presentation on effectiveness of depression interventions

**December 6, 2023**

Future presentation on Marketing/Communications – *(scheduled for April)*

b. Governing Council Member Closing Comments/Announcements - NO HANDOUT

7:05 **Adjourn**

# **1.a.i. meeting minutes dated January 3, 2024**

**Minutes**

**Valleywise Community Health Centers Governing Council Meeting  
Virginia G. Piper Charitable Trust Pavilion  
2609 East Roosevelt Street, Phoenix, AZ 85008  
2<sup>nd</sup> Floor, Auditoriums 1 and 2  
January 3, 2024, 5:30 p.m.**

DRAFT

**Members Present:** Scott Jacobson, Chairman  
Eileen Sullivan, Vice Chairman  
Earl Arbuckle, Treasurer  
Nelly Clotter-Woods, Member  
Salina Imam, Member – *participated remotely*  
Norma Muñoz, Member  
William O’Neill, Member – *participated remotely*  
Wayne Tormala, Member  
Jane Wilson, Member

**Members Absent:** Chris Hooper, Member  
Essen Otu, Member

**Non-Voting Member Absent:** Mary Rose Garrido Wilcox, District Board

**Others/Guest Presenters:** Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers  
Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health  
Michael D. White, MD, MBA, Chief Clinical Officer  
Claire Agnew, CPA, MBA, Chief Financial Officer  
Melanie Talbot, Chief Governance Officer  
Ijana M. Harris, JD, General Counsel  
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services  
Jose Luis Madera, Manager, Integrated Behavioral Health Services  
Vicki Staples, Director, Outpatient Behavioral Health  
Jacob DeManna, MD, Psychiatrist  
Matthew Meier, MBA, Vice President, Financial Services

**Recorded by:** Cynthia Cornejo, Senior Deputy Clerk of the Board

**Call to Order:**

Chairman Jacobson called the meeting to order at 5:30 p.m.

**Roll Call**

Ms. Talbot called roll. Following roll call, she noted that eight of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam joined after roll call.

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

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – January 3, 2024**

**Call to the Public**

Chairman Jacobson called for public comment.

**NOTE:** Ms. Imam joined at 5:33 p.m.

**General Session, Presentation, Discussion and Action:**

- 1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated December 6, 2023
  - b. Contracts:
    - i. INTENTIONALLY LEFT BLANK
  - c. Governance:
    - i. INTENTIONALLY LEFT BLANK
  - d. Medical Staff:
    - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

**NOTE:** Ms. Imam exited the meeting at 5:34 p.m.

**MOTION:** Mr. Arbuckle moved to approve the consent agenda. Ms. Wilson seconded.

**VOTE:** 8 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Ms. Muñoz, Mr. O’Neill, Mr. Tormala, Ms. Wilson  
0 Nays  
3 Absent: Mr. Hooper, Ms. Imam, Mr. Otu  
**Motion passed.**

**NOTE:** Ms. Imam rejoined at 5:35 p.m.

2. Mission Moment – A Patient Story

Mr. Madera addressed the Governing Council to share two patient stories. The first was related to a patient that received integrated behavioral health care, along with medication assisted treatment (MAT) upon their release from prison. Due to the treatment provided, the patient had successfully completed culinary school and was doing well.

The second was related to an adolescent patient that received treatment for severe anxiety. The whole family was involved in the therapy and the patient learned to normalize emotions and was doing well.

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

3. Presentation on Outpatient Behavioral Health Services at Valleywise Health

Mr. Cavallo introduced the outpatient behavioral health team members, noting that every psychiatrist within the outpatient behavioral health department was a graduate of Valleywise Health's behavioral health residency program.

He provided the history of how outpatient behavioral health services expanded to the ambulatory setting. Integrated behavioral health (IBH) services were initially implemented within select Federally Qualified Health Centers (FQHCs) through a Targeted Investment Program (TIP) grant that Valleywise Health received. The program was specifically for individuals recently released from prison. The IBH had since expanded to all FQHCs and was available to all Valleywise Health patients.

Valleywise Health also had other specialty behavioral health programs including an Assertive Community Treatment (ACT) program, two First Episode Centers, and a Behavioral Health Specialty Clinic in Mesa.

Mr. Madera provided examples of how IBH supported Valleywise Health patients, including individual and family therapy options, assistance to address social determinants of health (SDOH), and use the same sliding fee scale as the primary care category.

He reiterated that IBH services were available at all FQHCs, except for Valleywise Community Health Center-McDowell, which offered specific services at that location. The IBH staffing model was reviewed, noting there were now over 45 team members.

He explained that Valleywise Health recently received a grant from Substance Abuse and Mental Health Services Administration (SAMSHA) to offer MAT services to address opioid use disorders (OUD). The goal was to provide prevention, treatment and recovery assistance to low-income and at-risk individuals that struggle with prescription drug and opioid addiction.

Mr. Madera highlighted the number of IBH referrals received by month and stated that referrals increased in the month of January.

Valleywise Health would be expanding behavioral health services, due to American Rescue Plan Act (ARPA) grant funding. An additional First Episode Center would open in Mesa, the Behavioral Health Specialty Clinic and ACT team would be relocated to Valleywise Behavioral Health Center-Mesa campus, and services would be expanded at Valleywise Behavioral Health Center-Maryvale.

Chairman Jacobson commended Valleywise Health's efforts to address the community need and acknowledging its role in educating the community on behavioral health needs. He asked how the strategic plan for behavioral health was developed.

Mr. Cavallo said that there were various approaches to developing a strategic plan, including but not limited to partner/grant opportunities available. Another key factor was staffing challenges.

Chairman Jacobson asked if staff had considered partnerships with community colleges that offers a behavioral health curriculum.

Mr. Cavallo stated there were some partnerships in place.

Ms. Muñoz stated that Arizona was in dire need of behavioral health services and applauded Valleywise Health for taking the lead and providing great services.

Ms. Wilson asked if Mercy Care would re-bid for the Regional Behavioral Health Authority (RBHA).

Mr. Cavallo explained that the re-bidding process would not happen for a few years.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – January 3, 2024**

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

3. Presentation on Outpatient Behavioral Health Services at Valleywise Health, cont.

Dr. White stated that Valleywise Health would partner with the managed care group, regardless of who won the re-bid.

Mr. Tormala said there was a lot of chaos in the world and asked if there were trends in reasons individuals sought behavioral health services.

Dr. DeManna said that anxiety disorder was the most common condition treated. He explained that many patients felt more comfortable discussing their concerns with their primary care provider and a psychiatrist may conduct an electronic consultation, in a collaborative manner.

He acknowledged the reluctance of seeking psychiatric care and there were efforts to provide more education about the services, so patients were more comfortable.

Mr. O'Neill asked if telehealth appointments were still offered.

Ms. Staples confirmed that telehealth appointments were available, however, in some circumstances, in-person appointments were more beneficial.

Mr. Arbuckle requested a future presentation on the behavioral health services provided at Valleywise Community Health Center-McDowell.

Dr. Barker agreed and noted there was different funding for that location's program, and a different model was used.

4. Discuss and Review Depression Screening Demographic Data

Dr. Barker said all patients were screened for depression annually. She reviewed the two questions asked and how the responses were analyzed to determine if the screening was positive for depression.

The data provided was for the timeframe of January 2023 through November 2023 and nearly 50,000 patients were screened. Of those, 2,565 patients, or 4.9%, had a positive screening. Of those positive screenings, 73% were females and were evenly distributed between patients aged 18 to 69 years old. She reviewed the positive screenings by race and ethnicity. There were high levels of positive responses in the zip codes that surrounded Valleywise Community Health Centers.

Chairman Jacobson asked if there was a demographic category for marital status, noting that many single mothers may struggle with depression.

Dr. Barker stated that the Community Health Needs Assessment (CHNA) identified behavioral health as an area of focus. Additional demographic information may be uncovered while staff works to address the need.

Mr. O'Neill asked if there was a way to track progress of the patients that screened positive.

Dr. Barker said the next step would be to determine how effective treatment was for the positive screened patients.

5. Discuss and Review the Semiannual Federally Qualified Health Centers Referral Report

Mr. Meier reviewed the referral report and announced the internal referrals remained consistent, year over year, with 77% of patients referred internally for services. The remaining 23% were referred to providers/services outside of Valleywise Health.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – January 3, 2024**

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

6. Discuss and Review the Semiannual Health Resources and Services Administration (HRSA) Grants Funding Utilization Report

Mr. Meier provided an overview of the various Health Resources and Services Administration (HRSA) grants for Valleywise Health's FQHCs. Six major grants had been awarded since 2020 and three of those have closed, with all funds spent. He reviewed the three remaining grants and stated staff was on track to spend the funds by the end of the grant period.

7. Discuss and Review the Semiannual American Rescue Plan Act (ARPA) Funding Report

Mr. Meier stated the ARPA funding was the largest grant Valleywise Health's FQHCs received, at \$16,955,000. He noted that staff requested more time from HRSA to use the funding. Valleywise Health was granted a no-cost extension, and the revised end date was March 31, 2024. He outlined the amount spent for the various purchase categories. Through October 2023, \$12,968,150 had been spent. The remaining amount was on track to be spent prior to the deadline.

Ms. Wilson asked for clarification of fringe benefits category.

Mr. Meier said those were the medical benefits associated with the salaries.

Mr. O'Neill asked if there would be more funding available after the deadline.

Ms. Agnew noted the funding was received during the COVID-19 pandemic and it was unlikely that additional funds would be received.

Dr. White said that Valleywise Health only created programs that would be sustainable once the funding was exhausted. The funds were intentionally planned and spent.

Chairman Jacobson asked if there were anticipated funds for those individuals with post-covid conditions.

Dr. White said there were no announcements of funding to address post-covid conditions.

Ms. Muñoz asked how the programs created would be sustained, without additional funding.

Dr. White explained that the programs would become self-sufficient with patient reimbursement.

8. Discuss the Development of a Strategic Plan for the Federally Qualified Health Centers

Dr. Barker requested feedback from Governing Council members on how they would like to structure the development of a strategic plan. Discussion could take place during the regularly scheduled Governing Council meetings, or a half-day session could be planned. Staff could facilitate the discussions, or an outside facilitator may be utilized.

Mr. Arbuckle said that he would prefer to have a dedicated time to begin the strategic planning process.

Ms. Muñoz commented that an outside facilitator may be helpful in keeping the group on task.

Dr. Clotter-Woods said that she would prefer to have a facilitator during a dedicated meeting, possibly off-campus.

Dr. Barker reminded the Governing Council that regardless of the location, the discussion would be held during a meeting and would be required to follow the open meeting law.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – January 3, 2024**

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

8. Discuss the Development of a Strategic Plan for the Federally Qualified Health Centers, cont.

Ms. Muñoz asked how often the strategic plan was developed.

Dr. Barker said a strategic plan was developed every three years. The new plan would be for years 2024, 2024, and 2025 and would be connected to the CHNA.

Ms. Wilson said that she was favorable of the process used for the CHNA, with the Governing Council being presented options, input was gathered from staff and stakeholders, and a final recommendation was made to the Governing Council for consideration and approval. It was important to have input from clinicians and ensure there was a funding source to achieve the goals.

Chairman Jacobson said the strategic plan would work in tandem with the strategic plan for Valleywise Health.

Dr. Barker said there were also organization goals, and the strategic plan would align with that, as well.

Mr. Tormala agreed that a facilitator would be beneficial.

Vice Chairman Sullivan stated that she preferred the discussion be part of a dedicated retreat.

9. Discuss Possible Governing Council Retreat

Dr. Barker said the possible retreat could serve multiple purposes, dedicated time to develop the strategic plan and team-building activities. The retreat would take place in Spring 2024.

10. Federally Qualified Health Centers' Chief Executive Officer's Report including Ambulatory Operational Dashboards

Dr. Barker encouraged all Governing Council members to provide suggestions for Mission Moment topics. She announced an orientation was planned for the four newest Governing Council members.

Dr. Barker said that the new mobile health unit would raise awareness within the communities served. Governing Council members would have an opportunity to tour the mobile health unit soon.

She stated that she was in the process of visiting the FQHCs that were named Clinic of the Year, to present staff with a plaque.

Dr. Barker provided an overview of the dashboard, noting many of the monitored metrics were meeting the benchmarks. There was only one quality metric that had not met the established benchmark.

Mr. Arbuckle stated that there were a few FQHCs that were operating outside specific metrics and asked how that was being addressed.

Dr. Barker said there were various reasons metrics were not met. There was a new project developed to improve the results. Each facility received the dashboard, to monitor the individual results.

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

This item was not discussed.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – January 3, 2024**

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

12. Valleywise Health's President and Chief Executive Officer's Report

Mr. Purves announced that Special Health Care District Board of Directors re-elected Chairman Thomas and Vice Chairman Dewane for their respective roles. He noted Valleywise Health's current priorities included the opening of the new acute care hospital, which was scheduled for April 11, 2024. Staff was also in the process of developing the District's long-term strategic plan that would focus on the re-development of the campus and expanding primary care services in the community. Staff also continued to work on securing supplemental funding and was working with the state on options.

Over the past two years, Valleywise Health had been awarded several grants, which was crucial to the success of the organization. The Valleywise Health Foundation was instrumental and had done a phenomenal job in getting the organization's story out to the public.

Ms. Muñoz asked if the Governing Council would have access to the District's strategic plan, to assist in the development of the Governing Council's strategic plan.

Mr. Purves said that once the strategic plan was approved, it was a public document.

13. Governing Council Member Closing Comments/Announcements

There were no comments.

14. Review Staff Assignments

Ms. Talbot reviewed old business, noting the presentation on Marketing and Communications would be provided in April 2024. She reviewed the requests that stemmed from the meeting.

**Adjourn**

**MOTION:** Ms. Muñoz moved to adjourn the January 3, 2024, Valleywise Community Health Centers Governing Council Meeting. Dr. Clotter-Woods seconded.

**VOTE:** 9 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Tormala, Ms. Wilson

0 Nays

2 Absent: Mr. Hooper, Mr. Otu

**Motion passed.**

Meeting adjourned at 7:14 p.m.

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Cynthia Cornejo  
Senior Deputy Clerk of the Board

# 1.b.i. MCO-24-002-MSA

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Monday, January 8, 2024 8:29 AM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Blue Cross and Blue Shield of Arizona, Inc. Dental Agreement Blue Cross/Blue Shield of Arizona, Inc.

**CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.**

Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Message Information

From [Purves, Stephen](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Blue Cross and Blue Shield of Arizona, Inc. Dental Agreement Blue Cross/Blue Shield of Arizona, Inc.  
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.

### Attachments

Name	DescriptionType	Current File / URL
Blue Cross and Blue Shield of Arizona, Inc. Dental Agreement	Contract	 MCO-24-002-MSA Blue Cross Blue Shield AZ _Pending Signature.docx

### Contract Information

Division Contracts Division  
Folder Contracts \ Managed Care/Revenue  
Status Pending Approval  
Title Blue Cross and Blue Shield of Arizona, Inc. Dental Agreement  
Contract Identifier Board - New Contract  
Contract Number MCO-24-002-MSA  
Primary Responsible Party Orozco, Stephanie A.  
Departments  
Product/Service Description Commercial and Medicare Advantage lines of business  
Action/Background Approve a new agreement (MCO-24-002-MSA) between Blue Cross and Blue Shield of Arizona, Inc. and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive dental services.

Evaluation Process This is a new agreement (MCO-24-002-MSA) between Blue Cross and Blue Shield of Arizona, Inc. and Maricopa County Special Health Care District dba Valleywise Health. This agreement will allow members to receive comprehensive dental services through Valleywise Health dental providers. This agreement excludes retail pharmacy and medical or behavioral health services which are covered through a relationship with a separate entity or agreement.

Category Other

Effective Date 3/1/2024

Term End Date 2/28/2025

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Blue Cross/Blue Shield of Arizona, Inc.

## Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

# 1.b.ii. 90-19-192-1-07

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Tuesday, January 9, 2024 9:36 AM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Addendum #7 - Avondale GE XR Service (Quote 4176237) GE Precision Healthcare LLC, a GE Healthcare business

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### Message Information

From [Purves, Stephen](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Addendum #7 - Avondale GE XR Service (Quote 4176237) GE Precision Healthcare LLC, a GE Healthcare business  
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

### Approve/Reject Contract

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

### Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - GE Addendum 7.pdf
GE Addendum - pending Board signature		File	 GE - VALLEYWISE - AVONDALE - 623VWAVN656 add addendum v3- quote expires 2.16.24.pdf
OIG - GE Healthcare 2024		File	 OIG - GE Healthcare 2024.pdf
SAM - GE Healthcare 2024		File	 SAM - GE Healthcare 2024.pdf

### Contract Information

Division Contracts Division  
Folder Amendments  
Status Pending Approval  
Title Addendum #7 - Avondale GE XR Service (Quote 4176237)  
Contract Identifier Board - Amendment  
Contract Number 90-19-192-1-07  
Primary Responsible Party Tymczyna, Katherine  
Departments Health Technology Management  
Product/Service Addendum #7 - Avondale Service - GE XR (Quote 4176237) Contract 1-  
Description 465149605376

Action/Background Approve Addendum #7 to the agreement between GE Precision Healthcare LLC, a GE Healthcare business, and Maricopa County Special Health Care District dba Valleywise Health to add GE XR Service at the Valleywise Health Avondale Campus, from February 1, 2024 through August 31, 2024.

All other terms and conditions of the contract remain the same and in full effect. The anticipated annual expense of this addendum is \$22,357.41; for a total contract annual spend of \$1,167,730.41 and is budgeted for operational expenditures from the HTM department and is sponsored by Kelly Summers, Sr. VP & Chief Information Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.

Category Other

Effective Date 2/1/2024

Term End Date 8/31/2024

Annual Value \$22,357.41

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor GE Precision Healthcare LLC, a GE Healthcare business

## Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Pardo, Sean P.	Approved	
Summers, Kelly R.	Approved	
Harris, Ijana M.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

# 1.b.iii. 90-24-184-1

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Tuesday, January 9, 2024 10:58 AM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Phoenix South Region - Maryvale (GRA-RC033-24-1280-01) First Things First AZ Early Childhood Development & Health Board

**CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.**

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### Message Information

From [Purves, Stephen](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Phoenix South Region - Maryvale (GRA-RC033-24-1280-01) First Things First AZ Early Childhood Development & Health Board  
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.

### Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA.pdf
FTF Agreement - pending Board signature		File	 FTF - SFY24 Valleywise FRC GRA-RC033-24-1280-01.pdf
FTF - Meeting Minutes		File	 FTF - Meeting minutes 10-12-2023_PHXS_Attachments.pdf
OIG - First Things First 2024		File	 OIG - First Things First 2024.pdf
SAM - First Things First 2024		File	 SAM - First Things First 2024.pdf

### Contract Information

Division Contracts Division  
Folder Contracts \ Grants  
Status Pending Approval  
Title Phoenix South Region - Maryvale (GRA-RC033-24-1280-01)  
Contract Identifier Board - New Contract  
Contract Number 90-24-184-1  
Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Description Phoenix South Region - Maryvale (GRA-RC033-24-1280-01)

Action/Background Approve a new agreement between the Arizona Early Childhood Development and Health Board Phoenix South (Maryvale) Regional Partnership Council (First Things First - GRA-RC033-24-1280-01) and Maricopa County Special Health Care District dba Valleywise Health for grant funding to provide families with children birth to age 5 in the Phoenix South Region with welcoming, safe and accessible community hubs that offer flexible, multi-generational, family focused and culturally responsive information, resources and services covering a wide range of topics. The term of the Agreement is January 1, 2024 through June 30, 2024. The parties may renew this Agreement for up to three (3) additional twelve (12) month extensions. Either party may terminate the Agreement for any reason giving at least thirty (30) days written notice to the other party.

The anticipated revenue for the initial term is \$205,689.51, but full funding available for each fiscal year is \$250,000.00, which has been budgeted for operational funding to the Grants department.

This grant agreement is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Category Other

Effective Date

Term End Date 6/30/2024

Annual Value \$205,689.51

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor First Things First AZ Early Childhood Development & Health Board

## Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Hixson, Jeffrey B.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

# 1.b.iv. 90-23-13-1-03

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Thursday, January 11, 2024 10:19 AM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Chandler CHC - additional funding AACHC (Arizona Alliance for Community Health Centers)

**CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.**

Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Message Information

From [Barker, Michelle](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Chandler CHC - additional funding AACHC (Arizona Alliance for Community Health Centers)  
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

### Approve/Reject Contract

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

### Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - AACHC Amend 3.pdf
Amendment #3 - pending Board signature		File	 AACHC - Amendment 3 Valleywise Chandler.pdf
OIG - AACHC 2023		File	 OIG - Arizona Alliance for Community Health Centers 2023.pdf
SAM - AACHC 2023		File	 SAM - Arizona Alliance for Community Health Centers 2023.pdf

### Contract Information

Status Pending Approval  
Title Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Chandler CHC - additional funding  
Contract Identifier Board - Amendment  
Contract Number 90-23-013-1-03  
Primary Responsible Party Tymczyna, Katherine  
Departments GRANTS ADMINISTRATION

Product/Service Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Chandler  
Description CHC - additional funding

Action/Background Approve Amendment #3 to the Sub-Recipient Agreement between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC) and Maricopa County Special Health Care District dba Valleywise Health for funding for facility alteration and renovation at the Valleywise Community Health Center (CHC) in Chandler, Arizona. This Amendment #3 will delete and replace the budget template Section IV, which allocates and approves additional funding in the amount of \$868,122.60 bringing the total executed amount for contract #MCDPHCAP2 to \$4,595,673.60. The funding is 100% which includes the labor and equipment costs. All other terms and conditions remain unchanged.

This Amendment #3 is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.

Category Other

Effective Date

Term End Date 9/30/2026

Annual Value \$868,122.60

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor AACHC (Arizona Alliance for Community Health Centers)

## Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Hixson, Jeffrey B.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Approved	
Barker, Michelle J.	Approved	
Talbot, Melanie L.	Current	

**1.b.v. 90-23-14-1-03**

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Thursday, January 11, 2024 10:20 AM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Guadalupe - additional funding AACHC (Arizona Alliance for Community Health Centers)

**CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.**

Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Message Information

From [Barker, Michelle](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Guadalupe - additional funding AACHC (Arizona Alliance for Community Health Centers)  
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.

### Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - AACHC Amend 3 - Guadalupe.pdf
Amendment #3 - pending Board signature		File	 AACHC Amendment 3 Valleywise Guadalupe.pdf
OIG - AACHC 2023		File	 OIG - Arizona Alliance for Community Health Centers 2023.pdf
SAM - AACHC 2023		File	 SAM - Arizona Alliance for Community Health Centers 2023.pdf

### Contract Information

Status Pending Approval  
Title Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Guadalupe - additional funding  
Contract Identifier Board - Amendment  
Contract Number 90-23-014-1-03  
Primary Responsible Party Tymczyna, Katherine  
Departments GRANTS ADMINISTRATION

Product/Service Amendment #3 - Sub-Recipient Agreement - Facility Renovation - Guadalupe  
Description - additional funding

Action/Background Approve Amendment #3 to the Sub-Recipient Agreement between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC) and Maricopa County Special Health Care District dba Valleywise Health for funding for the facility renovation at the Valleywise Community Guadalupe Health Center (CHC). This Amendment #3 will delete and replace the budget template Section IV, which allocates and approves additional funding in the amount of \$289,934.06 bringing the total executed amount for contract #MCDPHCAP2 to \$1,556,377.06. The funding is 100% which includes the labor and equipment costs. All other terms and conditions remain unchanged.

This Amendment #3 is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.

Category Other

Effective Date

Term End Date 9/30/2026

Annual Value \$289,934.06

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor AACHC (Arizona Alliance for Community Health Centers)

## Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Hixson, Jeffrey B.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Approved	
Barker, Michelle J.	Approved	
Talbot, Melanie L.	Current	

# **1.c.i. policy 06503 S HRSA Legislative Mandate Compliance Policy**

## Valleywise Health Administrative Policy & Procedure

Effective Date: 09/20

Reviewed Dates: 00/00

Revision Dates: ~~06/23~~, 07/23, ~~11/23~~ 02/24

Policy #: 06503 S

Policy Title: HRSA Legislative Mandate Compliance Policy

Scope:  District Governance (G)  
 System-Wide (S)  
 Division (D)  
 Multi-Division (MD)  
 Department (T)  
 Multi-Department (MT)  
 FQHC (F)

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### Purpose:

To establish a policy outlining the practices that Valleywise Health follows to comply with the legislative mandates required by the Further Consolidated Appropriations Act, ~~2020~~ 2023 ([Public Law 117-328](#)), for HRSA award recipients limiting the use of the funds received through HRSA grants and cooperative agreements. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements.

### Definitions:

HRSA - Health Resources & Services Administration

PPAC - The Patient Protection and Affordable Care Act, Public Law 111-148

The Act - The Consolidation Appropriations Act, 2023 (Public Law 117-328) signed into law on December 29, 2022 which provides funding to the HRSA for the fiscal year ending September 30, 2023.

Valleywise Health - Is a "d.b.a" of Maricopa County Special Health Care District

### Policy:

Valleywise Health will adhere to the provisions listed below in accordance with the Health Resources & Services Administration's (HRSA) Legislative Mandates in Grants Management for FY 2023. The FY 2023 list of legislative mandates for HRSA recipients is very similar to the FY 2022 list.

**1. Salary Limitation (Section 202)**

Valleywise Health will not use funds received through federal grants and/or contracts to pay the salary of an individual at a rate in excess of the Federal Executive Schedule Level II.

**2. Gun Control (Section 210)**

Valleywise Health will not use funds received through federal grants and/or contracts, in whole or in part, to advocate or promote gun control.

**3. Anti-Lobbying (Section 503)**

a. Valleywise Health will not use funds received through federal grants and/or contracts, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

b. Valleywise Health will not use funds received through federal grants and/or contracts, to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any ~~State-state~~ government, ~~State-state~~ legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c. The prohibitions in subsections (a) and (b) shall include any activity to advocate for or promote any proposed, pending or future ~~Federal~~[federal](#), ~~State-state~~ or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

**4. Acknowledgement of Federal Funding (Section 505)**

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, as a grantee receiving ~~Federal~~[federal](#) funds included in this Act, Valleywise Health shall clearly state (1) the percentage of the total costs of the program or project which will be financed with ~~Federal~~[federal](#) money; (2) the dollar amount of ~~Federal~~[federal](#) funds for the project or program; and (3) percentage and dollar amount of the total

costs of the project or program that will be financed by non-governmental sources.

## 5. Restriction on Abortion (Section 506)

- a. None of the Federal funds appropriated to Valleywise Health will be expended for any abortion or on health benefits coverage that includes coverage of abortion. The term "health coverage" means the package of services covered by a managed provider or organization pursuant to a contract or other arrangements.

## 6. Exception to Restriction on Abortions (Section 507)

- a. The limitation established in the preceding section shall not apply to an abortion-
  - i. If the pregnancy is the result of an act of rape or incest; or
  - ii. In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- b. Nothing in the preceding section shall be construed as prohibiting the expenditure by a ~~State~~state, locality, entity, or private person of ~~State~~state, local, or private funds (other than a ~~State's~~state's or locality contributions of Medicaid matching funds)
- c. Nothing in the preceding section shall be construed as restricting ability of any managed care provider from offering abortion coverage or the ability of a ~~State~~state or locality to contract separately with such a provider for such coverage with ~~State~~state funds (other than a ~~State's~~state's or locality's contribution of Medicaid matching funds)
  - i. None of the funds made available in the Act to Valleywise Health may be made available to a ~~Federal~~federal agency or program, or to a ~~State~~state or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of or refer for abortions.
  - ii. In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization or plan.

## 7. Ban of Funding of Human Embryo Research (Section 508)

- a. None of the funds made available to Valleywise Health in this Act may be used for-
  - i. The creation of a human embryo or embryos for research purposes; or

- ii. Research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on the fetuses in utero under 45 CFR 46.204(b) and section 498 (b) of the Public Health Service Act (42 U.S.C 289g(b))
- b. For purposes of this section, the term “human embryo or embryos” includes any organism not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

#### **8. Limitation of Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)**

None of the ~~Federal~~federal funds made available to Valleywise Health will be used for any activity that promotes the legalization of any drug or other substance including Schedule I controlled substances established under section 202 of the Controlled Substances Act, except for normal and recognized executive-congressional communications. This limitation shall not apply if there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance; or, if Valleywise Health is participating in a federally-sponsored clinical trial that is being conducted to determine the therapeutic advantage of a such a substance.

#### **9. Restriction on Distribution of Sterile Needles (Section 526)**

Notwithstanding any other provision of this Act, no funds appropriated to Valleywise Health in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchase if the relevant ~~State~~state or local health department, in consultation with Center for Disease Control and Prevention, determines that the ~~State~~state or local jurisdiction, as applicable, is experiencing, or is at risk for significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

#### **10. Restriction on Pornography on Computer Networks (Section 520)**

(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography. (b) Nothing in subsection (a) shall limit the use of funds necessary for any ~~Federal~~federal, state, tribal or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

#### **11. Confidentiality Agreements (Section 742)**

a. Valleywise Health shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreement or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to designated investigative

or law enforcement representatives of a Federal Department or agency authorized to receive such information.

The limitations in subsection (a) shall not contravene requirements applicable to ~~standard~~ Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

**Procedure:**

Valleywise Health will review HRSA's Legislative Mandates annually for the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and ensure Valleywise Health's policies and procedures are updated as necessary. Any modifications to Valleywise Health's legislative mandates policies and procedures will require review and approval by the Board of Directors.

**References:**

Grants Policy Bulletin Legislative Mandates in Grants Management for FY 2023 (HRSA, 2023)

The Consolidation Appropriations Act, 2023 (Public Law 117-328)

**Valleywise Health Policy & Procedure - Approval Sheet**  
(Before submitting, fill out COMPLETELY.)

**Policy Responsible Party:** Jennifer Joiner, Director Grants

**Development Team(s):** Grants Department, Legal Department, and Compliance

**Policy #:** 06503 S

**Policy Title:** HRSA Legislative Mandate Compliance Policy

**e-Signers:**

Melanie Talbot, Chief Governance Officer and Board Clerk

Dr. Michelle Barker, Senior Vice President Ambulatory Services and Chief Executive Officer of the Federally Qualified Health Center Clinics

**Place an X on the right side of applicable description:**

**New -**

**Retire -**

**Reviewed -**

**Revised with Minor Changes -** X

**Revised with Major Changes -**

**Please list revisions made below:** (Other than grammatical changes or name and date changes)

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

Committee: Systemwide P&P	<del>06/23</del> <u>12/23</u>
Committee: Medical Executive	<del>06/23</del> <u>12/23</u>
Other: Legal Services	05/23
Other: Board of Directors	<del>06/23</del> <u>01/24</u>
Other: Valleywise Community Health Centers	
Governing Council	<del>07/23</del> <u>02/24</u>

## **1.c.ii grant award from CVS Health Foundation**



# Grants Advisory Committee

## Grant Opportunity Synopsis

Category	Response
Name of funder	CVS Health
Name of funding opportunity	CVS Health Zone - Phoenix
Purpose of funding	To increase access to care and improve health outcomes for South Phoenix residents through 1) provision of home health to ~50 polychronic patients with Home Assist Health and 2) provision of diabetic education and diabetic supportive food boxes to ~120 patients with Advance Community. Three VH staff members will be trained in the evidence-based diabetic education DEEP curriculum in year one.
Programming Information	Will funding supplement current programming? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Name of current program: Care Coordination, Home Health, Diabetes Support
Sustainability required?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> One time programming If sustainability is required, what is the ongoing cost of the program? \$700,000; grant is eligible for sustaining funding through CVS in years 4,5
Indirect rate	<input type="checkbox"/> 10% <input type="checkbox"/> 36% <input type="checkbox"/> None If no indirect, please explain: 15%
Reporting requirements	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other Bi-annual If EPIC reports are required, has the EPIC team been involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Requested Amount	\$ 2,099,011 ~\$700,000 per year over three years Please explain the cost benefit if the requested amount is under \$50,000
Budget	Funds to be used to: Offset costs for items in approved capital or Care Reimagined budgets? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Offset personnel expenses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New hires? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Program/operational supplies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Brief budget summary	Personnel - \$1,472,382; Diabetic food boxes and supplies - \$311,629; Indirect - \$315,000. Personnel includes VH FTE program manager (new hire at \$100,000 annually); Home Assist Health CHW salaries by units of service; and diabetic education delivered by Advance Community.
Length of program & estimated start date, if awarded	Three years. Collaborative project planning by NACHC from October – December. Program runs Jan 2024 – December 2026.
Other important notes	Diabetes program will be run through the South Central and South Phoenix FQHC clinics. While CVS provides the funding, National Association for Community Health Centers is VH’s sponsor agency and will serve as a resource throughout the grant term.

## **1.c.iii. grant award from Delta Dental of Arizona Foundation**



# Grants Advisory Committee

## Grant Opportunity Synopsis

Category	Response
Name of funder	Delta Dental of Arizona Foundation
Name of funding opportunity	Creating Healthy Smiles for the Whole Family at Valleywise Health
Purpose of funding	Provide dental clinic integration and oral health education/outreach/referrals for FRC families by new pediatric dentist
Programming Information	Will funding supplement current programming? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Name of current program: FRC Programming (Baby Showers, Healthy Smiles, Backpack)
Sustainability required?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> One time programming If sustainability is required, what is the ongoing cost of the program?
Indirect rate	<input checked="" type="checkbox"/> 10% <input type="checkbox"/> 36% <input type="checkbox"/> None If no indirect, please explain:
Reporting requirements	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other Bi-annual If EPIC reports are required, has the EPIC team been involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Requested Amount	\$ 30,000 Please explain the cost benefit if the requested amount is under \$50,000 <b>If we receive an annual grant for multiple years, we will be invited to apply for \$100k grant; larger non-grant dollars available for special projects as well</b>
Budget	Funds to be used to: Offset costs for items in approved capital or Care Reimagined budgets? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Offset personnel expenses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No New hires? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Program/operational supplies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Brief budget summary	<b>Funding will offset a small portion of the new Pediatric Dentist salary for facilitating educational opportunities; dental screening supplies; Backpack Drive sponsorship</b>
Length of program & estimated start date, if awarded	<b>1 year. January 2024-December 2024</b>
Other important notes	

## **1.c.iv. Arizona Alliance for Community Health Centers (AACHC) Annual Conference**

**2024 Annual Conference**  
**Better Together: Enhancing Collaboration to Improve Arizona’s Health**  
**April 10-11, 2024**  
**Scottsdale Resort at McCormick Ranch**

**Members Only Pre-Conference Activities – Tuesday, April 9**

- Alliance Board Meeting (2-4pm)
- Joint COO/CFO Meeting (time TBD)
- Pharmacy Directors Meeting (9:30am-2pm)
- Clinical Leaders Meeting for medical, dental & behavioral health leaders (4:30-6:30pm)
- Clinical Leaders Reception (6:30-8pm)

*Times subject to change*

**Draft Agenda – Wednesday, April 10**

7:30-8:30am	<b>Check-In &amp; Breakfast</b>
8:30-8:45am	<b>Welcome &amp; Opening Remarks</b>
8:45-10am	<p><b>Keynote: Dr. Bayo Curry-Winchell</b>  <b>Addressing Social Determinants of Health through Multi-sectoral Partnerships</b>  <i>Engage in a discussion on how partnerships between Community Health Centers, public health agencies, community-based organizations, and other sectors can effectively collaborate to tackle the social determinants of health. Discover how these collaborations can build trust among diverse populations and innovate new care delivery methods within communities.</i></p>
10:00-10:30am	<p><b>Networking Break</b>  <i>Visit Exhibit Hall</i></p>

10:30-11:15am	General Session
11:15am-12:00pm	General Session
12:00-1:00pm	Lunch <i>Visit Exhibit Hall</i>
1:00-2:00pm	General Session
2:00-2:15pm	Award Presentations
2:15-2:45pm	Networking Break <i>Visit Exhibit Hall</i>
2:45-4:00pm	General Session
4:00-6:00pm	Opening Reception

## Draft Agenda – Thursday, April 11

7:30-8:30am	Check-In & Breakfast <i>Visit Exhibit Hall</i>		
8:30-8:45am	Welcome		
8:45-9:45am	Keynote		
9:45-10:00am	Award Presentations		
10:00-10:30am	Networking Break <i>Last chance to visit Exhibit Hall</i>		
10:30-11:15am	CHC Best Practices	CHC Best Practices	CHC Best Practices
11:30am-12:15pm	CHC Best Practices	CHC Best Practices	CHC Best Practices
12:15-1:15pm	Lunch		
1:15-2:15pm	General Session		
2:15-2:30pm	Closing & Raffles Prizes		



## Day 1 Sessions

	Start	End	Start	End
	Date	Date	Time	Time
Check-In & Breakfast	4/10/2024	4/10/2024	7:30 AM	8:30 AM
Arizona NHSC Scholars Conference (Special Registration Required)	4/10/2024	4/10/2024	8:30 AM	4:00 PM
Welcome & Opening Remarks	4/10/2024	4/10/2024	8:30 AM	8:45 AM
Keynote Session: Addressing Social Determinants of Health through Multi-sectoral Partnerships 	4/10/2024	4/10/2024	8:45 AM	10:00 AM
Networking Break	4/10/2024	4/10/2024	10:00 AM	10:30 AM
NACHC Update: Primary Care and Health Equity for All	4/10/2024	4/10/2024	10:30 AM	11:15 AM
The Role of AI Powered Analytics for Value-Based Care	4/10/2024	4/10/2024	11:15 AM	12:00 PM
Health Center Board Member Training (Members Only - Special Registration Required) 	4/10/2024	4/10/2024	11:30 AM	4:00 PM
Lunch	4/10/2024	4/10/2024	12:00 PM	1:00 PM
The Opioid Epidemic in Arizona & The Role of Community Health Centers	4/10/2024	4/10/2024	1:00 PM	2:00 PM
Award Presentations	4/10/2024	4/10/2024	2:00 PM	2:15 PM
Networking Break	4/10/2024	4/10/2024	2:15 PM	2:45 PM
State Updates - AHCCCS & ADHS	4/10/2024	4/10/2024	2:45 PM	4:00 PM
Opening Reception 	4/10/2024	4/10/2024	4:00 PM	6:00 PM

## Day 2 Sessions

	Start	End	Start	End Time
	Date	Date	Time	
Check-In & Breakfast	4/11/2024	4/11/2024	7:30 AM	8:30 AM
Welcome & Opening Remarks	4/11/2024	4/11/2024	8:30 AM	8:45 AM
Kenote Session: Building Resilient Organizations 	4/11/2024	4/11/2024	8:45 AM	9:45 AM
Award Presentations	4/11/2024	4/11/2024	9:45 AM	10:00 AM
Networking Break	4/11/2024	4/11/2024	10:00 AM	10:30 AM
CHC Best Practice Sessions	4/11/2024	4/11/2024	10:30 AM	12:15 PM
Lunch	4/11/2024	4/11/2024	12:15 PM	1:15 PM
Exhibitor Tear Down	4/11/2024	4/11/2024	1:00 PM	Not Specified
HRSA Update	4/11/2024	4/11/2024	1:15 PM	2:15 PM
Closing & Raffle Prizes	4/11/2024	4/11/2024	2:15 PM	2:30 PM

**Please select one of the following (required)**

- Health Center Board Member Training + Day 1 of Conference (April 10) [\[more\]](#) Price: \$215.00**
- Health Center Board Member Training + Full Conference [\[more\]](#) Price: \$305.00**
- Health Center Board Member Training Only [\[more\]](#) Price: \$105.00**
- Member, Both Days Regularly: ~~\$505.00~~ Early Bird Price: \$430.00**
- Member, One Day, April 10 Regularly: ~~\$350.00~~ Early Bird Price: \$270.00**
- Member, One Day, April 11 Regularly: ~~\$350.00~~ Early Bird Price: \$270.00**

## CANCELLATION POLICY

- Cancellations received at least 30 business days prior to the event will result in a full refund.
- Cancellations received at least 15 business days prior to the event will result in a 50% refund.
- No refunds will be offered for cancellations received 14 business days prior to the event or later but can be transferred to virtual participation.
- Substitutions are encouraged.
- No Shows are non-refundable.
- Cancellations after the conclusion of the event are non-refundable.
- To receive a refund, all cancellations must be received by emailing [aachctraining@aachc.org](mailto:aachctraining@aachc.org).

## ADDITIONAL INFORMATION

*By registering for this event, you grant the Alliance the right to share your information with select sponsors/exhibitors and acknowledge you may be contacted by those organizations.*

*The Alliance strongly encourages COVID-19 and flu vaccination for anyone attending this event in-person.*

*By attending this event you grant the Alliance the right at the event to record, film, photograph, or capture your likeness in any media and to distribute, broadcast, use, or otherwise disseminate, in perpetuity, such media without any further approval from or any payment to you.*

*Please contact us at [aachctraining@aachc.org](mailto:aachctraining@aachc.org) if you have any questions.*

## **3. Arizona Caregivers Summit**

# Caring for the Caregivers

Self-Care

(self-care when life is disrupted)

# Arizona

## 2023 Alzheimer's Statistics

- 200,000+ Arizonans have Alzheimer's Disease
- 1 of every 9 Arizonans 65+ years of age
- 3,000+ deaths (5th leading cause of death)
- 70% of people with Alzheimer's are cared for by unpaid family and friends
- 250,000+ unpaid caregivers (families & friends)
- 500+ million hours of unpaid care

# Arizona

## 2023 Alzheimer's Statistics

- 55%+ of caregivers with chronic disease
- Many caregivers die before the loved one their caring for

# Arizona Caregivers Summit

Caring for the Caregivers - Taking Care of You!

The Caregiver's Journey

Hearing the Voice of the Caregiver!

Three Regional Summits

Managing Compassion Fatigue

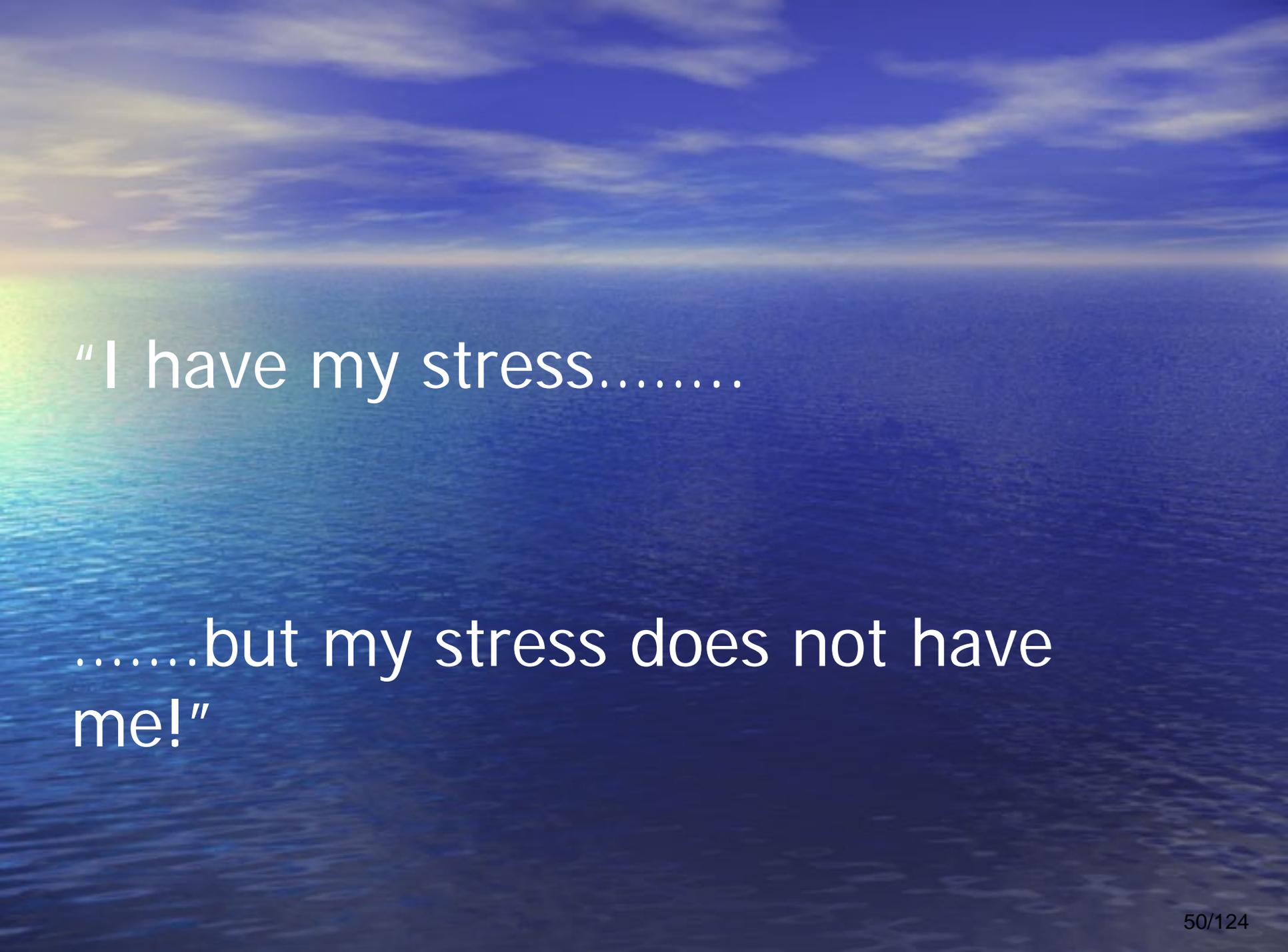
Caregiver Resources

Innovations in Caregiver Support

Emerging Research: New Ways of Thinking & Doing

Raising Public Awareness: Early Detection & Rapid Response

**Summit Findings to inform the Arizona Strategic Plan for Alzheimer's Disease**



“I have my stress.....

.....but my stress does not have  
me!”

# Self-Compassion Meditation

We breathe in:

“I try my best.”

We breathe out:

“I let go of the rest.”

With Gratitude!

Wayne Tormala

[waynetormala@gmail.com](mailto:waynetormala@gmail.com)

## **4. Uniform Data System (UDS) Quality Metrics**

# UDS Reporting for December 2023 CYTD & 2024 Target Goals

Report created by Amanda Jacobs, Quality Analyst

**Valleywise Health FQHC UDS Quality Measure Report Results: December 2023 CYTD**

UDS Clinical Quality Measure	CY 2021	Adjusted Quartile Ranking 2021**	CY 2022	Adjusted Quartile Ranking 2022**	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	HP 2030 Goal	2021 UDS National Average	*Target Goal* (2022 UDS National Average)	Variance from Current Target	Intended Direction	Monthly Status (2022 UDS average)
Body Mass Index (BMI) Screening and Follow-Up Plan	34.26%	4	66.13%	2	89.54%	91.66%	92.88%	93.32%	93.53%	93.69%	93.79%	93.93%	92.11%	92.14%	92.20%	92.28%	N/A*	61.32%	61.04%	31.24%	↑	
Cervical Cancer Screening	49.77%	3	53.62%	2	54.68%	54.81%	54.76%	54.84%	55.10%	55.59%	55.83%	56.38%	56.45%	56.45%	56.73%	56.73%	84.3%	52.95%	53.99%	2.74%	↑	
Childhood Immunization Status (CIS)	47.72%	2	9.40%	4	3.13%	36.63%	38.85%	40.77%	39.78%	39.51%	39.72%	39.07%	38.40%	38.63%	38.06%	37.74%	N/A*	38.06%	33.23%	4.51%	↑	
Colorectal Cancer Screening	50.85%	1	51.39%	1	37.75%	33.64%	35.97%	37.79%	38.80%	39.90%	40.89%	42.43%	43.24%	44.24%	45.34%	46.06%	74.4%	41.93%	42.82%	3.24%	↑	
Controlling High Blood Pressure	47.76%	4	53.68%	4	46.59%	48.74%	51.35%	53.49%	55.36%	56.29%	58.15%	59.19%	59.10%	59.03%	58.65%	58.07%	N/A*	60.15%	63.40%	-5.33%	↑	
Diabetes: Hemoglobin A1c Poor Control	31.85%	2	30.28%	3	61.15%	53.74%	45.41%	40.59%	37.29%	34.46%	32.94%	31.56%	30.76%	30.30%	30.05%	30.13%	11.6%	32.29%	30.42%	-0.29%	↓	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	78.51%	3	75.07%	3	74.29%	75.78%	76.58%	76.74%	76.87%	77.07%	76.87%	76.53%	76.83%	76.85%	76.98%	76.88%	N/A*	78.25%	76.83%	0.05%	↑	
Screening for Clinical Depression and Follow-Up Plan if positive screen	48.75%	4	54.67%	4	48.25%	50.16%	52.84%	55.06%	58.36%	62.93%	65.53%	68.52%	70.21%	71.91%	73.44%	74.71%	13.5%	67.42%	70.02%	4.69%	↑	
Tobacco Use: Screening and Cessation Intervention	87.78%	2	88.88%	2	85.29%	86.69%	87.81%	88.43%	88.77%	89.03%	89.29%	89.61%	89.49%	89.74%	89.91%	90.09%	N/A*	82.34%	84.60%	5.49%	↑	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	78.09%	2	78.55%	2	51.04%	54.62%	58.55%	60.81%	63.25%	67.00%	70.29%	73.96%	74.47%	75.20%	76.70%	78.08%	N/A*	68.72%	69.81%	8.27%	↑	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	68.40%	4	71.68%	4	76.56%	77.44%	77.70%	77.41%	77.19%	77.00%	76.74%	76.83%	76.63%	76.21%	76.85%	76.81%	N/A*	73.10%	76.07%	0.74%	↑	
Breast Cancer Screening	58.56%	1	59.89%	1	51.10%	51.68%	54.03%	56.03%	56.79%	57.83%	58.79%	59.93%	60.17%	60.61%	61.02%	61.25%	80.5%	46.29%	50.28%	10.97%	↑	
HIV Screening	58.18%	1	63.40%	1	69.14%	68.38%	68.00%	67.91%	67.88%	67.86%	67.74%	67.66%	67.55%	67.48%	67.44%	67.44%	N/A*	38.09%	43.82%	23.62%	↑	

Monthly Status Key	
Target Met or Exceeded	Indicator has met or is exceeding the target goal
Approaching Target	Indicator is within 10% of the target goal
Not in Target	Indicator is > 10% outside target goal
Improving	Indicator is NOT meeting the target goal but has shown consistent improvement (3 months or longer) *Consistent Improvement identified as ≥ 5% over a 3 month lookback period

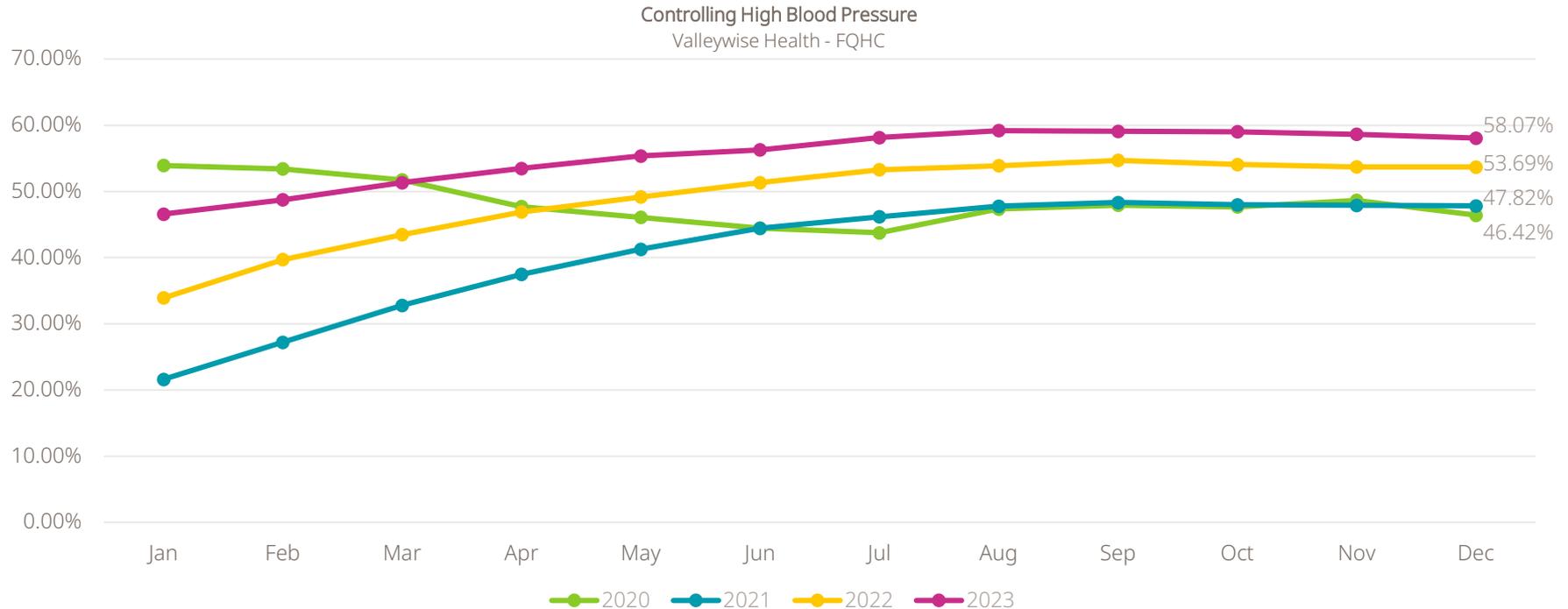
\*HP 2030 Objective definition not equivalent to UDS quality of Care

# UDS Measures Meeting Benchmark – Reporting Year 2023

Measure	UDS 2022 Benchmark	Dec 2023 CYTD
Body Mass Index (BMI) Screening and Follow-Up Plan	> 61.04%	<b>92.28%</b>
Breast Cancer Screening	> 50.28%	<b>61.25%</b>
Cervical Cancer Screening	> 53.99%	<b>56.73%</b>
Childhood Immunization Status	> 33.23%	<b>37.37%</b>
Colorectal Cancer Screening	> 42.82%	<b>46.06%</b>
Diabetes: HbA1c Poor Control	< 30.42%	<b>30.13%</b>
HIV Screening	> 43.82%	<b>67.44%</b>
Ischemic Vascular Diseases (IVD): Use of Aspirin or Another Antithrombotic	> 76.83%	<b>76.88%</b>
Screening for Clinical Depression and Follow-Up Plan if Positive Screen	> 70.02%	<b>74.71%</b>
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	> 76.07%	<b>76.81%</b>
Tobacco Use: Screening and Cessation Intervention	> 84.60%	<b>90.09%</b>
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	> 69.81%	<b>78.08%</b>

# UDS Measures Not Meeting Benchmark – Reporting Year 2023

Measure	UDS 2022 Benchmark	Dec 2023 CYTD
Controlling High Blood Pressure	> 63.40%	<b>58.07%</b>



# Measure Analysis and Actions

## Controlling High Blood Pressure

### Analysis:

High Blood Pressure BPA Report now being sent out to DYAD teams for review.

- BPA report drilled down to user for purposes of targeting champions and identifying fallouts

#### *Data Note:*

- The data includes only values for when the BPA was acknowledged/overridden AND the reason entered was "Will Retake BP".*
- No data was included for reason names of the following: patient refused or see comment (there were very few instances regardless)*

### Action Items :

**Action:** Utilize BPA Report results to trend users who appear not to be following the process for internal CRL audits.

- ***Audits to assess for the following:** Are we really doing this process but not documenting vs are we just not doing the process?*

**Barriers:** Delay in CRL auditing process kickoff due to staff changes.

# Measure Analysis and Actions

## Controlling High Blood Pressure

## BPA BP Re-Check Leaders Department Level Example:

October 2023 Blood Pressure Re-Check Leaders							
ACTION_NAME	Acknowledge/Override Warning						
RSN_NAME	Will Retake BP			🏆 awarded when > 80% and n-size of at least 5 instances when the BPA was triggered			
Department Name	1st Systolic Count	2nd Systolic Count	% 2nd BP Taken	Quantity	% 2nd BP NOT Taken	Quantity	
AVD FAMILY PRACTICE 🏆	301	253	84.1%	253	15.9%	48	
CHD FAMILY PRACTICE	155	99	63.9%	99	36.1%	56	
CHD INTERNAL MEDICINE	147	84	57.1%	84	42.9%	63	
GDL FAMILY PRACTICE	107	84	78.5%	84	21.5%	23	
MCD FAMILY PRACTICE	80	36	45.0%	36	55.0%	44	
MESA FAMILY PRACTICE 🏆	195	183	93.8%	183	6.2%	12	
MESA INTERNAL MEDICINE	139	84	60.4%	84	39.6%	55	
NPX FAMILY PRACTICE 🏆	242	195	80.6%	195	19.4%	47	
NPX INTERNAL MEDICINE 🏆	47	45	95.7%	45	4.3%	2	
PEC FAMILY PRACTICE	361	255	70.6%	255	29.4%	106	
PEC INTERNAL MEDICINE	89	30	33.7%	30	66.3%	59	
PXC INTERNAL MEDICINE	416	287	69.0%	287	31.0%	129	
SPL FAMILY PRACTICE	112	61	54.5%	61	45.5%	51	
SPL INTERNAL MEDICINE	86	67	77.9%	67	22.1%	19	
SPX FAMILY PRACTICE	382	293	76.7%	293	23.3%	89	
<b>Grand Total</b>	<b>2859</b>	<b>2056</b>	<b>71.9%</b>	<b>2056</b>	<b>28.1%</b>	<b>803</b>	

# 2024 Goals / Focus Areas

(Derived from VHCHC: FQHC Quality Plan CY 2024)



FQHC Quality  
Plan CY 2024

Goal		Reasoning	Actions	Target Date
1	Screening for Depression and Follow-Up Plan if Positive Screen	Increase/continue compliance to meet UDS National Average	Workgroup developing specific actions to address	End of CY 2024
2	Controlling High Blood Pressure			
3	Diabetes: Hemoglobin A1c Poor Control			
4	Screening for Colorectal Cancer			

# 2024 Quality Task Force Focus Teams

	Physician	Accountable Leader
BMI & Diabetes A1C Management	 Dr. Sandra Yuh	 Kelly Nightengale
Hypertension High Blood Pressure	 Dr. Baharak Tabarsi	 Monica Winbush
Cervical & Breast Cancer Screening	 Dr. Christina Smarik-Snyder Dr. Patricia Habak	 Georgette Lindner

	Physician	Accountable Leader
Colorectal Cancer Screening	 Dr. Sunitha Bandlamuri	 Fernando Reyes
Childhood Immunization & Weight Assessment Screening	 Dr. Jodi Carter	 Jeffrey Spacht
Depression Screening	 Dr. Lenore Encinas	 Vicki Staples



## 5. Patient Safety Report

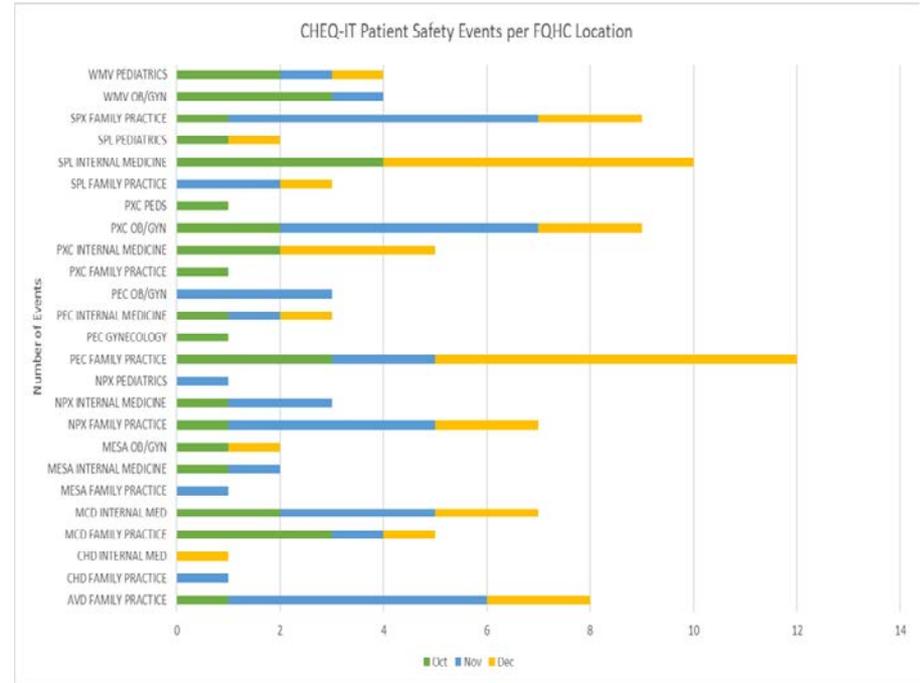
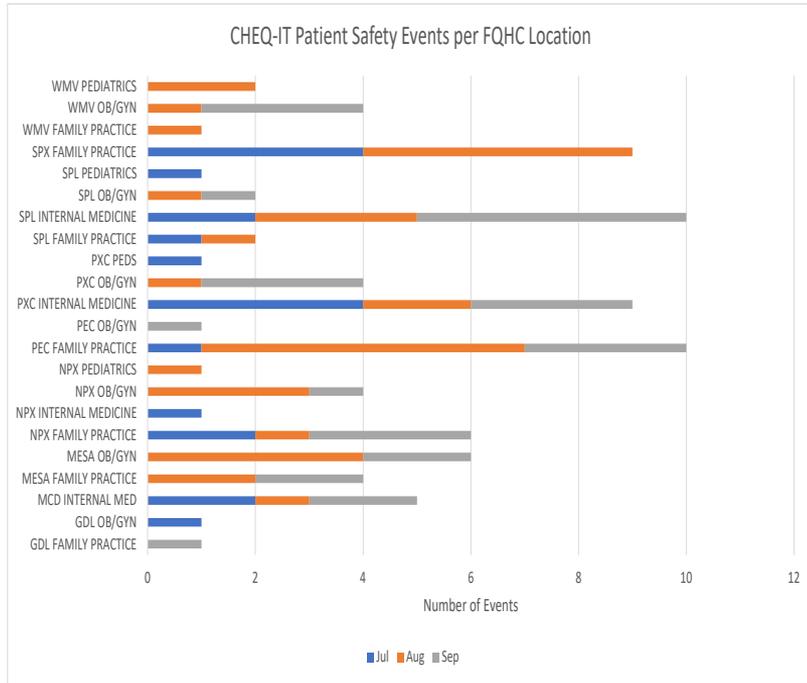
# *Patient Safety*

## *FY 24 Qtr 2*

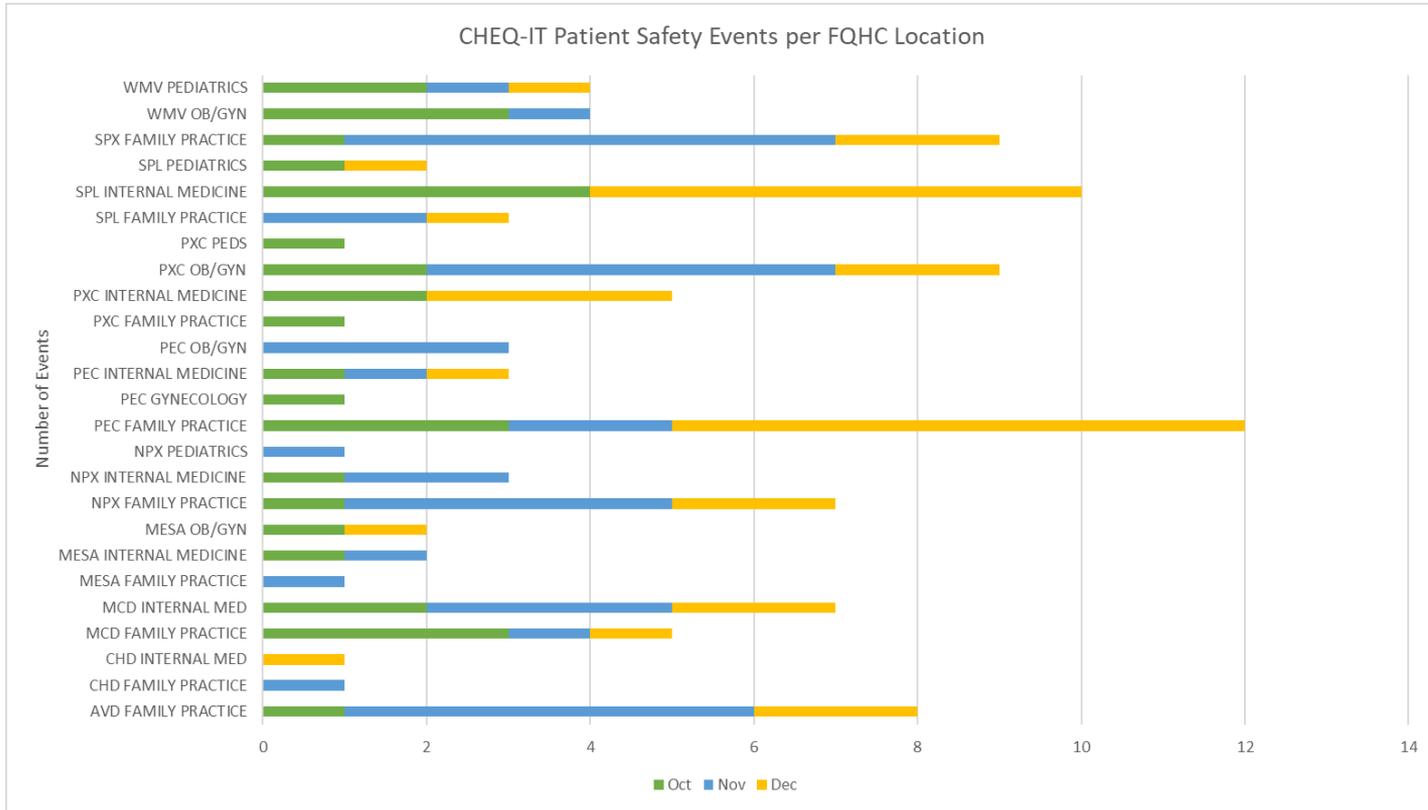
# Federally Qualified Health Center (FQHC)

Report prepared by JoAnna Hernandez,  
Quality Analyst

# CHEQ-IT Events by Location

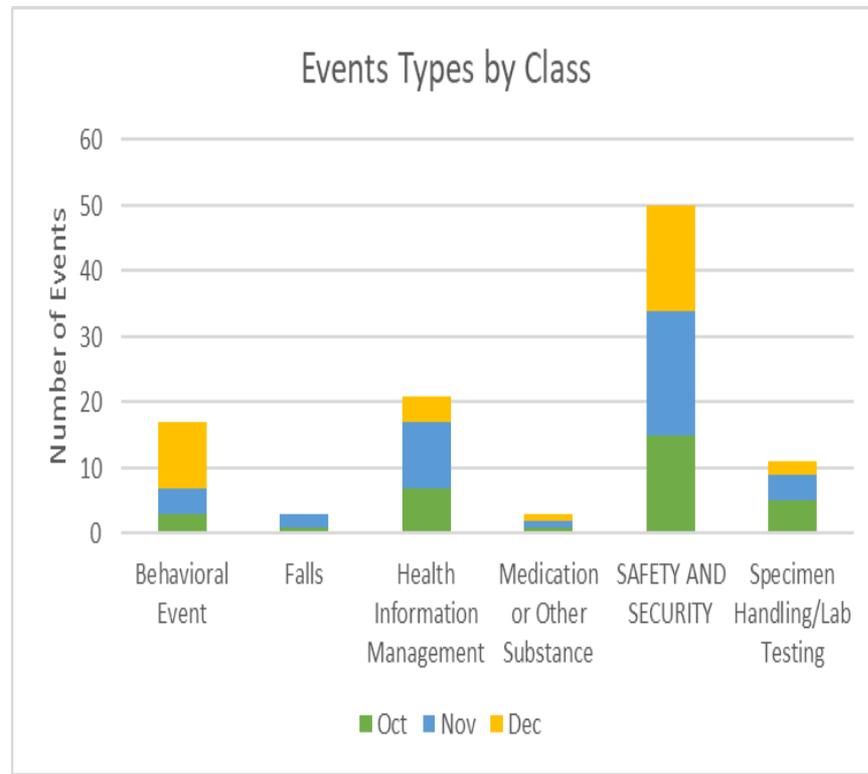
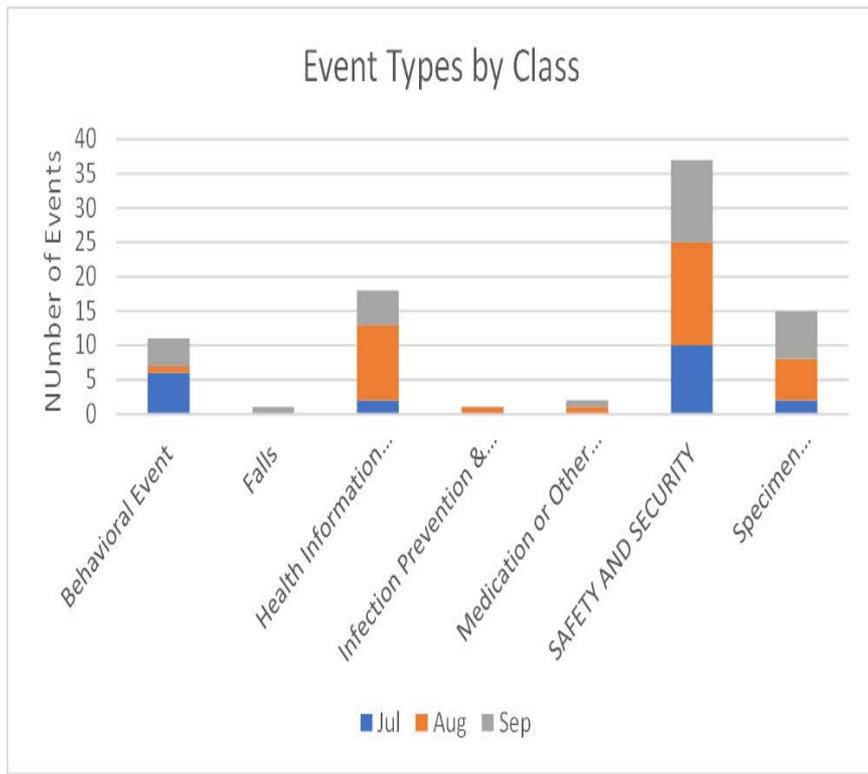


# CHEQ-IT Events by Location

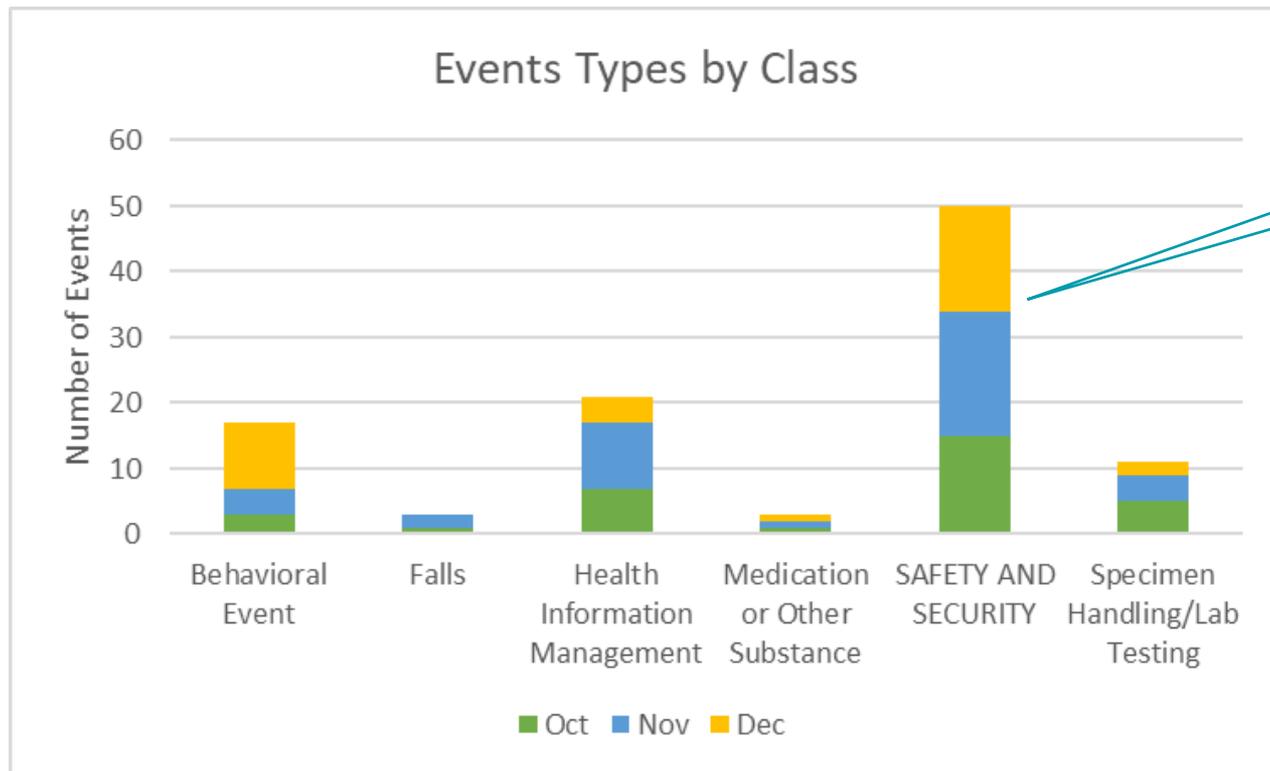


The highest number of occurrences reported are SPL Int. Med., PXC OB/GYN, SPX Family Practice, AVD Family Practice, and PEC Int. Med. Thank you for reporting!

# CHEQ-IT Events by Class



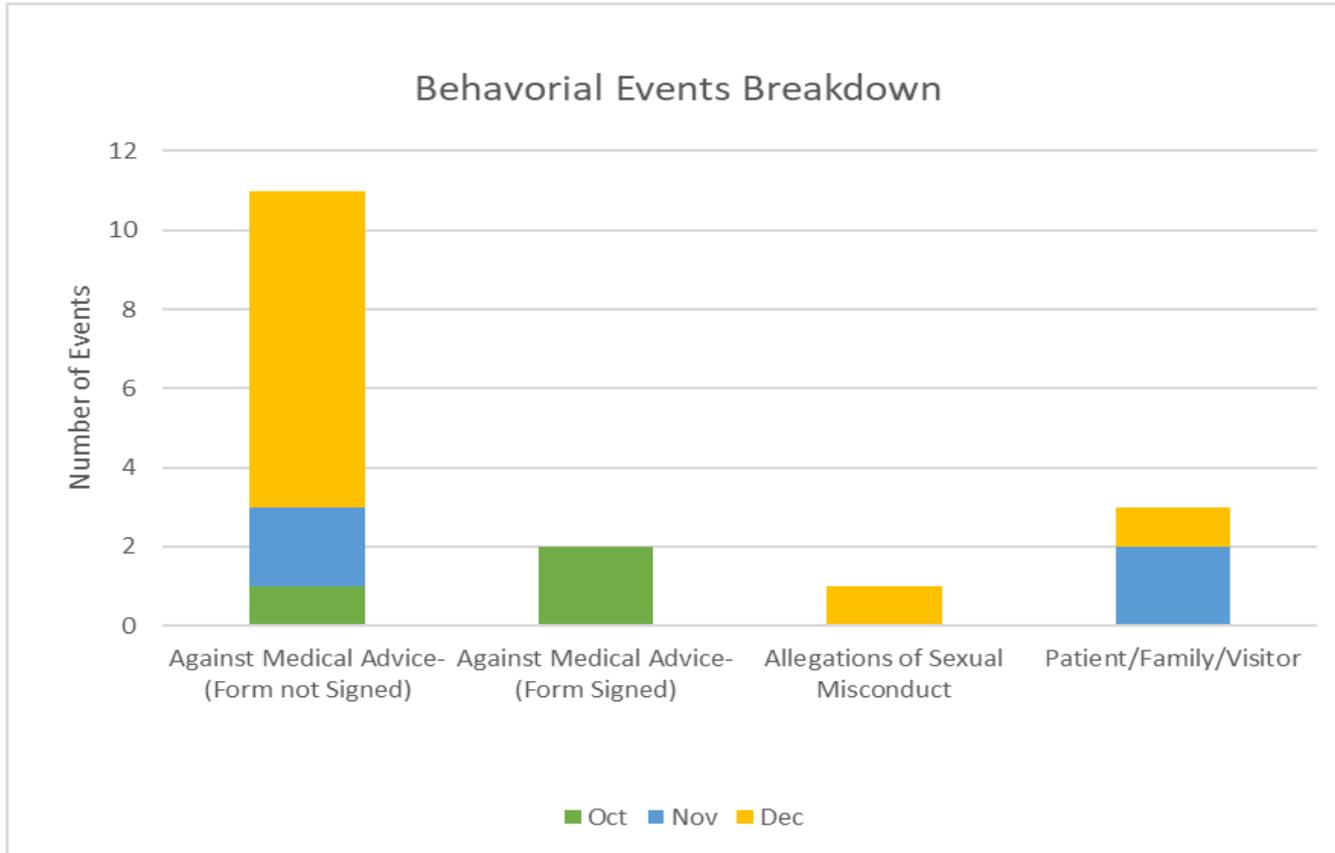
# CHEQ-IT Events by Class



Code White Events

The most frequently reported class of events are Safety and Security, Health Information Management, Behavioral Event, followed by Specimen handling/Lab testing.

# Behavioral Events



# Behavioral Events

## Pt/Family/Visitor

- Possible suicidal pt., Crisis team called. Situation escalated. Security returned to site and PHX PD called.
- Pt. altered mental state and delusional. 911 called. Pt transferred to Banner University.
- MyChart message of possible self-harm. Reported to Crisis Team, APS and CPS. PD also notified.

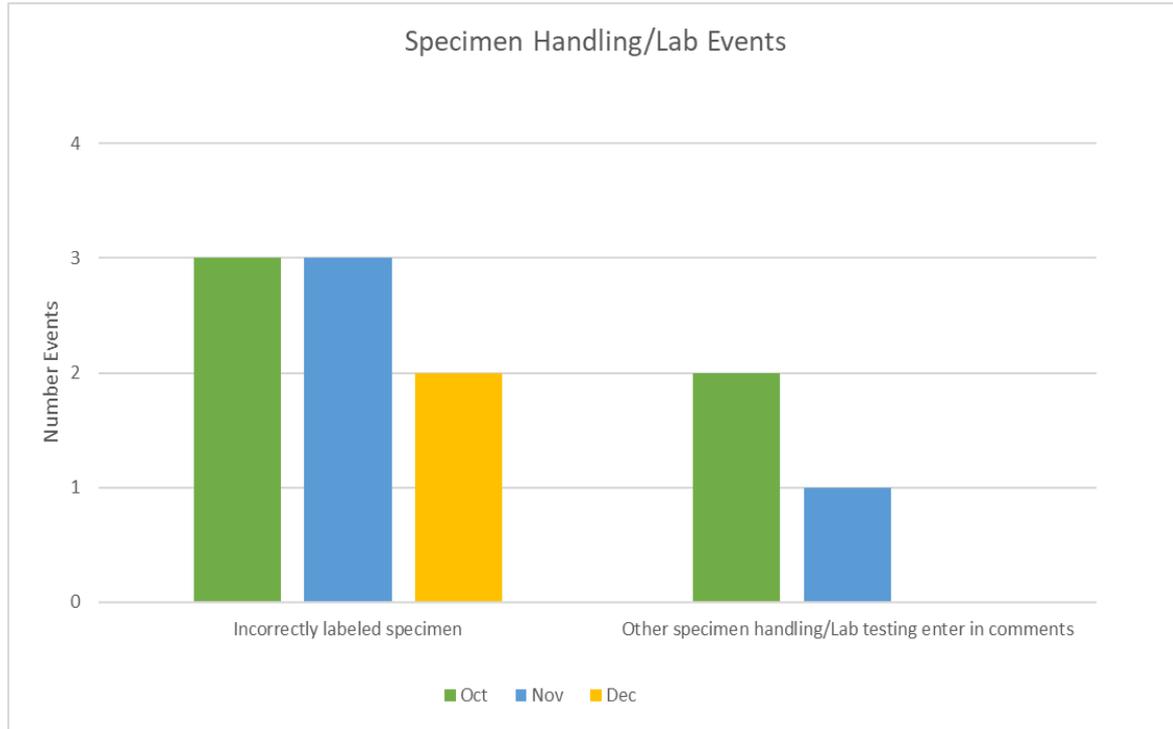
## AMA

- Pt with severe abdominal requested appt., told to report to ED. Pt refused.
- Heart fluttering, possible panic attack. Refused to go to ED.
- 2 Events with Chest pain, refused to go to ED.
- 2 Events SOB, refused to go to ED.
- Passed out at CVS arrived in lobby and refused to seek ED care.
- Requested CT for kidney stones, told to report to ED. Pt refused.
- Pt. accidentally took double dose of warfarin, gums bleeding and blood in urine. Refused to go to ED.
- Ear pain, refusing appt. due to cost.
- Pt. reporting dizziness without transportation to ED. Refused advice to call 911.
- Pt. with neurological deficit. Refused to call 91, moving today.
- Pt has leg pain 8/10 with swelling. Unable to call 911 due to caring for grandson.

## Allegations of Sexual Misconduct

- Reported

# Specimen Handling/Lab Events



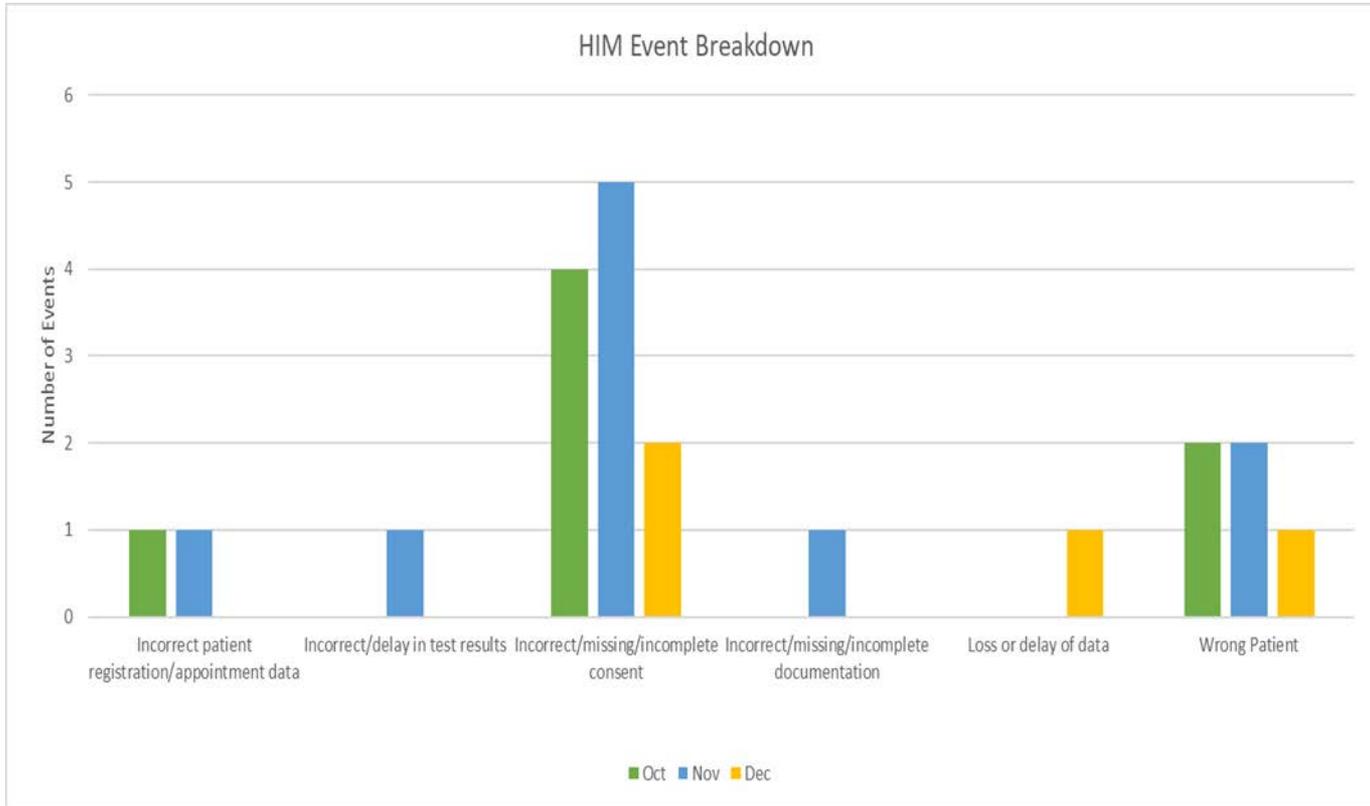
## Other specimen handling- wrong source

- Wrong source on specimen-urine vs. swab.
- Source not specific, only states "skin".
- A1c resulted wrong chart.
- Specimen "A" and "B" no sources provided.
- Pregnancy test resulted incorrectly resulted as Positive, correct result Negative.
- 2 Events OB/GYN (total 6 specimens each) specimen labels and requisition do not match.

## Incorrectly labeled specimen

- No source on product of conception
- 2 events - incorrect patient for POC RSV/FLU/COVID

# HIM Events



## Consent related

- 11 Missing Consents

## Data entry or selection

- Incorrect pregnancy test result uploaded.

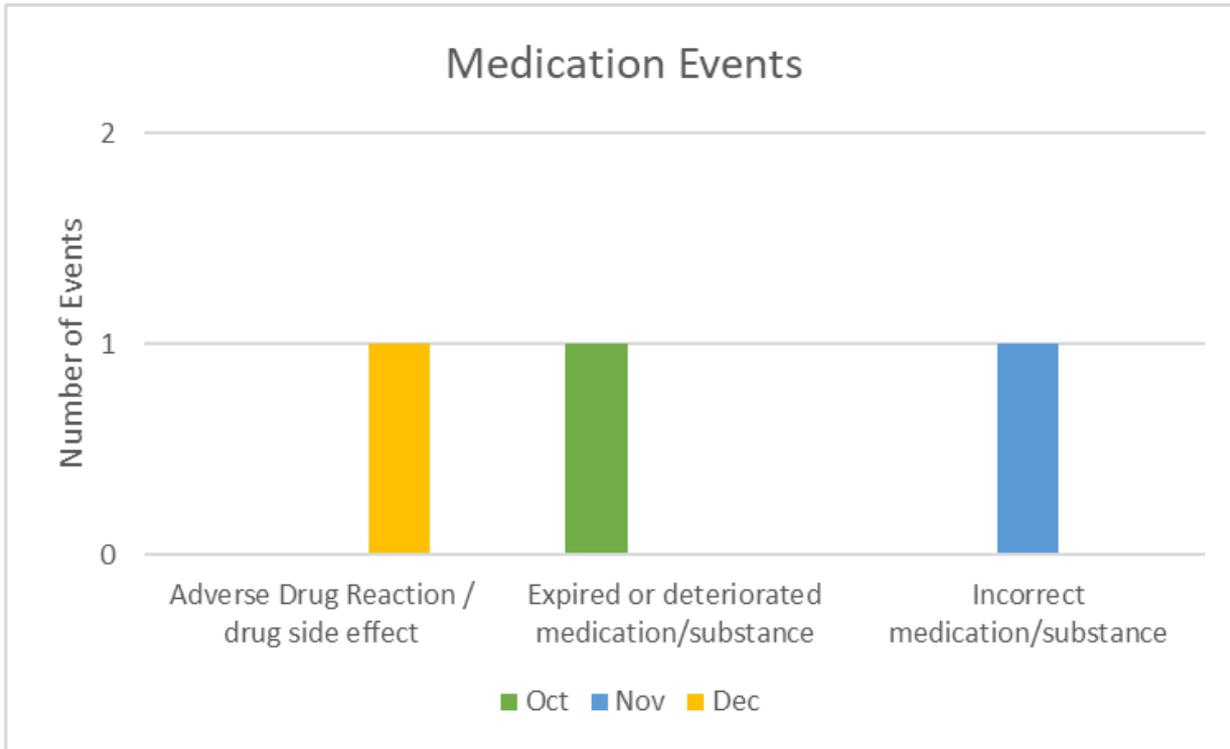
## Registration/Scheduling related

- Pregnancy test upload under incorrect encounter.

## Wrong Patient

- 5 Barcode scanning issues

# Medication Events



## Expired or deteriorated medication

- Expired vaccine given.

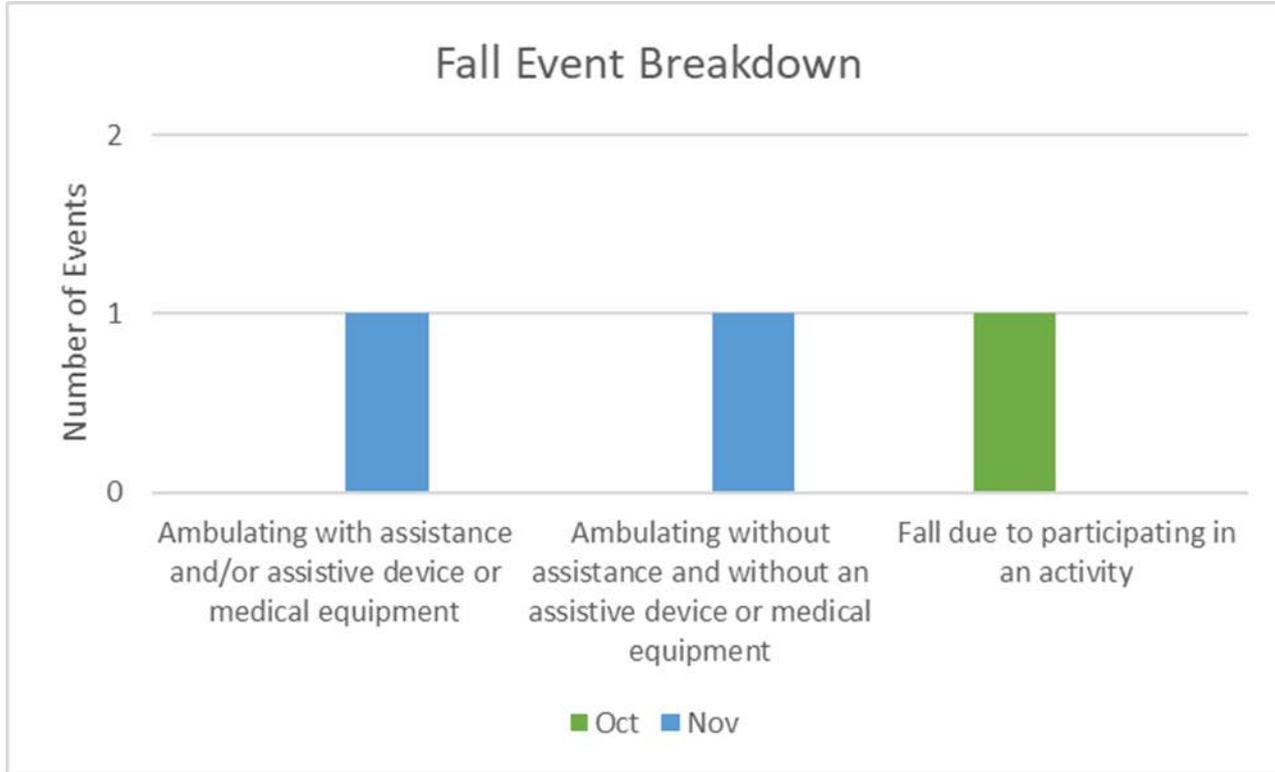
## Incorrect medication/substance

- Influenza vaccine administer without scanning.

## Adverse Drug Reaction / drug side effect

- Adverse reaction to Depo Injection shot.

# Fall Events



- All left without transport to ED.
- Only pain noted in all 3 cases.

# FQHC's: What's Happening?

- A review of notable occurrences is now included in the daily leadership huddle.
- Meeting held to discuss the incomplete consent forms. These issues are also addressed through the peer review process.
- Continue to track and trend and develop action plans as necessary.



QUESTIONS?

# **6. National Research Corporation (NRC) RealTime Platform Patient Experience Data**

# Service Excellence Committee Report: FQHCs

Reporting: Crystal Garcia, VP of Specialty  
Services, Quality and Patient Safety

Report Prepared by: Steven Elliott, RN Quality  
Analyst

# FQHC's Combined: Survey Participation Details

## Participation

☆ Favorite -

📧 Subscribe

📄 Export -

Jul 01, 2023 - Dec 31, 2023

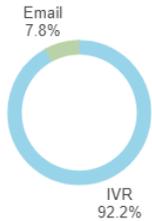
RESPONSE RATE: **29.2%**



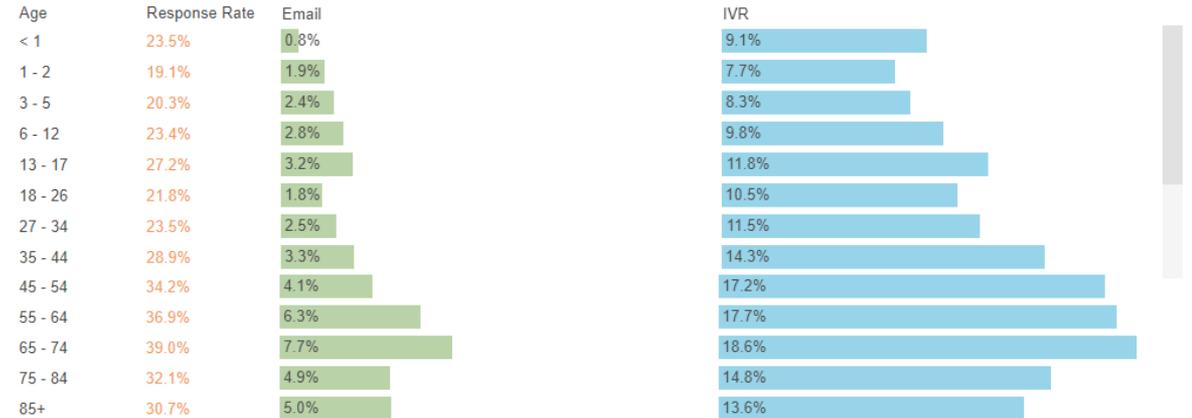
### MODE PERFORMANCE



### % OF TOTAL RESPONSES



### AGE GROUP BREAKDOWN



# FQHC Priority Matrix

## Facility Locations by Question Pods:

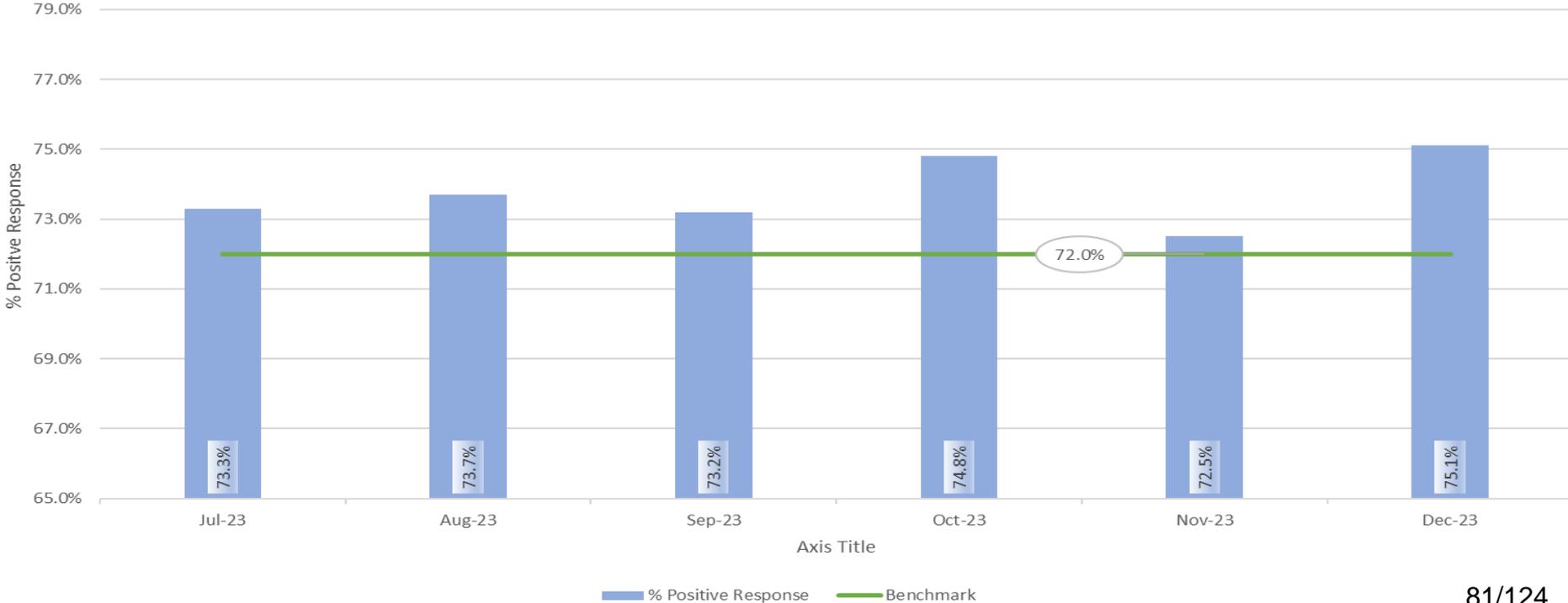
Medical Practice		Outpatient Behavioral Health	Outpatient Testing
AVD FAMILY PRACTICE	PEC INTERNAL MEDICINE	AVD INTEGRATED BH	PXC ANTEPARTUM TEST
CHD FAMILY PRACTICE	PEC OB/GYN	CHD INTEGRATED BH	PXC COLPOSCOPY
CHD INTERNAL MEDICINE	PEC PEDIATRICS	GDL INTEGRATED BH	PXC PEDS PROCEDURE
CHD OB/GYN	PXC ADOLESCENT	MESA INTEGRATED BH	
GDL FAMILY PRACTICE	PXC GYN TUMOR	MESA PREVENTION PSYCH	
GDL OB/GYN	PXC INTERNAL MEDICINE	MESA SPECIALTY BH	
MCD FAMILY PRACTICE	PXC OB/GYN	MSA INTEGRATED BH	
MCD INTERNAL MEDICINE	PXC OB/GYN INFER (REI)	NPX INTEGRATED BH	
MESA FAMILY PRACTICE	PXC OBSTETRICS COMP	PEC INTEGRATED BH	
MESA IMM CLINIC	PXC PEDS	SPL INTEGRATED BH	
MESA INTERNAL MEDICINE	PXC UROGYNECOLOGY	SPX INTEGRATED BH	
MESA OB/GYN	SPL FAMILY PRACTICE	PXC Peds Integrated BH	
MESA PEDIATRICS	SPL INTERNAL MEDICINE		
MESA PREVENTION	SPL OB/GYN		
NPX FAMILY PRACTICE	SPL PEDIATRICS		
NPX INTERNAL MEDICINE	SPX FAMILY PRACTICE		
NPX OB/GYN	WMV Family Practice		
NPX PEDIATRICS	WMV OB/GYN		
PEC FAMILY PRACTICE	WMV PEDIATRICS		

©

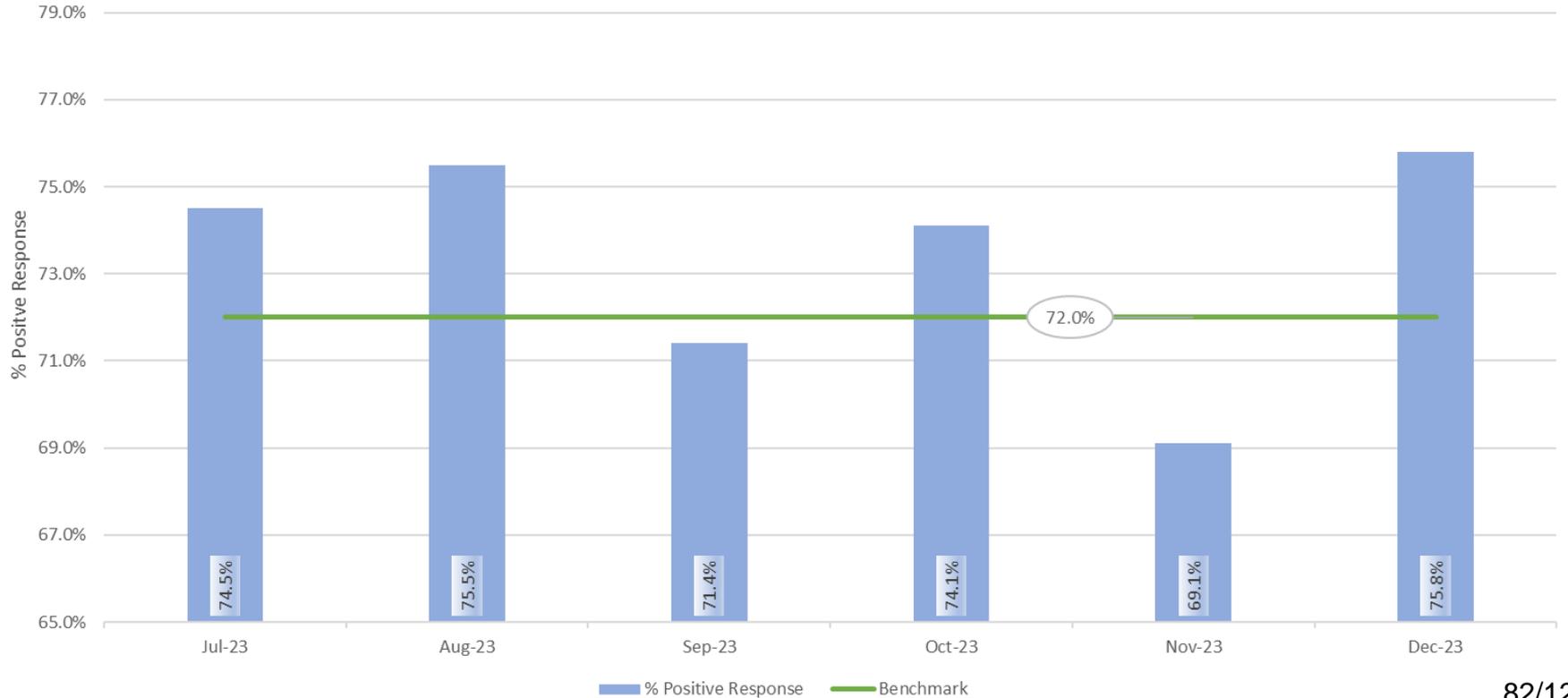
# Overview of Combined Score - Phoenix CHC, Peoria CHC, and FQHC

Dec n-size - 2,372

### FQHC NPS: Facility Would Recommend FYTD 2024

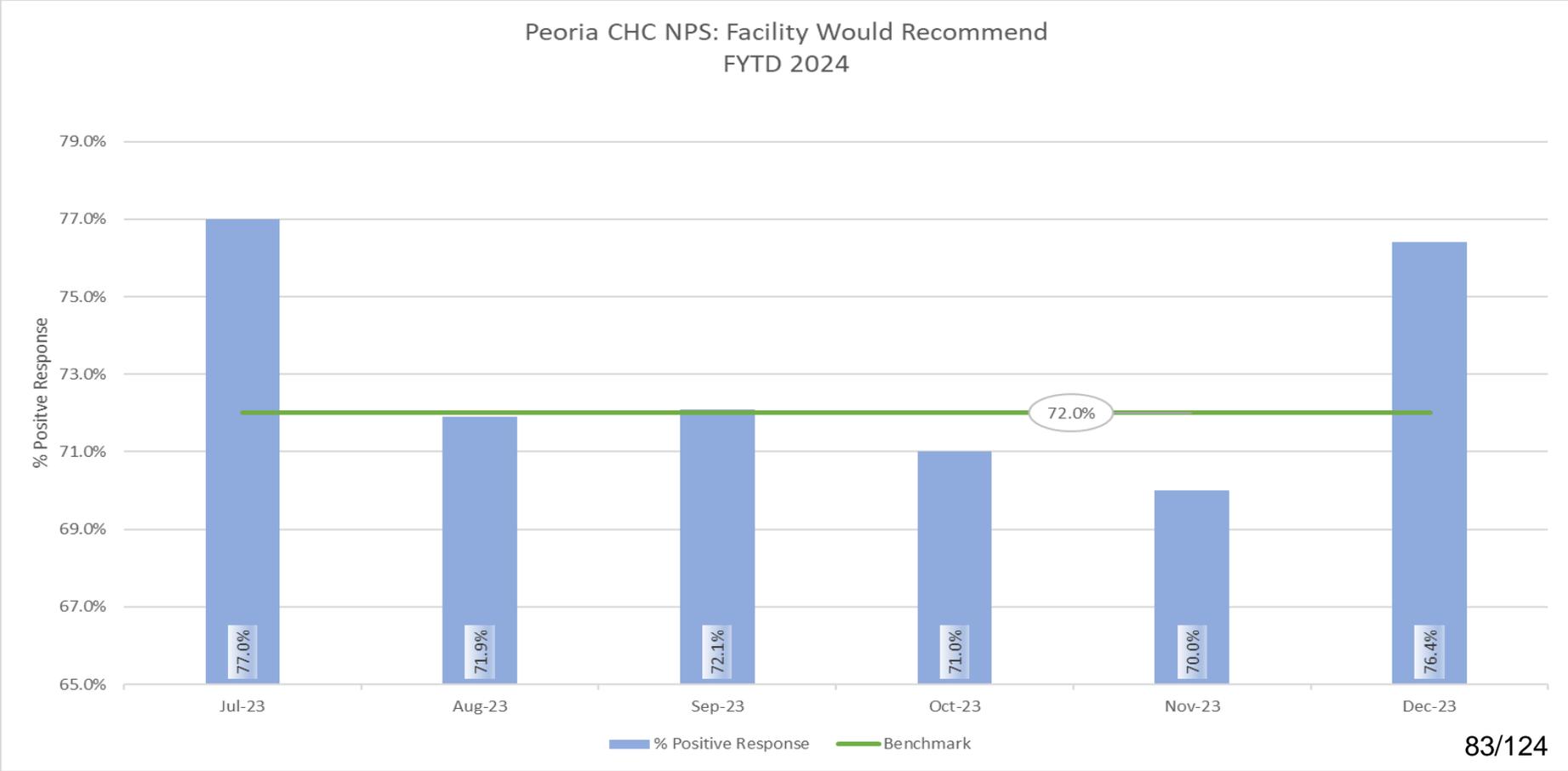


Phoenix CHC FQHC NPS: Facility Would Recommend  
FYTD 2024



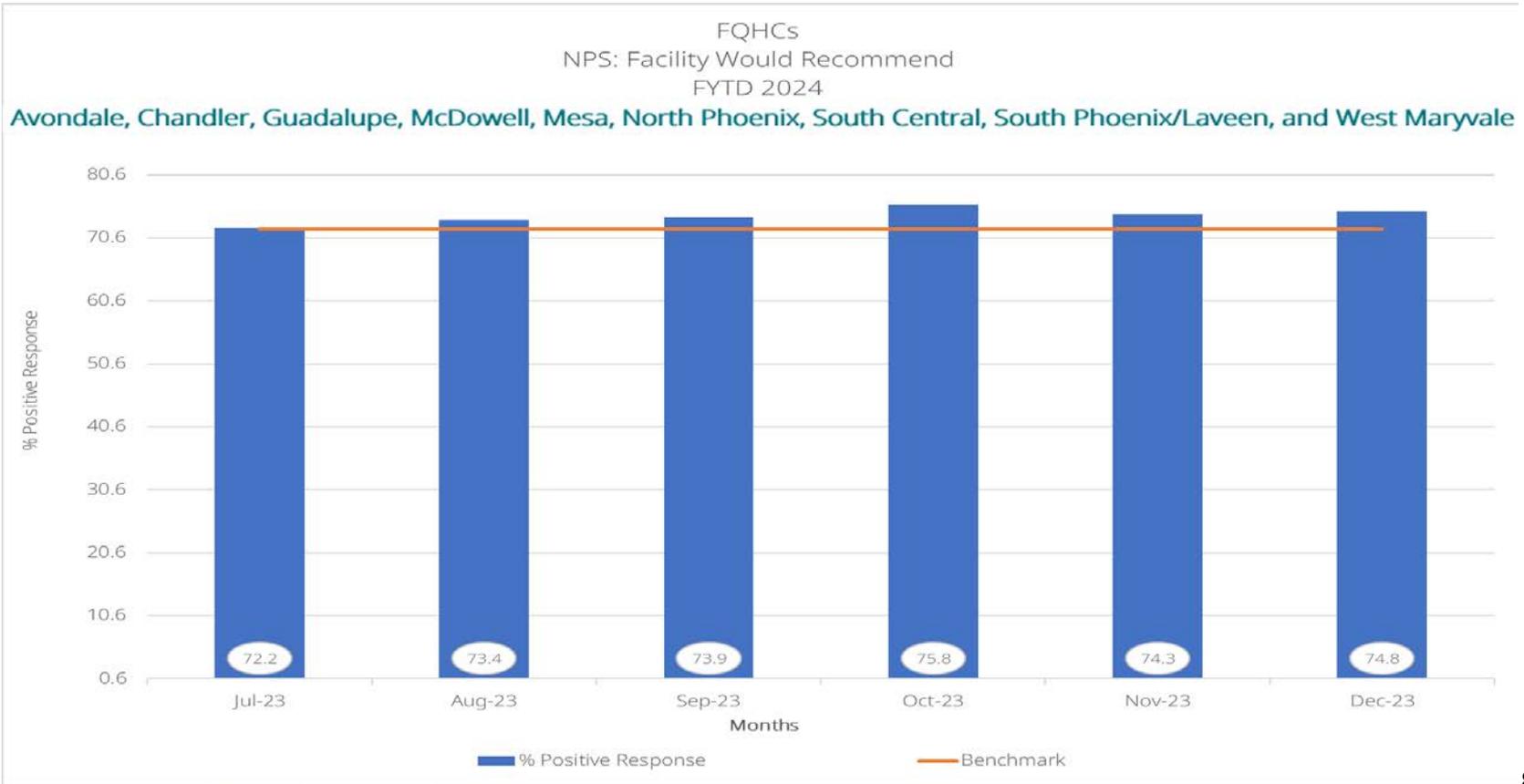
# FQHC: Peoria CHC – FYTD 2024

Dec n-size – 258



# FQHCs: NPS – Facility Would Recommend – FYTD24

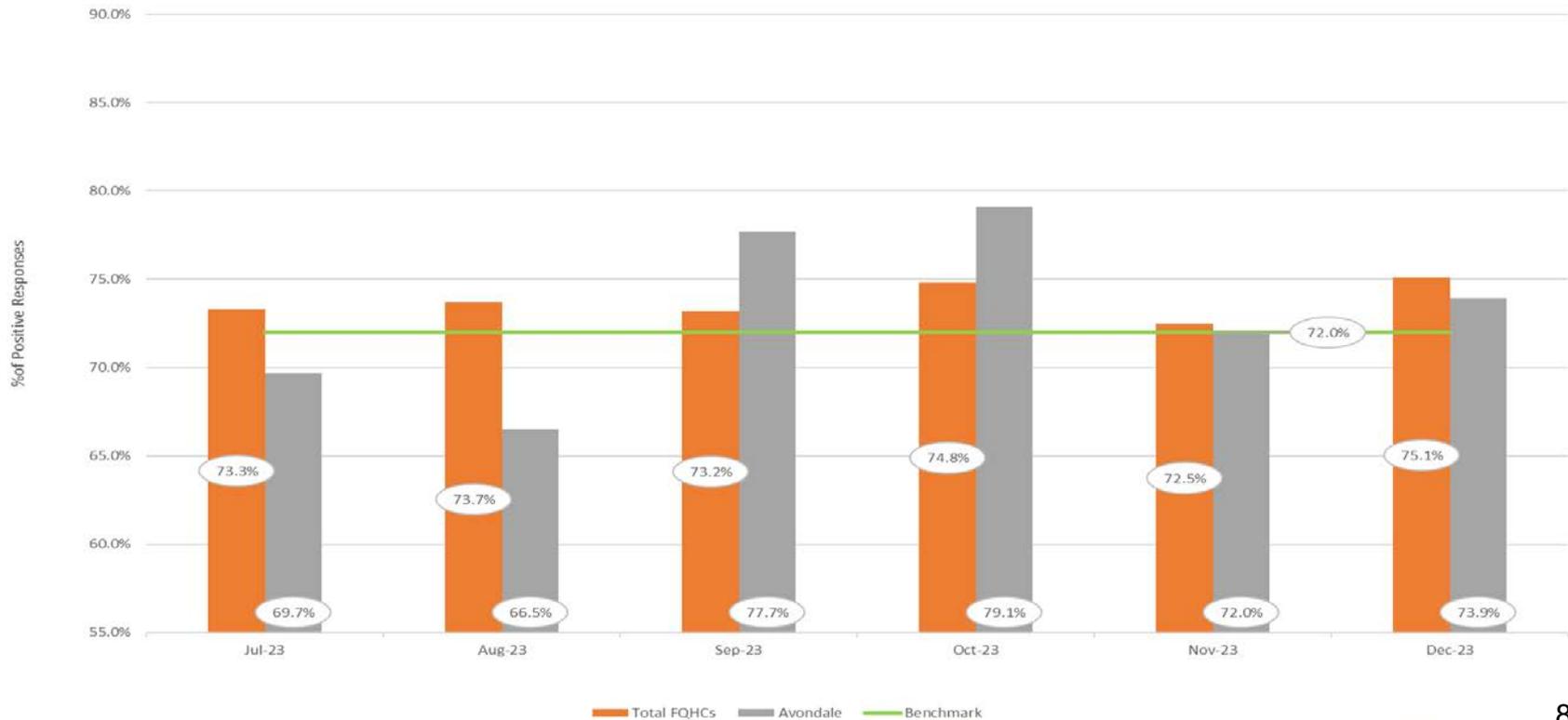
Dec n-size – 1,569



# FQHC: Avondale – FYTD 2024

Dec n-size – 184

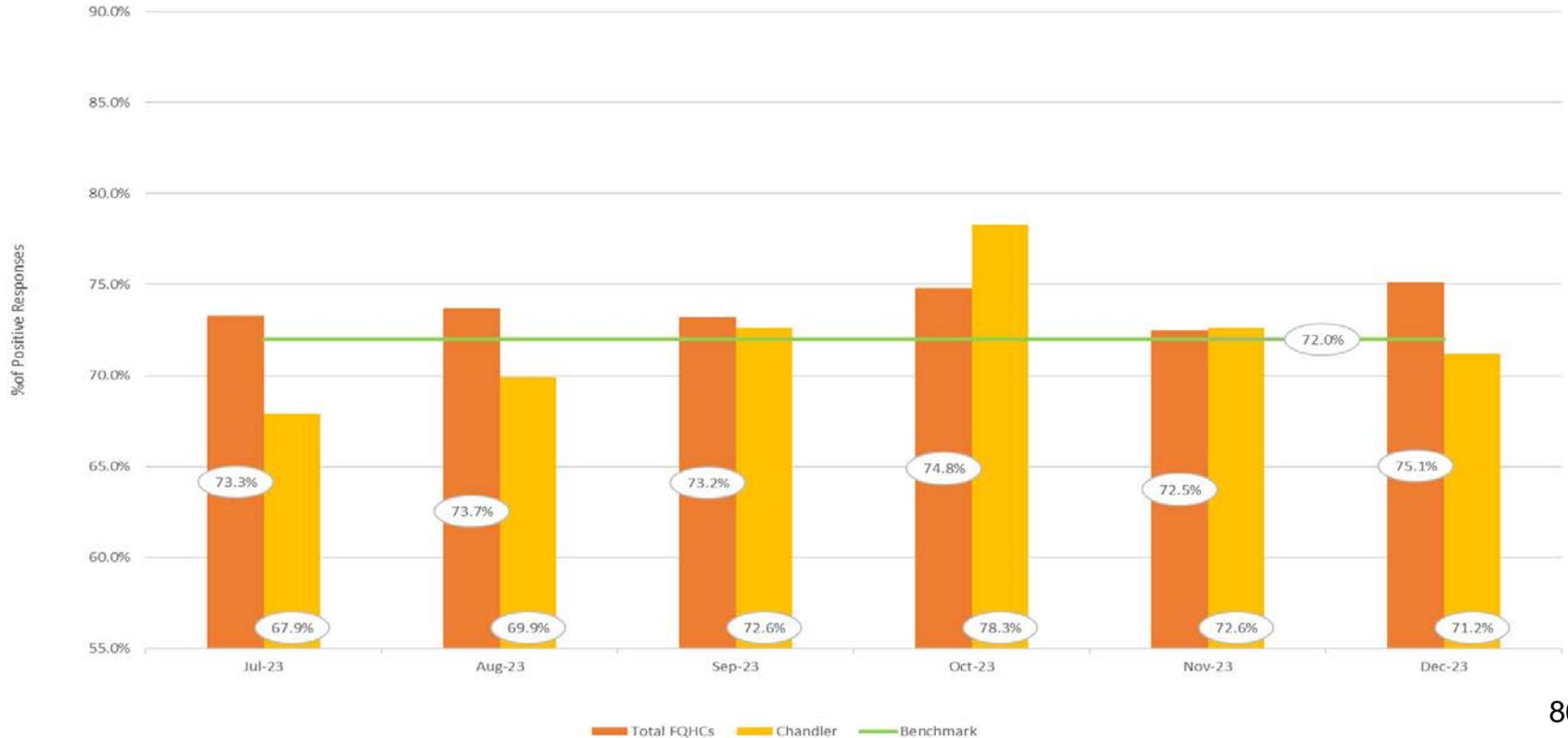
FQHCs: NPS - "Facility Would Recommend"  
FQHC West Maryvale FYTD 2024



# FQHC: Chandler – FYTD 2024

Dec n-size – 250

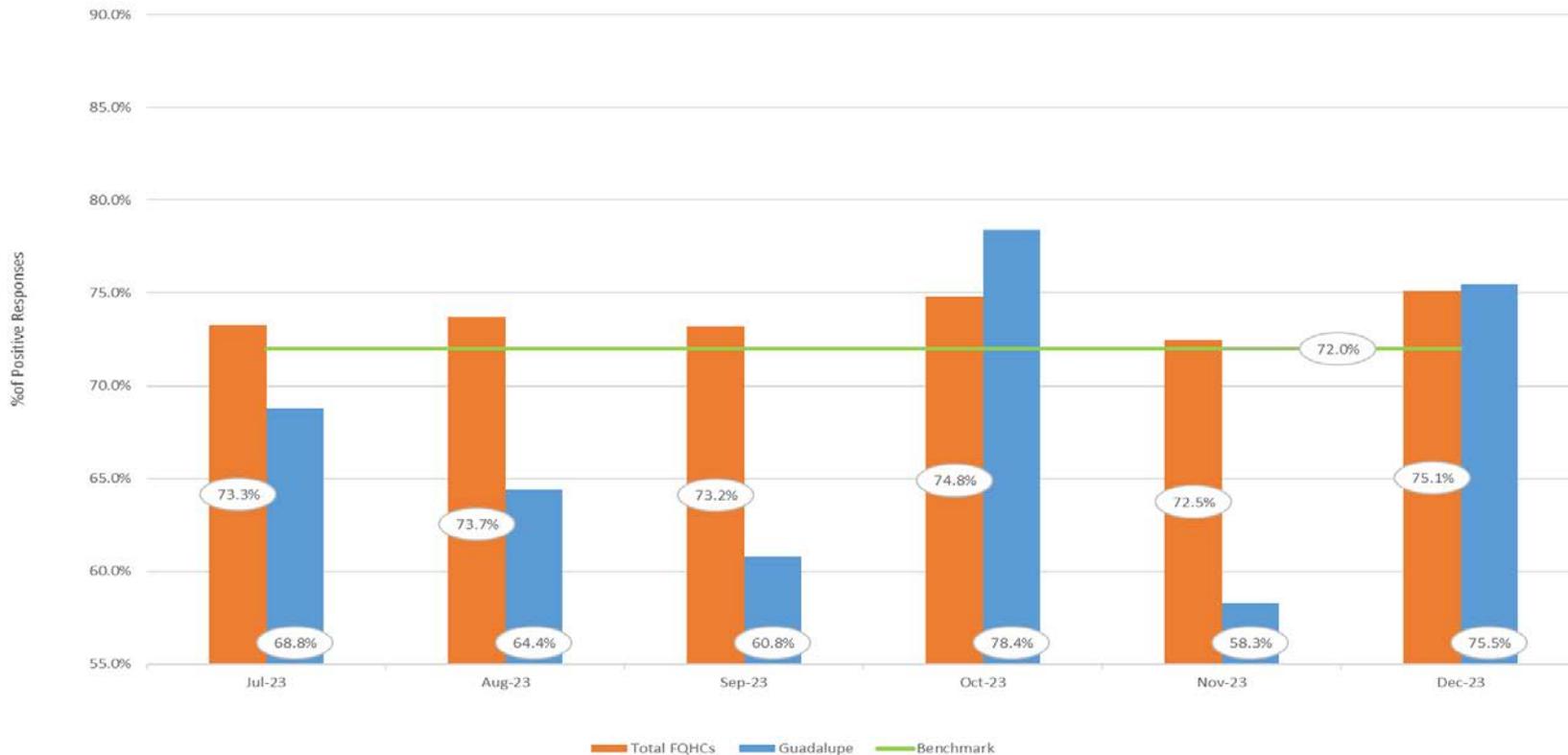
FQHCs: NPS - "Facility Would Recommend"  
FQHC Guadalupe FYTD 2024



# FQHC: Guadalupe – FYTD 2024

Dec n-size – 53

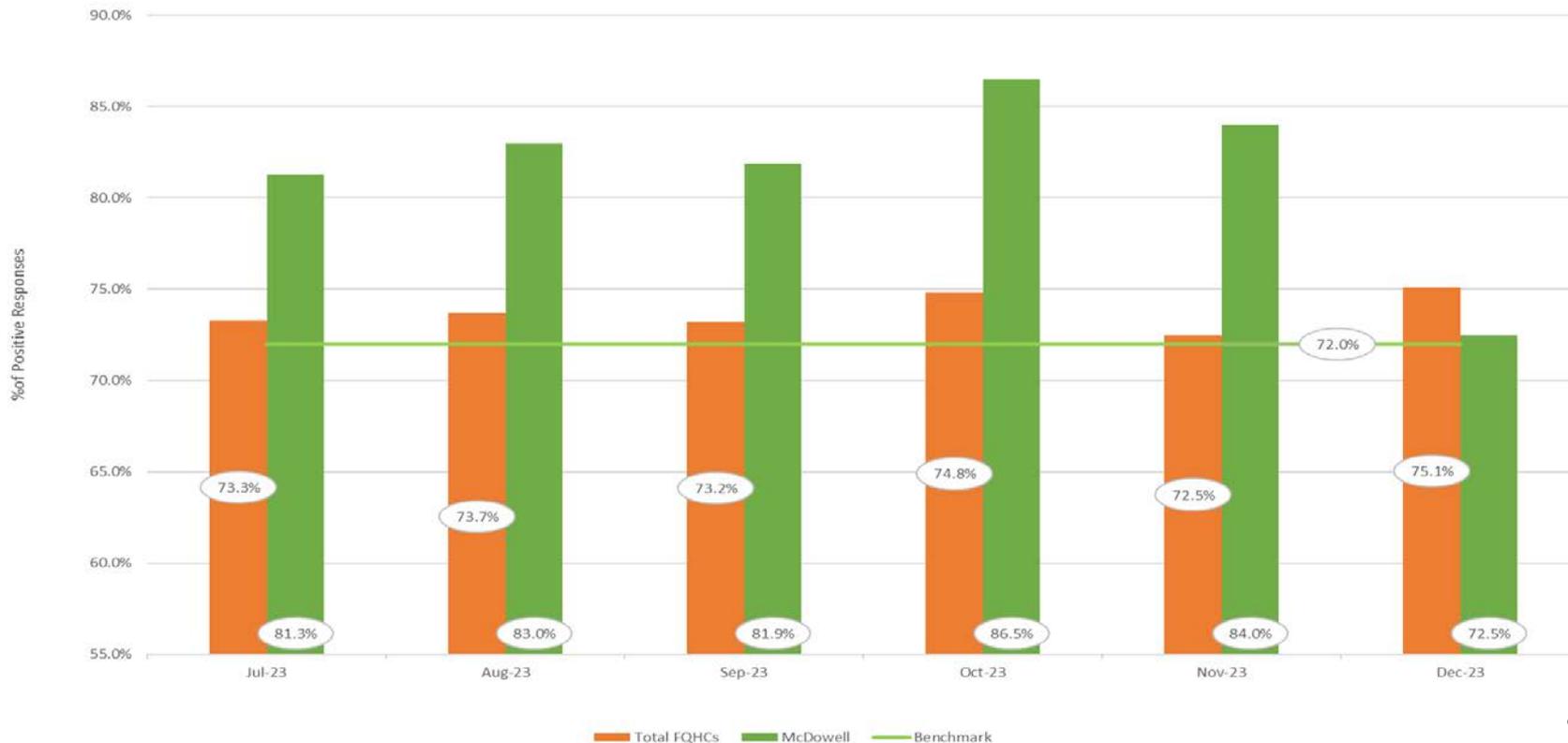
FQHCs: NPS - "Facility Would Recommend"  
FQHC Guadalupe FYTD 2024



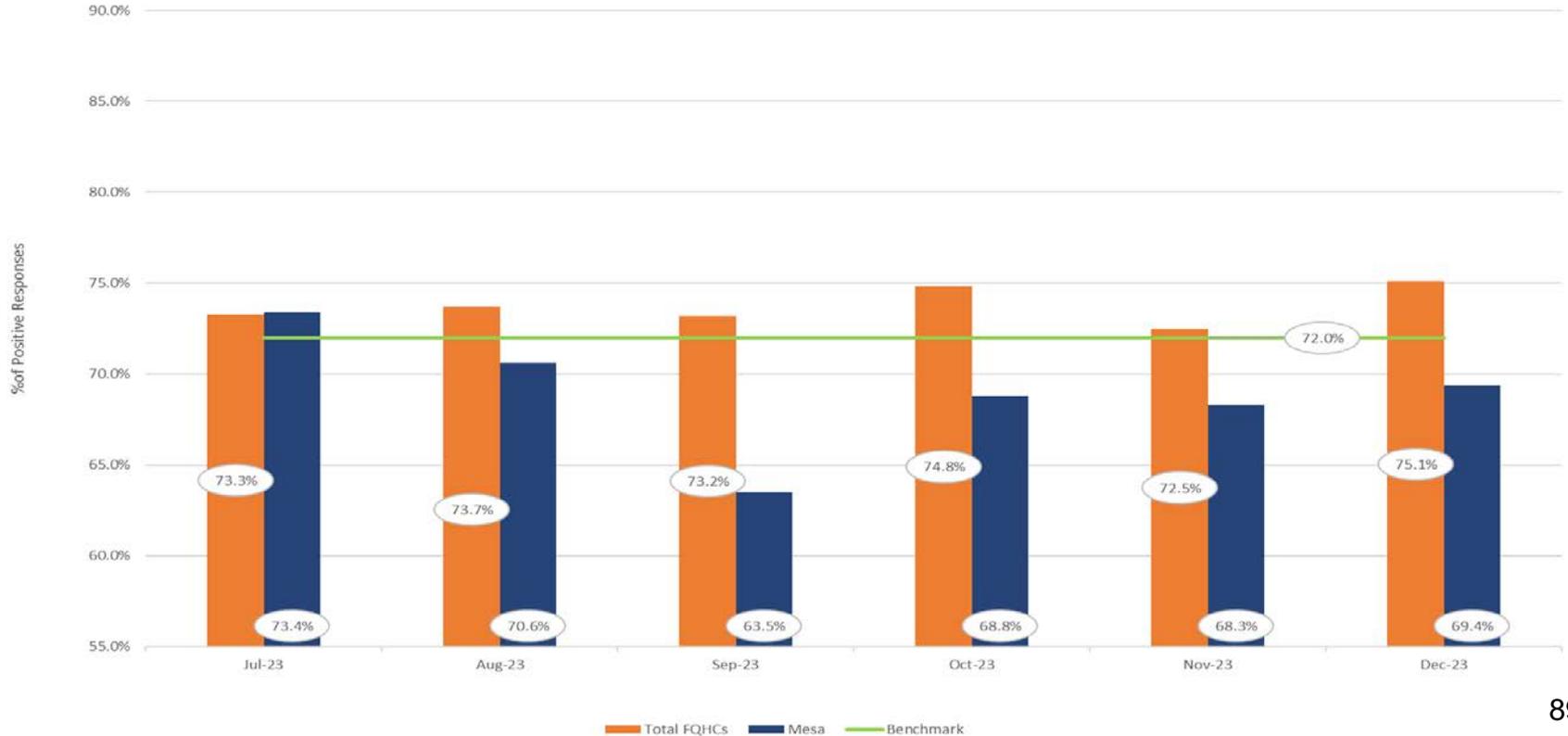
# FQHC: McDowell – FYTD 2024

Dec n-size – 193

FQHCs: NPS - "Facility Would Recommend"  
FQHC McDowell FYTD 2024



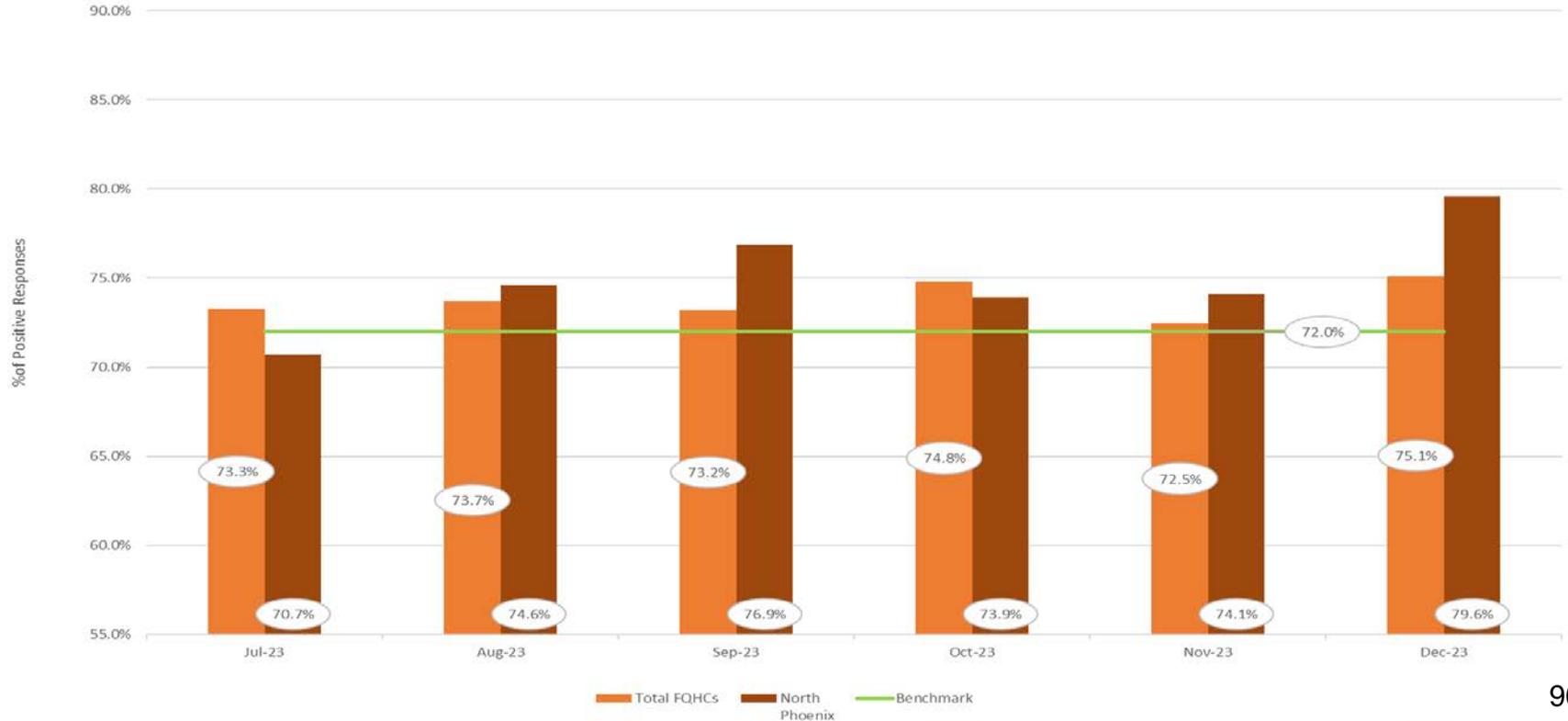
FQHCs: NPS - "Facility Would Recommend"  
FQHC Mesa FYTD 2024



# FQHC: North Phoenix – FYTD 2024

Dec n-size – 221

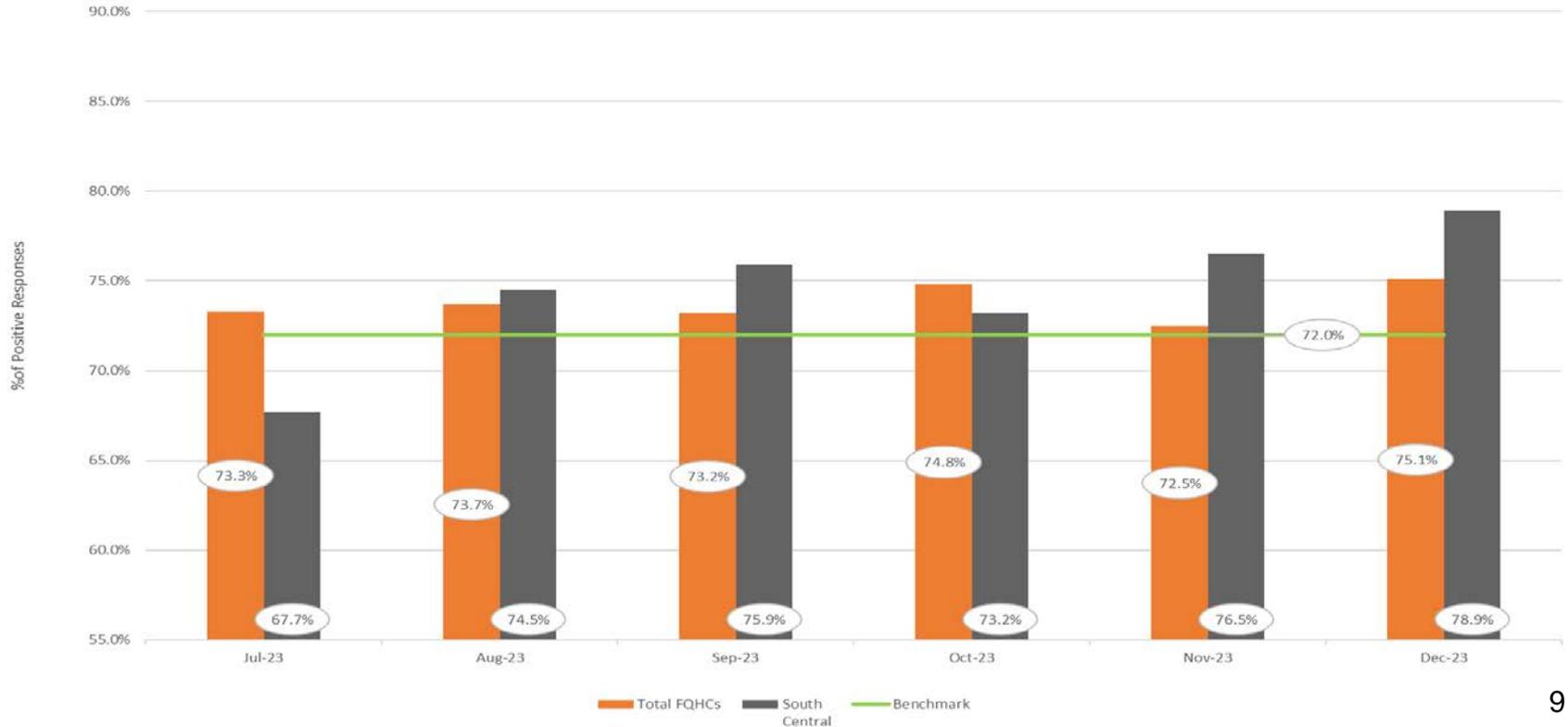
FQHCs: NPS - "Facility Would Recommend"  
FQHC North Phoenix FYTD 2024



# FQHC: South Central – FYTD 2024

Dec n-size – 209

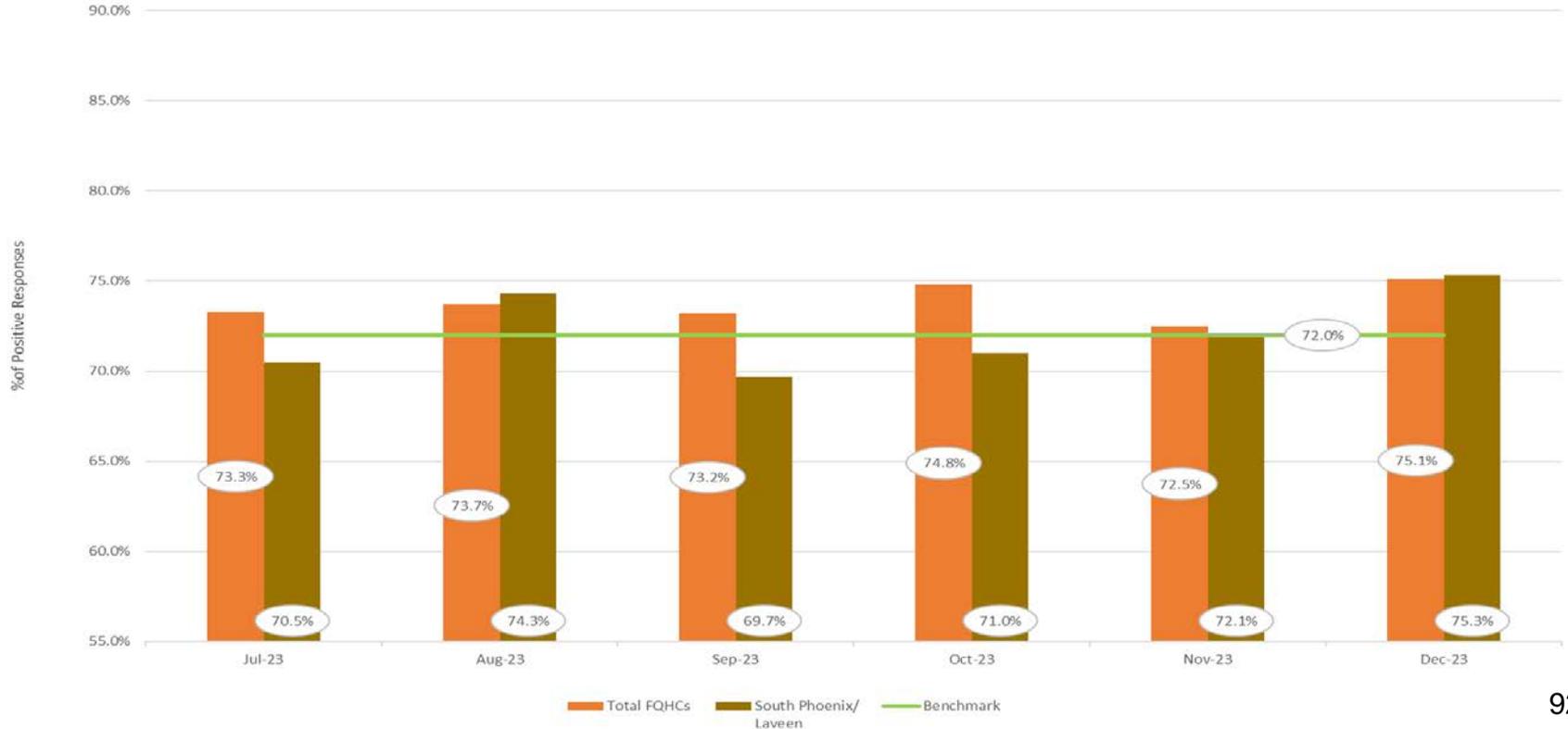
FQHCs: NPS - "Facility Would Recommend"  
FQHC South Central FYTD 2024



# FQHC: South Phoenix/ Laveen – FYTD 2024

Dec n-size – 166

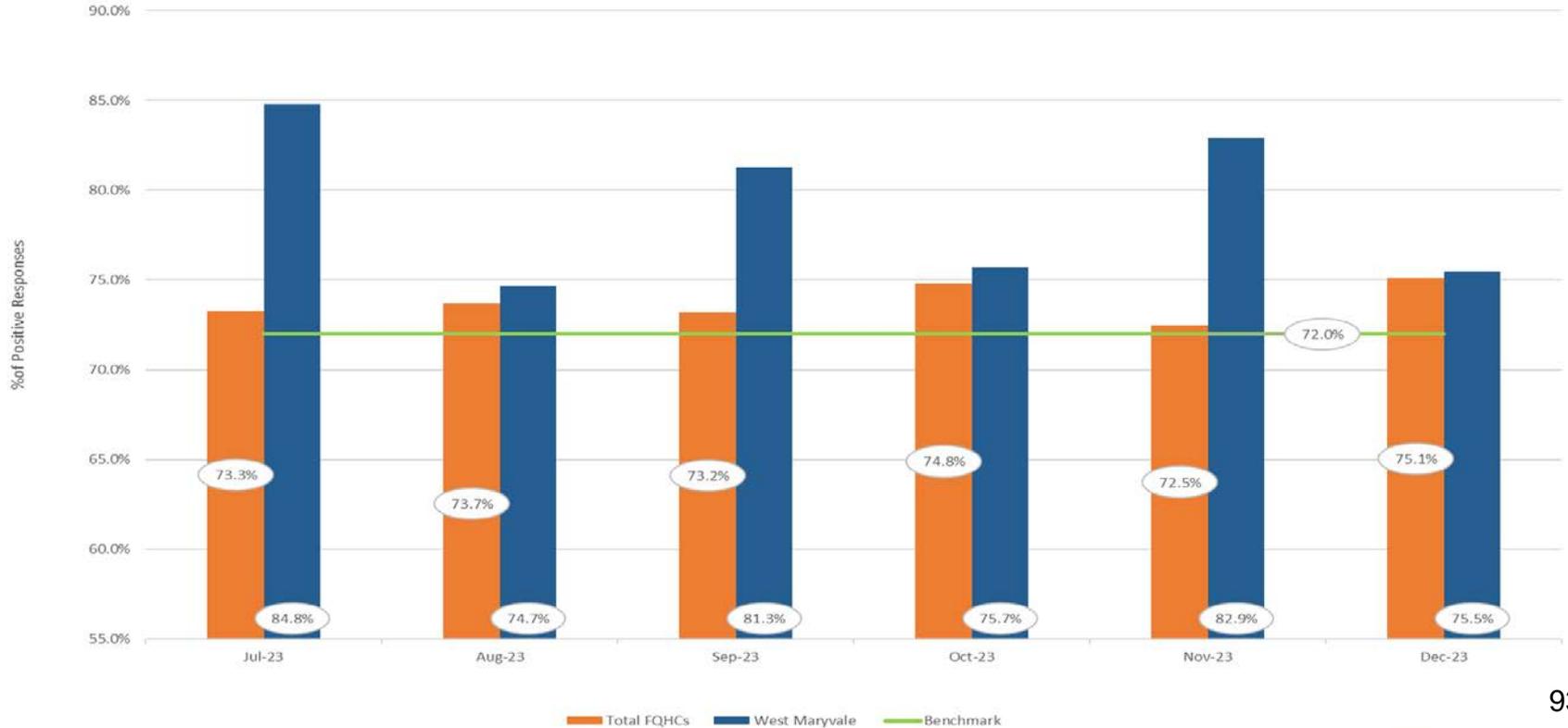
FQHCs: NPS - "Facility Would Recommend"  
FQHC South Phoenix/Laveen FYTD 2024



# FQHC: West Maryvale – FYTD 2024

Dec n-size - 139

FQHCs: NPS - "Facility Would Recommend"  
FQHC West Maryvale FYTD 2024



# FQHC Priority Matrix

## Facility Locations by Question Pods:

Medical Practice		Outpatient Behavioral Health	Outpatient Testing
AVD FAMILY PRACTICE	PEC INTERNAL MEDICINE	AVD INTEGRATED BH	PXC ANTEPARTUM TEST
CHD FAMILY PRACTICE	PEC OB/GYN	CHD INTEGRATED BH	PXC COLPOSCOPY
CHD INTERNAL MEDICINE	PEC PEDIATRICS	GDL INTEGRATED BH	PXC PEDS PROCEDURE
CHD OB/GYN	PXC ADOLESCENT	MESA INTEGRATED BH	
GDL FAMILY PRACTICE	PXC GYN TUMOR	MESA PREVENTION PSYCH	
GDL OB/GYN	PXC INTERNAL MEDICINE	MESA SPECIALTY BH	
MCD FAMILY PRACTICE	PXC OB/GYN	MSA INTEGRATED BH	
MCD INTERNAL MEDICINE	PXC OB/GYN INFER (REI)	NPX INTEGRATED BH	
MESA FAMILY PRACTICE	PXC OBSTETRICS COMP	PEC INTEGRATED BH	
MESA IMM CLINIC	PXC PEDS	SPL INTEGRATED BH	
MESA INTERNAL MEDICINE	PXC UROGYNECOLOGY	SPX INTEGRATED BH	
MESA OB/GYN	SPL FAMILY PRACTICE	PXC Peds Integrated BH	
MESA PEDIATRICS	SPL INTERNAL MEDICINE		
MESA PREVENTION	SPL OB/GYN		
NPX FAMILY PRACTICE	SPL PEDIATRICS		
NPX INTERNAL MEDICINE	SPX FAMILY PRACTICE		
NPX OB/GYN	WMV Family Practice		
NPX PEDIATRICS	WMV OB/GYN		
PEC FAMILY PRACTICE	WMV PEDIATRICS		

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# FQHC Priority Matrix FY23-FY24TD

## Priority Matrix

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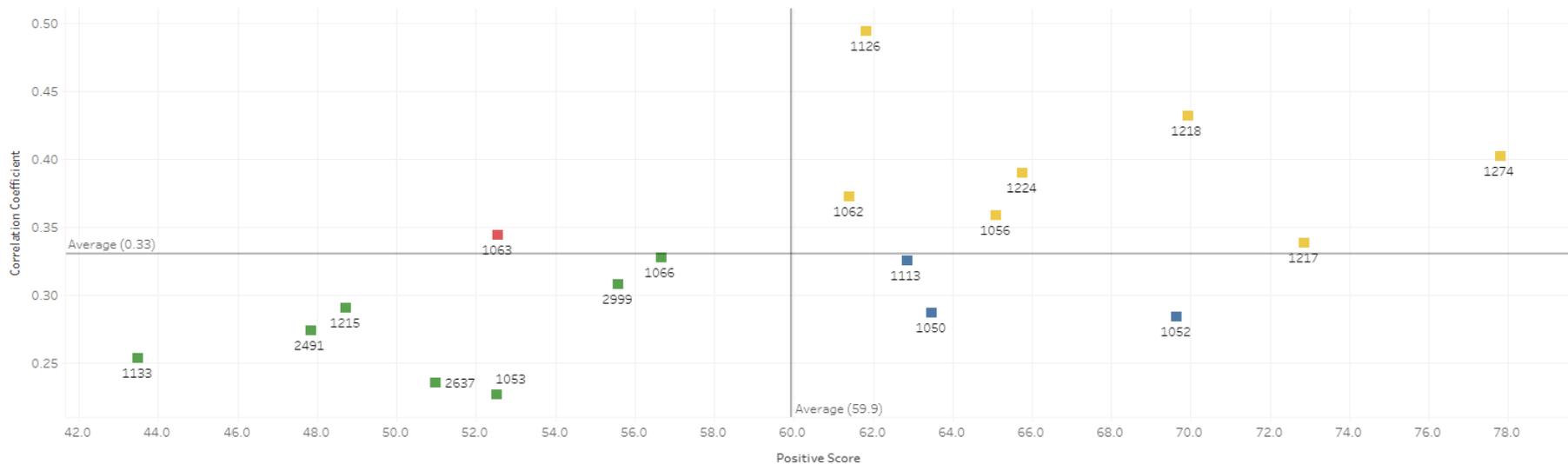
Priority Matrix

Priority Table

### Priority Matrix Report

Start Date: 7/1/2022 | End Date: 12/31/2023 | Question Pod Name: (All) | Question Friendly Text: (All) | Service Line: (All)

Select Hierarchy Level: Location Name | Location Name: (Multiple values) | Provider: (All) | Age Group: (All) | Gender: (All) | Language: (All) | Race: (All)



■ High Positive Score and High Correlation    
 ■ High Positive Score and Low Correlation    
 ■ Low Positive Score and High Correlation    
 ■ Low Positive Score and Low Correlation

\*Correlation is based on the relationship to your Key Metric. Improvement on questions most highly correlated to the Key Metric is associated with a corresponding improvement in global measures. Correlations with less than 30 responses may produce spurious relationships and are subject to change.

# FQHC Positive Responses – Reg Staff Helpful

PEIC FQHC

☆ Favorite

📄 Subscribe

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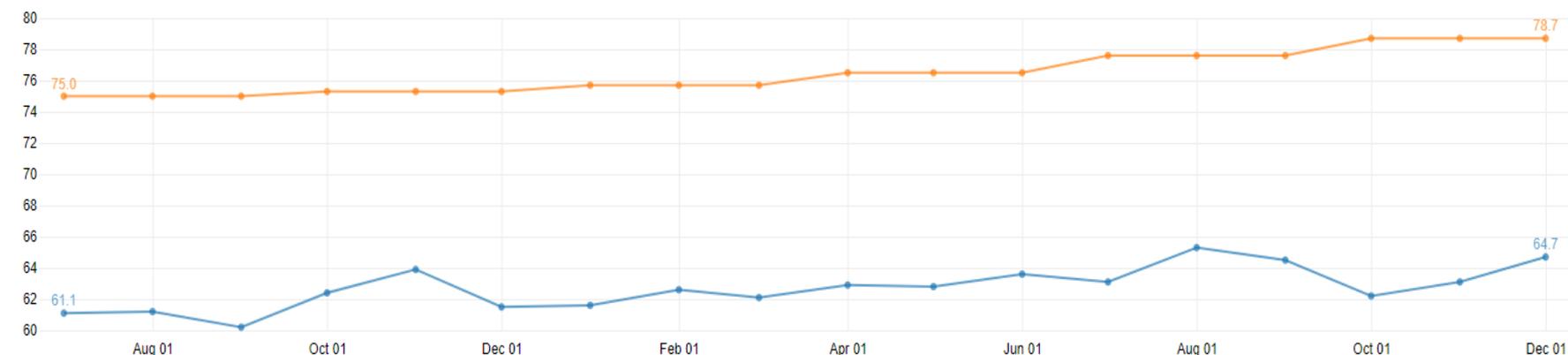
Jul 01, 2022 - Dec 31, 2023

Respondents

34,56

■ Benchmark ■ % of Positive

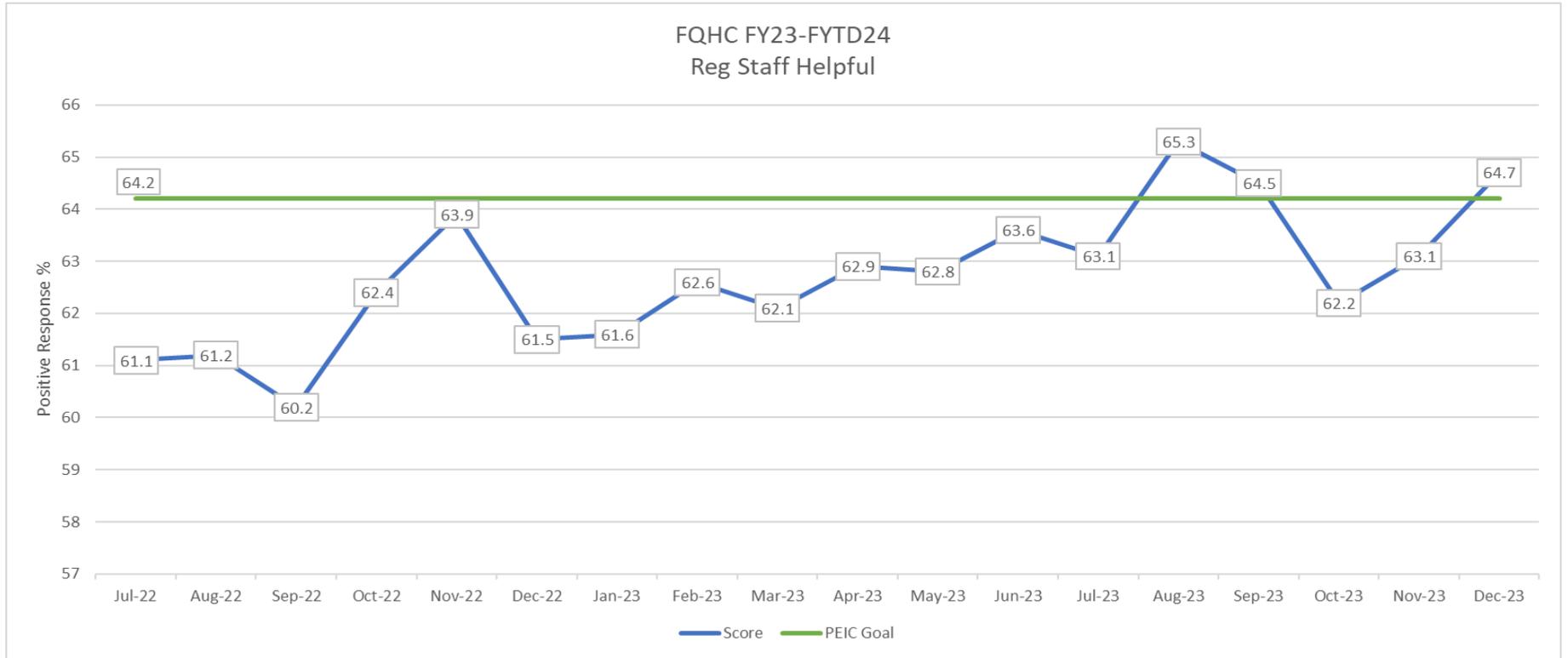
Reg. staff helpful



% of Positive

	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01
	61.1	61.2	60.2	62.4	63.9	61.5	61.6	62.6	62.1	62.9	62.8	63.6	63.1	65.3	64.5	62.2	63.1	64.7
	n = 1,523	n = 1,778	n = 1,693	n = 1,652	n = 1,614	n = 1,419	n = 1,679	n = 1,506	n = 1,923	n = 1,797	n = 1,730	n = 1,917	n = 2,195	n = 2,568	n = 2,261	n = 2,619	n = 2,344	n = 2,347

# FQHC Positive Responses – Reg Staff Helpful with PEIC Goal Line



# FQHC Positive Responses – Reg Staff Helpful

PEIC FQHC

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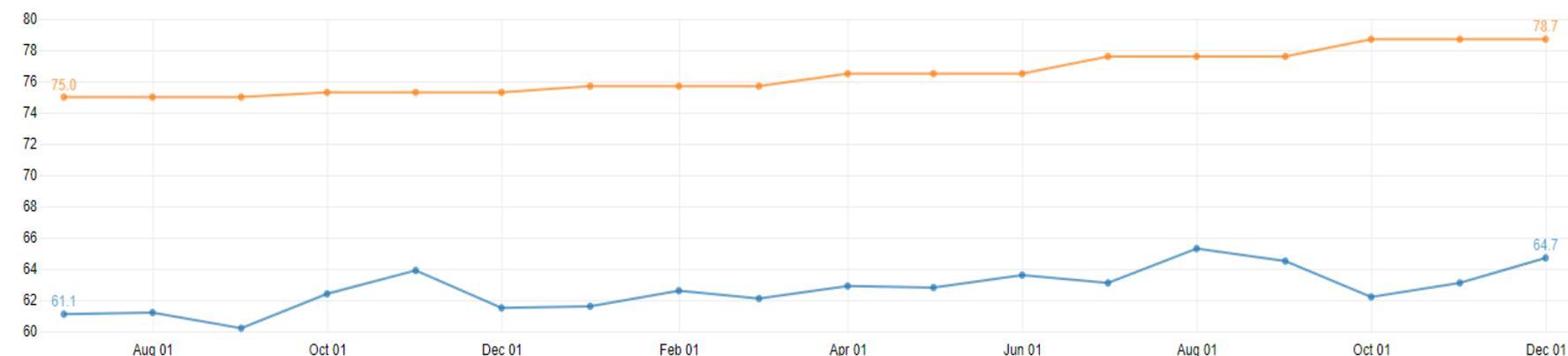
Jul 01, 2022 - Dec 31, 2023

Respondents

34,56

■ Benchmark ■ % of Positive

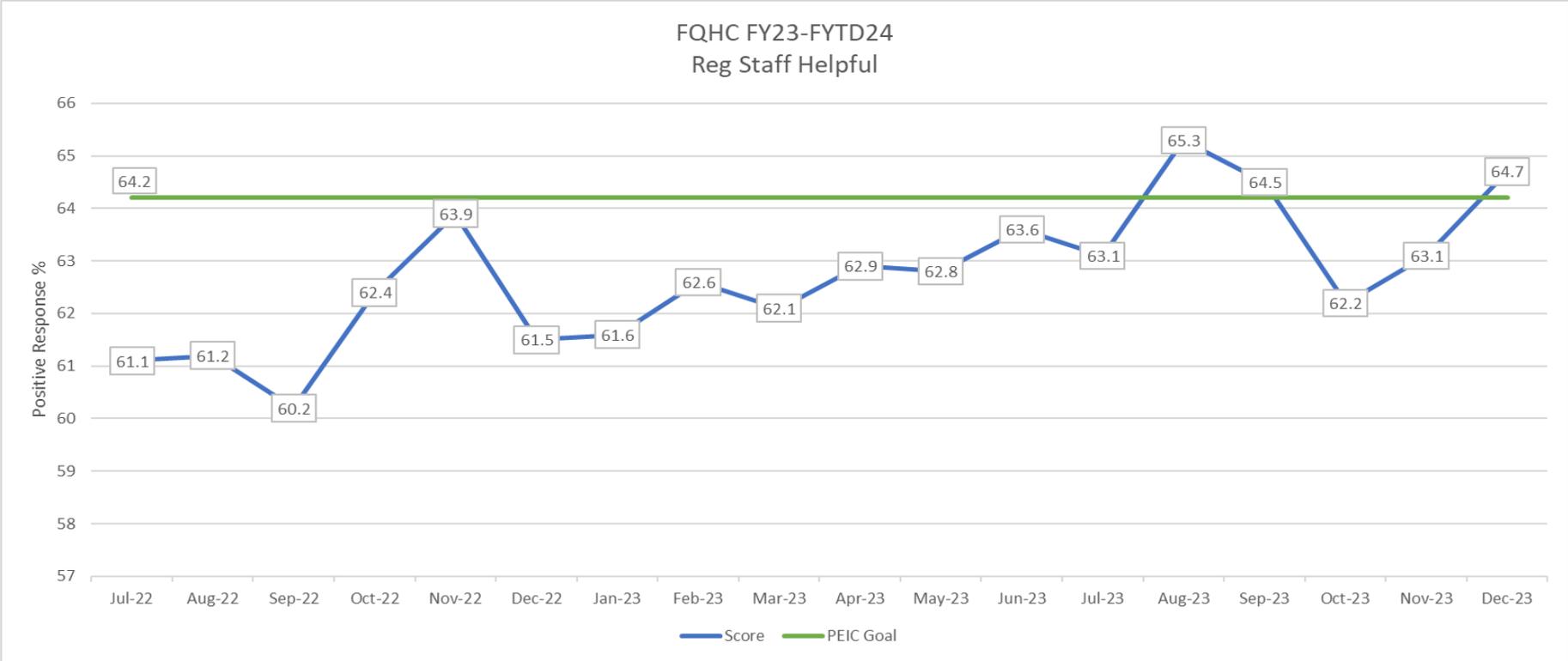
Reg. staff helpful



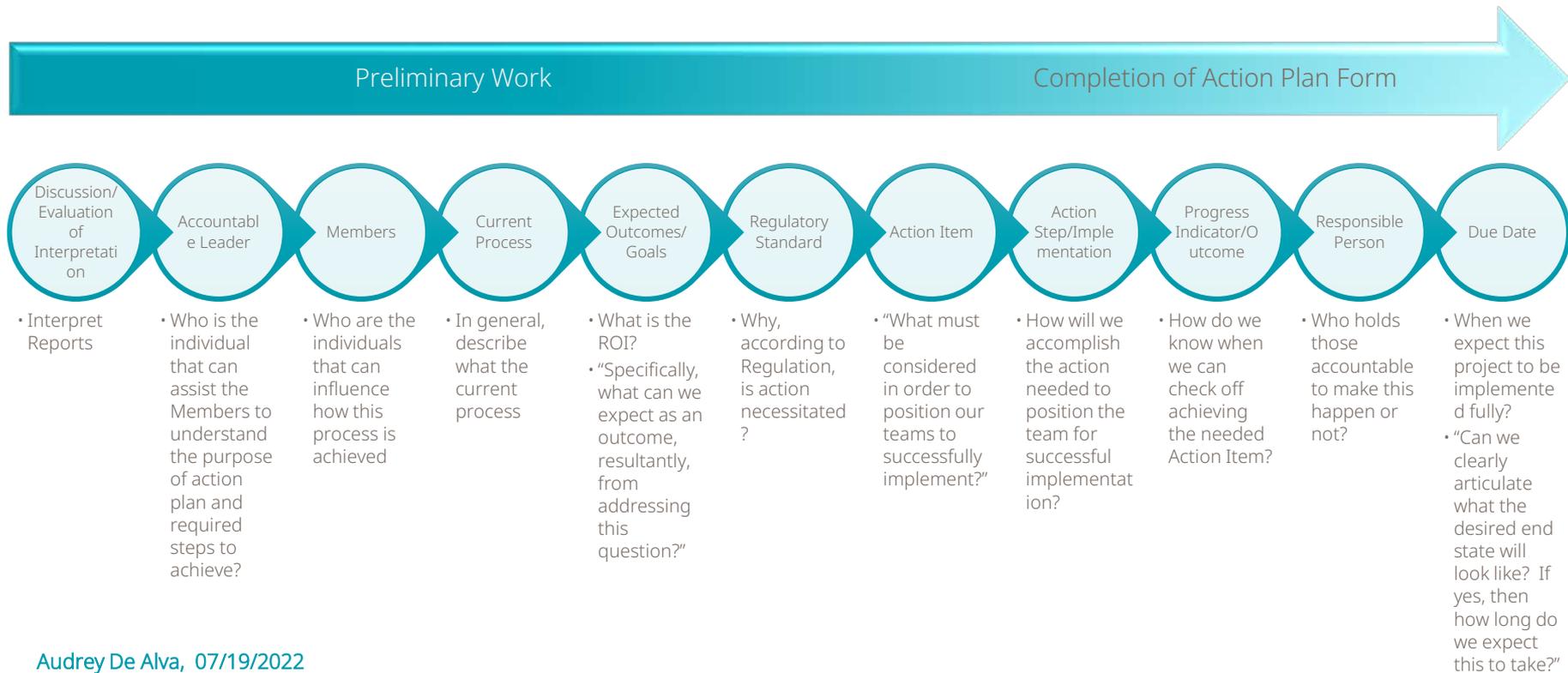
% of Positive

	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01
	61.1	61.2	60.2	62.4	63.9	61.5	61.6	62.6	62.1	62.9	62.8	63.6	63.1	65.3	64.5	62.2	63.1	64.7
	n = 1,523	n = 1,778	n = 1,693	n = 1,652	n = 1,614	n = 1,419	n = 1,679	n = 1,506	n = 1,923	n = 1,797	n = 1,730	n = 1,917	n = 2,195	n = 2,568	n = 2,261	n = 2,619	n = 2,344	n = 2,347

# FQHC Positive Responses – Reg Staff Helpful with PEIC Goal Line



# Committing to Action Planning



Audrey De Alva, 07/19/2022  
Modified: 08/02/2022

# The Voice of the Patient:

Peoria CHC	10 - Everyone very friendly, especially the financial assistance lady. She was super good and explains things well
	4 - I felt like registration staff was not knowledgeable on collecting copayment. My insurance, I should have paid a \$10 copayment, and I was prepared to pay it and he told me I will be billed. He also didn't seem to know what my insurance was when I told him I had no coverage. So there is no way I should be getting billed anything when I'm there and should be paying at the time of the visit because I do not check my mail often and do not like lingering bills. I like to pay up front. So your registration staff may be picking a copayment, being responsible for collecting copayment at the time of visit. As I was a registration staff and that's what I was trained to do
	10 - The only problem with going to that clinic is parking for handicap.
Phoenix CHC	6 - Dr. Mendelsohn was an excellent surgeon and treated us right and took care of my mom. Highly recommend
	7 - Well, I thought I was getting my heart checked out, but come to find out I was getting my kidneys checked and a bladder checked out, I'm not kind of disappointed because I was over here thinking my heart was going to get checked out. So I got to call Monday at at this other place to get it all straightened out. It was just, it was all backwards. I wasn't too happy with it.
	5 - I made an appointment and I still had to wait 30 to 45 minutes. So, I don't really see the point of making an appointment if I had to wait 30 to 45 minutes. I had an appointment set up for 4 o'clock, and I had to wait 30 minutes for a vaccine to be thawed out when it should have been already thawed out. Yeah.

McDowell	3 - My doctor would not issue me a new script for a routine medication that's been going fine and been renewed for six months now. And I'm without that medication and it is affecting my life profusely. I will never see that doctor again.
	10 - Thank you for providing a safe place to get my healthcare
	2 - Get better doctors and nurses because they give their own opinion instead of letting the doctor handle it or reading the records right.
Mesa	5 - My visit there could have been a phone visit and I should have never been there for two hours.
	10 - They were very friendly, explained everything very well and were always cordial
	5 -Yes, I was not impressed with the medical assistant. She spoke very low, and I asked her to speak up and she found that offensive. She used a small blood pressure cuff on me, and I am 210 pounds and 5'7". And the blood pressure cuff popped off, and my blood pressure was high. And she was rough. She banged the thermometer off my forehead, and when I expressed the fact that she was rough, she went to the doctor and cried and said I was mean.
North Phoenix	10 - Dr. {} is absolutely amazing and very helpful, greatly appreciated.
	10 - I had very good communication with Dr. {} and with Michelle. They were awesome. They were very attentive. They knew my medical history. They were very thorough. And I will be back. Thank you.
	7 - The staff, the registration staff and the interns and the assistants and the lab drawers are all great. I wasn't too thrilled with Dr. {}. I'm still debating whether or not I'm going to see him again, I may change doctors. He was incredibly condescending to me. Thank you. Bye.

South Central	9 – I appreciated that Dr. {} referred me to a specialist for my ongoing allergy issues. I appreciated her for that. Thank you.
	10 - Tomorrow I'm going home. But I don't know how to say thank you, thank you for everything and I recommend this center to someone I know because I don't have family here. Thank you all.
	8 - The doctors should inform us better about how to take care of a possible chronic disease. They should help us and give us follow-up care to know what to do.
South Phoenix / Laveen	7 - What you did really well was the facility, the reception...looks like everything is really nice and new, but unfortunately, what was done wrong was the nurse was pretty gruff. And the doctor seems like she was in a hurry so I think those things can be definitely worked done.
	10 - The doctor who attended me was very professional, very nice, very caring, very thorough. I just want to appreciate her, her care and I would highly recommend her and the facility also. I've been with Valley wise for a very long time and I highly recommend it to anybody.
	5 - I waited for 45 min to see dr [...] and she came in rushing, provided little info, and was gone in 5 min. I would not recommend her.
West Maryvale	10 -I really liked the treatment from the staff. They were very kind. Thank you very much for taking care of us.
	5 -The lady at the front desk was really nice and helpful and the things I like about your facility is that he has (INAUDIBLE)



# 7. Financials and Payor Mix

OCT-DEC FY24 Actual vs Budget

	VCHC				OP Behavioral Health				VCHC - Phoenix			
	OCT-DEC FY 2024				OCT-DEC FY 2024				OCT-DEC FY 2024			
	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	39,942	40,793	(851)	(2%)	7,569	6,732	837	12%	16,603	16,227	376	2%
<b>Operating Revenues</b>												
(b) Net patient service revenue	\$ 9,154,726	\$ 9,258,855	\$ (104,130)	(1%)	\$ 1,749,407	\$ 1,691,319	\$ 58,088	3%	\$ 2,796,777	\$ 2,917,345	\$ (120,568)	(4%)
(c) Other Operating Revenue	668,561	564,647	103,914	18%	586,301	323,809	262,492	81%	135,658	70,079	65,578	94%
(e) Total operating revenues	\$ 9,823,286	\$ 9,823,502	\$ (216)	(0%)	\$ 2,335,708	\$ 2,015,128	\$ 320,580	16%	\$ 2,932,435	\$ 2,987,425	\$ (54,990)	(2%)
<b>Operating Expenses</b>												
(f) Salaries and wages	3,480,032	3,430,631	(49,401)	(1%)	1,020,830	770,140	(250,690)	(33%)	1,631,066	1,490,809	(140,257)	(9%)
(g) Contract labor	-	-	-		-	-	-		-	-	-	
(h) Employee benefits	1,046,215	1,123,057	76,842	7%	292,869	226,426	(66,443)	(29%)	495,346	469,178	(26,168)	(6%)
(i) Medical service fees	3,668,781	3,921,285	252,505	6%	205,002	162,292	(42,710)	(26%)	1,562,307	1,675,490	113,183	7%
(j) Supplies	740,431	687,953	(52,479)	(8%)	4,112	2,809	(1,303)	(46%)	139,906	136,911	(2,995)	(2%)
(k) Purchased services	101,490	29,376	(72,114)	(245%)	6,278	4,583	(1,695)	(37%)	41,602	17,774	(23,828)	(134%)
(l) Other expenses	199,494	205,772	6,278	3%	14,478	6,069	(8,410)	(139%)	7,484	6,593	(891)	(14%)
(n) Allocated ancillary expense	2,337,342	2,415,222	77,880	3%	-	-	-		311,359	248,667	(62,693)	(25%)
(o) Total operating expenses	\$ 11,573,785	\$ 11,813,297	239,512	2%	\$ 1,543,569	\$ 1,172,319	(371,250)	(32%)	\$ 4,189,070	\$ 4,045,422	(143,648)	(4%)
(p) Margin (before overhead allocation)	\$ (1,750,499)	\$ (1,989,795)	\$ 239,296		\$ 792,139	\$ 842,809	\$ (50,670)		\$ (1,256,635)	\$ (1,057,998)	\$ (198,637)	
(q) Percent Margin	(18%)	(20%)			34%	42%			(43%)	(35%)		
(u) Overhead Allocation	3,005,557	3,040,988	35,431		335,503	258,411	(77,092)		972,703	933,669	(39,034)	
(v) Margin (after overhead allocation)	\$ (4,756,056)	\$ (5,030,783)	\$ 274,727		\$ 456,637	\$ 584,398	\$ (127,762)		\$ (2,229,338)	\$ (1,991,666)	\$ (237,671)	
(w) Percent Margin	(48%)	(51%)			20%	29%			(76%)	(67%)		
<b>Per Visit Analysis (\$/Visit)</b>												
(x) Net patient service revenue	\$ 229.20	\$ 226.97	\$ 2.23		\$ 231.13	\$ 251.24	\$ (20.11)		\$ 168.45	\$ 179.78	\$ (11.33)	
(y) Other Operating Revenue	16.74	13.84	2.90		77.46	48.10	29.36		8.17	4.32	3.85	
(aa) Total operating revenues	\$ 245.94	\$ 240.81	\$ 5.13	2%	\$ 308.59	\$ 299.34	\$ 9.25	3%	\$ 176.62	\$ 184.10	\$ (7.48)	(4%)
(ab) Total operating expenses	289.76	289.59	(0.17)	(0%)	203.93	174.14	(29.79)	(17%)	252.31	249.30	(3.01)	(1%)
(ac) Margin (before overhead allocation)	\$ (43.83)	\$ (48.78)	\$ 4.95	10%	\$ 104.66	\$ 125.19	\$ (20.54)	(16%)	\$ (75.69)	\$ (65.20)	\$ (10.49)	(16%)
(af) Overhead Allocation	75.25	74.55	(0.70)	(1%)	44.33	38.39	(5.94)	(15%)	58.59	57.54	(1.05)	(2%)
(ag) Margin (after overhead allocation)	\$ (119.07)	\$ (123.32)	\$ 4.25	3%	\$ 60.33	\$ 86.81	\$ (26.48)	(31%)	\$ (134.27)	\$ (122.74)	\$ (11.54)	(9%)

OCT-DEC FY24 Actual vs Budget

	VCHC - Peoria				Dental				Mobile Health Unit			
	OCT-DEC FY 2024				OCT-DEC FY 2024				OCT-DEC FY 2024			
	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	6,407	6,981	(574)	(8%)	5,712	5,870	(158)	(3%)	-	153	(153)	(100%)
<b>Operating Revenues</b>												
(b) Net patient service revenue	\$ 1,171,502	\$ 1,357,437	\$ (185,935)	(14%)	\$ 646,115	\$ 801,857	\$ (155,743)	(19%)	\$ -	\$ 18,478	\$ (18,478)	(100%)
(c) Other Operating Revenue	52,880	30,123	22,756	76%	136,608	122,539	14,069	11%	40,263	88	40,175	45,409%
(e) Total operating revenues	\$ 1,224,382	\$ 1,387,561	\$ (163,179)	(12%)	\$ 782,723	\$ 924,396	\$ (141,674)	(15%)	\$ 40,263	\$ 18,566	\$ 21,697	117%
<b>Operating Expenses</b>												
(f) Salaries and wages	587,758	577,575	(10,183)	(2%)	1,094,683	1,062,074	(32,610)	(3%)	39,845	36,040	(3,805)	(11%)
(g) Contract labor	-	-	-		-	-	-		-	-	-	
(h) Employee benefits	183,607	185,235	1,628	1%	289,501	290,757	1,257	0%	9,440	12,760	3,319	26%
(i) Medical service fees	662,328	579,680	(82,648)	(14%)	-	-	-		-	19,800	19,800	100%
(j) Supplies	50,455	55,926	5,471	10%	63,395	88,166	24,772	28%	(5)	1,586	1,591	100%
(k) Purchased services	15,079	4,607	(10,473)	(227%)	53,458	50,443	(3,016)	(6%)	-	5	5	100%
(l) Other expenses	2,127	2,346	219	9%	14,301	14,468	167	1%	277	3,741	3,464	93%
(n) Allocated ancillary expense	163,732	134,722	(29,010)	(22%)	-	-	-		-	4,211	4,211	100%
(o) Total operating expenses	\$ 1,665,086	\$ 1,540,090	(124,996)	(8%)	\$ 1,515,338	\$ 1,505,907	(9,430)	(1%)	\$ 49,558	\$ 78,143	\$ 28,585	37%
(p) Margin (before overhead allocation)	\$ (440,704)	\$ (152,530)	\$ (288,175)		\$ (732,615)	\$ (581,511)	\$ (151,104)		\$ (9,294)	\$ (59,577)	\$ 50,282	
(q) Percent Margin	(36%)	(11%)			(94%)	(63%)			(23%)	(321%)		
(u) Overhead Allocation	419,516	407,196	(12,320)		439,535	434,600	(4,935)		9,912	15,629	5,717	
(v) Margin (after overhead allocation)	\$ (860,220)	\$ (559,725)	\$ (300,495)		\$ (1,172,150)	\$ (1,016,112)	\$ (156,039)		\$ (19,206)	\$ (75,205)	\$ 55,999	
(w) Percent Margin	(70%)	(40%)			(150%)	(110%)			(48%)	(405%)		
<b>Per Visit Analysis (\$/Visit)</b>												
(x) Net patient service revenue	\$ 182.85	\$ 194.45	\$ (11.60)		\$ 113.12	\$ 136.60	\$ (23.49)		\$ -	\$ -	\$ -	
(y) Other Operating Revenue	8.25	4.32	3.94		23.92	20.88	3.04		-	-	-	
(aa) Total operating revenues	\$ 191.10	\$ 198.76	\$ (7.66)	(4%)	\$ 137.03	\$ 157.48	\$ (20.45)	(15%)	\$ -	\$ -	\$ -	
(ab) Total operating expenses	259.89	220.61	(39.27)	(18%)	265.29	256.54	(8.75)	(3%)	-	-	-	
(ac) Margin (before overhead allocation)	\$ (68.78)	\$ (21.85)	\$ (46.94)	(215%)	\$ (128.26)	\$ (99.06)	\$ (29.19)	(29%)	\$ -	\$ -	\$ -	
(af) Overhead Allocation	65.48	58.33	(7.15)	(12%)	76.95	74.04	(2.91)	(4%)	-	-	-	
(ag) Margin (after overhead allocation)	\$ (134.26)	\$ (80.18)	\$ (54.08)	(67%)	\$ (205.21)	\$ (173.10)	\$ (32.11)	(19%)	\$ -	\$ -	\$ -	

OCT-DEC FY24 Actual vs Budget

With Ancillary Services  
OCT-DEC FY 2024

All Clinics Combined				
OCT-DEC FY 2024				
	FY24	FY24	Variance	
	Actual	Budget	Favorable (Unfavorable)	%
(a) Visits	76,233	76,756	(523)	(1%)
<b>Operating Revenues</b>				
(b) Net patient service revenue	\$ 15,518,526	\$ 16,045,291	\$ (526,766)	(3%)
(c) Other Operating Revenue	1,620,271	1,111,286	508,985	46%
(e) Total operating revenues	\$ 17,138,797	\$ 17,156,577	\$ (17,781)	(0%)
<b>Operating Expenses</b>				
(f) Salaries and wages	7,854,215	7,367,269	(486,946)	(7%)
(g) Contract labor	-	-	-	
(h) Employee benefits	2,316,977	2,307,413	(9,564)	(0%)
(i) Medical service fees	6,098,417	6,358,548	260,130	4%
(j) Supplies	998,294	973,350	(24,943)	(3%)
(k) Purchased services	217,907	106,787	(111,120)	(104%)
(l) Other expenses	238,161	238,988	827	0%
(n) Allocated ancillary expense	2,812,434	2,802,822	(9,612)	(0%)
(o) Total operating expenses	\$ 20,536,405	\$ 20,155,178	(381,227)	(2%)
(p) Margin (before overhead allocation)	\$ (3,397,608)	\$ (2,998,601)	\$ (399,008)	
(q) Percent Margin	(20%)	(17%)		
(u) Overhead Allocation	5,182,725	5,090,493	(92,233)	
(v) Margin (after overhead allocation)	\$ (8,580,334)	\$ (8,089,093)	\$ (491,240)	
(w) Percent Margin	(50%)	(47%)		
<b>Per Visit Analysis (\$/Visit)</b>				
(x) Net patient service revenue	\$ 203.57	\$ 209.04	\$ (5.48)	
(y) Other Operating Revenue	21.25	14.48	6.78	
(aa) Total operating revenues	\$ 224.82	\$ 223.52	\$ 1.30	1%
(ab) Total operating expenses	269.39	262.59	(6.80)	(3%)
(ac) Margin (before overhead allocation)	\$ (44.57)	\$ (39.07)	\$ (5.50)	(14%)
(af) Overhead Allocation	67.99	66.32	(1.66)	(3%)
(ag) Margin (after overhead allocation)	\$ (112.55)	\$ (105.39)	\$ (7.17)	(7%)

YTD Actual vs Budget

	VCHC				OP Behavioral Health				VCHC - Phoenix			
	DEC Year to Date				DEC Year to Date				DEC Year to Date			
	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	79,339	79,751	(412)	(1%)	14,348	13,325	1,023	8%	34,053	33,715	338	1%
<b>Operating Revenues</b>												
(b) Net patient service revenue	\$ 18,249,696	\$ 18,039,252	\$ 210,443	1%	\$ 3,366,750	\$ 3,334,132	\$ 32,618	1%	\$ 5,836,012	\$ 6,040,786	\$ (204,774)	(3%)
(c) Other Operating Revenue	1,184,452	1,100,277	84,175	8%	966,947	648,797	318,151	49%	226,591	148,738	77,853	52%
(e) <b>Total operating revenues</b>	<b>\$ 19,434,148</b>	<b>\$ 19,139,530</b>	<b>\$ 294,618</b>	<b>2%</b>	<b>\$ 4,333,697</b>	<b>\$ 3,982,928</b>	<b>\$ 350,769</b>	<b>9%</b>	<b>\$ 6,062,603</b>	<b>\$ 6,189,524</b>	<b>\$ (126,921)</b>	<b>(2%)</b>
<b>Operating Expenses</b>												
(f) Salaries and wages	6,952,735	6,722,548	(230,187)	(3%)	1,939,631	1,511,960	(427,671)	(28%)	3,252,849	3,086,583	(166,266)	(5%)
(g) Contract labor	59	-	(59)	(100%)	-	-	-	-	(994)	-	994	(100%)
(h) Employee benefits	2,166,766	2,205,941	39,175	2%	574,929	445,587	(129,342)	(29%)	1,001,928	972,610	(29,318)	(3%)
(i) Medical service fees	6,734,552	7,264,295	529,743	7%	442,313	324,525	(117,788)	(36%)	3,007,465	3,314,134	306,669	9%
(j) Supplies	1,296,679	1,143,335	(153,344)	(13%)	7,126	5,570	(1,556)	(28%)	251,364	284,498	33,134	12%
(k) Purchased services	167,564	61,871	(105,693)	(171%)	9,894	9,961	66	1%	82,837	39,532	(43,305)	(110%)
(l) Other expenses	455,202	451,953	(3,249)	(1%)	25,147	14,437	(10,710)	(74%)	20,807	19,707	(1,100)	(6%)
(n) Allocated ancillary expense	4,515,248	4,688,225	172,977	4%	-	-	-	-	597,446	519,434	(78,012)	(15%)
(o) <b>Total operating expenses</b>	<b>\$ 22,288,804</b>	<b>\$ 22,538,169</b>	<b>249,365</b>	<b>1%</b>	<b>\$ 2,999,040</b>	<b>\$ 2,312,040</b>	<b>(687,001)</b>	<b>(30%)</b>	<b>\$ 8,213,701</b>	<b>\$ 8,236,497</b>	<b>22,796</b>	<b>0%</b>
(p) <b>Margin (before overhead allocation)</b>	<b>\$ (2,854,656)</b>	<b>\$ (3,398,639)</b>	<b>\$ 543,983</b>		<b>\$ 1,334,657</b>	<b>\$ 1,670,889</b>	<b>\$ (336,232)</b>		<b>\$ (2,151,098)</b>	<b>\$ (2,046,973)</b>	<b>\$ (104,125)</b>	
(q) Percent Margin	(15%)	(18%)			31%	42%			(35%)	(33%)		
(u) <i>Overhead Allocation</i>	5,765,688	5,838,714	73,026		649,078	509,391	(139,687)		1,905,087	1,899,135	(5,952)	
(v) <b>Margin (after overhead allocation)</b>	<b>\$ (8,620,343)</b>	<b>\$ (9,237,352)</b>	<b>\$ 617,009</b>		<b>\$ 685,579</b>	<b>\$ 1,161,498</b>	<b>\$ (475,919)</b>		<b>\$ (4,056,186)</b>	<b>\$ (3,946,109)</b>	<b>\$ (110,077)</b>	
(w) Percent Margin	(44%)	(48%)			16%	29%			(67%)	(64%)		
<b>Per Visit Analysis (\$/Visit)</b>												
(x) Net patient service revenue	\$ 230.02	\$ 226.19	\$ 3.83		\$ 234.65	\$ 250.22	\$ (15.57)		\$ 171.38	\$ 179.17	\$ (7.79)	
(y) Other Operating Revenue	14.93	13.80	1.13		67.39	48.69	18.70		6.65	4.41	2.24	
(aa) <b>Total operating revenues</b>	<b>\$ 244.95</b>	<b>\$ 239.99</b>	<b>\$ 4.96</b>	<b>2%</b>	<b>\$ 302.04</b>	<b>\$ 298.91</b>	<b>\$ 3.14</b>	<b>1%</b>	<b>\$ 178.03</b>	<b>\$ 183.58</b>	<b>\$ (5.55)</b>	<b>(3%)</b>
(ab) <b>Total operating expenses</b>	<b>280.93</b>	<b>282.61</b>	<b>1.68</b>	<b>1%</b>	<b>209.02</b>	<b>173.51</b>	<b>(35.51)</b>	<b>(20%)</b>	<b>241.20</b>	<b>244.30</b>	<b>3.09</b>	<b>1%</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>\$ (35.98)</b>	<b>\$ (42.62)</b>	<b>\$ 6.64</b>	<b>16%</b>	<b>\$ 93.02</b>	<b>\$ 125.40</b>	<b>\$ (32.37)</b>	<b>(26%)</b>	<b>\$ (63.17)</b>	<b>\$ (60.71)</b>	<b>\$ (2.46)</b>	<b>(4%)</b>
(af) <i>Overhead Allocation</i>	72.67	73.21	0.54	1%	45.24	38.23	(7.01)	(18%)	55.94	56.33	0.38	1%
(ag) <b>Margin (after overhead allocation)</b>	<b>\$ (108.65)</b>	<b>\$ (115.83)</b>	<b>\$ 7.18</b>	<b>6%</b>	<b>\$ 47.78</b>	<b>\$ 87.17</b>	<b>\$ (39.38)</b>	<b>(45%)</b>	<b>\$ (119.11)</b>	<b>\$ (117.04)</b>	<b>\$ (2.07)</b>	<b>(2%)</b>

YTD Actual vs Budget

	VCHC - Peoria				Dental				Mobile Health Unit			
	DEC Year to Date				DEC Year to Date				DEC Year to Date			
	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY24 Actual	FY24 Budget	Variance Favorable (Unfavorable)	%	FY23 Actual	FY23 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	12,488	14,038	(1,550)	(11%)	11,555	11,670	(115)	(1%)	-	153	(153)	(100%)
<b>Operating Revenues</b>												
(b) Net patient service revenue	\$ 2,341,309	\$ 2,720,249	\$ (378,940)	(14%)	\$ 1,292,628	\$ 1,594,963	\$ (302,334)	(19%)	\$ -	\$ 18,478	\$ (18,478)	(100%)
(c) Other Operating Revenue	83,636	61,491	22,145	36%	258,647	245,700	12,947	5%	46,980	88	46,891	53,000%
(e) Total operating revenues	\$ 2,424,946	\$ 2,781,740	\$ (356,794)	(13%)	\$ 1,551,276	\$ 1,840,663	\$ (289,387)	(16%)	\$ 46,980	\$ 18,566	\$ 28,414	153%
<b>Operating Expenses</b>												
(f) Salaries and wages	1,141,366	1,164,152	22,786	2%	2,151,974	2,109,196	(42,778)	(2%)	48,003	36,040	(11,963)	(33%)
(g) Contract labor	-	-	-	-	-	-	-	-	-	-	-	-
(h) Employee benefits	363,079	373,740	10,661	3%	601,245	598,665	(2,580)	(0%)	11,265	12,760	1,495	12%
(i) Medical service fees	1,144,771	1,120,078	(24,693)	(2%)	-	-	-	-	-	19,800	19,800	100%
(j) Supplies	97,230	98,353	1,123	1%	155,957	175,745	19,788	11%	(8)	1,586	1,594	(101%)
(k) Purchased services	23,288	10,212	(13,075)	(128%)	105,136	101,634	(3,503)	(3%)	-	5	5	100%
(l) Other expenses	6,281	6,794	514	8%	29,676	30,592	917	3%	386	3,741	3,355	90%
(n) Allocated ancillary expense	307,674	271,212	(36,462)	(13%)	-	-	-	-	-	4,211	4,211	100%
(o) Total operating expenses	\$ 3,083,689	\$ 3,044,541	(39,147)	(1%)	\$ 3,043,988	\$ 3,015,832	(28,157)	(1%)	\$ 59,646	\$ 78,143	\$ 18,497	24%
(p) Margin (before overhead allocation)	\$ (658,743)	\$ (262,801)	\$ (395,942)		\$ (1,492,713)	\$ (1,175,169)	\$ (317,544)		\$ (12,666)	\$ (59,577)	\$ 46,911	
(q) Percent Margin	(27%)	(9%)			(96%)	(64%)			(27%)	(321%)		
(u) Overhead Allocation	776,930	804,969	28,038		883,702	870,328	(13,374)		11,929	15,629	3,699	
(v) Margin (after overhead allocation)	\$ (1,435,673)	\$ (1,067,770)	\$ 423,980		\$ (2,376,415)	\$ (2,045,497)	\$ (330,918)		\$ (24,595)	\$ (75,205)	\$ 50,610	
(w) Percent Margin	(59%)	(38%)			(153%)	(111%)			(52%)	(405%)		
<b>Per Visit Analysis (\$/Visit)</b>												
(x) Net patient service revenue	\$ 187.48	\$ 193.78	\$ 6.29		\$ 111.87	\$ 136.67	\$ (24.80)		\$ -	\$ -	\$ -	
(y) Other Operating Revenue	6.70	4.38	(2.32)		22.38	21.05	1.33		-	-	-	
(aa) Total operating revenues	\$ 194.18	\$ 198.16	\$ 3.98	(2%)	\$ 134.25	\$ 157.73	\$ (23.47)	(17%)	\$ -	\$ -	\$ -	
(ab) Total operating expenses	246.93	216.88	30.05	(14%)	263.43	258.43	(5.01)	(2%)	-	-	-	
(ac) Margin (before overhead allocation)	\$ (52.75)	\$ (18.72)	\$ 34.03	(182%)	\$ (129.18)	\$ (100.70)	\$ (28.48)	(28%)	\$ -	\$ -	\$ -	
(af) Overhead Allocation	62.21	57.34	4.87	(8%)	76.48	74.58	(1.90)	(3%)	-	-	-	
(ag) Margin (after overhead allocation)	\$ (114.96)	\$ (76.06)	\$ 38.90	(51%)	\$ (205.66)	\$ (175.28)	\$ (30.38)	(17%)	\$ -	\$ -	\$ -	

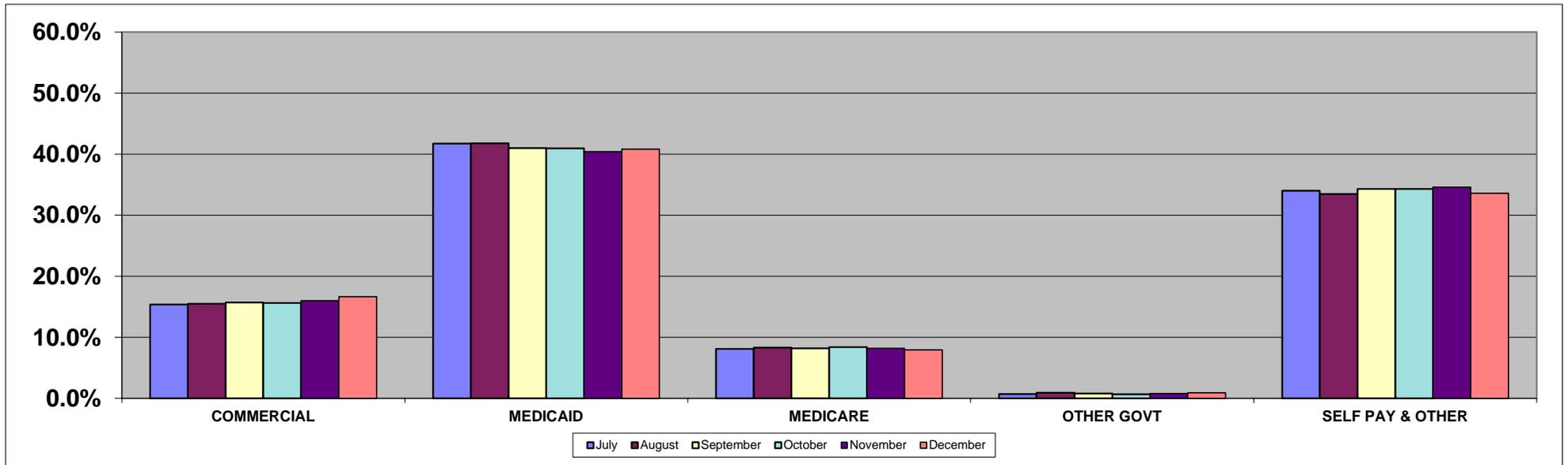
YTD Actual vs Budget

All Clinics Combined				
DEC Year to Date				
	FY24	FY24	Variance	
	Actual	Budget	Favorable (Unfavorable)	%
(a) Visits	151,783	152,652	(869)	(1%)
<b>Operating Revenues</b>				
(b) Net patient service revenue	\$ 31,086,396	\$ 31,747,860	\$ (661,464)	(2%)
(c) Other Operating Revenue	2,767,254	2,205,092	562,162	25%
(e) <b>Total operating revenues</b>	<b>\$ 33,853,649</b>	<b>\$ 33,952,951</b>	<b>\$ (99,302)</b>	<b>(0%)</b>
<b>Operating Expenses</b>				
(f) Salaries and wages	15,486,558	14,630,479	(856,079)	(6%)
(g) Contract labor	(936)	-	936	100%
(h) Employee benefits	4,719,211	4,609,303	(109,909)	(2%)
(i) Medical service fees	11,329,100	12,042,831	713,730	6%
(j) Supplies	1,808,348	1,709,086	(99,262)	(6%)
(k) Purchased services	388,719	223,214	(165,505)	(74%)
(l) Other expenses	537,499	527,225	(10,274)	(2%)
(n) Allocated ancillary expense	5,420,368	5,483,083	62,715	1%
(o) <b>Total operating expenses</b>	<b>\$ 39,688,868</b>	<b>\$ 39,225,221</b>	<b>(463,647)</b>	<b>(1%)</b>
(p) <b>Margin (before overhead allocation)</b>	<b>\$ (5,835,219)</b>	<b>\$ (5,272,270)</b>	<b>\$ (562,949)</b>	
(q) Percent Margin	(17%)	(16%)		
(u) <i>Overhead Allocation</i>	9,992,414	9,938,165	(54,249)	
(v) <b>Margin (after overhead allocation)</b>	<b>\$ (15,827,633)</b>	<b>\$ (15,210,435)</b>	<b>\$ (617,198)</b>	
(w) Percent Margin	(47%)	(45%)		
<b>Per Visit Analysis (\$/Visit)</b>				
(x) Net patient service revenue	\$ 204.81	\$ 207.98	\$ (3.17)	
(y) Other Operating Revenue	18.23	14.45	3.79	
(aa) <b>Total operating revenues</b>	<b>\$ 223.04</b>	<b>\$ 222.42</b>	<b>\$ 0.62</b>	<b>0%</b>
(ab) <b>Total operating expenses</b>	<b>261.48</b>	<b>256.96</b>	<b>(4.53)</b>	<b>(2%)</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>\$ (38.44)</b>	<b>\$ (34.54)</b>	<b>\$ (3.91)</b>	<b>(11%)</b>
(af) <i>Overhead Allocation</i>	65.83	65.10	(0.73)	(1%)
(ag) <b>Margin (after overhead allocation)</b>	<b>\$ (104.28)</b>	<b>\$ (99.64)</b>	<b>\$ (4.64)</b>	<b>(5%)</b>

**Valleywise Health - Federally Qualified Health Centers  
Comparison ALL FQHC Visits by Payor - 6 Month Trend**

Payer	July	August	September	October	November	December
COMMERCIAL	3,444	4,344	3,940	4,328	4,073	3,852
MEDICAID	9,340	11,722	10,302	11,328	10,297	9,435
MEDICARE	1,813	2,329	2,064	2,327	2,084	1,839
OTHER GOVT	162	264	193	187	207	208
SELF PAY & OTHER	7,612	9,412	8,609	9,496	8,811	7,761
<b>Total</b>	<b>22,371</b>	<b>28,071</b>	<b>25,108</b>	<b>27,666</b>	<b>25,472</b>	<b>23,095</b>

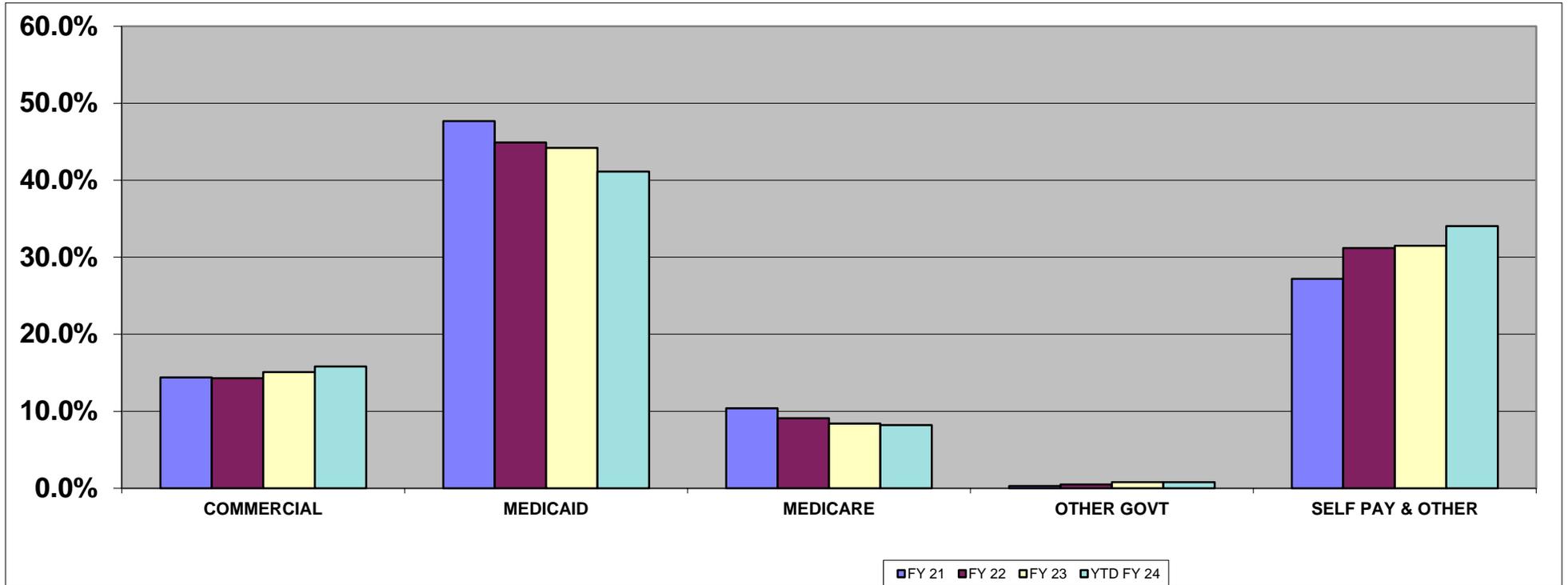
Payer	July	August	September	October	November	December
COMMERCIAL	15.4%	15.5%	15.7%	15.6%	16.0%	16.7%
MEDICAID	41.8%	41.8%	41.0%	41.0%	40.4%	40.9%
MEDICARE	8.1%	8.3%	8.2%	8.4%	8.2%	8.0%
OTHER GOVT	0.7%	0.9%	0.8%	0.7%	0.8%	0.9%
SELF PAY & OTHER	34.0%	33.5%	34.3%	34.3%	34.6%	33.6%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>



**Valleywise Health - Federally Qualified Health Centers  
Comparison ALL FQHC Visits by Payor - 4 Year Trend**

Payer	FY 21	FY 22	FY 23	YTD FY 24
COMMERCIAL	42,914	45,520	47,527	23,981
MEDICAID	142,338	142,824	139,480	62,424
MEDICARE	31,086	28,805	26,566	12,456
OTHER GOVT	939	1,737	2,422	1,221
SELF PAY & OTHER	80,977	99,276	99,230	51,701
<b>Total</b>	<b>298,254</b>	<b>318,162</b>	<b>315,225</b>	<b>151,783</b>

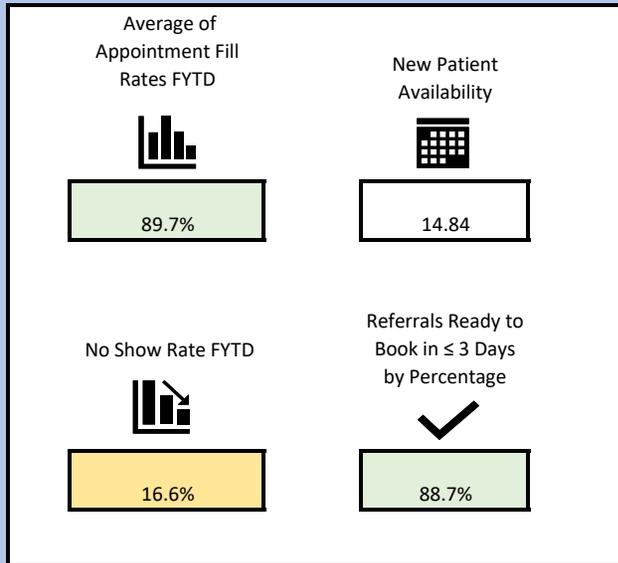
Payer	FY 21	FY 22	FY 23	YTD FY 24
COMMERCIAL	14.4%	14.3%	15.1%	15.8%
MEDICAID	47.7%	44.9%	44.2%	41.1%
MEDICARE	10.4%	9.1%	8.4%	8.2%
OTHER GOVT	0.3%	0.5%	0.8%	0.8%
SELF PAY & OTHER	27.2%	31.2%	31.5%	34.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>



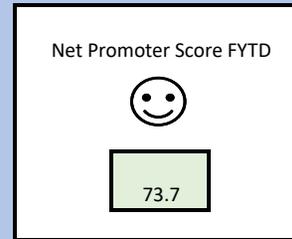
# 8. Ambulatory Operational Dashboards

# FQHC Measures

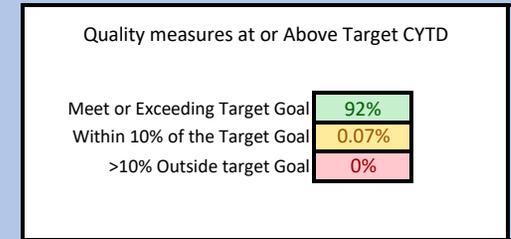
## Access



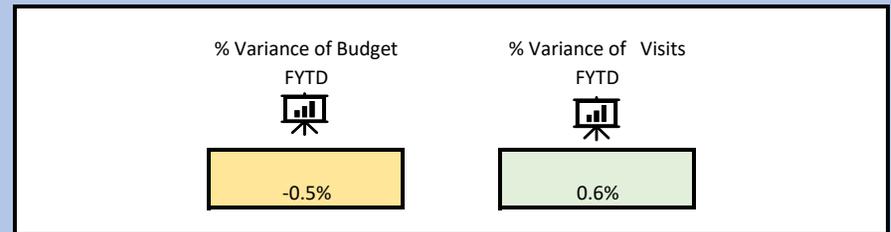
## Patient Satisfaction



## Quality



## Financial



Community Health Centers												
PATIENT EXPERIENCE - Ambulatory	Target	Community Health Centers										
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥73.0	73.9	71.1	68.5	79.7	68.9	74.3	74.6	72.4	81.9	86.4	74.0
n-size		1,269	1,667	457	888	1,515	1,673	1,604	1,254	1,287	66	11,680

Other FQHC Clinics								
Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total	
73.7	73.3	75.5	83.7	72.4	74.3	73.6	73.9	
1,574	1,489	233	98	1,763	843	6,000	17,680	

ACCESS - Ambulatory	Target	Community Health Centers										
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD
Appointments Scheduled FYTD		14,613	17,487	7,178	16,088	17,023	18,505	19,328	12,915	20,899	1,109	145,145
Appointment Fill Rate FYTD		86.5%	92.1%	91.1%	92.5%	92.6%	96.7%	94.7%	91.3%	94.8%	89.6%	92.1%
Scheduled Appointment No-Shows FYTD		1,791	2,407	1,277	2,705	2,858	3,499	3,871	2,346	4,599	224	25,577
No Show Rate FYTD	<18%	12.3%	13.8%	17.8%	16.8%	16.8%	18.9%	20.0%	18.2%	22.0%	20.2%	17.6%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total
22,498	19,439	8,565	2,326	15,894	13,727	82,449	227,594
84.6%	90.8%	100.0%	n/a	95.9%	76.2%	86.6%	90.3%
3,128	2,843	742	550	2,741	2,682	12,686	38,263
13.9%	14.6%	8.7%	23.6%	17.2%	19.5%	15.4%	16.8%

FINANCE - Ambulatory	Target	Community Health Centers										
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD
In-Person Visits FYTD		8,524	8,840	3,093	8,573	8,791	8,782	10,187	6,994	7,725	485	71,994
Virtual Visits FYTD		700	835	525	398	652	1,261	648	284	1,943	99	7,345
Total Actual Visits (includes Nurse Only Visits) FYTD		9,224	9,675	3,618	8,971	9,443	10,043	10,835	7,278	9,668	584	79,339
Budgeted Visits FYTD		7,954	10,758	4,276	9,262	9,861	10,393	10,435	8,005	8,313	494	79,751
Variance FYTD		1,270	(1,083)	(658)	(291)	(418)	(350)	400	(727)	1,355	90	(412)
Variance by % FYTD		16.0%	-10.1%	-15.4%	-3.1%	-4.2%	-3.4%	3.8%	-9.1%	16.3%	18.2%	-0.5%
Total Number of Patients seen by provider FYTD		8,859	9,379	3,437	8,199	9,066	9,686	10,591	6,944	8,180	446	74,787

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
10,942	10,021	5,507	660	9,138	8,375	44,643		131,096
1,546	166	12	8	152	14	1,898		20,687
12,488	10,187	5,519	668	9,290	8,389	46,541		151,783
14,038	9,793	4,713	724	9,732	8,753	47,753		152,499
(1,550)	394	806	(56)	(442)	(364)	(1,212)		(716)
-11.0%	4.0%	17.1%	-7.7%	-4.5%	-4.2%	-2.5%		-0.5%
12,114	9,238			9,132	8,012	38,496	113,283	

BEHAVIORAL HEALTH - Ambulatory												
Finance	Target	Community Health Centers										
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry	BH FYTD
In-Person Visits FYTD		279	265	164	235	595	340	60	127		90	2,904
Virtual Visits FYTD		1,203	756	873	575	1,531	595	1,373	784		2,040	11,444
Total Actual Visits FYTD		1,482	1,021	1,037	810	2,126	935	1,433	911		2,130	14,348
Budget Visits FYTD		1,552	878	807	755	1,937	667	2,032	866		1,433	13,325
Variance FYTD		(70)	143	230	55	189	268	(599)	45		697	1,023
Variance by % FYTD		-4.5%	16.3%	28.5%	7.3%	9.8%	40.2%	-29.5%	5.2%		48.6%	7.7%

PEC	PXC
344	405
1,714	0
2,058	405
2,181	217
(123)	188
-5.6%	86.6%

DENTAL - Ambulatory												
Finance	Target	Community Health Centers										
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	Dental FYTD	
Actual Visits FYTD		1,379	1,412							1,650		11,555
Budget Visits FYTD		1,187	1,264							1,827		11,670
Variance FYTD		192	148							-177		-115
% Variance FYTD		16.2%	11.7%							-9.7%		-1.0%

PEC	PXC
2,502	4,612
2,469	4,923
33	-311
1.3%	-6.3%

**LEGEND:**  
Not in Target  
5% less than the target  
Target ≥ 95%

\*\* Specialty HIV Community Health Center  
 \*\*\* Specialty HIV Community Health Clinic - McDowell Services  
 \*\*\*\* Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs  
 \*\*\*\*\* FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

## FQHC Grand Total Actual vs Budgeted Visits FY 2024 Trend

30,000  
25,000  
20,000  
15,000  
10,000  
5,000  
0

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
FYTD Actual Visits	22,371	28,071	25,108	27,666	25,472	23,095
FYTD Budgeted Visits	23,039	27,639	25,218	26,692	26,040	23,871

# Ambulatory Care

Reporting Program  
2022 UDS National Average  
2021 UDS National Average  
CYTD 2022  
Desired Direction  
Jan 2023  
Feb 2023  
Mar 2023  
Apr 2023  
May 2023  
June 2023  
Jul 2023  
Aug 2023  
Sep 2023  
Oct 2023  
Nov 2023  
Dec 2023  
YTD

## Quality /Regulatory Metrics

Unified Data System																			
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 61.04%	> 61.32%	66.13%	↑	✓ 89.54%	✓ 91.66%	✓ 92.88%	✓ 93.32%	✓ 93.53%	✓ 93.69%	✓ 93.79%	✓ 93.93%	✓ 92.11%	✓ 92.14%	✓ 92.20%			✓ 92.20%
Numerator						10,145	15,782	23,877	29,014	33,454	37,711	40,393	43,747	46,251	48,689	51,114			51,114
Denominator						11,330	17,218	25,707	31,092	35,767	40,250	43,068	46,575	50,211	52,842	55,436			55,436
Cervical Cancer Screening	HRSA	> 53.99%	> 52.95%	53.62%	↑	✓ 54.68%	✓ 54.81%	✓ 54.76%	✓ 54.84%	✓ 55.10%	✓ 55.59%	✓ 55.83%	✓ 56.38%	✓ 56.45%	✓ 56.45%	✓ 56.73%			✓ 56.73%
Numerator						3,969	5,732	8,060	9,516	10,814	12,130	12,918	14,018	14,766	15,470	16,290			16,290
Denominator						7,259	10,458	14,718	17,351	19,625	21,821	23,137	24,865	26,158	27,403	28,717			28,717
Childhood Immunization Status (CIS)	HRSA	> 33.23%	> 38.06%	9.40%	↑	✗ 3.13%	⚠ 36.63%	✓ 38.85%	✓ 40.77%	✓ 39.78%	✓ 39.51%	✓ 39.72%	✓ 39.07%	✓ 38.40%	✓ 38.63%	✓ 38.06%			✓ 38.06%
Numerator						11	200	312	373	397	416	431	436	442	452	456			456
Denominator						352	546	803	915	998	1,053	1,085	1,116	1,151	1,170	1,198			1,198
Colorectal Cancer Screening	HRSA	> 42.82%	> 41.93%	51.39%	↑	⚠ 37.75%	✗ 33.64%	✗ 35.97%	⚠ 37.79%	⚠ 38.80%	⚠ 39.90%	⚠ 40.89%	⚠ 42.43%	✓ 43.24%	✓ 44.24%	✓ 45.34%			✓ 45.34%
Numerator						2,222	3,712	5,666	6,988	8,078	9,164	9,910	10,937	11,642	12,387	13,171			13,171
Denominator						5,886	11,034	15,750	18,494	20,820	22,969	24,237	25,777	26,927	28,000	29,049			29,049
Controlling High Blood Pressure	HRSA	> 63.40%	> 60.15%	53.68%	↑	✗ 46.59%	✗ 48.74%	✗ 51.35%	✗ 53.49%	⚠ 55.36%	⚠ 56.29%	⚠ 58.15%	⚠ 59.19%	⚠ 59.10%	⚠ 59.03%	⚠ 58.65%			⚠ 58.65%
Numerator						2,337	3,618	5,467	6,690	7,757	8,695	9,291	9,786	9,979	10,150	10,233			10,233
Denominator						5,016	7,423	10,647	12,506	14,012	15,448	15,977	16,532	16,886	17,194	17,449			17,449
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 30.42%	< 32.29%	30.28%	↓	✗ 61.15%	✗ 53.74%	✗ 45.41%	✗ 40.59%	✗ 37.29%	⚠ 34.46%	⚠ 32.94%	⚠ 31.56%	⚠ 30.76%	✓ 30.30%	✓ 30.05%			✓ 30.05%
Numerator						2,128	2,764	3,356	3,496	3,570	3,607	3,618	3,662	3,741	3,820	3,913			3,913
Denominator						3,480	5,143	7,390	8,612	9,574	10,467	10,983	11,605	12,160	12,607	13,021			13,021
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 76.83%	> 78.25%	75.07%	↑	⚠ 74.29%	⚠ 75.78%	⚠ 76.58%	⚠ 76.74%	⚠ 76.87%	⚠ 77.07%	⚠ 76.87%	⚠ 76.53%	✓ 76.83%	✓ 76.85%	✓ 76.98%			✓ 76.98%
Numerator						526	782	1,076	1,237	1,386	1,529	1,592	1,683	1,738	1,796	1,876			1,876
Denominator						708	1,032	1,405	1,612	1,803	1,984	2,071	2,199	2,262	2,337	2,437			2,437
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 70.02%	> 67.42%	54.67%	↑	✗ 48.25%	✗ 50.16%	✗ 52.84%	✗ 55.06%	✗ 58.36%	⚠ 62.93%	⚠ 65.53%	⚠ 68.52%	✓ 70.21%	✓ 71.91%	✓ 73.44%			✓ 73.44%
Numerator						5,466	8,347	12,821	15,980	19,407	23,547	26,303	29,801	32,400	34,953	37,470			37,470
Denominator						11,328	16,642	24,265	29,022	33,252	37,418	40,136	43,490	46,147	48,605	51,019			51,019
Tobacco Use: Screening and Cessation Intervention	HRSA	> 84.60%	> 82.34%	88.88%	↑	✓ 85.29%	✓ 86.69%	✓ 87.81%	✓ 88.43%	✓ 88.77%	✓ 89.03%	✓ 89.29%	✓ 89.61%	✓ 89.49%	✓ 89.74%	✓ 89.91%			✓ 89.91%
Numerator						2,707	6,160	11,639	15,999	20,038	24,367	27,457	31,389	34,567	37,340	40,126			40,126
Denominator						3,174	7,106	13,254	18,093	22,572	27,369	30,750	35,027	38,627	41,608	44,631			44,631
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 69.81%	> 68.72%	78.55%	↑	✗ 51.04%	✗ 54.62%	✗ 58.55%	✗ 60.81%	⚠ 63.25%	⚠ 67.00%	✓ 70.29%	✓ 73.96%	✓ 74.47%	✓ 75.20%	✓ 76.70%			✓ 76.70%
Numerator						932	1,796	3,115	4,014	4,858	5,950	6,944	8,243	8,848	9,489	10,239			10,239
Denominator						1,826	3,288	5,320	6,601	7,681	8,881	9,879	11,145	11,881	12,619	13,350			13,350
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 76.07%	> 73.10%	71.68%	↑	✓ 76.56%	✓ 77.44%	✓ 77.70%	✓ 77.41%	✓ 77.19%	✓ 77.00%	✓ 76.74%	✓ 76.83%	✓ 76.63%	✓ 76.71%	✓ 76.85%			✓ 76.85%
Numerator						3,492	5,031	7,204	8,344	9,295	10,183	10,666	11,313	11,697	12,128	12,596			12,596
Denominator						4,561	6,497	9,272	10,779	12,041	13,224	13,898	14,725	15,264	15,811	16,390			16,390
Breast Cancer Screening	HRSA	> 50.28%	> 46.29%	59.89%	↑	✓ 51.10%	✓ 51.68%	✓ 54.03%	✓ 56.03%	✓ 56.79%	✓ 57.83%	✓ 58.79%	✓ 59.93%	✓ 60.17%	✓ 60.61%	✓ 61.02%			✓ 61.02%
Numerator						1,675	2,465	3,626	4,363	4,908	5,465	5,825	6,291	6,556	6,831	7,106			7,106
Denominator						3,278	4,770	6,711	7,787	8,642	9,450	9,908	10,498	10,896	11,271	11,646			11,646
HIV Screening	HRSA	> 43.82%	> 38.09%	63.40%	↑	✓ 69.14%	✓ 68.38%	✓ 68.00%	✓ 67.91%	✓ 67.88%	✓ 67.86%	✓ 67.74%	✓ 67.66%	✓ 67.55%	✓ 67.48%	✓ 67.44%			✓ 67.44%
Numerator						8,707	12,621	18,066	21,472	24,466	27,419	29,292	31,665	33,327	35,092	36,894			36,894
Denominator						12,594	18,457	26,567	31,620	36,043	40,408	43,239	46,797	49,334	52,000	54,708			54,708

‡ -

\*\*Data is pulled from the UDS dashboard on the 1st Friday of every month

Data Not Available	~
Data is not final and subject to change	‡
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✗

### Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
<b>PATIENT EXPERIENCE - Ambulatory</b>				
<b>Net promoter score (Would recommend facility)</b>	<p>A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)</p> <p>*Scores are limited to include only FQHC departments by clinic <u>cost center</u> on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105*</p> <p>*Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</p>	NRC Real Time Score Summary *pulled by Amanda Jacobs	Monthly	NRC Health - Department Summary Report
<b>ACCESS - Ambulatory</b>				
<b>Appointments Scheduled FYTD</b>	<p>All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p> <p>*Note: For active providers only - FYTD does not account for historical provider information</p>	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
<b>Appointment Fill Rate FYTD</b>	<p>Provider schedule utilization metric calculated by number of patients to appointment slots available. *For FYTD.</p>	Provider Schedule Utilization - All Clinics (Prior Month) Report *last modified by Jim Trulock 9/29/2020 *pulled by Amanda Jacobs	Monthly	EPIC Report
<b>Scheduled Appointment No-Shows FYTD</b>	<p>All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p>	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
<b>No Show Rate FYTD</b>	<p>Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.</p>	Amanda Jacobs	Monthly	Formula
<b>FINANCE - Ambulatory</b>				
<b>In-Person Visits FYTD</b>	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
<b>Virtual Visits FYTD</b>	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
<b>Total Actual Visits (includes nurse only visits) FYTD</b>	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
<b>Total Number of Patients seen by provider</b>	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
<b>Grand Total FQHC</b>	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
<b>FYTD FQHC</b>	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula

### Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
<b>FINANCE - BEHAVIORAL HEALTH</b>				
<b>In-Person Visits FYTD</b>	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
<b>Virtual Visits FYTD</b>	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
<b>Total Actual Visits FYTD</b>	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
<b>FINANCE-DENTAL</b>				
<b>Actual Visits FYTD</b>	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

### Federally Qualified Health Centers

Data Source		Owner	Frequency	System
<b>QUALITY - Ambulatory</b>				
<b>Quality /Regulatory Metrics</b>	<b>Required by:</b>			
<b>Body Mass Index (BMI) Screening and Follow-Up</b>	CMS69v11	<p><b>Description:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters</p> <p><b>Numerator:</b> Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period</p> <p><b>Denominator:</b> All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11</a></p>	Quality	Monthly
<b>Cervical Cancer Screening</b>	CMS124v11	<p><b>Description:</b> Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years</p> <p><b>Numerator:</b> Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test</p> <p><b>Denominator:</b> Women 24-64 years of age by the end of the measurement period with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11</a></p>	Quality	Monthly
<b>Childhood Immunization Status (CIS)</b>	CMS117v11	<p><b>Description:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday</p> <p><b>Numerator:</b> Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday</p> <p><b>Denominator:</b> Children who turn 2 years of age during the measurement period and who have a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms117v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms117v11</a></p>	Quality	Monthly

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Colorectal Cancer Screening	CMS130v11	<p><b>Description:</b> Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer</p> <p><b>Numerator:</b> Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: * Fecal occult blood test (FOBT) during the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period * FIT-DNA during the measurement period or the two years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period</p> <p><b>Denominator:</b> Patients 45-75 years of age by the end of the measurement period with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11</a></p>	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	CMS165v11	<p><b>Description:</b> Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (&lt;140/90mmHg) during the measurement period</p> <p><b>Numerator:</b> Patients whose most recent blood pressure is adequately controlled (systolic blood pressure &lt; 140 mmHg and diastolic blood pressure &lt; 90 mmHg) during the measurement period</p> <p><b>Denominator:</b> Patients 18-85 years of age by the end of the measurement period who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11</a></p>	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	CMS122v11	<p><b>Description:</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c &gt; 9.0% during the measurement period</p> <p><b>Numerator:</b> Patients whose most recent HbA1c level (performed during the measurement period) is &gt;9.0% or is missing, or was not performed during the measurement period.</p> <p><b>Denominator:</b> Patients 18-75 years of age with diabetes with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11</a></p>	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	<p><b>Description:</b> Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period</p> <p><b>Numerator:</b> Patients who had an active medication of aspirin or another antiplatelet during the measurement year</p> <p><b>Denominator:</b> Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html">https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html</a></p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source	Description	Owner	Frequency	System
Screening for Clinical Depression and Follow Up Plan	CMS2v12	<p><b>Description:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter</p> <p><b>Numerator:</b> Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter</p> <p><b>Denominator:</b> All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12">https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12</a></p>	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	CMS138v11	<p><b>Description:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p> <p><b>Numerator:</b> *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p> <p><b>Denominator:</b> Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period.</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11</a></p>	Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v11	<p><b>Description:</b> Percentage of patients 3–17* years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of height, weight, and body mass index (BMI) percentile documentation, who had documentation of counseling for nutrition, and who had documentation of counseling for physical activity during the measurement period</p> <p><b>Numerator:</b> Children and adolescents who have had: *their height, weight, and BMI percentile recorded during the measurement period and *counseling for nutrition during the measurement period and *counseling for physical activity during the measurement period</p> <p><b>Denominator:</b> Patients 3 through 17 years of age by the end of the measurement period, with at least one outpatient visit with a PCP or OB/GYN during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms155v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms155v11</a></p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v6	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v11	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v5	Quality	Monthly	EPIC/UDS