



Valleywise Community Health Centers Governing Council Meeting

April 5, 2023

6:00 p.m.

Agenda



<p><u>Council Members</u> Scott Jacobson, Chairman <u>VACANT</u>, Vice Chairman <u>VACANT</u>, Treasurer Chris Hooper, Member Salina Imam, Member Liz McCarty, Member Eileen Sullivan, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>Mission Statement of the Federally Qualified Health Centers</p> <p>Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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• Valleywise Health Medical Center •
• 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
• Conference and Administration Center • Auditoriums 1 through 4 •

Wednesday, April 5, 2023
6:00 p.m.

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.

6:00 **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 via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

General Session, Presentation, Discussion and Action:

- 6:10 1. Approval of Consent Agenda: 15 min
Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.
- a. Minutes:
 - i. INTENTIONALLY LEFT BLANK
 - b. Contracts:
 - i. INTENTIONALLY LEFT BLANK
 - c. Governance:
 - i. **Appoint** Earl Arbuckle to the Valleywise Community Health Centers Governing Council
 - ii. **Appoint** Norma Munoz to the Valleywise Community Health Centers Governing Council
 - iii. **Appoint** William O'Neill to the Valleywise Community Health Centers Governing Council
 - iv. **Approve** revisions to Policy – 89101 F Mileage and Transportation; Proposing new title and policy number: Policy – 89101 T Governing Council Members Mileage and Transportation
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

End of Consent Agenda

- 6:25 2. **Elect** a Vice Chairman of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately 5 min
Valleywise Community Health Centers Governing Council
- 6:30 3. Overview on Health Resources & Services Administration Health Center Program's Uniform Data System (UDS) Data and Valleywise Health's Quality Reporting; Review Select Data Points from Valleywise Health's Calendar Year 2022 UDS Report; **Accept** Calendar Year 2022 Report 30 min
Crystal Garcia, RN, Vice President, Specialty Services, Quality and Patient Safety
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers
- 7:00 4. Discuss and Review Quality of Care Audit for the Federally Qualified Health Centers for Calendar Year 2022 20 min
Crystal Garcia, RN, Vice President, Specialty Services, Quality and Patient Safety
- 7:20 5. Discuss and Review Fiscal Year 2024 Budget Calendar, Preliminary Patient Volume Assumptions and Capital Target for the Federally Qualified Health Centers 20 min
Matthew Meier, MBA, Vice President, Financial Services

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

- 7:40 6. Maricopa County Special Health Care District Board of Directors Report **5 min**
Mary Rose Garrido Wilcox, Director, District 5, Maricopa County Special Health Care District Board of Directors
- 7:45 7. Valleywise Health's President and Chief Executive Officer's Report **5 min**
Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health
- 7:50 8. Governing Council Member and Federally Qualified Health Centers' Chief Executive Officer's Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council
- 7:55 9. Review Staff Assignments **5 min**
Melanie Talbot, Chief Governance Officer

Old Business:

February 1, 2023

Provide insight as to what may be causing inconsistencies in patient satisfaction scores in certain FQHCs (*next reporting May 2023*)

8:00 **Adjourn**



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.a.i.

Minutes

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Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.b.i.

Contracts

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Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.c.i.

Governance
Appoint Governing Council
Member – Earl Arbuckle



DATE: April 5th, 2023

TO: Valleywise Community Health Centers Governing Council

FROM: Michelle Barker, DHSc, Senior Vice President of Ambulatory Services and Federally Qualified Health Centers Chief Executive Officer

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Earl Arbuckle

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Mr. Arbuckle, requesting to serve as a member on the Valleywise Community Health Centers Governing Council. Mr. Arbuckle resides in District 3. Mr. Arbuckle is a director in Product Management.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: Earl E. Arbuckle

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: Earl

What are your pronouns? He

Home Address: [REDACTED]

City: [REDACTED]

State: AZ

Zip: [REDACTED]

Home Telephone: [REDACTED]

Cell: [REDACTED]

E-mail Address: [REDACTED]

Employer: [REDACTED]

Work Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES

NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: Michelle Barker, DHSc



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix or Peoria? YES NO

If yes, please list the Clinic utilized, and approximate month/year of last visit:

[REDACTED]

Name of Clinic

[REDACTED]

Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I have been exposed to the Healthcare provider industry for a long time as a vendor providing software and services and a short period of time working in a hospital IT department. I have been exposed to many different healthcare systems throughout the United States and have seen large healthcare system and smaller community based healthcare systems. I feel this is a great opportunity for me to make a different type of contribution to my local healthcare system using all the past experiences and perhaps provide some ideas that are outside the box. This is an unprecedented time for healthcare - it has always been a unique business model compared to other 'business' lines. The financial, staffing moral, burnout, accessibility, and compounded by the constraints of government regulations, competition, insurances etc. are putting a huge strain on the healthcare providers. We need to find a way to provide necessary healthcare to everyone in the community. I would like to be part of that challenge.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Maricopa county has a lot of challenges but I expect that the greatest health care concern today is the ability to provide healthcare to all those in need. Social status, locations, transportation, accessibility (i.e. locations of facilities) are all big factors in the ability to provide healthcare to everyone.

It is difficult to talk about healthcare without having a conversation about cost and that is even more apparent today in particular around staffing and supply issues presented with the COVID pandemic.



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

In my years of experience as a software/services providers to healthcare organizations in the continental United States has exposed me to many different processes and models of providing services to patients. I have good organizational skills, ability to quickly tackle difficult problems, ability to step back and 'look outside the box' to provide reasonable, attainable solutions to challenges. I am a social advocate in the sense that healthcare should be a service available to all in need within reason.

I also have formal training as and educator, work well both as an individual and as a team. I am a good listener and hard worker and recognize the efforts and contributions from the whole team. I truly believe that change happens when a good group of people look at change and find logical, reasonable, effective solutions.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

This would be my first opportunity to serve on a public board - and I am very excited to have the opportunity to apply and will be even more excited if choosen to serve.

I did serve on a government Zoning Board of Appeals many years ago as an appointed position from the mayor of the small city where I lived (in Ohio) at the time.

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (select no more than two):

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Prefer not to answer

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race Prefer not to answer

Gender: Male Female Prefer not to answer

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I am a patient of Valleywise Health and would see myself as both a patient advocate but also keep in mind the goals and mission of the Valleywise Health organization. I am approaching retirement age and feel that my years of experience esp. having visited and worked with many healthcare organization would bring a wholistic view to the Council.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflict of Interest and Gift Policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks?

YES NO

[Redacted Signature]

Signature

01/07/2023

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.



Finance Committee:

The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.



Compliance and Quality Committee:

The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.



Strategic Planning and Outreach Committee:

The purpose of the Strategic Planning and Outreach Committee is to: identify, develop, and implement strategic planning and outreach initiatives to identify Valleywise Health Federally Qualified Health Centers (FQHC) Clinics health equity priorities to address health care needs in Maricopa County.

Completed Applications need to be mailed, emailed, or faxed to:

Barbara Harding
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
barbara.harding@valleywisehealth.org
Fax: 602-655-9102



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.c.ii.

Governance
Appoint Governing Council
Member – Norma Munoz



DATE: April 5th, 2023

TO: Valleywise Community Health Center Governing Council

FROM: Michelle Barker, DHSc, Senior Vice President of Ambulatory Services and Federally Qualified Health Centers Chief Executive Officer

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Norma Munoz

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Ms. Munoz, requesting to serve as a member on the Valleywise Community Health Centers Governing Council. Ms. Munoz resides in District 5. She has experience in being a member of a school board and serving children and parents for over 25 years.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: Norma A. Munoz

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: _____ What are your pronouns? Mrs.

Home Address: [REDACTED]

City: [REDACTED] State: AZ Zip: [REDACTED]

Home Telephone: [REDACTED] Cell: [REDACTED]

E-mail Address: [REDACTED]

Employer: [REDACTED]

Work Address: [REDACTED]

City: [REDACTED] State: AZ Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry?

YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: Board Member Mary Rose Wilcox



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix or Peoria? YES NO

If yes, please list the Clinic utilized, and approximate month/year of last visit:

Name of Clinic

Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

As a community leader I am aware of the tremendous needs of some of our neighbors, some of these needs include healthcare. Many of our neighbors go without vital health needs because of their economic status. I would like to serve as a vehicle of communication to help improve those resources for them and to ensure that the services needed are being provided to them and that those services are of high quality.

I would be proud to represent the Valleywise Community Health Centers providing quality health care to all people.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

- 1) Affordability
- 2) Accessibility
- 3) Lack of education in the importance of vaccines and treatment to some diseases
- 4) Communication
- 5) Transportation



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

My experiences in being a member of a school board and serving children and parents for over 25 years allow me to directly relate to the health needs of these same populations. Through my experiences in serving these diverse neighborhoods my input could be directly related and valuable to the oversight of our Federally Qualified Health Centers (FQHCs).

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

*Governing Board Member for the Roosevelt School District #66 for 25 years 1995 - 2020

*Served on the AZ School Boards Association Board of Directors representing the Hispanic/Native American Advisory Board 2000 - 2008

*Served on the National School Boards Association - Council of Urban School Boards (CUBE) 6 years 2010 - 2020

*Maricopa County Employees Diversity Council 2004 - 2009

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Prefer not to answer

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race Prefer not to answer

Gender: Male Female Prefer not to answer

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I have been a leader in my community for most of my lifetime. I have served in many capacities. As a school board member I served up to 25,000 children who were of color and from impoverished backgrounds. It was my priority that these children receive the best education possible so that they could become educated and become part of the workforce to improve their way of life. It is important for me that all people regardless of race, color or economic status receive the same treatment and services from all government agencies. The most important right that an individual possesses, in my opinion, is the right to the best medical treatment possible in order to live a healthy and happy life. Education and good health go hand in hand.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflict of Interest and Gift Policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks?

YES NO

01/25/2023
Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

Finance Committee:

The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.

Compliance and Quality Committee:

The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.

Strategic Planning and Outreach Committee:

The purpose of the Strategic Planning and Outreach Committee is to: identify, develop, and implement strategic planning and outreach initiatives to identify Valleywise Health Federally Qualified Health Centers (FQHC) Clinics health equity priorities to address health care needs in Maricopa County.

Completed Applications need to be mailed, emailed, or faxed to:

Melanie Talbot
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
melanie.talbot@valleywisehealth.org
Fax: 602-655-9337



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.c.iii.

Governance
Appoint Governing Council
Member – William O’Neill



DATE: April 5th, 2023

TO: Valleywise Community Health Centers Governing Council

FROM: Michelle Barker, DHSc, Senior Vice President of Ambulatory Services and Federally Qualified Health Centers Chief Executive Officer

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: William O'Neill

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Mr. O'Neill, requesting to serve as a member on the Valleywise Community Health Centers Governing Council. Mr. O'Neill resides in District 1. He has previously been on a Behavioral Health Planning Council.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: William Bich O'Neill

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: William What are your pronouns? He, Him,

Home Address: [Redacted]

City: [Redacted] State: AZ Zip: [Redacted]

Home Telephone: [Redacted] Cell: [Redacted]

E-mail Address: [Redacted]

Employer: [Redacted]

Work Address: [Redacted]

City: [Redacted] State: AZ Zip: [Redacted]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: _____



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix or Peoria? YES NO

If yes, please list the Clinic utilized, and approximate month/year of last visit:

Name of Clinic

Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

In 2018 I was treated for my psychiatric disorders from Valleywise(originally MIHS). There were so many caring professionals helping me get stable from the ICU unit all the way down to Independent Living. With that in mind, I promised that I would one day give back to my community and better the system for other struggling youth (17-25). As a current college student with a disability, I hope to make a difference in my community and be a productive member of society.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Education:

Affordability:

Advocacy:



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

Due to the reality of my illness, I was able to get treatment from Valleywise and doing well for myself. I have experienced firsthand what has worked and not worked in the behavior system. This system starts with admitting someone to long-term recovery; in/ outpatient clinics, housing, meds, and other supports. With many variables to having a successful system, I would like to be of service to my community through my struggle as an SMI advocate.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

Behavioral Health Planning Council-Mesa, AZ

Sept 28th 2021 to August 2022

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise **(select no more than two):**

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Prefer not to answer

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race Prefer not to answer

Gender: Male Female Prefer not to answer

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I have attached a pdf to ensure that I have space to write my statement. Thankyou

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflict of Interest and Gift Policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks?
YES NO


Signature

1/11/2023

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

- Finance Committee:
The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.

- Compliance and Quality Committee:
The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.

- Strategic Planning and Outreach Committee:
The purpose of the Strategic Planning and Outreach Committee is to: identify, develop, and implement strategic planning and outreach initiatives to identify Valleywise Health Federally Qualified Health Centers (FQHC) Clinics health equity priorities to address health care needs in Maricopa County.

Completed Applications need to be mailed, emailed, or faxed to:

Barbara Harding
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
barbara.harding@valleywisehealth.org
Fax: 602-655-9102



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.c.iv.

Governance
Governing Council
Policy 89101 F - Redline

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/17
Reviewed Dates: 09/20, 08/22
Revision Dates: 06/19, 04/23

DRAFT

Policy #: 89101 **FI**

Policy Title: Governing Council Members Mileage and Transportation
_Reimbursement

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

Policy:

Members of the Valleywise Community Health Centers Governing Council (Governing Council) shall serve without compensation. ~~However, in accordance with the Health Resources and Services Administration (HRSA) Compliance Manual, Chapter 20 Board Composition,~~ permits the health center program to reimburse Governing Council members for reasonable expenses actually incurred by reason of their participation in Governing Council activities, including reimbursement for miles driven to and from Governing Council/Committee meetings, or reimbursement for public transportation such as bus or light rail, to and from Governing Council/Committee meetings.

Reimbursement for taxis or ride sharing services such as Uber and Lyft, to and from Governing Council/Committee meetings, may be made on a case-by-case basis when access to public transportation is more than one mile from a Governing Council member's home and there is a financial need as defined by HRSA*, or a health condition. Reimbursement will be limited to one roundtrip ride per month.

~~, such as a health condition or financial need, Each Council member is allowed reimbursement of mileage to and from Valleywise Community Health Centers Governing Council meetings, committee meetings, and meetings with District staff members. In addition, Council members who have a financial impediment and have no means of transportation shall receive reimbursement for transportation services.~~

Procedure:

~~1. Reimbursement will be paid on the first pay period of the following month.~~

1. Mileage and transportation reimbursements will be charged against the ~~2. Valleywise Community Health Centers~~ Governing Council Office cost center's mileage reimbursement budget.

2. Mileage and transportation reimbursements will be paid on the first pay period of the following month.

3. Mileage will be reimbursed at the prevailing Internal Revenue Service standard mileage rate for business.

4. The designated point of departure and return for mileage or transportation reimbursement purposes, is the Governing Council member's home or the actual point of departure, whichever is closer.

5. For mileage reimbursement, Governing Council members ~~will need to~~ must complete Form #43999 - Request for Mileage Reimbursement, and submit it ~~provide the following details~~ to the Governing Council Office staff within 30 days of the date of travel: ~~the date of travel, the purpose of the meeting, the destination, and total round-trip miles.~~ The Governing Council Office staff will ~~compile the information and~~ submit the form to accounts payable for reimbursement.

6. For public transportation reimbursement, Governing Council members must submit the receipts to the Governing Council Office staff within 30 days of the date of travel. The Governing Council Office staff will submit the receipts along with a check request to accounts payable for reimbursement.

7. ~~Reimbursement f~~For taxis or ride sharing or taxi services, will be considered on a case-by-case basis. the Financial/Medical Attestation form will need to be submitted to the Clerk of the Board for approval by the Federally Qualified Health Centers' Chief Executive Officer. The Governing Council member will submit a written request to the council for consideration based on need. If approved, the Governing Council member will be reimbursed for ride share or taxi service to in-person council meetings, not to exceed once per month.

8. Governing Council members are responsible for maintaining their personal vehicle insurance as required by Arizona law.

97. If a Governing Council member is involved in a motor vehicle accident while using his/her personal vehicle on District business, damage to a Governing

Council member's vehicle is not covered by the District's auto insurance. The District does not pay any out of pocket expenses for physical damage or any portion of a [Governing](#) Council member's deductible.

~~8~~[10](#). Repairs made to personal vehicles will not be reimbursed by the District.

~~9. Council members who demonstrate a financial impediment and have no means of transportation, shall receive reimbursement for transportation services. A financial impediment shall be defined as a Council member from a family with an annual family income less than \$10,000 or if the member is a single person with an annual income less than \$7,000. Transportation services to be considered for reimbursement shall include: bus, light rail. Reimbursement shall follow the same process as discussed in the preceding lines.~~

[References: Form #43999 Request for Mileage Reimbursement](#)

[* HRSA Compliance Manual, Chapter 20, footnote 6: Family with an annual income less than \\$10,000 or a single person with an annual income less than \\$7,000.](#)

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

POLICY RESPONSIBLE PARTY: [Melanie Talbot, Chief Governance Officer and Clerk of the Board](#)

~~Valleywise Community Health Centers Governing Council~~

DEVELOPMENT TEAM(S): Clerk's Office, [FQHC Administration](#)

Policy #: 89101 ~~FT~~

Policy Title: [Governing Council Members](#) Mileage and Transportation
~~R~~Reimbursement

e-Signers: [Melanie Talbot, Chief Governance Officer and Clerk of the Board](#)

~~Melanie Talbot~~

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -~~X~~

Revised with Minor Changes -~~X~~

Revised with Major Changes -

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

Add additional reimbursable transportation services

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

Committee: 00/00

Committee: 00/00

Committee: 00/00

Reviewed for HR: 00/00

Reviewed for EPIC: 00/00

Other: [Valleywise Community Health Centers](#)
[Governing Council](#)

~~08/22~~04/23

Once Printed This Document May No Longer Be Current

Once Printed This Document May No Longer Be Current



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 1.c.iv.

Governance
Governing Council
Policy 89101 T - Clean

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/17
Reviewed Dates: 09/20, 08/22
Revision Dates: 06/19, 04/23

DRAFT

Policy #: 89101 T

Policy Title: Governing Council Members Mileage and Transportation Reimbursement

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

Policy:

Members of the Valleywise Community Health Centers Governing Council (Governing Council) shall serve without compensation. However, Health Resources and Services Administration (HRSA) permits the health center program to reimburse Governing Council members for reasonable expenses actually incurred by reason of their participation in Governing Council activities, including reimbursement for miles driven to and from Governing Council/Committee meetings, or reimbursement for public transportation such as bus or light rail, to and from Governing Council/Committee meetings.

Reimbursement for taxis or ride sharing services such as Uber and Lyft, to and from Governing Council/Committee meetings, may be made on a case-by-case basis when access to public transportation is more than one mile from a Governing Council member's home and there is a financial need as defined by HRSA*, or a health condition. Reimbursement will be limited to one roundtrip ride per month.

Procedure:

1. Mileage and transportation reimbursements will be charged against the Governing Council Office cost center's mileage reimbursement budget.
2. Mileage and transportation reimbursements will be paid on the first pay period of the following month.

3. Mileage will be reimbursed at the prevailing Internal Revenue Service standard mileage rate for business.
4. The designated point of departure and return for mileage or transportation reimbursement, is the Governing Council member's home or the actual point of departure, whichever is closer.
5. For mileage reimbursement, Governing Council members must complete Form #43999 - Request for Mileage Reimbursement, and submit it to the Governing Council Office staff within 30 days of the date of travel. The Governing Council Office staff will submit the form to accounts payable for reimbursement.
6. For public transportation reimbursement, Governing Council members must submit the receipts to the Governing Council Office staff within 30 days of the date of travel. The Governing Council Office staff will submit the receipts along with a check request to accounts payable for reimbursement.
7. For taxis or ride sharing services, the Financial/Medical Attestation form will need to be submitted to the Clerk of the Board for approval by the Federally Qualified Health Centers' Chief Executive Officer.
8. Governing Council members are responsible for maintaining their personal vehicle insurance as required by Arizona law.
9. If a Governing Council member is involved in a motor vehicle accident while using his/her personal vehicle on District business, damage to a Governing Council member's vehicle is not covered by the District's auto insurance. The District does not pay any out of pocket expenses for physical damage or any portion of a Governing Council member's deductible.
10. Repairs made to personal vehicles will not be reimbursed by the District.

References: Form #43999 Request for Mileage Reimbursement

* HRSA Compliance Manual, Chapter 20, footnote 6: Family with an annual income less than \$10,000 or a single person with an annual income less than \$7,000.

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

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer and Clerk of the Board

DEVELOPMENT TEAM(S): Clerk's Office, FQHC Administration

Policy #: 89101 T

Policy Title: Governing Council Members Mileage and Transportation Reimbursement

e-Signers: Melanie Talbot, Chief Governance Officer and Clerk of the Board

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)

Add additional reimbursable transportation services

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

Committee: 00/00

Committee: 00/00

Committee: 00/00

Reviewed for HR: 00/00

Reviewed for EPIC: 00/00

Other: Valleywise Community Health Centers
Governing Council 04/23



**Valleywise Community Health
Centers Governing Council
Meeting**

April 5, 2023

Item 1.d.i.

Medical Staff Credentials

Recommended by Credentials Committee: February 7, 2023
 Recommended by Medical Executive Committee: February 14, 2023
 Submitted to MSHCDB: February 22, 2023

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

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

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Anh Hong Bui, M.D.	Courtesy	Family & Community Medicine	3/1/2023 to 2/28/2025	
Kelli J. Lorentsen, M.D.	Courtesy	Pediatrics	3/1/2023 to 2/28/2025	
Charles B. McKenzie, D.D.S.	Active	Dentistry	3/1/2023 to 2/28/2025	
May Mokbelpur, M.D.	Active	Internal Medicine	3/1/2023 to 2/28/2025	
Sarah J. Oven, M.D.	Courtesy	Family & Community Medicine	3/1/2023 to 2/28/2025	
Alfonso Ceballos Robles, M.D.	Active	Pediatrics	3/1/2023 to 2/28/2025	
Dorothy Beth Thomas, M.D.	Courtesy	Pediatrics	3/1/2023 to 2/28/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Kuong C. Kov, D.D.S.	Dentistry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Dentistry Core Privileges.
Roberta I. H. Matern, M.D.	Family & Community Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for In-Patient Obstetric – Delivery Related Cognitive and Procedural Privileges.
Tamilselvi Periasamy, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Jason Adam Pollack, M.D.	Obstetrics / Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core Privileges.

Recommended by Credentials Committee: February 7, 2023

Recommended by Medical Executive Committee: February 14, 2023

Submitted to MSHCDB: February 22, 2023

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION

NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Christina Marie Smarik Snyder, M.D.	Active	Family & Community Medicine	3/1/2023 to 2/28/2025	
Tina L. Younger, M.D.	Active	Internal Medicine / Pediatrics	3/1/2023 to 2/28/2025	

CHANGE IN PRIVILEGES

NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Christina Marie Smarik Snyder, M.D.	Family & Community Medicine	<u>Withdrawal</u> : Subdermal Contraceptive Capsule (Insertion and Removal)	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Joseph Oluwafemi Aiyenowo, M.D.	Internal Medicine	Locum Tenens to Inactive	Not contracted with the employer effective January 13, 2023
David E. Brodtkin, M.D.	Pediatrics	Active to Inactive	Not contracted with the employer effective January 27, 2023

Definitions:

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF**

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

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Thanyathorn Madrid, F.N.P.	Pediatrics	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Rachel Ann Power, P.A.-C.	Internal Medicine	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Amanda Marie Swingle, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Jordan Boller Wardy, P.A.-C.	Internal Medicine	Practice Prerogatives on file	3/01/2023 to 2/28/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Emily Rose Corazza, C.N.M.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Midwife Core Privileges and Ultrasound: Amniotic Fluid Index (AFI) Level I privileges.
Tobriah Lee Marie Corfield-Lovegren, C.N.M.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Midwife Core Privileges and Ultrasound: Amniotic Fluid Index (AFI) Level I privileges.
Yvonne Rae Downs, C.N.M., D.N.P.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ultrasound: Amniotic Fluid Index (AFI) Level I privileges.
Melinda B. Eigenmann, C.N.M.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Midwife Core privileges.
Zarah Anne Mohindra, C.N.M.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ultrasound: Amniotic Fluid Index (AFI) Level I privileges.
Perla Eduwiges Puebla, F.N.P.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core privileges.
Teresa Socio, N.N.P.	Pediatrics	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Neonatology Core and Neonatology Intensive Care Core privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Maria Elvelina Barnwell, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Emily Rose Corazza, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Tobriah Lee Marie Corfield-Lovegren, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Melinda B. Eigenmann, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Melanie Anne Gamble, C.P.N.P.	Pediatrics	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Stephanie Ann Jackovich, N.N.P.	Pediatrics	Practice Prerogatives on file	3/01/2023 to 2/28/2025	
Teresa Socio, N.N.P.	Pediatrics	Practice Prerogatives on file	3/01/2023 to 2/28/2025	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Melinda B. Eigenmann, C.N.M.	Pediatrics	<u>Withdrawal</u> : Special procedures (1 st assist Cesarean Section; Ultrasound: Amnio Fluid Index (AFI), Level I)	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Andrea Lee Harris, P.A.-C.	Family & Community Medicine	Allie Health Professional to Inactive	Resigned effective December 1, 2022

CORRECTION TO THE SEPTEMBER 28, 2022 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING		
NAME	SPECIALTY/PRIVILEGES	COMMENTS
Georgina Amaya, F.N.P., D.N.P.	Internal Medicine	Provider inadvertently listed as being affiliated with Department of Family & Community Medicine on the January 2023 roster

General Definitions:

- Advanced Practice Clinician An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
- Allied Health Professional An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
- Practice Prerogatives Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

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

Recommended by Credentials Committee: March 7, 2023
 Recommended by Medical Executive Committee: March 14, 2023
 Submitted to MSHCDB: March 22, 2023

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

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

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Ronda Dee Bouwens, M.D.	Courtesy	Family & Community Medicine	4/1/2023 to 3/31/2025	
Sidney Lauren Lakusta-Wong, M.D.	Active	Pediatrics	4/1/2023 to 3/31/2025	
Monique Gurgel Lin, M.D.	Courtesy	Obstetrics & Gynecology	4/1/2023 to 3/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Carol Jean Elnicky, M.D.	Family & Community Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Subdermal Contraceptive Capsule (Insertion/Removal) Privileges.
Baharak Tabarsi, M.D.	Family & Community Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Subdermal Contraceptive Capsule (Insertion/Removal) Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Hanna Sergeevna Babayed, D.M.D.	Active	Dentistry	4/1/2023 to 3/31/2025	
Angela Ibragimov, M.D.	Active	Pediatrics	4/1/2023 to 3/31/2025	
Jason Adam Pollack, M.D.	Courtesy	Obstetrics & Gynecology	4/1/2023 to 3/31/2025	
Aaron David Simmons, D.M.D.	Active	Dentistry	4/1/2023 to 3/31/2025	
Baharak Tabarsi, M.D.	Active	Family & Community Medicine	4/1/2023 to 3/31/2025	
Lyndsay Jean Willmott, M.D.	Courtesy	Obstetrics & Gynecology	4/1/2023 to 3/31/2025	

Recommended by Credentials Committee: March 7, 2023

Recommended by Medical Executive Committee: March 14, 2023

Submitted to MSHCDB: March 22, 2023

WAIVER REQUEST

NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Ronda Dee Bouwens, M.D.	Family & Community Medicine	Courtesy	Requesting permanent waiver from the "Threshold Eligibility Criteria" requirements specific to recent clinical activity in primary area of practice for two of the last three years.

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Gretchen K. Henson, D.D.S.	Dentistry	Active to Inactive	Resigned effective March 13, 2023
John Daggett Lenahan, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective December 2, 2022

Definitions:

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF**

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

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Patricia Rose Esch, P.A.-C.	Internal Medicine	Practice Prerogatives on file	4/1/2023 to 3/31/2025	
Mary Kay Morrison, N.N.P.	Pediatrics	Practice Prerogatives on file	4/1/2023 to 3/31/2025	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Elizabeth Messina Bussone, N.N.P.	Pediatrics	Practice Prerogatives on file	4/1/2023 to 3/31/2025	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Lynne Shaunte Coleman, F.N.P.	Obstetrics & Gynecology	<u>Addition</u> : Minor Surgery; IUD Removal/Insertion; Endometrial Biopsy; Subdermal Contraceptive Capsule (Removal/Insertion)	FPPE

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kjersten Ann Davis, F.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective January 6, 2023
Almedina Hajric, P.A.-C.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective December 26, 2022

CORRECTION TO THE February 22, 2023 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING		
NAME	SPECIALTY/PRIVILEGES	COMMENTS
Melinda B. Eigenmann, C.N.M.	Obstetrics & Gynecology	Provider inadvertently listed as being affiliated with Department of Pediatrics for “Change in Privileges” on the February 2023 roster

General Definitions:

Advanced Practice Clinician An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master’s degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.

Recommended by Credentials Committee: March 7, 2023
Recommended by Medical Executive Committee: March 14, 2023
Submitted to MSHCDB: March 22, 2023

Allied Health Professional An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.

Practice Prerogatives Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

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



**Valleywise Community Health
Centers Governing Council
Meeting**

April 5, 2023

Item 2.
No Handout

**Elect Governing Council
Vice Chairman**



Valleywise Community Health Centers Governing Council Meeting

April 5, 2023

Item 3.

Uniform Data System Overview
& Select Data Points



UDS Overview & Valleywise Health Quality Reporting

Person(s) Reporting:
Crystal Garcia, VP of Specialty Services, Quality and
Patient Safety

Report Prepared by: Amanda Jacobs, Quality Analyst

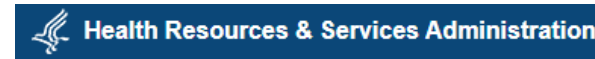
April 5, 2023

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What is the UDS?

The UDS (Uniform Data System) is a standardized data set and annual program requirement that is defined in Section 330 of the Public Health Service Act.

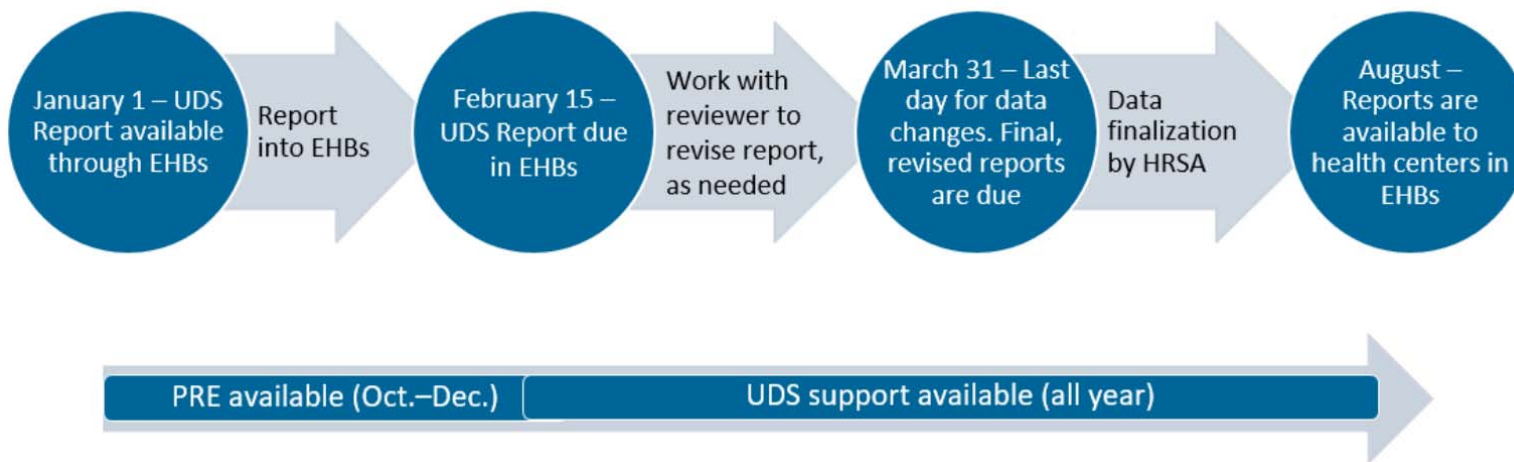
Section 330 of the Public Health Service Act is the section of federal statute that creates and authorizes the Health Center Program. It gives the Bureau of Primary Health Care (BPHC) the authority to make grant awards to eligible entities and outlines the requirements that health centers must meet in order to be eligible for these awards. Health center look-alikes are also subject to these requirements.



Health centers are expected to have a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet Health and Human Services (HHS) reporting requirements, including those data elements for UDS reporting; and that they submit timely, accurate, and complete UDS reports in accordance with HRSA instructions.

Reference:
<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/introduction>

Reporting Timeline



EHBs = Electronic Handbooks – system used to report UDS data

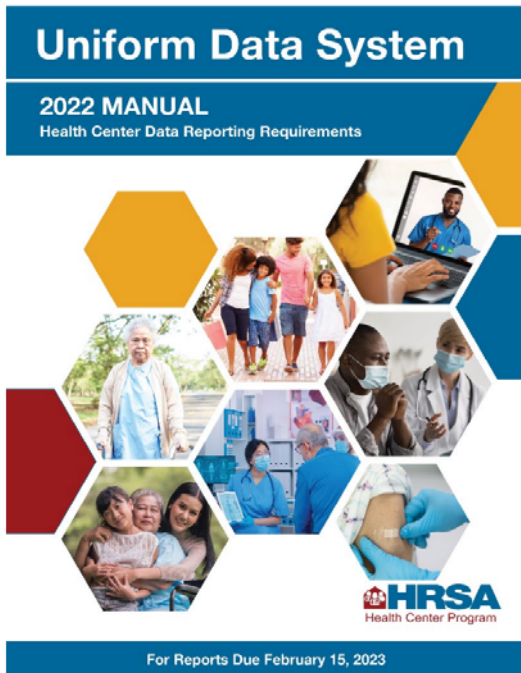
How are UDS data used?

Through the UDS, health centers report annually on patient characteristics, services provided, clinical processes and health outcomes, staffing, patients' use of services, and costs and revenues.

These data help inform efforts to further expand access to care, address health disparities, improve quality of care, and reduce health care costs. UDS data are also used to document program effectiveness; identify administrative, clinical, and financial trends over time; and compare clinical quality measures (CQMs) with national benchmarks.

data.HRSA.gov

Reference:
<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/introduction>



Uniform Data System Reporting Tables

Four Primary Sections



Patient Demographic Profile

- **ZIP Code** by Medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special population

Source: Adobe Stock, iStock



Clinical Services and Outcomes

- **Table 5:** Staff, visits, and patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race & ethnicity



Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
- **Table 9E:** Other revenue



Other Forms

- **Appendix D:** Health information technology (HIT) Capabilities
- **Appendix E:** Other data elements (ODE)
- **Appendix F:** Workforce



Clinical Process and Outcome Measures

Screening and Prevention Care

Cervical Cancer Screening

Breast Cancer Screening

Body Mass Index (BMI) Screening and Follow-Up Plan

HIV Screening

Tobacco Use: Screening and Cessation Intervention

Colorectal Cancer Screening

HIV Screening

Screening for Depression and Follow-Up Plan

Maternal Care and Children's Health

Early Entry into Prenatal Care

Low Birth Weight

Childhood Immunization Status

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Dental Sealants for Children between 6-9 Years

Chronic Disease Management

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

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

HIV Linkage to Care

Depression Remission at Twelve Months

Controlling High Blood Pressure

Diabetes: Hemoglobin A1c (HbA1c) Poor Control

Tables 6B and 7 Reporting Instructions

For UDS clinical quality measures patients are included and evaluated for the denominator who had at least one medical visit during the measurement period as specified in the measure (dental visits during the measurement period are used for the dental sealant measure), even though some eCQMs may specify a broader range of service codes (e.g., mental health, substance use disorder).

Column A: total number of patients who fulfill the detailed criteria described for the specified measure.

Column B: all patients who fit the criteria (the same number as the denominator reported in Column A)

Column C: total number of records (included in the count for Column B) that meet the numerator criteria for the specified clinical quality measure.

Note: patients who meet exception criteria are removed from the numerator and denominator

Example

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73(a)	Number of Records Reviewed (b)	Number of Patients with Mammograms (c)
11a	MEASURE: Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer	11,481	11,481	6,873

$$6,873/11,481 = 59.86\%$$

Reference:
<https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-tables.pdf>

Valleywise Health FQHC UDS Quality Measure Report Results: December 2022 CYTD

UDS Clinical Quality Measure	CY 2020	Adjusted Quartile Ranking 2020**	CY 2021	Adjusted Quartile Ranking 2021**	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	HP 2030 Target Goal	Target Goal (2021 UDS National Average)	Prior Goal (2020 UDS National Average)	Intended Direction	Monthly Status (2021 UDS average)
Body Mass Index (BMI) Screening and Follow-Up Plan	61.39%	3	34.26%	4	29.45%	29.80%	30.42%	31.00%	31.05%	31.47%	32.09%	32.13%	38.29%	49.79%	58.55%	62.89%	N/A*	61.32%	65.72%	↑	🟢
Cervical Cancer Screening	45.84%	3	49.77%	3	46.59%	48.17%	49.03%	49.95%	51.22%	51.47%	51.56%	52.25%	52.68%	52.92%	53.25%	53.49%	84.3%	52.95%	51.00%	↑	🟢
Childhood Immunization Status (CIS)	52.28%	1	47.72%	2	36.23%	41.67%	45.28%	46.36%	9.34%	9.68%	9.18%	9.29%	9.19%	9.17%	9.37%	9.40%	N/A*	38.06%	40.42%	↑	⚠️
Colorectal Cancer Screening	45.91%	2	50.85%	1	37.04%	39.44%	41.21%	43.16%	44.21%	45.22%	46.58%	47.65%	48.79%	49.74%	50.74%	51.29%	74.4%	41.93%	40.09%	↑	🟢
Controlling High Blood Pressure	46.37%	4	47.76%	4	33.93%	39.72%	43.48%	46.91%	49.18%	51.35%	53.29%	53.89%	54.70%	54.08%	53.71%	53.69%	60.8%	60.15%	57.98%	↑	🔴
Diabetes: Hemoglobin A1c Poor Control	35.20%	2	31.85%	2	70.50%	59.49%	50.22%	42.90%	38.95%	36.25%	34.25%	32.76%	31.90%	31.04%	30.68%	30.28%	11.6%	32.29%	35.60%	↓	🟢
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	78.54%	3	78.51%	3	80.00%	79.64%	78.74%	79.28%	79.20%	79.45%	78.85%	78.50%	78.25%	78.52%	77.87%	77.94%	N/A*	78.25%	78.80%	↑	🟡
Screening for Clinical Depression and Follow-Up Plan if positive screen	39.54%	3	48.75%	4	35.68%	39.48%	42.05%	44.79%	44.59%	45.84%	47.65%	49.49%	50.93%	52.06%	53.48%	54.68%	13.5%	67.42%	64.21%	↑	🔴
Tobacco Use: Screening and Cessation Intervention	85.46%	2	87.78%	2	83.00%	83.13%	84.75%	85.61%	86.40%	86.98%	87.61%	87.92%	88.18%	88.37%	88.68%	88.88%	N/A*	82.34%	83.43%	↑	🟢
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	66.57%	2	78.09%	2	39.45%	44.94%	52.94%	58.32%	61.07%	64.23%	69.05%	72.09%	74.56%	76.68%	77.73%	78.43%	N/A*	68.72%	65.13%	↑	🟢
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	70.86%	3	68.40%	4	72.67%	72.48%	72.72%	72.58%	76.84%	76.91%	76.69%	76.72%	76.64%	76.44%	76.42%	76.53%	N/A*	73.10%	71.92%	↑	🟢
Breast Cancer Screening	55.53%	1	58.56%	1	52.41%	54.73%	55.90%	56.77%	57.49%	57.66%	58.23%	58.54%	58.86%	59.23%	59.40%	59.77%	80.5%	46.29%	45.34%	↑	🟢
HIV Screening	47.75%	1	58.18%	1	63.55%	62.75%	62.82%	63.10%	63.41%	63.52%	63.43%	63.26%	63.12%	63.13%	63.25%	63.39%	N/A*	38.09%	32.29%	↑	🟢

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
Alert Icon !	Significant CMS logic change/discrepancy impacting performance rates

*HP 2030 Objective definition not equivalent to UDS Quality of Care

Valleywise Health FQHC UDS Quality Measure Report Results **December 2022 CYTD**

UDS Clinical Quality Measure	CY 2020	Adjusted Quartile Ranking 2020**	CY 2021	Adjusted Quartile Ranking 2021**	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	HP 2030 Target Goal	Target Goal 2021 UDS National Average	Prior Goal (2020 UDS National Average)	Intended Direction	Monthly Status (2021 UDS average)	
Body Mass Index (BMI) Screening and Follow-Up Plan	61.39%	3	34.26%	4	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	29.45%	N/A*	61.32%	65.72%	↑	Green	
<ul style="list-style-type: none"> The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the Uniform Data System (UDS) annually. The ranking is adjusted to account for factors that may influence performance outcomes, such as: <ul style="list-style-type: none"> Percent of patients who are uninsured, Percent of minority patients, Percent of patients experiencing homelessness, Percent of patients who are migrant and seasonal farmworkers, Electronic Health Record (EHR) status Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers). 	39.44%	41.21%	43.16%	44.21%	45.22%	46.58%	47.65%	48.72%	49.79%	50.86%	51.93%	53.00%	54.07%	55.14%	56.21%	57.28%	N/A*	61.32%	65.72%	↑	Green	
	39.72%	43.48%	46.91%	49.18%	51.35%	53.29%	53.89%	54.49%	55.09%	55.69%	56.29%	56.89%	57.49%	58.09%	58.69%	59.29%	59.89%	84.3%	52.95%	51.00%	↑	Green
	59.49%	50.22%	42.90%	38.95%	36.25%	34.25%	32.76%	31.27%	29.78%	28.29%	26.80%	25.31%	23.82%	22.33%	20.84%	19.35%	17.86%	N/A*	38.06%	40.42%	↑	Alert Icon
	79.64%	78.15%	76.66%	75.17%	73.68%	72.19%	70.70%	69.21%	67.72%	66.23%	64.74%	63.25%	61.76%	60.27%	58.78%	57.29%	55.80%	N/A*	78.25%	78.80%	↑	Yellow
	39.48%	42.99%	46.50%	50.01%	53.52%	57.03%	60.54%	64.05%	67.56%	71.07%	74.58%	78.09%	81.60%	85.11%	88.62%	92.13%	95.64%	6%	54.68%	64.21%	↑	Red
	83.13%	84.75%	85.61%	86.40%	86.98%	87.61%	87.92%	88.18%	88.37%	88.68%	88.88%	88.88%	88.88%	88.88%	88.88%	88.88%	88.88%	N/A*	82.34%	83.43%	↑	Green
	44.94%	52.94%	58.32%	61.07%	64.23%	69.05%	72.09%	74.56%	76.68%	77.73%	78.43%	78.43%	78.43%	78.43%	78.43%	78.43%	78.43%	N/A*	68.72%	65.13%	↑	Green
	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	72.48%	73.10%	71.92%	↑	Green
	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	54.73%	46.29%	45.34%	↑	Green
	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	62.75%	38.09%	32.29%	↑	Green

- All score card months demonstrate cumulative CYTD data - i.e., include all prior months within the report out
- There is not a method to drill performance to a singular month date

- Monthly Status color is based on % variance from most recent UDS National Average (Benchmark)

- Example: December 2022 includes data from January to December 2022

- Currently UDS National Average is based on 2021 Data
- 2022 Data will be available August 2023 -we will then update to the most recent released averages

*HP 2030 Objective definition not equivalent to UDS Quality of Care













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
Alert Icon !	Significant CMS logic change/discrepancy impacting performance rates

2023 Quality Task Force Focus Teams

Quality Task Force Focus Teams for 2023 Calendar Year

Metrics of special interest - Reported in Quality and Safety Deep Dive

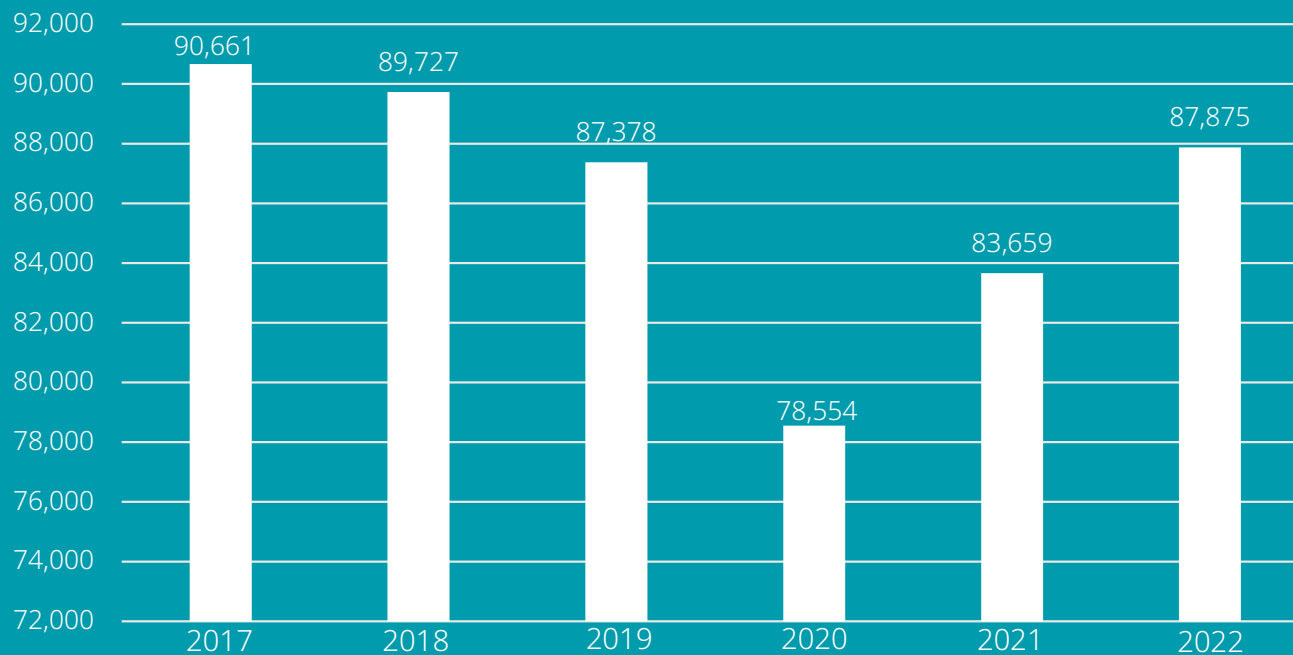
- ✓ Depression Screening and F/U Plan
- ✓ Controlling High BP
- ✓ Breast Cancer/Cervical Cancer Screening
- ✓ Diabetes Control

	Physician	Accountable Leader		Physician	Accountable Leader
BMI & Diabetes A1C Management	 Dr. Sandra Yuh	 Kelly Nightengale	Colorectal Cancer Screening	 Dr. Sunitha Bandlamuri	 Fernando Reyes
Hypertension High Blood Pressure	 Dr. Baharak Tabarsi	 Eva Armbrust	Childhood Immunization & Weight Assessment Screening	 Dr. Jodi Carter	 Jeffrey Spacht
Cervical & Breast Cancer Screening	 Dr. Christina Smarik-Snyder Dr. Patricia Habak	 Georgette Lindner	Depression Screening	 Dr. Lenore Encinas	 Vicki Staples

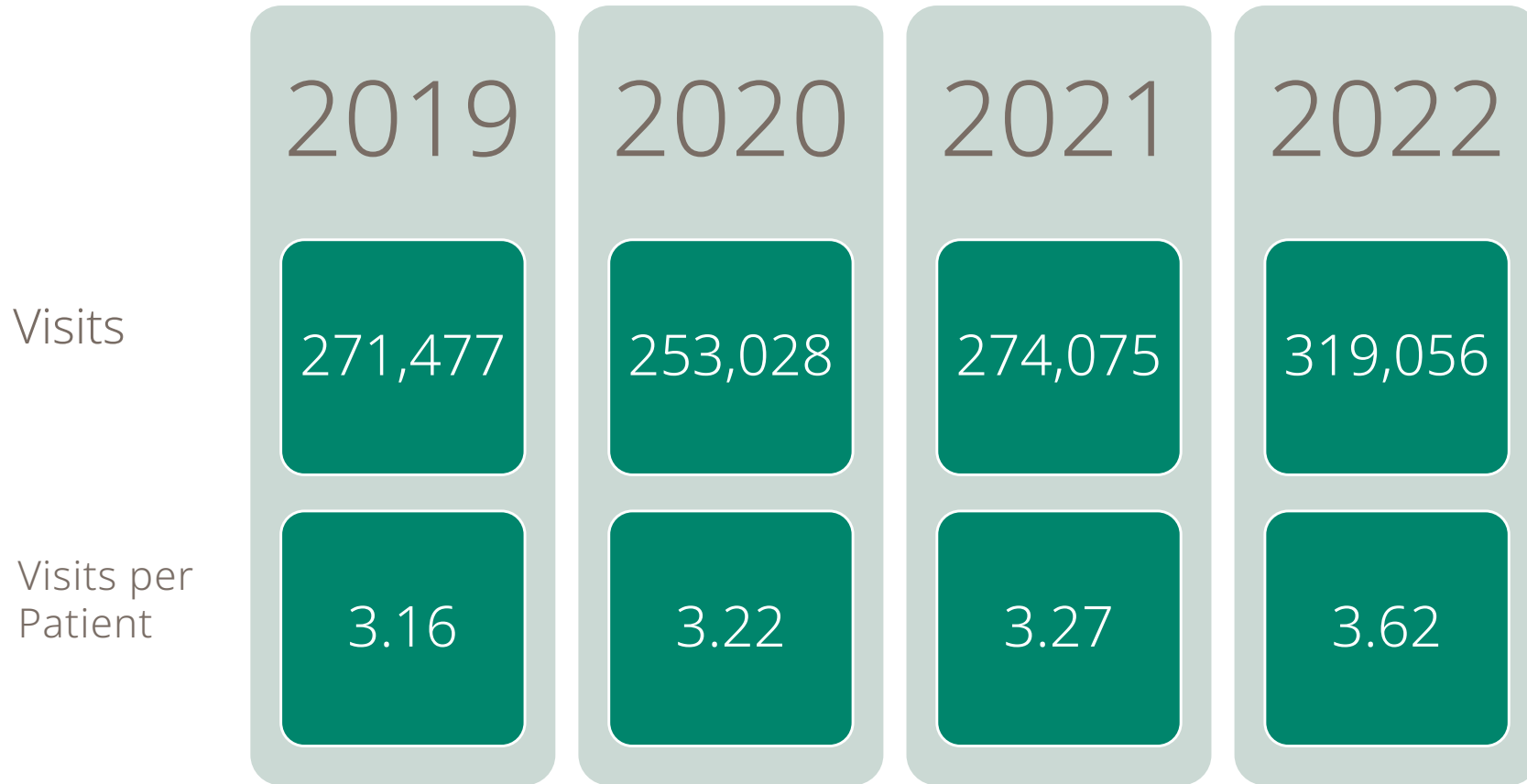
Select Data Points

Unique Unduplicated Patient Count

Total Patients by Year



Utilization Visits



Demographic Characteristic

Race/Ethnicity 2022

Patients by Race	Hispanic/Latino	Non-Hispanic or Latino	Unreported
Asian	32	1955	
Native Hawaiian	4	39	
Other Pacific Islander	247	619	
Black/African American	190	10,690	
American Indian/ Alaska Native	113	1,140	
White	34,533	33,989	
More than one race	82	413	
Unreported/Undisclosed	1,017	793	2,019
TOTAL*	36,218	49,638	2,019
COMBINED TOTAL	87,875		

* Affected by race and ethnicity changes implemented for reporting year 2023

Demographic Characteristic

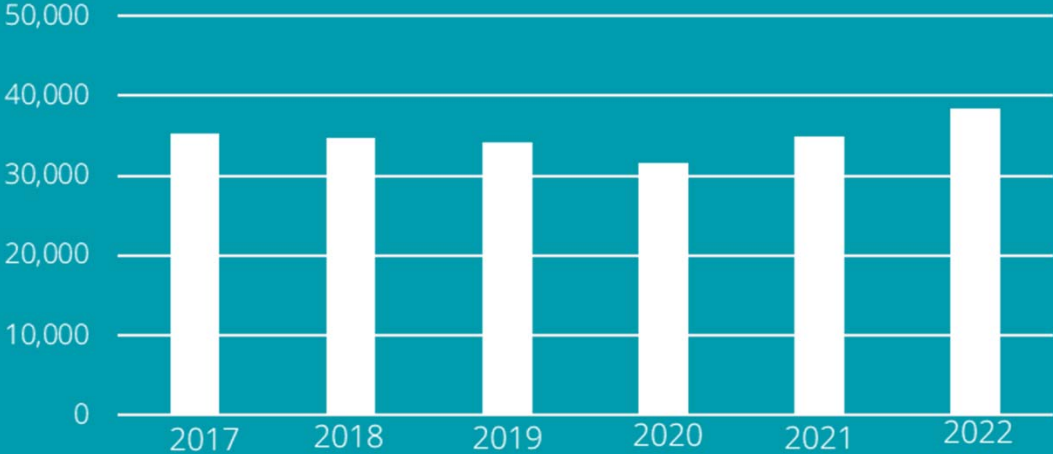
Ethnicity Comparison Year over Year

Year	Hispanic	Non-Hispanic	Unreported	Total
2019	52,600	34,699	N/A	87,299
2020	47,661	30,824	69	78,554
2021	52,095	31,460	104	83,659
2022	36,218	49,638	2,019	87,875

* Affected by race and ethnicity changes implemented for reporting year 2023

Selected Patient Characteristic Special Populations: Language

Patients Served in a Language Other than English



Demographic Characteristic

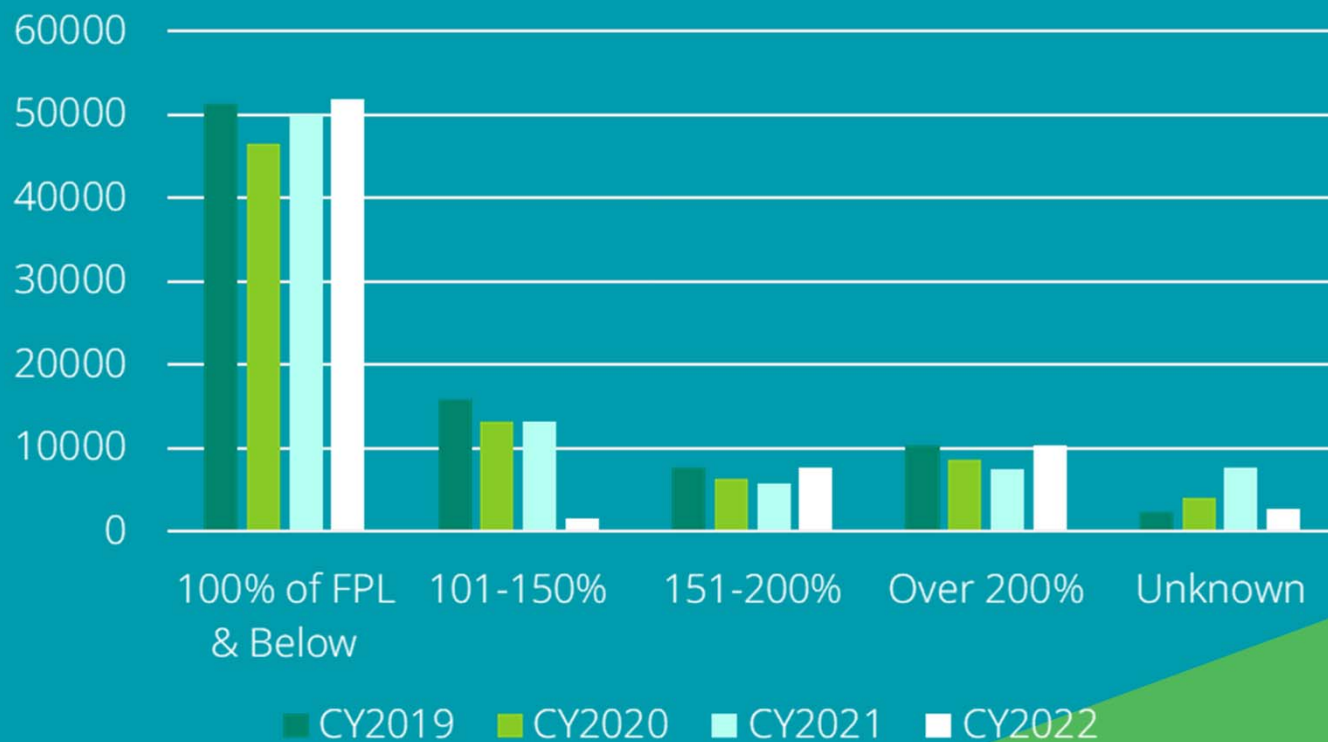
Sexual Orientation/Gender Identity (SOGI)

Characteristics: Patients by Sexual Orientation	CY2019	CY2020	CY2021	CY2022
Lesbian or Gay	1,440	1,436	2,269	2,584
Heterosexual (or straight)	37,900	29,368	44,839	54,882
Bisexual	391	340	857	1,147
Something Else	123	136	443	590
Don't know	45,941	93	782	874
Chose not to disclose	1,583	1,137	3,226	4,604
Unknown		46,044	31,243	23,194
TOTAL	87,378	78,554	83,659	87,875

Characteristics: Patients by Gender Identity	CY2019	CY2020	CY2021	CY2022
Male	36,475	13,155	20,603	24,943
Female	50,734	21,564	33,973	41,141
Transgender Male/ Female to Male	56	66	90	96
Transgender Female/Male to Female	61	76	154	166
Other	10	21	87	125
Chose not to disclose	42	38	186	285
Unknown		43,634	28,566	21,119
TOTAL	87,378	78,554	83,659	87,875

Selected Patient Characteristic Income as Percent of Poverty Guidelines

Patients by Income Level







Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 3.

Uniform Data System Report
Calendar Year 2022

Program Name: Health Center 330

Submission Status: Review In Progress, Version 2

UDS Report - 2022

Contact Information

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

Title	Name	Phone	Fax	Email
UDS Contact	Joy Cortright	(602) 344 2839	Not Available	Joy.Cortright@valleywisehealth.org
Project Director	Barbara Harding	(602) 344 1129	(602) 344 0937	barbara.harding@valleywisehealth.org
Clinical Director	Christina Smarik-Snyder, MD	(602) 818 6849	Not Available	Christina_Smarik@dmgaz.org
Chair Person	Not Available	Not Available	Not Available	Not Available
CEO	Michael White MD	(602) 344 5503	Not Available	michael.white@valleywisehealth.org

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2022

Table Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85001	2	8	3	1	14
85003	69	280	102	79	530
85004	43	114	35	113	305
85005	4	16	0	0	20
85006	486	783	132	167	1,568
85007	261	694	267	126	1,348
85008	1,282	2,614	229	507	4,632
85009	1,418	2,017	182	273	3,890
85012	13	36	20	47	116
85013	64	175	28	111	378
85014	114	201	43	104	462
85015	458	920	122	185	1,685
85016	181	331	66	138	716

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85017	745	1,148	59	135	2,087
85018	109	258	49	71	487
85019	545	720	55	120	1,440
85020	210	259	72	117	658
85021	381	831	216	247	1,675
85022	164	158	37	88	447
85023	150	158	26	65	399
85024	39	54	10	40	143
85027	103	125	17	56	301
85028	11	30	11	18	70
85029	379	612	98	171	1,260
85031	760	1,094	84	186	2,124
85032	367	254	29	87	737
85033	1,094	1,142	77	235	2,548
85034	93	235	54	39	421
85035	972	1,193	76	220	2,461
85036	7	16	3	7	33
85037	566	570	55	214	1,405
85040	727	1,424	251	328	2,730
85041	1,176	2,193	342	858	4,569
85042	541	801	142	367	1,851
85043	503	623	54	237	1,417
85044	45	111	32	111	299
85045	2	6	3	11	22
85048	25	53	10	67	155
85050	41	27	3	32	103
85051	477	881	72	192	1,622
85053	92	162	27	52	333
85054	2	4	1	6	13
85060	4	5	4	4	17
85061	0	9	2	0	11
85063	6	14	3	5	28
85066	2	15	9	3	29
85067	1	9	7	3	20
85069	2	10	4	2	18
85082	3	11	4	2	20
85083	4	11	3	12	30
85085	10	32	12	35	89
85086	12	20	7	33	72
85087	10	7	5	5	27
85118	8	5	1	7	21
85119	19	25	5	12	61
85120	71	64	23	27	185
85122	18	49	7	36	110
85123	3	4	2	2	11

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85128	8	22	6	12	48
85131	3	10	2	7	22
85132	10	17	8	13	48
85138	49	125	12	95	281
85139	33	39	12	23	107
85140	30	39	7	32	108
85142	59	82	28	85	254
85143	57	53	14	19	143
85194	2	4	1	6	13
85201	472	494	95	201	1,262
85202	128	217	35	133	513
85203	302	314	43	112	771
85204	745	514	80	190	1,529
85205	55	139	48	76	318
85206	63	115	36	53	267
85207	112	118	26	60	316
85208	124	109	30	44	307
85209	65	62	20	52	199
85210	459	440	71	158	1,128
85211	2	9	0	1	12
85212	22	47	15	65	149
85213	67	105	32	66	270
85215	9	21	6	18	54
85224	116	242	45	139	542
85225	834	1,604	299	622	3,359
85226	53	118	34	132	337
85233	36	98	21	55	210
85234	44	71	17	62	194
85244	2	10	4	5	21
85246	1	9	0	5	15
85248	27	72	29	81	209
85249	34	88	27	116	265
85250	4	15	1	12	32
85251	77	67	11	50	205
85253	4	26	3	6	39
85254	16	19	11	24	70
85255	3	15	3	11	32
85256	4	8	2	6	20
85257	45	89	23	42	199
85258	4	8	4	7	23
85259	9	7	1	5	22
85260	12	17	2	13	44
85268	6	4	2	10	22
85281	195	317	52	147	711
85282	179	306	44	138	667

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85283	222	715	125	288	1,350
85284	7	39	7	39	92
85285	1	16	3	8	28
85286	119	320	56	276	771
85295	39	71	23	97	230
85296	33	57	12	64	166
85297	25	44	9	50	128
85298	16	43	17	45	121
85301	1,071	1,504	206	307	3,088
85302	171	399	55	145	770
85303	348	554	66	144	1,112
85304	78	132	23	54	287
85305	78	140	24	88	330
85306	46	87	22	35	190
85307	50	97	10	69	226
85308	60	101	18	65	244
85310	7	11	5	23	46
85311	2	5	0	5	12
85322	9	2	3	0	14
85323	550	1,473	256	597	2,876
85326	250	343	58	217	868
85329	47	83	23	13	166
85331	13	12	2	8	35
85335	222	757	131	244	1,354
85337	13	12	2	2	29
85338	164	339	66	266	835
85339	264	598	111	514	1,487
85340	63	115	17	88	283
85345	267	743	131	401	1,542
85351	10	70	55	34	169
85353	409	658	83	296	1,446
85354	80	71	9	8	168
85355	13	22	4	33	72
85361	14	28	12	14	68
85363	29	105	16	20	170
85364	0	9	2	1	12
85365	0	9	2	4	15
85373	6	18	5	21	50
85374	27	85	14	56	182
85375	3	10	8	9	30
85378	37	82	22	22	163
85379	51	139	22	117	329
85381	38	66	10	67	181
85382	41	95	15	51	202
85383	21	24	11	64	120

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
85387	8	30	7	27	72
85388	14	79	8	44	145
85390	11	7	2	0	20
85392	170	317	46	218	751
85395	58	92	21	103	274
85396	62	95	12	62	231
85541	0	7	3	3	13
85756	4	6	1	1	12
86314	2	8	1	6	17

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	140	277	73	203	693
Unknown Residence	1	6	1	2	10
Total	24,959	41,153	6,500	15,263	87,875

Comments

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

Date Requested: 02/16/2023 10:18 AM EST

Date of Last Report Refreshed: 02/16/2023 10:18 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2022

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

Universal

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1	1,046	943
2	Age 1	734	708
3	Age 2	617	631
4	Age 3	550	519
5	Age 4	555	558
6	Age 5	596	568
7	Age 6	571	495
8	Age 7	506	470
9	Age 8	475	466
10	Age 9	448	431
11	Age 10	428	462
12	Age 11	492	458
13	Age 12	455	483
14	Age 13	467	470
15	Age 14	468	501
16	Age 15	513	556
17	Age 16	471	593
18	Age 17	456	630
19	Age 18	407	581
20	Age 19	357	705
21	Age 20	371	768
22	Age 21	356	796
23	Age 22	291	783

Line	Age Groups	Male Patients (a)	Female Patients (b)
24	Age 23	313	723
25	Age 24	327	768
26	Ages 25-29	1,840	3,964
27	Ages 30-34	2,268	4,098
28	Ages 35-39	2,341	4,113
29	Ages 40-44	2,713	4,707
30	Ages 45-49	2,795	4,660
31	Ages 50-54	3,032	4,336
32	Ages 55-59	2,836	3,430
33	Ages 60-64	2,430	3,074
34	Ages 65-69	1,639	2,024
35	Ages 70-74	848	1,114
36	Ages 75-79	452	679
37	Ages 80-84	251	391
38	Age 85 and over	164	340
39	Total Patients (Sum of Lines 1-38)	35,879	51,996

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Table 3B - Demographic Characteristics

Universal

Patients by Race and Hispanic or Latino/a Ethnicity

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian	32	1,955		1,987
2a	Native Hawaiian	4	39		43
2b	Other Pacific Islander	247	619		866
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	251	658		909
3	Black/African American	190	10,690		10,880
4	American Indian/Alaska Native	113	1,140		1,253
5	White	34,533	33,989		68,522
6	More than one race	82	413		495
7	Unreported/Chose not to disclose race	1,017	793	2,019	3,829
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	36,218	49,638	2,019	87,875

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	38,410

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	2,584
14	Heterosexual (or straight)	54,882
15	Bisexual	1,147
16	Other	590
17	Don't know	874
18	Chose not to disclose	4,604
18a	Unknown	23,194
19	Total Patients (Sum of Lines 13 to 18a)	87,875

Line	Patients by Gender Identity	Number (a)
20	Male	24,943
21	Female	41,141
22	Transgender Man/Transgender Male/Transmasculine	96
23	Transgender Woman/Transgender Female/Transfeminine	166
24	Other	125
25	Chose not to disclose	285
25a	Unknown	21,119
26	Total Patients (Sum of Lines 20 to 25a)	87,875

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Table 4 - Selected Patient Characteristics

Universal

Income as Percent of Poverty Guideline

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	51,791
2	101 - 150%	15,551
3	151 - 200%	7,592
4	Over 200%	10,236
5	Unknown	2,705
6	TOTAL (Sum of Lines 1-5)	87,875

Line	Primary Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	1,453	23,506
8a	Medicaid (Title XIX)	15,910	24,599
8b	CHIP Medicaid	565	54
8	Total Medicaid (Line 8a + 8b)	16,475	24,653
9a	Dually Eligible (Medicare and Medicaid)	0	4,851
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	6,500
10a	Other Public Insurance (Non-CHIP) (specify) Refugee, Mountain Park Grant	13	10
10b	Other Public Insurance CHIP	1	1
10	Total Public Insurance (Line 10a + 10b)	14	11
11	Private Insurance	1,848	13,415
12	TOTAL (Sum of Lines 7 + 8 + 9 + 10 + 11)	19,790	68,085

Managed Care Utilization

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

Line	Special Populations	Number of Patients (a)
16	Total Agricultural Workers or Dependents (All health centers report this line)	228
23	Total Homeless (All health centers report this line)	972
24	Total School-Based Service Site Patients (All health centers report this line)	0
25	Total Veterans (All health centers report this line)	765
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	87,875

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Table 5 - Staffing and Utilization

Universal

Medical Care Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	16.83	43,643	12,122	
2	General Practitioners	0	0	0	
3	Internists	10.3	25,692	4,127	
4	Obstetrician/Gynecologists	8.59	19,340	1,448	
5	Pediatricians	16.4	28,500	3,378	
7	Other Specialty Physicians	0	0	0	
8	Total Physicians (Lines 1-7)	52.12	117,175	21,075	

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
9a	Nurse Practitioners	22.21	43,769	15,435	
9b	Physician Assistants	12.86	29,381	9,423	
10	Certified Nurse Midwives	3.3	7,662	291	
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	38.37	80,812	25,149	
11	Nurses	39.34	0	0	
12	Other Medical Personnel	101.77			
13	Laboratory Personnel	39.7			
14	X-ray Personnel	13.87			
15	Total Medical Care Services (Lines 8 + 10a through 14)	285.17	197,987	46,224	84,176

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	9.42	20,244	0	
17	Dental Hygienists	5.33	0	0	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	19.19			
19	Total Dental Services (Lines 16-18)	33.94	20,244	0	8,777

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	2.19	481	3,568	
20a1	Licensed Clinical Psychologists	0	0	0	
20a2	Licensed Clinical Social Workers	11.82	2,134	9,352	
20b	Other Licensed Mental Health Providers	3.29	374	4,267	
20c	Other Mental Health Personnel	8.01	931	5,476	
20	Total Mental Health Services (Lines 20a-c)	25.31	3,920	22,663	4,915

Substance Use Disorder Services

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

Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	Other Professional Services Specify Diabetic Educators	2.98	1,385	25	1,017

Vision Services

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

Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23	Pharmacy Personnel	7			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	19.81	0	0	
25	Patient and Community Education Specialists	0	0	0	
26	Outreach Workers	0			
27	Transportation Personnel	0			
27a	Eligibility Assistance Workers	9.23			
27b	Interpretation Personnel	0			
27c	Community Health Workers	11.82			
28	Other Enabling Services Specify	0			
29	Total Enabling Services (Lines 24-28)	40.86	0	0	0

Other Programs/Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
29a	Other Programs and Services Specify	0			
29b	Quality Improvement Personnel	1			

Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	56.56			
30b	Fiscal and Billing Personnel	13.94			
30c	IT Personnel	29.49			
31	Facility Personnel	23.13			
32	Patient Support Personnel	113.2			
33	Total Facility and Non-Clinical Support Personnel (Lines 30a-32)	236.32			

Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	632.58	223,536	68,912	

Selected Service Detail Addendum

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	102	9,169	1,926	7,604
20a02	Nurse Practitioners	32	3,372	1,319	3,305
20a03	Physician Assistants	18	2,666	788	2,552
20a04	Certified Nurse Midwives	7	94	1	88

Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	87	2,147	340	1,860
21b	Nurse Practitioners (Medical)	27	853	235	846
21c	Physician Assistants	17	792	169	762
21d	Certified Nurse Midwives	4	15	0	11
21e	Psychiatrists	5	123	402	272
21f	Licensed Clinical Psychologists	0	0	0	0
21g	Licensed Clinical Social Workers	11	165	379	122
21h	Other Licensed Mental Health Providers	5	24	321	97

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Table 6A - Selected Diagnoses and Services Rendered

Universal

Selected Infectious and Parasitic Diseases

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	13,435	4,335
3	Tuberculosis	A15- through A19-, O98.0-	32	22
4	Sexually transmitted infections	A50- through A64-	1,766	1,238
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	329	179
4b	Hepatitis C	B17.1-, B18.2, B19.2-	760	457
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	3,205	2,733
4d	Post COVID-19 condition	U09.9	273	195

Selected Diseases of the Respiratory System

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
5	Asthma	J45-	5,241	3,539

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
6	Chronic lower respiratory diseases	J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-	2,219	1,300
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.82, J12.89, J20.8, J40, J22, J98.8, J80 (count codes listed only when code U07.1 is also present)	35	32

Selected Other Medical Conditions

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3-, N60-, N63-, R92-	1,674	1,361
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	1,981	1,273
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	34,322	12,600
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	5,623	3,053
11	Hypertension	I10- through I16-, O10-, O11-	37,216	17,461
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	2,091	1,756
13	Dehydration	E86-	98	90
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-	27	24
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	13,896	10,669

Selected Childhood Conditions (limited to ages 0 through 17)

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-	790	663
16	Selected perinatal/neonatal medical conditions	A33, P19-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P92-, P96.81), R78.81, R78.89	714	515
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3	1,713	1,209

Selected Mental Health Conditions, Substance Use Disorders, and Exploitations

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-	1,771	783

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	2,477	1,272
19a	Tobacco use disorder	F17-, O99.33-, Z72.0	3,206	2,479
20a	Depression and other mood disorders	F30- through F39-	20,584	6,130
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	23,488	7,089
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	2,386	833
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	13,018	5,786
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	0	0
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11	1	1

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806	20,689	14,600
21a	Hepatitis B test	CPT-4: 80074, 86704 through 86707, 87340, 87341, 87350, 87912	3,816	3,647
21b	Hepatitis C test	CPT-4: 80074, 86803, 86804, 87520 through 87522, 87902	7,913	7,333
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87428, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U, 0240U, 0241U	3,583	3,298
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86318, 86328, 86408, 86409, 86413, 86769 CPT PLA: 0224U, 0226U	17	17
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP	Possible codes to explore for PrEP management: CPT-4: 99401 through 99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure AND limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF), emtricitabine/tenofovir alafenamide (FTC/TAF), or cabotegravir for PrEP	508	218
22	Mammogram	CPT-4: 77063, 77065, 77066, 77067 ICD-10: Z12.31 HCPCS: G0279	15,065	10,837
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) HCPCS: G0144, G0145, G0147, G0148	10,460	9,895
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HIB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748	18,323	13,908
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	18,588	17,101
24b	Coronavirus (SARS-CoV-2) vaccine	CPT-I: 0001A-0004A, 0011A- 0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A, 0072A, 91300-91307, 91308-91310	4,302	3,766
25	Contraceptive management	ICD-10: Z30-	9,734	5,065
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-, Z76.1, Z76.2	22,977	11,987
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	2,964	2,503
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	0	0
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	3,812	3,353
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	CDT: D0140, D9110	2,724	2,496
28	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	6,400	5,424
29	Prophylaxis-adult or child	CDT: D1110, D1120	3,912	2,981
30	Sealants	CDT: D1351	276	262
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	2,998	2,293
32	Restorative services	CDT: D21xx through D29xx	3,236	2,113
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	2,423	1,935
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	3,513	1,776

Notes: Sources of Codes:

ICD-10-CM (2022)-[National Center for Health Statistics \(NCHS\)](#)

CPT (2022)-[American Medical Association \(AMA\)](#)

Code on Dental Procedures and Nomenclature CDT Code (2022)-Dental Procedure Codes-[American Dental Association \(ADA\)](#)

"X" in a code: Denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

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Table 6B - Quality of Care Measures

Universal

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

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	1
2	Ages 15—19	239
3	Ages 20—24	642
4	Ages 25—44	1,709
5	Ages 45 and over	14
6	Total Patients (Sum of Lines 1-5)	2,605

Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester	1,594	59
8	Second Trimester	659	34
9	Third Trimester	234	25

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2 nd Birthday (a)	Number of Records Reviewed (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 nd birthday	1,234	1,234	116

Section D - Cervical and Breast Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number of Records Reviewed (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age who were screened for cervical cancer	29,847	29,847	16,005

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73 (a)	Number of Records Reviewed (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 51-73 years of age who had a mammogram to screen for breast cancer	11,481	11,481	6,876

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

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Total Patients Aged 3 through 16 (a)	Number of Records Reviewed (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-16 years of age with a BMI percentile <i>and</i> counseling on nutrition <i>and</i> physical activity documented	13,076	13,076	10,271

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

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number of Records Reviewed (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	53,874	53,874	35,628

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

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number of Records Reviewed (b)	Number of Patients Assessed for Tobacco Use <i>and</i> Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times during the measurement period, and (2) if identified to be a tobacco user received cessation counseling intervention	47,188	47,188	41,940

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

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients at High Risk of Cardiovascular Events (a)	Number of Records Reviewed (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients at high risk of cardiovascular events who were prescribed or were on statin therapy	16,468	16,468	11,804

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

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number of Records Reviewed (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	2,455	2,455	1,843

Section J - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number of Records Reviewed (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer	22,039	22,039	11,325

Section K - HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number of Records Reviewed (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	15	15	14

Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Number of Records Reviewed (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range	57,655	57,655	36,554

Section L - Depression Measures

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number of Records Reviewed (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented	51,852	51,852	28,349

Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)	Number of Records Reviewed (b)	Number of Patients who Reached Remission (c)
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	89	89	0

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

Line	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number of Records Reviewed (b)	Number of Patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	125	125	53

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

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Program Name: Health Center 330

Submission Status: Review In Progress

Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	36
2	Deliveries Performed by Health Center's Providers	2,391

Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
1a	Asian	1	0	0	1
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	12	0	2	11
1c	Black/African American	8	0	0	8
1d	American Indian/Alaska Native	11	0	2	10
1e	White	1,164	19	59	1,101
1f	More than One Race	4	0	0	4
1g	Unreported/Chose Not to Disclose Race	20	0	1	19
	Subtotal Hispanic or Latino/a	1,220	19	64	1,154

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
2a	Asian	62	1	3	58
2b1	Native Hawaiian	2	0	0	2
2b2	Other Pacific Islander	20	0	0	20
2c	Black/African American	226	4	25	198
2d	American Indian/Alaska Native	77	2	7	67
2e	White	153	0	14	139
2f	More than One Race	8	1	0	7
2g	Unreported/Chose Not to Disclose Race	10	0	0	10
	Subtotal Non-Hispanic or Latino/a	558	8	49	501

Unreported/Chose Not to Disclose Race and Ethnicity

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 - 2499 grams (1c)	Live Births: > = 2500 grams (1d)
h	Unreported/Chose Not to Disclose Race and Ethnicity	6	0	1	5
i	Total	1,784	27	114	1,660

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
1a	Asian	10	10	8
1b1	Native Hawaiian	1	1	0
1b2	Other Pacific Islander	16	16	7
1c	Black/African American	23	23	14
1d	American Indian/Alaska Native	18	18	13
1e	White	5,007	5,007	2,716
1f	More than One Race	10	10	8
1g	Unreported/Chose Not to Disclose Race	126	126	67
	Subtotal Hispanic or Latino/a	5,211	5,211	2,833

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
2a	Asian	376	376	196
2b1	Native Hawaiian	6	6	5
2b2	Other Pacific Islander	102	102	61
2c	Black/African American	2,460	2,460	1,159
2d	American Indian/Alaska Native	139	139	72
2e	White	8,123	8,123	4,462
2f	More than One Race	64	64	34
2g	Unreported/Chose Not to Disclose Race	107	107	59
	Subtotal Non-Hispanic or Latino/a	11,377	11,377	6,048

Unreported/Chose Not to Disclose Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
h.	Unreported/Chose Not to Disclose Race and Ethnicity	351	351	212
i	Total	16,939	16,939	9,093

Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9% or No Test During Year (3f)
1a	Asian	4	4	2
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	24	24	8
1c	Black/African American	10	10	6
1d	American Indian/Alaska Native	10	10	2
1e	White	4,253	4,253	1,410
1f	More than One Race	5	5	3
1g	Unreported/Chose Not to Disclose Race	130	130	38
	Subtotal Hispanic or Latino/a	4,436	4,436	1,469

Non-Hispanic or Latino/a

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9% or No Test During Year (3f)
2a	Asian	196	196	30
2b1	Native Hawaiian	7	7	1
2b2	Other Pacific Islander	84	84	19
2c	Black/African American	1,287	1,287	377
2d	American Indian/Alaska Native	151	151	62
2e	White	6,147	6,147	1,793
2f	More than One Race	37	37	6
2g	Unreported/Chose Not to Disclose Race	63	63	17
	Subtotal Non-Hispanic or Latino/a	7,972	7,972	2,305

Unreported/Chose Not to Disclose Race and Ethnicity

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9% or No Test During Year (3f)
h	Unreported/Chose Not to Disclose Race and Ethnicity	284	284	69
i	Total	12,692	12,692	3,843

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Table 8A - Financial Costs

Universal

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

Financial Costs of Medical Care

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
1	Medical Personnel	\$43,358,122	\$12,650,437	\$56,008,559
2	Lab and X-ray	\$9,585,302	\$2,796,667	\$12,381,969
3	Medical/Other Direct	\$3,024,566	\$882,466	\$3,907,032
4	Total Medical Care Services (Sum of Lines 1 through 3)	\$55,967,990	\$16,329,570	\$72,297,560

Financial Costs of Other Clinical Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
5	Dental	\$4,016,793	\$1,171,964	\$5,188,757
6	Mental Health	\$3,249,883	\$948,205	\$4,198,088
7	Substance Use Disorder	\$0	\$0	\$0
8a	Pharmacy (not including pharmaceuticals)	\$981,920	\$286,490	\$1,268,410
8b	Pharmaceuticals	\$1,826,620		\$1,826,620
9	Other Professional specify Diabetic Education	\$435,689	\$127,119	\$562,808
9a	Vision	\$0	\$0	\$0
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	\$10,510,905	\$2,533,778	\$13,044,683

Financial Costs of Enabling and Other Services

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
11a	Case Management	\$2,816,778		\$2,816,778
11b	Transportation	\$0		\$0
11c	Outreach	\$0		\$0
11d	Patient and Community Education	\$0		\$0
11e	Eligibility Assistance	\$569,831		\$569,831
11f	Interpretation Services	\$0		\$0
11g	Other Enabling Services specify	\$0		\$0
11h	Community Health Workers	\$819,448		\$819,448
11	Total Enabling Services (Sum of Lines 11a through 11h)	\$4,206,057	\$1,227,186	\$5,433,243
12	Other Program-Related Services specify Cost of Leased Space	\$26,607	\$0	\$26,607
12a	Quality Improvement	\$125,033	\$36,480	\$161,513
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	\$4,357,697	\$1,263,666	\$5,621,363

Facility and Non-Clinical Support Services and Totals

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
14	Facility	\$1,905,720		
15	Non-Clinical Support Services	\$18,221,294		
16	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	\$20,127,014		
17	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	\$90,963,606		\$90,963,606
18	Value of Donated Facilities, Services, and Supplies specify			\$0
19	Total with Donations (Sum of Lines 17 and 18)			\$90,963,606

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DISTRICT, Phoenix, AZ

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Table 9D - Patient Service Revenue

Universal

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
				Collection of Reconciliation Wraparound Current Year (c1)	Collection of Reconciliation Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty / Payback (c4)			
1	Medicaid Non-Managed Care	\$133,803,746	\$44,301,873	\$7,138,535	\$258,018	\$0	\$0	\$88,391,300		
2a	Medicaid Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
2b	Medicaid Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)	\$133,803,746	\$44,301,873	\$7,138,535	\$258,018	\$0	\$0	\$88,391,300		
4	Medicare Non-Managed Care	\$26,040,834	\$4,985,707	\$0	\$23,417	\$0	\$0	\$19,687,951		
5a	Medicare Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
5b	Medicare Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
6	Total Medicare (Sum of Lines 4 + 5a + 5b)	\$26,040,834	\$4,985,707	\$0	\$23,417	\$0	\$0	\$19,687,951		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	\$1,680,590	\$124,057	\$0	\$0	\$0	\$0	\$1,419,711		
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
8c	Other Public, including COVID-19 Uninsured Program	\$233,553	\$99,494			\$0	\$0	\$175,300		
9	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)	\$1,914,143	\$223,551	\$0	\$0	\$0	\$0	\$1,595,011		
10	Private Non-Managed Care	\$49,911,800	\$8,525,318			\$0	\$0	\$39,236,428		
11a	Private Managed Care (capitated)	\$0	\$0			\$0	\$0	\$0		
11b	Private Managed Care (fee-for-service)	\$0	\$0			\$0	\$0	\$0		
12	Total Private (Sum of Lines 10 + 11a + 11b)	\$49,911,800	\$8,525,318			\$0	\$0	\$39,236,428		
13	Self-Pay	\$94,346,712	\$5,407,135						\$85,977,309	\$2,551,737
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	\$306,017,235	\$63,443,584	\$7,138,535	\$281,435	\$0	\$0	\$148,910,690	\$85,977,309	\$2,551,737

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Table 9E - Other Revenues

Universal

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

Line	Source	Amount (a)
1a	Migrant Health Center	\$0
1b	Community Health Center	\$487,500
1c	Health Care for the Homeless	\$0
1e	Public Housing Primary Care	\$0
1g	Total Health Center (Sum of Lines 1a through 1e)	\$487,500
1k	Capital Development Grants, including School-Based Service Site Capital Grants	\$0
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	\$0
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	\$475,991
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	\$304,684
1o	American Rescue Plan (ARP) (H8F, L2C, C8E)	\$4,934,178
1p	Other COVID-19-Related Funding from BPHC specify	\$0
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	\$5,714,853
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1q)	\$6,202,353

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	\$10,429
3	Other Federal Grants specify Ryan White Part D-Youth/Women/Children; Ryan White HIV Aids Program Part C COVID-19 Response; Ryan White HIV Aids Program Part D COVID-19 Response; Ending the HIV Epidemic; SAMHSA-Medicated Assisted Treatment	\$510,843
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	\$0
3b	Provider Relief Fund specify PRF Phase 3; PRF Phase 4	\$39,402,047
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	\$39,923,319

Non-Federal Grants Or Contracts

Line	Source	Amount (a)
6	State Government Grants and Contracts specify First Things First - Care Coordination Phx South; First Things First - Family Resource Centers; First Things First - Care Coordination NW/SW; First Things First - Care Coordination East Maricopa; Well Woman Health Plan; Reproductive Health (Indirect); ADHS-HIV Rebate Funds; DES-COVID Response; ADHS-Hepatitis C; ADHS-Ambulatory HIV Testing; DES-Refugee Health Promotion; ADHS-A1C	\$4,725,450
6a	State/Local Indigent Care Programs specify	\$0
7	Local Government Grants and Contracts specify Ryan White Part A-Substance Abuse (Indirect); Ryan White Part A-Primary Care (Salary/ERE/Indirect); Ryan White Part A-Mental Health (Indirect); Ryan White Part A-Cost Sharing (Sal/ERE/Indirect only); Ryan White Part A-NMCM; Ryan White Part A-Speakers Bureau; MCDPH-Health Literacy; MCDPH-Mass Immunization; American Rescue Plan (Subrecipient of Maricopa County)	\$19,319,974
8	Foundation/Private Grants and Contracts specify 2Match, AFHP-Title X; AACHC-Navigator; ASU-FRC Program; ACS-Transportation Grant; AACHC-Connecting Kids to Care; Mountain Park (Indirect); Adelante Health (Indirect); Molina Complete Care; Valleywise Health Foundation Reimbursements	\$594,542
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	\$24,639,966
10	Other Revenue (non-patient service revenue not reported elsewhere) specify Avondale FHC and Glendale FHC Rent Received	\$26,607
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	\$70,792,245

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Health Center Health Information Technology (HIT) Capabilities

HIT

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

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

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

: No

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

: Yes

: No

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

Other (Please specify):

1a2.Product Name: EpicCare Ambulatory Base

1a3.Version Number: May 2022

1a4.ONC-certified Health IT Product List Number: 15.04.04.1447.Epic.AM.22.1.220713

1a1.Vendor: Select one

Other (Please specify):

1a2.Product Name:

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

: Yes

: No

1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization?:

: Yes

: No

If yes, what is the reason?:

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

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

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

: Additional EHR/data system(s) are used for analysis and reporting (such as for clinical quality measures or custom reporting)

: Other (please describe)

Other (please describe):

1d. Question removed.

1e. Question removed.

2. Question removed.

3. Question removed.

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

: Hospitals/Emergency rooms

: Specialty providers

: Other primary care providers

: Labs or imaging

: Health information exchange (HIE)

: Community-based organizations/social service partners

: None of the above

: Other (please describe)

Other (please describe):

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

: Patient portals

: Kiosks

: Secure messaging between patient and provider

: Online or virtual scheduling

: Automated electronic outreach for care gap closure or preventive care reminders

: Application programming interface (API)-based patient access to their health record through mHealth apps [1]

: Other (please describe)

: No, we DO NOT engage patients using HIT

Other (please describe):

6. Question removed.

7. Question removed.

8. Question removed.

9. Question removed.

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

: Quality improvement

: Population health management

: Program evaluation

: Research

: Other (please describe)

: We DO NOT utilize HIT or EHR data beyond direct patient care

Other (please describe):

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

: Yes

: No, but we are in planning stages to collect this information

: No, we are not planning to collect this information

11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is "a. Yes.") : 2061

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

: Accountable Health Communities Screening Tools

: Upstream Risks Screening Tool and Guide

: iHELLP

: Recommend Social and Behavioral Domains for EHRs

: Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences (PRAPARE)

: Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)

: WellRx

: Health Leads Screening Toolkit

: Other (please describe)

: We DO NOT use a standardized screener

Other (please describe): Additionally, we utilize a standardized social determinants of health tool within our EHR.

12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple social risks and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.):

Food insecurity: 1,465

Housing insecurity: 234

Financial strain: 1,940

Lack of transportation/access to public transportation: 131

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

: Have not considered/unfamiliar with standardized screeners

: Lack of funding for addressing these unmet social needs of patients

: Lack of training for personnel to discuss these issues with patients

: Inability to include with patient intake and clinical workflow

: Not needed

: Other (please describe)

Other (please describe):

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

: Yes

: No

: Not sure

¹ For more information on [How APIs in Health Care can Support Access to Health Information: Learning Module](#)

Comments

Dental services uses Dentrix as the EHR for dental patients. Product name: Dentrix Version 11.0 CE ONC Certification: 15.04.04.1624.Dent.11.00.1.190815

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DISTRICT, Phoenix, AZ

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Other Data Elements

Other Data Elements

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

a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,¹ on-site or with whom the health center has contracts, have a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine) for that indication during the calendar year?: 2

b. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or certified nurse midwife with a DATA waiver working on behalf of the health center?: 11

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

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

: Yes

: No

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

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

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

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

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

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

: Remote patient monitoring

: Mobile Health (mHealth)

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

: Primary care

: Oral health

: Behavioral health: Mental health

: Behavioral health: Substance use disorder

: Dermatology

: Chronic conditions

: Disaster management

: Consumer health education

: Provider-to-provider consultation

: Radiology

: Nutrition and dietary counseling

: Other (Please describe)

Other (Please describe):

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

: Have not considered/unfamiliar with telehealth service options

: Policy barriers (Select all that apply)

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

: Lack of funding for telehealth equipment

: Lack of training for telehealth services

: Not needed

: Other (Please describe)

Other (Please describe):

Policy barriers (Select all that apply):

: Lack of or limited reimbursement

: Credentialing, licensing, or privileging

: Privacy and security

: Other (Please describe)

Other (Please describe):

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

: Cost of service

: Lack of infrastructure

: Other (Please describe)

Other (Please describe):

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

Enter number of assists: 58,372

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

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

Date Requested: 02/16/2023 10:18 AM EST

Date of Last Report Refreshed: 02/16/2023 10:18 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2022

Workforce

Workforce

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

: Yes

: No

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

: Sponsor [2]

: Training site partner [3]

: Other (please describe)

Other (please describe):

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

	Medical	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians	800	0
	a. Family Physicians		24
	b. General Practitioners		0
	c. Internists		52
	d. Obstetrician/Gynecologists		35
	e. Pediatricians		0
	f. Other Specialty Physicians		54
2.	Nurse Practitioners	3	0
3.	Physician Assistants	56	0
4.	Certified Nurse Midwives	0	0
5.	Registered Nurses	49	10
6.	Licensed Practical Nurses/Vocational Nurses	0	0
7.	Medical Assistants	12	0

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

	Mental Health and Substance Use Disorder	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
11.	Psychiatrists		30
12.	Clinical Psychologists	0	0
13.	Clinical Social Workers	0	0
14.	Professional Counselors	0	0
15.	Marriage and Family Therapists	0	0
16.	Psychiatric Nurse Specialists	0	0
17.	Mental Health Nurse Practitioners	0	0
18.	Mental Health Physician Assistants	0	0
19.	Substance Use Disorder Personnel	0	0

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

	Other Professionals	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
22.	Chiropractors	0	0
23.	Dieticians/Nutritionists	1	0
24.	Pharmacists	15	0
25.	Other please describe Phlebotomy-4, Public Health-1, Speech Language Pathology-1, Medical Imaging-3	9	0

3. Provide the number of health center personnel serving as preceptors at your health center.: 41

4. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs.: 22

5. How often does your health center conduct satisfaction surveys to providers (as identified in Appendix A, Listing of Personnel) working for the health center? (Select one.):

- : Monthly
- : Quarterly
- : Annually
- : We DO NOT currently conduct provider satisfaction surveys
- : Other (please describe)

Other (please describe):

6. How often does your health center conduct satisfaction surveys for general personnel (as identified in Appendix A, Listing of Personnel) working for the health center (report provider surveys in question 5 only)? (Select one.):

- : Monthly
- : Quarterly
- : Annually
- : We DO NOT currently conduct personnel satisfaction surveys
- : Other (please describe)

Other (please describe):

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

³ A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

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

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

Date Requested: 02/16/2023 10:18 AM EST

Date of Last Report Refreshed: 02/16/2023 10:18 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2022

Data Audit Report

Edit Comments

Edit Code	Comments

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2022

Data Audit Report

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

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (87875). Prior Year - (83659).

Related Tables: Table 3A(UR)

Addy Munoz (Health Center) on 02/09/2023 2:16 PM EST: We have verified the universe and the number reported represents the total population accurately.

Table 4-Selected Patient Characteristics

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

Related Tables: Table 4(UR)

Addy Munoz (Health Center) on 02/09/2023 2:17 PM EST: The number reported has always matched our universe. This is accurate.

Edit 06111: Agricultural Workers or Dependent patients in question - On Universal - There was a (83.87) % change in Agricultural Workers or Dependent patients this year compared to the prior year on line 16. Please correct or explain.

Related Tables: Table 4(UR)

Alyson Roby (Reviewer) on 02/16/2023 8:45 AM EST: Grantee confirmed accuracy of this number. They are in a border state.

Edit 06107: Homeless patients in question - On Universal - There was a (248.39) % change in homeless patients this year compared to the prior year on line 23. CY homeless patients (972); PY homeless patients (279). Please correct or explain.

Related Tables: Table 4(UR)

Addy Munoz (Health Center) on 02/09/2023 2:17 PM EST: We have checked our data, and it is correct. The federal eviction moratoriums in response to Covid-19 ended in 2022, which could affect those that might have experienced displacement causing higher homelessness rates in 2022. The growing inflation in 2022 is also possible cause for increased homelessness.

Table 5-Staffing And Utilization

Edit 07251: Virtual Visits greater than Clinic Visits - Mental Health virtual visits on Line 20 Column b2 (22663) are greater than or equal to Mental Health visits reported on Line 20 Column b (3920). Please correct or explain.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/10/2023 2:47 PM EST: Covid-19 pandemic allowed for implementation of virtual services. This has been convenient for our patients as they can schedule an appointment without the challenges of finding transportation or travel time to see a provider.

Edit 04135: Substantial Inter-year variance in Providers - The number of Mid-Level FTEs reported on Line 10a Column a differs from the prior year. Current Year - (38.37). Prior Year - (35.73). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/10/2023 2:47 PM EST: Consistent with staffing changes during the calendar year we experienced a net increase in Mid-Level FTE's.

Edit 04143: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Mental Health services is reported on Line 20, Column C. (CY = (4915), PY= (3663)). Please correct or explain.

Related Tables: Table 5(UR)

Addy Munoz (Health Center) on 02/10/2023 2:47 PM EST: Expansion of Integrated Behavioral Health services resulted in the increase of providers and therefore we experienced in increase in patients.

Edit 04147: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Other Professional services is reported on Line 22, Column C. (CY = (1017), PY= (1483)). Please correct or explain.

Related Tables: Table 5(UR)

Alyson Roby (Reviewer) on 02/14/2023 6:53 AM EST: Dieticians.

Table 6B-Quality of Care Indicators

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

Related Tables: Table 6B

Addy Munoz (Health Center) on 02/09/2023 2:23 PM EST: Our data is accurate. VH has always had a very low performance rate for this measure.

Edit 06813: Line 10 Compliance Rate Questioned - Childhood Immunizations Line 10: The proportion of patients in compliance 9.40% dropped significantly when compared to the prior year 47.72%. Please review and correct or explain.

Related Tables: Table 6B

Addy Munoz (Health Center) on 02/09/2023 2:22 PM EST: CMS updated the measure logic to exclude Heb B vaccines given on day of birth, which is standard practice. This is a national issue. Our data is accurately reflecting the new logic. VH gives this vaccine on day of birth.

Table 7-Health Outcomes and Disparities

Edit 05546: Low Birthweights Questioned - The total 'American Indian/Alaska Native' (Line1d+2d) LBW and VLBW percentage of births reported appears high. Please correct or explain. CY (12.5)% ;PYN (7.35)%

Related Tables: Table 7

Addy Munoz (Health Center) on 02/14/2023 2:00 PM EST: We have checked our data and it is accurate. There were preterm deliveries in these categories.

Edit 03961: Low Birthweights Questioned - The Race Unreported/Chose not to Disclose LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (3.33%); PY National Average (7.47)%

Related Tables: Table 7

Addy Munoz (Health Center) on 02/09/2023 3:14 PM EST: We have reviewed the data. Our reported data is accurate.

Table 8A-Financial Costs

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (157.92); Prior Year (129.36).

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

Addy Munoz (Health Center) on 02/10/2023 6:35 PM EST: Expenses increased due to market adjustment in salaries, along with an increase in the number of psychiatrists FTEs at a higher salary rate.

Edit 04129: Cost Per Visit Questioned - Other Professional Cost Per visits is substantially different than the prior year. Current Year (399.15); Prior Year (250.36).

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

Addy Munoz (Health Center) on 02/10/2023 6:35 PM EST: Expenses increased due to a market adjustment in salaries. In addition, visits significantly decreased as two of the three FTEs had taken leave during the year.

Edit 01026: Overhead Costs Questioned on Line 12 - You report direct costs (26607) on Table 8A Line 12 Column a but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Addy Munoz (Health Center) on 02/10/2023 6:33 PM EST: Amount reflects rental income used to approximate the cost of space leased to others for which no overhead is associated.

Edit 00127: Other Program Related Services in Question - You report (26607) Costs on Table 8A Line 12 Column a, but no FTEs are reported on Table 5 (Line 29a). Please correct or explain.

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

Addy Munoz (Health Center) on 02/10/2023 6:36 PM EST: Amount reflects rental income used to approximate the cost of space leased to others for which no FTEs are associated.

Edit 03727: Inter-Year Variance Questioned - Current Year Facility costs vary substantially from last years cost for Line 14 Column a on Table 8A. (Current Year: (1905720); Prior Year: (2445303)). Please correct or explain.

Related Tables: Table 8A

Addy Munoz (Health Center) on 02/10/2023 6:34 PM EST: Expense decrease in current year due to a nearly 50% reduction in the security staffing.

Edit 03945: Inter-Year variance questioned - Current Year Non-Clinical Support costs, Line 15 Column (a) (18221294) varies substantially from cost on the same line last year (14664911). Please correct or explain.

Related Tables: Table 8A

Addy Munoz (Health Center) on 02/10/2023 6:34 PM EST: Expense increased over prior year due to the expense of an additional \$2.2M in COVID funding related to grants reported on Table 9D.

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

Edit 05767: Charge to Cost Ratio Questioned - Total charge to cost ratio of (3.59) is reported which suggests that charges are more than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Addy Munoz (Health Center) on 02/10/2023 6:53 PM EST: All clinics are hospital-based and therefore, have a more detailed charge master than other free-standing clinics. Billed charges may include line item charges for not only professional fees but also clinic and lab fees, for example, which increases the average charge per visit. Only services within scope are provided and billed. Current average charge is consistent with CY17-CY19, and CY21. CY20 average charge per visit was low due to a 13.28% higher volume of virtual visits vs CY21. Virtual visits have no associated line item clinic charge.

Edit 04064: Average Charges - Average charge per medical + dental + mental health + substance use disorder+ vision + other professional visits varies substantially from the prior year national average. Current Yea (1046.40); Prior Year National Average (345.42). Please correct or explain.

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

Addy Munoz (Health Center) on 02/10/2023 10:21 AM EST: All clinics are hospital-based and therefore, have a more detailed charge master than other free-standing clinics. Billed charges may include line item charges for not only professional fees but also clinic and lab fees, for example, which increases the average charge per visit. Only services within scope are provided and billed. Current average charge is consistent with CY17-CY19, and CY21. CY20 average charge per visit was low due to a 13.28% higher volume of virtual visits vs CY21. Virtual visits have no associated line item clinic charge.

Table 9E-Other Revenues

Edit 03466: Inter-Year variation in grant funds - Current year Community Health Center(Section 330(e)) funds vary substantially from the prior year on Table 9E Line 1b. This may occur if BPHC has substantially changed the grant amount or may be due to the timing of draw downs. Please correct or explain. Current Year - On Table 9E Line 1b Column a (487500). Prior Year - On Table 9E Line 1b Column a (812500).

Related Tables: Table 9E

Addy Munoz (Health Center) on 02/09/2023 2:18 PM EST: Inter-Year variation in grant funds – we saw an end to our New Access Points program in Aug'22, which mean we had less drawdowns related to this program.

Edit 06341: Change in Revenues - You report a large change on Line 7/Local Government Grants and Contracts revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Addy Munoz (Health Center) on 02/09/2023 2:19 PM EST: Change in Revenues – the most substantial increase we saw in this field is related to an award we received from Maricopa County as a subrecipient of their American Rescue Plan funds. In total, \$18,665,000.00 was awarded to Valleywise and paid directly to our organization. This is for the full award, but not reflective of expenditures related to the program in calendar year 2022.

Edit 03736: Inter-Year variance questioned - Total income reported on Tables 9D and 9E for this year varies substantially from the prior year. Please correct or explain. Current Year (134235829); Prior Year (68484199).

Related Tables: Table 9E, Table 9D

Addy Munoz (Health Center) on 02/09/2023 2:19 PM EST: Inter-Year variance questioned – Similar to 4094, this seems to be related to multiple tables, not just 9E, but we see that significant increases from the aforementioned American Rescue Plan forwarded funds as a subrecipient, but also seeing an increase in funds received based on the Provider Relief Funds (\$39,402,047.00)

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = \$(43272223); Percent Surplus or Deficit (47.57)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 8A, Table 9D

Addy Munoz (Health Center) on 02/09/2023 2:19 PM EST: Profit and Loss – this seems to be related to multiple tables, not just 9E, but we see that significant increases from the aforementioned American Rescue Plan forwarded funds as a subrecipient, but also seeing an increase in funds received based on the Provider Relief Funds (\$39,402,047.00)

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

Date Requested: 02/16/2023 10:18 AM EST

Date of Last Report Refreshed: 02/16/2023 10:18 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2022

Comments

Report Comments

Not Available

HIT Comments

Dental services uses Dentrix as the EHR for dental patients. Product name: Dentrix Version 11.0 CE ONC Certification: 15.04.04.1624.Dent.11.00.1.190815



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 4.

FQHC Quality of Care Audit
Calendar Year 2022



**Office of the Chief Executive Officer Valleywise
Community Health Centers Governing Council**

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: April 5, 2023

TO: Valleywise Health Community Centers Governing Council

FROM: Crystal Garcia, MBA/HCM, RN, CPPS
Vice President of Specialty Services, Quality and Safety

SUBJECT: Quality of Care Audit CY22

In review of Quality of Care for FQHC in calendar year (CY) 2022 the following activities occurred to help drive performance improvement.

- Quality Assurance/Quality Improvement plan was updated to ensure all the requirements for Health Resources and Services Administration (HRSA) Health Centers Program, Chapter 10: Quality Improvement/Assurance. The committee structure was aligned to include Medical, Dental and Behavioral Health.
- The approval of the CY22 UDS metrics that would be monitored, and actions taken for improvements.
- FQHC had a full-time dedicated Quality Analyst to help drive the process improvements of the department. The Quality Analyst worked closely with FQHC leadership to develop action plans based upon the quality metric data.
- Validations were conducted on the EHR (electronic health record) UDS reports to ensure appropriate data was being reported.
- National Research Corporation (NRC): Patient Experience Real Time Platform data was presented on a quarterly basis with action plans developed to help drive better performance.

The below Quality Metrics for Calendar Year 2022 entails the actions that have been taken to help drive performance improvement.

- Body Mass Index (BMI) Screening and Follow Up Plan: The 2021 UDS National average was 61.32%. Valleywise FQHC CY22 was 62.89%. Valleywise was above the National average for this quality metric.
- Cervical Cancer Screening: The 2021 UDS National average 52.95%. Valleywise FQHC CY22 was 53.49%. Valleywise was above the National average for this quality metric.

- Childhood immunization: The 2021 UDS National average 38.06%. Valleywise FQHC CY22 was 9.40%. This UDS measure had a significant CMS logic change/discrepancy in May 2022 impacting performance rates. The below benchmark is not truly related to our performance. Logic flow has eliminated counting vaccines on day of birth with goes against standard best practice of Hepatitis B vaccine. The logic is being corrected and should correct the measure.
- Colorectal Cancer Screening: The 2021 UDS National average 41.93%. Valleywise FQHC CY22 was 51.29%. Valleywise was above the National average for this quality metric.
- Controlling High Blood Pressure: The 2021 UDS National average 60.15%. Valleywise FQHC CY22 was 53.69%. This is a very multilayered metric that can rapidly change visit to visit. It is highly dependent on patient compliance in addition to provider/staff interventions. Approaches to improving this measure have therefore focused on provider, staff, and patient pieces as all must work cohesively for improvement. BPA pop-up under review that will work together with BP door Kanban signage project. BPA targets the Medical Assistant with a reminder to complete the BP re-check when outside UDS parameters. Audit form to be developed for the Clinical Resource Leaders (CRLs) to complete random competency and compliance checks with medical assistants. Provider education to highlight importance of this metric at Ambulatory Dyad and DMG Group meeting.
- Diabetes: Hemoglobin A1c poor control: The 2021 UDS National average <32.29%. Valleywise FQHC CY22 was 30.28%. Valleywise was below the National average for this quality metric.
- Ischemic Vascular Disease (IVD): Use of Aspirin or another antithrombotic: The 2021 UDS National average 78.25%. Valleywise FQHC CY22 was 77.94%. Valleywise was just below the National average for this quality metric and will continue to track and trend.
- Screening for clinical depression and follow-up plan if positive screen: The 2021 UDS National average 67.42%. Valleywise FQHC CY22 was 54.68%. The Behavioral Health Team looked further into if the PHQ2/PHQ9 screening tool was being done at every visit. The team found that more screenings were being completed at sites when it is part of the standard workflow, i.e., Medicare Wellness and EPSDT (Early and Periodic Screening, Diagnosis, and Treatment). Data has demonstrated that clinics with the highest performance rates on depression screening are those that have adopted the standardized approach. Communication SBAR to clinics of the standardized depression screening process and ensuring this process is rolled out to all clinics.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: The 2021 UDS National average 68.72%. Valleywise FQHC CY22 was 78.43%. Valleywise was above the National average for this quality metric.

- Tobacco Use: Screening and Cessation Intervention: The 2021 UDS National average 82.34%. Valleywise FQHC CY22 was 88.88%. Valleywise was above the National average for this quality metric.
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: The 2021 UDS National Average 73.10%. Valleywise FQHC CY22 was 76.53%. Valleywise was above the National average for this quality metric.
- Breast Cancer Screening: The 2021 UDS National average 46.29%. Valleywise FQHC CY22 was 59.77%. Valleywise was above the National average for this quality metric.
- HIV Screening: The 2021 UDS National average 38.09%. Valleywise FQHC CY22 was 63.39%. Valleywise was above the National average for this quality metric.



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 5.

FQHC Fiscal Year 2024
Budget Calendar



FY 2024 Planning and Budget Calendar – Valleywise Community Health Centers Governing Council (VCHCGC)

April

5 - VCHCGC – Review Calendar, preliminary patient volume assumptions, and capital target.

April						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May

3 - VCHCGC – Approve volumes and review capital target.

May						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

7 - VCHCGC – Review FY2024 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

14 - VCHCGC – Special Meeting for budget; approve FY2024 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

22 - District Board budget hearing – Consideration of the FY2024 Operating and Capital Budget for approval.

28 - District Board budget hearing – Second Consideration of the FY2024 Operating and Capital Budget for approval.

June						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 5.

FQHC Fiscal Year 2024
Preliminary Patient Volumes &
Capital Target

Valleywise Community Health Centers Governing Council
Fiscal Year 2024 Operating Budget
Preliminary Volumes Assumptions, Provider Staffing, and Capital

Volume Assumptions

Overall

- For Fiscal Year 2024, the same methodology for forecasting volumes was utilized as FY 2023 volume forecasts.
- The visits per sessions were reviewed and forecasted in collaboration with physician and operational leadership, generally maintaining actual visits per session experienced in FY 2023 year-to-date by provider, provider type and specialty.
- As appropriate openings existed due to turnover or growth, the provider model was reviewed with regards to the Advanced Practice Providers (APPs) to Physician ratio. The APPs include Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Nurse Midwives (CNMs). Changes in the provider model were based on a collaboration with physician leadership.

Valleywise Community Health Centers (VCHCs)

- The budget assumes the Mobile Health Unit will start in July 2023 with Family Practice services.
- The budget assumes that West Maryvale will start Family Practice services in February 2024.

Valleywise Comprehensive Healthcare Center (VCHC) – Peoria Clinic

- The budget assumes that Peoria will start Internal Medicine services in August 2023.

Valleywise Comprehensive Healthcare Center (VCHC) – Phoenix Clinic

- International Health Clinic is not budgeted for FY24

Dental Clinics

- Dental volumes were projected using planned providers.
- Peoria dental is projected to be fully staffed; vacancies have occurred in the current year.

Integrated Behavioral Health

- In a similar manner to other Federally Qualified Health Center (FQHC) clinics, Behavioral Health departments were budgeted based on the number of providers at each location.
- Behavioral Health services are expected to start at the Phoenix location in April 2023.
- Behavioral Health services are expanding and are grant funded.

FEDERALLY QUALIFIED HEALTH CENTERS
 BUDGET FY 2024
 Preliminary VISITS SUMMARY

	FY 2022				FY 2023				FY 2023 Budget				Budget Information						
	Actual	Projection	Budget	Variance from Budget (Projection)	Actual	Projection	Budget	Variance from Budget (Projection)	Proposed Budget	Variance from Projection	Variance %	Variance from FY2022 Budget	Variance %						
VCHC Clinics																			
FQHC CLINIC - SOUTH CENTRAL PHOENIX	27,558	25,602	25,335	1.1%					21,628	(3,974)	(15.5%)	(3,707)	(14.6%)						
FQHC CLINIC - SOUTH PHOENIX LAVEEN	16,986	16,097	18,490	(12.9%)					18,055	1,958	12.2%	(435)	(2.4%)						
FQHC CLINIC - AVONDALE	24,437	21,501	22,061	(2.5%)					20,491	(1,010)	(4.7%)	(1,570)	(7.1%)						
FQHC CLINIC - MARYVALE	6,868	-	-	0.0%					-	-	0.0%	-	0.0%						
FQHC CLINIC - MSA	9,759	-	-	0.0%					-	-	0.0%	-	0.0%						
FQHC CLINIC - CHANDLER	20,631	20,241	21,411	(5.5%)					23,172	2,931	14.5%	1,761	8.2%						
FQHC CLINIC - GUADALUPE	8,438	7,775	8,387	(7.3%)					8,805	1,030	13.2%	418	5.0%						
FQHC CLINIC - NORTH PHOENIX	21,103	21,200	23,446	(9.6%)					22,336	1,136	5.4%	(1,110)	(4.7%)						
FQHC CLINIC - MCDOWELL	21,086	20,247	18,740	8.0%					17,533	(2,714)	(13.4%)	(1,207)	(6.4%)						
FQHC CLINIC - WEST MARYVALE	10,765	17,610	15,862	11.0%					20,126	2,516	14.3%	4,264	26.9%						
FQHC CLINIC - MESA	7,753	17,547	17,519	0.2%					20,837	3,290	18.7%	3,318	18.9%						
FQHC CLINIC - MOBILE HEALTH UNIT	-	-	-	0.0%					2,000	2,000	100.0%	2,000	0.0%						
FQHC MCDOWELL SERVICES - MESA	239	1,061	711	49.2%					1,040	(21)	(2.0%)	329	46.3%						
FQHC MCDOWELL SERVICES - PEORIA	527	-	481	(100.0%)					-	-	0.0%	(481)	(100.0%)						
Total	176,150	168,881	172,443	(2.1%)					176,023	7,142	4.2%	3,580	2.1%						
	% Change compared to Prior Year			-4.1%															
OP BH Clinics																			
BH FQHC - SOUTH CENTRAL PHOENIX	2,568	3,780	3,023	25.0%					4,310	530	14.0%	1,287	42.6%						
BH FQHC - SOUTH PHOENIX LAVEEN	1,188	1,200	2,039	(41.1%)					1,925	725	60.4%	(114)	(5.6%)						
BH FQHC - AVONDALE	2,696	2,955	2,483	19.0%					3,267	312	10.6%	784	31.6%						
BH FQHC - MARYVALE	631	-	-	0.0%					-	-	0.0%	-	0.0%						
BH FQHC - MSA	1,768	-	-	0.0%					-	-	0.0%	-	0.0%						
BH FQHC - CHANDLER	1,241	1,424	1,726	(17.5%)					1,852	428	30.1%	126	7.3%						
BH FQHC - GUADALUPE	627	1,718	2,112	(18.7%)					1,794	76	4.4%	(318)	(15.1%)						
BH FQHC - NORTH PHOENIX	1,750	1,278	2,366	(46.0%)					1,557	279	21.8%	(809)	(34.2%)						
BH FQHC - PEORIA	2,343	4,382	4,569	(4.1%)					4,382	-	0.0%	(187)	(4.1%)						
BH FQHC - MESA	924	3,396	4,434	(23.4%)					3,966	570	16.8%	(468)	(10.6%)						
BH FQHC - WEST MARYVALE	935	2,139	2,009	6.5%					1,691	(448)	(20.9%)	(318)	(15.8%)						
BH FQHC - PSYCHIATRY	1,634	2,889	2,244	28.7%					2,889	-	0.0%	645	28.7%						
BH FQHC - PHOENIX	-	-	-	0.0%					611	611	100.0%	611	100.0%						
Total	18,305	25,161	27,005	(6.8%)					28,244	3,083	12.3%	1,239	4.6%						
	% Change compared to Prior Year			37.5%															
Comprehensive Health Center-Peoria																			
FQHC PRIMARY CARE - PEORIA	29,326	27,840	31,969	(12.9%)					29,451	1,611	5.8%	(2,518)	(7.9%)						
Total	29,326	27,840	31,969	(12.9%)					29,451	1,611	5.8%	(2,518)	(7.9%)						
	% Change compared to Prior Year			-5.1%															
VCHC - Phoenix Clinics																			
FQHC WOMENS CARE - PHOENIX	21,644	20,322	22,513	(9.7%)					20,227	(95)	(0.5%)	(2,286)	(10.2%)						
FQHC ANTEPARTUM TESTING - PHOENIX	9,275	9,125	8,040	13.5%					9,538	413	4.5%	1,498	18.6%						
FQHC DIABETES CARE AND SUPPORT - PHOENIX	1,784	1,443	1,739	(17.0%)					1,438	(5)	(0.3%)	(301)	(17.3%)						
FQHC PEDIATRIC CLINIC - PHOENIX	20,058	17,856	16,059	11.2%					17,950	94	0.5%	1,891	11.8%						
FQHC MEDICINE CLINIC - PHOENIX	19,105	18,845	19,681	(4.2%)					20,104	1,259	6.7%	423	2.1%						
FQHC INTERNATIONAL HEALTH CLINIC - PHOENIX	-	-	1,090	(100.0%)					-	-	0.0%	(1,090)	(100.0%)						
Total	71,866	67,591	69,122	(2.2%)					69,257	1,666	2.5%	135	0.2%						
	% Change compared to Prior Year			-5.9%															
Dental Clinics																			
FQHC DENTAL - PHOENIX	9,966	9,582	9,636	(0.6%)					9,727	145	1.5%	91	0.9%						
FQHC DENTAL - CHANDLER	2,073	2,594	2,571	0.9%					2,582	(12)	(0.5%)	11	0.4%						
FQHC DENTAL - AVONDALE	2,701	2,532	2,767	(8.5%)					2,601	69	2.7%	(166)	(6.0%)						
FQHC DENTAL - MSA	800	-	-	0.0%					-	-	0.0%	-	0.0%						
FQHC DENTAL - MCDOWELL	3,353	3,777	3,742	0.9%					3,771	(6)	(0.2%)	29	0.8%						
FQHC DENTAL - PEORIA	3,622	4,572	3,396	34.6%					5,039	467	10.2%	1,643	48.4%						
Total	22,515	23,057	22,112	4.3%					23,720	663	2.9%	1,608	7.3%						
	% Change compared to Prior Year			2.4%															
Grand Totals	318,162	312,530	322,651	(3.1%)					326,695	14,165	4.5%	4,044	1.3%						
	% Change compared to Prior Year			-1.8%															

DMG Provider Staffing

The schedule below is the preliminary planned District Medical Group provider staffing by location.

	COST CENTER and DESCRIPTION	FYE 2021	FYE 2022	FYE 2023	FYE 2024
Total Providers	416601 FQHC CLINIC - SOUTH CENTRAL PHOENIX	6.29	6.42	5.93	5.30
FTEs	416603 FQHC CLINIC - AVONDALE	5.69	6.51	6.34	6.05
	416608 FQHC CLINIC - CHANDLER	6.20	6.05	5.94	6.73
	416609 FQHC CLINIC - GUADALUPE	2.96	2.78	2.55	2.92
	416613 FQHC CLINIC - MCDOWELL	9.63	9.44	8.73	8.76
	416701 FQHC CLINIC - SOUTH PHOENIX LAVEEN	4.17	5.42	5.70	5.79
	416704 FQHC CLINIC - WEST MARYVALE	0.00	3.43	5.54	6.17
	416707 FQHC CLINIC - MESA	0.00	2.50	6.24	6.88
	416711 FQHC CLINIC - NORTH PHOENIX	3.31	6.53	6.86	7.25
	476707 FQHC MCDOWELL SERVICES - MESA	0.00	0.14	0.45	0.45
	576130 FQHC MCDOWELL SERVICES - PEORIA	0.00	0.37	0.00	0.00
	476101 FQHC WOMENS CARE - PHOENIX	6.61	6.23	6.96	7.19
	476105 FQHC PEDIATRIC CLINIC - PHOENIX	5.65	5.52	4.58	5.89
	476106 FQHC MEDICINE CLINIC - PHOENIX	5.68	6.04	6.25	6.51
	576101 FQHC PRIMARY CARE - PEORIA	3.50	9.62	9.68	10.00
	416750 FQHC CLINIC - MOBILE HEALTH UNIT	0.00	0.00	0.00	0.88
	TOTAL	79.47	77.00	81.75	86.77

Capital

- Currently, Contingency Capital is preliminarily planned at \$100K, which is in line with prior year.



Valleywise Community Health
Centers Governing Council
Meeting

April 5, 2023

Item 6.
No Handout

District Board of Directors
Report



Valleywise Community Health Centers Governing Council Meeting

April 5, 2023

Item 7.
No Handout

**Valleywise Health's Chief
Executive Officer Report**



Valleywise Community Health Centers Governing Council Meeting

April 5, 2023

Item 8.
No Handout

**Closing Comments/
Announcements**



Valleywise Community Health Centers Governing Council Meeting

April 5, 2023

Item 9.
No Handout

Staff Assignments