

BHCMS ID: 091880 - THE BAY CLINIC, INC., Hilo, HI

Date Requested: 11/05/2014 09:05 PM EST
Date of Last Report Refreshed: 11/05/2014 09:05 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2013
Center / Health Center Profile

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Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private Insurance (e)	Total Patients (f)
96704	25	51	16	17	109
96710	14	32	2	6	54
96718	4	18	0	12	34
96720	849	3402	483	1082	5816
96721	67	352	50	99	568
96726	4	12	1	6	23
96727	7	14	0	9	30
96728	12	37	4	17	70
96737	98	293	127	91	609
96738	2	5	1	2	10
96740	15	23	4	13	55
96743	13	21	6	9	49
96745	7	11	2	9	29
96749	476	2142	339	529	3486
96750	15	19	4	6	44
96755	7	3	2	9	21
96760	116	569	80	105	870
96764	9	19	4	7	39
96771	145	853	124	125	1247
96772	112	410	144	304	970
96773	4	9	1	7	21
96776	3	8	0	5	16
96777	48	116	26	65	255
96778	559	3117	642	651	4969
96780	7	2	1	7	17
96781	24	115	9	28	176
96783	48	164	31	60	303
96785	70	194	32	62	358
Other ZIP Codes	91	49	38	79	257
Unknown Residence					
Grand Total	2851	12060	2173	3421	20505

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Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	164	146
2.	Age 1	96	93
3.	Age 2	106	105
4.	Age 3	99	101
5.	Age 4	116	132
6.	Age 5	113	121
7.	Age 6	125	102
8.	Age 7	112	119
9.	Age 8	93	118
10.	Age 9	96	108
11.	Age 10	105	108
12.	Age 11	110	99
13.	Age 12	105	121
14.	Age 13	113	112
15.	Age 14	117	160
16.	Age 15	128	176
17.	Age 16	124	165
18.	Age 17	116	227
Subtotal Patients (Sum lines 1-18)		2,038	2,313
19.	Age 18	89	190
20.	Age 19	94	194
21.	Age 20	81	208
22.	Age 21	121	204
23.	Age 22	120	223
24.	Age 23	128	219
25.	Age 24	112	220
26.	Ages 25-29	645	1,125
27.	Ages 30-34	647	946
28.	Ages 35-39	545	713
29.	Ages 40-44	514	668
30.	Ages 45-49	619	616
31.	Ages 50-54	800	784
32.	Ages 55-59	793	916
33.	Ages 60-64	730	763
Subtotal Patients (Sum lines 19-33)		6,038	7,989

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Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	472	531
35.	Ages 70-74	251	279
36.	Ages 75-79	132	155
37.	Ages 80-84	69	98
38.	Age 85 and over	47	93
Subtotal Patients (Sum lines 34-38)		971	1,156
39.	Total Patients (Sum lines 1-38)	9,047	11,458

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Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Language - Universal

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non Hispanic/Latino (b)	Unreported/Refused to Report (c)	Total (d)
1.	Asian	146	2,469		2,615
2a.	Native Hawaiian	303	2,234		2,537
2b.	Other Pacific Islander	342	3,002		3,344
2.	Total Hawaiian/Pacific Islander (Sum lines 2a+2b)	645	5,236		5,881
3.	Black/African American	26	274		300
4.	American Indian/Alaska native	58	244		302
5.	White	452	7,367		7,819
6.	More than one race	212	573		785
7.	Unreported/Refused to report	534	1,543	726	2,803
8.	Total Patients (Sum lines 1+2+3 through 7)	2,073	17,706	726	20,505

S.No	Patients by Language	Number of Patients (a)
12.	Patients Best Served in a Language other than English	727

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Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Level			
1.	100% and below	13,523	
2.	101 - 150%	2,664	
3.	151 - 200%	784	
4.	Over 200%	779	
5.	Unknown	2,755	
6.	Total (Sum lines 1-5)	20,505	
Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	435	2,416
8a.	Regular Medicaid (Title XIX)	3,452	8,608
8b.	CHIP Medicaid	0	0
8.	Total Medicaid (Sum lines 8a+8b)	3,452	8,608
9.	Medicare (Title XVIII)	11	2,162
10a.	Other Public Insurance non-CHIP (Specify: -)	0	0
10b.	Other Public Insurance CHIP	0	0
10.	Total Public Insurance (Sum lines 10a+10b)	0	0
11.	Private Insurance	453	2,968
12.	Total (Sum lines 7+8+9+10+11)	4,351	16,154

Managed Care Utilization

S.No	Payor Category	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	145,943	65,230	0	21,912	233,085
13c.	Total Member Months (Sum lines 13a+13b)	145,943	65,230	0	21,912	233,085

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Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristics - Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	
15.	Seasonal (330g Health Centers Only)	
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)	292
17.	Homeless Shelter (330h Health Centers Only)	
18.	Transitional (330h Health Centers Only)	
19.	Doubling Up (330h Health Centers Only)	
20.	Street (330h Health Centers Only)	
21.	Other (330h Health Centers Only)	
22.	Unknown (330h Health Centers Only)	
23.	Total Homeless (All Health Centers Report This Line)	1,599
24.	Total School Based Health Center Patients (All Health Centers Report This Line)	0
25.	Total Veterans (All Health Centers Report This Line)	499

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	7.50	24,662	
2.	General Practitioners	2.00	2,728	
3.	Internists	0.00	0	
4.	Obstetrician/Gynecologists	1.00	3,804	
5.	Pediatricians	2.00	2,937	
7.	Other Specialty Physicians	0.00	0	
8.	Total Physicians (Sum lines 1-7)	12.50	34,131	
9a.	Nurse Practitioners	6.50	18,672	
9b.	Physician Assistants	0.00	0	
10.	Certified Nurse Midwives	0.00	0	
10a.	Total NP, PA, and CNMs (Sum lines 9a - 10)	6.50	18,672	
11.	Nurses	20.00	0	
12.	Other Medical Personnel	8.00		
13.	Laboratory Personnel	0.00		
14.	X-Ray Personnel	0.00		
15.	Total Medical (Sum lines 8+10a through 14)	47.00	52,803	16,597
Dental Services				
16.	Dentists	6.75	14,032	
17.	Dental Hygienists	0.00	0	
18.	Dental Assistants, Aides, Techs	9.75		
19.	Total Dental Services (Sum lines 16-18)	16.50	14,032	5,830
Mental Health Services				
20a.	Psychiatrists	0.00	0	
20a1.	Licensed Clinical Psychologists	0.00	0	
20a2.	Licensed Clinical Social Workers	4.00	5,667	
20b.	Other Licensed Mental Health Providers	0.00	0	
20c.	Other Mental Health Staff	0.00	0	
20.	Total Mental Health (Sum lines 20a-20c)	4.00	5,667	1,173

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S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	0.00	0	0
Other Professional Services				
22.	Other Professional Services (Specify: Registered Dietician)	1.00	553	222
Vision Services				
22a.	Ophthalmologists	0.00	0	
22b.	Optometrists	0.00	0	
22c.	Other Vision Care Staff	0.00		
22d.	Total Vision Services (Sum lines 22a-22c)	0.00	0	0
Pharmacy Personnel				
23.	Pharmacy Personnel	0.00		
Enabling Services				
24.	Case Managers	9.00	0	
25.	Patient/Community Education Specialists	2.50	0	
26.	Outreach Workers	2.00		
27.	Transportation Staff	0.00		
27a.	Eligibility Assistance Workers	1.00		
27b.	Interpretation Staff	0.50		
28.	Other Enabling Services (Specify: -)	0.00		
29.	Total Enabling Services (Sum lines 24-28)	15.00	0	0

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: WIC Program services)	4.25		
Administration and Facility				
30a.	Management and Support Staff	29.00		
30b.	Fiscal and Billing Staff	11.00		
30c.	IT Staff	5.50		
31.	Facility Staff	3.00		
32.	Patient Support Staff	30.00		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	78.50		
Grand Total				
34.	Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)	166.25	73,055	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	7	111	0	0
2.	General Practitioners	2	14	0	0
3.	Internists	0	0	0	0
4.	Obstetrician/Gynecologists	1	48	0	0
5.	Pediatricians	1	8	0	0
7.	Other Specialty Physicians	0	0	0	0
9a.	Nurse Practitioners	4	237	0	0
9b.	Physician Assistants	0	0	0	0
10.	Certified Nurse Midwives	0	0	0	0
11.	Nurses	29	1,338	0	0
16.	Dentists	4	164	0	0
17.	Dental Hygienists	0	0	0	0
20a.	Psychiatrists	0	0	0	0
20a1.	Licensed Clinical Psychologists	0	0	0	0
20a2.	Licensed Clinical Social Workers	4	120	0	0
20b.	Other Licensed Mental Health Providers	0	0	0	0
22a.	Ophthalmologist	0	0	0	0
22b.	Optometrist	0	0	0	0
30a1.	Chief Executive Officer	1	19	0	0
30a2.	Chief Medical Officer	1	140	0	0
30a3.	Chief Financial Officer	0	0	0	0
30a4.	Chief Information Officer	1	8	0	0

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Infectious and Parasitic Diseases				
1, 2.	Symptomatic HIV, Asymptomatic HIV	042, 079.53, V08	57	26
3.	Tuberculosis	010.xx - 018.xx	0	0
4.	Syphilis and other sexually transmitted infections	090.xx - 099.xx	26	24
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32	24	13
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71	457	228
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx	1,520	974
6.	Chronic bronchitis and Emphysema	490.xx - 492.xx	128	111
Selected Other Medical Conditions				
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	156	100
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	121	94
9.	Diabetes Mellitus	250.xx; 648.0x; 775.1x	5,824	1,523
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	2,130	801
11.	Hypertension	401.xx - 405.xx;	7,326	3,105
12.	Contact Dermatitis and other Eczema	692.xx	757	580
13.	Dehydration	276.5x	60	57
14.	Exposure to Heat or Cold	991.xx - 992.xx	2	2
14a.	Overweight and Obesity	ICD-9: 278.0 - 278.02 or V85.xx excluding V85.0, V85.1, V85.51, V85.52	2,458	1,479
Selected Childhood Conditions				
15.	Otitis Media and Eustachian Tube Disorders	381.xx - 382.xx	753	574
16.	Selected Perinatal Medical Conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (Excluding 779.3x)	72	54
17.	Lack of Expected Normal Physiological Development (Such as delayed milestone; Failure to gain weight; Failure to thrive)- does not include sexual or mental development; Nutritional Deficiencies	260.xx - 269.xx; 779.3x; 783.3x - 783.4x;	954	686

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	412	251
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x - 292.8x; 304.xx, 305.2x - 305.9x; 357.6x, 648.3x	325	221
19a.	Tobacco use disorder	305.1	2,361	1,501
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	2,990	1,465
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	1,954	1,017
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	251	138
20d.	Other Mental Disorders, Excluding Drug or Alcohol Dependence (includes mental retardation)	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	2,540	1,448

S.No	Service Category	Applicable ICD-9-CM or CPT-4 Code(s)	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	0	0
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	0	0
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	0	0
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	442	427
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3; V72.31; V76.2	1,946	1,778
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	1,033	760
24a.	Seasonal Flu vaccine	CPT-4: 90655 - 90662	1,326	1,209

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

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S.No	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis Regardless of Primacy (b)
25.	Contraceptive Management	ICD-9: V25.xx	3,226	1,556
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383;	1,717	1,260
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	0	0
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075	2	2
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	826	636
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	8,383	5,830
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	2,713	2,379
30.	Sealants	ADA: D1351	376	130
31.	Fluoride Treatment - adult or child	ADA: D1203, D1204, D1206	1,074	933
32.	III. Restorative Services	ADA: D21xx - D29xx	6,776	2,191
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	3,240	1,933
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1,375	677

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

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Table 6B - Quality Of Care Indicators

Prenatal Care Provided? Yes

Section A - Age Categories for Prenatal Patients (Health Centers Who Provide Prenatal Care Only)

Demographic Characteristics of Prenatal Care Patients		
S.No	Age	Number of Patients (a)
1.	Less than 15 Years	0
2.	Ages 15 - 19	33
3.	Ages 20 - 24	102
4.	Ages 25 - 44	220
5.	Ages 45 and Over	0
6.	Total Patients (Sum lines 1-5)	355

Section B - Trimester of Entry into Prenatal Care

S.No	Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	214	12
8.	Second Trimester	105	2
9.	Third Trimester	20	2

Section C - Childhood Immunization

S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	Children who have received age appropriate vaccines prior to reaching their 3rd birthday during measurement year (on or prior to 31 December)	98	70	34

Section D - Cervical Cancer Screening

S.No	Pap Tests	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	6,158	70	34

OMB Control Number: 0195-0193

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Submission Status: Accepted

UDS Report - 2013
Table 6B - Quality Of Care Indicators

Section E - Weight Assessment and Counseling for Children and Adolescents				
S.No	Child and Adolescent Weight Assessment and Counseling	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	Children and adolescents aged 3 through 17 with a BMI percentile, and counseling on nutrition and physical activity documented in current year.	2,629	70	15

Section F - Adult Weight Screening and Follow-Up				
S.No	Adult Weight Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	13,738	70	17

Section G1 - Tobacco Use Assessment				
S.No	Tobacco Assessment	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use (c)
14.	Patients queried about tobacco use one or more times in the measurement year or prior year	12,198	70	53

Section G2 - Tobacco Cessation Intervention				
S.No	Tobacco Cessation Intervention	Total Patients using Tobacco (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Advised to Quit (c)
15.	Tobacco users aged 18 or older who have received cessation advice or medication	2,057	70	66

Section H - Asthma Pharmacological Therapy				
S.No	Asthma Treatment Plan	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	1,038	70	59

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UDS Report - 2013
Table 6B - Quality Of Care Indicators

Section I - Coronary Artery Disease (CAD): Lipid Therapy				
S.No	Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy	505	70	43

Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy				
S.No	Aspirin or Other Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy	630	70	53

Section K - Colorectal Cancer Screening				
S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	5,421	70	28

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UDS Report - 2013
Table 7 - Health Outcomes and Disparities

Perinatal/Prenatal Care Provided?		Yes
S.No		Total (i)
0	HIV Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Provider	307

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity					
S.No	Race & 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)
Hispanic/Latino					
1a.	Asian	3	0	0	3
1b1.	Native Hawaiian	7	0	1	4
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	8	0	1	6
1f.	More Than One Race	1	0	0	1
1g.	Unreported/Refused to Report Race	6	0	0	5
Subtotal Hispanic/Latino (Sum lines 1a-1g)		25	0	2	19
Non-Hispanic/Latino					
2a.	Asian	24	0	1	21
2b1.	Native Hawaiian	58	0	1	53
2b2.	Other Pacific Islander	54	1	2	42
2c.	Black/African American	4	0	1	3
2d.	American Indian/Alaska Native	1	0	0	1
2e.	White	63	0	4	50
2f.	More Than One Race	1	0	0	1
2g.	Unreported/Refused to Report Race	26	1	6	12
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		231	2	15	183
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race & Ethnicity	2	0	0	0
i.	Total (Sum lines 1a-h)	258	2	17	202

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UDS Report - 2013
Table 7 - Health Outcomes and Disparities

Section B: Hypertension by Race and Hispanic/Latino Ethnicity				
S.No	Race & Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	25	25	19
1b1.	Native Hawaiian	31	31	17
1b2.	Other Pacific Islander	15	15	13
1c.	Black/African American	3	3	3
1d.	American Indian/Alaska Native	4	4	3
1e.	White	50	50	33
1f.	More Than One Race	13	13	6
1g.	Unreported/Refused to Report Race	113	113	83
Subtotal Hispanic/Latino (Sum lines 1a-1g)		254	254	177
Non-Hispanic/Latino				
2a.	Asian	435	435	315
2b1.	Native Hawaiian	449	449	308
2b2.	Other Pacific Islander	211	211	129
2c.	Black/African American	27	27	18
2d.	American Indian/Alaska Native	31	31	21
2e.	White	1,031	1,031	726
2f.	More Than One Race	46	46	32
2g.	Unreported/Refused to Report Race	357	357	230
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		2,587	2,587	1,779
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race & Ethnicity	100	100	67
i.	Total (Sum lines 1a-h)	2,941	2,941	2,023

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UDS Report - 2013
Table 7 - Health Outcomes and Disparities

Section C: Diabetes by Race and Hispanic/Latino Ethnicity							
S.No	Race & Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 7% (3c)	Patients with 7%<= Hba1c < 8% (3d)	Patients with 8%<= Hba1c <= 9% (3e)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanic/Latino							
1a.	Asian	15	0	0	0	0	0
1b1.	Native Hawaiian	35	1	0	0	1	0
1b2.	Other Pacific Islander	9	0	0	0	0	0
1c.	Black/African American	1	0	0	0	0	0
1d.	American Indian/Alaska Native	3	0	0	0	0	0
1e.	White	27	3	1	2	0	0
1f.	More Than One Race	9	0	0	0	0	0
1g.	Unreported/Refused to Report Race	33	2	0	0	0	2
Subtotal Hispanic/Latino (Sum lines 1a-1g)		132	6	1	2	1	2
Non-Hispanic/Latino							
2a.	Asian	212	11	3	0	0	8
2b1.	Native Hawaiian	334	12	6	2	0	4
2b2.	Other Pacific Islander	196	12	3	2	1	6
2c.	Black/African American	9	2	0	1	0	1
2d.	American Indian/Alaska Native	12	0	0	0	0	0
2e.	White	362	18	8	7	0	3
2f.	More Than One Race	28	0	0	0	0	0
2g.	Unreported/Refused to Report Race	93	9	4	2	1	2
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		1,246	64	24	14	2	24
Unreported/Refused to Report Ethnicity							
h.	Unreported /Refused to Report Race & Ethnicity	7	0	0	0	0	0
i.	Total (Sum lines 1a-h)	1,385	70	25	16	3	26

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UDS Report - 2013
Table 8A - Financial Costs

S.No		Accrued Cost (a) \$	Allocation of Facility and Non- Clinical Support Services (b) \$	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) \$
Financial Costs for Medical Care				
1.	Medical Staff	5,037,888	2,548,492	7,586,380
2.	Lab and X-ray	0	0	0
3.	Medical/Other Direct	1,325,545	670,328	1,995,873
4.	Total Medical Care Services (Sum lines 1-3)	6,363,433	3,218,820	9,582,253
Financial Costs for Other Clinical Services				
5.	Dental	1,581,097	588,592	2,169,689
6.	Mental Health	356,297	167,915	524,212
7.	Substance Abuse	0	0	0
8a.	Pharmacy not including pharmaceuticals	0	0	0
8b.	Pharmaceuticals	0		0
9.	Other Professional (Specify: Registered Dieticians)	52,588	30,207	82,795
9a.	Vision	0	0	0
10.	Total Other Clinical Services (Sum lines 5-9a)	1,989,982	786,714	2,776,696
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management	387,560		387,560
11b.	Transportation	0		0
11c.	Outreach	62,284		62,284
11d.	Patient and Community Education	136,484		136,484
11e.	Eligibility Assistance	0		0
11f.	Interpretation Services	0		0
11g.	Other Enabling Services (Specify: -)	0		0
11.	Total Enabling Services Cost (Sum lines 11a-11g)	586,328	327,835	914,163
12.	Other Related Services (Specify: WIC)	211,302	108,834	320,136
13.	Total Enabling and Other Services (Sum lines 11-12)	797,630	436,669	1,234,299
Facility and Non-Clinical Support Services and Totals				
14.	Facility	1,372,820		
15.	Non-Clinical Support Services	3,069,383		
16.	Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)	4,442,203		
17.	Total Accrued Costs (Sum lines 4+10+13+16)	13,593,248		13,593,248
18.	Value of Donated Facilities, Services and Supplies (Specify: -)			-
19.	Total with Donations (Sum lines 17-18)			13,593,248

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

S.No	Payor Category	Full Charges this Period (a) \$	Amount Collected this Period (b) \$	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) \$	Sliding Discounts (e) \$	Bad Debt Write Off (f) \$
				Collection of Reconciliation/ Wrap around Current Year (c1) \$	Collection of Reconciliation/ Wrap around Previous Years (c2) \$	Collection of Other Retroactive Payments including Risk Pool/ Incentive/ Withhold (c3) \$	Penalty/ Payback (c4) \$			
1.	Medicaid Non-Managed Care	1,202,002	1,070,123	-	-	-	-	93,925		
2a.	Medicaid Managed Care (Capitated)	-	-	-	-	-	-	-		
2b.	Medicaid Managed Care (Fee-for-Service)	5,073,471	7,647,769	-	-	-	-	2,429,856		
3.	Total Medicaid (Sum lines 1+2a+2b)	6,275,473	8,717,892					2,335,931		
4.	Medicare Non-Managed Care	631,909	437,165	-	-	-	-	115,723		
5a.	Medicare Managed Care (Capitated)	-	-	-	-	-	-	-		
5b.	Medicare Managed Care (Fee-for-Service)	728,891	672,135	-	-	-	-	45,428		
6.	Total Medicare (Sum lines 4+5a+5b)	1,360,800	1,109,300					161,151		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	-	-	-	-	-	-	-		
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)	-	-	-	-	-	-	-		
8b.	Other Public including Non-Medicaid CHIP (Managed Care Fee-for-Service)	-	-	-	-	-	-	-		
9.	Total Other Public (Sum lines 7+8a+8b)									
10.	Private Non-Managed Care	304,428	279,359					121,184		
11a.	Private Managed Care (Capitated)	-	-					-		
11b.	Private Managed Care (Fee-for-Service)	786,799	383,559					174,777		
12.	Total Private (Sum lines 10+11a+11b)	1,091,227	662,918					295,961		
13.	Self Pay	2,071,418	781,476						1,545,615	450,473
14.	Total (Sum lines 3+6+9+12+13)	10,798,918	11,271,586					1,878,819	1,545,615	450,473

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UDS Report - 2013
Table 9E: Other Revenues

S.No	Source	Amount (a) \$
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	0
1b.	Community Health Center	903,034
1c.	Health Care for the Homeless	0
1e.	Public Housing Primary Care	0
1g.	Total Health Center Cluster (Sum lines 1a-1e)	903,034
1j.	Capital Improvement Program Grants (excluding ARRA)	0
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	0
1.	Total BPHC Grants (Sum lines 1g+1j+1k)	903,034
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	0
3.	Other Federal Grants Specify:Rural Workforce Development	60,000
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	0
4a.	American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	1,490,954
5.	Total Other Federal Grants (Sum lines 2-4a)	1,550,954
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts Specify:BCCCP - \$34,180 HPCA Outreach - \$703 State of Hawaii WIC - \$237,395 State of Hawaii Family Planning - \$96,805 State of Hawaii GIA - \$672,524 State of Hawaii Health Education - \$24,448	1,066,055
6a.	State/Local Indigent Care Programs Specify:State of Hawaii Comprehensive Primary Care Services	656,725
7.	Local Government Grants and Contracts Specify:County of Hawaii Eligibility	30,000
8.	Foundation/Private Grants and Contracts Specify:AADE Foundation - \$20,000 AAPCHO - \$5,000 Alohacare QI - \$22,192 Alohacare Recruitment - \$88,243 Atherton Family Foundation - \$25,000 Friends of Hawaii Charities - \$5,000 Hawaii Dental Service - \$20,000 Hawaii United Way - \$20,000 HCF Tobacco Cessation - \$1,000 HCF Flex Grant - \$40,000 HEI Charitable Foundation - \$2,000 HMC On-Call Contract - \$82,400 HPCA Outreach - \$6,506 Life Foundation - \$25,000 Safeway Foundation - \$5,000 Susan G Komen - \$30,000 Walmart - \$13,100	410,441
9.	Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)	2,163,221
10.	Other Revenue (Non-patient related revenue not reported elsewhere) Specify:Gala Anniversary Donations - \$31,825 General Donations - \$14,931 HFMC Healthways Healthpass - \$80,000	661,432

	HMSA Other - \$32,000	
	HMSA PCMH - \$67,956	
	HMSA Quality and Performance - \$15,340	
	Risk Pools - \$320,695	
	United Health Incentives - \$31,425	
	Interest Income - \$749	
	Medical Record and Other - \$31,426	
	Pharmacy - \$35,085	
11.	Total Revenue (Sum lines 1+5+9+10)	5,278,641

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Program Name: Health Center 330

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UDS Report - 2013
Electronic Health Record Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	
Yes	
When do you plan to install an EHR?	-
Comments	-
1a. Is the EHR system available at all sites and providers or some?	All sites and for all providers
1b. Please select your EHR product from the list of systems or modules below, and enter the version information in the box that follows.	
Select Full EHRs If Other, please specify Version	NextGen - 5.7
1c. How many sites have the EHR in use?	7
1d. How many providers use the EHR system?	32

2. For each of the core Meaningful Use criteria for computerized capabilities below please indicate whether your practice has this capability, does not have the capability, or does have the capability but the function is turned off such that it is not used.	
2a. Patient history and demographic information	Yes
2a1. Does this include a patient problem list?	Yes
2a2. Does it record and chart changes in vital signs?	Yes
2a3. Does it record weight screening and follow-up?	Yes
2b. Clinical notes	Yes
2b1. Do they include a list of the medications that the patient is taking?	Yes
2b2. Does this include a comprehensive list of the patient's allergies (including allergies to medications)?	Yes
2c. Computerized provider order entry (CPOE) for lab tests	Yes
2c1. Are orders sent electronically?	Yes, but turned off or not used
2c2. Are results incorporated into EHR?	Yes, but turned off or not used
2c3. Are out of range levels highlighted?	Yes, but turned off or not used
2d. Computerized provider order entry (CPOE) for radiology tests	Yes, but turned off or not used
2d1. Are orders sent electronically?	Yes, but turned off or not used
2d2. Are results incorporated into EHR?	Yes, but turned off or not used
2d3. Are out of range levels highlighted?	Unknown
2e. Electronic entry of prescriptions	Yes
2e1. Are warnings of drug allergies, interactions or contraindications provided?	Yes
2e2. Are prescriptions sent electronically to the pharmacy?	Yes
2f. Reminders for guideline-based interventions or screening tests	Yes, but turned off or not used
2f1. Does it record smoking status?	Yes
2f2. Does it prompt for and record the tobacco cessation intervention?	Yes
2g. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically	No
2h. Notifiable diseases sent electronically	Unknown
2i. Reporting to immunization registries done electronically	Yes, but turned off or not used
2j. Capability to provide patients with an electronic copy of their health information upon request	Unknown
2k. Capacity to provide clinical summaries for patients for each office visit	Yes
2l. Protection of electronic health information	Yes

3. Do you use your EHR to electronically extract and submit data for your UDS clinical reporting (Table 6B and 7)?

No

4. Are providers at your health center Meaningful Users of HIT?

Not yet, but Eligible Providers at my health center plan to apply to receive Meaningful Use incentive payments from CMS in the coming year

5. Has your health center received national and/or state quality recognition, either accreditation or patient centered medical home recognition, for 1 or more sites?

Yes

If Yes, which 3rd party organization(s) deemed recognition status?

NCQA

If Other, please specify

-

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UDS Report - 2013**Data Audit Report****Table 3A-Patients by Age and Gender**

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (20,505). Prior Year - (18,314).

Related Tables: Table 3A(UR)

Claudia Roman (Health Center) on 2/13/2014 6:33 PM EST: Our patient population has increased and this year we used the UDS NextGen tool to gather the data.

Table 4-Selected Patient Characteristics

Edit 04202: Inter-year Member Months in question - A significant change in managed care participation Fee-for-service Member months Private Line 13b Column d (21,912) is reported compared with the prior year (0) . Please correct or explain.

Related Tables: Table 4(UR)

Claudia Roman (Health Center) on 3/21/2014 9:32 PM EST: The change in the managed care participation Fee-for-service member months Private were not reported in the previous year. Upon review of previous submissions member months for managed care participation Fee-for-service have been reported for this reason data was reported this year.

Table 5-Staffing and Utilization

Edit 00052: Dentist Productivity Questioned - A significant change in Productivity of Dentists on Line 16 (2,078.81) is reported from the prior year (2,809.33). Please check to see that the FTE and encounter numbers are entered correctly.

Related Tables: Table 5(UR)

Claudia Roman (Health Center) on 3/21/2014 6:46 PM EST: We have an increase in Dentist from 4.5 to 6.75 FTE's. Our encounter for 2012 show 12,642 and this year 14,032. We are unable to find a Line 16 for Productivity of Dentists that report the values listed. There has been an increase in productivity within the Dental Department. This year 3 residents have been included within the FTE's that were not reported in 2011 or 2012.

Edit 00219: Substantial inter-year variance in providers - Number of dental providers and hygienists on Lines 16 and 17 Column a differs substantially from prior year. Current Year - (6.75). Prior Year - (4.5). Please correct or explain.

Related Tables: Table 5(UR)

Claudia Roman (Health Center) on 2/13/2014 9:07 PM EST: Our dental staff has increased due to needed patient access of dental services.

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (12.5) . Prior Year - (7.41) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Claudia Roman (Health Center) on 2/13/2014 9:51 PM EST: The number of Physician FTE's have increased over the 2013 period to support the increased patient access needs.

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 - (6.5) . Prior Year - (8.91) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Claudia Roman (Health Center) on 2/13/2014 9:53 PM EST: The number of Nurse Practitioners FTC has decreased since the last UDS reporting period and are consistent with staffing changes and FTE calculations based on paid hours.

Edit 04147: Inter-year Patients questioned - On Universal - A large change in Other Professional Services patients from the prior year is reported on Line 22 Column C. (PY = Other Professional Services Patients Patients Line 22 Column c (459) , CY= Other Professional Services Patients Patients Line 22 Column c (222)). Please correct or explain.

Related Tables: Table 5(UR)

Claudia Roman (Health Center) on 2/13/2014 10:33 PM EST: Our existing Registered Dietician went to .5 FTE then resigned in November and has since been replaced by a 1.0 FTE Registered Dietician who did not start until 2014.

Table 6B-Quality of Care Indicators

Edit 05772: Line 10 Universe in Question - Line 10: Your universe appears under-reported based on the number of 3 year old medical patients. This may be caused if 3 year olds are under-represented among your medical patients. Review your query logic to confirm you have identified all patients meeting the criteria for inclusion. Please correct or explain.

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

Claudia Roman (Health Center) on 2/14/2014 6:29 PM EST: We will review our query logic results for the 3 year old medical patients.

Edit 05469: Universe in Question - The universe of patients with asthma therapy reported on Table 6B is equal to or greater than the total patients diagnosed with asthma reported on Table 6A. Please review and correct or explain.

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

Claudia Roman (Health Center) on 2/14/2014 4:53 PM EST: At this time we are attempting to determine why there is a difference in the data capture for Table 6A and B for this measure.

Edit 05470: Universe in Question - The universe of patients with tobacco dependence reported on Table 6B Line 15 Column a (2,057) is equal to or greater than the total patients reported with tobacco use disorder on Table 6A Line 19a Column b (1,501) or patients receiving smoking cessation counseling reported on Table 6A Line 26c Column b (2) . Please review and correct or explain.

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

Claudia Roman (Health Center) on 2/14/2014 4:53 PM EST: At this time we are attempting to determine why there is a difference in the data capture for Table 6A and B.

Table 7-Health Outcomes and Disparities

Edit 03955: Low LBW (low birthweight) statistic questioned - The Native Hawaiian LBW and VLBW proportion of births reported is outside the typical range. Please correct or explain. CY (0.03); PY National Average (0.08).

Related Tables: Table 7

Claudia Roman (Health Center) on 3/21/2014 10:15 PM EST: We have tried very hard to increase our patient's knowledge on the value of positive outcomes by entering their prenatal care early. Opportunities to educate the female population are taken when women of child-bearing age come into the clinic for office visits, well women exams, family planning or to discuss their reproductive health are opportunities to re-enforce the importance of prenatal early entry into care. Our effort to educate our female population is our chance to decrease the numbers of LBW and VLBW babies.

Edit 04707: High LBW (low birthweight) statistic questioned - The Race Unreported/Refused to Report LBW and VLBW proportion of births reported is higher than the typical range. Please correct or explain. CY (0.29); PY National Average (0.06).

Related Tables: Table 7

Claudia Roman (Health Center) on 3/21/2014 9:15 PM EST: The LBW and VLBW proportion of births is higher then in the previous year. Of the reported birth weights four of the women started their prenatal care after the 1st trimester with three in the third trimester. We continue to educate our women during their regular office visits, women's health visit and family planning on how important starting prenatal care early impacts the positive outcomes for both mother and baby. We will continue to review the data with our OB/GYN staff to see what other strategies we can utilize to improve the LBW and VLBW data.

Edit 05088: Deliveries in question - A large difference between deliveries and births is reported. Please correct or explain. Deliveries (258) ; Births (221).

Related Tables: Table 7

Beryl Cochran (Reviewer) on 3/24/2014 2:13 PM EST: The center correctly reports the birth weights it has for its prenatal patients. it is missing weights for some births and there is no provision in the table for "birth weight unknown." So the is a discrepancy between deliveries and the sum of the birth weight columns.

Edit 05466: Women delivering greater than Live Births - Total women delivering is greater than the total of births. Please correct or explain.

Related Tables: Table 7

Claudia Roman (Health Center) on 2/13/2014 8:41 PM EST: The total deliveries include deliveries by our provider while on call and C-Section assists of non-health clinic patients.

Edit 05549: Low Birthweights Questioned - The Unreported/Refused to Report Race LBW and VLBW proportion of births reported appears high. Please correct or explain. CY (29.17)% ;PYN (6.41)%

Related Tables: Table 7

Claudia Roman (Health Center) on 3/21/2014 7:19 PM EST: The data for Table 7A was recalculated and submitted with small changes. Edit 05549 A number of the Unreported/Refused to Report Race LBW and VLBW proportions have to do with their entry into prenatal care. Women from this particular reporting category entered their prenatal care late in their 2nd or 3rd trimester. Throughout our clinics when women come in for Women's Health, preventative care or birth control we try to educate them on the importance of their baby's health outcome being related to how they care for themselves during their pregnancy and encourage an early start into prenatal care.

Edit 05552: Low Birthweights Questioned - The Hispanic/Latino LBW and VLBW proportion of births reported appears high. Please correct or explain. CY (9.52)%;PYN (5.93)%

Related Tables: Table 7

Claudia Roman (Health Center) on 3/21/2014 7:08 PM EST: The data for Table 7A was recalculated and submitted with small changes. Edit 05552 We have an increase in patients in our Hispanic/Latino prenatal population this reporting year. We have encouraged our staff for our newly diagnosed pregnancy patients to get them into prenatal care as soon as possible after confirmation of their pregnancy.

Table 8A-Financial Costs

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (WIC) and Table 5, Line 29a (WIC Program services) . Review and confirm that FTEs relate to costs or correct.
Related Tables: Table 8A, Table 5(UR)
Claudia Roman (Health Center) on 3/21/2014 9:22 PM EST: Table 5 was reviewed and the FTE's are correct as related to cost.
Edit 04125: Cost Per Encounter Questioned - Dental Care Cost Per Encounter is substantially different than the prior year. Current Year (154.62); Prior Year (133.8).
Related Tables: Table 8A, Table 5(UR)
Claudia Roman (Health Center) on 2/13/2014 9:48 PM EST: See narrative at bottom of Table 8A.
Edit 04126: Cost Per Encounter Questioned - Mental Health Cost Per Encounter is substantially different than the prior year. Current Year (92.5); Prior Year (141.75).
Related Tables: Table 8A, Table 5(UR)
Claudia Roman (Health Center) on 2/13/2014 9:48 PM EST: See narrative at bottom of Table 8A.
Edit 04129: Cost Per Encounter Questioned - Other Professional Cost Per visits(including vision services)is substantially different than the prior year. Current Year (149.72); Prior Year (21.94).
Related Tables: Table 8A, Table 5(UR)
Claudia Roman (Health Center) on 2/13/2014 9:49 PM EST: See narrative at bottom of Table 8A.
Edit 04136: Costs and FTE Questioned - Other Professional Services are reported on Table 8A, Line 9 (52,588) and Table 5, Line 22 (1) . Review and confirm that FTEs relate to costs or correct.
Related Tables: Table 8A, Table 5(UR)
Claudia Roman (Health Center) on 3/21/2014 9:25 PM EST: Due to a change in the allocation methodology for Facility and Non Clinical Support Services resulted in an increased allocation to Other Professional Services. The current allocation of Facility and Non Clinical Support Services was based on total personnel costs. All these costs are related to supporting personnel in the performance of their duties, and it is felt that an allocation based on personnel costs accurately reflects the amounts to be allocated to the direct costs categories. The prior year employed a method based on exam tables/dental chairs.
Edit 03945: Inter-Year variance questioned - Current Year Administration costs, Line 15 Column a (3,069,383) varies substantially from cost on the same line last year (3,328,758) . Please correct or explain.
Related Tables: Table 8A
Claudia Roman (Health Center) on 2/13/2014 9:50 PM EST: See narrative at bottom of Table 8A.

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

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.87) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.
Related Tables: Table 9D, Table 8A
Claudia Roman (Health Center) on 3/24/2014 1:26 PM EST: Prior year changes were overstated due to the accounting for certain medicaid receipts. An additional charge was created in the amount of the encounter rate, thus creating a second charge for the encounter. The original charge was left on the account and adjustment was created to offset it. The overstatement of the charges inflated the charge to cost ratio in the prior year. Management has been made aware that the charge schedule may need to be updated. They intend to perform a complete update/review.
Edit 02021: Large change in accounts receivable for Total Self Pay is reported - A large change in accounts receivable is reported for Total Self Pay on Table 9D Line 13. Please check that this is consistent with your expectations and correct or explain.
Related Tables: Table 9D
Claudia Roman (Health Center) on 2/14/2014 6:19 PM EST: Please see the narrative at the bottom of Table 9D.
Edit 03989: Self-pay numbers questioned - more collections and write-offs than charges - More collections and write-offs are reported than charges for self-pay, Line 13. Please review that proper re-allocations of all deductibles and co-payments to the self-pay category is being done. Please correct or explain. Current Year Accounts Receivable (-706,146); Prior Year Accounts Receivable (591,942);
Related Tables: Table 9D
Claudia Roman (Health Center) on 3/21/2014 6:37 PM EST: Patient accounts receivable for self pay were impacted by a review of patient account detail, on an account basis, and subsequent correction of errors that were noted. This included bad debt charge-offs of approximately \$150,000. Additionally, sliding fee scales were applied to correct the original treatment of the encounter, and re-billing of payers was done as warranted. Overall, this resulted in large reduction in overall self-pay accounts receivable.

Table 9E-Other Revenues

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 = (2,956,979); Percent Surplus or Deficit (21.75). 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
Beryl Cochran (Reviewer) on 3/17/2014 4:48 AM EST: The issue of a \$2.9M reported "surplus" (revenues-costs) has ONLY to do with this report NOT any prior report. The 9D comment is not relevant. However it is adequately addressed in the comment to the table.

BHCMS ID: 091880 - THE BAY CLINIC, INC., Hilo, HI

Date Requested: 11/05/2014 09:05 PM EST
Date of Last Report Refreshed: 11/05/2014 09:05 PM EST

Program Name: Health Center 330

Submission Status: Accepted

UDS Report - 2013
Comments**Report Comments**

Not Available

Table 4 Comments

Line 10a Column O Hawaii does not have any other Public Non-Chip insurance programs in the state.

Table 5 Comments

Line 28 Column O Our EPM or EHR systems do not have a way to capture Enabling Services at this time. We are looking into how we can create an internal mechanism to help capture this data.

Table 5A Comments

Our Medical Director has been very progressive in recruiting physicians for our patient care openings. The organizational focus at this time is to fill the Chief Financial Officer vacancy.

Table 6B Comments

Line 10: This measure has shown improvement since our 2012 submission. Our pediatric patient population has a 9% parental refusal for immunizations which directly impacts our outcome for this measure. Line 11: Our PAP screening percentages decreased and we continue to improve our recall process for Women's Health. Many of our women seek their GYN care outside of the organization and we continue to make attempts at receiving the test results from outside providers to document screening results. Line 12: This measure has improved and we continue to emphasize the importance of documentation of both nutrition and physical activity counseling in our EHR. We also have a Registered Dietician who is receiving referrals from all our providers for those children who are over and under weight. Line 13: This measure shows a decrease in assessments and follow-up since 2012. We continue to provide training on documentation of the elements needed and the areas in EHR where the information needs to be placed to capture the information. Line 14: We feel this measure shows some decrease since 2012 because of documentation errors. We have identified those documentation errors in our EHR and provider staff have received training updates. Line 15: We have instituted a Tobacco Cessation program with a certified instructor which we feel has been very helpful in increasing our interventions. Line 16: This measure continues to be very difficult without an appropriate ICD9 code to identify it.

Table 7 Comments

Delivery Birth Weights: Our staff makes every effort to retrieve birth weights when they are missing. Our staff try to impress on our patients who are pending delivery or transferring their care for good contact numbers on multiple occasions because patients move frequently and change their contacts numbers on a frequent basis also. Hypertension Table: This is our first opportunity to pull all the data for this measure from our EHR. The results were compared with our 2012 data which showed a very close correlation. Diabetes: One of our High Risk populations identified is our DM patients with a Hgb A1c over 8%. This high risk population will be referred to our Registered Dietician and followed by our Care Coordinators in the clinics.

Table 8A Comments

The current years compilation of costs is based on programatic coding within the general ledger and is believed to be more accurate than the location based compilation used in the prior year. Locations often provide several levels of services which needed to be broken out and allocated. The allocation of Facility and Non Clinical Support Services is based on personnel costs for 2013 under the assumption that all these costs are related to supporting personnel in the performance of their duties. In the prior year the allocation was based on exam tables/dental chairs, screwing the allocation to medical/dental and away from enabling and other program related services.

Table 9D Comments

We have been unable to verify the compilation of the values reported on the prior year UDS. There appears to be an overstatement of charges and adjustments, which may be the result of the medicaid rate reimbursement being accounted for as a second charge against the encounter, and the reversal of the original charges as an adjustment, as opposed just the differential being accounted for as a negative adjustment. This result in an overstatement of both charges and adjustments. Sliding discounts reported on the prior UDS appear understated, and may not include dental related slides. The reported 2013 Medicare Allowances are negative, which is expected, since the reimbursement is generally greater than the charges. The total appears reasonable in relation to the reimbursement rate compared to the average encounter charge. Charges and collections reported on the 2013 UDS appear reasonable to amounts reported on the audited financial statements for the year ending June 30, 2013.

Table 9E Comments

Total Other Federal Grants shows a significant increase due to construction related grants for clinic expansion at our Kau clinic. State Government Grants and Contracts has increased over prior year due primarily to State of Hawaii Grants in Aid. This funding applied toward the clinic expansion at our Kau clinic. Other Revenue has increased primarily due to pool distributions received during 2013.

Table EHR Comments

Meaningful Use is in the beginning stages of being implemented in Hawaii and are presently in the process of registering our providers in CMS and SLR.

