Program Name: Health Center 330

Submission Status: Change Requested, Version 2

UDS Report - 2022

Contact Information

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

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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)
93620	15	0	0	1	16
93635	66	42	7	14	129
93901	7	5	0	0	12
93905	36	20	5	6	67
93906	29	27	1	3	60
93907	15	8	2	3	28
93933	11	3	0	0	14
94015	10	4	0	0	14
94022	5	7	0	0	12
94025	7	2	0	2	11
94040	50	35	1	2	88
94041	16	16	0	0	32
94043	45	20	1	6	72
94063	8	8	1	0	17
94085	60	46	4	9	119

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94086	106	92	5	6	209
94087	71	32	5	7	115
94089	36	37	3	4	80
94301	8	12	3	0	23
94303	32	10	0	2	44
94306	15	10	0	0	25
94404	7	1	1	2	11
94501	46	30	11	2	89
94509	5	10	0	1	16
94521	8	9	0	1	18
94526	4	6	1	1	12
94536	1,259	3,084	218	198	4,759
94537	13	30	3	2	48
94538	1,617	4,279	372	270	6,538
94539	348	1,068	112	106	1,634
94540	6	7	0	0	13
94541	266	478	60	29	833
94542	27	62	8	4	101
94544	649	1,038	97	53	1,837
94545	173	235	27	18	453
94546	63	96	5	9	173
94550	54	59	8	7	128
94551	48	64	10	5	127
94552	9	17	0	0	26
94555	352	769	62	72	1,255
94560	801	1,545	134	92	2,572
94565	14	4	0	1	19
94566	33	35	5	5	78
94568	47	80	10	9	146
94577	50	69	8	6	133
94578	82	92	10	9	193
94579	30	42	7	5	84
94580	49	80	11	6	146
94582	13	14	1	0	28
94583	18	10	1	0	29
94586	4	18	0	2	24
94587	761	1,737	178	103	2,779
94588	32	26	4	2	64
94601	44	43	3	1	91
94602	15	12	1	1	29
94603	30	45	6	3	84
94605	14	37	10	2	63
94606	21	30	2	1	54
94607	12	18	9	2	41
94608	19	16	4	1	40

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
94609	10	16	1	3	30
94610	7	6	0	1	14
94611	7	9	2	0	18
94612	8	19	3	2	32
94619	9	12	3	1	25
94621	27	43	5	5	80
94702	5	9	1	0	15
94703	9	8	0	1	18
94801	4	6	1	0	11
94806	7	4	0	0	11
95002	8	4	0	0	12
95004	6	17	1	1	25
95008	172	135	12	21	340
95012	10	3	1	1	15
95013	3	13	0	0	16
95014	34	19	3	3	59
95020	1,792	2,194	164	395	4,545
95021	50	41	14	12	117
95023	659	216	32	71	978
95024	13	5	0	2	20
95030	8	6	1	0	15
95032	35	28	5	3	71
95033	4	5	1	3	13
95035	398	236	21	47	702
95037	645	735	80	110	1,570
95038	15	22	3	4	44
95045	38	41	5	6	90
95046	148	222	18	29	417
95050	148	116	9	18	291
95051	170	113	8	20	311
95054	55	50	2	8	115
95070	12	7	0	1	20
95076	44	28	4	5	81
95110	252	217	14	21	504
95111	1,516	1,459	111	197	3,283
95112	697	653	65	72	1,487
95113	19	14	0	3	36
95116	1,318	1,171	81	180	2,750
95117	224	183	11	23	441
95118	200	189	9	23	421
95119	82	93	14	22	211
95120	48	51	7	11	117
95121	671	442	48	93	1,254
95122	1,504	1,433	102	218	3,257
95123	670	854	70	121	1,715

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
95124	139	113	5	16	273
95125	284	293	22	37	636
95126	254	214	17	26	511
95127	1,548	1,864	212	403	4,027
95128	217	144	17	14	392
95129	102	63	7	14	186
95130	64	42	2	6	114
95131	187	110	13	25	335
95132	410	210	21	39	680
95133	446	241	29	35	751
95134	74	54	5	10	143
95135	83	57	16	16	172
95136	546	593	36	54	1,229
95138	208	254	33	56	551
95139	37	53	4	10	104
95148	496	513	68	93	1,170
95151	8	13	3	0	24
95156	6	19	1	5	31
95161	9	10	0	3	22
95173	1	7	3	1	12
95206	7	7	2	0	16
95322	10	3	0	2	15
95330	7	11	1	2	21
95336	9	10	4	2	25
95337	12	14	1	3	30
95350	12	1	0	0	13
95355	9	4	0	0	13
95356	4	3	1	4	12
95363	6	4	0	2	12
95376	21	7	0	2	30
95377	26	15	2	3	46
95391	12	7	2	2	23
95812	0	9	0	2	11

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	485	329	61	100	975
Unknown Residence	0	0	0	0	0
Total	25,191	32,169	2,957	3,840	64,157

Comments

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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	207	191
2	Age 1	267	245
3	Age 2	302	286
4	Age 3	331	326
5	Age 4	371	352
6	Age 5	467	434
7	Age 6	469	419
8	Age 7	500	445
9	Age 8	533	437
10	Age 9	429	433
11	Age 10	455	468
12	Age 11	471	491
13	Age 12	538	487
14	Age 13	591	501
15	Age 14	551	545
16	Age 15	592	573
17	Age 16	555	589
18	Age 17	531	554
19	Age 18	439	598
20	Age 19	372	534
21	Age 20	391	550
22	Age 21	388	534
23	Age 22	352	548
24	Age 23	326	503

Line	Age Groups	Male Patients (a)	Female Patients (b)
25	Age 24	286	525
26	Ages 25-29	1,562	2,560
27	Ages 30-34	1,709	2,432
28	Ages 35-39	1,726	2,583
29	Ages 40-44	1,839	2,679
30	Ages 45-49	1,800	2,686
31	Ages 50-54	1,897	2,569
32	Ages 55-59	1,804	2,186
33	Ages 60-64	1,596	2,065
34	Ages 65-69	1,192	1,701
35	Ages 70-74	854	1,371
36	Ages 75-79	638	853
37	Ages 80-84	380	531
38	Age 85 and over	274	388
39	Total Patients (Sum of Lines 1-38)	27,985	36,172

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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	326	15,228		15,554
2a	Native Hawaiian	22	128		150
2b	Other Pacific Islander	71	246		317
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)	93	374		467
3	Black/African American	144	1,899		2,043
4	American Indian/Alaska Native	116	249		365
5	White	33,698	7,247		40,945
6	More than one race	114	286		400
7	Unreported/Chose not to disclose race	1,752	622	2,009	4,383
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	36,243	25,905	2,009	64,157

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	31,728

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	332
14	Heterosexual (or straight)	40,815
15	Bisexual	272
16	Other	164
17	Don't know	4,621
18	Chose not to disclose	5,411
18a	Unknown	12,542
19	Total Patients (Sum of Lines 13 to 18a)	64,157

Line	Patients by Gender Identity	Number (a)
20	Male	21,392
21	Female	29,667
22	Transgender Man/Transgender Male/Transmasculine	71
23	Transgender Woman/Transgender Female/Transfeminine	127
24	Other	253
25	Chose not to disclose	1,412
25a	Unknown	11,235
26	Total Patients (Sum of Lines 20 to 25a)	64,157

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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	47,684
2	101 - 150%	5,966
3	151 - 200%	2,391
4	Over 200%	1,863
5	Unknown	6,253
6	TOTAL (Sum of Lines 1-5)	64,157

Line	Primary Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	None/Uninsured	3,705	21,486
8a	Medicaid (Title XIX)	11,378	18,161
8b	CHIP Medicaid	0	0
8	Total Medicaid (Line 8a + 8b)	11,378	18,161
9a	Dually Eligible (Medicare and Medicaid)	4	2,065
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	10	2,947
10a	Other Public Insurance (Non-CHIP) (specify) TBA	10	2,620
10b	Other Public Insurance CHIP	0	0
10	Total Public Insurance (Line 10a + 10b)	10	2,620
11	Private Insurance	833	3,007
12	TOTAL (Sum of Lines 7 + 8 + 9 +10 +11)	15,936	48,221

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	268,623	0	0	1,075	269,698
13b	Fee-for- service Member Months	0	0	0	0	0
13c	Total Member Months (Sum of Lines 13a + 13b)	268,623	0	0	1,075	269,698

Line	Special Populations	Number of Patients (a)
16	Total Agricultural Workers or Dependents (All health centers report this line)	2,071
23	Total Homeless (All health centers report this line)	617
24	Total School-Based Service Site Patients (All health centers report this line)	3,243
25	Total Veterans (All health centers report this line)	108
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	3,346

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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	19.55	13,509	10,991	
2	General Practitioners	1.31	3,783	1,499	
3	Internists	1.98	3,622	3,126	
4	Obstetrician/Gynecologists	2.86	9,618	3,430	
5	Pediatricians	5.25	8,913	8,721	
7	Other Specialty Physicians	4.9	886	504	
8	Total Physicians (Lines 1-7)	35.85	40,331	28,271	
9a	Nurse Practitioners	20.15	42,177	30,973	

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
9b	Physician Assistants	21.1	22,528	15,729	
10	Certified Nurse Midwives	0	0	0	
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	41.25	64,705	46,702	
11	Nurses	21.83	130	6	
12	Other Medical Personnel	118.67			
13	Laboratory Personnel	0			
14	X-ray Personnel	0			
15	Total Medical Care Services (Lines 8 + 10a through 14)	217.6	105,166	74,979	46,717

Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	28.72	76,627	40	
17	Dental Hygienists	0	0	0	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	72.39			
19	Total Dental Services (Lines 16- 18)	101.11	76,627	40	23,354

Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0.63	60	1,160	
20a1	Licensed Clinical Psychologists	3.88	785	4,281	
20a2	Licensed Clinical Social Workers	1.25	46	6,661	
20b	Other Licensed Mental Health Providers	0	0	0	
20c	Other Mental Health Personnel	0	0	0	
20	Total Mental Health Services (Lines 20a-c)	5.76	891	12,102	1,891

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	7.81	4,715	907	1,129

Other Professional Services

Line	Personnel by Major Service	FTEs	Clinic Visits	Virtual Visits	Patients
	Category	(a)	(b)	(b2)	(c)
22	Other Professional Services Specify Chiro, Acu, Podiatry	8.05	23,827	508	5,684

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	7.14	16,623	486	
22c	Other Vision Care Personnel	1.32			
22d	Total Vision Services (Lines 22a-c)	8.46	16,623	486	11,347

Pharmacy Personnel

Line	Personnel by Major Service	FTEs	Clinic Visits	Virtual Visits	Patients
	Category	(a)	(b)	(b2)	(c)
23	Pharmacy Personnel	0			

Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	44.45	47,268	20,257	
25	Patient and Community Education Specialists	10.28	35,095	23,396	
26	Outreach Workers	16.87			
27	Transportation Personnel	5.5			
27a	Eligibility Assistance Workers	12.92			
27b	Interpretation Personnel	0			
27c	Community Health Workers	5.33			
28	Other Enabling Services Specify	0			
29	Total Enabling Services (Lines 24-28)	95.35	82,363	43,653	48,320

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	2.82			

Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	43.28			
30b	Fiscal and Billing Personnel	16.19			
30c	IT Personnel	9.42			
31	Facility Personnel	7.09			
32	Patient Support Personnel	87.31			
33	Total Facility and Non-Clinical Support Personnel (Lines 30a-32)	163.29			

Grand Total

Line	Personnel by Major Service	FTEs	Clinic Visits	Virtual Visits	Patients
	Category	(a)	(b)	(b2)	(c)
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b	610.25 +33)	310,212	132,675	

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)	40	2,872	2,105	2,778
20a02	Nurse Practitioners	45	2,827	3,477	3,195
20a03	Physician Assistants	22	1,790	670	1,592
20a04	Certified Nurse Midwives	0	0	0	0

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)	31	574	467	630
21b	Nurse Practitioners (Medical)	38	977	856	942
21c	Physician Assistants	22	394	189	422
21d	Certified Nurse Midwives	0	0	0	0
21e	Psychiatrists	1	1	33	20
21f	Licensed Clinical Psychologists	5	121	226	49
21g	Licensed Clinical Social Workers	9	2	149	38
21h	Other Licensed Mental Health Providers	0	0	0	0

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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	1,728	296
3	Tuberculosis	A15- through A19-, O98.0-	28	18
4	Sexually transmitted infections	A50- through A64-	747	419
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	276	138
4b	Hepatitis C	B17.1-, B18.2, B19.2-	260	107
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	2,864	2,385
4d	Post COVID-19 condition	U09.9	128	89

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-	4,396	2,235

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-	862	478
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 <u>is</u> also present)	56	41

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-	1,229	787
8	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	1,211	678
9	Diabetes mellitus	E08- through E13-, O24-(exclude O24.41-)	23,501	5,816
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1,762	906
11	Hypertension	I10- through I16-, O10-, O11-	22,804	8,356
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	1,731	1,253
13	Dehydration	E86-	52	43
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-	13	12
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)	24,961	11,013

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-	587	405
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	246	132
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	1,091	839

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-	806	363

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-	1,976	790
19a	Tobacco use disorder	F17-, O99.33-, Z72.0	1,199	793
20a	Depression and other mood disorders	F30- through F39-	7,904	1,891
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	15,881	4,549
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	1,534	374
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	5,461	2,273
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	2	1

Selected Diagnostic Tests/Screening/Preventive Services

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/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	9,523	9,053
21a	Hepatitis B test	CPT-4: 80074, 86704 through 86707, 87340, 87341, 87350, 87912	4,080	3,976
21b	Hepatitis C test	CPT-4: 80074, 86803, 86804, 87520 through 87522, 87902	6,898	6,639
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	2,651	2,266
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86318, 86328, 86408, 86409, 86413, 86769 CPT PLA: 0224U, 0226U	1	1
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	655	104
22	Mammogram	CPT-4 : 77063, 77065, 77066, 77067 ICD-10 : Z12.31 HCPCS : G0279	1,302	1,277
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	4,023	3,730
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	13,240	9,754
24a	Seasonal flu vaccine	CPT-4: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756	9,446	8,616
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	4,098	3,397
25	Contraceptive management	ICD-10: Z30-	4,590	2,650
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	6,566	4,945
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655	1,033	922
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050	6,006	5,482
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F	460	239
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	4,176	4,045

Selected Dental Services

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency services	CDT: D0140, D9110	1,106	1,016
28	Oral exams	CDT: D0120, D0145, D0150, D0160, D0170, D0171, D0180	16,851	16,126
29	Prophylaxis-adult or child	CDT: D1110, D1120	9,733	8,780
30	Sealants	CDT: D1351	1,268	1,152
31	Fluoride treatment-adult or child	CDT: D1206, D1208 CPT-4: 99188	7,854	6,954
32	Restorative services	CDT: D21xx through D29xx	19,355	8,838
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	4,276	3,192
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	20,507	8,073

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	0
2	Ages 15—19	36
3	Ages 20—24	190
4	Ages 25—44	551
5	Ages 45 and over	4
6	Total Patients (Sum of Lines 1-5)	781

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	617	1
8	Second Trimester	153	0
9	Third Trimester	10	0

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	499	499	160

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	14,605	14,605	7,863

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	5,787	5,787	2,695

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	10,119	10,119	6,373

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	27,937	27,937	11,416

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 and 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	25,251	25,251	21,744

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	8,129	8,129	5,750

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	675	675	483

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	11,116	11,116	4,104

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	9	9	9

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	31,944	31,944	17,176

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	35,372	35,372	17,909

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	306	306	19

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	397	397	158

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Table 7 - Health Outcomes and Disparities

Deliveries and Birth Weight

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

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	2	0	0	0
1b1	Native Hawaiian	0	0	0	0
1b2	Other Pacific Islander	0	0	0	0
1c	Black/African American	1	0	0	0
1d	American Indian/Alaska Native	2	0	0	0
1e	White	262	0	9	143
1f	More than One Race	0	0	0	0
1g	Unreported/Chose Not to Disclose Race	6	0	0	12
	Subtotal Hispanic or Latino/a	273	0	9	155

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	43	0	0	36
2b1	Native Hawaiian	1	0	0	0
2b2	Other Pacific Islander	2	0	0	2
2c	Black/African American	3	0	1	4
2d	American Indian/Alaska Native	0	0	0	0
2e	White	17	0	0	8
2f	More than One Race	0	0	0	0
2g	Unreported/Chose Not to Disclose Race	1	0	0	0
	Subtotal Non-Hispanic or Latino/a	67	0	1	50

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	4	1	7	122
i	Total	344	1	17	327

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	21	21	11
1b1	Native Hawaiian	1	1	1
1b2	Other Pacific Islander	9	9	2
1c	Black/African American	15	15	7
1d	American Indian/Alaska Native	16	16	7
1e	White	4,288	4,288	2,181
1f	More than One Race	17	17	6
1g	Unreported/Chose Not to Disclose Race	80	80	32
	Subtotal Hispanic or Latino/a	4,447	4,447	2,247

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	2,006	2,006	1,062
2b1	Native Hawaiian	27	27	7
2b2	Other Pacific Islander	48	48	18
2c	Black/African American	378	378	173
2d	American Indian/Alaska Native	36	36	19
2e	White	1,145	1,145	527
2f	More than One Race	41	41	21
2g	Unreported/Chose Not to Disclose Race	25	25	17
	Subtotal Non-Hispanic or Latino/a	3,706	3,706	1,844

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	59	59	22	
i	Total	8,212	8,212	4,113	

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	12	12	2
1b1	Native Hawaiian	0	0	0
1b2	Other Pacific Islander	7	7	2
1c	Black/African American	7	7	1
1d	American Indian/Alaska Native	10	10	7
1e	White	3,421	3,421	1,156
1f	More than One Race	13		5
1g	Unreported/Chose Not to Disclose Race	57	57	27
	Subtotal Hispanic or Latino/a	3,527	3,527	1,200

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	1,165	1,165	224
2b1	Native Hawaiian	17	17	4
2b2	Other Pacific Islander	36	36	14
2c	Black/African American	173	173	47
2d	American Indian/Alaska Native	27	27	5
2e	White	551	551	189
2f	More than One Race	26	26	7
2g	Unreported/Chose Not to Disclose Race	17	17	7
	Subtotal Non-Hispanic or Latino/a	2,012	2,012	497

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	34	34	18	
i	Total	5,573	5,573	1,715	

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Table 8A - Financial Costs

Universal

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	\$23,979,734	\$14,148,043	\$38,127,777	
2	Lab and X-ray	\$1,572,442	\$393,111	\$1,965,553	
3	Medical/Other Direct	\$13,758,864	\$7,424,157	\$21,183,021	
4	Total Medical Care Services (Sum of Lines 1 through 3)	\$39,311,040	\$21,965,311	\$61,276,351	

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	\$14,769,171	\$8,123,044	\$22,892,215
6	Mental Health	\$3,781,297	\$2,571,282	\$6,352,579
7	Substance Use Disorder \$552,724		\$126,362	\$679,086
8a	Pharmacy (not including pharmaceuticals)	\$610,315	\$280,745	\$891,060
8b	Pharmaceuticals	\$2,171,193		\$2,171,193
9	Other Professional specify Registered Dietitian, Chiropractor, Acupuncture, Podiatry	\$2,159,471	\$906,978	\$3,066,449
9a	Vision	\$2,223,631	\$778,271	\$3,001,902
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	\$26,267,802	\$12,786,682	\$39,054,484

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

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	\$2,869,709		\$2,869,709
11b	Transportation	\$430,618		\$430,618
11c	Outreach	\$2,099,613		\$2,099,613
11d	Patient and Community Education	\$159,602		\$159,602
11e	Eligibility Assistance	\$829,467		\$829,467
11f	Interpretation Services	ces \$159,509		\$159,509
11g	Other Enabling Services specify	\$0		\$0
11h	Community Health Workers	\$645,579		\$645,579
11	Total Enabling Services (Sum of Lines 11a through 11h)	\$7,194,097	\$3,597,167	\$10,791,264
12	Other Program-Related Services specify	\$0	\$0	\$0
12a	Quality Improvement	\$238,389	\$107,274	\$345,663
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	\$7,432,486	\$3,704,441	\$11,136,927

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	\$8,844,980		
15	Non-Clinical Support Services	\$29,611,454		
16	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	\$38,456,434		
17	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	\$111,467,762		\$111,467,762
18	Value of Donated Facilities, Services, and Supplies specify			\$0
19	Total with Donations (Sum of Lines 17 and 18)			\$111,467,762

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Table 9D - Patient Service Revenue

				Retroactive	Settlements,		d Paybacks			
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)		Collection of Reconciliati Wraparound Previous Years (c2)		Penalty / Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
1	Medicaid Non-Managed Care	\$34,553,201	\$21,671,234	\$0	\$0	\$0	\$4,617,920	\$11,677,020		
2a	Medicaid Managed Care (capitated)	\$28,928,710	\$35,214,548	\$26,122,818	\$905,937	\$3,202,557	\$0	\$-6,285,838		
2b	Medicaid Managed Care (fee-for-service)	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)	\$63,481,911	\$56,885,782	\$26,122,818	\$905,937	\$3,202,557	\$4,617,920	\$5,391,182		
4	Medicare Non-Managed Care	\$2,488,754	\$592,553	\$0	\$52,126	\$0	\$0	\$1,584,554		
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)	\$2,488,754	\$592,553	\$0	\$52,126	\$0	\$0	\$1,584,554		
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care	\$1,491,287	\$230,201	\$0	\$0	\$0	\$0	\$996,468		
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	\$0	\$0			\$0	\$0	\$0		
9	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)	\$1,491,287	\$230,201	\$0	\$0	\$0	\$0	\$996,468		
10	Private Non-Managed Care	\$3,078,396	\$1,146,123			\$0	\$0	\$1,713,651		
11a	Private Managed Care (capitated)	\$106,190	\$20,116			\$0	\$0	\$86,074		
11b	Private Managed Care (fee-for-service)	\$0	\$0			\$0	\$0	\$0		
12	Total Private (Sum of Lines 10 + 11a + 11b)	\$3,184,586	\$1,166,239			\$0	\$0	\$1,799,725		
13	Self-Pay	\$14,475,932	\$1,517,555						\$6,593,603	\$4,849,258
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)	\$85,122,470	\$60,392,330	\$26,122,818	\$958,063	\$3,202,557	\$4,617,920	\$9,771,929	\$6,593,603	\$4,849,258

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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	\$6,024,275
1c	Health Care for the Homeless	\$0
1e	Public Housing Primary Care	\$0
1g	Total Health Center (Sum of Lines 1a through 1e)	\$6,024,275
1k	Capital Development Grants, including School-Based Service Site Capital Grants	\$0
11	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	\$0
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	\$0
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	\$198,594
10	American Rescue Plan (ARP) (H8F, L2C, C8E)	\$4,317,597
1p	Other COVID-19-Related Funding from BPHC specify	\$0
1q	Total COVID-19 Supplemental (Sum of Lines 1I through 1p)	\$4,516,191
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1q)	\$10,540,466

Other Federal Grants

Line	Source	Amount (a)
2	Ryan White Part C HIV Early Intervention	\$190,965
3	Other Federal Grants specify HRSA Infrastructure, CDC HIV Prevention Program, HRSA-IBHS, NHCI-HC, PCHP Project, QI-IBHS Combined Program	\$3,396,559
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Provider	\$0
3b	Provider Relief Fund specify	\$0
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	\$3,587,524

Non-Federal Grants Or Contracts

Line	Source	Amount (a)
6	State Government Grants and Contracts specify Alameda County Tobacco Control Program, OOA-E&P-IDU/TOB Harm Reduction	\$152,369
6a	State/Local Indigent Care Programs specify HealthPAC	\$2,863,635
7	Local Government Grants and Contracts specify Alameda County, Santa Clara County, RW A&B, City of Fremont, City of San Jose, City of Hayward, City of Gilroy, City of Livermore, City of Pleasanton	\$7,829,811
8	Foundation/Private Grants and Contracts specify ARISE, BACH Foundation, CHCN BHI Incentive Program, CHCN-Care Neighborhood, Gilead FOCUS, AB74 Medi-Cal & CalFresh Enrollment & Renewal Project, Sutter Health Bay Hospitals, AAH-BHI Incentive Program, Sobrato Family Foundation, Sunlight Giving, Abode East County Street Health, CPCA-KP Safety Net Vaccine Equity and Response, CHCN-BACH South EHR Conversion, Sierra Health Foundation-MAT Project 2, Sacred Heart Community Services Homelessness Prevention Sys, Kaiser Permanente COVID-19 Vaccine Equity, CHCN Pediatrics Coordinator, EHR Project, AHC-CARES, AAPCHO CHW National Workforce Access Program, Lifelong-NP Residency Program, Direct Relief, Asian Health Services-CDPH RART, AHC-Healthy Kids, Source wise Case Management, Center for Care Innovations Resilient Beginnings Network, CalFresh Partnership Program, Facebook Voices of Youth, America Heart Association, Janssen Therapeutics-HIV Outreach and Prevention, CURA, ACEs Aware Grant, MAT Study	\$4,977,347
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	\$15,823,162
10	Other Revenue (non-patient service revenue not reported elsewhere) specify Ohana Health Fair, TCHC - Yearend Appeal, Volunteer Appreciation Event, Interest Revenue, Rent from Tenants, Patient Health Records fees, Donations	\$338,438
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	\$30,289,590

BHCMIS ID: 091220 - Bay Area Community Health, Fremont, CA

Program Name: Health Center 330

Submission Status: Change Requested

Date of Last Report Refreshed: 02/28/2023 2:36 PM EST

Date Requested: 02/28/2023 2:36 PM EST

UDS Report - 2022

Health Center Health Information Technology (HIT) Capabilities

ніт	
1. Does your health center currently have an electronic health record (EHR) system installed and in use, at minimum for medical care, b	y December 31?:
[X]: 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?:	
[X]: Yes	
[]: No	
1a1.Vendor: OCHIN Epic (Epic Systems Corporation)	
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	

1a3.Version Number:
1b. Did you switch to your current EHR from a previous system this year?:
∐: Yes
[X]: No
1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization?:
[X]: 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.):
[X]: Hospitals/Emergency rooms
[X]: Specialty providers
[X]: Other primary care providers
[X]: Labs or imaging
[X]: 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.):
[X]: Patient portals
[X]: Kiosks
[X]: Secure messaging between patient and provider
[_]: Online or virtual scheduling
Automated electronic outreach for care gap closure or preventive care reminders
[]: 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.):
[X]: Quality improvement
[X]: Population health management

[X]: Program evaluation
[X]: Research
☐: Other (please describe)
☐: We DO NOT utilize HIT or EHR data beyond direct patient care
Other (please describe):
1. Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?:
[X]: Yes
☐: No, but we are in planning stages to collect this information
☐: No, we are not planning to collect this information
1a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if
he response to Question 11 is "a. Yes."): 576 2. 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
[X]: 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
ighthat the control of the control o
]: We DO NOT use a standardized screener
Other (please describe):
•
2a. 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 oint 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 ne number of times screened during the year.): Food insecurity: 40
2a. 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 oint 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.):
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2a. 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 an oint 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: 40 Housing insecurity: 19 Financial strain: 58 Lack of transportation/access to public transportation: 22
2a. 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 oint 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: 40 Housing insecurity: 19 Financial strain: 58 Lack of transportation/access to public transportation: 22 12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.):
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2a. 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 oint 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: 40 Housing insecurity: 19 Financial strain: 58 Lack of transportation/access to public transportation: 22 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)
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2a. 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 an cint 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: 40 Housing insecurity: 19 Financial strain: 58 Lack of transportation/access to public transportation: 22 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): 3. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as eaith information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?:
2a. 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 an oint 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: 40 Housing insecurity: 19 Financial strain: 58 Lack of transportation/access to public transportation: 22 12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.): Li: Have not considered/unfamiliar with standardized screeners Li: Lack of funding for addressing these unmet social needs of patients Li: Lack of training for personnel to discuss these issues with patients Li: Inability to include with patient intake and clinical workflow Li: Not needed Ci: Other (please describe): 3. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as ealth information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?: [X]: Yes
2a. 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 an cint 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: 40 Housing insecurity: 19 Financial strain: 58 Lack of transportation/access to public transportation: 22 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): 3. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as eaith information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?:

¹ For more information on How APIs in Health Care can Support Access to Health Information: Learning Module

Comments

BHCMIS ID: 091220 - Bay Area Community Health, Fremont, CA

Program Name: Health Center 330

Submission Status: Change Requested

Date Requested: 02/28/2023 2:36 PM EST

Date of Last Report Refreshed: 02/28/2023 2:36 PM EST

UDS Report - 2022

Other Data Elements

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- 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.
- 2. [

Food and Drug Administration (FDA) (i.e., buprenorphine) for that indication during the calendar year?: 15
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?: 397
Did your organization use telemedicine to provide remote (virtual) clinical care services?
e term "telehealth" includes "telemedicine" services, but encompasses a broader scope of remote health care services. Telemedicine is specific to remote
nical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical
ucation, in addition to clinical services.:
[X]: Yes
[_]: No
2a1. Who did you use telemedicine to communicate with? (Select all that apply.):
[X]: Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
[X]: Specialists outside your organization (e.g., specialists at referral centers)
2a2. What telehealth technologies did you use? (Select all that apply.):
[X]: Real-time telehealth (e.g., live videoconferencing)
[X]: Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)
[X]: Remote patient monitoring
☐: Mobile Health (mHealth)
2a3. What primary telemedicine services were used at your organization? (Select all that apply.):
[X]: Primary care
[X]: Oral health
[X]: Behavioral health: Mental health
[X]: Behavioral health: Substance use disorder
[X]: Dermatology
[X]: Chronic conditions
☐: Disaster management
[X]: Consumer health education
[X]: Provider-to-provider consultation
[_]: Radiology
[X]: Nutrition and dietary counseling
☐: Other (Please describe)
Other (Please describe):
Other (Please describe):

Have not considered/unfamiliar with telehealth service optionsPolicy barriers (Select all that apply)	
[]: Policy harriers (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):	
one or small group) and any other assistance provided by a health center assister to	o facilitate enrollment.
Enter number of assists: 6,204	
Enter number of assists: 6,204 1 With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114- physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PA	
¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-	
¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PA	us), and certified nurse midwives (CNMs).
¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PA BHCMIS ID: 091220 - Bay Area Community Health, Fremont, CA	Date Requested: 02/28/2023 2:36 PM EST
¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PABHCMIS ID: 091220 - Bay Area Community Health, Fremont, CAProgram Name: Health Center 330 Submission Status: Change Requested	Date Requested: 02/28/2023 2:36 PM EST Date of Last Report Refreshed: 02/28/2023 2:36 PM EST
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¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PA BHCMIS ID: 091220 - Bay Area Community Health, Fremont, CA Program Name: Health Center 330 Submission Status: Change Requested UDS Report - 2 Vorkforce	Date Requested: 02/28/2023 2:36 PM EST Date of Last Report Refreshed: 02/28/2023 2:36 PM EST 2022
¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PABHCMIS ID: 091220 - Bay Area Community Health, Fremont, CAProgram Name: Health Center 330 Submission Status: Change Requested UDS Report - Workforce	Date Requested: 02/28/2023 2:36 PM EST Date of Last Report Refreshed: 02/28/2023 2:36 PM EST 2022
¹ With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PABHCMIS ID: 091220 - Bay Area Community Health, Fremont, CA Program Name: Health Center 330 Submission Status: Change Requested UDS Report - Sorkforce Workforce 1. Does your health center provide any health professional education/training that is	Date Requested: 02/28/2023 2:36 PM EST Date of Last Report Refreshed: 02/28/2023 2:36 PM EST 2022
1 With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PABHCMIS ID: 091220 - Bay Area Community Health, Fremont, CAProgram Name: Health Center 330 Submission Status: Change Requested UDS Report - Sorkforce Workforce 1. Does your health center provide any health professional education/training that is [X]: Yes	Date Requested: 02/28/2023 2:36 PM EST Date of Last Report Refreshed: 02/28/2023 2:36 PM EST 2022 s a hands-on, practical, or clinical experience?:

(Other (please describe):
	☐: Other (please describe)
	[X]: Training site partner [3]

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

	Medical		Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
1.	Physicians		0	0
	a.	Family Physicians		0
	b.	General Practitioners		0
	C.	Internists		0
	d.	Obstetrician/Gynecologists		0
	e.	Pediatricians		0
f		Other Specialty Physicians		0
2.	Nurse Practi	tioners	0	2
3.	Physician As	sistants	0	0
4.	Certified Nurse Midwives		0	0
5.	Registered N	lurses	0	0
6.	Licensed Pra	actical Nurses/Vocational Nurses	0	0
7.	Medical Ass	stants	0	0

	Dental	Pre- Graduate/Certificate (a)	Post-Graduate Training (b)
8.	Dentists	11	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			0				
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		0	0				
24. Pharmacists		0	0				
25. Other please describe		0	0				
3. Provide the number of health center personnel serving as preceptors							
4. Provide the number of health center personnel (non-preceptors) support	orting ongoing health center trail	ning programs.: 2					
5. How often does your health center conduct satisfaction surveys to pro	oviders (as identified in Appendix	A, Listing of Personnel) v	vorking for the health				
center? (Select one.):							
[_]: Monthly							
[_]: Quarterly							
[X]: Annually							
[]: We DO NOT currently conduct provider satisfaction survey	/S						
_]: Other (please describe)							
Other (please describe):							
6. How often does your health center conduct satisfaction surveys for ge	eneral personnel (as identified in	Appendix A. Listing of Pe	rsonnel) working for the				
health center (report provider surveys in question 5 only)? (Select one.):		, , ,	3				
☐: Monthly							
[X]: Annually							
[_]: We DO NOT currently conduct personnel satisfaction surveys							
[_]: Other (please describe)							
Other (please describe) Other (please describe):							

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

- ³ A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
- ⁴ Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.

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Program Name: Health Center 330 Date of Last Report Refreshed: 02/28/2023 2:36 PM EST

Submission Status: Change Requested

UDS Report - 2022

Data Audit Report

Edit Comments

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Table 4-Selected Patient Characteristics

Edit 06111: Agricultural Workers or Dependent patients in question - On Universal - There was a (82.63) % 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)

Trina Monterola (Health Center) on 01/30/2023 5:07 PM EST: Bay Area Community Health significantly increased outreach to agricultural workers. We did several COVID testing, vaccination, and wellness events in ranches and migrant camps. This increased in the number of agricultural workers seen at BACH.

Edit 06103: School Based Service Site Patients in Question - On Universal - There was a (65.46)% change in School-Based Service Site patients this year compared to the prior year on line 24. Please correct or explain.

Related Tables: Table 4(UR)

Trina Monterola (Health Center) on 01/30/2023 5:09 PM EST: Due to the COVID-19 pandemic, many of our school-based health centers were closed in 2021. In 2022, there was an increase in services due to the reopening of schools.

Table 5-Staffing And Utilization

Edit 07251: Virtual Visits greater than Clinic Visits - Mental Health virtual visits on Line 20 Column b2 (12102) are greater than or equal to Mental Health visits reported on Line 20 Column b (891). Please correct or explain.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 01/30/2023 5:20 PM EST: We have seen a greater adherence to behavior health sessions when the sessions are offered via telehealth. The total number of BH visits has increased by more than 2K from 2021 to 2022. This is the reason for a significant increase in virtual BH visits compared to 2021.

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 - (35.85). Prior Year - (24.85). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 01/30/2023 5:27 PM EST: We saw roughly 11K more physician visits in 2022 than in 2021. This is due to the increased focus on hiring. The numbers are correct.

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 - (41.25). Prior Year - (37.79). Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 01/30/2023 5:29 PM EST: The number of visits also increased. We confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Edit 04145: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Substance Use Disorder services is reported on Line 21, Column C. (CY = (1129), PY = (163)). Please correct or explain.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 02/03/2023 8:11 PM EST: We have been able to improve our documentation of work in EHR and captured more patients and visits. We also held staff accountable through the use of productivity tracking reports and saw increases.

Edit 05138: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Vision services is reported on Line 22d, Column C. (CY = (11347), PY= (8120)). Please correct or explain.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 01/30/2023 5:47 PM EST: In 2022, patients were more comfortable in seeking vision services. Bay Area Community Health accommodated all patients per capacity.

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 = (5684), PY= (22047)). Please correct or explain.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 02/03/2023 8:14 PM EST: Due to the use of two different EHRs for data collection in 2021, the number of patients documented and reported for professional services were incorrect. We have now been able to use one EHR across Bay Area Community Health and the number of patients (5,684) who received other professional services in 2022, is correct.

Edit 04149: Inter-year Patients questioned - On Universal - A large change from the prior year in patients who received Enabling services is reported on Line 29, Column C. (CY = (48320), PY = (13700)). Please correct or explain.

Related Tables: Table 5(UR)

Trina Monterola (Health Center) on 02/10/2023 4:05 PM EST: During 2022, BACH focused on addressing the unique health needs of the patient population due to Covid-19. This included but was not limited to in-clinic and virtual health education on vaccinations, prevention and safety practices. BACH also instituted a robust health education wellness series focused on healthier living during the pandemic targeting high risk patients diagnosed with diabetes, obesity, hypertension etc. and their families. Case Management services were expanded to high-risk patients and families to assess the social service needs, provide real time referrals and follow ups. These activities has led to a larger number of patients receiving enabling services.

Table 6B-Quality of Care Indicators

Edit 05866: Line 20 Compliance Rate Questioned - A compliance rate of 100% is reported for the HIV Linkage to Care measure, Line 20. 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

Trina Monterola (Health Center) on 01/30/2023 8:21 PM EST: We've reviewed the data and found to be correct. BACH has an established HIV QA QI subcommittee with robust policies and procedures, that ensure there is prompt linkage to care within 30 days of established diagnosis with the BACH PCP.

Table 7-Health Outcomes and Disparities

Edit 03877: Low Birthweights Questioned - The Asian LBW and VLBW percentage of births reported appears low. Please correct or explain. CY (0)%; PY National Average (8.26)%

Related Tables: Table 7

Trina Monterola (Health Center) on 01/30/2023 8:22 PM EST: We've reviewed this data again, and it is correct. BACH has established Pre-natal and post-natal women's health program that provide efficient support ensuring the health outcome is favorable to both mother and child. There were no cases with LBW or VLBW in the Asian category.

Table 8A-Financial Costs

Edit 03948: Cost Per Visit Questioned - Substance Use Disorder cost per visit is substantially different than the prior year. Current Year (120.79); Prior Year (464.93). Please correct or explain.

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

Trina Monterola (Health Center) on 02/03/2023 8:24 PM EST: We have been able to improve our documentation of work in EHR and captured more patients and visits. We also held staff accountable through the use of productivity tracking reports and saw increases. So, although the number of employees (hence cost) has not increased significantly, we see a significant decrease in cost/visit due to increased visits.

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

Edit 01973: FQHC Medicaid Capitation retros exceed 50% total collections - FQHC Medicaid Capitation retros(30231312) exceed 50% of (35214548). Verify that Verify that Cols C1 through C4 are included in Col B and subtracted from Col D. Please correct or explain.

Related Tables: Table 9D

Trina Monterola (Health Center) on 02/09/2023 12:29 PM EST: The data is correct. \$26,122,818 are current wrap collection, not retro.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health+vision+other professional visit is reported. Current Year (194.12); Prior year (166.06). Please review the information and correct or explain.

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

Trina Monterola (Health Center) on 02/09/2023 12:29 PM EST: The data is correct. BACH has improved efficiencies in billing and collections increasing collections per encounter.

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 (6024275). Prior Year - On Table 9E Line 1b Column a (6578827).

Related Tables: Table 9E

Trina Monterola (Health Center) on 02/06/2023 3:26 PM EST: BACH recorded \$6,578,827 in error. The correct Community Health Center (Section 330(e)) amount for 2021 (Prior Year) is \$5,865,084.82 - Table 9E Line 1b Column a. The difference of \$713,742.38 should be recorded as HRSA CARES-19, Table 9E Line 1m.

Edit 06343: Change in Revenues - You report a large change on Line 3/Other Federal Grants revenues when compared to the prior year. Please correct or explain.

Related Tables: Table 9E

Trina Monterola (Health Center) on 01/31/2023 7:32 PM EST: For the year 2022, we have received the following grants: FCC COVID-19 Telehealth Program 960,436.00 CPF/CDS - Non Construction 1,000,000.00 School-Based Service Sites 49,296.13 CDC HIV Prevention Program 550,898.37 `

Edit 06346: Change in Revenues - You report a large change on Line 8/Foundation/Private Grants and Contracts revenues when compared to the prior year. Please

correct or explain.

Related Tables: Table 9E

Trina Monterola (Health Center) on 01/31/2023 7:50 PM EST: This year BACH has been successful in engaging with our community partners, which led us to receive additional funding. Cooking Matters Grant 40,000.00 Sierra Health Foundation - 100K Project 100,000.00 Sierra Health Foundation - Elevate Youth 333,266.51 Anthem BP Program 27,909.87 Anthem BHI Incentive Program 38,365.00 Kaiser Permanente Door Program 25,000.00 ECH Senior Mobile Clinic 50,000.00 CHCN-Anthem Self-Measured Blood Pressure 18,500.00 CHCN Improving Blood Pressure Control for African Americans 42,000.00 NACHC-CCI Adult Vaccination Grant 129,850.00 AHC-CF Promoting Just and Healthy Communities 207,210.00 KP Promotores Program 75,000.00 HealthTrust HIV Expansion Project 170,000.00 Anthem Enhanced Care Management Program 73,323.80 Cardenas Markets Foundation 15,000.00 National Harm Reduction Coalition 3,600.00

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