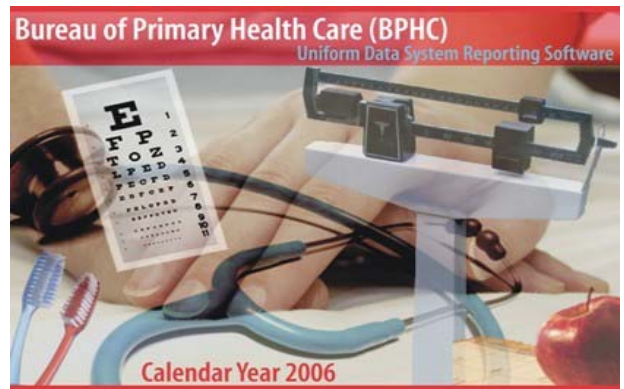


**Bureau of Primary Health Care
Uniform Data System (UDS)
Grantee Feedback Report
Calendar Year 2006 Data**



Craig Robinson
031820 - Cabin Creek Health Center, Inc.
Administration Building, Route 79
Dawes, WV 25054-0070

Comparison Groups
State: WV
Size: Small
Urban/Rural: Rural



Dear BPHC Grantee:

Enclosed, please find a set of analytic reports, specific to your organization, prepared based on the Uniform Data System (UDS) data submitted for 2006. These reports are produced by John Snow, Inc. (JSI), as part of our UDS management contract with the Bureau of Primary Health Care (BPHC). This is the sixth year that JSI has produced these reports, in support of the BPHC's ongoing effort to increase the value of the UDS and provide tools to strengthen the agencies that support its mission.

The reports are calculated based on the finalized UDS data for your organization and compared to the information submitted by other BPHC Section 330 grantees. As such, they are designed to provide benchmarks and comparative measures specific to providers for underserved communities and populations. While no comparison group will exactly reflect your organizational and community profile, we hope that you will see the relevance of the multiple groups with which your center is compared. Also, while the reports are designed to facilitate comparisons between your center and others, they are not intended to be judgmental, but rather to highlight differences and trends in a range of relevant measures. We have delayed this report for two reasons: 1) to include a new set of Performance Indicators that the BPHC has developed to support health center's efforts to improve the quality of health services to the nation's underserved populations. These new performance measures have been included in an additional report titled "Health Center Summary Trend Report" and 2) to provide you with your own center's 2005 and 2006 UDS data for querying, reporting, and other internal analyzing purposes.

We recognize that the report provides a large volume of information. The intent of the report is to provide a comprehensive reference for examining the great variety of information that can be gleaned from the UDS. Please review the Reference Guide, included in this package, to familiarize yourself with the report contents and layout. A brief summary of the contents appears on the following page. We hope that you will take the time to review the report contents and keep it available for future reference. Please also share it with any other members of your staff and board that would find it useful.

Thank you for your efforts in completing the UDS for 2006. If you have any questions regarding the report please feel free to contact the toll free UDS Support Line at (866)UDS-HELP [837-4357].

Sincerely,

A handwritten signature in black ink that reads "Susan Friedrich".

Susan Friedrich
JSI UDS Project Director

2006 UDS Feedback Report

Contents

- ◆ Summary Trend (1 page): This report includes a series of performance measures which the BPHC has identified for program monitoring and review. Summary measures are reported for three years in the Trend Report format. See discussion below for detail on this report format. These measures provide additional measures to help build an overall picture of the health center's performance including program efficiency, financial viability and clinical quality of care.
- ◆ Summary Comparison (1 page): A brief summary of key statistics tracked by the BPHC in prior years. These indicators, formerly referred to as the 'Performance Measures', have traditionally been of key importance to the BPHC in calculating base adjustments to funding.
- ◆ Universal Comparison (5 pages): Grantee's statistics presented alongside broader comparison groups, including averages (state, nation, large/small, urban/rural), national percentiles, grantee percentile rank, and Grantee's trend from 2004. All statistics presented in this section are normalized to ratios or percentages. The Reference Guide provides a more complete explanation of how the statistics and reference groups are calculated.
- ◆ Grant Comparison - (2 pages) - Same format as the Universal Comparison, but only for fields from the grant tables (3A, 3B, 4, 5 & 6), reported by special populations. One report for each special population grant received by the center. Comparisons are to the grant-specific data for other organizations receiving that grant.
- ◆ Grantee Trend - (4 pages) - Three-year trend of key variables (2004, 2005, 2006) in absolute and percent change. Statistics in this section include both direct numbers as well as ratios or percentages taken from the Universal UDS report. Comparisons are to prior years of your UDS report only.
- ◆ Grantee UDS Tables - A printout of the final version of the grantee's 2006 UDS tables, including all changes made during the editing process. These are the numbers the report is being calculated from and should be used for reference when reviewing the statistics presented.

NOTE: If you subsequently discover any data that was not correct in your finalized data for 2005 or 2006, please contact the UDS Support Line at (866)UDS-HELP for instructions on how to revise finalized UDS reports.

- ◆ Reference Guide - A separate document explaining the report layout, statistics, and comparison groupings in detail. The guide details the following items:
 - Description of report layout and contents, and discussion of how it can be used in the context of monitoring and performance improvement
 - Description of comparison groupings (urban/rural, large/small, state, nation, and special populations)
 - Description of statistical measures presented (averages, percentiles, grantee percentile, grantee trend)
 - Detail on all formulas used in calculations.

Health Center Summary Trend Report

| | | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | |
|-------|--|---------------------------------------|---------|--------|-------------------|----------|------------------------|------------|-------------------|---------|
| | | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | |
| | | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % |
| KP1 | Total Number of Patients Served | 10,002 | 5,880 | 5,181 | 4,122 | 70.10% | 4.93% | 6.38% | 699 | 13.49% |
| KP2 | Medical Patient Growth | 9,956 | 5,864 | 5,149 | 4,092 | 69.78% | 5.44% | 5.75% | 715 | 13.89% |
| KP3 | Dental patients | 0 | 0 | 0 | 0 | | 13.38% | 9.24% | 0 | |
| KP4 | Migrant/Seasonal Farmworker Patients | 0 | 1 | 2 | -1 | -100.00% | -16.86% | 3.93% | -1 | -50.00% |
| KP5 | Homeless Patients | 2 | 4 | 6 | -2 | -50.00% | -0.14% | 4.16% | -2 | -33.33% |
| KP6 | Public Housing Patients | 0 | 0 | 0 | 0 | | | 5.87% | 0 | |
| KP7 | % Prenatal Care and Birthweight Outcomes | | | | | | | | | |
| KP7.1 | % of prenatal women entering into prenatal care program within the first trimester | 65.38% | 70.97% | 63.33% | -5.58% | -7.87% | -2.31% | 1.23% | 7.63% | 12.05% |
| KP7.2 | % Total Newborns Below Normal Birthweight | 9.68% | 15.00% | 0.00% | -5.32% | -35.48% | -4.11% | 5.26% | 15.00% | |
| KP7.3 | % Non Minority Low Birthweight* | 10.00% | 15.00% | 0.00% | -5.00% | -33.33% | -5.66% | 4.96% | 15.00% | |
| KP7.4 | % Minority Low Birthweight* | 0.00% | 0.00% | 0.00% | 0.00% | | 25.20% | 5.95% | 0.00% | |
| KP7.5 | Minority to Non Minority Low Birthweight Ratio* (Disparity index) | 0.00 | 0.00 | | 0.00 | | -80.43% | -13.43% | | |
| KP7.6 | % Difference Minority from Non Minority Low Birthweight* (Disparity difference) | -10.00% | -15.00% | 0.00% | 5.00% | -33.33% | 26.28% | 84.95% | -15.00% | |
| KP8 | Costs | | | | | | | | | |
| KP8.1 | Total Cost per Total Patient | \$466 | \$719 | \$765 | -\$253 | -35.16% | 8.31% | 4.55% | -\$46 | -6.02% |
| KP8.2 | Medical cost per medical encounter (excl. lab and xray costs and nursing visits) | \$83 | \$102 | \$108 | -\$19 | -18.69% | 8.06% | 5.11% | -\$6 | -5.76% |
| KP9 | Financials from Audit | | | | | | | | | |
| KP9.1 | % Net Income to Expenses | This information is not yet available | | | | | | | | |
| KP9.2 | Working Capital to Expenses | This information is not yet available | | | | | | | | |
| KP9.3 | Debt to Equity Ratio | This information is not yet available | | | | | | | | |

* Non Minority is defined as White (not Hispanic or Latino). Minority is defined as all other Race/Ethnicity categories except for those reporting under Unreported/Refused to Report.

Comparison Group Criteria:

All Grantees

Comparison Group Advanced Criteria:

Summary Comparison Measures

The measures presented on this page are based on the formulae for the formerly used "BPHC Performance Measures". They are presented here for continuity purposes, and as a summary of key issues only.

| Current Year Ratio Performance Measures | Grantee | Averages | | | | National Percentiles | | | Grantee Percentile | Grantee Trend 2004 to 2006 | |
|---|---|----------|----------|----------|----------|----------------------|----------|----------|--------------------|----------------------------|----------|
| | | W V | National | Rural | Small | 25th | Median | 75th | | | |
| PM4 | Ratio of Uncompensated Care to BPHC Receipts | 158% | 141% | 140% | 98% | 93% | 52% | 91% | 151% | 77% | 4% |
| PM6 | Medical Team Productivity | 5,366.72 | 4,359.98 | 4,255.81 | 4,463.55 | 3,942.25 | 3,634.97 | 4,206.84 | 4,797.60 | 89% | 2,214.03 |
| PM7 | Medical Cost Per Encounter (excludes lab and xray) ³ | \$83 | \$102 | \$117 | \$109 | \$123 | \$99 | \$115 | \$140 | 9% | -\$25 |
| PM9 | Self Pay Collection Rate | 36% | 39% | 22% | 31% | 23% | 14% | 24% | 36% | 75% | 8% |

| 3-Year Trend Performance Measures | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | | |
|-----------------------------------|--|--------|--------|-------------------|--------|------------------------|------------|-------------------|-------|--------|
| | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | | |
| | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % | |
| PM1 | Medical Patients Growth | 9,956 | 5,864 | 5,149 | 4,092 | 69.78% | 5.44% | 5.75% | 715 | 13.89% |
| PM2 | Medical Encounters Growth (excludes nursing visits) ³ | 30,805 | 20,118 | 17,459 | 10,687 | 53.12% | 4.48% | 5.85% | 2,659 | 15.23% |
| PM5 | Medicaid Patients Growth | 2,356 | 1,387 | 1,083 | 969 | 69.86% | 4.26% | 5.03% | 304 | 28.07% |
| PM8 | Uninsured Patients Growth | 2,563 | 2,148 | 1,995 | 415 | 19.32% | 0.47% | 6.49% | 153 | 7.67% |

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details

Comparison Group Criteria:

Comparison Group Advanced Criteria:

All Grantees

UDS Grantee Comparison Report

| UNIVERSAL | Grantee | Averages | | | | National Percentiles | | | Grantee Percentile | Grantee Trend 2004 to 2006 | |
|-----------|---------------------------------------|----------|----------|-------|-------|----------------------|--------|------|--------------------|----------------------------|------|
| | | WV | National | Rural | Small | 25th | Median | 75th | | | |
| U1.00 | PATIENT DEMOGRAPHICS | | | | | | | | | | |
| U1.10 | Target Populations | | | | | | | | | | |
| U1.11 | % Pediatric (<15 years old) | 17% | 20% | 28% | 27% | 23% | 17% | 25% | 32% | 24% | 0% |
| U1.12 | % Geriatric (age 65 and over) | 14% | 11% | 7% | 9% | 8% | 4% | 6% | 10% | 87% | 3% |
| U1.13 | % Women's health (age 15 - 44) | 26% | 31% | 29% | 27% | 28% | 23% | 28% | 32% | 37% | -6% |
| U1.20 | Gender Split by Age Group | | | | | | | | | | |
| U1.21 | % total patients who are female | 59% | 64% | 59% | 59% | 57% | 55% | 59% | 62% | 52% | -3% |
| U1.22 | % patients under 15 who are female | 50% | 50% | 50% | 49% | 50% | 49% | 50% | 51% | 54% | -3% |
| U1.23 | % patients 15 - 44 who are female | 63% | 70% | 65% | 64% | 62% | 58% | 64% | 69% | 48% | -3% |
| U1.24 | % patients 45 - 64 who are female | 57% | 64% | 59% | 60% | 56% | 55% | 59% | 64% | 37% | -2% |
| U1.25 | % patients 65 and over who are female | 62% | 66% | 61% | 60% | 59% | 57% | 61% | 66% | 53% | 0% |
| U1.30 | Race/Ethnicity/Language | | | | | | | | | | |
| U1.31 | % Asian/Pacific Islander* | 0% | 0% | 3% | 2% | 3% | 0% | 1% | 2% | 17% | 0% |
| U1.32 | % Black/ African American* | 1% | 4% | 23% | 12% | 24% | 1% | 7% | 39% | 27% | 0% |
| U1.33 | % Native American/ Alaskan Native* | 0% | 0% | 1% | 2% | 3% | 0% | 0% | 1% | 38% | 0% |
| U1.34 | % Hispanic or Latino* | 0% | 1% | 36% | 33% | 22% | 2% | 14% | 49% | 3% | 0% |
| U1.35 | % White* | 99% | 95% | 36% | 51% | 49% | 14% | 39% | 75% | 95% | 0% |
| U1.36 | % with Linguistic Barrier | 0% | 1% | 29% | 26% | 17% | 1% | 11% | 36% | 0% | 0% |
| U1.40 | Income/Insurance | | | | | | | | | | |
| U1.41 | % <= 100% Poverty * | 61% | 63% | 71% | 66% | 69% | 56% | 70% | 81% | 33% | -1% |
| U1.42 | % <= 200% Poverty * | 94% | 91% | 92% | 89% | 92% | 89% | 96% | 98% | 40% | 1% |
| U1.43 | % Uninsured | 26% | 33% | 40% | 37% | 45% | 27% | 39% | 55% | 24% | -13% |
| U1.44 | % with Medicaid coverage | 24% | 22% | 35% | 31% | 29% | 19% | 29% | 41% | 37% | 3% |
| U1.45 | % with Medicare coverage | 20% | 12% | 8% | 10% | 9% | 4% | 7% | 12% | 94% | 4% |
| U1.46 | % with Other Public Ins. coverage | 1% | 2% | 2% | 2% | 1% | 0% | 0% | 2% | 71% | 0% |
| U1.47 | % with Private Ins. coverage | 30% | 31% | 15% | 21% | 17% | 6% | 14% | 25% | 82% | 6% |
| U1.48 | % CHIP enrolled (M'aid or Oth.Pub.) | 1% | 2% | 2% | 2% | 2% | 0% | 0% | 2% | 66% | 0% |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

² Compares accrued cost to cash income

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details

Comparison Group Criteria:

Comparison Group Advanced Criteria:

| |
|--------------|
| All Grantees |
|--------------|

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UDS Grantee Comparison Report

| UNIVERSAL | Grantee | Averages | | | | National Percentiles | | | Grantee Percentile | Grantee Trend 2004 to 2006 | |
|-----------|--|----------|----------|--------|--------|----------------------|--------|--------|--------------------|----------------------------|---------|
| | | WV | National | Rural | Small | 25th | Median | 75th | | | |
| U2.0 | CLINICAL INFORMATION | | | | | | | | | | |
| U2.10 | Service Patient to population ratios | | | | | | | | | | |
| U2.11 | % of patients tested for HIV | 0.00% | 0.21% | 3.02% | 1.71% | 2.43% | 0.00% | 0.67% | 3.71% | 0% | 0.00% |
| U2.12 | Mammograms per female patients 45+ years | 0.80% | 20.95% | 10.60% | 8.59% | 7.00% | 0.00% | 0.03% | 10.06% | 60% | 0.62% |
| U2.13 | Pap smears per female patients 15+ years | 11.28% | 25.63% | 22.12% | 20.13% | 18.39% | 11.04% | 17.30% | 25.88% | 26% | -5.98% |
| U2.14 | Family planning per female patients 15-44 yrs | 10.12% | 17.45% | 20.00% | 17.79% | 18.13% | 6.46% | 12.55% | 21.10% | 39% | -5.62% |
| U2.15 | Well child patients per patients < 12 years | 44.32% | 46.26% | 56.34% | 48.40% | 43.71% | 28.20% | 48.00% | 65.27% | 45% | -12.29% |
| U2.20 | Diagnosis Patient to population ratios | | | | | | | | | | |
| U2.21 | Hypertension per patient 20+ years | 27.30% | 16.14% | 15.30% | 16.26% | 15.72% | 9.91% | 14.03% | 20.13% | 91% | 4.80% |
| U2.22 | Asymptomatic HIV per total medical patients | 0.00% | 0.03% | 0.42% | 0.17% | 0.37% | 0.00% | 0.03% | 0.23% | 0% | -0.02% |
| U2.23 | Asymptomatic HIV per total medical patients | 0.00% | 0.00% | 0.17% | 0.06% | 0.16% | 0.00% | 0.00% | 0.03% | 0% | 0.00% |
| U2.24 | Asthma per total medical patients | 1.76% | 2.50% | 3.50% | 3.01% | 3.12% | 2.07% | 2.85% | 4.04% | 17% | -0.51% |
| U2.25 | Diabetes per total medical patients | 12.42% | 6.71% | 7.05% | 7.49% | 7.44% | 5.14% | 6.75% | 8.83% | 93% | 2.27% |
| U2.30 | Visits per year for patients with specific diagnoses | | | | | | | | | | |
| U2.31 | Asthma | 1.25 | 1.65 | 1.77 | 1.75 | 1.68 | 1.44 | 1.59 | 1.81 | 7% | -0.24 |
| U2.32 | Hypertension | 1.73 | 2.22 | 2.37 | 2.28 | 2.26 | 1.85 | 2.11 | 2.45 | 16% | -0.08 |
| U2.33 | Diabetes | 2.31 | 2.74 | 3.18 | 3.08 | 2.97 | 2.44 | 2.87 | 3.46 | 20% | -0.24 |
| U2.34 | Otitis Media | 1.35 | 1.42 | 1.48 | 1.48 | 1.44 | 1.23 | 1.35 | 1.48 | 51% | 0.02 |
| U2.35 | Mental disorders | 1.85 | 2.54 | 2.82 | 2.57 | 2.99 | 1.49 | 1.84 | 2.59 | 51% | -0.30 |
| U2.40 | Proportion of Medical Encounters by Diagnosis ³ | | | | | | | | | | |
| U2.41 | % Asthma encounters | 0.71% | 1.26% | 1.97% | 1.65% | 1.74% | 1.10% | 1.49% | 2.26% | 8% | -0.29% |
| U2.42 | % Hypertension encounters | 11.17% | 8.18% | 8.36% | 8.39% | 9.70% | 5.07% | 7.67% | 11.83% | 73% | 2.48% |
| U2.43 | % Diabetes encounters | 9.29% | 5.60% | 7.11% | 7.20% | 7.34% | 4.74% | 6.60% | 9.02% | 77% | 1.65% |
| U2.50 | Perinatal Care | | | | | | | | | | |
| U2.51 | % Prenatal teen patients (< 20 yrs) | 26.92% | 17.42% | 18.59% | 18.83% | 18.18% | 14.29% | 18.69% | 23.65% | 87% | 6.92% |
| U2.52 | % Newborns Below Normal Birthweight | 9.68% | 8.27% | 7.69% | 6.97% | 8.18% | 3.62% | 6.26% | 10.10% | 73% | 9.68% |
| U2.53 | % Late Entry Into Prenatal Care | 34.62% | 19.42% | 35.84% | 35.01% | 36.60% | 20.02% | 31.58% | 41.29% | 59% | -2.05% |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

² Compares accrued cost to cash income

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details

Comparison Group Criteria:

Comparison Group Advanced Criteria:

| |
|--------------|
| All Grantees |
|--------------|

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UDS Grantee Comparison Report

| UNIVERSAL | Grantee | Averages | | | | National Percentiles | | | Grantee Percentile | Grantee Trend 2004 to 2006 | |
|-----------|---|----------|----------|-------|-------|----------------------|--------|-------|--------------------|----------------------------|-------|
| | | WV | National | Rural | Small | 25th | Median | 75th | | | |
| U3.0 | STAFFING RATIOS AND PRODUCTIVITY | | | | | | | | | | |
| U3.10 | Support Ratios | | | | | | | | | | |
| U3.11 | Direct medical support | 1.69 | 1.42 | 1.69 | 1.65 | 1.53 | 1.25 | 1.60 | 1.99 | 55% | 0.32 |
| U3.12 | Direct dental support ratio | | 1.16 | 1.38 | 1.42 | 1.21 | 0.91 | 1.22 | 1.66 | | |
| U3.13 | "Patient support" ratio | 1.08 | 1.05 | 1.24 | 1.31 | 1.03 | 0.73 | 1.13 | 1.51 | 47% | 0.17 |
| U3.20 | Medical Productivity and Patient Panel Size | | | | | | | | | | |
| U3.21 | Family Practice Productivity | 3,763 | 3,663 | 3,858 | 3,961 | 3,506 | 3,086 | 3,703 | 4,348 | 52% | -258 |
| U3.22 | General Practice Productivity | | 4,077 | 4,048 | 4,075 | 3,394 | 3,011 | 3,952 | 4,914 | | |
| U3.23 | Internal Medicine Productivity | 3,416 | 4,139 | 3,804 | 3,949 | 3,503 | 2,962 | 3,700 | 4,537 | 39% | -434 |
| U3.24 | Ob/Gyn Productivity | | 3,576 | 3,598 | 3,673 | 3,316 | 2,634 | 3,558 | 4,595 | | |
| U3.25 | Pediatric Productivity | 4,388 | 4,198 | 3,935 | 4,129 | 3,274 | 2,963 | 3,669 | 4,455 | 73% | 2,191 |
| U3.26 | Overall Physician Productivity (excl. spec. phys.) | 3,735 | 3,804 | 3,846 | 3,969 | 3,463 | 3,080 | 3,676 | 4,261 | 53% | 582 |
| U3.27 | NP/PA/CNM Productivity | 3,803 | 2,897 | 2,879 | 3,076 | 2,558 | 2,262 | 2,810 | 3,358 | 87% | 1,194 |
| U3.271 | NP Productivity | 3,945 | 3,282 | 2,814 | 3,002 | 2,490 | 2,162 | 2,768 | 3,381 | 89% | 1,336 |
| U3.272 | PA Productivity | 3,736 | 2,912 | 3,072 | 3,232 | 2,711 | 2,305 | 2,923 | 3,668 | 77% | |
| U3.273 | CNM Productivity | | 2,080 | 2,571 | 2,600 | 2,555 | 1,974 | 2,673 | 3,312 | | |
| U3.28 | Medical Team Productivity | 5,367 | 4,360 | 4,256 | 4,464 | 3,942 | 3,635 | 4,207 | 4,798 | 89% | 1,376 |
| U3.281 | Medical Team Productivity Ratio | 1.15 | 1.00 | 1.00 | 1.04 | 0.89 | 0.83 | 0.97 | 1.11 | 82% | 0.27 |
| U3.29 | Medical Patients per Provider FTE | 1,220 | 1,037 | 1,106 | 1,128 | 1,012 | 906 | 1,092 | 1,326 | 66% | 383 |
| U3.30 | Dental Productivity and Patient Panel Size | | | | | | | | | | |
| U3.31 | Dentist Productivity | | 2,606 | 2,702 | 2,764 | 2,462 | 1,996 | 2,525 | 3,089 | | |
| U3.32 | Dental Hygienist Productivity | | 1,334 | 1,379 | 1,282 | 1,282 | 904 | 1,338 | 1,731 | | |
| U3.33 | Dental Team Productivity | | 2,621 | 2,711 | 2,729 | 2,480 | 2,041 | 2,534 | 3,043 | | |
| U3.34 | Dental Patients per Provider FTE | | 1,037 | 974 | 967 | 901 | 730 | 926 | 1,194 | | |
| U4.0 | UTILIZATION RATES | | | | | | | | | | |
| U4.10 | Medical Encounters per Medical Patient ³ | 3.09 | 3.29 | 3.15 | 3.21 | 3.02 | 2.62 | 3.07 | 3.52 | 51% | -0.30 |
| U4.20 | Dental Encounters per Dental Patient | | 2.02 | 2.41 | 2.40 | 2.33 | 1.87 | 2.25 | 2.73 | | |
| U4.30 | Mental Health Encounters Per MH Patient | 2.27 | 5.68 | 4.92 | 4.95 | 4.93 | 2.40 | 3.61 | 5.70 | 22% | 0.02 |
| U4.40 | Substance Abuse Encounters Per SA Patient | | 8.23 | 9.92 | 5.20 | 12.60 | 2.31 | 5.11 | 10.55 | | |
| U4.50 | Enabling Encounters per Enab. Patient | | 2.51 | 2.85 | 2.50 | 2.92 | 1.56 | 2.30 | 3.75 | | |

^{*} Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

² Compares accrued cost to cash income

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details

Comparison Group Criteria:

Comparison Group Advanced Criteria:

| |
|--------------|
| All Grantees |
|--------------|

| |
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| |
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UDS Grantee Comparison Report

| UNIVERSAL | Grantee | Averages | | | | National Percentiles | | | Grantee Percentile | Grantee Trend 2004 to 2006 | |
|-----------|---|----------|----------|-------|-------|----------------------|--------|-------|--------------------|----------------------------|--------|
| | | W V | National | Rural | Small | 25th | Median | 75th | | | |
| U5.0 | COSTS | | | | | | | | | | |
| U5.10 | Costs by cost center | | | | | | | | | | |
| U5.11 | Administration % of Total Cost | 12% | 25% | 25% | 25% | 27% | 22% | 27% | 32% | 2% | -11% |
| U5.12 | Facility % of Total Cost | 4% | 6% | 7% | 7% | 7% | 5% | 7% | 9% | 17% | -2% |
| U5.13 | Medical (loaded) as % of total cost | 60% | 75% | 65% | 68% | 61% | 57% | 67% | 78% | 31% | 4% |
| U5.14 | Dental (loaded) as % of total cost | 0% | 4% | 11% | 11% | 12% | 1% | 9% | 17% | 0% | 0% |
| U5.15 | Pharmacy (loaded) as % of total cost | 32% | 10% | 7% | 8% | 6% | 1% | 3% | 9% | 98% | -2% |
| U5.16 | Lab/X-ray (loaded) as % of total cost | 5% | 8% | 5% | 5% | 4% | 1% | 4% | 7% | 59% | -3% |
| U5.17 | Mental/Addictive (loaded) as % of total cost | 1% | 3% | 4% | 3% | 7% | 0% | 1% | 5% | 47% | -2% |
| U5.18 | Enabling (loaded) as % of total cost | 2% | 4% | 9% | 6% | 10% | 3% | 7% | 12% | 16% | -1% |
| U5.19 | Pharmaceuticals as a % of total cost | 19% | 7% | 4% | 5% | 4% | 0% | 2% | 4% | 97% | 0% |
| U5.20 | Costs per patient | | | | | | | | | | |
| U5.21 | Medical Cost per Medical Patient ³ | \$257 | \$334 | \$368 | \$348 | \$371 | \$287 | \$354 | \$446 | 16% | -\$111 |
| U5.22 | Dental Cost per Dental Patient | | \$229 | \$333 | \$341 | \$347 | \$240 | \$331 | \$449 | | |
| U5.23 | Total Cost per Total Patient | \$466 | \$474 | \$538 | \$494 | \$550 | \$393 | \$493 | \$618 | 44% | -\$299 |
| U5.30 | Costs per encounter | | | | | | | | | | |
| U5.31 | Medical cost per medical encounter ³ | \$83 | \$102 | \$117 | \$109 | \$123 | \$99 | \$115 | \$140 | 9% | -\$25 |
| U5.32 | Dental Cost per dental encounter | | \$113 | \$139 | \$142 | \$149 | \$112 | \$143 | \$185 | | |
| U5.33 | Pharmacy Cost per medical encounter ³ | \$49 | \$15 | \$14 | \$15 | \$13 | \$1 | \$6 | \$17 | 95% | -\$29 |
| U5.34 | Lab & X-ray Cost per medical encounter ³ | \$7 | \$12 | \$9 | \$9 | \$9 | \$2 | \$6 | \$13 | 53% | -\$10 |
| U5.35 | Pharmaceutical cost per medical encounter | \$29 | \$10 | \$8 | \$8 | \$8 | \$1 | \$3 | \$8 | 95% | -\$15 |

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|-------|--|------|------|------|------|------|------|------|------|-----|-------|
| U6.0 | MANAGED CARE | | | | | | | | | | |
| U6.10 | Managed Care Surplus/Deficit as % Expenses | | | | | | | | | | |
| U6.11 | Medicaid MC Surplus/Deficit % | 24% | 5% | 9% | 9% | -1% | -15% | 3% | 20% | 80% | 64% |
| U6.12 | Medicare MC Surplus/Deficit % | | -9% | -16% | -26% | -39% | -51% | -27% | 4% | | |
| U6.13 | Other Public MC Surplus/Deficit % | | 0% | -6% | -13% | -26% | -50% | -27% | 5% | | |
| U6.14 | Private MC Surplus/Deficit % | | -21% | -26% | -14% | -27% | -47% | -27% | -8% | | |
| U6.15 | Total MC Surplus/Deficit % | 24% | 3% | 4% | 5% | -5% | -18% | -2% | 13% | 85% | 64% |
| U6.20 | Average Capitated Member Month Revenue | | | | | | | | | | |
| U6.21 | Medicaid PMPM | | \$15 | \$23 | \$26 | \$24 | \$14 | \$18 | \$24 | | |
| U6.22 | Medicare PMPM | | \$0 | \$93 | \$33 | \$30 | \$23 | \$35 | \$50 | | |
| U6.23 | Other Public PMPM | | \$0 | \$24 | \$27 | \$24 | \$13 | \$21 | \$29 | | |
| U6.24 | Private Insurance PMPM | | \$53 | \$21 | \$22 | \$21 | \$10 | \$13 | \$19 | | |
| U6.30 | Total Encounters per Member Year | 4.19 | 3.76 | 3.81 | 3.86 | 3.86 | 2.72 | 3.50 | 4.75 | 65% | -0.75 |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

² Compares accrued cost to cash income

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details

Comparison Group Criteria:

Comparison Group Advanced Criteria:

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|--------------|
| All Grantees |
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UDS Grantee Comparison Report

| UNIVERSAL | Grantee | Averages | | | | National Percentiles | | | Grantee Percentile | Grantee Trend 2004 to 2006 | |
|-----------|---|----------|----------|-------|-------|----------------------|--------|-------|--------------------|----------------------------|--------|
| | | WV | National | Rural | Small | 25th | Median | 75th | | | |
| U7.0 | CHARGES, COLLECTIONS AND ADJUSTMENTS | | | | | | | | | | |
| U7.10 | Income by Source | | | | | | | | | | |
| U7.11 | % Income from Patient Service | 76% | 72% | 59% | 63% | 47% | 37% | 53% | 67% | 91% | 12% |
| U7.12 | % Income from BPHC | 11% | 17% | 20% | 23% | 27% | 15% | 25% | 38% | 12% | -5% |
| U7.13 | % Income from other sources | 13% | 11% | 21% | 15% | 26% | 6% | 16% | 29% | 41% | -7% |
| U7.20 | Managed Care Participation | | | | | | | | | | |
| U7.21 | % Non-Managed Care Charges | 98% | 95% | 79% | 86% | 86% | 75% | 93% | 100% | 58% | 5% |
| U7.22 | % Capitated Managed Care Charges | 0% | 0% | 10% | 6% | 6% | 0% | 0% | 8% | 0% | -6% |
| U7.23 | % Fee-for-Service Managed Care Charges | 2% | 5% | 11% | 8% | 8% | 0% | 1% | 14% | 51% | 2% |
| U7.30 | Other Ratios | | | | | | | | | | |
| U7.31 | Average Charge per Unduplicated Patient | \$561 | \$538 | \$519 | \$470 | \$452 | \$324 | \$428 | \$549 | 77% | -\$152 |
| U7.32 | Average Charge per Billable Encounter ¹ | \$174 | \$155 | \$156 | \$140 | \$142 | \$110 | \$133 | \$162 | 82% | -\$23 |
| U7.33 | Ratio of Charges to Reimbursable Costs ¹ | 129% | 123% | 112% | 106% | 98% | 81% | 100% | 118% | 84% | 29% |
| U7.34 | Average 330 Grant \$ per Medical Patient | \$53 | \$83 | \$122 | \$126 | \$179 | \$93 | \$135 | \$216 | 7% | -\$63 |
| U7.35 | Ratio of Donations to Total Costs | 0% | 9% | 3% | 4% | 5% | 0% | 0% | 5% | 0% | -20% |
| U7.40 | Collection Rate | | | | | | | | | | |
| U7.41 | % Medicaid Charges Collected | 82% | 80% | 87% | 94% | 87% | 72% | 89% | 111% | 39% | -3% |
| U7.42 | % Medicare Charges Collected | 73% | 69% | 69% | 73% | 71% | 52% | 72% | 88% | 52% | -7% |
| U7.43 | % Other Public Charges Collected | 48% | 58% | 68% | 72% | 65% | 42% | 61% | 83% | 32% | -13% |
| U7.44 | % Private Insurance Charges Collected | 74% | 60% | 58% | 64% | 62% | 42% | 57% | 71% | 79% | -7% |
| U7.45 | % Self Pay Charges Collected | 36% | 39% | 22% | 31% | 23% | 14% | 24% | 36% | 75% | 8% |
| U7.46 | % Overall Charges Collected | 65% | 61% | 61% | 66% | 58% | 46% | 60% | 72% | 61% | 1% |
| U7.47 | % Collections from Retroactive Payments | 1% | 3% | 15% | 11% | 11% | 0% | 3% | 18% | 42% | -2% |
| U7.50 | Adjustments | | | | | | | | | | |
| U7.51 | Sliding Discounts as % of self pay charges | 52% | 54% | 65% | 58% | 66% | 48% | 64% | 76% | 29% | -15% |
| U7.52 | Bad Debt as % of self pay charges | 4% | 9% | 9% | 8% | 8% | 2% | 6% | 12% | 39% | -1% |
| U7.53 | Allowances as % of insured charges | 12% | 27% | 19% | 15% | 18% | 2% | 16% | 27% | 41% | -2% |
| U7.60 | Indigent Care Income as % of self pay chgs. | 12% | 10% | 11% | 7% | 12% | 0% | 0% | 8% | 80% | -6% |
| U7.70 | Surplus/Deficit as % Total Cost ² | 2% | -3% | 0% | 1% | 1% | -5% | 0% | 6% | 60% | 10% |
| U7.80 | Payor Mix (% of Charges) | | | | | | | | | | |
| U7.81 | % patient charges from Medicaid | 21% | 28% | 44% | 37% | 37% | 20% | 35% | 50% | 27% | -2% |
| U7.82 | % patient charges from Medicare | 14% | 14% | 9% | 12% | 10% | 4% | 8% | 13% | 78% | 3% |
| U7.83 | % patient charges from Other Public | 1% | 2% | 4% | 3% | 3% | 0% | 0% | 3% | 60% | 0% |
| U7.84 | % patient charges from Private Insurance | 36% | 30% | 12% | 17% | 14% | 4% | 10% | 20% | 94% | 5% |
| U7.85 | % patient charges from Self Pay | 27% | 26% | 31% | 31% | 37% | 22% | 34% | 51% | 36% | -6% |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

² Compares accrued cost to cash income

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details

Comparison Group Criteria:

Comparison Group Advanced Criteria:

| |
|--------------|
| All Grantees |
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3-Year Trends in Key UDS Variables

| | | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | |
|-------|--------------------------------------|----------|-------|-------|-------------------|----------|------------------------|------------|-------------------|---------|
| | | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | |
| | | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % |
| T1.0 | PATIENTS | | | | | | | | | |
| T1.10 | Total patients | 10,002 | 5,880 | 5,181 | 4,122 | 70.10% | 4.93% | 6.38% | 699 | 13.49% |
| T1.20 | Patients by Category of Service | | | | | | | | | |
| T1.21 | Medical patients | 9,956 | 5,864 | 5,149 | 4,092 | 69.78% | 5.44% | 5.75% | 715 | 13.89% |
| T1.22 | Dental patients | 0 | 0 | 0 | 0 | | 13.38% | 9.24% | 0 | |
| T1.23 | Mental health patients | 585 | 459 | 565 | 126 | 27.45% | 13.35% | 15.05% | -106 | -18.76% |
| T1.24 | Substance abuse service patients | 0 | 0 | 0 | 0 | | 26.87% | 2.25% | 0 | |
| T1.25 | Other professional patients | 0 | 0 | 0 | 0 | | 579.59% | -1.60% | 0 | |
| T1.26 | Enabling service patients | 0 | 1,211 | 911 | -1,211 | -100.00% | 46.03% | 6.09% | 300 | 32.93% |
| T1.27 | Prenatal patients | 52 | 31 | 60 | 21 | 67.74% | 10.60% | 7.38% | -29 | -48.33% |
| T1.30 | Target Populations | | | | | | | | | |
| T1.31 | Pediatric (< 15 years old) | 1,704 | 1,045 | 867 | 659 | 63.06% | 4.35% | 4.96% | 178 | 20.53% |
| T1.32 | Geriatric (age 65 and over) | 1,391 | 610 | 584 | 781 | 128.03% | 4.78% | 6.35% | 26 | 4.45% |
| T1.33 | Women's health (age 15 - 44) | 2,559 | 1,747 | 1,620 | 812 | 46.48% | 5.36% | 6.65% | 127 | 7.84% |
| T1.34 | Migrant/Seasonal Farmworker Patients | 0 | 1 | 2 | -1 | -100.00% | -16.86% | 3.93% | -1 | -50.00% |
| T1.35 | Homeless Patients | 2 | 4 | 6 | -2 | -50.00% | -0.14% | 4.16% | -2 | -33.33% |
| T1.40 | Race/Ethnicity/Language | | | | | | | | | |
| T1.41 | Asian/Pacific Islander | 13 | 7 | 3 | 6 | 85.71% | 20.51% | 9.98% | 4 | 133.33% |
| T1.42 | Black/ African American | 102 | 101 | 64 | 1 | 0.99% | 5.42% | 5.70% | 37 | 57.81% |
| T1.43 | Native American / Alaskan Native | 10 | 6 | 1 | 4 | 66.67% | 21.05% | 5.57% | 5 | 500.00% |
| T1.44 | Hispanic or Latino | 3 | 3 | 2 | 0 | 0.00% | -9.60% | 6.15% | 1 | 50.00% |
| T1.45 | White | 9,798 | 5,681 | 5,090 | 4,117 | 72.47% | 5.95% | 5.83% | 591 | 11.61% |
| T1.46 | Linguistic Barrier (calculated) | 0 | 0 | 0 | 0 | | 0.60% | 7.30% | 0 | |
| T1.50 | Income/Insurance | | | | | | | | | |
| T1.51 | At or Below 100% Poverty | 1,982 | 1,776 | 1,661 | 206 | 11.60% | 4.75% | 4.69% | 115 | 6.92% |
| T1.52 | At or Below 200% Poverty | 3,044 | 2,716 | 2,482 | 328 | 12.08% | 7.84% | 5.23% | 234 | 9.43% |
| T1.53 | Uninsured Patients | 2,563 | 2,148 | 1,995 | 415 | 19.32% | 0.47% | 6.49% | 153 | 7.67% |
| T1.54 | Medicaid Patients | 2,356 | 1,387 | 1,083 | 969 | 69.86% | 4.26% | 5.03% | 304 | 28.07% |
| T1.55 | Medicare Patients | 1,960 | 908 | 814 | 1,052 | 115.86% | 10.78% | 6.65% | 94 | 11.55% |
| T1.56 | Other Public Ins. Patients | 139 | 79 | 76 | 60 | 75.95% | -16.78% | 5.94% | 3 | 3.95% |
| T1.57 | Private Ins. Patients | 2,984 | 1,358 | 1,213 | 1,626 | 119.73% | 9.79% | 9.20% | 145 | 11.95% |
| T1.58 | SCHIP Patients (Maid or Oth.Pub.) | 140 | 79 | 76 | 61 | 77.22% | -15.86% | 6.47% | 3 | 3.95% |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details.

Comparison Group Criteria:

Comparison Group Advanced Criteria:

| |
|--------------|
| All Grantees |
|--------------|

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3-Year Trends in Key UDS Variables

| | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | |
|--|----------|-------|-------|-------------------|--------|------------------------|------------|-------------------|--------|
| | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | |
| | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % |
| T2.0 STAFFING | | | | | | | | | |
| T2.10 Full Time Equivalents (FTE) | | | | | | | | | |
| T2.11 Total FTE | 51.24 | 46.93 | 45.05 | 4.31 | 9.18% | 8.61% | 8.02% | 1.88 | 4.17% |
| T2.12 Primary care physicians FTE | 3.32 | 3.42 | 2.60 | -0.10 | -2.92% | 9.39% | 6.65% | 0.82 | 31.54% |
| T2.13 Other Specialty Physicians FTE | 0.00 | 0.00 | 0.00 | 0.00 | | 600.00% | 19.99% | 0.00 | |
| T2.14 NPs / PAs / CNMs FTE | 4.84 | 3.26 | 3.55 | 1.58 | 48.47% | 12.47% | 8.02% | -0.29 | -8.17% |
| T2.15 Dentist FTE | 0.00 | 0.00 | 0.00 | 0.00 | | 22.62% | 9.94% | 0.00 | |
| T2.16 Dental Hyg FTE | 0.00 | 0.00 | 0.00 | 0.00 | | 9.80% | 11.15% | 0.00 | |
| T2.17 Total Admin/Fac FTE | 16.78 | 15.15 | 16.62 | 1.63 | 10.76% | 7.88% | 8.12% | -1.47 | -8.84% |
| T2.18 Direct medical support FTE | 13.75 | 9.00 | 8.40 | 4.75 | 52.78% | 10.85% | 8.90% | 0.60 | 7.14% |
| T2.19 Direct dental support FTE | 0.00 | 0.00 | 0.00 | 0.00 | | 11.12% | 10.88% | 0.00 | |
| T2.20 Patient support FTE (front office) | 8.80 | 5.50 | 5.57 | 3.30 | 60.00% | 12.56% | 9.73% | -0.07 | -1.26% |

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|----------------------------|--------|--------|--------|--------|----------|---------|--------|-------|---------|
| T3.0 ENCOUNTERS | | | | | | | | | |
| T3.10 Total Encounters | 32,297 | 22,246 | 19,899 | 10,051 | 45.18% | 6.00% | 6.58% | 2,347 | 11.79% |
| T3.11 Medical ³ | 30,805 | 20,118 | 17,459 | 10,687 | 53.12% | 4.48% | 5.85% | 2,659 | 15.23% |
| T3.12 Dental | 0 | 0 | 0 | 0 | | 14.76% | 10.55% | 0 | |
| T3.13 Mental Health | 1,330 | 861 | 1,273 | 469 | 54.47% | 17.14% | 17.28% | -412 | -32.36% |
| T3.14 Substance Abuse | 0 | 0 | 0 | 0 | | 34.87% | 1.03% | 0 | |
| T3.15 Other Professional | 0 | 0 | 0 | 0 | | 235.50% | 3.56% | 0 | |
| T3.16 Enabling | 0 | 1,211 | 911 | -1,211 | -100.00% | 28.70% | 7.36% | 300 | 32.93% |

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|-------------------------------------|-------------|-------------|-------------|------------|---------|--------|--------|-----------|---------|
| T4.0 COSTS | | | | | | | | | |
| T4.10 Costs by cost center | | | | | | | | | |
| T4.11 Total Cost (non donated) | \$4,660,174 | \$4,225,034 | \$3,961,114 | \$435,140 | 10.30% | 13.64% | 11.22% | \$263,920 | 6.66% |
| T4.12 Administration | \$540,578 | \$850,877 | \$905,206 | -\$310,299 | -36.47% | 12.05% | 12.07% | -\$54,329 | -6.00% |
| T4.13 Facility | \$200,232 | \$204,468 | \$240,865 | -\$4,236 | -2.07% | 8.51% | 11.69% | -\$36,397 | -15.11% |
| T4.14 Medical ³ | \$2,560,483 | \$2,056,494 | \$1,893,681 | \$503,989 | 24.51% | 12.90% | 11.26% | \$162,813 | 8.60% |
| T4.15 Dental | \$0 | \$0 | \$0 | \$0 | | 15.59% | 14.56% | \$0 | |
| T4.16 Pharmacy | \$1,495,616 | \$1,383,855 | \$1,350,277 | \$111,761 | 8.08% | 43.40% | 12.41% | \$33,578 | 2.49% |
| T4.17 Lab/X-ray | \$217,364 | \$347,821 | \$290,018 | -\$130,457 | -37.51% | -0.71% | 7.13% | \$57,803 | 19.93% |
| T4.18 Mental Health/Substance Abuse | \$55,930 | \$100,097 | \$132,069 | -\$44,167 | -44.12% | 1.11% | 13.83% | -\$31,972 | -24.21% |
| T4.19 Enabling | \$77,947 | \$94,376 | \$87,684 | -\$16,429 | -17.41% | 10.22% | 8.92% | \$6,692 | 7.63% |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details.

Comparison Group Criteria:

Comparison Group Advanced Criteria:

All Grantees

3-Year Trends in Key UDS Variables

| | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | | |
|-------|---|-----------|------|-------------------|-----------|------------------------|------------|-------------------|------------|----------|
| | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | | |
| | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % | |
| T5.0 | MANAGED CARE | | | | | | | | | |
| T5.10 | Total managed care revenue | \$100,448 | \$0 | \$181,088 | \$100,448 | | 47.29% | 12.20% | -\$181,088 | -100.00% |
| T5.11 | Medicaid MC Revenue | \$100,448 | \$0 | \$181,088 | \$100,448 | | 56.84% | 12.75% | -\$181,088 | -100.00% |
| T5.12 | Medicare MC Revenue | \$0 | \$0 | \$0 | \$0 | | | 68.76% | \$0 | |
| T5.13 | Other Public MC Revenue | \$0 | \$0 | \$0 | \$0 | | | -0.91% | \$0 | |
| T5.14 | Private MC Revenue | \$0 | \$0 | \$0 | \$0 | | -18.39% | 6.16% | \$0 | |
| T5.20 | Total expenses | \$80,892 | \$0 | \$299,708 | \$80,892 | | 41.66% | 9.47% | -\$299,708 | -100.00% |
| T5.21 | Medicaid Expenses | \$80,892 | \$0 | \$299,708 | \$80,892 | | 48.77% | 8.79% | -\$299,708 | -100.00% |
| T5.22 | Medicare Expenses | \$0 | \$0 | \$0 | \$0 | | | 74.23% | \$0 | |
| T5.23 | Other Public Expenses | \$0 | \$0 | \$0 | \$0 | | | 5.30% | \$0 | |
| T5.24 | Private Ins. Expenses | \$0 | \$0 | \$0 | \$0 | | -4.38% | 8.18% | \$0 | |
| T5.30 | Total MC Surplus/Deficit | \$19,556 | \$0 | -\$118,620 | \$19,556 | | | | \$118,620 | |
| T5.40 | Managed Care Payor Mix (% of MC Revenue) | | | | | | | | | |
| T5.41 | % Medicaid MC | 100% | | 100% | | | | | | |
| T5.42 | % Medicare MC | 0% | | 0% | | | | | | |
| T5.43 | % Other Public MC | 0% | | 0% | | | | | | |
| T5.44 | % Private Insurance MC | 0% | | 0% | | | | | | |
| T5.50 | Utilization | | | | | | | | | |
| T5.51 | Total Managed Care Encounters | 963 | 0 | 2,417 | 963 | | 29.20% | 3.76% | -2,417 | -100.00% |
| T5.52 | Total MC Member Years (MM / 12) | 230 | 0 | 489 | 230 | | 28.56% | 2.29% | -489 | -100.00% |
| T5.53 | Total MC Year End Members | 286 | 0 | 729 | 286 | | 12.68% | 2.42% | -729 | -100.00% |

| | | | | | | | | | | |
|-------|---|-------------|-------------|-------------|-------------|---------|---------|--------|------------|---------|
| T6.0 | CHARGES, COLLECTIONS AND ADJUSTMENTS | | | | | | | | | |
| T6.10 | Total Income (All Sources) | \$4,757,230 | \$3,361,676 | \$3,648,465 | \$1,395,554 | 41.51% | 14.21% | 10.29% | -\$286,789 | -7.86% |
| T6.11 | Income from Patient Service | \$3,638,382 | \$2,155,305 | \$2,344,979 | \$1,483,077 | 68.81% | 19.32% | 11.75% | -\$189,674 | -8.09% |
| T6.12 | Income from BPHC | \$523,538 | \$650,023 | \$594,672 | -\$126,485 | -19.46% | 2.17% | 5.55% | \$55,351 | 9.31% |
| T6.13 | Income from other sources | \$595,310 | \$556,348 | \$708,814 | \$38,962 | 7.00% | 4.09% | 10.93% | -\$152,466 | -21.51% |
| T6.20 | Total Charges (All Payors) | \$5,606,358 | \$3,328,791 | \$3,690,334 | \$2,277,567 | 68.42% | 19.71% | 10.79% | -\$361,543 | -9.80% |
| T6.30 | Payor Mix (% of Charges) | | | | | | | | | |
| T6.31 | % Medicaid | 21% | 24% | 23% | -2% | | | | 0% | |
| T6.32 | % Medicare | 14% | 14% | 11% | 0% | | | | 3% | |
| T6.33 | % Other Public | 1% | 1% | 1% | 0% | | | | 0% | |
| T6.34 | % Private Insurance | 36% | 25% | 31% | 11% | | | | -6% | |
| T6.35 | % Self Pay | 27% | 36% | 34% | -9% | | | | 3% | |
| T6.50 | Adjustments | | | | | | | | | |
| T6.51 | Self Pay Sliding Discounts | \$791,530 | \$728,709 | \$828,556 | \$62,821 | 8.62% | 8.14% | 8.04% | -\$99,847 | -12.05% |
| T6.52 | Self Pay Bad Debt | \$58,732 | \$47,029 | \$56,892 | \$11,703 | 24.88% | -14.90% | -5.35% | -\$9,863 | -17.34% |
| T6.53 | Contractual Allowances | \$478,801 | \$338,798 | \$335,967 | \$140,003 | 41.32% | 35.33% | 9.46% | \$2,831 | 0.84% |
| T6.60 | Net Surplus/Deficit (excl. Donated.) | \$97,056 | -\$863,358 | -\$312,649 | \$960,414 | | | | -\$550,709 | |

* Denominator excludes 'Unknown' category
 1 Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.
 3 Formulas have changed since 2003. Please refer to reference guide, section IV for details.

Comparison Group Criteria:

Comparison Group Advanced Criteria:

All Grantees

3-Year Trends in Key UDS Variables

| | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | | |
|--------|---|-------|-------|-------------------|-------|------------------------|------------|-------------------|-------|---------|
| | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | | |
| | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % | |
| U1.40 | Income/Insurance | | | | | | | | | |
| U1.41 | % <= 100% Poverty * | 61% | 61% | 62% | 0% | -0.13% | -2.52% | -0.15% | -1% | -1.44% |
| U1.42 | % <= 200% Poverty * | 94% | 94% | 93% | 0% | 0.30% | 0.36% | 0.36% | 1% | 0.87% |
| U1.43 | % Uninsured | 26% | 37% | 39% | -11% | -29.85% | -4.25% | 0.11% | -2% | -5.13% |
| U1.44 | % with Medicaid coverage | 24% | 24% | 21% | 0% | -0.14% | -0.63% | -1.26% | 3% | 12.85% |
| U1.48 | % CHIP enrolled (M'aid or Oth.Pub.) | 1% | 1% | 1% | 0% | 4.18% | -19.81% | 0.09% | 0% | -8.41% |
| U3.10 | Support Ratios | | | | | | | | | |
| U3.11 | Direct medical support | 1.69 | 1.35 | 1.37 | 0.34 | 25.07% | 0.01% | 1.41% | -0.02 | -1.36% |
| U3.12 | Direct dental support ratio | | | | | | -5.16% | 0.56% | | |
| U3.13 | "Patient support" ratio | 1.08 | 0.82 | 0.91 | 0.26 | 30.98% | 1.10% | 1.70% | -0.08 | -9.09% |
| U3.20 | Medical Productivity and Patient Panel Size | | | | | | | | | |
| U3.21 | Family Practice Productivity | 3,763 | 3,272 | 4,021 | 491 | 15.01% | -7.70% | -2.65% | -749 | -18.63% |
| U3.22 | General Practice Productivity | | | | | | 4.24% | -1.46% | | |
| U3.23 | Internal Medicine Productivity | 3,416 | 3,294 | 3,850 | 123 | 3.72% | -3.75% | -1.98% | -557 | -14.45% |
| U3.24 | Ob/Gyn Productivity | | | | | | -5.58% | -1.03% | | |
| U3.25 | Pediatric Productivity | 4,388 | 4,317 | 2,197 | 71 | 1.65% | -8.64% | -1.25% | 2,120 | 96.51% |
| U3.26 | Overall Physician Productivity (excl. spec. phys.) | 3,735 | 3,468 | 3,153 | 267 | 7.70% | -6.43% | -2.08% | 315 | 10.00% |
| U3.271 | NP Productivity | 3,945 | 2,533 | 2,609 | 1,412 | 55.75% | 0.10% | 0.32% | -76 | -2.91% |
| U3.272 | PA Productivity | 3,736 | | | | | -9.16% | 1.00% | | |
| U3.273 | CNM Productivity | | | | | | 7.82% | 4.93% | | |
| U3.28 | Medical Team Productivity | 5,367 | 3,984 | 3,991 | 1,383 | 34.71% | -5.34% | -1.30% | -7 | -0.17% |
| U3.281 | Medical Team Productivity Ratio | 1.15 | 0.89 | 0.88 | 0.26 | 28.68% | -4.63% | -0.01% | 0.01 | 1.51% |
| U3.29 | Medical Patients per Provider FTE | 1,220 | 878 | 837 | 342 | 38.99% | -4.87% | -1.52% | 41 | 4.85% |
| U3.30 | Dental Productivity and Patient Panel Size | | | | | | | | | |
| U3.31 | Dentist Productivity | | | | | | -9.72% | -0.65% | | |
| U3.32 | Dental Hygienist Productivity | | | | | | 17.18% | 6.24% | | |
| U4.0 | UTILIZATION RATES | | | | | | | | | |
| U4.10 | Medical Encounters per Medical Patient ³ | 3.09 | 3.43 | 3.39 | -0.34 | -9.81% | -0.90% | 0.09% | 0.04 | 1.18% |
| U5.20 | Costs per patient | | | | | | | | | |
| U5.21 | Medical Cost per Medical Patient ³ | \$257 | \$351 | \$368 | -\$94 | -26.67% | 7.08% | 5.21% | -\$17 | -4.64% |
| U5.22 | Dental Cost per Dental Patient | | | | | | 1.95% | 4.87% | | |
| U5.30 | Costs per encounter | | | | | | | | | |
| U5.31 | Medical cost per medical encounter ³ | \$83 | \$102 | \$108 | -\$19 | -18.69% | 8.06% | 5.11% | -\$6 | -5.76% |
| U5.32 | Dental Cost per dental encounter | | | | | | 0.73% | 3.63% | | |
| U5.33 | Pharmacy Cost per medical encounter ³ | \$49 | \$69 | \$77 | -\$20 | -29.42% | 37.25% | 6.20% | -\$9 | -11.06% |
| U5.34 | Lab & X-ray Cost per medical encounter ³ | \$7 | \$17 | \$17 | -\$10 | -59.19% | -4.97% | 1.21% | \$1 | 4.08% |
| U7.10 | Income by Source | | | | | | | | | |
| U7.11 | % Income from Patient Service | 76% | 64% | 64% | 12% | 19.29% | 4.47% | 1.32% | 0% | -0.25% |
| U7.12 | % Income from BFHC | 11% | 19% | 16% | -8% | -43.09% | -10.55% | -4.30% | 3% | 18.63% |
| U7.30 | Other Ratios | | | | | | | | | |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

³ Formulas have changed since 2003. Please refer to reference guide, section IV for details.

Comparison Group Criteria:

All Grantees

Comparison Group Advanced Criteria:

3-Year Trends in Key UDS Variables

| | | Raw Data | | | 2006 - 2005 Trend | | | | 2005 - 2004 Trend | |
|-------|---|----------|-------|-------|-------------------|---------|------------------------|------------|-------------------|---------|
| | | UDS | | | Grantee Change | | Reference Group Change | | Grantee Change | |
| | | 2006 | 2005 | 2004 | Gross | % | State 'W V' % | National % | Gross | % |
| U7.31 | Average Charge per Unduplicated Patient | \$561 | \$566 | \$712 | -\$6 | -0.99% | 14.09% | 4.15% | -\$146 | -20.52% |
| U7.32 | Average Charge per Billable Encounter ¹ | \$174 | \$159 | \$197 | \$16 | 9.95% | 13.46% | 3.65% | -\$38 | -19.46% |
| U7.33 | Ratio of Charges to Reimbursable Costs ¹ | 129% | 86% | 101% | 44% | 51.26% | 5.10% | -0.83% | -15% | -14.95% |
| U7.34 | Average 330 Grant \$ per Medical Patient | \$53 | \$111 | \$115 | -\$58 | -52.56% | -3.10% | -0.19% | -\$5 | -4.02% |

* Denominator excludes 'Unknown' category

¹ Billable encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable cost based on total Medical + Dental + Mental Health + Pharmacy.

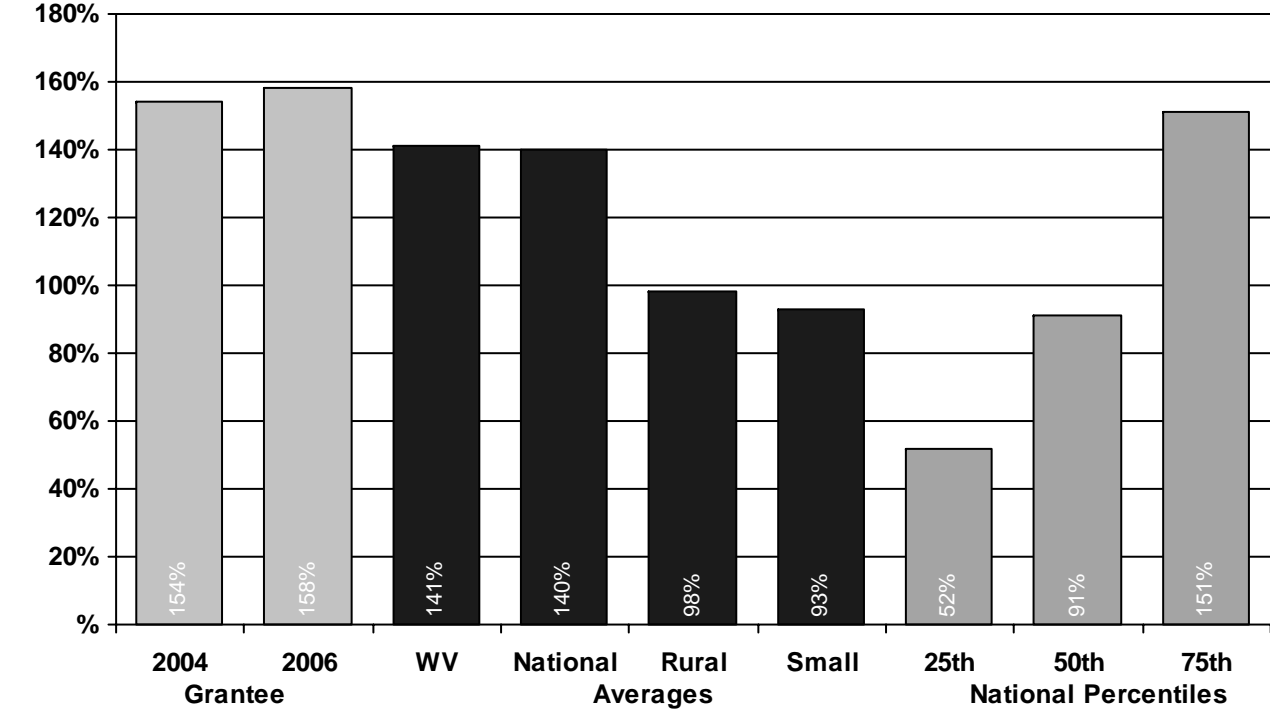
³ Formulas have changed since 2003. Please refer to reference guide, section IV for details.

Comparison Group Criteria:

All Grantees

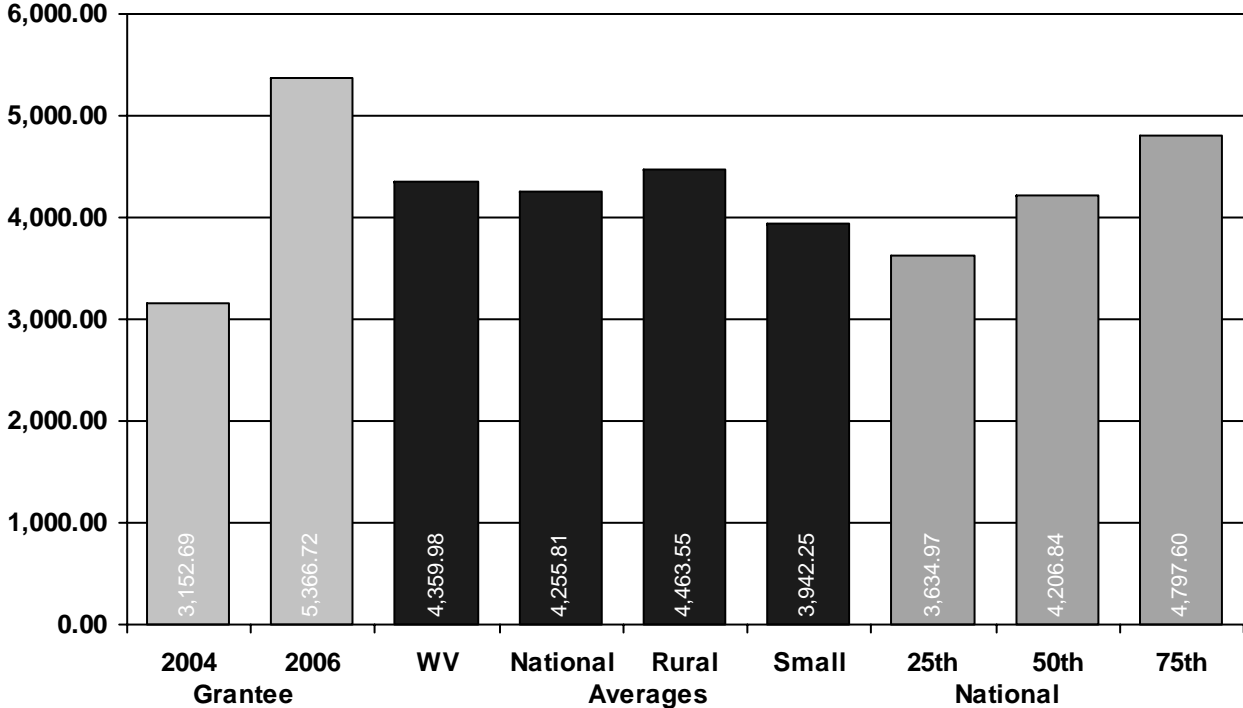
Comparison Group Advanced Criteria:

UDS Grantee Comparison
PM4: Ratio of Uncompensated Care to BPHC Receipts



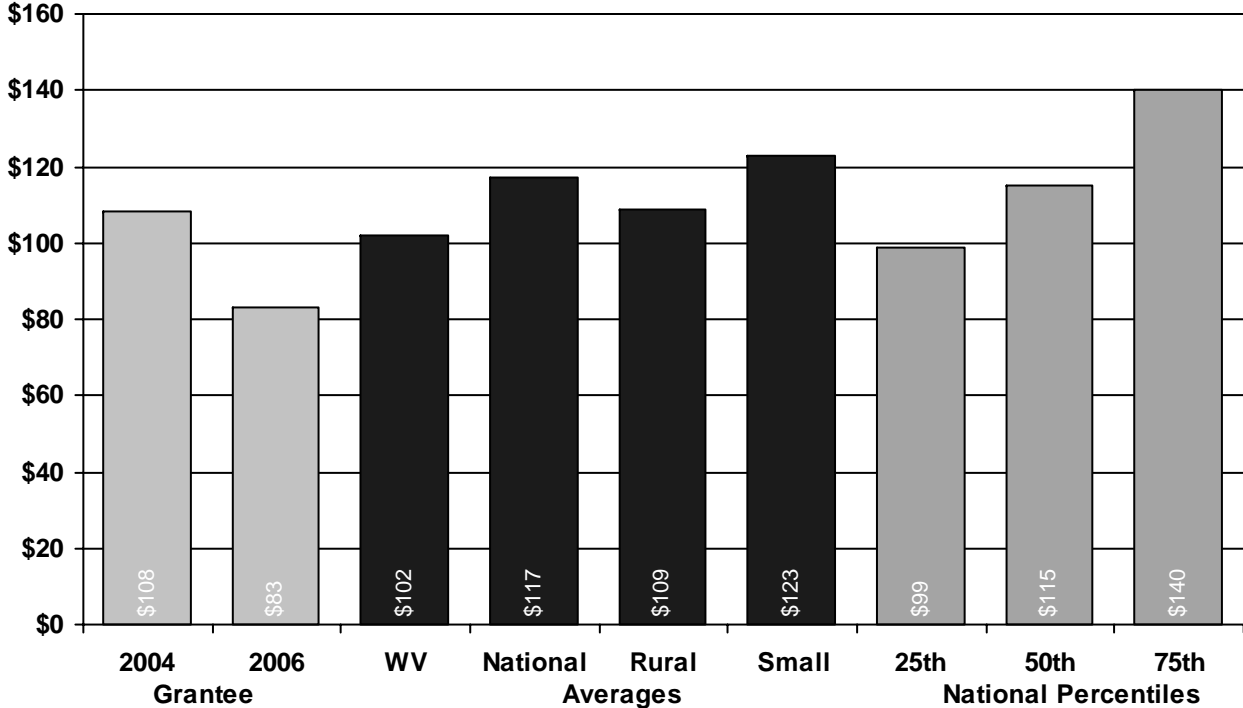
2006 Grantee Percentile = 77%

UDS Grantee Comparison
PM6: Medical Team Productivity



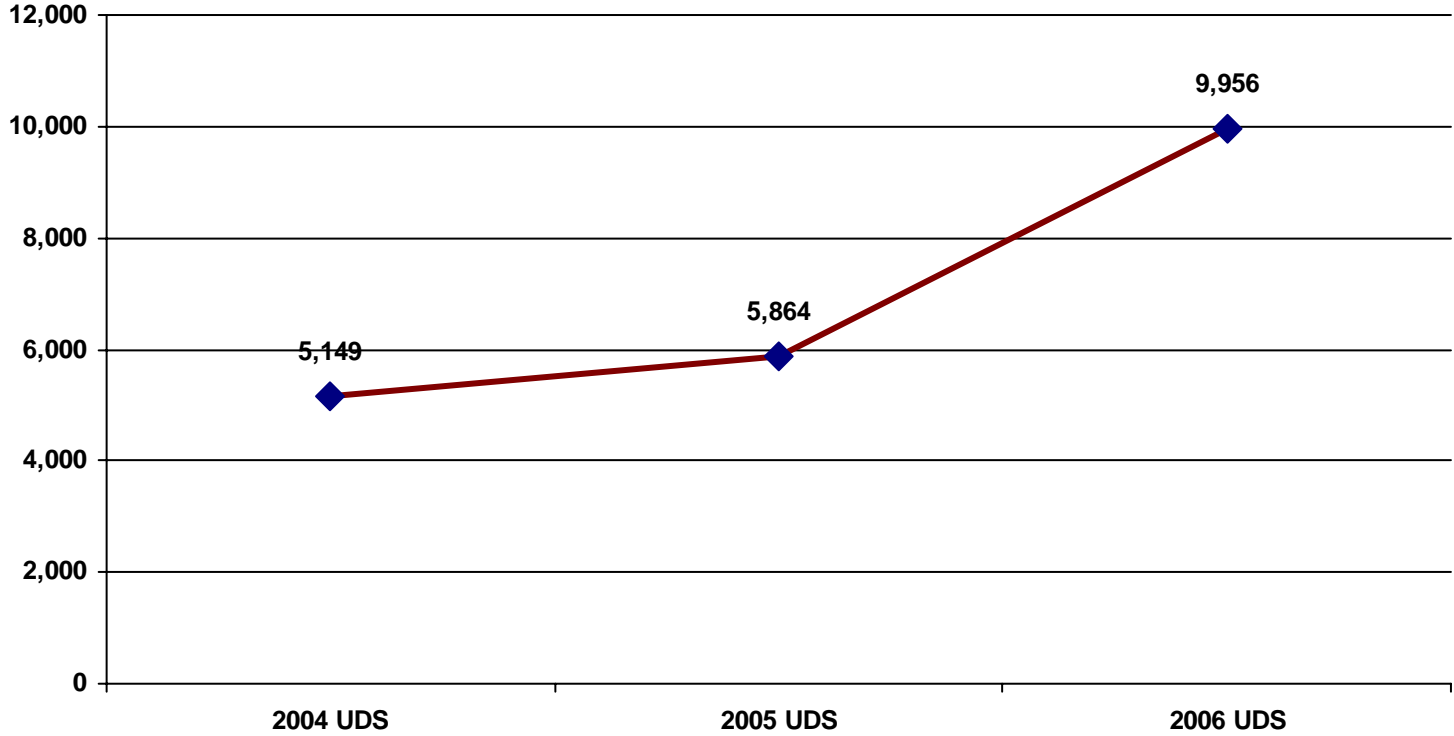
2006 Grantee Percentile = 89%

UDS Grantee Comparison
PM7: Medical Cost Per Encounter (excludes lab and xray) ³



2006 Grantee Percentile = 9%

UDS Growth Trends
PM1: Medical Patients Growth



**CENTER/GRANTEE PROFILE
 COVER SHEET**

| | | | | | | |
|---|------------|---|----------|------------|----------|------------|
| Grantee | Legal Name | Cabin Creek Health Center, Inc. | | | | |
| | Street | Administration Building, Route 79 | | | | |
| | City | Dawes | State | WV | Zip Code | 25054-0070 |
| CEO/Executive/Project Director | Name | Craig Robinson | | | | |
| | Phone | (304) 734-2040 | ext. | 102 | | |
| | E-mail | crobinson@cchcwv.com | | | | |
| Clinical Director | Name | Mark Newbrough, MD | | | | |
| | Phone | (304) 595-5006 | ext. | | | |
| | E-mail | mnewbrough@hsc.wvu.edu | | | | |
| Chairperson, Governing Board, Health Officer, or other Accountable Individual (e.g. Chair of Board of Supervisors, President of the Board of Trustees, etc.) | Name | Donna Crowder | | | | |
| UDS Contact Person (Person Completing Report) | Name | Sandra Mitchell | | | | |
| | Street | Cabin Creek Heath Center Box 70 Route 79 | | | | |
| | City | Dawes | | | | |
| | State | WV | Zip Code | 25054-0070 | | |
| | Phone | (304) 595-5006 | ext. | 263 | | |
| | Fax | (304) 595-2936 | | | | |
| | E-Mail | sandmitch4@aol.com | | | | |
| School Health Coordinator | Name | Mary Grandon, PA | | | | |
| Homeless Program Coordinator | Name | | | | | |
| Public Housing Program Coordinator | Name | | | | | |
| Medicaid Billing Number (Organization Wide Only) | 0905008000 | | | | | |
| Medicaid Pharmacy Number (Organization Wide Only) | 0140322000 | | | | | |

**CENTER/GRANTEE PROFILE
 COVER SHEET**

| | | | | | | | | |
|---|---|----------|-----|--|--|--|-----|----|
| # of service delivery locations supported by BPHC Grantee | 4 | | | | | | | |
| Number of NHSC Assignees as of 12/31 | 0 | | | | | | | |
| Grantee Participation in an Integrated Services Network | CHECK ONE BOX: | | | | | | | |
| | <input type="radio"/> Horizontal Network | | | | <input type="radio"/> Vertical Network | | | |
| | <input checked="" type="radio"/> Both (Horizontal & Vertical Integration) | | | | <input type="radio"/> No ISN Participation | | | |
| | If Participation in a network was indicated above, did the network receive ISDI funding from BPHC? | | | | | | | |
| | <input checked="" type="radio"/> Yes | | | | <input type="radio"/> No | | | |
| Federal Tort Claims Act (FTCA) Deemed? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| 340(b) Drug Pricing Participation? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| Alternative drug discounting program? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| Grants Assigned | CHC | X | MHC | | HO | | SBH | PH |
| Urban or Rural? | <input type="radio"/> Urban <input checked="" type="radio"/> Rural | | | | | | | |
| Patients by Zip Code | Total Patients - 10002; ; Other Zip Codes - 82; 25045(Clendenin, WV) - 1,104; 25320(Charleston, WV) - 811; 25312(Charleston, WV) - 678; 25071(Elkview, WV) - 565; 25015(Belle, WV) - 517; 25306(Charleston, WV) - 509; 25315(Charleston, WV) - 422; 25035(Cabin Creek, WV) - 371; 25075(Eskdale, WV) - 367; 25054(Dawes, WV) - 334; 25134(Miami, WV) - 265; 25067(East Bank, WV) - 237; 25248(Kenna, WV) - 229; 25061(Drybranch, WV) - 194; 25083(Gallagher, WV) - 163; 25039(Cedar Grove, WV) - 149; 25311(Charleston, WV) - 141; 25214(Winifrede, WV) - 126; 25302(Charleston, WV) - 119; 25286(Walton, WV) - 105; 25360(Charleston, WV) - 86; 25103(Hansford, WV) - 83; 25030(Bomont, WV) - 81; 25136(Montgomery, WV) - 75; 25314(Charleston, WV) - 72; 25177(Saint Albans, WV) - 72; 25107(Hernshaw, WV) - 71; 25313(Charleston, WV) - 71; 25304(Charleston, WV) - 69; 25162(Pratt, WV) - 67; 25086(Glasgow, WV) - 66; 25181(Seth, WV) - 59; 25309(Charleston, WV) - 56; 25132(Mammoth, WV) - 55; 25201(Tad, WV) - 52; 25064(Dunbar, WV) - 51; 25164(Prociou, WV) - 49; 25009(Ashford, WV) - 48; 25049(Comfort, WV) - 43; 25156(Pinch, WV) - 42; 25271(Ripley, WV) - 38; 25110(Hugheston, WV) - 38; 25079(Falling Rock, WV) - 35; 25124(Liberty, WV) - 35; 25186(Smithers, WV) - 32; 25102(Handley, WV) - 31; 25161(Powellton, WV) - 30; 25143(Nitro, WV) - 30; 25126(London, WV) - 30; 25303(Charleston, WV) - 29; 25036(Cannelton, WV) - 29; 25031(Boomer, WV) - 27; 25160(Pond Gap, WV) - 26; 25301(Charleston, WV) - 25; 25165(Racine, WV) - 25; 25154(Peytona, WV) - 25; 25142(Nellis, WV) - 24; 25118(Kimberly, WV) - 24; 25159(Poca, WV) - 23; 25057(Deep Water, WV) - 23; 25024(Bloomingrose, WV) - 22; 25003(Alum Creek, WV) - 21; 25139(Mount Carbon, WV) - 18; 25043(Clay, WV) - 17; 25040(Charlton Heights, WV) - 16; 25051(Costa, WV) - 16; 25059(Dixie, WV) - 16; 25365(Charleston, WV) - 16; 25081(Foster, WV) - 15; 25002(Alloy, WV) - 14; 26690(Swiss, WV) - 14; 25169(Ridgeview, WV) - 14; 25085(Gauley Bridge, WV) - 14; 25526(Hurricane, WV) - 13; 25005(Amma, WV) - 13; 25231(Advent, WV) - 13; 25251(Left Hand, WV) - 13; 25285(Wallback, WV) - 13; 25364(Charleston, WV) - 13; 25266(Newton, WV) - 12; 26656(Belva, WV) - 12; 25053(Danville, WV) - 12; 25088(Glen, WV) - 11; 25125(Lizemores, WV) - 11; 25243(Gandeeville, WV) - 11; 25529(Julian, WV) - 11; 25025(Blount, WV) - 11; 25026(Blue Creek, WV) - 10; 25133(Maysel, WV) - 10; 25209(Whitesville, WV) - 10; 25276(Spencer, WV) - 10; 25901(Oak Hill, WV) - 10; 26651(Summersville, WV) - 9; 25362(Charleston, WV) - 9; 25173(Robson, WV) - 9; 25019(Bickmore, WV) - 8; 25259(Looneyville, WV) - 7; 25356(Charleston, WV) - 7; 25241(Evans, WV) - 6; 25801(Beckley, WV) - 6; 25213(Winfield, WV) - 6; 25168(Red House, WV) - 6; 25111(Indore, WV) - 6; 25130(Madison, WV) - 5; 25148(Orgas, WV) - 5; 25245(Given, WV) - 5; 25812(Ansted, WV) - 5; 26674(User defined) - 5; 25113(Ivydale, WV) - 5; 25357(Charleston, WV) - 4; 25501(Alkol, WV) - 4; 25917(Scarbro, WV) - 4; 25202(Tornado, WV) - 4; 25115(Kanawha Falls, WV) - 4; 25063(Duck, WV) - 4; 25090(Glen Ferris, WV) - 4; 25840(Fayetteville, WV) - 4; 25203(Turtle Creek, WV) - 4; 25541(Milton, WV) - 3; 26164(Ravenswood, WV) - 3; 25854(Hico, WV) - 3; 25550(Point Pleasant, WV) - 3; 25510(Culloden, WV) - 3; 25339(Charleston, WV) - 3; 25329(Charleston, WV) - 3; 25239(Cottageville, WV) - 3; 25109(Hometown, WV) - 3; 25851(Harper, WV) - 3; 25093(Gordon, WV) - 2; 25321(Charleston, WV) - 2; 24945(Greenville, WV) - 2; 25033(Buffalo, WV) - 2; 25034(User defined) - 2; 25060(Dorothy, WV) - 2; 25070(Eleanor, WV) - 2; 25508(Chapmanville, WV) - 2; 84005(Eagle Mountain, UT) - 2; 32901(Melbourne, FL) - 2; 32459(Santa Rosa Beach, FL) - 2; 29582(North Myrtle Beach, SC) - 2; 26671(Gilboa, WV) - 2; 26624(Gassaway, WV) - 2; 26610(Birch River, WV) - 2; 25921(Sophia, WV) - 2; 25918(Shady Spring, WV) - 2; 25279(User defined) - 2; 25560(Scott Depot, WV) - 2; 25105(User defined) - 2; 25358(Charleston, WV) - 2; 25328(Charleston, WV) - 2; 25305(Charleston, WV) - 2; 25252(Le Roy, WV) - 2; 25244(Gay, WV) - 2; 25205(Uneeda, WV) - 2; 25193(Sylvester, WV) - 2; 25123(Leon, WV) - 2; 25119(Kincaid, WV) - 2; 25827(Crab Orchard, WV) - 2 | | | | | | | |

**CENTER/GRANTEE PROFILE
 COVER SHEET**

| Service Delivery Site # 1 | | | | |
|----------------------------------|---|-----------|-------|------------|
| ID: | 031820 | ++ | Type: | Year Round |
| Type: | Full Time | Hours: | | |
| Locale: | Rural | | | |
| Name: | CABIN CREEK HEALTH CENTER, INC. | | | |
| Street Address: | STATE ROUTE 79 | | | |
| Other Address: | | | | |
| City/State/Zip: | DAWES, WV 250540000 | | | |
| Location Code 1: | 1 - Community Based Primary Care Clinic | | | |
| Location Code 2: | | | | |
| Medicaid #: | 0905008000 | | | |
| Medicaid Pharmacy #: | 0140322000 | | | |

| Service Delivery Site # 2 | | | | |
|----------------------------------|---|------------|-------|------------|
| ID: | 031820 | + A | Type: | Year Round |
| Type: | Full Time | Hours: | | |
| Locale: | Urban | | | |
| Name: | RIVERSIDE HEALTH CENTER | | | |
| Street Address: | 1 WARRIOR WAY STE 103 | | | |
| Other Address: | | | | |
| City/State/Zip: | BELLE , WV 250151358 | | | |
| Location Code 1: | 1 - Community Based Primary Care Clinic | | | |
| Location Code 2: | 11 - School-Based Health Center | | | |
| Medicaid #: | 0905008001 | | | |
| Medicaid Pharmacy #: | | | | |

| Service Delivery Site # 3 | | | | |
|----------------------------------|---|------------|-------|------------|
| ID: | 031820 | + b | Type: | Year Round |
| Type: | Full Time | Hours: | | |
| Locale: | Rural | | | |
| Name: | Clendenin Health Center | | | |
| Street Address: | 301 Elk River Road S | | | |
| Other Address: | | | | |
| City/State/Zip: | Clendenin, WV 25045-9716 | | | |
| Location Code 1: | 1 - Community Based Primary Care Clinic | | | |
| Location Code 2: | | | | |
| Medicaid #: | 3810006995 | | | |
| Medicaid Pharmacy #: | | | | |

| Service Delivery Site # 4 | | | | |
|----------------------------------|---|------------|-------|------------|
| ID: | 031820 | + c | Type: | Year Round |
| Type: | Full Time | Hours: | | |
| Locale: | Rural | | | |
| Name: | Sissonville Health Center | | | |
| Street Address: | 7133 Sissonville Drive | | | |
| Other Address: | | | | |
| City/State/Zip: | Sissonville, WV 25320-9738 | | | |
| Location Code 1: | 1 - Community Based Primary Care Clinic | | | |
| Location Code 2: | | | | |
| Medicaid #: | 3810006994 | | | |
| Medicaid Pharmacy #: | | | | |

**TABLE 2
 SERVICES OFFERED AND DELIVERY METHOD**

| SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions) | | DELIVERY METHOD (More than one method may apply for a given service) | | |
|--|---|---|-------------------------------------|--|
| | | PROVIDED BY GRANTEE (a) | BY REFERRAL/ GRANTEE PAYS (b) | BY REFERRAL/ GRANTEE DOESN'T PAY (c) |
| PRIMARY MEDICAL CARE SERVICES | | | | |
| 1. | General Primary Medical Care (other than listed below) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | Diagnostic Laboratory (technical component) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | Diagnostic X-Ray Procedures (technical component) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Diagnostic Tests/Screenings (professional component) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | Emergency medical services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Urgent medical care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | 24-hour coverage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Family Planning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | HIV testing and counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | Testing for Blood Lead Levels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | Immunizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Following hospitalized patients | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OBSTETRICAL AND GYNECOLOGICAL CARE | | | | |
| 13. | Gynecological Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. | Prenatal care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. | Antepartum fetal assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. | Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. | Genetic counseling and testing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. | Amniocentesis | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. | Labor and delivery professional care | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. | Postpartum care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Last Updated: 12-Feb-2007 12:48:26 PM

**TABLE 2
 SERVICES OFFERED AND DELIVERY METHOD**

| SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions) | | DELIVERY METHOD (More than one method may apply for a given service) | | |
|--|---|---|-------------------------------------|--|
| | | PROVIDED BY GRANTEE (a) | BY REFERRAL/ GRANTEE PAYS (b) | BY REFERRAL/ GRANTEE DOESN'T PAY (c) |
| SPECIALTY MEDICAL CARE | | | | |
| 21. | Directly observed TB therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. | Respite Care | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. | Other Specialty Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DENTAL CARE SERVICES | | | | |
| 24. | Dental Care - Preventive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25. | Dental Care - Restorative | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26. | Dental Care - Emergency | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27. | Dental Care - Rehabilitative | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MENTAL HEALTH/SUBSTANCE ABUSE SERVICES | | | | |
| 28. | Mental Health Treatment/Counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Developmental Screening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | 24-hour Crisis Intervention/Counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31. | Other Mental Health Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. | Substance Abuse Treatment/Counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33. | Other Substance Abuse Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33A. | Comprehensive mental health/Substance abuse screening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OTHER PROFESSIONAL SERVICES | | | | |
| 34. | Hearing Screening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35. | Nutrition Services Other than WIC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36. | Occupational or Vocational Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. | Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. | Pharmacy - Licensed Pharmacy staffed by Registered Pharmacist | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | Pharmacy - Provider Dispensing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | Vision Screening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | Podiatry | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42. | Optometry | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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**TABLE 2
 SERVICES OFFERED AND DELIVERY METHOD**

| SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions) | | DELIVERY METHOD (More than one method may apply for a given service) | | |
|--|---|---|-------------------------------------|--|
| | | PROVIDED BY GRANTEE (a) | BY REFERRAL/ GRANTEE PAYS (b) | BY REFERRAL/ GRANTEE DOESN'T PAY (c) |
| | | ENABLING SERVICES | | |
| 43. | Case management | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | Child Care (during visit to center) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. | Discharge Planning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46. | Eligibility Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | Environmental Health Risk Reduction (via detection and/or alleviation) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48. | Health Education | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | Interpretation/Translation services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 50. | Nursing home and assisted-living placement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 51. | Outreach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 53. | Out Stationed Eligibility Workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | Home Visiting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | Parenting Education | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. | Special Education Program | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 57. | Other: Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**TABLE 2
 SERVICES OFFERED AND DELIVERY METHOD**

| SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions) | | DELIVERY METHOD (More than one method may apply for a given service) | | |
|--|--|---|-------------------------------------|--|
| | | PROVIDED BY GRANTEE (a) | BY REFERRAL/ GRANTEE PAYS (b) | BY REFERRAL/ GRANTEE DOESN'T PAY (c) |
| PREVENTIVE SERVICES RELATED TO TARGET CLINICAL AREAS | | | | |
| I. Cancer | | | | |
| 58. | Pap smear | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. | Fecal occult blood test | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. | Sigmoidoscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 61. | Colonscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 62. | Mammograms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 63. | Smoking cessation program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Diabetes | | | | |
| 64. | Glycosylated hemoglobin measurement for people with diabetes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 65. | Urinary micro albumin measurement for people with diabetes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 66. | Foot exam for people with Diabetes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. | Dilated eye exam for people with diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| III. Cardiovascular Disease | | | | |
| 68. | Blood pressure monitoring | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. | Weight reduction program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. | Blood cholesterol screening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**TABLE 2
 SERVICES OFFERED AND DELIVERY METHOD**

| SERVICE TYPE NOTE: NOT ALL CENTERS PROVIDE ALL SERVICES (See Appendix B for Definitions) | DELIVERY METHOD (More than one method may apply for a given service) | | | |
|--|--|-------------------------------------|--|-------------------------------------|
| | PROVIDED BY GRANTEE (a) | BY REFERRAL/ GRANTEE PAYS (b) | BY REFERRAL/ GRANTEE DOESN'T PAY (c) | |
| IV. HIV/AIDS | | | | |
| See line 9. HIV testing and counseling | | | | |
| V. Infant Mortality | | | | |
| 71. | Follow-up testing and related healthcare services for abnormal newborn bloodspot screening | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| See line 14. Prenatal Care | | | | |
| VI. Immunizations | | | | |
| See line 11. Immunizations | | | | |
| OTHER SERVICES | | | | |
| 72. | WIC Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 73. | Head Start services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 74. | Food banks / Delivered meals | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 75. | Employment / Educational Counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 76. | Assistance in obtaining housing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TABLE 3A - PATIENTS BY AGE AND GENDER

Universal Report

CHC MHC HO SBH PH

| Age Groups | | MALE PATIENTS | FEMALE PATIENTS |
|---------------------------|--|---------------|-----------------|
| | | (a) | (b) |
| Number of Patients | | | |
| 1. | Under Age 1 | 77 | 81 |
| 2. | Age 1 | 44 | 37 |
| 3. | Age 2 | 53 | 45 |
| 4. | Age 3 | 42 | 49 |
| 5. | Age 4 | 45 | 54 |
| 6. | Age 5 | 48 | 46 |
| 7. | Age 6 | 40 | 54 |
| 8. | Age 7 | 46 | 41 |
| 9. | Age 8 | 45 | 42 |
| 10. | Age 9 | 62 | 44 |
| 11. | Age 10 | 53 | 41 |
| 12. | Age 11 | 56 | 60 |
| 13. | Age 12 | 73 | 67 |
| 14. | Age 13 | 68 | 69 |
| 15. | Age 14 | 103 | 119 |
| 16. | Age 15 | 107 | 126 |
| 17. | Age 16 | 96 | 146 |
| 18. | Age 17 | 107 | 117 |
| 19. | Age 18 | 67 | 127 |
| 20. | Age 19 | 35 | 98 |
| 21. | Age 20 | 32 | 99 |
| 22. | Age 21 | 29 | 83 |
| 23. | Age 22 | 28 | 59 |
| 24. | Age 23 | 30 | 79 |
| 25. | Age 24 | 35 | 78 |
| 26. | Ages 25 - 29 | 214 | 396 |
| 27. | Ages 30 - 34 | 192 | 360 |
| 28. | Ages 35 - 39 | 233 | 395 |
| 29. | Ages 40 - 44 | 279 | 396 |
| 30. | Ages 45 - 49 | 347 | 475 |
| 31. | Ages 50 - 54 | 355 | 461 |
| 32. | Ages 55 - 59 | 302 | 433 |
| 33. | Ages 60 - 64 | 217 | 274 |
| 34. | Ages 65 - 69 | 181 | 253 |
| 35. | Ages 70 - 74 | 155 | 229 |
| 36. | Ages 75 - 79 | 88 | 170 |
| 37. | Ages 80 - 84 | 70 | 118 |
| 38. | Age 85 and over | 38 | 89 |
| 39. | Total Patients (sum lines 1-38) | 4,092 | 5,910 |

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**TABLE 3B -
 PATIENTS BY RACE/ETHNICITY/LANGUAGE**

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| Race/Ethnicity/Language | | Number |
|---------------------------|--|---------------|
| | | (a) |
| Number of Patients | | |
| 1a. | Asian | 13 |
| 1b. | Native Hawaiian | 0 |
| 1c. | Other Pacific Islander | 0 |
| 1. | Asian/Hawaiian/Pacific Islander | 13 |
| 2. | Black/African American <i>(not Hispanic or Latino)</i> | 102 |
| 3. | American Indian/Alaska Native | 10 |
| 4. | White <i>(not Hispanic or Latino)</i> | 9,798 |
| 5. | Hispanic or Latino <i>(all races)</i> | 3 |
| 6. | Unreported / Refused to report | 76 |
| 7. | Total Patients (sum lines 1-6) | 10,002 |
| 8. | Patients best served in a language other than English | 0 |

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TABLE 4
UDS SOCIOECONOMIC CHARACTERISTICS

Universal Report

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| Income as Percent of Poverty Level | | Number of Patients (a) | |
|--|--|------------------------|------------------|
| 1. | 100% and Below | 1,982 | |
| 2. | 101 - 150% | 826 | |
| 3. | 151 - 200% | 236 | |
| 4. | Over 200% | 200 | |
| 5. | Unknown | 6,758 | |
| 6. | Total (sum lines 1-5) | 10,002 | |
| Principal Third Party Insurance Source | | 0 - 19 (a) | 20 and Older (b) |
| 7. | None/Uninsured | 595 | 1,968 |
| 8a. | Regular Medicaid (Title XIX) | 1,299 | 1,056 |
| 8b. | S-CHIP Medicaid | 1 | 0 |
| 8. | Total Medicaid (Line 8a + 8b) | 1,300 | 1,056 |
| 9. | Medicare (Title XVIII) | 1 | 1,959 |
| 10a. | Other Public Insurance non-S-CHIP | 0 | 0 |
| 10b. | Other Public Insurance S-CHIP | 139 | 0 |
| 10. | Total Public Insurance (Line 10a + 10b) | 139 | 0 |
| 11. | Private Insurance | 695 | 2,289 |
| 12. | Total (Sum Lines 7 + 8 + 9 + 10 + 11) | 2,730 | 7,272 |
| Selected Patient Characteristics | | Number of Patients (a) | |
| 13. | Migrant (330g grantees Only) | N/A | |
| 14. | Seasonal (330g grantees Only) | N/A | |
| 15. | Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line) | 0 | |
| 16. | Homeless Shelter (330h grantees Only) | N/A | |
| 17. | Transitional (330h grantees Only) | N/A | |
| 18. | Doubling Up (330h grantees Only) | N/A | |
| 19. | Street (330h grantees Only) | N/A | |
| 20. | Other (330h grantees Only) | N/A | |
| 21. | Unknown (330h grantees Only) | N/A | |
| 22. | Total Homeless (All Grantees Report This Line) | 2 | |
| 23. | Total School Based Health Center Patients (All Grantees Report this Line) | 632 | |

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**TABLE 5
 STAFFING AND UTILIZATION**

| PERSONNEL BY MAJOR SERVICE CATEGORY | | FTEs (a) | Encounters (b) | Patients (c) |
|-------------------------------------|---|--------------|-------------------|-----------------|
| 1. | Family Practitioners | 0.95 | 3,575 | |
| 2. | General Practitioners | 0.00 | 0 | |
| 3. | Internists | 1.62 | 5,534 | |
| 4. | Obstetrician/Gynecologists | 0.00 | 0 | |
| 5. | Pediatricians | 0.75 | 3,291 | |
| 7. | Other Specialist Physicians | 0.00 | 0 | |
| 8. | Subtotal of Physicians | 3.32 | 12,400 | |
| 9a. | Nurse Practitioners | 1.54 | 6,076 | |
| 9b. | Physician Assistants | 3.30 | 12,329 | |
| 10. | Certified Nurse Midwives | 0.00 | 0 | |
| 11. | Nurses | 2.50 | 162 | |
| 12. | Other Medical Personnel | 11.25 | | |
| 13. | Laboratory Personnel | 2.06 | | |
| 14. | X-ray Personnel | 0.00 | | |
| 15. | Total Medical Care Services | 23.97 | 30,967 | 9,956 |
| 16. | Dentists | 0.00 | 0 | |
| 17. | Dental Hygienists | 0.00 | 0 | |
| 18. | Dental Assistants, Aides, and Technicians | 0.00 | | |
| 19. | Total Dental Services | 0.00 | 0 | |
| 20a. | Psychiatrists | 0.00 | 0 | |
| 20b. | Other Licensed Mental Health Providers | 1.30 | 1,330 | |
| 20c. | Other Mental Health Staff | 0.00 | 0 | |
| 20. | Mental Health Services (Lines 20a + 20b + 20c) | 1.30 | 1,330 | 585 |
| 21. | Substance Abuse Services | 0.00 | 0 | |
| 22. | Other Professional Services | 0.00 | 0 | |
| 23. | Pharmacy Personnel | 5.79 | | |
| 24. | Case Managers | 0.00 | 0 | |
| 25. | Health Educators | 0.00 | 0 | |
| 26. | Outreach workers | 2.00 | | |
| 27. | Transportation Staff | 0.00 | | |
| 28. | Personnel performing other enabling service activities | 0.00 | | |
| 29. | Total Enabling Services | 2.00 | 0 | |
| 29A. | Other Program Related Services Staff see table footnote for details | 1.40 | | |
| 30. | Administration Staff | 6.98 | | |
| 31. | Facility Staff | 1.00 | | |
| 32. | Patient services support staff | 8.80 | | |
| 33. | Total Administration and Facility | 16.78 | | |
| 34. | Total (Total Lines 15+19+20+21+22+23+29+29A+33) | 51.24 | 32,297 | |

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Line 29A Specify: Other Programs and Services: 1 FTE for RHEP Program Coordinator; .40 FTE for Pediatrician's Services Contracted to WVU.

**TABLE 6
 SELECTED DIAGNOSES AND SERVICES RENDERED**

Universal Report

CHC MHC HO SBH PH

| Diagnostic Category | Applicable Primary ICD-9-CM or CPT Code (where applicable) | Number of Encounters (a) | Number of Patients (b) |
|--|--|--------------------------|------------------------|
| Selected Infectious and Parasitic Diseases | | | |
| 1. Symptomatic HIV | 042.xx; 079.53 | 0 | |
| 2. Asymptomatic HIV | V08 | 0 | |
| 3. Tuberculosis | 010.xx - 018.xx | 3 | 2 |
| 4. Syphilis and other sexually transmitted diseases | 090.xx - 099.xx | 1 | 1 |
| Selected Diseases of the Respiratory System | | | |
| 5. Asthma | 493.xx | 219 | 175 |
| 6. Chronic bronchitis and emphysema | 490.xx - 492.xx | 432 | 264 |
| Selected Other Medical Conditions | | | |
| 7. Abnormal breast findings, female | 174.xx; 198.81; 233.0x; 793.8x | 2 | 2 |
| 8. Abnormal cervical findings | 180.xx; 198.82; 233.1x; 795.0x | 20 | 19 |
| 9. Diabetes mellitus | 250.xx; 775.1x | 2,861 | 1,237 |
| 10. Heart disease (selected) | 391.xx - 392.0x 410.xx - 429.xx | 789 | 331 |
| 11. Hypertension | 401.xx - 405.xx | 3,442 | 1,985 |
| 12. Contact dermatitis and other eczema | 692.xx | 299 | 251 |
| 13. Dehydration | 276.5x | 10 | 4 |
| 14. Exposure to heat or cold | 991.xx - 992.xx | 3 | 1 |
| Selected Childhood Conditions | | | |
| 15. Otitis media and eustachian tube disorders | 381.xx - 382.xx | 617 | 457 |
| 16. Selected perinatal medical conditions | 770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x) | 1 | 1 |
| 17. Lack of expected normal physiological developments (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 | 14 | 10 |

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**TABLE 6
 SELECTED DIAGNOSES AND SERVICES RENDERED**

Universal Report

CHC MHC HO SBH PH

| Diagnostic Category | Applicable Primary ICD-9-CM or CPT Code (where applicable) | Number of Encounters (a) | Number of Patients (b) |
|--|---|--------------------------|------------------------|
| Selected Mental Health and Substance Abuse Conditions | | | |
| 18. Alcohol related disorders | 291.xx, 303.xx; 305.0x 357.5x | 14 | 9 |
| 19. Other substance related disorders (excluding tobacco use disorders) | 292.1x – 292.8x 304.xx, 305.2x – 305.9x, 357.6x, 648.3x | 15 | 8 |
| 20a. Depression and other mood disorders | 296.xx, 300.4 301.13, 311.xx | 1,251 | 631 |
| 20b. Anxiety disorders including PTSD | 300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3, 309.81 | 359 | 245 |
| 20c. Attention deficit and disruptive behavior disorders | 312.8x, 312.9x, 313.81, 314.xx | 358 | 147 |
| 20d. Other mental disorders, excluding drug or alcohol dependence (includes mental retardation) | 290.xx 293.xx - 302.xx (excluding 296.xx, 300.0x, 300.21, 300.22, 300.23, 300.29, 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) | 285 | 192 |
| Selected Diagnostic Tests/Screening/Preventive Services | | | |
| 21. HIV Test | CPT-4: 86689; 86701-86703; 87390-87391 | 0 | |
| 22. Mammogram | CPT-4: 76090-76092 OR ICD-9: V76.11, V76.12 | 20 | 20 |
| 23. Pap Test | CPT-4: 88141-88155; 88164- 88167 OR ICD-9: V72.3; V72.31; V76.2 | 582 | 571 |
| 24. Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Influenza virus, Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatits B Child) | CPT-4: 90633-90634, 90645 – 90648; 90657 – 90660; 90669; 90700 – 90702; 90704 – 90716; 90718; 90720-90721, 90723, 90743 – 90744; 90748 | 0 | |
| 25. Contraceptive management | ICD-9: V25.xx | 491 | 259 |
| 26. Health supervision of infant or child (ages 0 through 11) | CPT-4: 99391-99393; 99381- 99383; 99431-99433 or ICD-9: V20.xx; V29.xx | 755 | 534 |

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**TABLE 6
 SELECTED DIAGNOSES AND SERVICES RENDERED**

Universal Report

CHC MHC HO SBH PH

| Diagnostic Category | Applicable Primary ICD-9-CM or CPT Code (where applicable) | Number of Encounters (a) | Number of Patients (b) |
|--|--|--------------------------|------------------------|
| Selected Dental Services | | | |
| 27. I. Emergency Services | ADA: D9110 | 0 | |
| 28. II. Oral Exams | ADA: D0120, D0140, D0150, D0160, D0170, D0180 | 0 | |
| 29. Prophylaxis – adult or child | ADA: D1110, D1120, D1201, D1205 | 0 | |
| 30. Sealants | ADA: D1351 | 0 | |
| 31. Fluoride Treatment – adult or child | ADA: D1201, D1203, D1204, D1205 | 0 | |
| 32. III. Restorative Services | ADA: D21xx, D23xx, D27xx | 0 | |
| 33. IV. Oral Surgery (extractions and other surgical procedures) | ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280 | 0 | |
| 34. V. Rehabilitative Services (Endo, Perio, Prostho, Ortho) | ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx | 0 | |

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**TABLE 7
 PERINATAL PROFILE**

| CHARACTERISTICS | | Number of Patients (a) | |
|---|--|---|---|
| SECTION 1 ALL GRANTEEES | | | |
| 1. | Total Patients Known to be Pregnant: | This Line No Longer Reported | |
| 2. | Total Patients Known to be HIV+ Pregnant Women | 0 | |
| ONLY CONTINUE IF YOU PROVIDE PRENATAL SERVICES | | | |
| SECTION II GRANTEES WHO PROVIDE PRENATAL CARE | | | |
| A. DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS | | | |
| AGE | | | |
| 3. | Less than 15 years | 0 | |
| 4. | Ages 15 - 19 | 14 | |
| 5. | Ages 20 - 24 | 22 | |
| 6. | Ages 25 - 44 | 16 | |
| 7. | Ages 45 and Over | 0 | |
| 8. | Total (Sum Lines 3-7) | 52 | |
| Race/Ethnicity | | | |
| 9a. | Asian | 0 | |
| 9b. | Native Hawaiian | 0 | |
| 9c. | Other Pacific Islander | 0 | |
| 9. | Total Asian/Native Hawaiian/Pacific Islander (total Lines (9a + 9b + 9c)) | 0 | |
| 10. | Black/African American (not Hispanic or Latino) | 1 | |
| 11. | American Indian/Alaska Native | 0 | |
| 12. | White (not Hispanic or Latino) | 51 | |
| 13. | Hispanic or Latino (all races) | 0 | |
| 14. | Unreported / Refused to report | | |
| 15. | Total Number of Patients (Sum Lines 9 - 14) | 52 | |
| B. TRIMESTER OF ENTRY INTO PRENATAL CARE | | | |
| Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year | | Women Having First Visit at Grantee Site | Women Having First Visit at Another Provider |
| | | (a) | (b) |
| 16. | First Trimester | 32 | 2 |
| 17. | Second Trimester | 15 | 0 |
| 18. | Third Trimester | 3 | 0 |

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**TABLE 7
 PERINATAL PROFILE**

| C. DELIVERY, POSTPARTUM AND INFANT UTILIZATION DURING THE CALENDAR YEAR | | | | | | | | | |
|---|--------------------------|----------------------------|-----------------------------|--------------------------------------|---|---|---|--|----------------------|
| | Asian (a) | Native Hawaiian (b1) | Pacific Islander (b2) | Black/ African American (c) | American Indian/ Alaska Native (d) | White (not Hispanic or Latino) (e) | Hispanic or Latino (all races) (f) | Unreported/ Refused to Report (g) | Total (h) |
| 19. Prenatal care patients who delivered during the year | | | | 1 | | 31 | | | 32 |
| 19a. Deliveries performed by grantee provider | | | | | | | | | 0 |
| 20. Births less than 1500 grams (very low) | | | | | | | | | 0 |
| 21. Births 1,500 to 2,499 grams (low) | | | | | | 3 | | | 3 |
| 22. Births 2,500 grams or more (normal) | | | | 1 | | 27 | | | 28 |
| 23. Prenatal care patients who received postpartum care within 8 weeks of the delivery | | | | | | 12 | | | 12 |
| 24. Infant delivered who received newborn visit w/in 4 weeks of birth | | | | | | 17 | | | 17 |
| D. ENROLLMENT OF PRENATAL CARE PATIENTS AND THEIR INFANTS IN WIC (only patients who receive prenatal service from the grantee) | | | | | | | | | |
| 25. | Prenatal Care Patients | | | | | | | | 42 |
| 26. | Infants | | | | | | | | 22 |
| 27. | Postpartum Care Patients | | | | | | | | 22 |

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**TABLE 8A
 FINANCIAL COSTS**

| Services | | Accrued Cost | Allocation of Facility and Administration | Total Cost After Allocation of Facility and Administration |
|---|--|--------------|---|--|
| | | (a) | (b) | (c) |
| Financial Costs for Medical Care | | | | |
| 1. | Medical Staff | 1,630,154 | 311,140 | 1,941,294 |
| 2. | Lab and X-ray | 180,323 | 37,041 | 217,364 |
| 3. | Medical/Other Direct | 522,884 | 96,305 | 619,189 |
| 4. | Total Medical Care Services (sum lines 1 through 3) | 2,333,361 | 444,486 | 2,777,847 |
| Financial Costs for Other Clinical Services | | | | |
| 5. | Dental | 0 | 0 | 0 |
| 6. | Mental Health | 48,522 | 7,408 | 55,930 |
| 7. | Substance Abuse | 0 | 0 | 0 |
| 8a. | Pharmacy not including pharmaceuticals | 379,104 | 237,059 | 616,163 |
| 8b. | Pharmaceuticals | 879,453 | <Include in Line 8a> | 879,453 |
| 9. | Other Professional | 0 | 0 | 0 |
| 10. | Total Other Clinical Services (Sum Lines 5 through 9) | 1,307,079 | 244,467 | 1,551,546 |
| Financial Costs of Enabling and Other Program Related Services | | | | |
| 11. | Enabling | 63,131 | 14,816 | 77,947 |
| 12. | Other Related Services see table footnote for details | 215,793 | 37,041 | 252,834 |
| 13. | Total Enabling and Other Services (Sum Lines 11 and 12) | 278,924 | 51,857 | 330,781 |
| Overhead and Totals | | | | |
| 14. | Facility | 200,232 | | |
| 15. | Administration | 540,578 | | |
| 16. | Total Overhead (Sum Lines 14 and 15) | 740,810 | | |
| 17. | Total Accrued Costs (Sum lines 4+10 + 13 + 16) | 4,660,174 | | 4,660,174 |
| 18. | Value of Donated Facilities, Services, and Supplies | | | 0 |
| 19. | Total With Donations (Sum Lines 17 and 18) | | | 4,660,174 |

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Line 12 Specify: RHEP Program; Photo Voice; Mt State Geriatrics Program; Community Based Initiatives

**TABLE 8B
 ENABLING SERVICES**

| SERVICE | | COST (a) |
|---|---|---------------------|
| Mental Health/Substance Abuse Services | | |
| 1-3 | These lines are no longer required | |
| Enabling Services | | |
| 4. | Case Management | |
| 5. | Transportation | |
| 6. | Outreach | 63,131 |
| 7. | Patient Education | |
| 8. | Translation/Interpretation | |
| 9. | Community Education | |
| 10. | Environmental Health Risk Reduction | |
| 11. | Eligibility Assistance | |
| 12. | Other Enabling Services | |
| 13. | Total Enabling Services Cost (Sum Line 4-12) | 63,131 |

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**TABLE 9C
 MANAGED CARE ENROLLMENT/UTILIZATION**

| Payor Category | | Medicaid | Medicare | Other Public | Private | Total |
|-----------------|---|---------------------------|----------|--------------|----------|----------------|
| | | (a) | (b) | (c) | (d) | (e) |
| Revenues | | | | | | |
| 1a. | Capitation revenue for Services Within Scope of Project | 0 | 0 | 0 | 0 | 0 |
| 1b. | Fee-for-Service revenue for Services Within Scope of Project | 100,448 | 0 | 0 | 0 | 100,448 |
| 1. | Total revenue for Services Within Scope of Project (Lines 1a + 1b) | 100,448 | 0 | 0 | 0 | 100,448 |
| 2a. | Capitation revenue for Services Outside Scope of Project | No Longer Reported | | | | |
| 2b. | Fee-for-Service revenue for Services Outside Scope of Project | | | | | |
| 2. | Total revenue for Services Outside Scope of Project (Lines 2a + 2b) | | | | | |
| 3a. | Collections from State Medicaid or Federal Medicare reconciliation/wrap around (for current Year) | 0 | 0 | | | 0 |
| 3b. | Collections from State Medicaid or Federal Medicare reconciliation/wrap around (for previous years) | 0 | 0 | | | 0 |
| 3c. | Collections from patient co-payments and from managed care plans for other retroactive payments/ risk pool/ incentive/ withhold | 0 | 0 | 0 | 0 | 0 |
| 3d. | Penalties or paybacks to managed care plans | 0 | 0 | 0 | 0 | 0 |
| 4. | Total Managed Care Revenue (Line 1 + 3a + 3b + 3c) - (Line 3d) | 100,448 | 0 | 0 | 0 | 100,448 |
| Expenses | | | | | | |
| 5a. | Capitation expenses for Services Within Scope of Project | | | | | |
| 5b. | Fee-for-Service expenses for Services Within Scope of Project | 80,892 | | | | 80,892 |
| 5. | Total expenses for Services Within Scope of Project (Lines 5a + 5b) | 80,892 | 0 | 0 | 0 | 80,892 |
| 6a. | Capitation expenses for Services Outside Scope of Project | No Longer Reported | | | | |
| 6b. | Fee-for-Service expenses for Services Outside Scope of Project | | | | | |
| 6. | Total expenses for Services Outside Scope of Project (Lines 6a + 6b) | | | | | |
| 7. | Total Managed Care Expenses (Line 5) | 80,892 | 0 | 0 | 0 | 80,892 |

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**TABLE 9C
 MANAGED CARE ENROLLMENT/UTILIZATION**

| Payor Category | | Medicaid | Medicare | Other Public | Private | Total |
|-------------------------|--|----------|----------|--------------|---------|-------|
| | | (a) | (b) | (c) | (d) | (e) |
| Utilization Data | | | | | | |
| 8a. | Member months for managed care (capitated) | | | | | |
| 8b. | Member months for managed care (fee-for-service) | 2,761 | | | | 2,761 |
| 8. | Total Member months for managed care (Lines 8a + 8b) | 2,761 | 0 | 0 | 0 | 2,761 |
| 9a. | Managed Care Encounters (capitated) | | | | | |
| 9b. | Managed Care Encounters (fee-for-service) | 963 | | | | 963 |
| 9. | Total Managed Care Encounters (Lines 9a + 9b) | 963 | 0 | 0 | 0 | 963 |
| 10a. | Enrollees in Managed Care Plans (capitated) (as of 12/31) | 0 | | | | 0 |
| 10b. | Enrollees in Managed Care Plans (fee-for-service) (as of 12/31) | 286 | | | | 286 |
| 10. | Enrollees in Managed Care Plans (Lines 10a + 10b) (as of 12/31) | 286 | 0 | 0 | 0 | 286 |
| 11. | Enrollees in Primary Care Case Management Programs (PCCM) | | | | | |
| 12. | Number of Managed Care Contracts | 1 | | | | 1 |

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**TABLE 9D
 PATIENT RELATED REVENUE (Scope of Project Only)**

| Payor Category | Full Charges This Period (a) | Amount Collected This Period (b) | Retroactive Settlements, Receipts, and Paybacks (c) | | | | Allowances (d) |
|---|------------------------------|----------------------------------|---|---|---|----------------------|----------------|
| | | | Collection of recon./wrap around Current Year (c1) | Collection of recon./wrap around Previous Year (c2) | Collection of other retroactive payments (c3) | Penalty/Payback (c4) | |
| 1. Medicaid Non-Managed Care | 1,101,226 | 881,956 | 0 | 38,870 | | 0 | 35,756 |
| 2a. Medicaid Managed Care (capitated) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2b. Medicaid managed Care (fee-for-service) | 93,267 | 99,874 | | 0 | 0 | 0 | 1,871 |
| 3. Total Medicaid (Lines 1 + 2a + 2b) | 1,194,493 | 981,830 | 0 | 38,870 | 0 | 0 | 37,627 |
| 4. Medicare Non-Managed Care | 805,064 | 589,291 | 0 | 0 | | 0 | 69,562 |
| 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 (Lines 4 + 5a + 5b) | 805,064 | 589,291 | 0 | 0 | 0 | 0 | 69,562 |
| 7. Other Public including Non-Medicaid S-CHIP (Non Managed Care) | 48,090 | 22,849 | | | | 0 | 16,205 |
| 8a. Other Public including Non-Medicaid S-CHIP (Managed Care Capitated) | 0 | 0 | | | 0 | 0 | 0 |
| 8b. Other Public including Non-Medicaid S-CHIP (Managed Care fee-for-service) | 0 | 0 | | | 0 | 0 | 0 |
| 9. Total Other Public (Lines 7 + 8a + 8b) | 48,090 | 22,849 | | | 0 | 0 | 16,205 |
| 10. Private Non-Managed Care | 2,022,765 | 1,494,304 | | | | 0 | 355,407 |
| 11a. Private Managed Care (capitated) | 0 | 0 | | | 0 | 0 | 0 |
| 11b. Private Managed Care (fee-for-service) | 0 | 0 | | | 0 | | 0 |
| 12. Total Private (Lines 10 + 11a + 11b) | 2,022,765 | 1,494,304 | | | 0 | 0 | 355,407 |
| 13. Self-Pay | 1,535,946 | 550,108 | | | | | |
| 14. Total (Lines 3 + 6 + 9 + 12 + 13) | 5,606,358 | 3,638,382 | 0 | 38,870 | 0 | 0 | 478,801 |

Self-Pay Sliding Discounts

791,530

Self-Pay Bad Debt Write Off

58,732

**TABLE 9E
 OTHER REVENUES**

| Source | | Amount (a) |
|--|---|---------------------|
| BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272) | | |
| 1a. | Migrant Health Center | 0 |
| 1b. | Community Health Center | 523,538 |
| 1c. | Health Care for the Homeless | 0 |
| 1d. | Homeless Children | No Longer Reported |
| 1e. | Public Housing Primary Care | 0 |
| 1f. | School Based Clinics | No Longer Reported |
| 1g. | Total Health Center Cluster (Sum Lines 1a - 1e) | 523,538 |
| 1h. | Integrated Services Development Initiative | 0 |
| 1i. | Shared Integrated Management Information Systems | 0 |
| 1j. | Capital Improvement Program Grants | 0 |
| 1. | Total BPHC Grants (Lines 1g + 1h + 1i + 1j) | 523,538 |
| OTHER FEDERAL GRANTS | | |
| 2. | Ryan White Title III HIV Early Intervention | 0 |
| 3. | Other Federal Grants | 0 |
| 4. | Other Federal Grants | <Include in Line 3> |
| 5. | Total Other Federal Grants (Sum Lines 2-4) | 0 |
| NON-FEDERAL GRANTS or CONTRACTS | | |
| 6. | State Government Grants and Contracts see table footnote for details | 173,593 |
| 6a. | State/Local Indigent Care Programs see table footnote for details | 180,022 |
| 7. | Local Government Grants and Contracts | 0 |
| 8. | Foundation/Private Grants and Contracts see table footnote for details | 205,567 |
| 9. | Total Non-Federal Grants and Contracts (Sum Lines 6 + 6A + 7 + 8) | 559,182 |
| 10. | Other Revenue (Non-patient related revenue not reported elsewhere) see table footnote for details | 36,128 |
| 11. | Total Revenue (Lines 1+5+9+10) | 1,118,848 |

**TABLE 9E
OTHER REVENUES**

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Line 6 Specify: State of WV: RHEP Program - \$131,215; SBHC - \$42377.6

Line 6a Specify: State of WV: Uncompensated Care Grant - \$180022.4

Line 8 Specify: SSJ-\$50,000;WVU-\$92,500;CATCH-\$5,000;MSGEC-\$3968.36;WVU Pharm-\$31039.21;Misc-\$6,250;PhotoV-\$228;SSJ-\$5,000;Reg Dev-\$2700;Health Ed-\$3166;Cardiac Kids-\$1973; Uncomp Care-\$3542

Line 10 Specify: Interest- \$5774.13; WVU-Physician Contract-\$30,088.59;Misc-\$265

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FISCAL INFORMATION

| COSTS | | CHARGES, COLLECTIONS, AND ADJUSTMENTS | |
|---|-------------|---|-------------|
| Total Costs (excluding donations) | \$4,660,174 | Ratio of Donations to Total Costs | 0.00 |
| Admin/Facility % of Total Cost | 16% | Total Income (All Sources) | \$4,757,230 |
| Costs by costs center after allocation | | % Income from Patient Service | 76% |
| Medical as % of total costs | 60% | % Income from BPHC | 11% |
| Dental as % of total costs | 0% | % Income from other sources | 13% |
| Pharmacy as % of total costs | 32% | Total Charges (All Payors) | \$5,606,358 |
| Lab/X-ray as % of total costs | 5% | % Medicaid | 21% |
| Mental/Addictive Srvc as % of total costs | 1% | % Medicare | 14% |
| Costs per patient | | % Other Public | 1% |
| Medical Cost per Medical Patient | \$257 | % Private Insurance | 36% |
| Dental Cost per Dental Patient | #Num! | % Self Pay | 27% |
| Total Cost per Total Patient | \$466 | % Non-Managed Care | 98% |
| Costs per encounter | | %Capitated Managed Care | 0% |
| Medical cost per medical encounter | \$83 | % Fee-for-Service Managed Care | 2% |
| Dental cost per dental encounter | #Num! | Average Charge per Patient | \$561 |
| Pharmacy cost per medical encounter | \$49 | Average Charge per Billable Encounter | \$174 |
| Lab & X-ray cost per medical encounter | \$7 | Ratio of Charges to Reimbursable Costs | 1.29 |
| MANAGED CARE | | Total Collections (All Payors) | \$3,638,382 |
| Total managed care income | \$100,448 | % Medicaid | 27% |
| Total expenses | \$80,892 | % Medicare | 16% |
| Medicaid Expenses | \$80,892 | % Other Public | 1% |
| Medicare Expenses | \$0 | % Private Insurance | 41% |
| Other Public Expenses | \$0 | % Self Pay | 15% |
| Private Ins. Expenses | \$0 | % from Retroactive Payments | 1% |
| Total profit/loss | \$19,556 | Overall Collection Rate (% of Charges) | 65% |
| Medicaid MC Profit/Loss | \$19,556 | Adjustments | |
| Medicare MC Profit/Loss | \$0 | Sliding Discounts as % SP Charges | 52% |
| Other Public MC Profit/Loss | \$0 | Bad Debt as % of self pay charges | 4% |
| Private MC Profit/Loss | \$0 | Allowances as % of insured charges | 12% |
| Total profit/loss as % of expenses | 24% | Indigent Care Income as % of self pay chgs. | 12% |
| Total Managed Care Encounters | 963 | Cash Receipts Less Accrued Costs | \$97,056 |
| % Medicaid | 100% | Surplus/Deficit as % Total Cost | 2% |
| % Medicare | 0% | | |
| % Other Public | 0% | | |
| % Private Insurance | 0% | | |
| Total Encounters per Member Year | 4.19 | | |