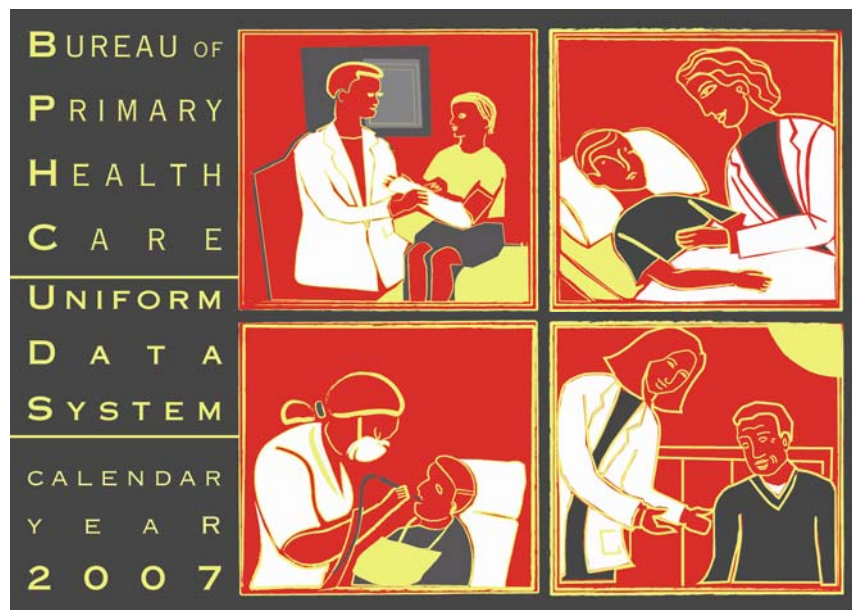


# Bureau of Primary Health Care Uniform Data System (UDS) Grantee Feedback Report

## REFERENCE GUIDE Calendar Year 2007 Data



## **I. INTRODUCTION:**

This Reference Guide is a companion document to the 2007 BPHC UDS Grantee Feedback Report (formerly named Grantee Comparison Report). This report provides analysis of the UDS data at the individual grantee level, and is designed to provide a comparative assessment of the broad range of information that can be gleaned from the UDS. Because the report contains an extensive amount of information, presented in a variety of formats, the Reference Guide is meant to instruct the user on how the report is structured, how the statistics are calculated, and how the information might be used.

The Grantee Feedback Report is intended to provide each BPHC grantee with an analysis of their own organization's UDS data, as well as comparable statistics for a series of relevant comparison groups, against which the grantee's statistics can be examined. By providing statistics specific to comparable groups of federally funded providers in traditionally underserved communities, it is hoped that this report can serve as a more relevant basis for examining and monitoring performance. The report is non-judgmental in that no goals, thresholds, or expectations are set forth, and high or low numbers for any given parameter are not equated with good or bad performance.

It is hoped that members of the grantee's management and governance structure will take the time to review this report and will find it a valuable reference. In addition to monitoring performance internally, the report provides a range of statistics that can be useful for initiatives such as organization planning, grant development, and community relations.

If you have any questions regarding the report or would like to discuss how we can further assist you analyzing the information provided, please contact the toll-free UDS support line at (866)UDS-HELP [837-4357].

## **II. REPORT STRUCTURE:**

The report is actually a series of separate sub-reports that provide different types of information. These include a Health Center Trend Report, a Summary report, a Comparison report on the Universal Tables of the UDS, Comparison Reports on any Special Populations grant tables reported, and a 3-year Trend Report. Each of these will be described separately below. The rows of the report are labeled to provide the basic meaning of each calculation, but you may wish to refer to the detailed formulae at the end of this guide for the specific calculation being performed. The body of this guide focuses on the columns of the reports which provide the comparisons for each statistic. Lastly, the report contains a printout of your center's finalized 2007 UDS tables.

### **A. Health Center Trend Report** (1 page):

This report includes a series of key measures which the BPHC has identified for quality improvement and assistance. The measures are broken out into three categories: Access, Quality of Care/Health Outcomes, and Financial Cost/Viability and provide an overall picture of the health center's performance in each of these areas. Additionally, state and national level reporting is provided for overall comparisons.

2005, 2006, 2007 Columns: These columns report the direct statistic for each of the three years of UDS and audit report submissions. The statistics will be blank for any year in which they were not available for the grantee.

Change Columns: The change column shows the numerical difference between 2007 and 2005 (2007 value minus 2005). The grantee trend will only be reported if the grantee filed a report in 2005 and had a valid value for the statistic in both years.

**Percent Change Columns:** The percent change is calculated as the gross change over the raw statistic for the earlier year. The 2005-2007 Trend % column, therefore, is calculated as (2007 - 2005)/2005. The percent change is not reported if gross change cannot be reported.

**Audit Data:** The audit data appears for those grantees meeting four criteria: 1) currently active, non-public entity grantee; 2) grantee has at least four audits with fiscal year end dates in 2005 and 2006 whose internal HRSA audit reviews were completed and entered into the HRSA audit database; 3) grantee is not missing audit data in the following fields in the years selected: net assets, current assets, current liabilities, number of months in the fiscal year; and 4) audit data was not flagged for further review and validation. A total of 695 of the 1,002 grantees in 2006 met these selection criteria. A blank cell in the audit data section indicates that criteria has not been met. Please note that the audit data for 2007 is not available.

The audit data is from an internal HRSA system. If an error is suspected, grantees may recalculate the audit information using the formulas provided in this reference guide and present these in the work plan with an explanation. **Please contact your Project Officer regarding any errors or other questions about the audit measures.**

**State and National Trend Report Data:** The UDS data shown in state and national trend reports present either the actual numbers or the statistic calculated by placing the sum of the data for all grantees in the numerator and the sum of the data for all grantees in the denominator. The three audit data statistics shown in the state and national trend reports are calculated by adding the statistic for each grantee and dividing by the number of grantees.

**B. 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' are still of key importance to the BPHC. The summary includes a group of Current Year Ratio measures presented in the form of the Comparison Reports, and a group of 3-Year Trend measures presented in the form of the Trend report. See discussion below for detail on these two report formats. Note that the reference statistics in the Performance Measures report, distributed directly by the BPHC, are based on a selected subset of grantees, resulting in minor differences from the reference statistics presented here.

**C. Comparison Reports: (Summary Current Year Ratios, Universal Comparison, and Grant Comparison):**

Comparison report sections have a structure similar to this example:

UNIVERSAL	Grantee	Averages				National Percentiles			Grantee Percentile	Grantee Trend 2005 to 2007	
		ST	National	Rural	Large	25th	Median	75th			
		n = 19	n = 1067	n = 563	n = 467						
U1.00	PATIENT DEMOGRAPHICS										
U1.10	Target Populations										
U1.11	% Pediatric (<15 years old)	28%	29%	28%	27%	29%	17%	24%	32%	63%	-1%
U1.12	% Geriatric (age 65 and over)	12%	11%	7%	9%	7%	4%	6%	10%	79%	0%
U1.13	% Women's health (age 15 - 44)	24%	23%	29%	27%	29%	23%	27%	32%	29%	0%
U1.20	Gender Split by Age Group										
U1.21	% total patients who are female	56%	56%	59%	59%	60%	55%	59%	62%	31%	1%
U1.22	% patients under 15 who are female	49%	50%	50%	49%	50%	49%	50%	51%	32%	1%

In the comparison format, the Grantee's statistics are presented alongside the same statistics for broader comparison groups, including averages (state, nation, large/small, urban/rural), national percentiles, grantee percentile rank, and Grantee's trend from 2005. All statistics presented in this section are normalized to ratios or percentages.

- Universal Comparison (5 pages): A wide range of measures calculated from the Universal Report submitted by all grantees. The comparison statistics presented are drawn from the universe of reporting grantees.
- Grant Comparison - (2 pages) - Universal Comparison, but only for fields from the grant tables (3a, 3b, 4, 5, & 6), reported by special populations grantees. One report is generated for each special population grant received by the center. Comparisons are to the grant tables for other organizations receiving the same grant category funding (regardless of what other grants each organization may receive).

Grantee Column: For each line, the Grantee statistic is the number that pertains to the grantee for whom the report is generated, derived from the grantee's 2007 UDS report. It is calculated based on the formulas described at the end of this Reference Guide. All comparison statistics are derived using the same formula. The grantee statistic will be blank when the statistic cannot be calculated (such as the Dental Support Ratio for a grantee that has no dental providers), and such grantees are not included in the comparison group for that statistic.

Average Columns: The average, also known as the Mean, is the summarized statistic for all grantees in the comparison group. The average for each comparison group is calculated by summing the raw numbers for all grantees in the group and then performing the calculation. For example, the national average for Pediatric Productivity is calculated by summing all pediatric encounters and dividing by the sum of all pediatric FTE. Averages describe the group as a whole, but are sensitive to "outliers" in terms of any grantee's relative 'size' and degree of variation from the center (ie. one grantee with many pediatricians and very low productivity can reduce the average productivity statistic significantly). Averages for the following comparison groups are presented:

State: All grantees in the same state as the report grantee. This group is suppressed if there are fewer than 3 grantees in the group, to protect grantee confidentiality.

National: All grantees in the nation.

Urban/Rural: All grantees in the same Urban/Rural classification as the report grantee. Each grantee is classified as Rural or Urban by the BPHC.

Large/Small: All grantees in the same size classification as the report grantee. A Small grantee is classified as one with less than 10,000 medical patients. Large grantees have 10,000 or more medical patients.

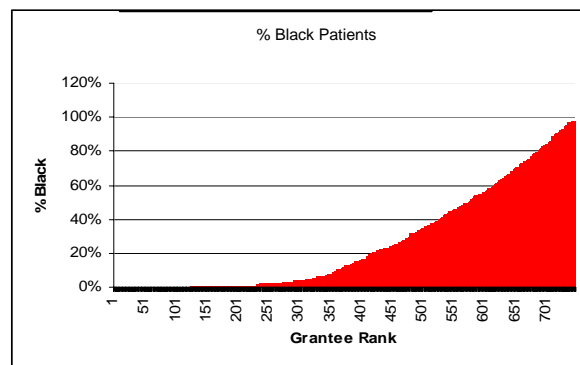
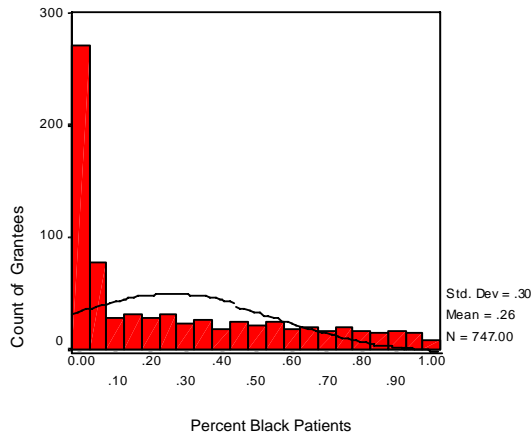
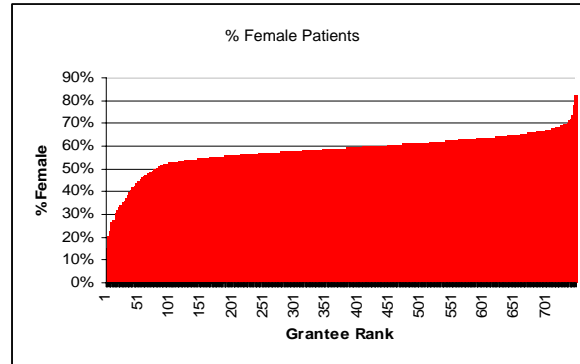
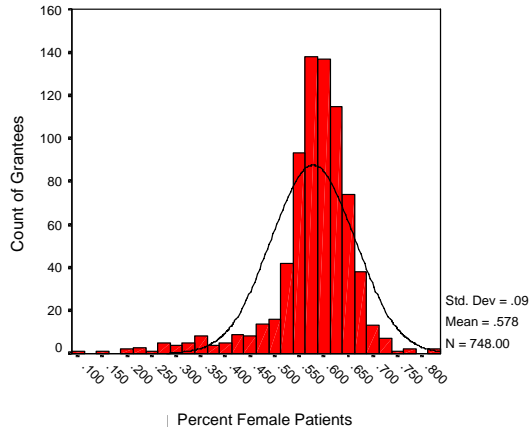
Percentile Columns: Percentiles are derived by calculating the statistic being reported for each grantee separately, and then ranking those values in numerical order (grantees for whom the statistic is not valid are not counted). Each percentile represents the calculated value for the individual grantee whose value is greater than or equal to, that percent of all grantees. The 25<sup>th</sup> percentile, therefore, is the value for the grantee whose value is greater than or equal to 25% of all grantees (one-quarter of the way up the ranking list). Unlike averages, percentiles are not sensitive to outlier values in the group and may, therefore, be more representative of a 'typical' grantee when the values are not normally distributed. Percentiles are reported for the national group only, as they require significant numbers of values for validity. The following National Percentiles are reported:

25<sup>th</sup> Percentile: The value at which 25% of grantees have a lower number for the statistic.

Median (50<sup>th</sup> Percentile): The value at which 50% of grantees have a lower number for the statistic.

75<sup>th</sup> Percentile: The value at which 75% of grantees have a lower number for the statistic.

By examining these 25% cuts on the percentile range, one can ascertain the relative 'shape' of the distribution curve for values in the nation. See the graphs below for an example. They show the statistical curves for the Percent Female statistic and the Percent Black Patients statistic. The percent female has a mean close to the median and is relatively 'normally distributed' across the funded grantees, while Percent Black is not a normal distribution in that many centers have a small proportion of black patients, while some serve largely black populations.



**Grantee Percentile Column:** The grantee percentile reports the ranking of the grantee being reported amongst all grantees in the nation, on a 100 point scale. Unlike the National Percentiles, which report the value of the statistic at certain rankings (the 25<sup>th</sup>, 50<sup>th</sup>, and 75<sup>th</sup> percent), the Grantee Percentile reports the percentage of grantees that have a value less than or equal to the value calculated for the grantee being reported. Using the above example, the grantee with the highest percentage of female patients in the nation (over 80% of the grantee's patients) will be at the 100<sup>th</sup> percentile for that statistic. The grantee with the lowest percentage of female patients (less than 20% of the grantee's patients) will be at the 0% percentile, and the grantee with a percentage of female patients higher than half of the grantees (almost 60% of the grantee's patients) will be at the 50<sup>th</sup> percentile (median). If the statistic is not valid for the report grantee (such as dental productivity for a practice without dentists), the grantee percentile will be blank on the report and the grantee will not be included in the percentile ranking.

**Grantee Trend 2005 to 2007 Column:** The trend statistic for each parameter shows the gross change in that statistic between 2005 and 2007 (2007 value minus 2005 value) for the grantee being reported. Therefore, statistics reported as percentages will have a trend reported in percentage, while statistics reported in dollars will show a trend in dollars. A grantee whose average cost per encounter was \$120 in 2005 and was \$110 in

2007 will show a -\$10 trend. The grantee trend will only be reported if the grantee filed a UDS report in 2005 and had a valid value for the statistic in both years. Lastly, the trend column is not calculated for the special populations grant comparison section this year because data from the prior year is not available.

**D. Grantee Trend Report** (4 pages):

Three-year trend of key variables (2005, 2006, 2007) 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 the grantee's own UDS report only. The Trend Report section appears similar to the following example:

Calendar Year 2007

		3-Year Trends in Key UDS Variables								
		Raw Data			2007 - 2006 Trend				2006 - 2005 Trend	
		UDS			Grantee Change		Reference Group Change		Grantee Change	
		2007	2006	2005	Gross	%	State 'ST' %	National %	Gross	%
T1.0	<b>PATIENTS</b>									
T1.10	Total patients	19,623	17,363	15,077	2,260	13.02%	9.46%	6.38%	2,286	15.16%
T1.20	Patients by Category of Service									
T1.21	Medical patients	18,544	16,356	14,398	2,188	13.38%	7.55%	5.75%	1,958	13.60%
T1.22	Dental patients	2,202	1,814	1,616	388	21.39%	22.22%	9.24%	198	12.25%
T1.23	Mental health patients	0	0	0	0		23.47%	15.05%	0	
T1.24	Substance abuse service patients	0	0	0	0		-16.36%	2.25%	0	
T1.25	Other professional patients	0	0	0	0		20.35%	-1.60%	0	

2007, 2006, 2005 Columns: These columns report the direct statistic for each of the 3 years of UDS submission. The statistics will be blank for any year in which they were not valid for the grantee.

Gross Change Columns: The gross change columns show the one year numerical difference from the previous year. For example, the gross change column reported for 2007 – 2006 trend, is the difference between the values reported in 2007 and 2006. The statistic will be blank for any line where either of the values in the comparison are blank.

Percent Change Columns: The percent change is calculated as the gross change over the raw statistic for the earlier year. The 2007-2006 Trend % column, therefore, is calculated as (2007 - 2006)/2006 and 2006-2005 Trend % column is calculated as (2006-2005)/2005. The percent change is not reported if gross change cannot be reported. Also, these columns are darkened for the rows that are reported as a percentage, and for the surplus/deficit columns, because there is no valid denominator for these calculations.

Reference Group Change: The percent change is calculated for state and national as a comparison group showing the percent change (as defined above for Percent Change Columns) between the current year (2007) report and the previous year (2006).

**E. Grantee UDS Tables:**

This section is a printout of the final version of the grantee's 2007 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.

### **III. CALCULATION FORMULAE:**

The remaining pages of this guide list the formula that is used to calculate the statistics for each line of the report. The formulae references specific cells of the 2007 UDS report by table, line and column. In some instances, the reference has been abbreviated with T=Table, L=Line, and C=Column. For example, a formula containing T3B\_L8\_CA is referring to Table 3B, Line 8, Column A. The standard mathematical notations are used as follows:

- \* Multiply
- / Divide
- + Add
- Subtract
- ( ) Perform calculation in parenthesis first

### **IV. FORMULAE NOTES:**

As of 2007, new calculations were added. These calculations all fall under the category of U3.40 Mental Health Productivity and Patient Panel Size and their formulas are outlined in the reference under the Universal Comparison Measures section.

Please note that due to changes in the reporting of patients by race and ethnicity, measures relating to race and ethnicity will likely show a large variation from the previous year's data.

**HEALTH CENTER TREND  
MEASURES**

**2007 FORMULA**

<b>P1</b>	<b>Access</b>	
P1.1	Total Number of Patients Served	T4_L6_CA
P1.2	Medical Patients Served	T5_L15_CC [T1.21] [PM1]
P1.3	Migrant/Seasonal Farmworker Patients Served	T4_L15_CA [T1.34]
P1.4	Homeless Patients Served	T4_L22_CA [T1.35]
P1.5	Public Housing Patients Served	From Public Housing Grant Report or for PH only grantees T4_L6_CA
<b>P2</b>	<b>Quality of Care/Health Outcomes</b>	
P2.1	Percent of Prenatal Patients Served in the 1st Trimester	(T7_L16_CA + T7_L16_CB)/T7_L8_CA
P2.2	Percent of Women with Pap Test	Available in February 2009
P2.3	Percent of Children Immunized	Available in February 2009
P2.4	Percent of Total Newborns Low Birth Weight	(T7_LINES 20+21_COL H) / (T7_LINES 20+21+22_COL H) [U2.52]
P2.5	Percent Diabetes Less than 9%	Available in February 2009
P2.6	Percent Hypertension Less than 140/90	Available in February 2009
<b>P3</b>	<b>Financial Cost/Viability</b>	
P3.1	Total Cost per Total Patient	T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB) [U5.23]
P3.2	Medical Cost per Medical Encounter (excl. lab and xray costs and nursing visits)	(T8A_L4_CC-T8A_L2_CC)/(T5_L15_CB-T5_L11_CB) [PM7] [U5.31]
P3.3	Change in Net Assets as a Percent of Expense	(Ending Net Assets – Beginning Net Assets)/Total Expenses
P3.4	Working Capital to Monthly Expense Ratio	(Current Assets – Current Liabilities)/(Total Expenses / Number of Months in Audit)
P3.5	Long Term Debt to Equity Ratio	Long Term Liabilities/Net Assets

## Summary Comparison Measures

### Current Year Ratio

#### Performance Measures

#### Formula 2007

PM4	Ratio of Uncompensated Care to BPHC Receipts	$T9D\_L13\_CE + \text{MAX}(T9D\_L3\_CD, 0) / T9E\_L1g\_CA$
PM6	Medical Team Productivity	$(T5\_L8\_CB + T5\_L9a\_CB + T5\_L9b\_CB + T5\_L10\_CB) / (T5\_L8\_CA + (T5\_L9a\_CA + T5\_L9b\_CA + T5\_L10\_CA) / 2)$ [U3.28]
PM7	Medical Cost Per Encounter (excludes lab and xray)	$(T8A\_L4\_CC - T8A\_L2\_CC) / (T5\_L15\_CB - T5\_L11\_CB)$ [U5.31]
PM9	Self Pay Collection Rate	$T9D\_L13\_CB / T9D\_L13\_CA$ [U7.45]

### 3-Year Trend Performance

#### Measures

#### Formula 2007

PM1	Medical Patients Growth	$T5\_L15\_CC$ [T1.21]
PM2	Medical Encounters Growth (excludes nursing visits)	$T5\_L15\_CB - T5\_L11\_CB$
PM5	Medicaid Patients Growth	$T4\_L8\_CA + T4\_L8\_CB$ [T1.54]
PM8	Uninsured Patients Growth	$T4\_L7\_CA + T4\_L7\_CB$ [T1.53]

**UNIVERSAL COMPARISON MEASURES**

**2007 FORMULA**

U1.00	PATIENT DEMOGRAPHICS	
U1.10	Target Populations	
U1.11	% Pediatric (< 15 years old)	(T3A LINES 1-15, COL A&B)/(T3AL39CA+T3AL39CB)
U1.12	% Geriatric (age 65 and over)	(T3A LINES 34-38, COL A&B)/(T3AL39CA+T3AL39CB)
U1.13	% Women's health (age 15 - 44)	(T3A LINES 16-29, COL B)/(T3AL39CB+T3L39CA)
U1.20	Gender Split by Age Group	
U1.21	% total patients who are female	T3A LINE 39 COL B / (T3A LINE 39, COL A+B)
U1.22	% patients under 15 who are female	(T3A LINES 1-15, COL B)/(T3A LINES 1-15, COL A+B)
U1.23	% patients 15 - 44 who are female	(T3A LINES 16-29, COL B)/(T3A LINES 16-29, COL A+B)
U1.24	% patients 45 - 64 who are female	(T3A LINES 30-33, COL B)/(T3A LINES 30-33, COL A+B)
U1.25	% patients 65 and over who are female	(T3A LINES 34-38, COL B)/(T3A LINES 34-38, COL A+B)
U1.30	Race/Ethnicity/Language	
U1.31	% Asian/Pacific Islander*	(T3B LINE 5 COL A)/(T3B L11CA - L10CA)
U1.32	%Black / African American*	(T3B LINE 6 COL A)/(T3B L11CA - L10CA)
U1.33	%Native American / Alaskan Native*	(T3B LINE 7 COL A)/(T3B L11CA - L10CA)
U1.34	% Hispanic or Latino*	(T3B LINE 1 COL A)/(T3B L4 CA)
U1.35	% White*	(T3B LINE 8 COL A)/(T3B L11CA - L10CA)
U1.36	% More than One Race*	(T3B LINE 9 COL A)/(T3B L11CA - L10CA)
U1.37	% with Linguistic Barrier	T3BL12CA/T3BL11CA
U1.40	Income/Insurance	
U1.41	% ≤ 100% Poverty *	(T4 LINE 1 COL A)/(T4 L6CA -L5CA)
U1.42	% ≤ 200% Poverty *	(T4 LINES 1+2+3 COL A)/(T4 L6CA -L5CA)
U1.43	% Uninsured	(T4 LINE 7 COL A+B)/(T4 LINE 12 COL A+B)
U1.44	% with Medicaid coverage	(T4 LINE 8 COL A+B)/(T4 LINE 12 COL A+B)
U1.45	% with Medicare coverage	(T4 LINE 9 COL A+B)/(T4 LINE 12 COL A+B)
U1.46	% with Other Public Ins. coverage	(T4 LINE 10 COL A+B)/(T4 LINE 12 COL A+B)
U1.47	% with Private Ins. coverage	(T4 LINE 11 COL A+B)/(T4 LINE 12 COL A+B)
U1.48	% CHIP enrolled (Medicaid or Other Public)	(T4 LINES 8b + 10b COL A+B)/(T4 LINES 12 COL A+B)

\* Denominator excludes 'Unknown' category

UNIVERSAL COMPARISON MEASURES

2007 FORMULA

U2.0	CLINICAL INFORMATION	
U2.10	Service Patient to population ratios	
U2.11	% of patients tested for HIV	T6 L21 CB/(T3A LINE39 COL A + B)
U2.12	Mammograms / female patients 45+ years	T6 L22 CB/(T3A LINES 30-38 COL B)
U2.13	Pap smears / female patients 15+ years	T6 L23 CB/(T3A LINES 16 - 38 COL B)
U2.14	Family planning / female patients 15-44 yrs	T6 L25 CB/(T3A LINES 16 - 29 COL B)
U2.15	Well child patients / patients < 12 years	T6 L26 CB/(T3A LINES 1 - 12 COL A+B)
U2.20	Diagnosis Patient to population ratios	
U2.21	Hypertension / patients 20+ years	T6 L11 CB/(T3A LINES 21 - 38 COL A + B)
U2.22	Symptomatic HIV / total medical patients	T6 L1 CB/(T5 LINE15 COL C)
U2.23	Asymptomatic HIV / total medical patients	T6 L2 CB/(T5 LINE15 COL C)
U2.24	Asthma / total medical patients	T6 L5 CB/(T5 LINE15 COL C)
U2.25	Diabetes / total medical patients	T6 L9 CB/(T5 LINE15 COL C)
U2.30	Visits per year for patients with specific diagnoses	
U2.31	Asthma	T6 L5 CA / T6 L5 CB
U2.32	Hypertension	T6 L11 CA / T6 L11 CB
U2.33	Diabetes	T6 L9 CA / T6 L9 CB
U2.34	Otitis Media	T6 L15 CA / T6 L15 CB
U2.35	Mental disorders	(T6_L20a_CA+T6_L20b_CA+T6_L20c_CA+T6_L20d_CA) / (T6_L20a_CB+T6_L20b_CB+T6_L20c_CB+T6_L20d_CB)
U2.40	Proportion of Medical Encounters by Diagnosis (excluding nursing visits)	
U2.41	% Asthma encounters	T6 L5 CA / (T5 L15 CB-T5 L11 CB)
U2.42	% Hypertension encounters	T6 L11 CA / (T5 L15 CB-T5 L11 CB)
U2.43	% Diabetes encounters	T6 L9 CA / (T5 L15 CB-T5 L11 CB)
U2.50	Perinatal Care	
U2.51	% Prenatal teen patients (< 20 yrs)	T7 LINES 3+4 COL A / T7 L8 CA
U2.52	% Newborns Below Normal Birthweight	T7 LINES 20+21 COL H / T7 LINES 20+21+22 COL H
U2.53	% Late Entry Into Prenatal Care	T7_LINES 17+18_COL A+B / T7_LINES 16+17+18_COL A+B

UNIVERSAL COMPARISON MEASURES

2007 FORMULA

U3.0	STAFFING RATIOS AND PRODUCTIVITY	
U3.10	Support Ratios	
U3.11	Direct medical support	$(T5\_LINES\ 11+12\_COL\ A) / (T5\_LINES\ 8+9a+9b+10\_COL\ A)$
U3.12	Direct dental support ratio	$(T5\_L18\_CA) / (T5\_LINE\ 16+17\_COL\ A)$
U3.13	"Patient support" ratio	$(T5\_LINES\ 32\_COL\ A) / (T5\_LINES\ 8+9a+9b+10+16+17\_COL\ A)$
U3.20	Med. Productivity and Patient Panel Size	
U3.21	Family Practice Productivity	$T5\_L1\_Cb / T5\_L1\_Ca$
U3.22	General Practice Productivity	$T5\_L2\_Cb / T5\_L2\_Ca$
U3.23	Internal Medicine Productivity	$T5\_L3\_Cb / T5\_L3\_Ca$
U3.24	Ob/Gyn Productivity	$T5\_L4\_Cb / T5\_L4\_Ca$
U3.25	Pediatric Productivity	$T5\_L5\_Cb / T5\_L5\_Ca$
U3.26	Overall Physician Productivity (excludes Other Specialist Physicians)	$(T5\_L8\_CB-T5\_L7\_CB)/(T5\_L8\_CA-T5\_L7\_CA)$
U3.27	NP / PA/CNM Productivity	$(T5\_L9a\_CB+T5\_L9b\_CB+T5\_L10\_CB)/(T5\_L9a\_CA+T5\_L9b\_CA+T5\_L10\_CA)$
U3.271	NP Productivity	$T5\_L9a\_CB/T5\_L9a\_CA$
U3.272	PA Productivity	$T5\_L9b\_CB/T5\_L9b\_CA$
U3.273	CNM Productivity	$T5\_L9c\_CB/T5\_L9c\_CA$
U3.28	Medical Team Productivity	$(T5\_L8\_CB+T5\_L9a\_CB+T5\_L9b\_CB+T5\_L10\_CB)/(T5\_L8\_CA+(T5\_L9a\_CA+T5\_L9b\_CA+T5\_L10\_CA)/2))$ [U3.28]
U3.281	Medical Team Productivity Ratio	$((T5\_L1\_CB/T5\_L1\_CA)/NA)+(T5\_L2\_CB/T5\_L2\_CA)/NA)+(T5\_L3\_CB/T5\_L3\_CA)/NA)+(T5\_L4\_CB/T5\_L4\_CA)/NA)+(T5\_L5\_CB/T5\_L5\_CA)/NA)+(T5\_L9a\_CB/T5\_L9a\_CA)/NA)+(T5\_L9b\_CB/T5\_L9b\_CA)/NA)+(T5\_L10\_CB/T5\_L10\_CA)/NA)/(T5\_L1\_CA+T5\_L2\_CA+T5\_L3\_CA+T5\_L4\_CA+T5\_L5\_CA+T5\_L9a\_CA+T5\_L9b\_CA+T5\_L10\_CA)$ [U3.281] NA = National Average
U3.29	Medical Patients per Provider FTE	$T5\_L15\_CC/((T5\_L8\_CA)+(T5\_L9a\_CA+T5\_L9b\_CA+T5\_L10\_CA))$

**UNIVERSAL COMPARISON MEASURES**

**2007 FORMULA**

U3.30	Dental Productivity and Patient Panel Size	
U3.31	Dentist Productivity	$(T5\_L16\_CB)/(T5\_L16\_CA)$
U3.32	Dental Hygenist Productivity	$(T5\_L17\_CB)/(T5\_L17\_CA)$
U3.33	Dental Team Productivity	$(T5\_L16\_CB+T5\_L17\_CB)/(T5\_L16\_CA+(T5\_L17\_CA/2))$
U3.34	Dental Patients per Provider FTE	$T5\_L19\_CC/(T5\_L16\_CA+(T5\_L17\_CA))$
U3.40	Mental Health Productivity and Patient Panel Size	
U3.41	Case Manager Productivity	$T5\_L24\_CB/T5\_L24\_CA$
U3.42	Education Specialist Productivity	$T5\_L25\_CB/T5\_L25\_CA$
U3.43	Psychiatrist Productivity	$T5\_L20a\_CB/T5\_L20a\_CB$
U3.44	Other Licensed Mental Health Providers Productivity	$T5\_L20b\_CB/T5\_L20b\_CA$
U3.45	Other Mental Health Staff Productivity	$T5\_L20c\_CB/T5\_L20c\_CA$
U3.46	Licensed Mental Health Team Productivity	$(T5\_L20a\_CB+T5\_L20b\_CB)/(T5\_L20a\_CA+T5\_L20b\_CA)$
U3.47	Mental Health Patients per Provider FTE	$T5\_L20\_CC/T5\_L20\_CA$

**UNIVERSAL COMPARISON MEASURES**

**2007 FORMULA**

U4.0	UTILIZATION RATES	
U4.10	Medical Encounters per Medical Patients (excludes Nursing visits)	$(T5\_L8\_CB+T5\_L9a\_CB+T5\_L9b\_CB+T5\_L10\_CB)/T5\_L15\_CC$
U4.20	Dental Encounters per Dental Patients	$T5\_L19\_CB/T5\_L19\_CC$
U4.30	Mental Health Encounters Per MH Patients	$T5\_L20\_CB/T5\_L20\_CC$
U4.40	Substance Abuse Encounters Per Substance Abuse Patients	$T5\_L21\_CB/T5\_L21\_CC$
U4.50	Enabling Encounters per Enabling Patients	$T5\_L29\_CB/T5\_L29\_CC$

U5.0	COSTS	
U5.10	Costs by cost center	
U5.11	Administration % of Total Cost	$T8A\_L15\_CA/T8A\_L17\_CA$
U5.12	Facility % of Total Cost	$T8A\_L14\_CA/T8A\_L17\_CA$
U5.13	Medical (loaded) as % of total cost	$T8A\_L4\_CC/T8A\_L17\_CC$
U5.14	Dental (loaded) as % of total cost	$T8A\_L5\_CC/T8A\_L17\_CC$
U5.15	Pharmacy (loaded) as % of total cost	$(T8A\_L8a\_CC+T8A\_L8b\_CC)/T8A\_L17\_CC$
U5.16	Lab/X-ray (loaded) as % of total cost	$T8A\_L2\_CC/T8A\_L17\_CC$
U5.17	Mental/Addictive (loaded) as % of total cost	$(T8A\_L6\_CC+T8A\_L7\_CC)/T8A\_L17\_CC$
U5.18	Enabling (loaded) as % of total cost	$T8A\_L11\_CC/T8A\_L17\_CC$
U5.19	Pharmaceuticals as % of total cost	$T8A\_L8b\_CC/T8A\_L17\_CA$
U5.20	Costs per patient	
U5.21	Medical Cost per Medical Patient (excludes lab and x-ray costs)	$(T8A\_L4\_CC-T8A\_L2\_CC)/T5\_L15\_CC$
U5.22	Dental Cost per Dental Patient	$T8A\_L5\_CC/T5\_L19\_CC$
U5.23	Total Cost per Total Patient	$T8A\_L17\_CC/(T3A\_L39\_CA+T3A\_L39\_CB)$
U5.30	Costs per encounter	
U5.31	Medical cost per medical encounter (excl. lab and xray costs and nursing visits)	$(T8A\_L4\_CC-T8A\_L2\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$
U5.32	Dental Cost per dental encounter	$T8A\_L5\_CC/T5\_L19\_CB$
U5.33	Pharmacy Cost per medical encounter (excludes nursing visits)	$(T8A\_L8a\_CC+T8A\_L8b\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$
U5.34	Lab & X-ray Cost per medical encounter (excludes nursing visits)	$T8A\_L2\_CC/(T5\_L15\_CB-T5\_L11\_CB)$
U5.35	Pharmaceutical cost per medical encounter (excludes nursing visits)	$T8A\_L8b\_CC/(T5\_L15\_CB-T5\_L11\_CB)$

UNIVERSAL COMPARISON MEASURES

2007 FORMULA

U6.0	MANAGED CARE	
U6.10	Managed Care (MC) Surplus/Deficit as % Expenses	
U6.11	Medicaid MC Surplus/Deficit %	$(T9C\ L4\ CA - T9C\ L7\ CA) / T9C\ L7\ CA$
U6.12	Medicare MC Surplus/Deficit %	$(T9C\ L4\ CB - T9C\ L7\ CB) / T9C\ L7\ CB$
U6.13	Other Public MC Surplus/Deficit %	$(T9C\ L4\ CC - T9C\ L7\ CC) / T9C\ L7\ CC$
U6.14	Private MC Surplus/Deficit %	$(T9C\ L4\ CD - T9C\ L7\ CD) / T9C\ L7\ CD$
U6.15	Total MC Surplus/Deficit %	$(T9C\ L4\ CE - T9C\ L7\ CE) / T9C\ L7\ CE$
U6.20	Average Capitated Member Month Revenue	
U6.21	Medicaid PMPM	$T9C\ L1A\ CA / T9C\ L8A\ CA$
U6.22	Medicare PMPM	$T9C\ L1A\ CB / T9C\ L8A\ CB$
U6.23	Other Public PMPM	$T9C\ L1A\ CC / T9C\ L8A\ CC$
U6.24	Private Insurance PMPM	$T9C\ L1A\ CD / T9C\ L8A\ CD$
U6.30	Total Encounters per Member Year	$T9C\_L9\_CE / (T9C\_L8\_CE / 12)$

U7.0	CHARGES, COLLECTIONS AND ADJUSTMENTS	
U7.10	Income by Source	
U7.11	% Income from Patient Service	$T9D\ L14\ CB / (T9D\ L14\ CB + T9E\ L11\ CA)$
U7.12	% Income from BPHC	$T9E\ L1\ CA / (T9D\ L14\ CB + T9E\ L11\ CA)$
U7.13	% Income from other sources	$(T9E\ LINES\ 5 + 9 + 10\ COL\ A) / (T9D\ L14\ CB + T9E\ L11\ CA)$
U7.20	Managed Care Participation	
U7.21	% Non-Managed Care Charges	$(T9D\ LINES\ 1+4+7+10+13\ COL\ A) / T9DL14CA$
U7.22	% Capitated Managed Care Charges	$(T9D\ LINES\ 2a+5a+8a+11a\ COL\ A) / T9DL14CA$
U7.23	% Fee-for-Service Managed Care Charges	$(T9D\ LINES\ 2b+5b+8b+11b\ COL\ A) / T9DL14CA$
U7.30	Other Ratios	
U7.31	Average Charge per Unduplicated Patient	$T9DL14CA / (T3AL39CA + T3AL39CB)$
U7.32	Average Charge per Billable Encounter **	$T9DL14CA / (T5\ LINES\ 8+9a+9b+10+19+20\ COL\ B)$
U7.33	Ratio of Charges to Reimbursable Costs **	$T9DL14CA / (T8A\ LINES\ 4+5+6+8a+8b\ COL\ C)$
U7.34	Average 330 Grant \$ per Medical Patient	$T9E\ L1\ Ca / T5\ L15\ CC$
U7.35	Ratio of Donations to Total Costs	$T8A\_L18\_CC / T8A\_L17\_CC$

**UNIVERSAL COMPARISON MEASURES**

**2007 FORMULA**

U7.40	Collection Rate	
U7.41	% Medicaid Charges Collected	T9D L3 CB/T9D L3 CA
U7.42	% Medicare Charges Collected	T9D L6 CB/T9D L6 CA
U7.43	% Other Public Charges Collected	T9D L9 CB/T9D L9 CA
U7.44	% Private Insurance Charges Collected	T9D L12 CB/T9D L12 CA
U7.45	% Self Pay Charges Collected	T9D L13 CB/T9D L13 CA
U7.46	% Overall Charges Collected	T9D L14 CB/T9D L14 CA
U7.47	% Collections from Retroactive Payments	(T9D_LINE 14_COLS_C1+_C2+_C3-_C4)/T9D_L14_CB
U7.50	Adjustments	
U7.51	Sliding Discounts as % of self pay charges	T9D L13 CE/T9D L13 CA
U7.52	Bad Debt as % of self pay charges	T9D L13 CF/T9D L13 CA
U7.53	Allowances as % of insured charges	T9D L14 CD/(T9D L14 CA-T9D L13 CA)
U7.60	Indigent Care Income as % of self pay chgs.	T9E L6A CA/T9D L13 CA
U7.70	Surplus/Deficit as % Total Cost***	((T9D_L14_CB+T9E_L11_CA)-T8A_L17_CC)/T8A_L17_CC
U7.80	Payor Mix (% of Charges)	
U7.81	% patient charges from Medicaid	T9D L3 CA/T9D L14 CA
U7.82	% patient charges from Medicare	T9D L6 CA/T9D L14 CA
U7.83	% patient charges from Other Public	T9D L9 CA/T9D L14 CA
U7.84	% patient charges from Private Insurance	T9D L12 CA/T9D L14 CA
U7.85	% patient charges from Self Pay	T9D_L13_CA/T9D_L14_CA

\*\* Billable Encounters based on non-nursing Medical + Dental + Mental Health. Reimbursable Costs based on total Medical + Dental + Mental Health + Pharmacy.

\*\*\* Compares accrued cost to cash income

**GRANT COMPARISON MEASURES**

**2007 FORMULA**

G1.0 PATIENT DEMOGRAPHICS	
G1.10	Target Populations
G1.11	% Pediatric (< 15 years old) (T3A LINES 1-15, COL A&B)/(T3AL39CA+T3AL39CB)
G1.12	% Geriatric (age 65 and over) (T3A LINES 34-38, COL A&B)/(T3AL39CA+T3AL39CB)
G1.13	% Women's health (age 15 - 44) (T3A LINES 16-29, COL B)/(T3AL39CB+T3L39CA)
G1.20	Gender Split by Age Group
G1.21	% total patients who are female T3A LINE 39 COL B / (T3A LINE 39, COL A+B)
G1.22	% patients under 15 who are female (T3A LINES 1-15, COL B)/(T3A LINES 1-15, COL A+B)
G1.23	% patients 15 - 44 who are female (T3A LINES 16-29, COL B)/(T3A LINES 16-29, COL A+B)
G1.24	% patients 45 - 64 who are female (T3A LINES 30-33, COL B)/(T3A LINES 30-33, COL A+B)
G1.25	% patients 65 and over who are female (T3A LINES 34-38, COL B)/(T3A LINES 34-38, COL A+B)
G1.30	Race/Ethnicity/Language
G1.31	% Asian/Pacific Islander* (T3B LINE 5 COL A)/(T3B L11CA - L10CA)
G1.32	%Black / African American* (T3B LINE 6 COL A)/(T3B L11CA - L10CA)
G1.33	%Native American / Alaskan Native* (T3B LINE 7 COL A)/(T3B L11CA - L10CA)
G1.34	% Hispanic or Latino* (T3B LINE 1 COL A)/(T3B L4 CA)
G1.35	% White* (T3B LINE 8 COL A)/(T3B L11CA - L10CA)
G1.36	% with Linguistic Barrier T3BL12CA/T3BL11CA
G1.40	Income/Insurance
G1.41	% ≤ 100% Poverty * (T4 LINE 1 COL A)/(T4 L6CA -L5CA)
G1.42	% ≤ 200% Poverty * (T4 LINES 1+2+3 COL A)/(T4 L6CA -L5CA)
G1.43	% Uninsured (T4 LINE 7 COL A+B)/(T4 LINE 12 COL A+B)
G1.44	% with Medicaid coverage (T4 LINE 8 COL A+B)/(T4 LINE 12 COL A+B)
G1.45	% with Medicare coverage (T4 LINE 9 COL A+B)/(T4 LINE 12 COL A+B)
G1.46	% with Other Public Ins. coverage (T4 LINE 10 COL A+B)/(T4 LINE 12 COL A+B)
G1.47	% with Private Ins. coverage (T4 LINE 11 COL A+B)/(T4 LINE 12 COL A+B)
G1.48	% CHIP enrolled (Medicaid or Other Public) (T4 LINES 8b + 10b COL A+B)/(T4 LINES 12 COL A+B)

G2.0 HOMELESS SETTING	
G2.10	% In Shelters * T4 L16 Ca / (T4 Lines 16 - 20 Col A)
G2.20	% Transitional * T4 L17 Ca / (T4 Lines 16 - 20 Col A)
G2.30	% Doubling Up * T4 L18 Ca / (T4 Lines 16 - 20 Col A)
G2.40	% On Street * T4 L19 Ca / (T4 Lines 16 - 20 Col A)
G2.50	% Other * T4 L20 Ca / (T4 Lines 16 - 20 Col A)

\* Denominator excludes 'Unknown' category

**GRANT COMPARISON MEASURES**

**2007 FORMULA**

G3.0	CLINICAL INFORMATION	
G3.10	Service Patient to population ratios	
G3.11	% of patients tested for HIV	T6 L21 CB/(T3A LINE39 COL A + B)
G3.12	Mammograms / female patients 45+ years	T6 L22 CB/(T3A LINES 30-38 COL B)
G3.13	Pap smears / female patients 15+ years	T6 L23 CB/(T3A LINES 16 - 38 COL B)
G3.14	Family planning / female patients 15-44 yrs	T6 L25 CB/(T3A LINES 16 - 29 COL B)
G3.15	Well child patients / patients < 12 years	T6 L26 CB/(T3A LINES 1 - 12 COL A+B)
G3.20	Diagnosis Patient to population ratios	
G3.21	Hypertension / patients 20+ years	T6 L11 CB/(T3A LINES 21 - 38 COL A + B)
G3.22	Symptomatic HIV / total medical patients	T6 L1 CB/(T5 LINE15 COL C)
G3.23	Asymptomatic HIV / total medical patients	T6 L2 CB/(T5 LINE15 COL C)
G3.24	Asthma / total medical patients	T6 L5 CB/(T5 LINE15 COL C)
G3.25	Diabetes / total medical patients	T6 L9 CB/(T5 LINE15 COL C)
G3.30	Visits per year for patients with specific diagnoses	
G3.31	Asthma	T6 L5 CA / T6 L5 CB
G3.32	Hypertension	T6 L11 CA / T6 L11 CB
G3.33	Diabetes	T6 L9 CA / T6 L9 CB
G3.34	Otitis Media	T6 L15 CA / T6 L15 CB
G3.35	Mental disorders	(T6_L20a_CA+T6_L20b_CA+T6_L20c_CA+T6_L20d_CA) / (T6_L20a_CB+T6_L20b_CB+T6_L20c_CB+T6_L20d_CB)

G4.0	UTILIZATION RATES	
G4.10	Medical Encounters per Medical Patients (excludes Nursing visits)	(T5 L8 CB+T5 L9a CB+T5 L9b CB+T5 L10 CB)/T5 L15 CC
G4.20	Dental Encounters per Dental Patients	T5 L19 CB/T5 L19 CC
G4.30	Mental Health Encounters Per MH Patients	T5 L20 CB/T5 L20 CC
G4.40	Substance Abuse Encounters Per Substance Abuse Patients	T5 L21 CB/T5 L21 CC
G4.50	Enabling Encounters per Enabling Patients	T5 L29 CB/T5 L29 CC

## TREND MEASURES

## 2007 FORMULA

T1.0	PATIENTS	
T1.10	Total patients	T3A L39CA+T3A L39CB
T1.20	Patients by Category of Service	
T1.21	Medical patients	T5 L15 CC
T1.22	Dental patients	T5 L19 CC
T1.23	Mental health patients	T5 L20 CC
T1.24	Substance abuse service patients	T5 L21 CC
T1.25	Other professional patients	T5 L22 CC
T1.26	Enabling service patients	T5 L29 CC
T1.27	Prenatal Patients	T7 L8 CA
T1.30	Target Populations	
T1.31	Pediatric (< 15 years old)	T3A LINES 1-15, COL A&B
T1.32	Geriatric (age 65 and over)	T3A LINES 34-38, COL A&B
T1.33	Women's health (age 15 - 44)	T3A LINES 16-29, COL B
T1.34	Migrant/Seasonal Farmworker Patients	T4 L15 CA
T1.35	Homeless Patients	T4 L22 CA
T1.40	Race/Ethnicity/Language	
T1.41	Asian/Pacific Islander	T3B L5 CA
T1.42	Black / African American	T3B L6 CA
T1.43	Native American / Alaskan Native	T3B L7 CA
T1.44	Hispanic or Latino	T3B L1 CA
T1.45	White	T3B L8 CA
T1.46	Linguistic Barrier (calculated)	T3B L12 CA/T3B L11 CA
T1.50	Income/Insurance	
T1.51	At or Below 100% Poverty	(T4 LINE 1, COL A)
T1.52	At or Below 200% Poverty	(T4 LINES 1+2+3, COL A)
T1.53	Uninsured patients	(T4 LINE 7, COL A+B)
T1.54	Medicaid patients	(T4 LINE 8, COL A+B)
T1.55	Medicare patients	(T4 LINE 9, COL A+B)
T1.56	Other Public Insurance patients	(T4 LINE 10, COL A+B)
T1.57	Private Insurance patients	(T4 LINE 11, COL A+B)
T1.58	SCHIP patients (Medicaid or Other Public)	(T4 LINE 8b + 10b, COL A+B)

## TREND MEASURES

## 2007 FORMULA

U1.40	Income/Insurance	
U1.41	% ≤ 100% Poverty *	(T4 LINE 1, COL A)/(T4 L6CA - L5CA)
U1.42	% ≤ 200% Poverty *	(T4 LINES 1+2+3, COL A)/(T4 L6CA - L5CA)
U1.43	% Uninsured	(T4 LINE 7, COL A+B)/(T4 LINE 12, COL A+B)
U1.44	% with Medicaid coverage	(T4 LINE 8, COL A+B)/(T4 LINE 12, COL A+B)
U1.48	% CHIP enrolled (Medicaid or Other Public)	(T4 LINES 8b + 10b, COL A+B)/(T4 LINES 12, COL A+B)

T2.0	STAFFING	
T2.10	Full Time Equivalents	
T2.11	Total FTE	T5 L34 CA
T2.12	Primary care physicians FTE	T5 LINES 1+2+3+4+5 COL A
T2.13	Other Specialty physicians FTE	T5 L7 CA
T2.14	NPs / PAs / CNMs FTE	T5 LINES 9a+9b+10 COL A
T2.15	Dentist FTE	T5 L16 CA
T2.16	Dental Hyg FTE	T5 L17 CA
T2.17	Total Admin/Fac FTE	T5 L33 CA
T2.18	Direct medical support	T5 LINES 11+12 COL A
T2.19	Direct dental support	T5 L18 CA
T2.20	Patient support FTE (front office)	T5 L32 CA
U3.10	Support Ratios	
U3.11	Direct medical support	(T5 LINES 11+12 COL A) / (T5 LINES 8+9a+9b+10 COL A)
U3.12	Direct dental support ratio	(T5 L18 CA) / (T5 LINE 16+17 COL A)
U3.13	"Patient support" ratio	(T5 LINES 32 COL A) / (T5 LINES 8+9a+9b+10+16+17 COL A)
U3.20	Med. Productivity and Patient Panel Size	
U3.21	Family Practice Productivity	T5 L1 Cb / T5 L1 Ca
U3.22	General Practice Productivity	T5 L2 Cb / T5 L2 Ca
U3.23	Internal Medicine Productivity	T5 L3 Cb / T5 L3 Ca
U3.24	Ob/Gyn Productivity	T5 L4 Cb / T5 L4 Ca
U3.25	Pediatric Productivity	T5 L5 Cb / T5 L5 Ca
U3.26	Overall Physician Productivity (excludes spec. phys.)	T5 L8 CB/T5 L8 CA
U3.271	NP Productivity	T5 L9a CB/T5 L9a CA
U3.272	PA Productivity	T5 L9b CB/T5 L9b CA
U3.273	CNM Productivity	T5 L10 CB/T5 L10 CA
		(((T5_L1_CB/T5_L1_CA)/NA)+((T5_L2_CB/T5_L2_CA)/NA)+((T5_L3_CB/T5_L3_CA)/NA)+((T5_L4_CB/T5_L4_CA)/NA)+((T5_L5_CB/T5_L5_CA)/NA)+((T5_L9a_CB/T5_L9a_CA)/NA)+((T5_L9b_CB/T5_L9b_CA)/NA)+((T5_L10_CB/T5_L10_CA)/NA))/((T5_L1_CA+T5_L2_CA+T5_L3_CA+T5_L4_CA+T5_L5_CA+T5_L9a_CA+T5_L9b_CA+T5_L10_CA)
		[U3.281]
U3.281	Medical Team Productivity Ratio	NA = National Average
U3.29	Medical Patients per Provider FTE	T5 L15 CC/((T5_L8_CA)+((T5_L9a_CA+T5_L9b_CA+T5_L10_CA)

## TREND MEASURES

## 2007 FORMULA

U3.30	Dental Productivity and Patient Panel Size	
U3.31	Dentist Productivity	$(T5\_L16\_CB)/(T5\_L16\_CA)$
U3.32	Dental Hygenist Productivity	$(T5\_L17\_CB)/(T5\_L17\_CA)$
T3.0	ENCOUNTERS	
T3.10	Total Encounters	T5 L34 CB
T3.11	Medical (excludes nursing)	T5 L15 CB-T5 L11 CB
T3.12	Dental	T5 L19 CB
T3.13	Mental Health	T5 LINE 20 COL B
T3.14	Substance Abuse	T5 LINE 21 COL B
T3.15	Other Professional	T5 L22 CB
T3.16	Enabling	T5 L29 CB
U4.0	UTILIZATION RATES	
U4.10	Medical Encounters per Medical Patient (excl. Nursing visits)	$(T5\_L8\_CB+T5\_L9a\_CB+T5\_L9b\_CB+T5\_L10\_CB)/T5\_L15\_CC$

T4.0	COSTS	
T4.10	Costs by cost center	
T4.11	Total Cost (non donated)	T8A L17 CA
T4.12	Administration	T8A L15 CA
T4.13	Facility	T8A L14 CA
T4.14	Medical (excludes lab and xray costs)	T8A L4 CC-T8A L2 CC
T4.15	Dental	T8A L5 CC
T4.16	Pharmacy	T8A L8a CC+T8A L8b CC
T4.17	Lab/X-ray	T8A L2 CC
T4.18	Mental Health/Substance Abuse	$(T8A\_L6\_CC+T8A\_L7\_CC)$
T4.19	Enabling	$(T8A\_L11\_CC)$
U5.20	Costs per patient	
U5.21	Medical Cost per Medical Patient (excl. lab costs)	$(T8A\_L4\_CC-T8A\_L2\_CC)/T5\_L15\_CC$
U5.22	Dental Cost per Dental Patient	$T8A\_L5\_CC/T5\_L19\_CC$
U5.30	Costs per encounter	
U5.31	Medical cost per medical encounter (excludes lab and xray costs and nursing visits)	$(T8A\_L4\_CC-T8A\_L2\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$
U5.32	Dental Cost per dental encounter	$T8A\_L5\_CC/T5\_L19\_CB$
U5.33	Pharmacy Cost per medical encounter (excludes nursing visits)	$(T8A\_L8a\_CC+T8A\_L8b\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$
U5.34	Lab & X-ray Cost per medical encounter (excludes nursing visits)	$T8A\_L2\_CC/(T5\_L15\_CB-T5\_L11\_CB)$

## TREND MEASURES

## 2007 FORMULA

T5.0	MANAGED CARE (MC)	
T5.10	Total managed care revenue	T9C L4 CE
T5.11	Medicaid MC Revenue	T9C L4 CA
T5.12	Medicare MC Revenue	T9C L4 CB
T5.13	Other Public MC Revenue	T9C L4 CC
T5.14	Private MC Revenue	T9C L4 CD
T5.20	Total expenses	T9C L7 CE
T5.21	Medicaid Expenses	T9C L7 CA
T5.22	Medicare Expenses	T9C L7 CB
T5.23	Other Public Expenses	T9C L7 CC
T5.24	Private Ins. Expenses	T9C L7 CD
T5.30	Total MC Surplus/Deficit	T9C L4 CE-T9C L7 CE
T5.40	Managed Care Payor Mix (% of MC Revenue)	
T5.41	% Medicaid MC	T9C L4 CA/T9C L4 CE
T5.42	% Medicare MC	T9C L4 CB/T9C L4 CE
T5.43	% Other Public MC	T9C L4 CC/T9C L4 CE
T5.44	% Private Insurance MC	T9C L4 CD/T9C L4 CE
T5.50	Utilization	
T5.51	Total Managed Care Encounters	T9C L9 CE
T5.52	Total MC Member Years (Member Month / 12)	(T9C L8 CE/12)
T5.53	Total MC Year End Members	T9C L10 CE

## TREND MEASURES

## 2007 FORMULA

T6.0	CHARGES, COLLECTIONS AND ADJUSTMENTS	
T6.10	Total Income (All Sources)	T9D L14 CB+T9E L11 CA
T6.11	Income from Patient Service	T9D L14 CB
T6.12	Income from BPHC	T9E L1 CA
T6.13	Income from other sources	(T9E LINES 5 + 9 + 10 COLUMN A)
T6.20	Total Charges (All Payors)	T9D L14 CA
T6.30	Payor Mix (% of Charges)	
T6.31	% Medicaid	T9D L3 CA/T9D L14 CA
T6.32	% Medicare	T9D L6 CA/T9D L14 CA
T6.33	% Other Public	T9D L9 CA/T9D L14 CA
T6.34	% Private Insurance	T9D L12 CA/T9D L14 CA
T6.35	% Self Pay	T9D L13 CA/T9D L14 CA
T6.50	Adjustments	
T6.51	Self Pay Sliding Discounts	T9D L13 CE
T6.52	Self Pay Bad Debt	T9D L13 CF
T6.53	Contractual Allowances	T9D L14 CD
T6.60	Net Surplus/Deficit (excludes Donated)	(T9D L14 CB+T9E L11 CA)-T8A L17 CC
U7.10	Income by Source	
U7.11	% Income from Patient Service	T9D L14 CB/(T9D L14 CB+T9E L11 CA)
U7.12	% Income from BPHC	T9E L1 CA/(T9D L14 CB+T9E L11 CA)
U7.30	Other Ratios	
U7.31	Average Charge per Unduplicated Patient	T9DL14CA/(T3AL39CA+T3AL39CB)
U7.32	Average Charge per Billable Encounter (medical, dental, and mental health excludes nursing) **	T9DL14CA/(T5 LINES 8+9a+9b+10+19+20 COL B)
U7.33	Ratio of Charges to Reimbursable Costs **	T9DL14CA/(T8A LINES 4+5+6+8a+8b COL C)
U7.34	Average 330 Grant \$ per Medical Patient	T9E L1 Ca / T5 L15 CC