

# USING BRIDGEIT TO SUMMARIZE DATA FOR THE 2016 OSHPD REPORT

Redwood Community Health Coalition

Presentation to the Data Group

February 16, 2017

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# Agenda

- 1. Resources available to help prepare the OSHPD report**
- 2. Comparison of the OSHPD and UDS reports**
- 3. Using the correct BridgelT reports**
- 4. Mapping staff who have encounters or contacts**
- 5. Mapping payment source (insurance)**
- 6. Data “cleaning”**
- 7. BridgelT reports for each OSHPD section**

# SUPPORTING DOCUMENTS AND RESOURCES

2016 OSHPD Report



# RCHC IHIT Portal OSHPD Contents

## ■ /Committee-CLINICAL/Reporting/2016 OSHPD Report

1. 2016 OSHPD Instructions (from the State website)
2. 2016 OSHPD Forms (from the State website)
3. Slideshow from this presentation
4. Recording of this presentation
5. Heckman 2016 Bridgelt instructions

## /Committee-CLINICAL/Reporting/2015 OSHPD Report

1. The 2015 OSHPD-UDS Crosswalk file

# 2016 Instructions Are Now Online

<http://www.oshpd.ca.gov/HID/ALIRTS/FormsUserGuides.html>

## ALIRTS User Guides, Forms and Instructions

The [Registration and Login Quick Reference Guide](#) is for facilities registering their facility to use ALIRTS for the first time.

The [ALIRTS User Guide](#) has information on how to register with ALIRTS; setup additional report preparer user accounts; login and start a report; complete a new report; validate and submit the entire report; and revise a submitted report.

The ALIRTS website has been experiencing compatibility issues with Internet Explorer 11. Please follow the [Internet Explorer 11 Compatibility Issue Fix](#) guide to resolve the issue.

For information on the data products produced from the reports, please visit the Healthcare Information Resource Center.

Please select a facility type: [Primary Care & Specialty Clinics Forms and Instructions](#) ▼



# Download Reporting Forms and Instructions fro OSHPD Website

Primary Care Clinics Forms and Instructions

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Forms and Instructions Download

2016 [Reporting Forms.pdf](#) 100kb, [Instructions.pdf](#) 288kb

# **OSHPD vs UDS: How they are *similar***

- **Sections on patient demographics, visits by staffing category, counts of selected diagnoses and procedures, and finances**
- **Transition to ICD-10 codes in the diagnosis section**
- **UDS Encounter Review used as the main table that defines patients and visits**
- **Validation for the UDS also helps the OSHPD report**

# **OSHPD vs UDS: How they are *Different***

- **OSHPD has no clinical outcomes**
- **The sections that report diagnoses and services rendered use different codes. Additionally, on the OSHPD, only the principal diagnosis or the principal procedure code is used**
- **Staff categories in OSHPD Section 2 different than on UDS Table 5**
- **Insurance categories in OSHPD Sections 3 and 6 different than on UDS Tables 4 and 9D**
- **Bridgelt OSHPD: to count as an encounter (or as a patient with an encounter), a claim had to be made**



# OSHPPD BRIDGEIT REPORTS

2016 OSHPPD Reporting

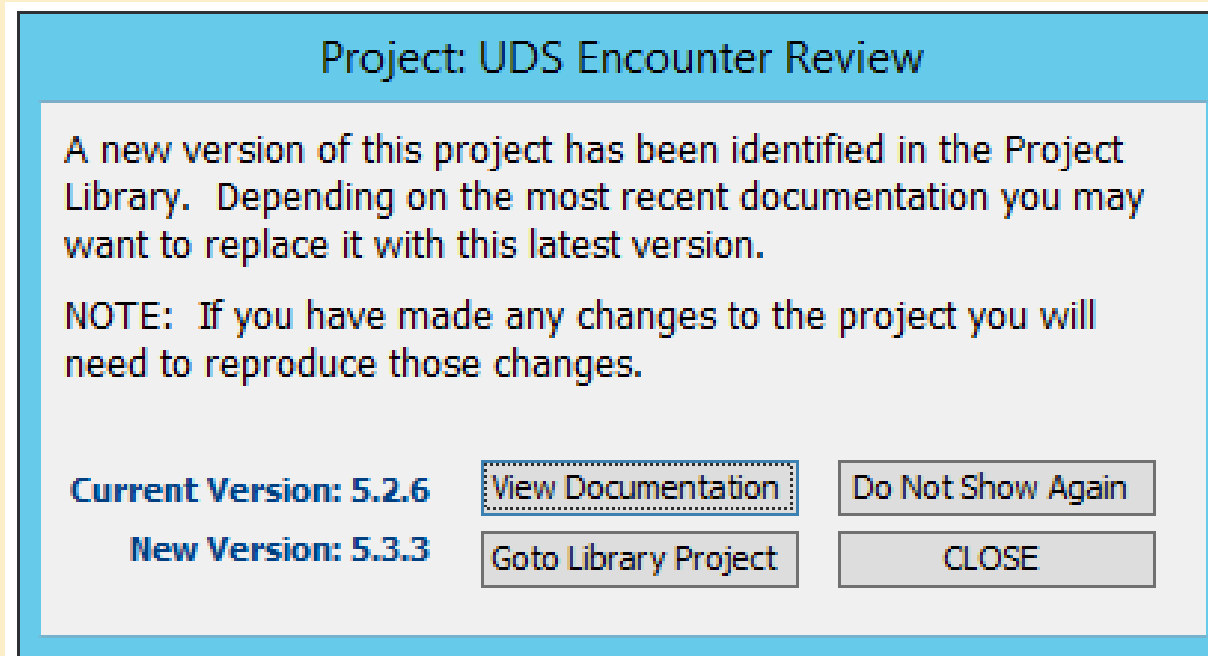


# **Bridgelt OSHPD Reports**

- **Some of the OSHPD reports rely on the UDS Claims and Encounters report and the UDS Encounter Review report**
- **So, hopefully you have the most recent versions of these reports and have completed the mapping in your Bridgelt UDS Mapping Database**

# Bridgett OSHPD Reports

If you do not have the most recent version, you may get a message like this when you first click on it in your Toolbox:



The image shows a software update notification dialog box with a light blue border. The title bar at the top reads "Project: UDS Encounter Review". The main text area contains the following information:

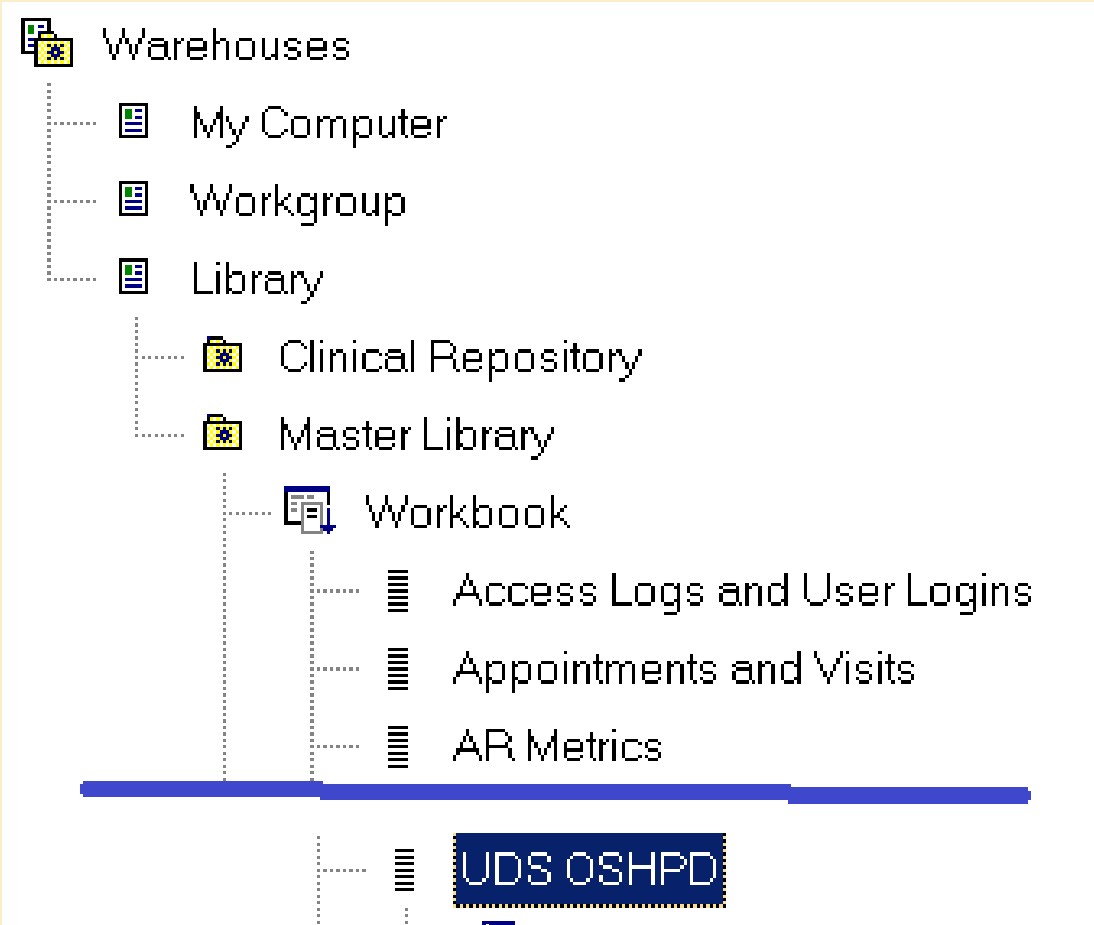
A new version of this project has been identified in the Project Library. Depending on the most recent documentation you may want to replace it with this latest version.

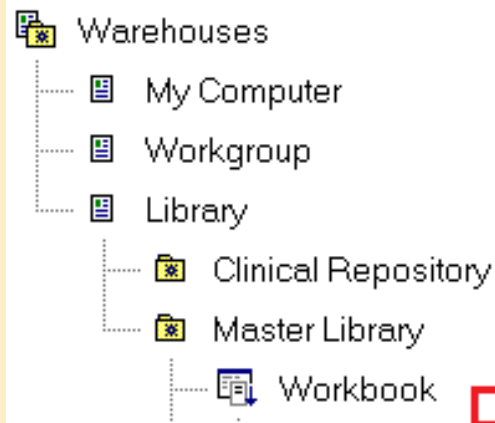
NOTE: If you have made any changes to the project you will need to reproduce those changes.

At the bottom, there are two columns of information and two rows of buttons:

- Left column: "Current Version: 5.2.6" and "New Version: 5.3.3" (both in blue text).
- Right column: "View Documentation" (with a dotted border) and "Goto Library Project".
- Bottom row: "Do Not Show Again" and "CLOSE" (both in grey buttons).

# Import OSHPD Bridgelt Reports From Warehouse

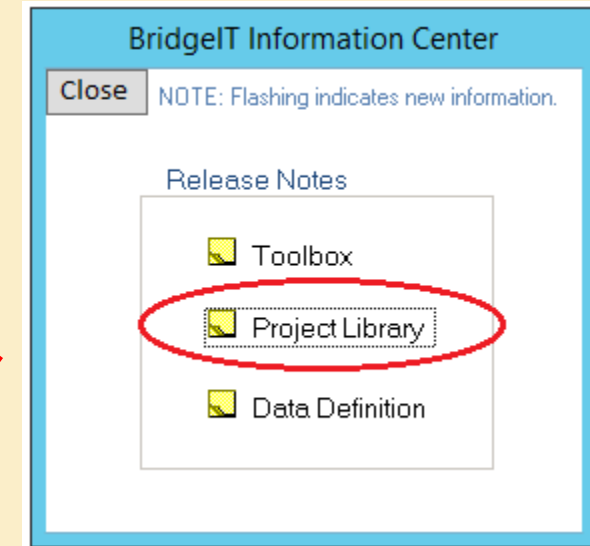
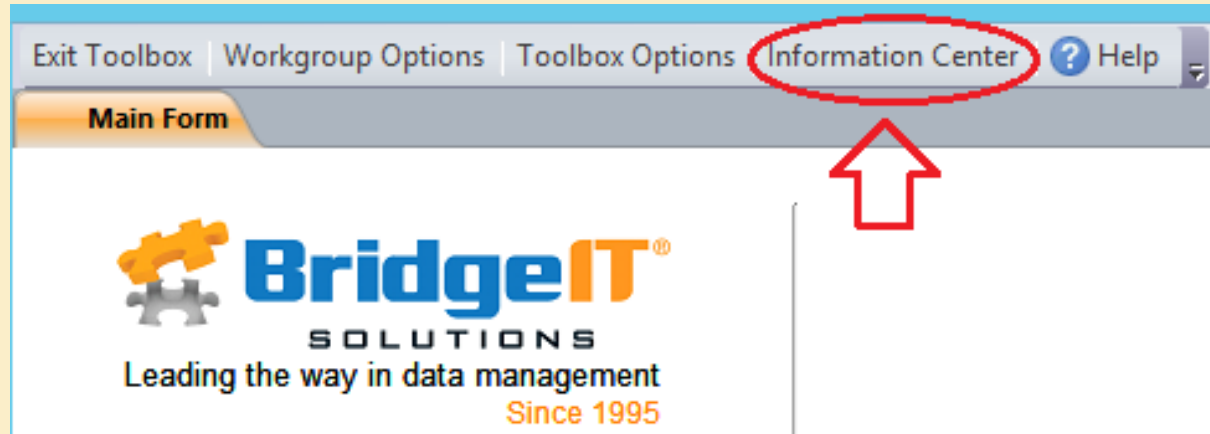




## UDS OSHPD

- 1\_OSHPD Claims Created missing Primary Assessment code
- 1\_OSHPD Claims missing Primary CPT Code
- 1\_OSHPD\_Insurance Mapping
- 1\_OSHPD\_Provider and Resource Mapping
- OSHPD Sec 2 Encounters by Primary Care Provider and Contacts
- OSHPD Sec 2 Encounters by Primary Care Provider and Contacts CHK ✖
- OSHPD Sec 2 Lang and Section 3 Patient Demographics
- OSHPD Sec 2 Lang and Section 3 Patient Demographics CHK ✖
- OSHPD Section 3 CHDP Assessments
- OSHPD Section 3 Episodic Programs
- OSHPD Section 3 Episodic Programs CHK ✖
- OSHPD Section 4 Principal Diagnosis
- OSHPD Section 4 Principal Diagnosis CHK ✖
- OSHPD Section 5 Principal Services
- OSHPD Section 5 Principal Services CHK ✖
- OSHPD Section 5 Selected Services
- OSHPD Section 5 Selected Services CHK ✖
- OSHPD Section 6 Contractual Adjustments
- OSHPD Section 6 Encounters and Gross Revenue
- OSHPD Section 6 Encounters and Gross Revenue CHK ✖
- OSHPD Section 6 Non Contractual Adjustments

# Check Versions of Reports in BridgellT



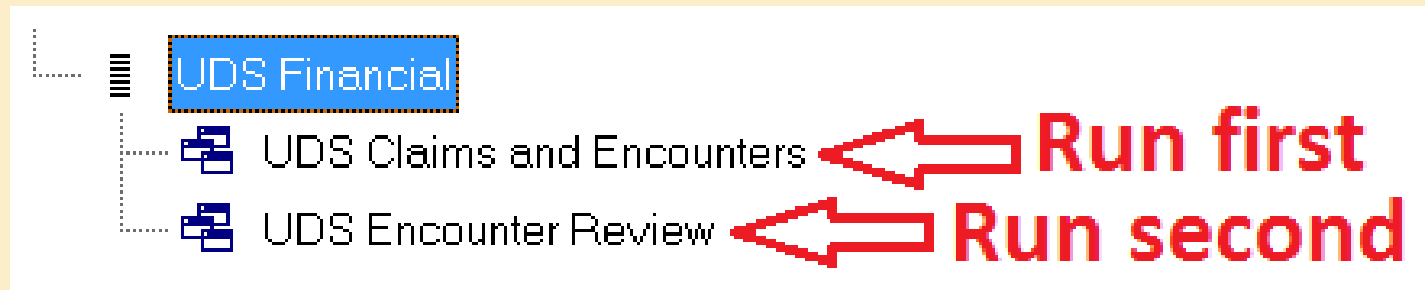
**Project Library Review**

Close Show Only Library Projects with Newer Versions

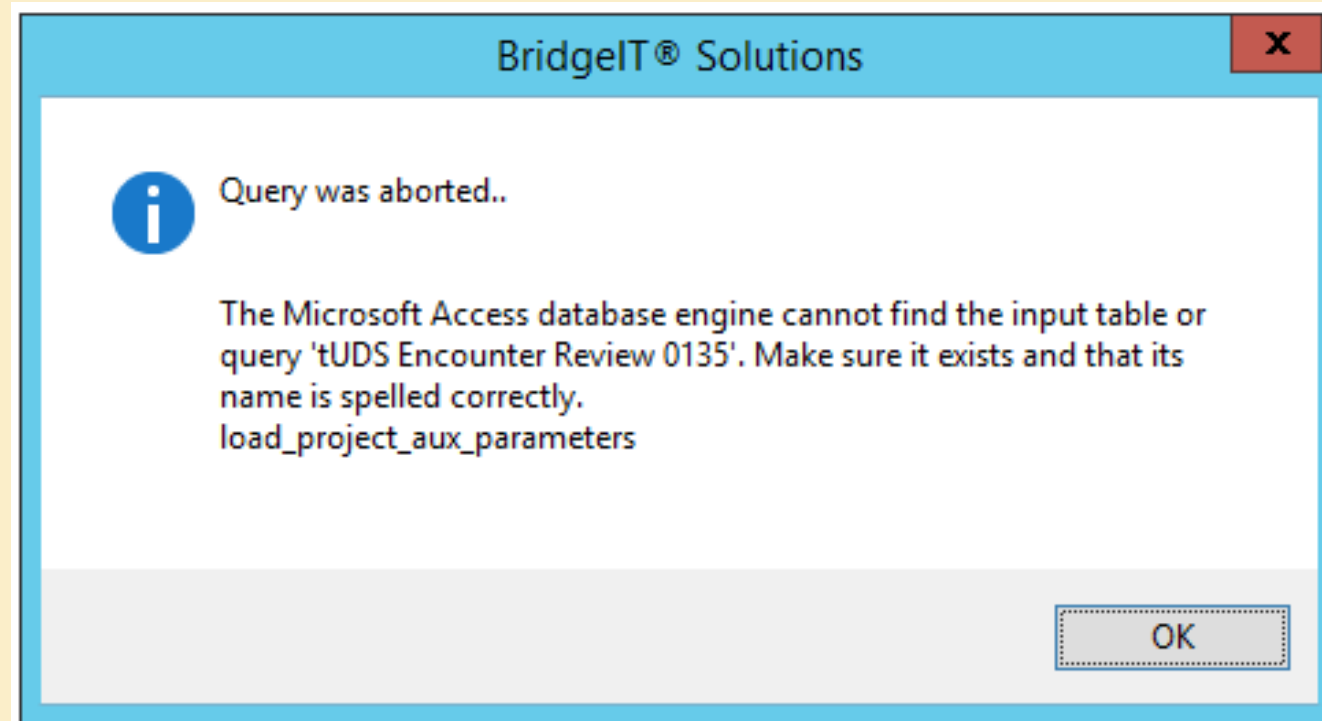
Project Description				Date Modified	Library Version	Toolbox Version			
Master Library	Workbook	UDS Financial	UDS Encounter Review	2/12/2016 10:42:19 AM	5.3.3	5.2.6	<input type="checkbox"/>		
Master Library	Workbook	UDS Financial	UDS Claims and Encounters	2/12/2016 10:40:26 AM	5.3.4	5.2.6	<input type="checkbox"/>		

# Run the “UDS” Reports First

- This is the same procedure as when you were obtaining the UDS data



If you do not run those reports first, you may get an error like this:





# MAPPING PROVIDERS AND INSURANCE

Mapping Performed in eCW and is Different Than for the UDS



# OSHPD Mapping

## 2 things that need to be mapped:

1. Staff who have encounters or contacts (Section 2)
2. Payment source (Section 6)

“Mapping” = decide on appropriate category +  
enter category into specific location in eCW

# Staff Types

## CLINIC SERVICES

### SECTION 2 (continued)

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2015

OSHPD FACILITY ID # \_\_\_\_\_

#### FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER (do not input any commas)

Line No.		(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
	<b>Primary Care Providers</b>					
60	Physicians					
61	Physician Assistants					
62	Family Nurse Practitioners					
63	Certified Nurse Midwives					
64	Visiting Nurses					
65	Dentists					
66	Registered Dental Hygienists (Alternative Practice)					
67	Psychiatrists					
68	Clinical Psychologists					
69	Licensed Clinical Social Workers (LCSW)					
70	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

#### FTEs AND CONTACTS BY CLINICAL SUPPORT STAFF (do not input any commas)

Line No.		(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
	<b>Clinical Support Staff</b>					
80	Registered Dental Hygienists (not Alternative Practice)					
81	Registered Dental Assistants					
82	Dental Assistants - Not Licensed					
83	Marriage and Family Therapists (MFT)					
84	Registered Nurses					
85	Licensed Vocational Nurses					
86	Medical Assistants - Not Licensed (1)					
87	Non-Licensed Patient Education Staff					
88	Substance Abuse Counselors (2)					
89	Billing Staff (3)					
90	Other Administrative Staff (4)					
94	Other Providers not listed above					
95	Totals					

# Mapping Staff Types

**Three types of staff in eCW (see Section 2 table)**

- 1. Providers (billable “Encounters”)**
- 2. Resources with Staff profiles (can have a schedule and see patients, but not billable encounters – “Contact only”)**
- 3. Ad Hoc Resources (can have a schedule and see patients, but not billable encounters – “Contact only”)**

**These Must be mapped in different ways because their administrative records have different fields in eCW**

**See pages 4 and 5 of Stephanie’s OSHPD instructions**

# Mapping Staff Types in eCW

## Providers


Use field for Social Security Number in their administrative record

The image shows a screenshot of a 'Personal Info' form. The form is divided into three columns. The 'Social Security No' field in the middle column is highlighted with a red rectangular box. A red arrow points from the text 'OSHPD Section 2 line no' to the 'Social Security No' field. The form includes various fields such as 'Last Name', 'First Name', 'Middle Initial', 'Prefix', 'Suffix', 'Degrees/Credentials', 'Taxonomy Code', 'Specialty', 'Provider Initials', 'Date of Birth', 'City', 'DEA No', 'Mailing Address', 'Home Phone', 'State', 'Zip Code', 'Fax No', 'Pager', 'Primary Service Location', and 'Gender' (Male/Female).

# Mapping Staff Types in eCW

## Resources with staff profiles

Use field for Social Security Number in their administrative record



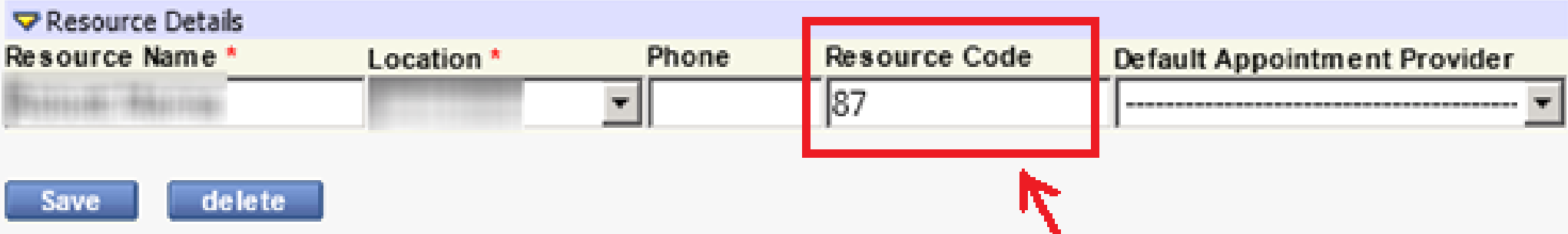
The image shows a screenshot of the 'Personal Info' section of an eCW administrative form. The form is divided into two main sections: 'Personal Info' and 'Login Info'. The 'Personal Info' section contains various fields for user identification and contact information. A red rectangular box highlights the 'Social Security No' field, which is currently empty. A red arrow points from the text 'OSHPD Section 2 Line No' to this field. Other fields include 'Last Name', 'First Name', 'Middle Initial', 'Prefix', 'Suffix', 'Initials', 'Date of Birth', 'Mailing Address', 'City', 'State', 'Zip Code', 'Home Phone', 'Mobile', 'Pager', 'Primary Service Location' (with a dropdown menu showing 'Select Facility'), and 'Default Appointment Provider'. The 'Login Info' section includes 'Username', 'Password', 'Confirm Password', and 'Status' (with a dropdown menu showing 'Active'). At the bottom of the form, there are two buttons: 'Save' and 'Configure My Assigned Favorites'.

Personal Info			
Last Name *	First Name *	Middle Initial	is a resource <input type="checkbox"/>
Prefix	Suffix	Initials	
Date of Birth	Social Security No		
Mailing Address	City	State	
Zip Code	Home Phone	Mobile	
Pager	Primary Service Location	Default Appointment Provider	
	Select Facility		
Login Info			
Username *	Password	Confirm Password	Status
			Active
Save	Configure My Assigned Favorites		

# Mapping Staff Types in eCW

## Resources without staff profiles (Ad Hoc Resources)

- Use field for Resource Code



The screenshot shows the 'Resource Details' form in eCW. The 'Resource Code' field is highlighted with a red box, and a red arrow points to it from the text below. The form includes fields for 'Resource Name', 'Location', 'Phone', 'Resource Code', and 'Default Appointment Provider'. Below the form are 'Save' and 'delete' buttons.

**OSHPD Section 2 Line Number  
(eg, 87 = "Non-Licensed Patient Education Staff")**

- If the same staff member has data in both fields, the SSN is preferred

# Tips for Mapping Staff Types

- Map the actual line number of the applicable Section 2 table
- For example, Physicians = “60”
- Some mapping might already exist in your system. Check to make sure it is correct.
- The OSHPD instructions describe the staff types
- The 2015 “Crosswalk” file can be used as a general guideline



# Provider Mapping Report

- UDS OSHPD
  - 1\_OSHPD Claims Created missing Primary Assessment code
  - 1\_OSHPD Claims without CPT Codes or Charges
  - 1\_OSHPD\_ Insurance Mapping
  - 1\_OSHPD\_Provider and Resource Mapping** ←
  - OSHPD Sec 2 Encounters by Primary Care Provider

OSHPDSec2LineNo	OSHPDSec2Group	OSHPDSectionLineDesc	ApptCount	Type
62	Primary Care Providers	Family Nurse Practitioners	3780	Provider
87	Clinical Support Staff	Non-Licensed Patient Education St	233	Resource
70	Primary Care Providers	Other Providers billable to Medi-Cal	2	Staff
87	Clinical Support Staff	Non-Licensed Patient Education St	1761	Resource
			2222	Resource
70	Primary Care Providers	Other Providers billable to Medi-Cal	3022	Resource
88	Clinical Support Staff	Substance Abuse Counselors (2)	341	Resource
63	Primary Care Providers	Certified Nurse Midwives	1543	Provider
			1679	Resource
60	Primary Care Providers	Physicians	3915	Provider

# Provider Mapping Report

IF you have not completed the mapping, Suggested use:

- Copy unfiltered results to Excel
- Sort by UDS Table line (hint: scan names/ credentials/ specialty to make sure UDS mapping is correct!)
- Use “Crosswalk” as starting point for assigning OSHPD line numbers

LastName	FirstName	Credentials	UDSTableLine	SegmentName	specialty
		MD	1	Family Physicians	Family Medicine
		PHD	20a1	Licensed Clinical Psycholc	Psychiatry
		PA	9b	Physician Assistants	Family Medicine
		MD	4	Obstetrician/Gynecologists	Obstetrics & Gynecology
		MD	1	Family Physicians	Family Medicine
		MD	1	Family Physicians	Family Medicine
		FNP	9a	Nurse Practitioners	Family Medicine
		PA	9b	Physician Assistants	Family Medicine
		FNP	9a	Nurse Practitioners	Family Medicine
		CNM	10	Certified Nurse Midwives	Obstetrics & Gynecology

# The “Crosswalk” File: Staff Tab

	A	B	C	D
1	OSHPD Section 2 line number	OSHPD Section 2 line description	UDS Table 5 line number	UDS Table 5 line Description
2	60	Physicians	1	Family Physicians
3			2	General Practitioners
4			3	Internists
5			4	Obstetrician/Gynecologists
6			5	Pediatricians
7			7	Other Specialty Physicians
8			61	Physician Assistants
9	62	Family Nurse Practitioners	9a	Nurse Practitioners
10	63	Certified Nurse Midwives	10	Certified Nurse Midwives
11	64	Visiting Nurses	11	Nurses
12	65	Dentists	16	Dentists
13	66	Registered Dental Hygienists (Alternative Practice)	17	Dental Hygienists
14	67	Psychiatrists	20a	Psychiatrists
15	68	Clinical Psychologists	20a1	Licensed Clinical Psychologists
16	69	Licensed Clinical Social Workers (LCSW)	20a2	Licensed Clinical Social Workers
17	70	Other Providers billable to Medi-Cal	22	Other Professional Services (specify___)
18			22a	Ophthalmologist
19			22b	Optometrist
20	74	Other Certified CPSP providers not listed above	22	Other Professional Services (specify___)
21			22a	Ophthalmologist
22			22b	Optometrist
23	80	Registered Dental Hygienists (not Alternative Practice)	17	Dental Hygienists

Safe to assume all staff will go on this OSHPD line Staff may be split into more than one OSHPD line

# Payment Sources

**REVENUE AND UTILIZATION BY PAYER**  
SECTION 6

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2015  
OSHPD FACILITY ID # \_\_\_\_\_

**REVENUE AND UTILIZATION BY PAYMENT SOURCE** (do not input any "\$" signs, commas or decimals, round up to whole dollar)

Line No.		PAYMENT SOURCE								
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Medicare	Medicare - Managed Care	Medi-Cal	Medi-Cal - Managed Care	County Indigent / CMSP / MISP*	Private Insurance	Covered California	Self-Pay / Sliding Fee	Free

Line No.		PAYMENT SOURCE								
		(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
		Breast Cancer Programs*	CHDP		Family PACT	PACE Program**	Healthy Way LA - Unmatched	Alameda Alliance for Health	Other County Programs	All Other Payers

**Section 6: number of encounters, revenue, adjustments, reconciliation, etc.**

# Mapping Payment Sources

**Update Insurance (1516 - AETNA)**

EDI-ANSI | Notes | UB92 Setup | FQHC Setup

Address | Payment Codes/Alert | Provider Numbers | Capitation

Name: AETNA | Payor ID: 123454

Address 1: PO Box 12340 | Medigap ID: |

Address 2: | ERA Payor ID: 123454

City: FRESNO | Managed Care Plan ID: (Given by Medicaid, NY)

State: CA | Eligibility Payer ID: 1221111

Zip: 93765 | Fee Schedule: 2007 Medicare Fee Sch

Tel: 800-238-6299 | *Section 6 Payment Source Column Number*

Fax: |  Enable Fee Schedules By Location

E-mail: | Claim Submission:  Electronic  Paper

Website: | Claim Type:  Professional (HCFA)  Institutional (UB92)  Dental

Source of Payment: ME ANSI-Medicare Part B

Insurance Type: SP Supplemental Policy

Insurance Class: A Self Pay

Inactive

FP String mandatory

Assoc. Insurance Groups | Assoc. Fee Schedules | Options | OK | Cancel

# Payment Sources: Section 2

- Number of unduplicated patients by Payment Source is reported in Section 2:

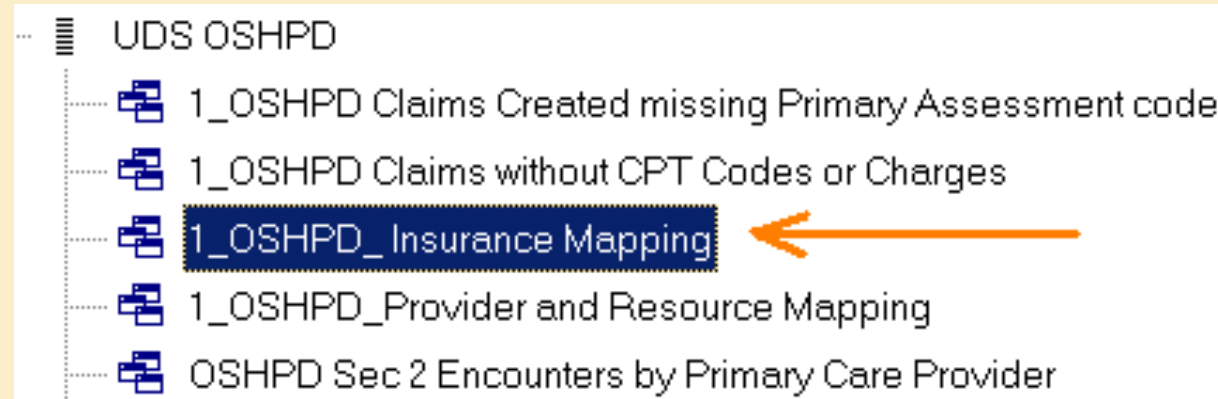
PATIENT COVERAGE			EPISODIC PROGRAMS		
Line No.		(1) No. of Patients		(1) No. of Patients	Line No.

- Mapping is only done according to Section 6 line numbers
- Even though the line numbers are different between section 2 and 6, you can use the Section 6 Payment Source name to complete the Section 2 tables

# How to map payment sources

- Map the actual column number of the applicable Section 6 table
- A leading zero must be used for single numbers
- For example, Private Insurance = “07”
- Read the OSHPD instructions for insurance definitions
- Crosswalk file can be used as a general guideline

# Insurance Mapping Report



OSHPDSec6Payer	OSHPDSec6PaySourceDesc	ClaimCount	PrimInsName	UDSTableLine	SegmentName
01	Medicare	4744	Medicare	9	MEDICARE (TITLE XVIII)
07	Covered California	7	Victims Compensation Program		
07	Covered California	1	KPIC		
07	Covered California	2	GEHA		
03	Medi-Cal	642	MediCal	8a	Regular Medicaid (Title XIX)
07	Covered California	2	Student Resources		
04	Medi-Cal - Managed Care	4896	Partnership HealthPlan	8a	Regular Medicaid (Title XIX)



# The “Crosswalk” File: Insurance tab

	A	B	C	D	E	F
1	OSHPD Section 6 column number	OSHPD Section 6 "Payment Source" column name	OSHPD Section 3 line number	OSHPD Section 3 "Patient Coverage" line name	UDS Table 4 line number	UDS Table 4 Description
2	1	Medicare	60	Medicare	9	MEDICARE (TITLE XVIII)
3	2	Medicare - Managed Care	61	Medicare - Managed Care	9	MEDICARE (TITLE XVIII)
4	3	Medi-Cal	62	Medi-Cal	8a.	Regular Medicaid (Title XIX)
5					8b.	CHIP Medicaid
6					10b.	Other Public Insurance CHIP
7	4	Medi-Cal - Managed Care	63	Medi-Cal - Managed Care	8a.	Regular Medicaid (Title XIX)
8	5	County Indigent / CMSP / MISP	64	County Indigent / CMSP / MISP	10a.	Other Public Insurance Non-CHIP (specify:)
9	6	Private Insurance	65	Private Insurance	11	Private Insurance
10	7	Covered California	66	Covered California	8a or 11	Regular Medicaid (Title XIX) or Private Insurance
11	8	Self-Pay / Sliding Fee	70	Self-Pay / Sliding Fee	7	None/ Uninsured
12	9	Free	71	Free	7	None/ Uninsured
13	10	Breast Cancer Programs	80	BCCCP	7	None/ Uninsured
14	11	CHDP	81	CHDP	8a.	Regular Medicaid (Title XIX)
15	12		82			
16	13	Family PACT	83	Family PACT	7	None/ Uninsured
17	14	PACE Program	69	PACE Program	RCHC clinics do not have?	--
18	15	Healthy Way LA - Unmatched	68	Healthy Way LA - Unmatched	RCHC clinics do not have?	--
19	16	Alameda Alliance for Health	67	Alameda Alliance for Health	RCHC clinics do not have?	--
20	17	Other County Programs	84	Other County Programs	Depends on type	Depends on type
21	18	All Other Payers	74	All Other Payers	Depends on type	Depends on type
22			85	Children's Treatment Program	RCHC clinics do not have?	--
23			89	Other Payer - covered by a grant	Depends on type	Depends on type

Safe to assume all UDS insurance names will go on this OSHPD line  
 UDS insurance names may be split into more than one OSHPD line  
 Not reported in 2015 (appears shaded on the OSHPD table)

Line is from EPISODIC PROGRAMS table of Section 3  
 New or changed column/row numbers in 2015

# Note on Covered California Insurance and the UDS Mapping

- All Covered California insurance is mapped to line “07” on the OSHPD
- However, some of these insurances might have been mapped to the “Private Insurance” or “Regular Medicaid (Title XIX)” on the UDS. Keep that in mind if using the crosswalk

# Data Cleaning: UDS vs OSHPD

- The good news is that all of the data “cleaning” you did for the UDS will help with the OSHPD summary
- Two reports exist to help you identify any records without a principal diagnosis code or without a principal procedure code.
- A “principal” code is necessary for the tables in Sections 4 and 5
- For example, the instructions for Section 4 say: “Report the diagnosis (or symptom, condition, problem or complaint) as the main reason for the encounter. Do not report the secondary diagnosis(es). There should be one (and only one) principal diagnosis for each encounter.”

# BridgeIT Reports to Use

Records without a principal diagnosis code:

- **1\_OSHPD Claims Created missing Primary Assessment code**

Records without a principal procedure code:

- **1\_OSHPD Claims missing Primary CPT Code**

# BRIDGEIT REPORTS FOR EACH OSHPD SECTION

Which Reports to Use and How to Use Them



# BridgeIT Report List, By OSHPD Section

Section 2	OSHPD Sec 2 Lang and Section 3 Patient Demographics OSHPD Sec 2 Encounters by Primary Care Provider and Contacts
Section 3	OSHPD Sec 2 Lang and Section 3 Patient Demographics OSHPD Section 3 CHDP Assessments
Section 4	OSHPD Section 4 Principal Diagnosis
Section 5	OSHPD Section 5 Principal Services OSHPD Section 5 Selected Services
Section 6	OSHPD Section 6 Encounters and Gross Revenue OSHPD Section 6 Contractual Adjustments OSHPD Section 6 Non Contractual Adjustments

# Reporting by Facility

By default, the OSHPD reports are run by encounter facility:

Prompted Restrictions for Project (OSHPD Section 5 Principal Services)

Close Execute Help

Show Prompted Show All View Data Apply Criteria to All Matching Fields Listed

Facility ID Key

Charges Claim Level Summary	InvFacilityId	Is In List	[Criteria Not Set]

Charges Claim Level Summary InvFacilityId Is In List

Press Enter after each entry.

Reference List

Sort By Key Description

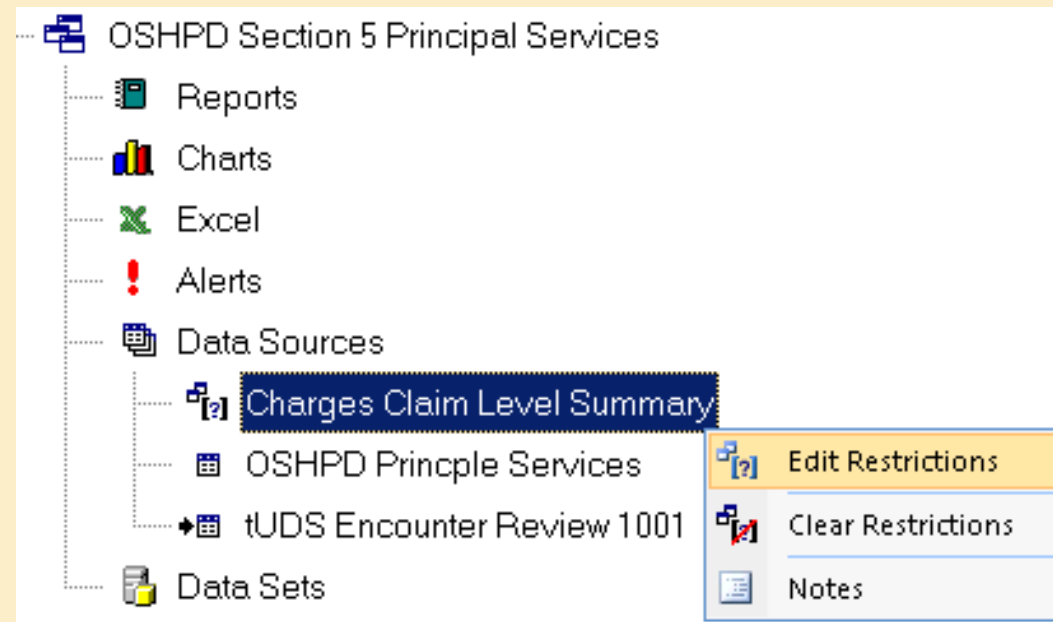
Facility codes chosen will appear here (can be copied to other reports)

Choose the facilities using this drop-down list

**IMPORTANT:** make a list of Facility Codes and use the SAME list for each report

# Removing the Facility Option

- If you do not need to run the report by facility, remove the facility criteria
- Right click on the “Charges Claim Level Summary” data source and choose “Edit Restrictions”





# Removing the Facility Option

Then, remove the prompt for the facility key field

Edit Restrictions on Table (Charges Claim Level Summary) Project (OSHPD Section 5 Principal Services)

Close Help

Facility ID Key

Show All Show View Data Clear

Field Restrictions	
EncounterId	Encounter ID Key
encType	Encounter Type Key
encTypeOrig	Encounter Type Key of Original Claim
InvFacilityId	(R) Facility ID Key
FeeSchId	Fee Schedule ID Key
FinanceChrgFlag	Finance Charge added (0=No, 1=Yes)
FinanceChrgAddedDt	Finance Charge Date Added
GuarantorId	Guarantor ID Key
IncidentTo	Incident To
InsIDKey1	Insurance Plan Key1 - Primary Plan
InsIDKey2	Insurance Plan Key2 - Secondary Plan
InsIDKey3	Insurance Plan Key3 - Tertiary Plan
PolicyKey1	Insurance Subscriber Key1 - Primary
PolicyKey2	Insurance Subscriber Key2 - Secondary
PolicyKey3	Insurance Subscriber Key3 - Tertiary
LineItemPayersEnabled	Line Item Payers Enabled
LineItemTransitionStage	Line Item Transition Stage
OrgBilledToId	Org Billed To Id

Date Prompt  = <> > >= < <= In List Not In List Is Between Is Not Between

Is Blank

Is Not Blank

Text Prompt  = <> > >= < <= In List Not In List

Is Blank

Is Not Blank

Is Between Is Not Between Any Part Is No Part Is

Left Part Is Left Part Is Not Right Part Is Right Part Is Not

Value Prompt  = <> > >= < <= In List Not In List Between Not Between

Is Zero

Is Not Zero

**Find Facility ID Key**

**Uncheck this box**

# Agreement Among Some OSHPD Tables

- Unduplicated Patient “Totals” must equal each other
- Five tables in Section 3 Patient Demographics must equal each other. The table text says:

**\* Totals for these tables must agree.**

- All are based on the Bridgelt report, UDS Encounter Review (records with a claim and with mapped providers)

# Agreement Among Some OSHPD Tables

- Encounter “Totals” must equal each other in Sections 2, 4, 5, and 6
- From page 22 of the OSHPD instructions:

## (Section 6)

The total number of encounters in line 1, column 19 must be equal to the total number of encounters in Encounters by Principal Diagnosis (section 4, line 25, column 1), Encounters by Primary Services (section 5, line 45, column 1), and FTE's and Encounters by Primary Care Provider (section 2, line 75, column 5). If the total number of encounters does not match in these sections, the ALIRTS application will not allow you to submit your report.

# OSHPD Section 6 Encounters

## REVENUE AND UTILIZATION BY PAYER

SECTION 6 (continued)

### REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE		
		(10) Breast Cancer Programs*	(11) CHDP	(12) EAPC
1	Encounters			
2	Gross Revenue (Charges at 100% Rate)			
	Write-offs and Adjustments			
3	Sliding Fee Scale			
4	Free/ Complimentary			
5	Contractual Adjustments			
6	Bad Debt			
7	Grants (see Section 7)	( )	( )	( )
8	Other Adjustments			
9	Reconciliation			
10	Total Write Offs & Adj. (sum lines 3-9)			
15	Net Patient Revenue (collected) (line 2 - line 10)			

(18) All Other Payers	(19) Total	Line No.
		1
		2
		3
		4
		5
		6
		7
		8
		9
		10
		15

# Section 6 Encounters = Sections 4 and = 5 Encounters

**SECTION 4  
ENCOUNTERS BY PRINCIPAL DIAGNOSIS**

Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-9-CM Codes	(1) No. of Encounters	Line No.
1	Infectious and Parasitic Diseases	001 - 139		1
2	Neoplasms	140 - 239		2
20	Family Planning S-Codes			20
21	Other	All other codes not in lines 1-20		21
25	Total			25

**SECTION 5  
ENCOUNTERS BY PRINCIPAL SERVICE**

Line No.	Principal Service	CPT Codes	(1) No. of Encounters	Line No.
1	Evaluation and Management Services Evaluation and Management (new patient)	99201 - 99205		1
33	CPT Category III Codes	00001 - 99991		33
44	Other	All other codes not in lines 1-33		44
45	Total			45

# Section 6 Encounters = Section 2 Encounters

**SECTION 2**  
**FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER**

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
60	Physicians					
70	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

**NOTE: this is line 75 from the table “FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER” and does not include encounters from line 95 of the table “FTEs AND CONTACTS BY CLINICAL SUPPORT STAFF”**

# Note on Total Encounters

- Therefore, it seems like the OSHPD instructions want you to ignore (??) all the encounters in the Contacts by Clinical Support Staff table
- Some of these contacts may have claims and revenue associated with them

**CLINIC SERVICES**  
SECTION 2  
FTEs AND CONTACTS BY CLINICAL SUPPORT STAFF

Line No.	Clinical Support Staff	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Hygienists (not Alternative Practice)					
81	Registered Dental Assistants					
82	Dental Assistants - Not licensed					
83	Marriage and Family Therapists (MFT)					
84	Registered Nurses					
85	Licensed Vocational Nurses					
86	Medical Assistants - Not licensed (1)					
87	Non-Licensed Patient Education Staff					
88	Substance Abuse Counselors (2)					
89	Billing Staff (3)					
90	Other Administrative Staff (4)					
94	Other Providers not listed above					
95	Totals					

# OSHPD Section 6 Encounters Report

So, when you run the report “OSHPD Section 6 Encs and Charges” filter for encounters associated with Primary Care Providers identified on lines 60 through 74 in the Section 2 table

## CLINIC SERVICES

### SECTION 2 (continued)

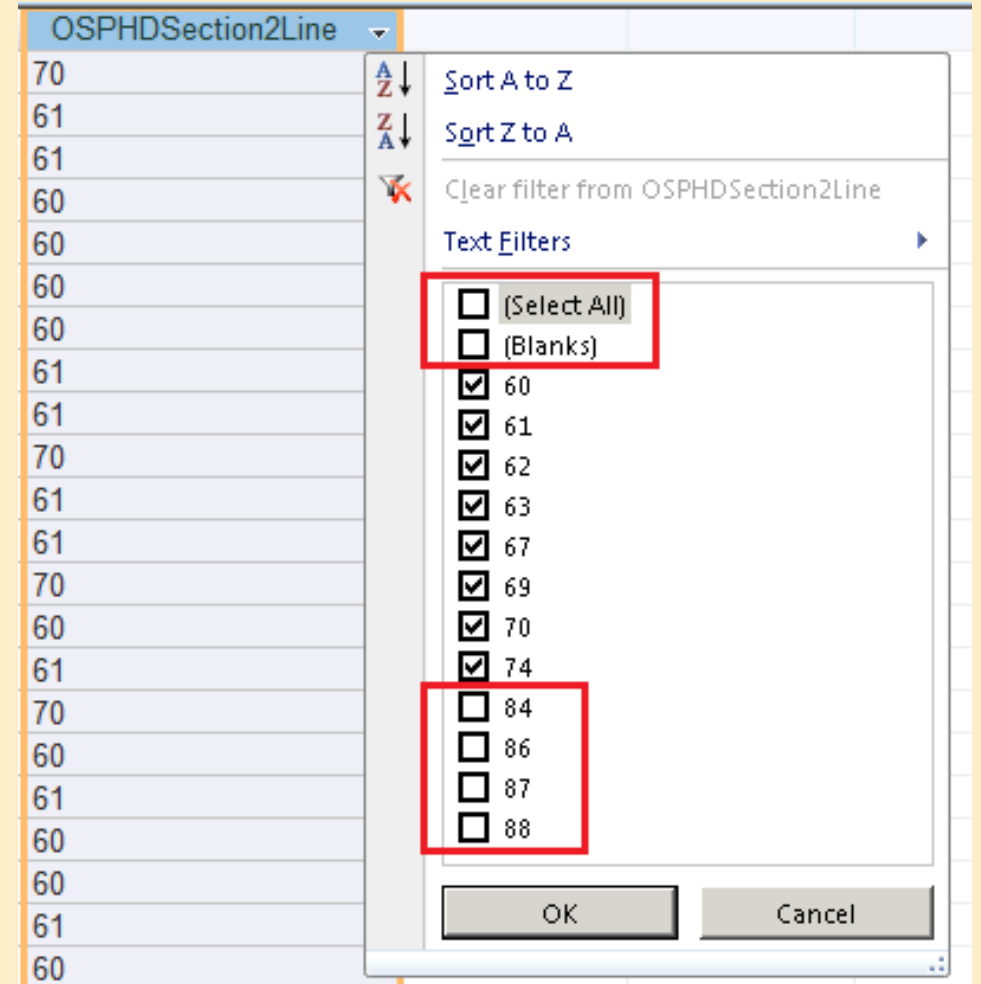
#### FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers
60	Physicians
61	Physician Assistants
62	Family Nurse Practitioners
63	Certified Nurse Midwives
64	Visiting Nurses
65	Dentists
66	Registered Dental Hygienists (Alternative Practice)
67	Psychiatrists
68	Clinical Psychologists
69	Licensed Clinical Social Workers (LCSW)
70	Other Providers billable to Medi-Cal**
74	Other Certified CPSP providers not listed above***
75	Totals



# OSHPD Section 6 Encounters Report

- OSHPD Section 6 Encounters and Gross Revenue
- Instructions: run the report normally, but before refreshing the output, filter for lines 60 to 74 in the column OSHPDSection2Line
- Un-check the line numbers outside of the range 60 to 74 (you might see different line numbers than in this example)



# Note on Section 2 Clinical Support Staff Contacts

- The report for Section 2, “OSHPD Sec 2 Encounters by Primary Care Provider,” relies on claims for the staff members mapped to lines 60 to 94 (i.e., all Primary Care Providers AND Clinical Support Staff).
- Not all contacts by Clinical Support Staff are billed, so you may need to examine other sources of data to count all of their contacts

# Selected Procedure Codes (Section 5)

- Your health center may not bill for procedures using the codes on this table, for example, paps, mammograms, and vaccines.
- Because the health center is a “gateway” for these services you need to “portray the clinic’s public health contribution to the community” (see OSHPD instruction manual page 19). Therefore, you should report services provided even if they are not billed with the stated CPT codes. This may require alternate sources of data.

# Selected Procedure Codes (Section 5)

Alternate sources of information:

- **Breast Cancer Screen Validation\_v3**– All mammograms ordered within a period or time, including results
- **Cervical Cancer Screen Validation\_v5**– All pap tests ordered within a period or time, including results
- **Registry reports**

**Questions?**