

Chicago Health System Capacity Data Report 2003

Overall Description of Organization and Affiliated Sites

Name of Organization:	
Administration/Primary Address:	
Phone:	Email:
Website:	Number of sites in Chicago:
CEO/Executive Director/Project Director:	
Clinical Director:	Data Manager:
Medicaid Provider Billing #: (Organization Wide)	Medicaid Pharmacy Number: (Organization Wide)

Site Name:	Opened ___/___/___ Closed ___/___/___
Address:	
Phone:	
Medicaid Provider Billing #:	Medicaid Pharmacy Number:
Site Name:	Opened ___/___/___ Closed ___/___/___
Address:	
Phone:	
Medicaid Provider Billing #:	Medicaid Pharmacy Number:
Site Name:	Opened ___/___/___ Closed ___/___/___
Address:	
Phone:	
Medicaid Provider Billing #:	Medicaid Pharmacy Number:
Site Name:	Opened ___/___/___ Closed ___/___/___
Address:	
Phone:	
Medicaid Provider Billing #:	Medicaid Pharmacy Number:

Site Name:	Opened ___/___/___	Closed ___/___/___
Address:		
Phone:		
Medicaid Provider Billing #:		Medicaid Pharmacy Number:
Site Name:	Opened ___/___/___	Closed ___/___/___
Address:		
Phone:		
Medicaid Provider Billing #:		Medicaid Pharmacy Number:

Please list any new sites opened since December 31, 2003:

Please list sites scheduled to open in the future:

Site Specific Data

Please complete a separate report for each individual site.

Site Name: _____

Type of Facility: (check all that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> Community-based Primary Care Clinic <input type="checkbox"/> Hospital or worksite clinic <input type="checkbox"/> Mobile health van <input type="checkbox"/> Community-based social service center <input type="checkbox"/> Substance Abuse treatment clinic/facility <input type="checkbox"/> HIV/AIDS medical care clinic/facility 	<ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Clinic <input type="checkbox"/> Public Housing <input type="checkbox"/> School-based Health Center <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Other _____
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Do you provide primary health care services? " Yes " No

If you provide mental health services, please list all types of services that are offered (e.g., mental health intake, mental health assessment, individual therapy, group therapy, medication monitoring, etc.).

If the site is located in a school, is the community able to access care? Are services available year-round or on a limited basis?

Users and Encounters: Tables 1 collects information on the total number of **unduplicated** users and encounters at this site.

Users are individuals who have at least one encounter during the year.

Encounters are defined to include a documented face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual.

Table 1: Total Number of <u>Unduplicated</u> Users and Encounters in 2003		
	Users	Encounters
All Services		

Site Name: _____

For Table 1a, please identify the number of users and encounters by type of service.

Primary Care Encounter: Documented face-to-face contact between a user and:

- < **a physician (family practitioner, general practitioner, internist, OB/GYN, pediatrician), or**
- < **a midlevel staff (nurse practitioner, certified nurse midwife, physician assistant).**

Dental Services Encounter: Documented face-to-face contact between a user and:

- < **a dentist, or**
- < **a dental hygienist.**

Mental Health Encounter: Documented face-to-face contact with a user and:

- < **a mental health provider** during which mental health services (i.e., services of a psychological, psychosocial, or crisis intervention nature) are provided.

Substance Abuse Encounter: Documented face-to-face contact between a user and:

- < **a substance abuse provider** during which alcohol or drug abuse services (i.e., assessment and diagnosis, treatment, aftercare) are provided.

Table 1a: Numbers of Users and Encounters for in 2003		
Type of Service	Users	Encounters
Primary Care		
Dental Services		
Mental Health		
Substance Abuse		

Staffing: For Table 2, please share **your organization's** provider productivity standards by the number of encounters per year.

Table 2: Facility Provider Productivity Standards	
Provider	Expected Number of Encounters per Year
Physicians	
<i>Family Practitioners</i>	
<i>General Practitioners</i>	
<i>Internists</i>	
<i>Obstetricians/Gynecologists</i>	
<i>Pediatricians</i>	
Nurse Practitioners/Physician Assistants	
Certified Nurse Midwives	

For Table 2a, please indicate the number of full time equivalent (FTE) practitioners (by type of practitioner) and the number of encounters provided. Staff that work 20 hours per week (e.g., 50% time) or a half of a year should be reported as 0.5 FTE. Residents are counted as 0.1 FTE.

Site Name: _____

Table 2a: Staffing				
Type of Practitioner	Number of Full-Time Equivalent (FTE) Staff	Encounters	Users	
Primary Care				
Family Practitioners				
General Practitioners				
Internists				
Obstetricians/Gynecologists				
Pediatricians				
<i>Total Primary Care Physicians</i>				
Nurse Practitioners				
Certified Nurse Midwives				
Physician Assistants				
<i>Total Mid-level Providers</i>				
TOTAL PRIMARY CARE				
Dental Health				
Dentists				
Dental Hygienists				
TOTAL DENTAL CARE				
Mental Health				
Psychiatrists				
Mental Health Specialists (clinical psychologists, social workers, other professionals)				
TOTAL MENTAL HEALTH				
Substance Abuse				
Substance Abuse Specialists (clinical psychologists, social workers & other professionals)				
TOTAL SUBSTANCE ABUSE				

Please explain if the number of encounters for each service does not match the numbers in Table 1.

Site Name: _____

Patient Origin: In Table 3, please report the number of users by the zip code in which they live, **for the top seven zip codes (in ascending order)**.

Table 3: Users by Zip Code in 2003	
Zip Code	Number of Users
All Other Zip Codes	
Unknown	
TOTAL	

Please explain if there is a large number of unknown users or if total number of users does not match the previous tables.

User Profile: Tables 4 through 7 collect user demographics - income, age, gender, payor source and race/ethnicity.

Do you collect income information on all users? " Yes " No

Please explain.

Table 4: Users by Income in 2003	
Income Level	Number of Users
≤ 100% of poverty level	
101-150% of poverty level	
151-200% of poverty level	
Over 200% of poverty level	
Unknown	
TOTAL	

Please explain if there is a large number of unknown users or if total number of users does not match the previous tables.

Site Name: _____

Table 5: Users by Age and Gender in 2003		
Age Groups	Male	Female
Under Age 1		
Age 1		
Age 2		
Age 3		
Age 4		
Age 5		
Age 6		
Age 7		
Age 8		
Age 9		
Age 10		
Age 11		
Age 12		
Age 13		
Age 14		
Age 15		
Age 16		
Age 17		
Age 18		
Age 19		
Age 20		
Age 21		
Age 22		
Age 23		
Age 24		
Ages 25-29		
Ages 30-34		
Ages 35-39		
Ages 40-44		
Ages 45-49		
Ages 50-54		
Ages 55-59		
Ages 60-64		
Ages 65-69		
Ages 70-74		
Ages 75-79		
Ages 80-84		
Ages 85 and over		
Unknown		
TOTAL USERS		

Please explain if there is a large number of unknown users or if total number of users does not match the previous tables.

Site Name: _____

Table 6: Users by Payor Source in 2003	
Payor	Number of Users
Medicaid (including KidCare)	
Medicare	
Private Insurance	
Patient Fees (Self-Pay)	
Unknown	
TOTAL	

Please explain if there is a large number of unknown users or if total number of users does not match the previous tables.

Table 7: Users by Race/ Ethnicity in 2003	
Race/Ethnicity	Number of Users
Asian/ Pacific Islander	
Black/ African American (not Hispanic or Latino)	
American Indian/Alaska Native	
White (not Hispanic or Latino)	
Hispanic/ Latino (all races)	
Unreported/ Refused to Report	
TOTAL Users	
Users best served in a language other than English and users needing sign language services	

Please explain if there is a large number of unknown users or if total number of users does not match the previous tables.

Site Name: _____

Tables 8 and 8a collect information on users and encounters for identified diagnoses.

Table 8: Users and Encounters by Selected Primary Diagnoses in 2003		
Diagnostic Category (ICD-9-CM, CPT, or DSM-IV codes)	Users	Encounters
Medical Care		
Symptomatic HIV (042.xx)		
Asymptomatic HIV (V08)		
Tuberculosis (010.xx - 018.xx)		
Asthma (493.xx)		
Diabetes Mellitus (250.xx;775.1x;790.2)		
Health Supervision of infant or child (ages 0-11) (V20.xx;V29.xx or CPT-4: 99391-99393;99381-99383;99431-99433)		
Mental Health/Substance Use		
Psychotic Disorders (295, 297, 298)		
Mood Disorders (296, 300.4, 301.13)		
Anxiety Disorders (300.21-300.23, 300.29, 300.3, 300.0-300.02, 308.3, 309.81)		
Mental Retardation/Developmental Disorders (299, 315, 317-319)		
Adjustment Disorders (309)		
Substance Use Disorders (291-292, 303-305)		
Other Mental Health Disorder (Any codes not shown above; do not include 799.90 or V71.09)		
Deferred Mental Health Diagnosis (799.90, V71.09)		
Unknown Mental Health Diagnoses		

Table 8a: Prenatal and Postnatal Users and Encounters		
	Users	Encounters
Prenatal care users		
Postnatal care users		

Site Name: _____

Funding Sources: Table 9 requests data on **revenue collected** by your facility by funding source. If you have more than one site, you may complete this table once for all your health centers.

Table 9: Funding Sources for 2003	
Type	Amount
Patient Related Revenue (collected)	
Medicaid (including KidCare)	
Medicare	
Private Insurance	
Patient Fees (Self-Pay)	
Other (Specify _____)	
Federal Grants	
State Grants	
Local Grants	
Private Grants	
Other (Specify _____)	
Total Funding Sources	

Managed Care: Table 10 collects information on managed care revenue, number of enrollees, and enrollees by specific managed care plan.

Table 10: Managed Care Activity			
Total managed care revenue			
Total managed care enrollees			
Total managed care enrollees by plan			
Plan	# Enrollees	Plan	# Enrollees
Aetna		Humana Inc.	
Amerigroup IL (Americaid)		Rockford Health Plans	
Blue Cross/Blue Shield, IL		Unicare	
Cigna Illinois		United Health Care, IL	
Family Health Network		Union Health Service, Inc	
Sterling		Other _____	
Other _____		Other _____	