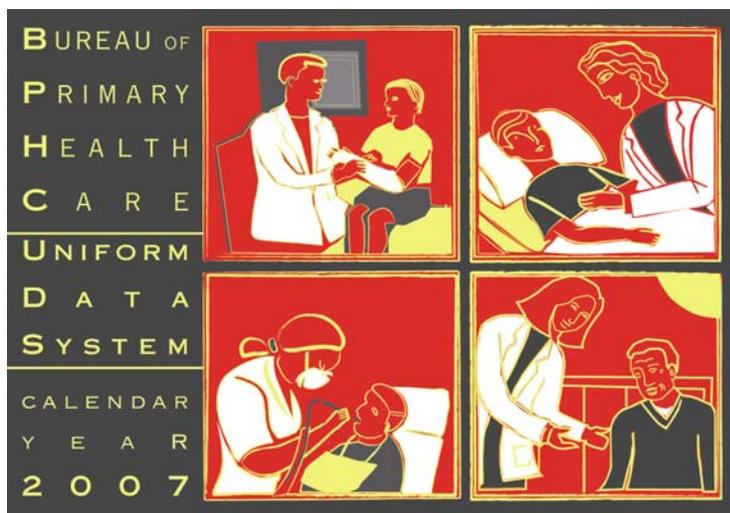


**Bureau of Primary Health Care
Section 330 Grantees
Uniform Data System (UDS)**

Calendar Year 2007 Data



**Massachusetts
Rollup Report**

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Massachusetts for 2007

34 Grantees

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)	PROVIDES ONE OR MORE DELIVERY METHOD
PRIMARY MEDICAL CARE SERVICES					
1.	General Primary Medical Care (other than listed below)	97.1%	5.9%	11.8%	100.0%
2.	Diagnostic Laboratory (technical component)	64.7%	50.0%	85.3%	100.0%
3.	Diagnostic X-Ray Procedures (technical component)	35.3%	26.5%	88.2%	100.0%
4.	Diagnostic Tests/Screenings (professional component)	76.5%	32.4%	82.4%	100.0%
5.	Emergency medical services	35.3%	5.9%	79.4%	97.1%
6.	Urgent medical care	91.2%	8.8%	44.1%	100.0%
7.	24-hour coverage	88.2%	5.9%	11.8%	94.1%
8.	Family Planning	94.1%	5.9%	26.5%	100.0%
9.	HIV testing and counseling	94.1%	8.8%	29.4%	100.0%
10.	Testing for Blood Lead Levels	79.4%	14.7%	41.2%	100.0%
11.	Immunizations	97.1%	8.8%	17.6%	100.0%
12.	Following hospitalized patients	91.2%	5.9%	41.2%	100.0%
OBSTETRICAL AND GYNECOLOGICAL CARE					
13.	Gynecological Care	97.1%	20.6%	58.8%	100.0%
14.	Prenatal care	64.7%	8.8%	55.9%	97.1%
15.	Antepartum fetal assessment	47.1%	2.9%	73.5%	94.1%
16.	Ultrasound	17.6%	8.8%	88.2%	94.1%
17.	Genetic counseling and testing	8.8%	0.0%	85.3%	91.2%
18.	Amniocentesis	5.9%	0.0%	85.3%	91.2%
19.	Labor and delivery professional care	35.3%	2.9%	73.5%	94.1%
20.	Postpartum care	64.7%	2.9%	38.2%	94.1%

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Report Criteria:

STATES: MA

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Massachusetts for 2007

34 Grantees

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)	PROVIDES ONE OR MORE DELIVERY METHOD
SPECIALTY MEDICAL CARE					
21.	Directly observed TB therapy	38.2%	2.9%	82.4%	97.1%
22.	Respite Care	8.8%	2.9%	82.4%	91.2%
23.	Other Specialty Care	55.9%	11.8%	76.5%	97.1%
DENTAL CARE SERVICES					
24.	Dental Care - Preventive	73.5%	14.7%	32.4%	100.0%
25.	Dental Care - Restorative	73.5%	11.8%	38.2%	100.0%
26.	Dental Care - Emergency	70.6%	11.8%	52.9%	100.0%
27.	Dental Care - Rehabilitative	55.9%	11.8%	61.8%	100.0%
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES					
28.	Mental Health Treatment/Counseling	76.5%	14.7%	67.6%	100.0%
29.	Developmental Screening	58.8%	2.9%	64.7%	97.1%
30.	24-hour Crisis Intervention/Counseling	38.2%	0.0%	79.4%	100.0%
31.	Other Mental Health Services	67.6%	11.8%	64.7%	100.0%
32.	Substance Abuse Treatment/Counseling	67.6%	8.8%	79.4%	100.0%
33.	Other Substance Abuse Services	41.2%	2.9%	88.2%	100.0%
33a.	Comprehensive mental health / Substance abuse screening	44.1%	5.9%	76.5%	100.0%
OTHER PROFESSIONAL SERVICES					
34.	Hearing Screening	70.6%	5.9%	52.9%	97.1%
35.	Nutrition Services Other than WIC	85.3%	2.9%	44.1%	97.1%
36.	Occupational or Vocational Therapy	8.8%	5.9%	91.2%	97.1%
37.	Physical Therapy	8.8%	2.9%	91.2%	97.1%
38.	Pharmacy - Licensed Pharmacy staffed by Registered Pharmacist	29.4%	20.6%	73.5%	100.0%
39.	Pharmacy - Provider Dispensing	47.1%	11.8%	50.0%	91.2%
	Total Pharmacy	58.8%	26.5%	79.4%	100.0%
40.	Vision Screening	79.4%	8.8%	58.8%	97.1%
41.	Podiatry	50.0%	8.8%	79.4%	97.1%
42.	Optometry	29.4%	8.8%	79.4%	94.1%

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Report Criteria:

STATES: MA

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Massachusetts for 2007

34 Grantees

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)	PROVIDES ONE OR MORE DELIVERY METHOD
ENABLING SERVICES					
43.	Case management	97.1%	11.8%	35.3%	100.0%
44.	Child Care (during visit to center)	11.8%	2.9%	64.7%	73.5%
45.	Discharge Planning	70.6%	5.9%	61.8%	100.0%
46.	Eligibility Assistance	97.1%	2.9%	23.5%	100.0%
47.	Environmental Health Risk Reduction (via detection and/or alleviation)	38.2%	5.9%	61.8%	85.3%
48.	Health education	97.1%	8.8%	23.5%	100.0%
49.	Interpretation/Translation services	94.1%	32.4%	20.6%	100.0%
50.	Nursing home and assisted-living placement	47.1%	2.9%	73.5%	97.1%
51.	Outreach	97.1%	8.8%	29.4%	100.0%
52.	Transportation	61.8%	47.1%	64.7%	100.0%
53.	Out Stationed Eligibility Workers	58.8%	2.9%	38.2%	91.2%
54.	Home Visiting	73.5%	0.0%	61.8%	97.1%
55.	Parenting Education	73.5%	0.0%	50.0%	94.1%
56.	Special Education Program	20.6%	0.0%	67.6%	76.5%
57.	Other	26.5%	2.9%	5.9%	26.5%
PREVENTATIVE SERVICES RELATED TO TARGET CLINICAL AREAS					
I. Cancer					
58.	Pap Test	91.2%	17.6%	44.1%	100.0%
59.	Fecal occult blood test	91.2%	8.8%	35.3%	100.0%
60.	Sigmoidoscopy	2.9%	0.0%	100.0%	100.0%
61.	Colonoscopy	5.9%	2.9%	100.0%	100.0%
62.	Mammograms	20.6%	11.8%	91.2%	100.0%
63.	Smoking cessation program	67.6%	0.0%	67.6%	97.1%
II. Diabetes					
64.	Glycosylated hemoglobin measurement for people with diabetes	88.2%	14.7%	50.0%	100.0%
65.	Urinary microalbumin measurement for people with diabetes	79.4%	14.7%	52.9%	100.0%
66.	Foot exam for people with diabetes	97.1%	8.8%	47.1%	100.0%
67.	Dilated eye exam for people with diabetes	38.2%	5.9%	76.5%	94.1%

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Report Criteria:

STATES: MA

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Massachusetts for 2007

34 Grantees

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)	PROVIDES ONE OR MORE DELIVERY METHOD
III. Cardiovascular Disease					
68.	Blood pressure monitoring	97.1%	5.9%	17.6%	100.0%
69.	Weight reduction program	85.3%	2.9%	55.9%	97.1%
70.	Blood cholesterol screening	88.2%	20.6%	26.5%	97.1%
IV. HIV/AIDS					
See line 9. HIV testing and counseling					
V. Infant Mortality					
Also see line 14. Prenatal Care					
71.	Follow-up testing and related health care services for abnormal newborn bloodspot screening	38.2%	2.9%	73.5%	91.2%
VI. Immunizations		See line 11. Immunizations			
OTHER SERVICES					
72.	WIC Services	41.2%	5.9%	61.8%	100.0%
73.	Head Start services	2.9%	2.9%	91.2%	94.1%
74.	Food bank/delivered meals	23.5%	5.9%	85.3%	94.1%
75.	Employment/Educational Counseling	29.4%	2.9%	85.3%	94.1%
76.	Assistance in obtaining housing	50.0%	11.8%	82.4%	97.1%

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Report Criteria:

STATES: MA

TABLE 3A: PATIENTS BY AGE AND GENDER

State Summary for Massachusetts for 2007

34 Grantees

Universal

Age Groups		MALE PATIENTS	FEMALE PATIENTS	All Patients	
		(a)	(b)	Number	Percent
Number of Patients					
1.	Under Age 1	5,123	5,030	10,153	2.1%
2.	Age 1	3,449	3,417	6,866	1.4%
3.	Age 2	3,212	3,080	6,292	1.3%
4.	Age 3	3,131	3,013	6,144	1.3%
5.	Age 4	3,180	2,974	6,154	1.3%
6.	Age 5	3,183	3,196	6,379	1.3%
7.	Age 6	3,234	3,042	6,276	1.3%
8.	Age 7	3,179	2,967	6,146	1.3%
9.	Age 8	3,224	3,001	6,225	1.3%
10.	Age 9	2,879	2,975	5,854	1.2%
11.	Age 10	2,974	2,818	5,792	1.2%
12.	Age 11	2,946	2,883	5,829	1.2%
13.	Age 12	3,038	2,878	5,916	1.2%
14.	Age 13	3,065	3,153	6,218	1.3%
15.	Age 14	3,265	3,354	6,619	1.4%
16.	Age 15	3,199	3,775	6,974	1.4%
17.	Age 16	3,331	4,308	7,639	1.6%
18.	Age 17	3,231	4,409	7,640	1.6%
19.	Age 18	3,040	4,614	7,654	1.6%
20.	Age 19	2,934	4,697	7,631	1.6%
21.	Age 20	3,034	5,116	8,150	1.7%
22.	Age 21	3,014	5,421	8,435	1.7%
23.	Age 22	3,173	5,628	8,801	1.8%
24.	Age 23	3,296	5,776	9,072	1.9%
25.	Age 24	3,596	5,645	9,241	1.9%
26.	Ages 25 - 29	16,844	27,107	43,951	9.1%
27.	Ages 30 - 34	15,451	22,174	37,625	7.8%
28.	Ages 35 - 39	16,649	20,932	37,581	7.8%
29.	Ages 40 - 44	18,824	21,044	39,868	8.3%
30.	Ages 45 - 49	18,595	19,490	38,085	7.9%
31.	Ages 50 - 54	15,554	16,659	32,213	6.7%
32.	Ages 55 - 59	11,112	12,957	24,069	5.0%
33.	Ages 60 - 64	8,065	9,931	17,996	3.7%
34.	Ages 65 - 69	5,133	6,846	11,979	2.5%
35.	Ages 70 - 74	3,271	4,962	8,233	1.7%
36.	Ages 75 - 79	2,310	3,499	5,809	1.2%
37.	Ages 80 - 84	1,423	2,416	3,839	0.8%
38.	Ages 85 and over	999	2,156	3,155	0.7%
39.	Total Patients (sum lines 1-38)	215,160	267,343	482,503	100.0%
	Percent of Total	44.6%	55.4%		

* Percents may not total to 100% due to rounding.

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Report Criteria:

STATES: MA

TABLE 3B: PATIENTS BY RACE / ETHNICITY / LANGUAGE

State Summary for Massachusetts for 2007

34 Grantees

Universal

PATIENTS BY HISPANIC/LATINO IDENTITY		Number (a)	Percent of Total	% of Known
Number of Patients				
1.	Hispanic or Latino	148,147	30.7%	
2.	All others (including Unreported)	334,356	69.3%	
3.	<not used>			
4.	Total Patients (sum lines 1-3 must = line 11)	482,503	100.0%	

PATIENTS BY RACE		Number (a)	Percent of Total	% of Known
Number of Patients				
5a.	Asian	39,273	8.1%	10.5%
5b.	Native Hawaiian	71	0.0%	0.0%
5c.	Other Pacific Islander	786	0.2%	0.2%
5.	Total Asian/Hawaiian/Pacific Islander (sum lines 5a+5b+5c)	40,130	8.3%	10.7%
6.	Black/African American (including Blacks or African Americans of Latino/Hispanic descent)	71,077	14.7%	18.9%
7.	American Indian/Alaska Native (including American Indians or Alaska Natives of Latino/Hispanic descent)	1,160	0.2%	0.3%
8.	White (including Whites of Latino/Hispanic descent)	234,372	48.6%	62.4%
9.	More than one race	28,801	6.0%	7.7%
10.	Unreported / Refused to report	106,963	22.2%	
11.	Total Patients (sum lines 5-10 must = line 4)	482,503	100.0%	100.0%

PATIENTS BY LANGUAGE		Number (a)	Percent of Total	% of Known
Number of Patients				
12.	Patients best served in a language other than English	181,397	37.6%	

* Percents may not equal 100% due to rounding

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Report Criteria:

STATES: MA

TABLE 4: PATIENTS BY SOCIOECONOMIC CHARACTERISTICS

State Summary for Massachusetts for 2007 34 Grantees

Universal

Income as Percent of Poverty Level		Number of Patients (a)	% of Total	% of Known	
1.	100% and Below	209,011	43.3%	60.6%	
2.	101 - 150%	56,246	11.7%	16.3%	
3.	151 - 200%	45,433	9.4%	13.2%	
4.	Over 200%	34,261	7.1%	9.9%	
5.	Unknown	137,552	28.5%		
6.	Total (sum lines 1-5)	482,503	100.0%		
Principal Third Party Insurance Source		Ages 0 - 19 (a)	Ages 20+ (b)	TOTAL	%
7.	None/Uninsured	17,608	105,780	123,388	25.6%
8a.	Regular Medicaid (Title XIX)	83,958	112,176	196,134	40.6%
8b.	S-CHIP Medicaid	4,185	23	4,208	0.9%
8.	Total Medicaid (Line 8a + 8b)	88,143	112,199	200,342	41.5%
9.	Medicare (Title XVIII)	16	38,330	38,346	7.9%
10a.	Other Public Insurance non-S-CHIP	2,904	23,519	26,423	5.5%
10b.	Other Public Insurance S-CHIP	1,463	10	1,473	0.3%
10.	Total Public Insurance (Line 10a + 10b)	4,367	23,529	27,896	5.8%
11.	Private Insurance	24,267	68,264	92,531	19.2%
12.	Total (Sum Lines 7 + 8 + 9 + 10 + 11)	134,401	348,102	482,503	100.0%
Selected Patient Characteristics		Number of Patients (a)	%		
13.	Migrant (330g grantees Only)	709	56.0%		
14.	Seasonal (330g grantees Only)	558	44.0%		
15.	Total Migrant/Seasonal Agricultural Worker or Dependent (MHC Funded Total)	1,267	100.0%		
	Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)	2,252			
16.	Homeless Shelter (330h grantees Only)	11,953	55.0%		
17.	Transitional (330h grantees Only)	1,622	7.5%		
18.	Doubling Up (330h grantees Only)	2,500	11.5%		
19.	Street (330h grantees Only)	1,661	7.6%		
20.	Other (330h grantees Only)	2,611	12.0%		
21.	Unknown (330h grantees Only)	1,401	6.4%		
22.	Total Homeless (HO Funded Total)	21,748	100.0%		
	Total Homeless (All Grantees Report This Line)	25,059			
23.	Total School Based Health Center Patients (All Grantees Report this Line)	5,937			

* Percents may not equal 100% due to rounding

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* Grantees without HO and/or MHC funding report totals on line 15 and 22, but not the detail. These lines are duplicated to show totals from all grantees

Report Criteria:

STATES: MA

TABLE 5: STAFFING AND UTILIZATION

State Summary for Massachusetts for 2007

34 Grantees

Universal

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	Encounters (b)	Patients (c)
1.	Family Practitioners	117.53	381,834	
2.	General Practitioners	2.77	11,818	
3.	Internists	113.80	392,042	
4.	Obstetrician/Gynecologists	14.42	45,721	
5.	Pediatricians	54.03	192,598	
7.	Other Specialty Physicians	7.87	32,036	
8.	Total Physicians (lines 1-7)	310.42	1,056,049	
9a.	Nurse Practitioners	128.19	263,686	
9b.	Physician Assistants	29.01	68,329	
10.	Certified Nurse Midwives	9.63	25,888	
10a.	Total Midlevel Practitioners (lines 9a-10)	166.83	357,903	
11.	Nurses	388.80	186,327	
12.	Other Medical Personnel	441.43		
13.	Laboratory Personnel	107.25		
14.	X-ray Personnel	19.51		
15.	Total Medical Care Services (lines 8-14)	1,434.24	1,600,279	405,992
16.	Dentists	86.56	224,922	
17.	Dental Hygienists	31.73	45,933	
18.	Dental Assistants, Aides, and Technicians	117.10		
19.	Total Dental Services (lines 16-18)	235.39	270,855	98,219
20a.	Psychiatrists	12.34	31,971	
20b.	Other Licensed Mental Health Providers	133.37	116,080	
20c.	Other Mental Health Staff	31.76	17,424	
20.	Mental Health Services (lines 20a + 20b + 20c)	177.47	165,475	22,863
21.	Substance Abuse Services	22.45	29,189	2,281
22.	Other Professional Services	40.17	79,884	35,213
23.	Pharmacy Personnel	91.80		
24.	Case Managers	174.91	100,719	
25.	Patient and Community Education Specialists	89.85	47,862	
26.	Outreach workers	83.17		
27.	Transportation Staff	9.51		
27a.	Eligibility Assistance Workers	122.56		
28.	Other Enabling Services	136.18		
29.	Total Enabling Services (lines 24-28)	616.18	148,581	45,073
29a.	Other Programs and Services	477.40		
30.	Administrative Staff	892.32		
31.	Facility Staff	92.34		
32.	Patient services support staff	716.85		
33.	Total Administration and Facility (lines 30-32)	1,701.51		
34.	Total (Total Lines 15+19+20+21+22+23+29+29a+33)	4,796.61	2,294,263	

Note: Subtotals may differ from the sum of cells due to rounding.

* % Unduplicated patients exceeds 100% due to use of multiple services

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Report Criteria:

STATES: MA

TABLE 5: STAFFING AND UTILIZATION

State Summary for Massachusetts for 2007

34 Grantees

Universal

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs		Encounters			Patients
		% Group	% Total	% Group	% Total	Encounters per FTE	% of T3A * Unduplicated
1.	Family Practitioners	8.2%	2.5%	23.9%	16.6%	3,249	
2.	General Practitioners	0.2%	0.1%	0.7%	0.5%	4,266	
3.	Internists	7.9%	2.4%	24.5%	17.1%	3,445	
4.	Obstetrician/Gynecologists	1.0%	0.3%	2.9%	2.0%	3,171	
5.	Pediatricians	3.8%	1.1%	12.0%	8.4%	3,565	
7.	Other Specialty Physicians	0.5%	0.2%	2.0%	1.4%	4,071	
8.	Total Physicians (lines 1-7)	21.6%	6.5%	66.0%	46.0%	3,402	
9a.	Nurse Practitioners	8.9%	2.7%	16.5%	11.5%	2,057	
9b.	Physician Assistants	2.0%	0.6%	4.3%	3.0%	2,355	
10.	Certified Nurse Midwives	0.7%	0.2%	1.6%	1.1%	2,688	
10a.	Total Midlevel Practitioners (lines 9a-10)	11.6%	3.5%	22.4%	15.6%	2,145	
11.	Nurses	27.1%	8.1%	11.6%	8.1%	479	
12.	Other Medical Personnel	30.8%	9.2%				
13.	Laboratory Personnel	7.5%	2.2%				
14.	X-ray Personnel	1.4%	0.4%				
15.	Total Medical Care Services (lines 8-14)	100.0%	29.9%	100.0%	69.8%	1,848	84.1%
16.	Dentists	36.8%	1.8%	83.0%	9.8%	2,598	
17.	Dental Hygienists	13.5%	0.7%	17.0%	2.0%	1,448	
18.	Dental Assistants, Aides, and Technicians	49.7%	2.4%				
19.	Total Dental Services (lines 16-18)	100.0%	4.9%	100.0%	11.8%	2,290	20.4%
20a.	Psychiatrists	7.0%	0.3%	19.3%	1.4%	2,591	
20b.	Other Licensed Mental Health Providers	75.2%	2.8%	70.1%	5.1%	870	
20c.	Other Mental Health Staff	17.9%	0.7%	10.5%	0.8%	549	
20.	Mental Health Services (lines 20a + 20b + 20c)	100.0%	3.7%	100.0%	7.2%	932	4.7%
21.	Substance Abuse Services	100.0%	0.5%	100.0%	1.3%	1,300	0.5%
22.	Other Professional Services	100.0%	0.8%	100.0%	3.5%	1,989	7.3%
23.	Pharmacy Personnel	100.0%	1.9%				
24.	Case Managers	28.4%	3.6%	67.8%	4.4%	576	
25.	Patient and Community Education Specialists	14.6%	1.9%	32.2%	2.1%	533	
26.	Outreach workers	13.5%	1.7%				
27.	Transportation Staff	1.5%	0.2%				
27a.	Eligibility Assistance Workers	19.9%	2.6%				
28.	Other enabling services	22.1%	2.8%				
29.	Total Enabling Services (lines 24-28)	100.0%	12.8%	100.0%	6.5%	561	9.3%
29a.	Other Programs and Services	100.0%	10.0%				
30.	Administrative Staff	52.4%	18.6%				
31.	Facility Staff	5.4%	1.9%				
32.	Patient services support staff	42.1%	14.9%				
33.	Total Administration and Facility (lines 30-32)	100.0%	35.5%				
34.	Total (Total Lines 15+19+20+21+22+23+29+29a+33)		100.0%		100.0%		

Note: Subtotals may differ from the sum of cells due to rounding.

* % Unduplicated patients exceeds 100% due to use of multiple services

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TABLE 6: SELECTED DIAGNOSES AND SERVICES RENDERED

State Summary for Massachusetts for 2007 34 Grantees

Universal

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Patients (b)	Encounters Per Patient
Selected Infectious and Parasitic Diseases					
1.	Symptomatic HIV	042.xx; 079.53	18,827	3,216	5.85
2.	Asymptomatic HIV	V08	5,998	1,349	4.45
3.	Tuberculosis	010.xx - 018.xx	2,263	861	2.63
4.	Syphilis and other sexually transmitted diseases	090.xx - 099.xx	2,656	1,516	1.75
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	34,833	19,118	1.82
6.	Chronic bronchitis and emphysema	490.xx - 492.xx	13,007	7,811	1.67
Selected Other Medical Conditions					
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8x	1,203	779	1.54
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	8,399	5,434	1.55
9.	Diabetes mellitus	250.xx; 775.1x	106,865	28,267	3.78
10.	Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	17,258	6,542	2.64
11.	Hypertension	401.xx - 405.xx	115,457	47,800	2.42
12.	Contact dermatitis and other eczema	692.xx	12,347	10,106	1.22
13.	Dehydration	276.5x	781	628	1.24
14.	Exposure to heat or cold	991.xx - 992.xx	276	197	1.40
Selected Childhood Conditions					
15.	Otitis media and eustachian tube disorders	381.xx - 382.xx	20,997	14,355	1.46
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	1,384	1,027	1.35
17.	Lack of expected normal physiological development (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	5,184	2,977	1.74

* Encounters and patients are reported by Primary Diagnosis for lines 1-20d

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Note: x denotes any number including the absence of a number in that place.

Report Criteria:

STATES: MA

TABLE 6: SELECTED DIAGNOSES AND SERVICES RENDERED

State Summary for Massachusetts for 2007 34 Grantees

Universal

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Patients (b)	Encounters Per Patient
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol related disorders	291.xx, 303.xx, 305.0x 357.5x	14,260	3,667	3.89
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x, 304.xx, 305.2x – 305.9x, 357.6x, 648.3x	47,183	5,677	8.31
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx	98,491	22,879	4.30
20b.	Anxiety disorders including PTSD	300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3, 309.81	39,172	11,351	3.45
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx	11,858	3,641	3.26
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)	47,181	13,654	3.46
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701-86703; 87390-87391	20,586	17,970	1.15
22.	Mammogram	CPT-4: 77055-77057 OR ICD-9: V76.11, V76.12	17,882	15,872	1.13
23.	Pap Test	CPT-4: 88141-88155; 88164-88167 OR ICD-9: V72.3; V72.31; V76.2	56,125	52,148	1.08
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Influenza virus, Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90657 – 90660; 90669; 90700 – 90702; 90704 – 90716; 90718; 90720-90721, 90723, 90743 – 90744; 90748	150,874	97,973	1.54
25.	Contraceptive management	ICD-9: V25.xx	45,801	25,717	1.78
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	96,231	57,461	1.67

* Encounters and patients are reported by Primary Diagnosis for lines 1-20d

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Note: x denotes any number including the absence of a number in that place.

Report Criteria:

STATES: MA

TABLE 6: SELECTED DIAGNOSES AND SERVICES RENDERED

State Summary for Massachusetts for 2007 34 Grantees

Universal

Diagnostic Category		Applicable Primary ICD-9-CM or CPT Code (where applicable)	Number of Encounters (a)	Number of Patients (b)	Encounters Per Patient
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	30,783	22,280	1.38
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	69,001	55,986	1.23
29.	Prophylaxis – adult or child	ADA: D1110, D1120	62,644	49,403	1.27
30.	Sealants	ADA: D1351	10,098	5,670	1.78
31.	Fluoride Treatment – adult or child	ADA: D1203, D1204	24,443	20,391	1.20
32.	III. Restorative Services	ADA: D21xx, D23xx, D27xx	70,823	38,484	1.84
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	30,502	16,425	1.86
34.	V. Rehabilitative Services (Endo, Perio, Prosth, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	21,392	10,873	1.97

* Encounters and patients are reported by Primary Diagnosis for lines 1-20d

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Note: x denotes any number including the absence of a number in that place.

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TABLE 7: PERINATAL PROFILE

State Summary for Massachusetts for 2007

34 Grantees

SECTION 1 ALL GRANTEEES					
CHARACTERISTICS		Number of Patients (a)			
1.	Total Patients Known to be Pregnant:	This Line No Longer Reported			
2.	Total Patients Known to be HIV+ Pregnant Women	16			
CONTINUE ONLY IF YOU PROVIDE PRENATAL SERVICES!!					
SECTION II GRANTEES WHO PROVIDE PRENATAL CARE					
A. DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS					
AGE		Number of Patients (a)	Percent		
3.	Less than 15 years	24	0.3%		
4.	Ages 15 - 19	1,233	13.0%		
5.	Ages 20 - 24	2,806	29.7%		
6.	Ages 25 - 44	5,379	56.9%		
7.	Ages 45 and Over	13	0.1%		
8.	Total Patients (Sum Lines 3-7)	9,455	100.0%		
RACE		Number of Patients (a)	Percent		
9a.	Asian	1,079	11.4%		
9b.	Native Hawaiian	0	0.0%		
9c.	Other Pacific Islander	13	0.1%		
9.	Total Asian/Hawaiian/Pacific Islander (sum lines 9a through 9c)	1,092	11.5%		
10.	Black/African American	1,511	16.0%		
11.	American Indian/Alaska Native	10	0.1%		
12.	White	2,961	31.3%		
13.	More than one race	1,509	16.0%		
14.	Unreported / Refused to report	2,372	25.1%		
15.	Total Patients (Sum Lines 9 - 14)	9,455	100.0%		
LATINO/HISPANIC IDENTITY		Number of Patients (a)	Percent		
28.	Latino/Hispanic	5,041	53.3%		
29.	All other including Unreported/Refused to report	4,414	46.7%		
30.	Total Patients (Sum Lines 28+29)	9,455	100.0%		
B. TRIMESTER OF ENTRY INTO PRENATAL CARE					
Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year		Women Having First Visit with Grantee		Women Having First Visit with Another Provider	
		(a)	%	(b)	%
16.	First Trimester	7,081	74.9%	182	1.9%
17.	Second Trimester	1,798	19.0%	60	0.6%
18.	Third Trimester	314	3.3%	20	0.2%

* Percents may not equal 100% due to rounding

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Report Criteria:

STATES: MA

TABLE 7: PERINATAL PROFILE

State Summary for Massachusetts for 2007

34 Grantees

C. DELIVERY, POSTPARTUM AND INFANT UTILIZATION DURING THE CALENDAR YEAR by race									
	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black or African American (c)	American Indian or Alaska Native (d)	White (e)	More than one race (f)	Unreported/ Refused to Report (g)	Total (h)
19. Prenatal care patients who delivered during the year	621	0	7	787	5	1,507	664	1,590	5,181
	12.0%	0.0%	0.1%	15.2%	0.1%	29.1%	12.8%	30.7%	100.0%
19a. Deliveries performed by grantee provider									4,063
									100.0%
20. Births less than 1,500 grams (very low)	6	0	0	6	0	6	12	11	41
	14.6%	0.0%	0.0%	14.6%	0.0%	14.6%	29.3%	26.8%	100.0%
21. Births 1,500 to 2,499 grams (low)	40	0	1	64	0	69	35	92	301
	13.3%	0.0%	0.3%	21.3%	0.0%	22.9%	11.6%	30.6%	100.0%
22. Births 2,500 grams or more (normal)	573	0	6	711	5	1,417	621	1,419	4,752
	12.1%	0.0%	0.1%	15.0%	0.1%	29.8%	13.1%	29.9%	100.0%
% Low & very low birthweight	7.4%	---	14.3%	9.0%	0.0%	5.0%	7.0%	6.8%	6.7%
23. Prenatal care patients who received postpartum care within 8 weeks of delivery	566	0	3	576	5	1,193	565	1,224	4,132
	13.7%	0.0%	0.1%	13.9%	0.1%	28.9%	13.7%	29.6%	100.0%
24. Infant who received newborn visit w/in 4 weeks of birth	560	0	5	632	4	1,116	581	675	3,573
	15.7%	0.0%	0.1%	17.7%	0.1%	31.2%	16.3%	18.9%	100.0%
C. DELIVERY, POSTPARTUM AND INFANT UTILIZATION DURING THE CALENDAR YEAR by Latino Identity									
	Latino/Hispanic (i)		All others including Unreported (j)		Total (k)				
19. Prenatal care patients who delivered during the year	2,702		2,479		5,181				
	52.2%		47.8%		100.0%				
20. Births less than 1,500 grams (very low)	21		20		41				
	51.2%		48.8%		100.0%				
21. Births 1,500 to 2,499 grams (low)	123		178		301				
	40.9%		59.1%		100.0%				
22. Births 2,500 grams or more (normal)	2,464		2,288		4,752				
	51.9%		48.1%		100.0%				
% Low & very low birthweight	5.5%		8.0%		6.7%				
23. Prenatal care patients who received postpartum care within 8 weeks of delivery	2,031		2,101		4,132				
	49.2%		50.8%		100.0%				
24. Infant who received newborn visit w/in 4 weeks of birth	1,513		2,060		3,573				
	42.3%		57.7%		100.0%				

* Percents may not equal 100% due to rounding

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TABLE 7: PERINATAL PROFILE

State Summary for Massachusetts for 2007

34 Grantees

D. ENROLLMENT OF PRENATAL CARE PATIENTS AND THEIR INFANTS IN WIC (only patients who receive prenatal services from the grantee)			
CHARACTERISTICS		Number of Patients (a)	%
25.	Prenatal Care Patients (% Total Patients)	6,001	63.5%
26.	Infants (% Infant Births)	2,641	51.8%
27.	Postpartum Care Patients (% Prenatal Care patients who Delivered)	3,340	64.5%

* Percents may not equal 100% due to rounding

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TABLE 8A: FINANCIAL COSTS

State Summary for Massachusetts for 2007

34 Grantees

		Accrued Cost	Allocation of Facility and Administration	Total Cost After Allocation of Facility and Administration	Overhead as Percent of Total Cost
		(a)	(b)	(c)	(c1)
Financial Costs for Medical Care					
1.	Medical Staff	118,454,815	57,195,075	175,649,890	32.56%
2.	Lab and X-ray	12,564,921	5,634,035	18,198,956	30.96%
3.	Medical/Other Direct	27,204,768	11,594,502	38,799,270	29.88%
4.	Total Medical Care Services (sum lines 1 through 3)	158,224,504	74,423,612	232,648,116	31.99%
Financial Costs for Other Clinical Services					
5.	Dental	24,360,914	11,284,123	35,645,037	31.66%
6.	Mental Health	14,512,719	6,087,410	20,600,129	29.55%
7.	Substance Abuse	1,680,359	976,987	2,657,346	36.77%
8a.	Pharmacy not including pharmaceuticals	8,771,574	6,206,966	14,978,540	41.44%
8b.	Pharmaceuticals	21,988,213		21,988,213	
9.	Other Professional	3,678,452	2,081,443	5,759,895	36.14%
10.	Total Other Clinical Services (Sum Lines 5 through 9)	74,992,231	26,636,929	101,629,160	26.21%
Financial Costs of Enabling and Other Program Related Services					
11.	Enabling	28,427,833	12,234,067	40,661,900	30.09%
12.	Other Related Services	56,854,952	14,076,437	70,931,389	19.85%
13.	Total Enabling and Other Services (Sum Lines 11 and 12)	85,282,785	26,310,504	111,593,289	23.58%
Overhead and Totals					
14.	Facility	28,120,813			6.31%
15.	Administration	99,250,232			22.26%
16.	Total Overhead (Sum Lines 14 and 15)	127,371,045			28.57%
17.	Total Accrued Costs (Sum lines 4+10 + 13 + 16)	445,870,565		445,870,565	
18.	Value of Donated Facilities, Services and Supplies			3,682,224	
19.	Total With Donations (Sum Lines 17 and 18)			449,552,789	

* Percents may not equal 100% due to rounding

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TABLE 8A: FINANCIAL COSTS

State Summary for Massachusetts for 2007 34 Grantees

Services		Direct Accrued Cost (a)		Loaded Cost (c) Includes Overhead
		% of Category	% of Total	% of Total
Financial Costs for Medical Care				
1.	Medical Staff	74.9%	26.6%	39.4%
2.	Lab and X-ray	7.9%	2.8%	4.1%
3.	Medical/Other Direct	17.2%	6.1%	8.7%
4.	Total Medical Care Services (sum lines 1 through 3)	100.0%	35.5%	52.2%
Financial Costs for Other Clinical Services				
5.	Dental	32.5%	5.5%	8.0%
6.	Mental Health	19.4%	3.3%	4.6%
7.	Substance Abuse	2.2%	0.4%	0.6%
8a.	Pharmacy not including pharmaceuticals	11.7%	2.0%	3.4%
8b.	Pharmaceuticals	29.3%	4.9%	4.9%
9.	Other Professional	4.9%	0.8%	1.3%
10.	Total Other Clinical Services (Sum Lines 5 through 9)	100.0%	16.8%	22.8%
Financial Costs of Enabling and Other Program Related Services				
11.	Enabling	33.3%	6.4%	9.1%
12.	Other Related Services	66.7%	12.8%	15.9%
13.	Total Enabling and Other Services (Sum Lines 11 and 12)	100.0%	19.1%	25.0%
Overhead and Totals				
14.	Facility	22.1%	6.3%	
15.	Administration	77.9%	22.3%	
16.	Total Overhead (Sum Lines 14 and 15)	100.0%	28.6%	
17.	Total Accrued Costs (Sum lines 4+10 + 13 + 16)	100.0%	100.0%	100.0%
18.	Value of Donated Facilities, Services and Supplies (As % of direct cost - Line 17)			0.8%

* Percents may not equal 100% due to rounding

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TABLE 8B: ENABLING SERVICES

State Summary for Massachusetts for 2007 34 Grantees

SERVICE		COST (a)	Percentage
Mental Health/Substance Abuse Services			
1-3	(These lines are no longer required)		
Enabling Services			
4.	Case Management	8,673,923	31%
5.	Transportation	693,341	2%
6.	Outreach	3,701,733	13%
7.	Patient Education	3,416,748	12%
8.	Translation/Interpretation	3,835,868	13%
9.	Community Education	1,472,855	5%
10.	Environmental Health Risk Reduction	199,347	1%
11.	Eligibility Assistance	6,363,824	22%
12.	Other Enabling Services	70,194	0%
13.	Total Enabling Services Cost (Sum Line 4-12)	28,427,833	100%

* Percents may not equal 100% due to rounding

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TABLE 9C: MANAGED CARE ENROLLMENT/UTILIZATION

State Summary for Massachusetts for 2007 34 Grantees

Payor Category		Medicaid	Medicare	Other Public Including non-Medicaid CHIP	Private	Total
		(a)	(b)	(c)	(d)	(e)
Revenue						
1a.	Capitation revenue for Services	8,298,576	206,436	51,030	21,930	8,577,972
1b.	Fee-for-Service revenue for Services	48,505,326	1,371,480	7,919,803	14,318,091	72,114,700
1.	Total revenue for Services (Lines 1a + 1b)	56,803,902	1,577,916	7,970,833	14,340,021	80,692,672
3a.	Collections from Medicaid or Medicare reconciliation/wrap around (for current Year)	0	0			0
3b.	Collections from Medicaid or Medicare reconciliation/wrap around (for prior years)	83,329	0			83,329
3c.	Collections from patient co-payments and from managed care plans for other retroactive payments/ risk pool/ incentive/ withhold	254,925	317,022	20,626	1,527,674	2,120,247
3d.	Penalties or paybacks to managed care plans	16,378	0	0	40,945	57,323
4.	Total Managed Care Revenue (Line 1 + 3a + 3b + 3c) - (Line 3d)	57,125,778	1,894,938	7,991,459	15,826,750	82,838,925
Expenses						
5a.	Capitation expenses for Services	7,017,563	296,507	9,384	183,359	7,506,813
5b.	Fee-for-Service expenses for Services	51,822,955	1,677,306	9,651,018	20,459,600	83,610,879
5.	Total expenses for Services (Lines 5a + 5b)	58,840,518	1,973,813	9,660,402	20,642,959	91,117,692
7.	Total Managed Care Expenses (Line 5)	58,840,518	1,973,813	9,660,402	20,642,959	91,117,692
	Surplus / Deficit (Line 4 - Line 7)	-1,714,740	-78,875	-1,668,943	-4,816,209	-8,278,767
	Surplus / Deficit as % of Expenses (L4 - L7)/L7	-2.9%	-4.0%	-17.3%	-23.3%	-9.1%

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STATES: MA

TABLE 9C: MANAGED CARE ENROLLMENT/UTILIZATION

State Summary for Massachusetts for 2007 34 Grantees

Payor Category		Medicaid	Medicare	Other Public Including non-Medicaid CHIP	Private	Total
		(a)	(b)	(c)	(d)	(e)
Utilization Data						
8a.	Member months for managed care (capitated)	212,635	4,913	1,458	1,241	220,247
8b.	Member months for managed care (fee-for-service)	1,077,620	14,308	187,059	446,981	1,725,968
8.	Total Member months for managed care (Lines 8a + 8b)	1,290,255	19,221	188,517	448,222	1,946,215
9a.	Managed Care Encounters (capitated)	45,073	2,042	68	1,066	48,249
9b.	Managed Care Encounters (fee-for-service)	377,321	13,589	69,527	141,441	601,878
9.	Total Managed Care Encounters (Lines 9a + 9b)	422,394	15,631	69,595	142,507	650,127
10a.	Enrollees in Managed Care Plans (capitated) (as of 12/31)	17,558	399	0	117	18,074
10b.	Enrollees in Managed Care Plans (fee-for-service) (as of 12/31)	98,766	1,330	24,720	39,849	164,665
10.	Total Managed Care Enrollees (Lines 10a + 10b) (as of 12/31)	116,324	1,729	24,720	39,966	182,739
11.	Enrollees in Primary Care Case Management Programs (PCCM)	14,448	31	0	839	15,318
12.	Number of Managed Care Contracts	81	15	54	153	303

Date Printed 7/8/2008 12:13:44 PM

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STATES: MA

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

State Summary for Massachusetts for 2007 34 Grantees

Payor Category		Charges			Collections			
		Full Charges This Period (a)	% of Payor	% of Total	Amount Collected This Period (b)	% of Payor	% of Total	% of Charges
1.	Medicaid Non-Managed Care	95,191,121	56.5%	24.0%	59,568,006	50.9%	29.0%	62.6%
2a.	Medicaid Managed Care (capitated)	7,979,361	4.7%	2.0%	8,487,177	7.3%	4.1%	106.4%
2b.	Medicaid managed Care (fee-for-service)	65,307,636	38.8%	16.5%	49,004,253	41.9%	23.9%	75.0%
3.	Total Medicaid (Lines 1 + 2a + 2b)	168,478,118	100.0%	42.5%	117,059,436	100.0%	57.0%	69.5%
4.	Medicare Non-Managed Care	34,931,077	94.5%	8.8%	23,550,688	94.0%	11.5%	67.4%
5a.	Medicare Managed Care (capitated)	379,489	1.0%	0.1%	504,580	2.0%	0.2%	133.0%
5b.	Medicare managed Care (fee-for-service)	1,656,888	4.5%	0.4%	1,008,846	4.0%	0.5%	60.9%
6.	Total Medicare (Lines 4 + 5a + 5b)	36,967,454	100.0%	9.3%	25,064,114	100.0%	12.2%	67.8%
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	8,217,529	42.3%	2.1%	4,027,016	39.3%	2.0%	49.0%
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)	9,297	0.0%	0.0%	51,030	0.5%	0.0%	548.9%
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	11,219,823	57.7%	2.8%	6,168,530	60.2%	3.0%	55.0%
9.	Total Other Public (Lines 7 + 8a + 8b)	19,446,649	100.0%	4.9%	10,246,576	100.0%	5.0%	52.7%
10.	Private Non-Managed Care	47,838,518	65.4%	12.1%	30,018,973	68.0%	14.6%	62.8%
11a.	Private Managed Care (capitated)	209,449	0.3%	0.1%	56,703	0.1%	0.0%	27.1%
11b.	Private Managed Care (fee-for-service)	25,058,138	34.3%	6.3%	14,094,738	31.9%	6.9%	56.2%
12.	Total Private (Lines 10 + 11a + 11b)	73,106,105	100.0%	18.4%	44,170,414	100.0%	21.5%	60.4%
13.	Self-Pay	98,808,196	100.0%	24.9%	8,875,917	100.0%	4.3%	9.0%
14.	Total (Lines 3 + 6 + 9 + 12 + 13)	396,806,522		100.0%	205,416,457		100.0%	51.8%

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

State Summary for Massachusetts for 2007

34 Grantees

Payor Category	Retroactive Settlements, Receipts, and Paybacks (c)						Allowances	
	Collection of recon./wrap around Current Year (c1)	Collection of recon./wrap around Previous Years (c2)	Collection of other retroactive payments (c3)	Penalty/ Payback (c4)	Net Retros	Net Retros % of Charges	Allowances (d)	Allowances % of Charges
1. Medicaid Non-Managed Care	29,497	0		18,855	10,642	0.0%	32,981,057	34.6%
2a. Medicaid Managed Care (capitated)	0	19,580	188,601	0	208,181	2.6%	-503,403	-6.3%
2b. Medicaid managed Care (fee-for-service)	0	63,749	19,100	16,378	66,471	0.1%	15,986,937	24.5%
3. Total Medicaid (Lines 1 + 2a + 2b)	29,497	83,329	207,701	35,233	285,294	0.2%	48,464,591	28.8%
4. Medicare Non-Managed Care	0	109,339		544	108,795	0.3%	9,600,078	27.5%
5a. Medicare Managed Care (capitated)	0	0	298,143	0	298,143	78.6%	-125,090	-33.0%
5b. Medicare managed Care (fee-for-service)	0	0	0	0	0	0.0%	539,060	32.5%
6. Total Medicare (Lines 4 + 5a + 5b)	0	109,339	298,143	544	406,938	1.1%	10,014,048	27.1%
7. Other Public including Non-Medicaid CHIP (Non Managed Care)				2,409	-2,409	0.0%	2,648,404	32.2%
8a. Other Public including Non-Medicaid CHIP (Managed Care Capitated)			0	0	0	0.0%	-41,590	-447.3%
8b. Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)			0	0	0	0.0%	2,790,930	24.9%
9. Total Other Public (Lines 7 + 8a + 8b)			0	2,409	-2,409	0.0%	5,397,744	27.8%
10. Private Non-Managed Care				1,235	-1,235	0.0%	15,586,342	32.6%
11a. Private Managed Care (capitated)			34,773	0	34,773	16.6%	133,767	63.9%
11b. Private Managed Care (fee-for-service)			341,054	40,945	300,109	1.2%	10,355,815	41.3%
12. Total Private (Lines 10 + 11a + 11b)			375,827	42,180	333,647	0.5%	26,075,924	35.7%
13. Self-Pay								
14. Total (Lines 3 + 6 + 9 + 12 + 13)	29,497	192,668	881,671	80,366	1,023,470	0.3%	89,952,307	22.7%

13. Self Pay (Line 14 is same)	Sliding Discounts (e)	S.D. % of S.P. Chgs	Bad Debt Write Off (f)	Bad Debt % of S.P. Chgs
	82,251,967	83.2%	7,153,877	7.2%

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TABLE 9E: OTHER REVENUES

State Summary for Massachusetts for 2007 34 Grantees

Source	Amount (a)	% Group Total
BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272)		
1a. Migrant Health Center	416,399	1.0%
1b. Community Health Center	37,574,579	86.1%
1c. Health Care for the Homeless	4,378,967	10.0%
1e. Public Housing Primary Care	1,213,868	2.8%
1g. Total Health Center Cluster (Sum Lines 1a - 1e)	43,583,813	99.9%
1h. Integrated Services Development Initiative	57,859	0.1%
1i. Shared Integrated Management Information Systems	0	0.0%
1j. Capital Improvement Program Grants	0	0.0%
1. Total BPHC Grants (Lines 1g + 1h + 1i + 1j)	43,641,672	100.0%
OTHER FEDERAL GRANTS		
2. Ryan White Title III HIV Early Intervention	5,542,937	20.8%
3-4. Other Federal Grants	21,064,805	79.2%
5. Total Other Federal Grants (Sum Lines 2-4)	26,607,742	100.0%
NON-FEDERAL GRANTS or CONTRACTS		
6. State Government Grants and Contracts	32,526,398	25.7%
6a. State/Local Indigent Care Programs	57,884,590	45.7%
7. Local Government Grants and Contracts	7,217,616	5.7%
8. Foundation/Private Grants and Contracts	29,107,680	23.0%
9. Total Non-Federal Grants and Contracts (Sum Lines 6 + 6a + 7 + 8)	126,736,284	100.0%
10. Other Revenue (Non-patient related revenue not reported elsewhere)	48,348,129	100.0%
11. Total Revenue (Lines 1+5+9+10)	245,333,827	

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EXHIBIT A: TOTAL REVENUE RECEIVED BY BPHC GRANTEES

State Summary for Massachusetts for 2007 34 Grantees

	<u>Amount</u>	<u>Percent of Total</u>
<u>GRANT REVENUE</u>	<u>139,101,108</u>	<u>30.9%</u>
FEDERAL	70,249,414	15.6%
BPHC Grants	43,641,672	9.7%
Other Federal Grants	26,607,742	5.9%
NON- FEDERAL	68,851,694	15.3%
State and Local Grants/Contracts	39,744,014	8.8%
Foundation/ Private Grants/Contracts	29,107,680	6.5%
<u>REVENUE FROM SERVICE TO PATIENTS</u>	<u>205,416,457</u>	<u>45.6%</u>
PATIENT SELF-PAY	8,875,917	2.0%
THIRD-PARTY PAYERS	196,540,540	43.6%
Medicaid	117,059,436	26.0%
Medicare	25,064,114	5.6%
Other Public	10,246,576	2.3%
Other (Private)Third Party	44,170,414	9.8%
<u>REVENUE FROM INDIGENT CARE PROGRAMS</u>	<u>57,884,590</u>	<u>12.8%</u>
<u>OTHER REVENUE</u>	<u>48,348,129</u>	<u>10.7%</u>
<u>TOTAL REVENUE</u>	<u>450,750,284</u>	<u>100.0%</u>

Note: Percents may not sum to 100% due to rounding.

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UDS - 2007 SITE SUMMARY REPORT

State Summary for Massachusetts for 2007

34 Grantees

UDS - 2007 SITE SUMMARY REPORT Page 1

DEMOGRAPHIC AND CLINICAL DATA

PATIENTS		ENCOUNTERS	
Total Patients	482,503	Total Encounters	2,294,263
Number of patients who used:		Medical	1,600,279
Medical Services	405,992	Dental	270,855
Dental Services	98,219	Mental Health	165,475
Mental health services	22,863	Substance Abuse	29,189
Substance abuse services	2,281	Other Professional	79,884
Other professional Services	35,213	Enabling	148,581
Enabling Service	45,073	Medical Encounters per Medical Patient ³	3.48
Migrant/Seasonal Farmworker Patients	2,252	Dental Encounters per Dental Patient	2.76
Homeless Patients	25,059	Mental Health/ Substance Abuse per Patient	7.74
Total Prenatal Patients	9,455	Other Professional Encounters per Patient	2.27
Target populations		Enabling Encounters per Patient	3.30
% Pediatric (<12 years old)	16%	CLINICAL INFORMATION	
% Geriatric (age 65 and over)	7%	Service Patients to Target Population Ratios	
% Women's health (age 15-44)	29%	Pap smear patients per fem. patients 15+ yrs	23.75%
Gender of Patients, by Age		Well child patients per Patients < 12 yrs	73.56%
% patients under 15 who are female	49%	Family planning patients per fem. patients 15-44 yrs	18.28%
% patients 15-64 who are female	57%	Proportions of medical patients with key diagnoses	
% patients 65 and over who are female	60%	Asthma	4.71%
Other patient characteristics		Hypertension	11.77%
% Non-White	38%	Diabetes	6.96%
% Best served in another language	38%	Otitis Media	3.54%
% <= 200% Poverty	90%	Mental Disorder	12.69%
% Uninsured	26%	Visits per year for patients with specific diagnoses	
% with Medicaid coverage	42%	Asthma	1.82
STAFFING, PRODUCTIVITY AND SUPPORT RATIOS		Hypertension	2.42
Full Time Equivalents		Diabetes	3.78
Primary care physicians FTE	302.55	Otitis Media	1.46
Other physicians (not incl psych) FTE	7.87	Mental Disorder	3.82
NPs / PAs/ CNMs FTE	166.83	Perinatal Care	
Dental FTE	86.56	Total Patients	9,455
Dental Hyg FTE	31.73	% Prenatal teen patients	13.3%
Total Admin/Fac FTE	1,701.51	% Newborns Below Normal Birthweight	6.7%
Total FTE	4,796.61	% Late Entry Into Prenatal Care	23.2%
Support Ratios		% Deliveries with Postpartum Visit	79.8%
Direct medical support	1.74	% Deliveries with Newborn Visit	69.0%
Direct dental support ratio	0.99		
Patient support ratio (front office)	1.20		
Productivity and Patient Ratios			
Physician Productivity (excl. Psych)	3,385		
Mid-Level Productivity ³	2,145		
Medical Team Productivity ³	3,590		
Dentist Productivity	2,598		
Dental Hygienist Productivity	1,448		
Dental Team Productivity	2,644		
Medical Patients per Medical Provider ³	851		
Dental Patients per Dental Provider	830		

³ Excludes Nurses

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UDS - 2007 SITE SUMMARY REPORT

State Summary for Massachusetts for 2007 34 Grantees

UDS - 2007 SITE SUMMARY REPORT Page 2

FISCAL INFORMATION			
COSTS		CHARGES, COLLECTIONS, AND ADJUSTMENTS	
Total Costs (excluding donations)	\$445,870,565	Ratio of Donations to Total Costs	0.01
Admin/Facility % of Total Cost	29%	Total Income (All Sources)	\$450,750,284
Costs by costs center after allocation		% Income from Patient Service	46%
Medical as % of total costs	52%	% Income from BPHC	10%
Dental as % of total costs	8%	% Income from other sources	45%
Pharmacy as % of total costs	8%	Total Charges (All Payors)	\$396,806,522
Lab/X-ray as % of total costs	4%	% Medicaid	42%
Mental/Addictive Srvc as % of total costs	5%	% Medicare	9%
Costs per patient		% Other Public	5%
Medical Cost per Medical Patient	\$528	% Private Insurance	18%
Dental Cost per Dental Patient	\$363	% Self Pay	25%
Total Cost per Total Patient	\$924	% Non-Managed Care	72%
Costs per encounter		%Capitated Managed Care	2%
Medical cost per medical encounter	\$152	% Fee-for-Service Managed Care	26%
Dental cost per dental encounter	\$132	Average Charge per Patient	\$822
Pharmacy cost per medical encounter	\$26	Average Charge per Billable Encounter	\$214
Lab & X-ray cost per medical encounter	\$13	Ratio of Charges to Reimbursable Costs	1.22
MANAGED CARE		Total Collections (All Payors)	\$205,416,457
Total managed care income	\$82,838,925	% Medicaid	57%
Total expenses	\$91,117,692	% Medicare	12%
Medicaid Expenses	\$58,840,518	% Other Public	5%
Medicare Expenses	\$1,973,813	% Private Insurance	22%
Other Public Expenses	\$9,660,402	% Self Pay	4%
Private Ins. Expenses	\$20,642,959	% from Retroactive Payments	0%
Total profit/loss	(\$8,278,767)	Overall Collection Rate (% of Charges)	52%
Medicaid MC Profit/Loss	(\$1,714,740)	Adjustments	
Medicare MC Profit/Loss	(\$78,875)	Sliding Discounts as % SP Charges	83%
Other Public MC Profit/Loss	(\$1,668,943)	Bad Debt as % of self pay charges	7%
Private MC Profit/Loss	(\$4,816,209)	Allowances as % of insured charges	30%
Total profit/loss as % of expenses	-9%	Indigent Care Income as % of self pay chgs.	59%
Total Managed Care Encounters	650,127	Cash Receipts Less Accrued Costs	\$4,879,719
% Medicaid	65%	Surplus/Deficit as % Total Cost	1%
% Medicare	2%		
% Other Public	11%		
% Private Insurance	22%		
Total Encounters per Member Year	4.01		

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Rollup Summary

State Summary for Massachusetts for 2007

34 Grantees

	<u>Grantees</u>	<u>% of Total</u>
Region: Region I	34	100.0%
State: Massachusetts	34	100.0%
OverAll Count:	34	100.0%

* Summary by Grant Category may exceed 100% due to multiple funded grantees

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Rollup Summary

State Summary for Massachusetts for 2007 34 Grantees

Grant Categories:	CHC	29	85.3%
	MHC	1	2.9%
	HO	6	17.6%
	PH	3	8.8%
	SBH	6	17.6%

* Summary by Grant Category may exceed 100% due to multiple funded grantees

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Rollup Summary

State Summary for Massachusetts for 2007

34 Grantees

ISN Participation by Network Type and Funding

	Network Type			% Network Type
	BPHC Funded	No BPHC Funds	Total	
Horizontal	0	1	1	14%
Vertical	0	0	0	0%
Both	2	4	6	86%
Any	2	5	7	21%*
% BPHC Funded	29%	71%	100%	

* Percent of total grantees with Any ISN Participation

Other Grantee Statistics

Number of National Health Service Corps Assignees:	36
Number of Grantees deemed under Federal Tort Claims Act (FTCA):	32
Percentage of total deemed under FTCA:	94%

Drug Pricing Programs

	Total	Percentage
340(b)	22	65%
Alternative	10	29%
Any	24	71%*

* Percent of total grantees with any drug discounting program

Grantees Included in Rollup

State Summary for Massachusetts for 2007

34 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>PH</u>
010030	Holyoke Health Center, Inc.	Holyoke, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010120	City of Springfield, Health & Human Services Department	Springfield, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
010160	North End Community Health Center	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010170	Harbor Health Services, Inc.	Dorchester, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010180	Community Healthlink, Inc.	Worcester, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
010290	Roxbury Comprehensive Community Health Center	Roxbury, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010330	Hilltown Community Health Centers, Inc.	Worthington, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010600	Fenway Community Health Center	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010700	Brockton Neighborhood Health Center	Brockton, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010710	South Cove Community Health Center	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010720	East Boston Neighborhood Health	Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010800	Family Health Center of Worcester, Inc.	Worcester, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
010830	Great Brook Valley Health Center	Worcester, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
010840	Caring Health Center, Inc.	Springfield, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010860	North Shore Community Health, Inc.	Salem, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011190	Outer Cape Health Services, Inc.	North Eastham, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011210	Boston Healthcare For The Homeless Program	Boston, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
011280	Dimock Community Health Center	Roxbury, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011430	Lynn Community Health, Inc.	Lynn, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0114410	Cape Cod Free Clinic & CHC	Mashpee, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011450	Connecticut River Valley Farmworker Health Program	Boston, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011460	Lowell Community Health Center	Lowell, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
011640	Manet Community Health Center	Quincy, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011720	Duffy Health Center	Hyannis, MA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
011890	Joseph M. Smith Community Health Center, Inc.	Allston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011930	Greater New Bedford Community Health Center	New Bedford, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
012010	Mattapan Community Health Center	Mattapan, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
012070	Whittier Street Health Center	Roxbury, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
012120	HealthFirst Family Care Center	Fall River, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
012160	Greater Lawrence Family Health Center	Lawrence, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
013260	Community Health Centers of Franklin County, Inc.	Turner Falls, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013600	South Boston Community Health Center	South Boston, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013840	Community Health Programs, Inc.	Great Barrington, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013900	Community Health Connections, Inc.	Fitchburg, MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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