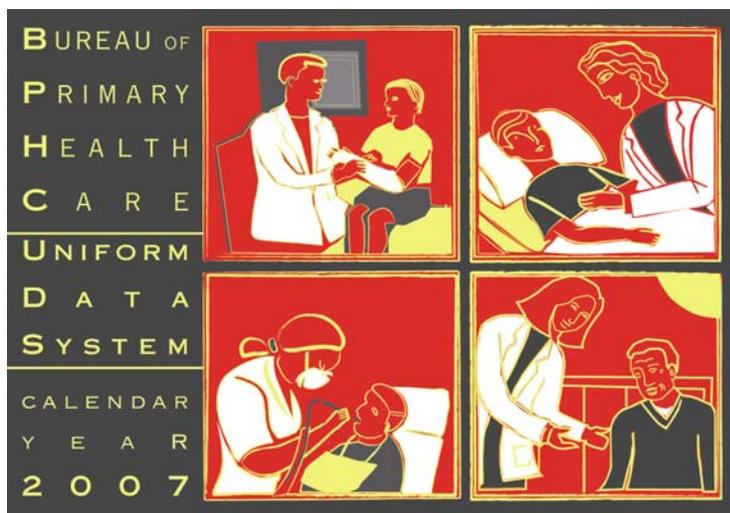


Bureau of Primary Health Care Section 330 Grantees Uniform Data System (UDS)

Calendar Year 2007 Data



Montana Rollup Report

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Montana for 2007

13 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)	100.0%	30.8%	38.5%	100.0%
2.	Diagnostic Laboratory (technical component)	76.9%	92.3%	84.6%	100.0%
3.	Diagnostic X-Ray Procedures (technical component)	30.8%	84.6%	92.3%	100.0%
4.	Diagnostic Tests/Screenings (professional component)	84.6%	61.5%	76.9%	100.0%
5.	Emergency medical services	30.8%	0.0%	100.0%	100.0%
6.	Urgent medical care	84.6%	15.4%	76.9%	100.0%
7.	24-hour coverage	69.2%	7.7%	69.2%	100.0%
8.	Family Planning	100.0%	30.8%	61.5%	100.0%
9.	HIV testing and counseling	84.6%	30.8%	84.6%	100.0%
10.	Testing for Blood Lead Levels	69.2%	30.8%	61.5%	100.0%
11.	Immunizations	100.0%	7.7%	46.2%	100.0%
12.	Following hospitalized patients	53.8%	7.7%	76.9%	100.0%
OBSTETRICAL AND GYNECOLOGICAL CARE					
13.	Gynecological Care	100.0%	38.5%	69.2%	100.0%
14.	Prenatal care	53.8%	23.1%	76.9%	100.0%
15.	Antepartum fetal assessment	46.2%	7.7%	69.2%	100.0%
16.	Ultrasound	23.1%	38.5%	84.6%	100.0%
17.	Genetic counseling and testing	7.7%	0.0%	100.0%	100.0%
18.	Amniocentesis	7.7%	0.0%	92.3%	100.0%
19.	Labor and delivery professional care	38.5%	15.4%	76.9%	100.0%
20.	Postpartum care	69.2%	15.4%	53.8%	100.0%

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Report Criteria:

STATES: MT

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Montana for 2007

13 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	69.2%	7.7%	69.2%	100.0%
22.	Respite Care	0.0%	0.0%	100.0%	100.0%
23.	Other Specialty Care	38.5%	23.1%	92.3%	92.3%
DENTAL CARE SERVICES					
24.	Dental Care - Preventive	76.9%	38.5%	76.9%	100.0%
25.	Dental Care - Restorative	61.5%	53.8%	92.3%	100.0%
26.	Dental Care - Emergency	61.5%	46.2%	92.3%	100.0%
27.	Dental Care - Rehabilitative	46.2%	15.4%	92.3%	100.0%
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES					
28.	Mental Health Treatment/Counseling	92.3%	46.2%	84.6%	100.0%
29.	Developmental Screening	100.0%	7.7%	53.8%	100.0%
30.	24-hour Crisis Intervention/Counseling	7.7%	0.0%	100.0%	100.0%
31.	Other Mental Health Services	46.2%	30.8%	84.6%	92.3%
32.	Substance Abuse Treatment/Counseling	84.6%	30.8%	69.2%	100.0%
33.	Other Substance Abuse Services	46.2%	7.7%	84.6%	92.3%
33a.	Comprehensive mental health / Substance abuse screening	38.5%	15.4%	76.9%	92.3%
OTHER PROFESSIONAL SERVICES					
34.	Hearing Screening	76.9%	30.8%	76.9%	100.0%
35.	Nutrition Services Other than WIC	84.6%	23.1%	69.2%	100.0%
36.	Occupational or Vocational Therapy	7.7%	0.0%	100.0%	100.0%
37.	Physical Therapy	7.7%	15.4%	92.3%	100.0%
38.	Pharmacy - Licensed Pharmacy staffed by Registered Pharmacist	38.5%	61.5%	61.5%	92.3%
39.	Pharmacy - Provider Dispensing	61.5%	7.7%	30.8%	84.6%
	Total Pharmacy	69.2%	61.5%	69.2%	92.3%
40.	Vision Screening	100.0%	38.5%	46.2%	100.0%
41.	Podiatry	15.4%	38.5%	84.6%	100.0%
42.	Optometry	0.0%	30.8%	92.3%	100.0%

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Report Criteria:

STATES: MT

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Montana for 2007

13 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	100.0%	0.0%	38.5%	100.0%
44.	Child Care (during visit to center)	7.7%	0.0%	84.6%	92.3%
45.	Discharge Planning	38.5%	7.7%	76.9%	100.0%
46.	Eligibility Assistance	92.3%	0.0%	46.2%	100.0%
47.	Environmental Health Risk Reduction (via detection and/or alleviation)	46.2%	0.0%	84.6%	100.0%
48.	Health education	100.0%	15.4%	69.2%	100.0%
49.	Interpretation/Translation services	84.6%	7.7%	38.5%	92.3%
50.	Nursing home and assisted-living placement	61.5%	0.0%	61.5%	100.0%
51.	Outreach	84.6%	15.4%	61.5%	92.3%
52.	Transportation	61.5%	61.5%	76.9%	100.0%
53.	Out Stationed Eligibility Workers	7.7%	0.0%	84.6%	84.6%
54.	Home Visiting	46.2%	7.7%	53.8%	92.3%
55.	Parenting Education	69.2%	7.7%	53.8%	84.6%
56.	Special Education Program	7.7%	0.0%	76.9%	84.6%
57.	Other	7.7%	0.0%	0.0%	7.7%
PREVENTATIVE SERVICES RELATED TO TARGET CLINICAL AREAS					
I. Cancer					
58.	Pap Test	100.0%	30.8%	23.1%	100.0%
59.	Fecal occult blood test	100.0%	7.7%	23.1%	100.0%
60.	Sigmoidoscopy	15.4%	23.1%	92.3%	100.0%
61.	Colonoscopy	7.7%	30.8%	100.0%	100.0%
62.	Mammograms	0.0%	76.9%	84.6%	100.0%
63.	Smoking cessation program	69.2%	7.7%	76.9%	100.0%
II. Diabetes					
64.	Glycosylated hemoglobin measurement for people with diabetes	84.6%	30.8%	23.1%	100.0%
65.	Urinary microalbumin measurement for people with diabetes	84.6%	38.5%	30.8%	100.0%
66.	Foot exam for people with diabetes	100.0%	7.7%	23.1%	100.0%
67.	Dilated eye exam for people with diabetes	0.0%	61.5%	84.6%	100.0%

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Report Criteria:

STATES: MT

TABLE 2: SERVICES OFFERED AND DELIVERY METHOD

State Summary for Montana for 2007

13 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	100.0%	0.0%	15.4%	100.0%
69.	Weight reduction program	69.2%	7.7%	76.9%	100.0%
70.	Blood cholesterol screening	92.3%	23.1%	23.1%	100.0%
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	23.1%	7.7%	76.9%	84.6%
VI. Immunizations		See line 11. Immunizations			
OTHER SERVICES					
72.	WIC Services	7.7%	0.0%	92.3%	92.3%
73.	Head Start services	0.0%	0.0%	92.3%	92.3%
74.	Food bank/delivered meals	7.7%	7.7%	92.3%	92.3%
75.	Employment/Educational Counseling	15.4%	7.7%	92.3%	92.3%
76.	Assistance in obtaining housing	46.2%	7.7%	76.9%	92.3%

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Report Criteria:

STATES: MT

TABLE 3A: PATIENTS BY AGE AND GENDER

State Summary for Montana for 2007 13 Grantees

Universal

Age Groups		MALE PATIENTS	FEMALE PATIENTS	All Patients	
		(a)	(b)	Number	Percent
Number of Patients					
1.	Under Age 1	491	479	970	1.2%
2.	Age 1	484	479	963	1.2%
3.	Age 2	411	384	795	1.0%
4.	Age 3	382	402	784	1.0%
5.	Age 4	426	413	839	1.0%
6.	Age 5	361	353	714	0.9%
7.	Age 6	339	378	717	0.9%
8.	Age 7	375	375	750	0.9%
9.	Age 8	306	320	626	0.8%
10.	Age 9	369	338	707	0.9%
11.	Age 10	321	306	627	0.8%
12.	Age 11	364	343	707	0.9%
13.	Age 12	388	380	768	1.0%
14.	Age 13	437	419	856	1.1%
15.	Age 14	430	451	881	1.1%
16.	Age 15	422	482	904	1.1%
17.	Age 16	423	546	969	1.2%
18.	Age 17	450	606	1,056	1.3%
19.	Age 18	616	676	1,292	1.6%
20.	Age 19	714	892	1,606	2.0%
21.	Age 20	676	938	1,614	2.0%
22.	Age 21	811	1,007	1,818	2.3%
23.	Age 22	778	1,126	1,904	2.4%
24.	Age 23	607	1,069	1,676	2.1%
25.	Age 24	759	1,122	1,881	2.4%
26.	Ages 25 - 29	3,144	4,474	7,618	9.5%
27.	Ages 30 - 34	2,599	3,503	6,102	7.6%
28.	Ages 35 - 39	2,650	3,232	5,882	7.4%
29.	Ages 40 - 44	2,903	3,525	6,428	8.0%
30.	Ages 45 - 49	3,167	3,793	6,960	8.7%
31.	Ages 50 - 54	2,910	3,299	6,209	7.8%
32.	Ages 55 - 59	2,104	2,723	4,827	6.0%
33.	Ages 60 - 64	1,477	1,990	3,467	4.3%
34.	Ages 65 - 69	1,030	1,206	2,236	2.8%
35.	Ages 70 - 74	690	804	1,494	1.9%
36.	Ages 75 - 79	381	596	977	1.2%
37.	Ages 80 - 84	247	393	640	0.8%
38.	Ages 85 and over	242	431	673	0.8%
39.	Total Patients (sum lines 1-38)	35,684	44,253	79,937	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: MT

TABLE 3B: PATIENTS BY RACE / ETHNICITY / LANGUAGE

State Summary for Montana for 2007

13 Grantees

Universal

PATIENTS BY HISPANIC/LATINO IDENTITY		Number (a)	Percent of Total	% of Known
Number of Patients				
1.	Hispanic or Latino	6,517	8.2%	
2.	All others (including Unreported)	73,420	91.8%	
3.	<not used>			
4.	Total Patients (sum lines 1-3 must = line 11)	79,937	100.0%	

PATIENTS BY RACE		Number (a)	Percent of Total	% of Known
Number of Patients				
5a.	Asian	250	0.3%	0.4%
5b.	Native Hawaiian	23	0.0%	0.0%
5c.	Other Pacific Islander	65	0.1%	0.1%
5.	Total Asian/Hawaiian/Pacific Islander (sum lines 5a+5b+5c)	338	0.4%	0.5%
6.	Black/African American (including Blacks or African Americans of Latino/Hispanic descent)	527	0.7%	0.8%
7.	American Indian/Alaska Native (including American Indians or Alaska Natives of Latino/Hispanic descent)	3,678	4.6%	5.4%
8.	White (including Whites of Latino/Hispanic descent)	64,057	80.1%	93.3%
9.	More than one race	64	0.1%	0.1%
10.	Unreported / Refused to report	11,273	14.1%	
11.	Total Patients (sum lines 5-10 must = line 4)	79,937	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	3,444	4.3%	

* Percents may not equal 100% due to rounding

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Report Criteria:

STATES: MT

TABLE 4: PATIENTS BY SOCIOECONOMIC CHARACTERISTICS

State Summary for Montana for 2007 13 Grantees

Universal

Income as Percent of Poverty Level		Number of Patients (a)	% of Total	% of Known	
1.	100% and Below	38,301	47.9%	59.3%	
2.	101 - 150%	10,029	12.5%	15.5%	
3.	151 - 200%	4,353	5.4%	6.7%	
4.	Over 200%	11,885	14.9%	18.4%	
5.	Unknown	15,369	19.2%		
6.	Total (sum lines 1-5)	79,937	100.0%		
Principal Third Party Insurance Source		Ages 0 - 19 (a)	Ages 20+ (b)	TOTAL	%
7.	None/Uninsured	6,703	36,724	43,427	54.3%
8a.	Regular Medicaid (Title XIX)	5,372	6,074	11,446	14.3%
8b.	S-CHIP Medicaid	0	0	0	0.0%
8.	Total Medicaid (Line 8a + 8b)	5,372	6,074	11,446	14.3%
9.	Medicare (Title XVIII)	4	7,200	7,204	9.0%
10a.	Other Public Insurance non-S-CHIP	2	21	23	0.0%
10b.	Other Public Insurance S-CHIP	1,318	56	1,374	1.7%
10.	Total Public Insurance (Line 10a + 10b)	1,320	77	1,397	1.7%
11.	Private Insurance	4,132	12,331	16,463	20.6%
12.	Total (Sum Lines 7 + 8 + 9 + 10 + 11)	17,531	62,406	79,937	100.0%
Selected Patient Characteristics		Number of Patients (a)	%		
13.	Migrant (330g grantees Only)	4,660	80.9%		
14.	Seasonal (330g grantees Only)	1,101	19.1%		
15.	Total Migrant/Seasonal Agricultural Worker or Dependent (MHC Funded Total)	5,761	100.0%		
	Total Migrant/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)	5,778			
16.	Homeless Shelter (330h grantees Only)	1,306	42.4%		
17.	Transitional (330h grantees Only)	403	13.1%		
18.	Doubling Up (330h grantees Only)	465	15.1%		
19.	Street (330h grantees Only)	205	6.7%		
20.	Other (330h grantees Only)	189	6.1%		
21.	Unknown (330h grantees Only)	510	16.6%		
22.	Total Homeless (HO Funded Total)	3,078	100.0%		
	Total Homeless (All Grantees Report This Line)	4,704			
23.	Total School Based Health Center Patients (All Grantees Report this Line)	59			

* 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: MT

TABLE 5: STAFFING AND UTILIZATION

State Summary for Montana for 2007

13 Grantees

Universal

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	Encounters (b)	Patients (c)
1.	Family Practitioners	24.29	85,780	
2.	General Practitioners	0.00	196	
3.	Internists	0.05	174	
4.	Obstetrician/Gynecologists	0.43	1,558	
5.	Pediatricians	1.42	5,289	
7.	Other Specialty Physicians	0.08	574	
8.	Total Physicians (lines 1-7)	26.27	93,571	
9a.	Nurse Practitioners	12.17	40,252	
9b.	Physician Assistants	17.72	50,493	
10.	Certified Nurse Midwives	0.00	0	
10a.	Total Midlevel Practitioners (lines 9a-10)	29.89	90,745	
11.	Nurses	72.39	22,872	
12.	Other Medical Personnel	15.62		
13.	Laboratory Personnel	2.17		
14.	X-ray Personnel	2.05		
15.	Total Medical Care Services (lines 8-14)	148.39	207,188	70,675
16.	Dentists	9.92	32,338	
17.	Dental Hygienists	4.82	9,219	
18.	Dental Assistants, Aides, and Technicians	18.38		
19.	Total Dental Services (lines 16-18)	33.12	41,557	21,671
20a.	Psychiatrists	0.01	53	
20b.	Other Licensed Mental Health Providers	9.08	9,277	
20c.	Other Mental Health Staff	0.74	664	
20.	Mental Health Services (lines 20a + 20b + 20c)	9.83	9,994	3,176
21.	Substance Abuse Services	1.38	1,106	389
22.	Other Professional Services	0.29	246	80
23.	Pharmacy Personnel	12.76		
24.	Case Managers	23.86	18,736	
25.	Patient and Community Education Specialists	6.20	6,651	
26.	Outreach workers	11.04		
27.	Transportation Staff	0.00		
27a.	Eligibility Assistance Workers	1.12		
28.	Other Enabling Services	4.70		
29.	Total Enabling Services (lines 24-28)	46.92	25,387	11,380
29a.	Other Programs and Services	3.46		
30.	Administrative Staff	78.23		
31.	Facility Staff	2.28		
32.	Patient services support staff	86.13		
33.	Total Administration and Facility (lines 30-32)	166.64		
34.	Total (Total Lines 15+19+20+21+22+23+29+29a+33)	422.79	285,478	

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: MT

TABLE 5: STAFFING AND UTILIZATION

State Summary for Montana for 2007

13 Grantees

Universal

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs		Encounters			Patients
		% Group	% Total	% Group	% Total	Encounters per FTE	% of T3A * Unduplicated
1.	Family Practitioners	16.4%	5.7%	41.4%	30.0%	3,531	
2.	General Practitioners	0.0%	0.0%	0.1%	0.1%	---	
3.	Internists	0.0%	0.0%	0.1%	0.1%	3,480	
4.	Obstetrician/Gynecologists	0.3%	0.1%	0.8%	0.5%	3,623	
5.	Pediatricians	1.0%	0.3%	2.6%	1.9%	3,725	
7.	Other Specialty Physicians	0.1%	0.0%	0.3%	0.2%	7,175	
8.	Total Physicians (lines 1-7)	17.7%	6.2%	45.2%	32.8%	3,562	
9a.	Nurse Practitioners	8.2%	2.9%	19.4%	14.1%	3,307	
9b.	Physician Assistants	11.9%	4.2%	24.4%	17.7%	2,849	
10.	Certified Nurse Midwives	0.0%	0.0%	0.0%	0.0%	---	
10a.	Total Midlevel Practitioners (lines 9a-10)	20.1%	7.1%	43.8%	31.8%	3,036	
11.	Nurses	48.8%	17.1%	11.0%	8.0%	316	
12.	Other Medical Personnel	10.5%	3.7%				
13.	Laboratory Personnel	1.5%	0.5%				
14.	X-ray Personnel	1.4%	0.5%				
15.	Total Medical Care Services (lines 8-14)	100.0%	35.1%	100.0%	72.6%	1,612	88.4%
16.	Dentists	30.0%	2.3%	77.8%	11.3%	3,260	
17.	Dental Hygienists	14.6%	1.1%	22.2%	3.2%	1,913	
18.	Dental Assistants, Aides, and Technicians	55.5%	4.3%				
19.	Total Dental Services (lines 16-18)	100.0%	7.8%	100.0%	14.6%	2,819	27.1%
20a.	Psychiatrists	0.1%	0.0%	0.5%	0.0%	5,300	
20b.	Other Licensed Mental Health Providers	92.4%	2.1%	92.8%	3.2%	1,022	
20c.	Other Mental Health Staff	7.5%	0.2%	6.6%	0.2%	897	
20.	Mental Health Services (lines 20a + 20b + 20c)	100.0%	2.3%	100.0%	3.5%	1,017	4.0%
21.	Substance Abuse Services	100.0%	0.3%	100.0%	0.4%	801	0.5%
22.	Other Professional Services	100.0%	0.1%	100.0%	0.1%	848	0.1%
23.	Pharmacy Personnel	100.0%	3.0%				
24.	Case Managers	50.9%	5.6%	73.8%	6.6%	785	
25.	Patient and Community Education Specialists	13.2%	1.5%	26.2%	2.3%	1,073	
26.	Outreach workers	23.5%	2.6%				
27.	Transportation Staff	0.0%	0.0%				
27a.	Eligibility Assistance Workers	2.4%	0.3%				
28.	Other enabling services	10.0%	1.1%				
29.	Total Enabling Services (lines 24-28)	100.0%	11.1%	100.0%	8.9%	845	14.2%
29a.	Other Programs and Services	100.0%	0.8%				
30.	Administrative Staff	46.9%	18.5%				
31.	Facility Staff	1.4%	0.5%				
32.	Patient services support staff	51.7%	20.4%				
33.	Total Administration and Facility (lines 30-32)	100.0%	39.4%				
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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Report Criteria:

STATES: MT

TABLE 6: SELECTED DIAGNOSES AND SERVICES RENDERED

State Summary for Montana for 2007 13 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	663	240	2.76
2.	Asymptomatic HIV	V08	164	55	2.98
3.	Tuberculosis	010.xx - 018.xx	27	23	1.17
4.	Syphilis and other sexually transmitted diseases	090.xx - 099.xx	39	35	1.11
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	2,596	1,735	1.50
6.	Chronic bronchitis and emphysema	490.xx - 492.xx	3,137	1,659	1.89
Selected Other Medical Conditions					
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8x	115	81	1.42
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	625	410	1.52
9.	Diabetes mellitus	250.xx; 775.1x	10,880	4,043	2.69
10.	Heart disease (selected)	391.xx - 392.xx 410.xx - 429.xx	3,196	1,371	2.33
11.	Hypertension	401.xx - 405.xx	11,004	5,438	2.02
12.	Contact dermatitis and other eczema	692.xx	818	684	1.20
13.	Dehydration	276.5x	188	112	1.68
14.	Exposure to heat or cold	991.xx - 992.xx	35	18	1.94
Selected Childhood Conditions					
15.	Otitis media and eustachian tube disorders	381.xx - 382.xx	2,903	2,312	1.26
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx - 779.xx (excluding 779.3x)	180	107	1.68
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	231	133	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.

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STATES: MT

TABLE 6: SELECTED DIAGNOSES AND SERVICES RENDERED

State Summary for Montana for 2007 13 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	1,730	618	2.80
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x, 304.xx, 305.2x – 305.9x, 357.6x, 648.3x	540	284	1.90
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx	15,461	6,829	2.26
20b.	Anxiety disorders including PTSD	300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3, 309.81	3,507	1,658	2.12
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx	2,228	907	2.46
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)	5,482	2,100	2.61
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701-86703; 87390-87391	1,552	1,486	1.04
22.	Mammogram	CPT-4: 77055-77057 OR ICD-9: V76.11, V76.12	1,110	1,063	1.04
23.	Pap Test	CPT-4: 88141-88155; 88164-88167 OR ICD-9: V72.3; V72.31; V76.2	7,490	6,753	1.11
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	7,586	6,682	1.14
25.	Contraceptive management	ICD-9: V25.xx	2,883	1,577	1.83
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	6,380	3,130	2.04

* 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: MT

TABLE 6: SELECTED DIAGNOSES AND SERVICES RENDERED

State Summary for Montana for 2007 13 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	178	167	1.07
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	17,444	13,596	1.28
29.	Prophylaxis – adult or child	ADA: D1110, D1120	5,723	4,603	1.24
30.	Sealants	ADA: D1351	888	636	1.40
31.	Fluoride Treatment – adult or child	ADA: D1203, D1204	4,025	2,687	1.50
32.	III. Restorative Services	ADA: D21xx, D23xx, D27xx	8,905	5,735	1.55
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	9,382	6,859	1.37
34.	V. Rehabilitative Services (Endo, Perio, Prosthodontics, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	1,902	1,304	1.46

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

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STATES: MT

TABLE 7: PERINATAL PROFILE

State Summary for Montana for 2007

13 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	0			
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	2		0.2%	
4.	Ages 15 - 19	163		19.7%	
5.	Ages 20 - 24	284		34.3%	
6.	Ages 25 - 44	379		45.7%	
7.	Ages 45 and Over	1		0.1%	
8.	Total Patients (Sum Lines 3-7)	829		100.0%	
RACE		Number of Patients (a)		Percent	
9a.	Asian	2		0.2%	
9b.	Native Hawaiian	0		0.0%	
9c.	Other Pacific Islander	1		0.1%	
9.	Total Asian/Hawaiian/Pacific Islander (sum lines 9a through 9c)	3		0.4%	
10.	Black/African American	7		0.8%	
11.	American Indian/Alaska Native	104		12.5%	
12.	White	614		74.1%	
13.	More than one race	3		0.4%	
14.	Unreported / Refused to report	98		11.8%	
15.	Total Patients (Sum Lines 9 - 14)	829		100.0%	
LATINO/HISPANIC IDENTITY		Number of Patients (a)		Percent	
28.	Latino/Hispanic	64		7.7%	
29.	All other including Unreported/Refused to report	765		92.3%	
30.	Total Patients (Sum Lines 28+29)	829		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	482	58.1%	159	19.2%
17.	Second Trimester	122	14.7%	35	4.2%
18.	Third Trimester	21	2.5%	10	1.2%

* Percents may not equal 100% due to rounding

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STATES: MT

TABLE 7: PERINATAL PROFILE

State Summary for Montana for 2007

13 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	2	0	1	4	51	337	2	18	415
	0.5%	0.0%	0.2%	1.0%	12.3%	81.2%	0.5%	4.3%	100.0%
19a. Deliveries performed by grantee provider									266
									100.0%
20. Births less than 1,500 grams (very low)	0	0	0	0	0	2	0	0	2
	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
21. Births 1,500 to 2,499 grams (low)	0	0	0	0	6	28	0	3	37
	0.0%	0.0%	0.0%	0.0%	16.2%	75.7%	0.0%	8.1%	100.0%
22. Births 2,500 grams or more (normal)	2	0	0	3	46	298	1	15	365
	0.5%	0.0%	0.0%	0.8%	12.6%	81.6%	0.3%	4.1%	100.0%
% Low & very low birthweight	0.0%	---	---	0.0%	11.5%	9.1%	0.0%	16.7%	9.7%
23. Prenatal care patients who received postpartum care within 8 weeks of delivery	1	0	0	1	26	170	0	9	207
	0.5%	0.0%	0.0%	0.5%	12.6%	82.1%	0.0%	4.3%	100.0%
24. Infant who received newborn visit w/in 4 weeks of birth	2	0	0	0	28	200	0	13	243
	0.8%	0.0%	0.0%	0.0%	11.5%	82.3%	0.0%	5.3%	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	22		393				415		
	5.3%		94.7%				100.0%		
20. Births less than 1,500 grams (very low)	0		2				2		
	0.0%		100.0%				100.0%		
21. Births 1,500 to 2,499 grams (low)	3		34				37		
	8.1%		91.9%				100.0%		
22. Births 2,500 grams or more (normal)	19		346				365		
	5.2%		94.8%				100.0%		
% Low & very low birthweight	13.6%		9.4%				9.7%		
23. Prenatal care patients who received postpartum care within 8 weeks of delivery	14		193				207		
	6.8%		93.2%				100.0%		
24. Infant who received newborn visit w/in 4 weeks of birth	11		232				243		
	4.5%		95.5%				100.0%		

* Percents may not equal 100% due to rounding

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Report Criteria:

STATES: MT

TABLE 7: PERINATAL PROFILE

State Summary for Montana for 2007

13 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)	196	23.6%
26.	Infants (% Infant Births)	169	41.8%
27.	Postpartum Care Patients (% Prenatal Care patients who Delivered)	173	41.7%

* Percents may not equal 100% due to rounding

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TABLE 8A: FINANCIAL COSTS

State Summary for Montana for 2007

13 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	10,926,720	6,305,332	17,232,052	36.59%
2.	Lab and X-ray	1,047,706	475,809	1,523,515	31.23%
3.	Medical/Other Direct	1,678,043	855,144	2,533,187	33.76%
4.	Total Medical Care Services (sum lines 1 through 3)	13,652,469	7,636,285	21,288,754	35.87%
Financial Costs for Other Clinical Services					
5.	Dental	2,973,037	1,591,716	4,564,753	34.87%
6.	Mental Health	654,550	338,288	992,838	34.07%
7.	Substance Abuse	96,972	54,676	151,648	36.05%
8a.	Pharmacy not including pharmaceuticals	927,790	551,819	1,479,609	37.29%
8b.	Pharmaceuticals	1,066,020		1,066,020	
9.	Other Professional	44,198	40,536	84,734	47.84%
10.	Total Other Clinical Services (Sum Lines 5 through 9)	5,762,567	2,577,035	8,339,602	30.90%
Financial Costs of Enabling and Other Program Related Services					
11.	Enabling	2,259,155	1,013,573	3,272,728	30.97%
12.	Other Related Services	291,316	187,967	479,283	39.22%
13.	Total Enabling and Other Services (Sum Lines 11 and 12)	2,550,471	1,201,540	3,752,011	32.02%
Overhead and Totals					
14.	Facility	2,036,644			6.10%
15.	Administration	9,378,216			28.10%
16.	Total Overhead (Sum Lines 14 and 15)	11,414,860			34.20%
17.	Total Accrued Costs (Sum lines 4+10 + 13 + 16)	33,380,367		33,380,367	
18.	Value of Donated Facilities, Services and Supplies			782,176	
19.	Total With Donations (Sum Lines 17 and 18)			34,162,543	

* Percents may not equal 100% due to rounding

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STATES: MT

TABLE 8A: FINANCIAL COSTS

State Summary for Montana for 2007 13 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	80.0%	32.7%	51.6%
2.	Lab and X-ray	7.7%	3.1%	4.6%
3.	Medical/Other Direct	12.3%	5.0%	7.6%
4.	Total Medical Care Services (sum lines 1 through 3)	100.0%	40.9%	63.8%
Financial Costs for Other Clinical Services				
5.	Dental	51.6%	8.9%	13.7%
6.	Mental Health	11.4%	2.0%	3.0%
7.	Substance Abuse	1.7%	0.3%	0.5%
8a.	Pharmacy not including pharmaceuticals	16.1%	2.8%	4.4%
8b.	Pharmaceuticals	18.5%	3.2%	3.2%
9.	Other Professional	0.8%	0.1%	0.3%
10.	Total Other Clinical Services (Sum Lines 5 through 9)	100.0%	17.3%	25.0%
Financial Costs of Enabling and Other Program Related Services				
11.	Enabling	88.6%	6.8%	9.8%
12.	Other Related Services	11.4%	0.9%	1.4%
13.	Total Enabling and Other Services (Sum Lines 11 and 12)	100.0%	7.6%	11.2%
Overhead and Totals				
14.	Facility	17.8%	6.1%	
15.	Administration	82.2%	28.1%	
16.	Total Overhead (Sum Lines 14 and 15)	100.0%	34.2%	
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)			2.3%

* Percents may not equal 100% due to rounding

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STATES: MT

TABLE 8B: ENABLING SERVICES

State Summary for Montana for 2007 13 Grantees

SERVICE		COST (a)	Percentage
Mental Health/Substance Abuse Services			
1-3	(These lines are no longer required)		
Enabling Services			
4.	Case Management	1,286,404	57%
5.	Transportation	25,692	1%
6.	Outreach	423,120	19%
7.	Patient Education	311,121	14%
8.	Translation/Interpretation	1,790	0%
9.	Community Education	1,676	0%
10.	Environmental Health Risk Reduction	0	0%
11.	Eligibility Assistance	80,260	4%
12.	Other Enabling Services	129,092	6%
13.	Total Enabling Services Cost (Sum Line 4-12)	2,259,155	100%

* Percents may not equal 100% due to rounding

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STATES: MT

TABLE 9C: MANAGED CARE ENROLLMENT/UTILIZATION

State Summary for Montana for 2007 13 Grantees

Payor Category		Medicaid	Medicare	Other Public Including non-Medicaid CHIP	Private	Total
		(a)	(b)	(c)	(d)	(e)
Revenue						
1a.	Capitation revenue for Services	0	0	0	0	0
1b.	Fee-for-Service revenue for Services	0	0	0	0	0
1.	Total revenue for Services (Lines 1a + 1b)	0	0	0	0	0
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)	0	0			0
3c.	Collections from patient co-payments and from managed care plans for other retroactive payments/ risk pool/ incentive/ withhold	0	0	0	0	0
3d.	Penalties or paybacks to managed care plans	0	0	0	0	0
4.	Total Managed Care Revenue (Line 1 + 3a + 3b + 3c) - (Line 3d)	0	0	0	0	0
Expenses						
5a.	Capitation expenses for Services	0	0	0	0	0
5b.	Fee-for-Service expenses for Services	0	0	0	0	0
5.	Total expenses for Services (Lines 5a + 5b)	0	0	0	0	0
7.	Total Managed Care Expenses (Line 5)	0	0	0	0	0
	Surplus / Deficit (Line 4 - Line 7)	0	0	0	0	0
	Surplus / Deficit as % of Expenses (L4 - L7)/L7	0.0%	0.0%	0.0%	0.0%	0.0%

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Report Criteria:

STATES: MT

TABLE 9C: MANAGED CARE ENROLLMENT/UTILIZATION

State Summary for Montana for 2007 13 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)	0	0	0	0	0
8b.	Member months for managed care (fee-for-service)	0	0	0	0	0
8.	Total Member months for managed care (Lines 8a + 8b)	0	0	0	0	0
9a.	Managed Care Encounters (capitated)	0	0	0	0	0
9b.	Managed Care Encounters (fee-for-service)	0	0	0	0	0
9.	Total Managed Care Encounters (Lines 9a + 9b)	0	0	0	0	0
10a.	Enrollees in Managed Care Plans (capitated) (as of 12/31)	0	0	0	0	0
10b.	Enrollees in Managed Care Plans (fee-for-service) (as of 12/31)	0	0	0	0	0
10.	Total Managed Care Enrollees (Lines 10a + 10b) (as of 12/31)	0	0	0	0	0
11.	Enrollees in Primary Care Case Management Programs (PCCM)	648	0	0	0	648
12.	Number of Managed Care Contracts	0	0	0	0	0

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STATES: MT

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

State Summary for Montana for 2007

13 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	5,044,346	100.0%	16.0%	5,342,048	100.0%	34.7%	105.9%
2a.	Medicaid Managed Care (capitated)	0	0.0%	0.0%	0	0.0%	0.0%	---
2b.	Medicaid managed Care (fee-for-service)	0	0.0%	0.0%	0	0.0%	0.0%	---
3.	Total Medicaid (Lines 1 + 2a + 2b)	5,044,346	100.0%	16.0%	5,342,048	100.0%	34.7%	105.9%
4.	Medicare Non-Managed Care	3,053,369	100.0%	9.7%	2,241,529	100.0%	14.5%	73.4%
5a.	Medicare Managed Care (capitated)	0	0.0%	0.0%	0	0.0%	0.0%	---
5b.	Medicare managed Care (fee-for-service)	0	0.0%	0.0%	0	0.0%	0.0%	---
6.	Total Medicare (Lines 4 + 5a + 5b)	3,053,369	100.0%	9.7%	2,241,529	100.0%	14.5%	73.4%
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	311,114	100.0%	1.0%	191,971	100.0%	1.2%	61.7%
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)	0	0.0%	0.0%	0	0.0%	0.0%	---
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	0	0.0%	0.0%	0	0.0%	0.0%	---
9.	Total Other Public (Lines 7 + 8a + 8b)	311,114	100.0%	1.0%	191,971	100.0%	1.2%	61.7%
10.	Private Non-Managed Care	4,748,895	100.0%	15.1%	3,471,003	100.0%	22.5%	73.1%
11a.	Private Managed Care (capitated)	0	0.0%	0.0%	0	0.0%	0.0%	---
11b.	Private Managed Care (fee-for-service)	0	0.0%	0.0%	0	0.0%	0.0%	---
12.	Total Private (Lines 10 + 11a + 11b)	4,748,895	100.0%	15.1%	3,471,003	100.0%	22.5%	73.1%
13.	Self-Pay	18,277,087	100.0%	58.1%	4,159,941	100.0%	27.0%	22.8%
14.	Total (Lines 3 + 6 + 9 + 12 + 13)	31,434,811		100.0%	15,406,492		100.0%	49.0%

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STATES: MT

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

State Summary for Montana for 2007 13 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	0	0		0	0	0.0%	-191,688	-3.8%
2a.	Medicaid Managed Care (capitated)	0	0	0	0	0	---	0	---
2b.	Medicaid managed Care (fee-for-service)	0	0	0	0	0	---	0	---
3.	Total Medicaid (Lines 1 + 2a + 2b)	0	0	0	0	0	0.0%	-191,688	-3.8%
4.	Medicare Non-Managed Care	28,409	88,152		41,859	74,702	2.4%	239,551	7.8%
5a.	Medicare Managed Care (capitated)	0	0	0	0	0	---	0	---
5b.	Medicare managed Care (fee-for-service)	0	0	0	0	0	---	0	---
6.	Total Medicare (Lines 4 + 5a + 5b)	28,409	88,152	0	41,859	74,702	2.4%	239,551	7.8%
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)				0	0	0.0%	73,965	23.8%
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)			0	0	0	---	0	---
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)			0	0	0	---	0	---
9.	Total Other Public (Lines 7 + 8a + 8b)			0	0	0	0.0%	73,965	23.8%
10.	Private Non-Managed Care				586	-586	0.0%	688,676	14.5%
11a.	Private Managed Care (capitated)			0	0	0	---	0	---
11b.	Private Managed Care (fee-for-service)			0	0	0	---	0	---
12.	Total Private (Lines 10 + 11a + 11b)			0	586	-586	0.0%	688,676	14.5%
13.	Self-Pay								
14.	Total (Lines 3 + 6 + 9 + 12 + 13)	28,409	88,152	0	42,445	74,116	0.2%	810,504	2.6%

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
	12,247,753	67.0%	1,804,626	9.9%

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TABLE 9E: OTHER REVENUES

State Summary for Montana for 2007 13 Grantees

Source		Amount (a)	% Group Total
BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272)			
1a.	Migrant Health Center	1,458,374	10.1%
1b.	Community Health Center	11,351,333	78.3%
1c.	Health Care for the Homeless	1,680,623	11.6%
1e.	Public Housing Primary Care	0	0.0%
1g.	Total Health Center Cluster (Sum Lines 1a - 1e)	14,490,330	99.9%
1h.	Integrated Services Development Initiative	0	0.0%
1i.	Shared Integrated Management Information Systems	7,922	0.1%
1j.	Capital Improvement Program Grants	0	0.0%
1.	Total BPHC Grants (Lines 1g + 1h + 1i + 1j)	14,498,252	100.0%
OTHER FEDERAL GRANTS			
2.	Ryan White Title III HIV Early Intervention	613,764	43.4%
3-4.	Other Federal Grants	800,219	56.6%
5.	Total Other Federal Grants (Sum Lines 2-4)	1,413,983	100.0%
NON-FEDERAL GRANTS or CONTRACTS			
6.	State Government Grants and Contracts	1,098,692	36.6%
6a.	State/Local Indigent Care Programs	305,371	10.2%
7.	Local Government Grants and Contracts	865,306	28.8%
8.	Foundation/Private Grants and Contracts	735,788	24.5%
9.	Total Non-Federal Grants and Contracts (Sum Lines 6 + 6a + 7 + 8)	3,005,157	100.0%
10.	Other Revenue (Non-patient related revenue not reported elsewhere)	609,943	100.0%
11.	Total Revenue (Lines 1+5+9+10)	19,527,335	

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EXHIBIT A: TOTAL REVENUE RECEIVED BY BPHC GRANTEES

State Summary for Montana for 2007 13 Grantees

	<u>Amount</u>	<u>Percent of Total</u>
<u>GRANT REVENUE</u>	<u>18,612,021</u>	<u>53.3%</u>
FEDERAL	15,912,235	45.5%
BPHC Grants	14,498,252	41.5%
Other Federal Grants	1,413,983	4.0%
NON- FEDERAL	2,699,786	7.7%
State and Local Grants/Contracts	1,963,998	5.6%
Foundation/ Private Grants/Contracts	735,788	2.1%
<u>REVENUE FROM SERVICE TO PATIENTS</u>	<u>15,406,492</u>	<u>44.1%</u>
PATIENT SELF-PAY	4,159,941	11.9%
THIRD-PARTY PAYERS	11,246,551	32.2%
Medicaid	5,342,048	15.3%
Medicare	2,241,529	6.4%
Other Public	191,971	0.5%
Other (Private)Third Party	3,471,003	9.9%
<u>REVENUE FROM INDIGENT CARE PROGRAMS</u>	<u>305,371</u>	<u>0.9%</u>
<u>OTHER REVENUE</u>	<u>609,943</u>	<u>1.7%</u>
<u>TOTAL REVENUE</u>	<u>34,933,827</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 Montana for 2007

13 Grantees

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DEMOGRAPHIC AND CLINICAL DATA

PATIENTS		ENCOUNTERS	
Total Patients	79,937	Total Encounters	285,478
Number of patients who used:		Medical	207,188
Medical Services	70,675	Dental	41,557
Dental Services	21,671	Mental Health	9,994
Mental health services	3,176	Substance Abuse	1,106
Substance abuse services	389	Other Professional	246
Other professional Services	80	Enabling	25,387
Enabling Service	11,380	Medical Encounters per Medical Patient ³	2.61
Migrant/Seasonal Farmworker Patients	5,778	Dental Encounters per Dental Patient	1.92
Homeless Patients	4,704	Mental Health/ Substance Abuse per Patient	3.11
Total Prenatal Patients	829	Other Professional Encounters per Patient	3.08
Target populations		Enabling Encounters per Patient	2.23
% Pediatric (<12 years old)	12%	CLINICAL INFORMATION	
% Geriatric (age 65 and over)	8%	Service Patients to Target Population Ratios	
% Women's health (age 15-44)	29%	Pap smear patients per fem. patients 15+ yrs	17.57%
Gender of Patients, by Age		Well child patients per Patients < 12 yrs	34.03%
% patients under 15 who are female	50%	Family planning patients per fem. patients 15-44 yrs	6.80%
% patients 15-64 who are female	56%	Proportions of medical patients with key diagnoses	
% patients 65 and over who are female	57%	Asthma	2.45%
Other patient characteristics		Hypertension	7.69%
% Non-White	7%	Diabetes	5.72%
% Best served in another language	4%	Otitis Media	3.27%
% <= 200% Poverty	82%	Mental Disorder	16.26%
% Uninsured	54%	Visits per year for patients with specific diagnoses	
% with Medicaid coverage	14%	Asthma	1.50
STAFFING, PRODUCTIVITY AND SUPPORT RATIOS		Hypertension	2.02
Full Time Equivalents		Diabetes	2.69
Primary care physicians FTE	26.19	Otitis Media	1.26
Other physicians (not incl psych) FTE	0.08	Mental Disorder	2.32
NPs / PAs/ CNMs FTE	29.89	Perinatal Care	
Dental FTE	9.92	Total Patients	829
Dental Hyg FTE	4.82	% Prenatal teen patients	19.9%
Total Admin/Fac FTE	166.64	% Newborns Below Normal Birthweight	9.7%
Total FTE	422.79	% Late Entry Into Prenatal Care	22.7%
Support Ratios		% Deliveries with Postpartum Visit	49.9%
Direct medical support	1.57	% Deliveries with Newborn Visit	58.6%
Direct dental support ratio	1.25		
Patient support ratio (front office)	1.21		
Productivity and Patient Ratios			
Physician Productivity (excl. Psych)	3,551		
Mid-Level Productivity ³	3,036		
Medical Team Productivity ³	4,472		
Dentist Productivity	3,260		
Dental Hygienist Productivity	1,913		
Dental Team Productivity	3,370		
Medical Patients per Medical Provider ³	1,258		
Dental Patients per Dental Provider	1,470		

³ Excludes Nurses

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UDS - 2007 SITE SUMMARY REPORT

State Summary for Montana for 2007

13 Grantees

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FISCAL INFORMATION

COSTS		CHARGES, COLLECTIONS, AND ADJUSTMENTS	
Total Costs (excluding donations)	\$33,380,367	Ratio of Donations to Total Costs	0.02
Admin/Facility % of Total Cost	34%	Total Income (All Sources)	\$34,933,827
Costs by costs center after allocation		% Income from Patient Service	44%
Medical as % of total costs	64%	% Income from BPHC	42%
Dental as % of total costs	14%	% Income from other sources	14%
Pharmacy as % of total costs	8%	Total Charges (All Payors)	\$31,434,811
Lab/X-ray as % of total costs	5%	% Medicaid	16%
Mental/Addictive Srvc as % of total costs	3%	% Medicare	10%
Costs per patient		% Other Public	1%
Medical Cost per Medical Patient	\$280	% Private Insurance	15%
Dental Cost per Dental Patient	\$211	% Self Pay	58%
Total Cost per Total Patient	\$418	% Non-Managed Care	100%
Costs per encounter		%Capitated Managed Care	0%
Medical cost per medical encounter	\$107	% Fee-for-Service Managed Care	0%
Dental cost per dental encounter	\$110	Average Charge per Patient	\$393
Pharmacy cost per medical encounter	\$14	Average Charge per Billable Encounter	\$133
Lab & X-ray cost per medical encounter	\$8	Ratio of Charges to Reimbursable Costs	1.07
MANAGED CARE		Total Collections (All Payors)	\$15,406,492
Total managed care income	\$0	% Medicaid	35%
Total expenses	\$0	% Medicare	15%
Medicaid Expenses	\$0	% Other Public	1%
Medicare Expenses	\$0	% Private Insurance	23%
Other Public Expenses	\$0	% Self Pay	27%
Private Ins. Expenses	\$0	% from Retroactive Payments	0%
Total profit/loss	\$0	Overall Collection Rate (% of Charges)	49%
Medicaid MC Profit/Loss	\$0	Adjustments	
Medicare MC Profit/Loss	\$0	Sliding Discounts as % SP Charges	67%
Other Public MC Profit/Loss	\$0	Bad Debt as % of self pay charges	10%
Private MC Profit/Loss	\$0	Allowances as % of insured charges	6%
Total profit/loss as % of expenses	#Num!	Indigent Care Income as % of self pay chgs.	2%
Total Managed Care Encounters	0	Cash Receipts Less Accrued Costs	\$1,553,460
% Medicaid	#Num!	Surplus/Deficit as % Total Cost	5%
% Medicare	#Num!		
% Other Public	#Num!		
% Private Insurance	#Num!		
Total Encounters per Member Year	#Num!		

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Rollup Summary

State Summary for Montana for 2007 13 Grantees

	<u>Grantees</u>	<u>% of Total</u>
Region: Region VIII	13	100.0%
State: Montana	13	100.0%
OverAll Count:	13	100.0%

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

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Rollup Summary

State Summary for Montana for 2007 13 Grantees

Grant Categories:	CHC	12	92.3%
	MHC	2	15.4%
	HO	1	7.7%
	PH	0	0.0%
	SBH	0	0.0%

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

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Rollup Summary

State Summary for Montana for 2007

13 Grantees

ISN Participation by Network Type and Funding

	Network Type			% Network Type
	BPHC Funded	No BPHC Funds	Total	
Horizontal	0	0	0	0%
Vertical	0	1	1	100%
Both	0	0	0	0%
Any	0	1	1	8%*
% BPHC Funded	0%	100%	100%	

* Percent of total grantees with Any ISN Participation

Other Grantee Statistics

Number of National Health Service Corps Assignees:	4
Number of Grantees deemed under Federal Tort Claims Act (FTCA):	13
Percentage of total deemed under FTCA:	100%

Drug Pricing Programs

	Total	Percentage
340(b)	12	92%
Alternative	5	38%
Any	13	100%*

* Percent of total grantees with any drug discounting program

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

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Grantees Included in Rollup

State Summary for Montana for 2007

13 Grantees

<u>UDS</u>	<u>Grantee Name</u>	<u>City, State</u>	<u>CHC</u>	<u>MHC</u>	<u>HO</u>	<u>PH</u>
081100	Sweet Medical Center, Inc.	Chinook, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0811480	Glacier Community Health Center	Cut Bank, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0811490	Custer County Community Health Center, Inc.	Miles City, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0818560	Bullhook Community Health Center	Havre, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082160	Montana Migrant and Seasonal Council	Billings, MT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
082500	Yellowstone City-County Health Department	Billings, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
083270	Butte-Silver Bow Primary Health Care	Butte, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083430	Missoula City-County Health Department	Missoula, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
083930	Lewis & Clark City-County Health Department	Helena, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084380	Cascade City County HD/Community Health Care Center	Great Falls, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
084990	Community Health Partners, Inc.	Livingston, MT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
085900	Ashland Community Health Center	Ashland, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
088300	Lincoln County CHC	Libby, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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