

Public File

## DOCUMENTATION

The State Utilization Data File  
of Specialty Care Clinics

**Calendar Year  
2004**

# State Utilization Data File of Specialty Care Clinics 2004

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# State Utilization Data File of Specialty Care Clinics 2004

## Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the State Utilization Data File of Specialty Care Clinics. The data come from the individual ALIRTS-based *Annual Utilization Report of Specialty Care Clinics* that are filed by California's licensed specialty clinics after each calendar year. The data are "as reported" by each facility after complying with input quality control edits. The specialty care clinics utilization data file includes additional data fields populated with information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities, and subsequent updates to OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information. (Visit OSHPD's website regarding LFIS: <http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx> Login is not required for general use). As with many new systems, unanticipated problems and omissions can occur. That means that future sets of the data file may include corrections of data earlier released. OSHPD welcomes suggestions for improving our data products. Email your suggestions to [hircweb@oshpd.ca.gov](mailto:hircweb@oshpd.ca.gov)

## New Online Reporting System: ALIRTS

Beginning with 2002 data, clinics are now submitting their utilization data to OSHPD through a new, paperless, Internet-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the reported data are submitted and meet the Office's input quality criteria, the data are accepted and immediately become available to the public via the Internet (<http://alirts.oshpd.state.ca.us>). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility.

OSHPD creates this State Utilization Data File of Specialty Care Clinics after the annual reporting deadline, February 15, arrives for all individual licensed clinics.

## New Data File Format

In addition to online reporting, another recent change involves the file type used for the public data file. Rather than displaying the data in a comma-delimited text file, the data fields are now included in a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in one of the three worksheets. In the data file, each row (line) represents one facility and the facility's data are displayed across the columns. Each column displays the values for one data field. The data are generally displayed along the order of the report form (see example below).

Excel was selected because it is the analytical software used by most specialty care clinic utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is not compatible with your software, contact OSHPD ([hirc@oshpd.ca.gov](mailto:hirc@oshpd.ca.gov)) to obtain individual, comma-delimited text data files.

# State Utilization Data File of Specialty Care Clinics 2004

## More on the Use of the MS-Excel Worksheets

There are three worksheets in the State Utilization Data File of Specialty Care Clinics. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):

779	306544007	MEDICAL ARTS AMBULATORY SURGERY CENTER	205 SOUTH W STREET, SUITE B	VISALIA	93291	559-
780	306544008	GAMBRO HEALTHCARE - VISALIA	1031 NORTH DEMAREE ROAD	VISALIA	93291	559-
781	306544016	VISALIA CENTER FOR AMBULATORY MEDICINE AND SURG	111 EAST NOBLE AVENUE	VISALIA	93277	559-
782	306544027	CYPRESS SURGERY CENTER	842 SOUTH AKERS ROAD	VISALIA	93277	559-
783	306544047	MILL CREEK AMBULATORY SURGERY CENTER	2822 WEST MAIN STREET	VISALIA	93291	559-
784	306544048	PORTERVILLE SURGICAL CENTER	577 WEST PUTNAM AVENUE	PORTERVILLE	93257	559-
785	306544057	SIERRA AMBULATORY SURGERY CENTER, A MEDICAL CC	2828 N. MAIN STREET	VISALIA	93291	559-
786	306544066	NOBLE SURGERY CENTER	5021 WEST NOBLE AVENUE, SUITE B	VISALIA	93277	559-
787	306550065	SATELLITE DIALYSIS	136 COLUMBIA WAY	SONORA	95370	209-
788	306554001	SONORA EYE SURGERY CENTER	940 SYLVA LANE, SUITE G	SONORA	95370	209-
789	306561168	CONFIDENTIAL PHYSICIAN CENTER	227 W. JAMES ROAD, 115	THOISAN AND OAKS	91360	805-

**Figure 1**

## Description of the Worksheets in the Data File

**Tips:** This worksheet provides suggestions for more effectively using the data file and general notes pertinent to the facilities reporting data.

### Sections 1 - 5 worksheet

This worksheet reflects the five sections of the *Annual Utilization Report of Specialty Clinics* report form and the data received from facilities that filed (responders).

- **Section 1** includes basic facility descriptors, e.g., name and address.
- **Section 2** includes license type and licensee (owner of license) description.
- **Section 3** provides patient and encounters information (all clinics).
- **Section 4** presents the facility's income statement.
- **Section 5** provides data covering major capital expenditures relating to purchases of major medical equipment and construction projects.

### NonResp1-5 worksheet

The Office includes an accompanying worksheet entitled, "**NonRespon1-5**" that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

The worksheets' default (original) sequence order: The first two columns of the data worksheets display the facility's name and OSHPD\_ID number. The worksheet lists the facilities in numeric order by OSHPD\_ID number (Column A). (Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order).

### **Significant Data Field Changes in the State Utilization Data File**

For 2004, there were no major data field changes. There is one note for clarification:

## State Utilization Data File of Specialty Care Clinics 2004

- New fields for displaying **future data items** are included in this dataset. Users should note that these items are not derived from facility-reported data or from the Licensing and Certification Division of DHS. Some of these fields remain unpopulated for 2004 but are slated to be filled in future datasets. These fields are located between the License Status and County fields.

### Traditional and Alternative Header Rows

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here (see Figure 2 sample below). For users who prefer English names, the first alternative header row displays English abbreviations.

	A	B	C	D	E
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_1	FAC_ADDRI	FAC_CITY
2	slc010201	slc010101	slc010301	slc010301	slc010401
3					
4	1.2.1	1.1.1	1.3.1	1.3.1	1.4.1
5	306011120	BMA DIALYSIS UNIT OF OAKLAND	3100 SUMMIT STREET		OAKLAND
6	306013655	PLEASANTON DIALYSIS CENTER	5720 STONERIDGE MALL RD. NO.160		PLEASANT
7	306013662	UNION CITY DIALYSIS CENTER	32930 ALVARADO NILES ROAD NO.300		UNION CITY
8	306013663	CAMPBELL HEALTH CARE CENTER	3000 TELEGRAPH AVENUE		BERKELEY

**Figure 2**

The second alternative header (row 2) contains alpha characters, does not include periods, and uses the Section+Line+Column type layout. Each field name in this set begins with the letters “slc”, followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, “Was this clinic in operation at any time during year?” (**section 1, line 9, column 1**), would be field name “slc010901.” This type header is especially helpful when the user will be conducting many sorts with the data.

The third header row represents the style that has been traditionally used for this data file. The field names display the **section+line+column** numbers, separated by “dots” (periods). Thus, using the prior example, “Was this clinic in operation at any time during year?” is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the “Sections 1-5” worksheet and is displayed as “1.9.1”. This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

These header styles are simply alternatives for your use. You have the option to use one or all three, and delete those not needed. A final note: If the data in the clinic utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow “periods.” The alternative field names in the two first rows both meet these naming conventions.

**2004 Specialty Clinics Documentation Sections 1-5**

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with	Long Version	English Abbreviation	
	Periods and Without Alpha	Without Periods and With Alpha		
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_ONE	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_TWO	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City location of facility
F	1.5.1	slc010501	FAC_ZIPCODE	Zipcode of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
I	1.9.1	slc010901	FAC_OPER_CURR_YR	Facility in operation at any time during report period?
J	1.10.1	slc011001	BEG_DATE	Begin date of operation
K	1.11.1	slc011101	END_DATE	End date of operation
L	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
M	1.13.1	slc011301	PARENT_ADDRESS_ONE	Parent corporation address one
N	1.13.1	slc011301	PARENT_ADDRESS_TWO	Parent corporation address two
O	1.14.1	slc011401	PARENT_CITY	Parent corporation city
P	1.15.1	slc011501	PARENT_STATE	Parent corporation state
Q	1.16.1	slc011601	PARENT_ZIPCODE	Parent corporation zipcode
R	1.17.1	slc011701	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STATUS	LIC_STATUS	LIC_STATUS	Status of facility's license on 12/31, according to California Department of Health Services (DHS)
T	LIC_STATUS_DATE	LIC_STATUS_DATE	LIC_STATUS_DATE	Date of status of facility's license, according to DHS
U	LIC_ORIG_DATE	LIC_ORIG_DATE	LIC_ORIG_DATE	Date that the facility was originally licensed.
V	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number (to be populated in the future)
W	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number (to be populated in the future)
X	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS Number
Y	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District (to be populated in the future)
Z	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District (to be populated in the future)
AA	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional Dist (to be populated in the future)
AB	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract (to be populated in the future)
AC	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area. (to be populated in the future)
AD	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LA County Service Planning Area is a planning area for Los Angeles County. (to be populated in the future)
AE	HEALTH_SVC_AREA	HEALTH_SVC_AREA	HEALTH_SVC_AREA	Health Service Area is a planning area.
AF	COUNTY	COUNTY	COUNTY	County where facility is located

**2004 Specialty Clinics Documentation Sections 1-5**

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with	Long Version	English Abbreviation	
	Periods and Without Alpha	Without Periods and With Alpha		
AG	2.1.1	slc020101	TYPE_LIC	There are five (5) License Category types: --Alternate Birthing Center (ABC) --Psychology --Surgical --Dialysis --Rehabilitation
AH	2.5.1	slc020501	TYPE_CNTRL	There are nine (9) Types of Control (ownership): --Investor - Individual --Investor - Partnership --Investor - Limited Liability Company --Investor - Corporation --Nonprofit Corporation (includes church-related) --State --City and/or County --District --University of California
AI	3.1.1	slc030101	PATIENTS_ALL_CLIN_UNDUPL	Patients, unduplicated, all clinics, (pt. counted only once), TOTAL
AJ	3.1.2	slc030102	ENCOUNTERS_ALL_CLIN_UNDUPL	Encounters, all clinics patients, TOTAL
AK	3.5.1	slc030501	OP_RM_SURG_CLIN_CY	Surgical operating rooms, Current Year, on 12/31/02
AL	3.6.1	slc030601	SURGS_SURG_CLIN_TOTL	Surgical operations for calendar year, TOTAL
AM	3.11.1	slc031101	ENCOUNTERS_PSY_CLIN_GEN_ME	Psychology clinics general medicine encounters
AN	3.12.1	slc031201	ENCOUNTERS_PSY_CLIN_SUBST_A	Psychology clinics substance abuse encounters
AO	3.13.1	slc031301	ENCOUNTERS_PSY_CLIN_MENTAL	Psychology clinics mental hlth counsel encounters
AP	3.14.1	slc031401	ENCOUNTERS_PSY_CLIN_ALL_OTH	Psychology clinics all other encounters
AQ	3.15.1	slc031501	ENCOUNTERS_PSY_CLIN_TOTL	Psychology clinics Encounters, TOTAL
AR	4.1.1	slc040101	GRO_REV_TOTL	Gross patient revenue, TOTAL
AS	4.2.1	slc040201	WRITE_OFF_CHARITY_TOTL	Write off for charity, TOTAL
AT	4.3.1	slc040301	WRITE_OFF_CONTR_ADJUST_TOTL	Write off for contractual adjustments, TOTAL
AU	4.4.1	slc040401	WRITE_OFF_BAD_DEBTS_TOTL	Write off for bad debts, TOTAL
AV	4.8.1	slc040801	WRITE_OFF_OTHR_ADJUST_TOTL	Write off for other adjustments, TOTAL
AW	4.9.1	slc040901	WRITE_OFF_ADJUSTS	Write offs and adjustments, TOTAL
AX	4.10.1	slc041001	NET_PATIENT_REV_TOTL	Net Patient Revenue, TOTAL
AY	4.11.1	slc041101	REV_OTHR_OPER_GRANTS_PUBL	Other Operating Revenue: Public Grants
AZ	4.12.1	slc041201	REV_OTHR_OPER_GRANTS_PVT_T	Other Operating Revenue: Private Grants
BA	4.13.1	slc041301	REV_OTHR_OPER_DONATIONS_TO	Other Operating Revenue: Donations / Contributions
BB	4.19.1	slc041901	REV_OTHER_OPER_OTHR_TOTL	Other Operating Revenue: Other
BC	4.20.1	slc042001	REV_OTHER_OPER_TOTL	Other Operating Revenue, TOTAL
BD	4.25.1	slc042501	REV_OPER_TOTL	Operating Revenue, TOTAL
BE	4.30.1	slc043001	EXP_OPER_SAL_WAGES	Operating Expenses:Salaries, wages and employee benefits

**2004 Specialty Clinics Documentation Sections 1-5**

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with	Long Version	English Abbreviation	
	Periods and Without Alpha	Without Periods and With Alpha		
BF	4.31.1	slc043101	EXP_OPER_CONTR_PROF	Operating Expenses:Contract Services - professional
BG	4.32.1	slc043201	EXP_OPER_SUP	Operating Expenses:Supplies
BH	4.33.1	slc043301	EXP_OPER_RENT_DEPRC	Operating Expenses:Rent / Depreciation / Mortgage Interest
BI	4.34.1	slc043401	EXP_OPER_UTIL	Operating Expenses:Utilities
BJ	4.35.1	slc043501	EXP_OPER_LIAB_PROF_INS	Operating Expenses:Professional Liability Insurance
BK	4.36.1	slc043601	EXP_OPER_OTHR_INS	Operating Expenses:Other Insurance
BL	4.44.1	slc044401	EXP_OPER_ALL_OTHR	Operating Expenses:All Other Expenses
BM	4.45.1	slc044501	EXP_OPER_TOTL	Operating Expenses, TOTAL
BN	4.50.1	slc045001	NET_FRM_OPER	Net from Operations
BO	5.1.1	slc050101	EQUIP_ACQUI_OVER_500K	Equipment, diagn. or ther. value \$500,000 and above
BP	5.2.1	slc050201	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, description
BQ	5.2.2	slc050202	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, value
BR	5.2.3	slc050203	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, acquisition date
BS	5.2.4	slc050204	EQUIP_01_ACQUI_MEANS	Equipment piece no. 01 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BT	5.3.1	slc050301	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, description
BU	5.3.2	slc050302	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, value
BV	5.3.3	slc050303	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, acquisition date
BW	5.3.4	slc050304	EQUIP_02_ACQUI_MEANS	Equipment piece no. 02 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BX	5.4.1	slc050401	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, description
BY	5.4.2	slc050402	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, value
BZ	5.4.3	slc050403	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, acquisition date
CA	5.4.4	slc050404	EQUIP_03_ACQUI_MEANS	Equipment piece no. 03 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CB	5.5.1	slc050501	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, description
CC	5.5.2	slc050502	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, value
CD	5.5.3	slc050503	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, acquisition date
CE	5.5.4	slc050504	EQUIP_04_ACQUI_MEANS	Equipment piece no. 04 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CF	5.6.1	slc050601	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, description
CG	5.6.2	slc050602	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, value
CH	5.6.3	slc050603	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, acquisition date
CI	5.6.4	slc050604	EQUIP_05_ACQUI_MEANS	Equipment piece no. 05 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CJ	5.7.1	slc050701	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, description
CK	5.7.2	slc050702	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, value
CL	5.7.3	slc050703	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, acquisition date

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	Short Version with	Long Version	English Abbreviation	
	Periods and Without Alpha	Without Periods and With Alpha		
CM	5.7.4	slc050704	EQUIP_06_ACQUI_MEANS	Equipment piece no. 06 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CN	5.8.1	slc050801	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, description
CO	5.8.2	slc050802	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, value
CP	5.8.3	slc050803	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, acquisition date
CQ	5.8.4	slc050804	EQUIP_07_ACQUI_MEANS	Equipment piece no. 07 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CR	5.9.1	slc050901	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, description
CS	5.9.2	slc050902	EQUIP_08_VALUE	Equipment piece no. 08 for diagn. or ther. use, value
CT	5.9.3	slc050903	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, acquisition date
CU	5.9.4	slc050904	EQUIP_08_ACQUI_MEANS	Equipment piece no. 08 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CV	5.10.1	slc051001	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, description
CW	5.10.2	slc051002	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, value
CX	5.10.3	slc051003	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, acquisition date
CY	5.10.4	slc051004	EQUIP_09_ACQUI_MEANS	Equipment piece no. 09 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CZ	5.11.1	slc051101	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, description
DA	5.11.2	slc051102	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, value
DB	5.11.3	slc051103	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, acquisition date
DC	5.11.4	slc051104	EQUIP_10_ACQUI_MEANS	Equipment piece no. 10 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DD	5.25.1	slc052501	CAP_EXP_OVER_1MIL	Capital expenditure (building projects) commenced in report period over \$1 million. Yes or No
DE	5.26.1	slc052601	PROJ_01_DESCRIP_CAP_EXP	Project capital expenditure no. 01, description
DF	5.26.2	slc052602	PROJ_01_PROJTD_CAP_EXP	Project capital expenditure no. 01, projected expense
DG	5.26.3	slc052603	PROJ_01_OSHPD_PROJ_NO	Project capital expenditure no. 01, OSHPD project number, if applic.
DH	5.27.1	slc052701	PROJ_02_DESCRIP_CAP_EXP	Project capital expenditure no. 02, description
DI	5.27.2	slc052702	PROJ_02_PROJTD_CAP_EXP	Project capital expenditure no. 02, projected expense
DJ	5.27.3	slc052703	PROJ_02_OSHPD_PROJ_NO	Project capital expenditure no. 02, OSHPD project number, if applic.
DK	5.28.1	slc052801	PROJ_03_DESCRIP_CAP_EXP	Project capital expenditure no. 03, description
DL	5.28.2	slc052802	PROJ_03_PROJTD_CAP_EXP	Project capital expenditure no. 03, projected expense
DM	5.28.3	slc052803	PROJ_03_OSHPD_PROJ_NO	Project capital expenditure no. 03, OSHPD project number, if applic.
DN	5.29.1	slc052901	PROJ_04_DESCRIP_CAP_EXP	Project capital expenditure no. 04, description
DO	5.29.2	slc052902	PROJ_04_PROJTD_CAP_EXP	Project capital expenditure no. 04, projected expense
DP	5.29.3	slc052903	PROJ_04_OSHPD_PROJ_NO	Project capital expenditure no. 04, OSHPD project number, if applic.
DQ	5.30.1	slc053001	PROJ_05_DESCRIP_CAP_EXP	Project capital expenditure no. 05, description

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Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with	Long Version	English Abbreviation	
	Periods and Without Alpha	Without Periods and With Alpha		
DR	5.30.2	slc053002	PROJ_05_PROJTD_CAP_EXP	Project capital expenditure no. 05, projected expense
DS	5.30.3	slc053003	PROJ_05_OSHPD_PROJ_NO	Project capital expenditure no. 05, OSHPD project number, if applic.

## **APPENDIX A**

### **Annual Utilization Report of Specialty Care Facilities (Facsimile)**

**ANNUAL UTILIZATION REPORT OF SPECIALTY CLINICS-2004**

**Surgical, Chronic Dialysis, Rehabilitation, Psychology, ABC Clinics**

1. Facility DBA (Doing Business As) Name:		2. OSHPD Facility No.:			
3. Street Address:		4. City:		5. Zip Code:	
6. Facility Phone No.: (       )		7. Administrator Name:		8. Administrator's E-Mail Address:	
9. Was this clinic in operation at any time during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dates of Operation (MMDDYYYY) 10. From:                      11. Through:			
12. Name of Parent Corporation:					
13. Corporate Business Address:		14. City:		15. State	16. Zip Code:
17. Person Completing Report		18. Phone No. (       )			Ext.
19. Fax No. (       )		20. E-mail Address:			

**CERTIFICATION**

*I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.*

\_\_\_\_\_ Date

\_\_\_\_\_ Administrator Signature

\_\_\_\_\_ Administrator Name (Please Print)

Completion of the "Annual Utilization Report of Clinics" is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15 may result in suspension of the clinic's license.

Office of Statewide Health Planning and Development  
 Healthcare Information Division  
 Accounting and Reporting Systems Section  
 Licensed Services Data and Compliance Unit  
 818 K Street, Room 400  
 Sacramento, CA 95814

Phone: (916) 323-7685  
 FAX: (916) 322-1442

**CLINIC DESCRIPTION**

**Section 2**

OSHPD FACILITY ID No. \_\_\_\_\_

**LICENSE CATEGORY (TYPE) (Completed by OSHPD)**

Line No.	License Type	(1)
1	Alternate Birthing Center (ABC)	2
	Psychology	16
	Surgical	20
	Dialysis	4
	Rehabilitation	17

**LICENSEE TYPE OF CONTROL**

Line No.		(1)
5	From the list below, select the ONE category that best describes the licensee type of control of your clinic. (There will be a drop down box in ALIRTS - see list of choices below.)	

**LICENSEE TYPE OF CONTROL CHOICES**

1	City and/or County	6	Investor - Individual
2	District	7	Investor - Partnership
3	Non-profit Corporation (inc. Church-related)	8	Investor - Limited Liability Company
4	University of California	9	Investor - Corporation
5	State		

**Section 3**

OSHPD FACILITY ID No. \_\_\_\_\_

**PATIENTS AND ENCOUNTERS IN THE CALENDAR YEAR (ALL CLINICS)**

Please report the total number of individual, unduplicated patients served and the total number of encounters for these patients. Please refer to the INSTRUCTIONS for further details.

Line No.		Unduplicated Patients (1)	Encounters (2)
1	TOTAL, all locations under this license (Main, Mobile, Satellite, etc.)		

**SURGICAL CLINICS ONLY**

Line No.		Number (1)
5	Number of surgical operating rooms on December 31	
6	Total number of surgical operations performed during the calendar year	

**PSYCHOLOGY CLINICS ONLY**

Line No.	Service Type	Encounters (1)
11	General Medical	
12	Substance Abuse (alcohol and drug)	
13	Mental Health Counseling	
14	All Other	
15	Total	

**INCOME STATEMENT**

**Section 4**

OSHPD FACILITY ID No. \_\_\_\_\_

**INCOME STATEMENT**

Line No.		(1) Total
1	<b>GROSS PATIENT REVENUE</b>	
	<b>WRITE-OFFS AND ADJUSTMENTS:</b>	
2	Charity	
3	Contractual Adjustments	
4	Bad Debts	
8	Other Adjustments	
9	TOTAL WRITE-OFFS AND ADJUSTMENTS (lines 2-8)	
10	NET PATIENT REVENUE (line 1 minus line 9)	
	<b>OTHER OPERATING REVENUE:</b>	
11	Grants - Public	
12	Grants - Private	
13	Donations / Contributions	
19	Other	
20	TOTAL OTHER OPERATING REVENUE (sum lines 11-19)	
25	TOTAL OPERATING REVENUE (line 10 + line 20)	
	<b>OPERATING EXPENSES:</b>	
30	Salaries, Wages and Employee Benefits	
31	Contract Services - Professional	
32	Supplies	
33	Rent / Depreciation / Mortgage Interest	
34	Utilities	
35	Professional Liability Insurance	
36	Other Insurance	
44	All Other Expenses	
45	TOTAL OPERATING EXPENSES (sum lines 30-44)	
50	NET FROM OPERATIONS (line 25 minus line 45)	

**THE CLINIC'S LICENSE FEE WILL BE BASED UPON THE COMPLETION OF THIS INCOME STATEMENT AND WILL BE CALCULATED ACCORDINGLY.**

**MAJOR CAPITAL EXPENDITURES**

**Section 5**

OSHPD FACILITY ID NO. \_\_\_\_\_

**Section 127285 (3) of the Health and Safety Code** requires each clinic to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000)."

**DIAGNOSTIC AND THERAPEUTIC EQUIPMENT ACQUIRED DURING THE REPORT PERIOD**

Line No.		(1)
1	Did your clinic acquire any diagnostic or therapeutic equipment that had a value in excess of \$500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**DIAGNOSTIC AND THERAPEUTIC EQUIPMENT DETAIL**

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MM/DD/YYYY)	(4) Means of Acquisition (Check one)			
2				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
3				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
4				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
5				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
6				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
7				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
8				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
9				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
10				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
11				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>

**BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER \$1,000,000**

**Section 127285 (4) of the Health and Safety Code** requires each clinic to report the "commencement of projects during the reporting period that require a capital expenditure for the clinic in excess of one million dollars (\$1,000,000)."

Line No.		(1)
25	Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**DETAIL OF CAPITAL EXPENDITURES**

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26			
27			
28			
29			
30			