

Public File

DOCUMENTATION

The State Utilization Data File
of Specialty Clinics

**Calendar Year
2002**

**State Utilization Data File of Specialty Clinics
2002**

TABLE OF CONTENTS

Introduction.....	1
ALIRTS.....	1
New Data File Format	1
Description of the Excel Worksheets	2
Significant Data Field Changes	3
Traditional and Alternative Header Rows	3
Field Descriptions (by Report Form Section):	
Section 1, Clinic names and Addresses.....	4
Section 2, License Type and Type of Control (ownership)	4
Section 3, Patients and Encounters (All Clinics).....	5
Section 4, Income Statement	5
Section 5, Major Equipment and Capital Expenditures.....	5
 2003 <i>Annual Utilization Report of Specialty Clinics</i> Report Form facsimile.....	 Appendix A

State Utilization Data File of Specialty Clinics 2002

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produce the State Utilization Data File of Specialty Clinics. The data is a compilation of the individual *Annual Utilization Report of Specialty Clinics* that are filed by California's licensed specialty clinics. These reports are collected using the Automated Licensing Information and Report Tracking System (ALIRTS), which is a data collection web site. The site is located at <http://alirts.oshpd.ca.gov>. The data are "as reported" by each facility but do have to pass electronic edits before they are accepted by ALIRTS.

The *Annual Utilization Report of Specialty Clinics* utilization data file also 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 may not provide the most current information (the licensing information on each facility is also on the ALIRTS web site. Login is not required to view data).

OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

New Online Reporting System: ALIRTS

Beginning with 2002 data, clinics began to submit 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 data are submitted and meet the ALIRTS'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 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 file is now configured as 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).

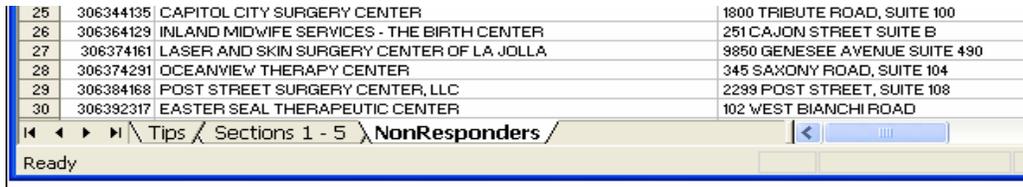
Excel was selected because it is the analytical software used by most specialty care clinic utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file

State Utilization Data File of Specialty Clinics 2002

format is incompatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

More on the Use of the MS-Excel Worksheets

There are three worksheets in the State Utilization Data File of Specialty 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):



25	306344135	CAPITOL CITY SURGERY CENTER	1800 TRIBUTE ROAD, SUITE 100
26	306364129	INLAND MIDWIFE SERVICES - THE BIRTH CENTER	251 CAJON STREET SUITE B
27	306374161	LASER AND SKIN SURGERY CENTER OF LA JOLLA	9850 GENESEE AVENUE SUITE 490
28	306374291	OCEANVIEW THERAPY CENTER	345 SAXONY ROAD, SUITE 104
29	306384168	POST STREET SURGERY CENTER, LLC	2299 POST STREET, SUITE 108
30	306392317	EASTER SEAL THERAPEUTIC CENTER	102 WEST BIANCHI ROAD

Figure 1

Description of the Worksheets in the Data File

Tips: This worksheet includes suggestions and tips for using the data and Excel.

Sections 1 - 5 (from *Annual Utilization Report of Specialty Clinics* report form):

- **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 clinic service types information.
- **Section 4** is the clinic's income statement
- **Section 5** provides data covering major Capital Expenditures consisting of construction projects and purchases of major medical equipment

NonResponders: lists the specialty clinics that failed to report its utilization data for the reporting year. It does contain some licensing data for these clinics.

Note - the first two columns of the data worksheet display the clinic's name and OSHPD_ID number. The worksheet lists the clinics in numeric order by OSHPD_ID number (Column A). (Because the county code is in the third and fourth digits, the clinics are also in county order when sorted in numeric order).

Significant Data Field Changes in the State Utilization Data File

For 2003, there were no major data field changes. There is one note for clarification:

- New fields for displaying **future data items**, not reported by the facilities nor received from the Licensing and Certification Division of DHS are included in this dataset. Some of these fields remain unpopulated for 2003, but will be filled in future datasets. These fields begin in Column Y (Management Company), and continue through Column AJ (the L.A. County Service Plan Area).

State Utilization Data File of Specialty Clinics 2002

Traditional and Alternative Header Rows

Header rows provide names for each data field (column). Three alternative header rows are included for the data worksheet (see Figure 2 sample below, copied from a related data file). The first row is the English abbreviation of the data field. The second is the section, line and column reference that can be sorted. The third header row is refers to the section, line and column on the Annual Utilization Report in a more “visual” format. These are simply alternatives for your use. You have the option to use the one (or ones) you like and can delete the others.

	A	B	C
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_1
2	slc010201	slc010101	slc010301
3			
4	1.2.1	1.1.1	1.3.1
5	306010804	EASTER SEAL SOC OF THE BAY AREA	2757 TELEGRAPH AVENUE
6	306010901	WOMENS CHOICE CLINIC - OAKLAND	431 30TH STREET, STE NO.3
7	306012807	BERKELEY COMMUNITY HEALTH PROJECT	2339 DURANT AVENUE

Figure 2

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here. For those who prefer English names, the first alternative header row displays English abbreviations.

The **Section+Line+Column** format (row 2) is the next alternative header style. It contains alpha characters and does not include periods. 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.”

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.

The traditional header approach has been to provide field names that display the report form coordinates. The row directly above the data rows (in both data worksheets) is such a header row. Most field titles in this row (including all facility reported data fields), display their respective report form coordinates from the ALIRTS *Annual Utilization Report of Specialty Clinics* report form. The field names display the **Section+Line+Column** numbers, delimited 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.

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): -- Licensed (all year) -- New (during year) -- Closed (during year) -- Suspense (by 12/31)
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

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_TC	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

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

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		
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

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		
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.

CLINIC DESCRIPTION

Section 2

OSHPD FACILITY ID No. _____

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.	License Type	(1)
1	Alternate Birthing Center (ABC)	
	Psychology	
	Surgical	
	Dialysis	
	Rehabilitation	

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 and enter the number which appears next to that category.	

LICENSEE TYPE OF CONTROL CODES

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	
7	If you provided abortion services directly at your clinic, provide the total number of abortions performed	

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.		Total (1)
1	GROSS PATIENT REVENUE	
	WRITE-OFFS AND ADJUSTMENTS:	
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)	
	OTHER OPERATING REVENUE:	
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)	
	OPERATING EXPENSES:	
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 # _____

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 COSTING OVER \$500,000

Did your clinic acquire any diagnostic or therapeutic equipment that cost \$500,000 or more?

Line No.	(1)	
1	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(If "yes", fill out lines 2 through 11 below.)

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)			
				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
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)."

Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000?

Line No.	(1)	
25	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(If "yes", fill out lines 26 through 30 below.)

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			