

Bureau of Primary Health Care

# UNIFORM DATA SYSTEM

2017 UDS Tables



Extracted from 2017 UDS Manual-August 31, 2017  
OMB Number: 0915-0193, Expiration Date: 02/28/2018

## Table Patients by ZIP Code

Reporting Period: January 1, 2017, through December 31, 2017

ZIP Code (a)	None/Uninsured (b)	Medicaid / CHIP / Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes					
Unknown Residence					
<b>Total</b>					

**Note: This is a representation of the form. The actual online input process looks significantly different, and the printed output from EHB may be modified.**

**Table 3A: Patients by Age and by Sex Assigned at Birth**

Reporting Period: January 1, 2017, through December 31, 2017

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		
13	Age 12		
14	Age 13		
15	Age 14		
16	Age 15		
17	Age 16		
18	Age 17		
19	Age 18		
20	Age 19		
21	Age 20		
22	Age 21		
23	Age 22		
24	Age 23		
25	Age 24		
26	Ages 25–29		
27	Ages 30–34		
28	Ages 35–39		
29	Ages 40–44		
30	Ages 45–49		
31	Ages 50–54		
32	Ages 55–59		
33	Ages 60–64		
34	Ages 65–69		
35	Ages 70–74		
36	Ages 75–79		
37	Ages 80–84		
38	Age 85 and over		
39	Total Patients (Sum Lines 1–38)		

**Table 3B: Demographic Characteristics**

Reporting Period: January 1, 2017, through December 31, 2017

**Patients by Hispanic or Latino Ethnicity**

Line	Patients By Race	Hispanic/ Latino (a)	Non- Hispanic/ Latino (b)	Unreported/ Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)				
3.	Black/African American				
4.	American Indian/Alaska Native				
5.	White				
6.	More than one race				
7.	Unreported/Refused to report race				
8.	<b>Total Patients</b> (Sum Lines 1+2 + 3 to 7)				

Line	Patients by Language	Number (a)
12.	Patients Best Served in a Language Other Than English	

Line	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	
14.	Straight (not lesbian or gay)	
15.	Bisexual	
16.	Something else	
17.	Don't know	
18.	Chose not to disclose	
19.	<b>Total Patients</b> (Sum Lines 13 to 18)	

Line	Patients by Gender Identity	Number (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to- Male	
23.	Transgender Female/ Male-to- Female	
24.	Other	
25.	Chose not to disclose	
26.	<b>Total Patients</b> (Sum Lines 20 to 25)	

**Table 4: Selected Patient Characteristics**

Reporting Period: January 1, 2017, through December 31, 2017

Line	Characteristic	Number of Patients				
Line	Income as Percent of Poverty Guideline	Number of Patients (a)				
1.	100% and below					
2.	101–150%					
3.	151–200%					
4.	Over 200%					
5.	Unknown					
6.	<b>TOTAL (Sum Lines 1–5)</b>					
Line	Principal Third Party Medical Insurance	0-17 years old (a)		18 and older (b)		
7.	<b>None/Uninsured</b>					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	<b>Total Medicaid (Line 8a + 8b)</b>					
9a.	Dually Eligible (Medicare and Medicaid)					
9.	<b>Medicare</b> (Inclusive of dually eligible and other Title XVIII beneficiaries)					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	<b>Total Public Insurance (Line 10a + 10b)</b>					
11.	<b>Private Insurance</b>					
12.	<b>TOTAL (Sum Lines 7 + 8 + 9 + 10 + 11)</b>					
Line	Managed Care Utilization Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	<b>Total Member months (Sum Lines 13a + 13b)</b>					
Line	Special Populations	Number of Patients (a)				
14.	Migratory (330g grantees only)					
15.	Seasonal (330g grantees only)					
16.	<b>Total Agricultural Workers or Dependents</b> (All Health Centers Report This Line)					
17.	Homeless Shelter (330h grantees only)					
18.	Transitional (330h grantees only)					
19.	Doubling Up (330h grantees only)					
20.	Street (330h grantees only)					
21.	Other (330h grantees only)					
22.	Unknown (330h grantees only)					
23.	<b>Total Homeless</b> (All Health Centers Report This Line)					
24.	<b>Total School-Based Health Center Patients</b> (All Health Centers Report This Line)					
25.	<b>Total Veterans</b> (All Health Centers Report This Line)					
26.	<b>Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site</b> (All Health Centers Report This Line)					

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## Table 5: Staffing and Utilization

Reporting Period: January 1, 2017, through December 31, 2017

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
7	Other Specialty Physicians			
8	<b>Total Physicians (Lines 1–7)</b>			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	<b>Total NPs, PAs, and CNMs (Lines 9a–10)</b>			
11	Nurses			
12	Other Medical Personnel			
13	Laboratory Personnel			
14	X-ray Personnel			
15	<b>Total Medical (Lines 8 + 10a through 14)</b>			
16	Dentists			
17	Dental Hygienists			
17a	Dental Therapists			
18	Other Dental Personnel			
19	<b>Total Dental Services (Lines 16–18)</b>			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	<b>Total Mental Health (Lines 20a–c)</b>			
21	<b>Substance Abuse Services</b>			
22	<b>Other Professional Services (specify _)</b>			
22a	Ophthalmologists			
22b	Optometrists			
22c	Other Vision Care Staff			
22d	<b>Total Vision Services (Lines 22a–c)</b>			
23	<b>Pharmacy Personnel</b>			
24	Case Managers			
25	Patient/Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
27c	Community Health Workers			
28	Other Enabling Services (specify _)			
29	<b>Total Enabling Services (Lines 24–28)</b>			
29a	<b>Other Programs/Services (specify _)</b>			
29b	<b>Quality Improvement Staff</b>			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
31	Facility Staff			
32	Patient Support Staff			

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
33	<b>Total Facility and Non-Clinical Support Staff</b> (Lines 30a–32)			
34	<b>Grand Total</b> (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)			

## Table 5A: Tenure for Health Center Staff

Reporting Period: January 1, 2017, through December 31, 2017

Line	Health Center Staff	Full and Part Time		Locum, On-Call, etc.	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
11	Nurses				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
22a	Ophthalmologist				
22b	Optometrist				
30a1	Chief Executive Officer				
30a2	Chief Medical Officer				
30a3	Chief Financial Officer				
30a4	Chief Information Officer				



## Table 6A: Selected Diagnoses and Services Rendered

Reporting Period: January 1, 2017, through December 31, 2017

**Table 6A: Selected Diagnoses**

Diagnostic Category		Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<b>Selected Infectious and Parasitic Diseases</b>				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21		
3.	Tuberculosis	A15- through A19-		
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-		
4a.	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51		
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21		
<b>Selected Diseases of the Respiratory System</b>				
5.	Asthma	J45-		
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-		
<b>Selected Other Medical Conditions</b>				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, N63-, R92-		
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.810, R87.820		
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)		
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-		
11.	Hypertension	I10- through I16-		
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)		
13.	Dehydration	E86-		
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-		
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)		

	<b>Diagnostic Category</b>	<b>Applicable ICD-10-CM Code</b>	<b>Number of Visits by Diagnosis Regardless of Primacy (a)</b>	<b>Number of Patients with Diagnosis (b)</b>
<b>Selected Childhood Conditions (limited to ages 0 through 17)</b>				
15.	Otitis media and Eustachian tube disorders	H65- through H69-		
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89		
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3		
<b>Selected Mental Health and Substance Abuse Conditions</b>				
18.	Alcohol related disorders	F10-, G62.1		
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a.	Tobacco use disorder	F17-		
20a.	Depression and other mood disorders	F30- through F39-		
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0		
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and 43.1-), F50- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		

**Table 6A: Selected Services Rendered**

	<b>Service Category</b>	<b>Applicable ICD-10-CM Code or CPT-4/II Code</b>	<b>Number of Visits (a)</b>	<b>Number of Patients (b)</b>
<b>Selected Diagnostic Tests/ Screening/Preventive Services</b>				
21.	HIV test	<b>CPT-4:</b> 86689; 86701 through 86703; 87389 through 87391		

Service Category		Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
21a.	Hepatitis B test	<b>CPT-4:</b> 86704, 86706, 87515 through 87517		
21b.	Hepatitis C test	<b>CPT-4:</b> 86803, 86804, 87520 through 87522		
22.	Mammogram	<b>CPT-4:</b> 77052, 77057, 77065, 77066, 77067 OR <b>ICD-10:</b> Z12.31		
23.	Pap test	<b>CPT-4:</b> 88141 through 88155, 88164 through 88167, 88174, 88175 OR <b>ICD-10:</b> Z01.41-, Z01.42, Z12.4 (exclude Z01.411, and Z01.419)		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	<b>CPT-4:</b> 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748		
24a.	Seasonal Flu vaccine	<b>CPT-4:</b> 90654 through 90662, 90672, 90673, 90685 through 90688		
25.	Contraceptive management	<b>ICD-10:</b> Z30-		
26.	Health supervision of infant or child (ages 0 through 11)	<b>CPT-4:</b> 99381 through 99383, 99391 through 99393		
26a.	Childhood lead test screening (9 to 72 months)	<b>CPT-4:</b> 83655		
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	<b>CPT-4:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, H0050		
26c.	Smoke and tobacco use cessation counseling	<b>CPT-4:</b> 99406, 99407 OR <b>HCPCS:</b> S9075 OR <b>CPT-II:</b> 4000F, 4001F		
26d.	Comprehensive and intermediate eye exams	<b>CPT-4:</b> 92002, 92004, 92012, 92014		

Service Category		Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
<b>Selected Dental Services</b>				
27.	I. Emergency Services	<b>ADA:</b> D9110		
28.	II. Oral Exams	<b>ADA:</b> D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180		
29.	Prophylaxis – adult or child	<b>ADA:</b> D1110, D1120		
30.	Sealants	<b>ADA:</b> D1351		
31.	Fluoride treatment – adult or child	<b>ADA:</b> D1206, D1208		
32.	III. Restorative Services	<b>ADA:</b> D21xx through D29xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	<b>ADA:</b> D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	<b>ADA:</b> D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

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## Table 6B: Quality of Care Measures

Reporting Period: January 1, 2017, through December 31, 2017

0	<b>Prenatal Care Provided by Referral Only ( Check if Yes)</b>	
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### Section A - Age Categories for Prenatal Care Patients:

#### Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1-5)	

### Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

### Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2 <sup>nd</sup> Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2 <sup>nd</sup> birthday			

### Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age, who were screened for cervical cancer			

**Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents**

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, <i>and</i> counseling on nutrition <i>and</i> physical activity documented			

**Section F – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan**

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented <i>and</i> (2) follow-up plan documented <i>if</i> BMI is outside normal parameters			

**Section G – Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts sampled or EHR Total (b)	Number of patients Assessed for Tobacco Use <i>and</i> Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months <i>and</i> if identified to be a tobacco user (2) received cessation counseling intervention			

**Section H – Use of Appropriate Medications for Asthma**

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication			

**Section I - Coronary Artery Disease (CAD): Lipid Therapy**

Line	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 And Older With CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			

**Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet**

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 And Older With IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI,CABG, or PCI procedure with aspirin or another antiplatelet			

**Section K - Colorectal Cancer Screening**

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer			

**Section L - HIV Linkage to Care**

<b>Line</b>	<b>HIV Linkage to Care</b>	<b>Total Patients First Diagnosed with HIV (a)</b>	<b>Charts Sampled or EHR Total (b)</b>	<b>Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)</b>
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis			

**Section M – Preventive Care and Screening: Screening for Depression and Follow-Up Plan**

<b>Line</b>	<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>	<b>Total Patients Aged 12 and Older (a)</b>	<b>Charts Sampled or EHR Total (b)</b>	<b>Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)</b>
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented			

**Section N – Dental Sealants for Children between 6-9 Years**

<b>Line</b>	<b>Dental Sealants for Children between 6-9 Years</b>	<b>Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)</b>	<b>Charts Sampled or EHR Total (b)</b>	<b>Number of Patients with Sealants to First Molars (c)</b>
22	MEASURE: Percentage of children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar			

## Table 7: Health Outcomes and Disparities

Reporting Period: January 1, 2017, through December 31, 2017

### Section A: Deliveries and Birth Weight

Line	Description	Patients			
0	HIV Positive Pregnant Women				
2	Deliveries Performed by Health Center's Providers				
Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
<b>Hispanic/Latino</b>					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
<b>Non-Hispanic/Latino</b>					
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
<b>Unreported/Refused to Report Ethnicity</b>					
h	Unreported/Refused to Report Race and Ethnicity				
i	<b>Total</b>				

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**Section B: Controlling High Blood Pressure**

Line #	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<b>Hispanic/Latino</b>				
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic/Latino</i>			
<b>Non-Hispanic/Latino</b>				
2a	Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic/Latino</i>			
<b>Unreported/Refused to Report Ethnicity</b>				
h	Unreported/Refused to Report Race and Ethnicity			
i	<i>Total</i>			

**Section C: Diabetes: Hemoglobin A1c Poor Control**

Line #	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c <8% (3d1)	Patients with HbA1c >9% Or No Test During Year (3f)
<b>Hispanic/Latino</b>					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
<b>Non-Hispanic/Latino</b>					
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
<b>Unreported/Refused to Report Ethnicity</b>					
h	Unreported/Refused to Report Race and Ethnicity				
i	<b>Total</b>				

## Table 8A: Financial Costs

Reporting Period: January 1, 2017, through December 31, 2017

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
<b>Financial Costs for Medical Care</b>				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	<b>Total Medical Care Services</b> (Sum Lines 1- 3)			
<b>Financial Costs for Other Clinical Services</b>				
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify:_____)			
9a.	Vision			
10.	<b>Total Other Clinical Services</b> (Sum Lines 5 through 9a)			
<b>Financial Costs of Enabling and Other Services</b>				
11a.	Case Management			
11b.	Transportation			
11c.	Outreach			
11d.	Patient and Community Education			
11e.	Eligibility Assistance			
11f.	Interpretation Services			
11g.	Other Enabling Services (Specify:_____)			
11h.	Community Health Workers			
11.	Total Enabling Services Cost (Sum Lines 11a through 11h)			
12.	Other Related Services (Specify:_____)			
12a.	Quality Improvement			
13.	<b>Total Enabling and Other Services</b> (Sum Lines 11, 12, and 12a)			
<b>Facility and Non-Clinical Support Services and Totals</b>				
14.	Facility			
15.	Non-Clinical Support Services			
16.	<b>Total Facility and Non-Clinical Support Services</b> (Sum Lines 14 and 15)			
17.	<b>Total Accrued Costs</b> (Sum Lines 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services, and Supplies (specify:_____)			
19.	<b>Total With Donations</b> (Sum Lines 17 and 18)			

## Table 9D: Patient Related Revenue (Scope of Project Only)

Reporting Period: January 1, 2017, through December 31, 2017

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation/ Wrap-Around Current Year (c1)	Collection of Reconciliation/ Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, Withholds, etc. (c3)	Penalty/ Payback (c4)			
1.	Medicaid Non-Managed Care									
2a.	Medicaid Managed Care (capitated)									
2b.	Medicaid Managed Care (fee-for-service)									
3.	<b>Total Medicaid</b> (Lines 1 + 2a + 2b)									
4.	Medicare Non-Managed Care									
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)									
6.	<b>Total Medicare</b> (Lines 4 + 5a + 5b)									
7.	Other Public, including Non-Medicaid CHIP (Non-Managed Care)									
8a.	Other Public, including Non-Medicaid CHIP (Managed Care Capitated)									
8b.	Other Public, including Non-Medicaid CHIP (Managed Care fee-for-service)									
9.	<b>Total Other Public</b> (Lines 7 + 8a + 8b)									

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Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation/ Wrap-Around Current Year (c1)	Collection of Reconciliation/ Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, Withholds, etc. (c3)	Penalty/ Payback (c4)			
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	<b>Total Private</b> (Lines 10 + 11a + 11b)									
13.	Self-pay									
14.	<b>TOTAL</b> (Lines 3 + 6 + 9 + 12 + 13)									

## Table 9E: Other Revenues

Reporting Period: January 1, 2017, through December 31, 2017

Line	Source	Amount (a)
<b>BPHC Grants (Enter amount drawn down – Consistent with PMS 272)</b>		
1a.	Migrant Health Center	
1b.	Community Health Center	
1c.	Health Care for the Homeless	
1e.	Public Housing Primary Care	
1g.	<b>Total Health Center</b> (Sum Lines 1a through 1e)	
1j.	Capital Improvement Program Grants	
1k.	Capital Development Grants, including School Based Health Center Capital Grants	
<b>1.</b>	<b>Total BPHC Grants</b> (Sum Lines 1g + 1j + 1k)	
<b>Other Federal Grants</b>		
2.	Ryan White Part C HIV Early Intervention	
3.	Other Federal Grants (specify: _____)	
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
5.	<b>Total Other Federal Grants</b> (Sum Lines 2–3a)	
<b>Non-Federal Grants or Contracts</b>		
6.	State Government Grants and Contracts (specify: _____)	
6a.	State/Local Indigent Care Programs (specify: _____)	
7.	Local Government Grants and Contracts (specify: _____)	
8.	Foundation/Private Grants and Contracts (specify: _____)	
9.	<b>Total Non-Federal Grants and Contracts</b> (Sum Lines 6 + 6A + 7+8)	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify: _____)	
11.	<b>Total Revenue</b> (Lines 1 + 5 + 9 + 10)	

# Appendix D: Health Center Health Information Technology (HIT) Capabilities and Quality Recognition Instructions

The Health Information Technology (HIT) Capabilities and Quality Recognition Form includes a series of questions on health information technology (HIT) capabilities, including electronic health record (EHR) interoperability and eligibility for Meaningful Use. The HIT and Quality Recognition Form must be completed and submitted as part of the UDS submission. The first part includes questions about the health center's implementation of an EHR, certification of systems, how widely adopted the system is throughout the health center and its providers, and national and/or state quality recognition (accreditation or PCMH).

## Questions

The following questions appear in the EHB. Complete them before you file the UDS Report. Instructions for the HIT questions are on screen in EHB as you are completing the form. Respond to each question based on your health center status as of December 31.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
  - a. Yes, installed at all sites and used by all providers
  - b. Yes, but only installed at some sites or used by some providers

If the health center installed it, indicate if it was in use by December 31, by:

- a) **Installed at all sites and used by all providers:** For the purposes of this response, "providers" mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives. Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support staff, this is not required to choose response a. For the purposes of this response, "all sites" means all permanent sites where medical providers serve health center medical patients and does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis. You may check this option even if a few, newly hired, untrained employees are the only ones not using the system.
- b) **Installed at some sites or used by some providers:** Select option b if one or more permanent sites did not have the EHR installed, or in use (even if this is planned), or if one or more medical providers (as defined above) do not yet use the system. When determining if all providers have access to the system, the health center should also consider part-time and locum providers who serve clinic patients. Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

- c. No

Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started.

This question seeks to determine whether the health center installed an EHR by December 31 and, if so, which product is in use, how broad is access to the system, and what features are available and in use. While they can often produce much of the UDS data, do not include practice management systems or other billing systems. If the health center purchased an EHR but had not yet placed it into use, answer "No."

If a system is in use (i.e., if a or b has been selected above), indicate if your system has been certified by the Office of the National Coordinator - Authorized Testing and Certification Bodies (ONC-ATCB).

- 1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?
  - a. Yes
  - b. No

Health centers are to indicate in the blanks the vendor, product name, version number, and ONC-certified health IT product list number. (More information is available at <https://chpl.healthit.gov/#/search>) If you have more than one EHR (if, for example, you acquired another practice which has its own EHR), report the EHR that will be the successor system.

Vendor  
Product Name  
Version Number

ONC-certified Health IT Product List Number

- 1b. Did you switch to your current EHR from a previous system this year?
- Yes
  - No

If “yes, but only at some sites or for some providers” is selected above, a box expands for health centers to identify how many sites have the EHR in use and how many (medical) providers are using it. Please enter the number of sites (as defined above) where the EHR is in use and the number of providers who use the system (at any site). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one site as just one provider:

- 1c. How many sites have the EHR system in use?  
1d. How many providers use the EHR system?  
1e. When do you plan to install the EHR system?

With reference to your EHR, BPHC would like to know if your system has each of the specified capabilities that relate to the CMS Meaningful Use criteria for EHRs and if you are using them (more information on [Meaningful Use](#)). For each capability, indicate:

- Yes** if your system has this capability and it is being used by your center;
- No** if your system does not have the capability or it is not being used; or
- Not sure** if you do not know if the capability is built in and/or do not know if your center is using it.

Select a (has the capability and it is being used) if the software is able to perform the function and some or all of your medical providers are making use of it. It is not necessary for all providers to be using a specific capability in order to select a.

Select b or c if the capability is not present in the software or if the capability is present, but still unused or if it is not currently in use by any medical providers at your center. Select b or c only if none of the providers use the function.

- Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
  - Yes
  - No
  - Not sure
- Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
  - Yes
  - No
  - Not sure
- Does your center exchange clinical information electronically with other key providers/health care settings, such as hospitals, emergency rooms, or subspecialty clinicians?
  - Yes
  - No
  - Not sure
- Does your center engage patients through health IT, such as patient portals, kiosks, or secure messaging (i.e., secure email) either through the EHR or through other technologies?
  - Yes
  - No
  - Not sure
- Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?



- a. Yes
  - b. No
  - c. Not sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
- a. We use the EHR to extract automated reports
  - b. We use the EHR but only to access individual patient charts
  - c. We use the EHR in combination with another data analytic system
  - d. We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?
- a. Yes, all eligible providers at all sites are participating
  - b. Yes, some eligible providers at some sites are participating
  - c. No, our eligible providers are not yet participating
  - d. No, because our providers are not eligible
  - e. Not sure
- If yes (a or b), at what stage of Meaningful Use (MU) are the majority (more than half) of your participating providers attested (i.e., what is the stage for which they most recently received incentive payments)?
- a. Received MU for Modified Stage 2
  - b. Received MU for Stage 3
  - c. Not sure
- If no (c only), are your eligible providers planning to participate?
- a. Yes, over the next 3 months
  - b. Yes, over the next 6 months
  - c. Yes, over the next 12 months or longer
  - d. No, they are not planning to participate
9. Does your center use health IT to coordinate or to provide enabling services, such as outreach, language translation, transportation, case management, or other similar services?
- a. Yes
  - b. No
  - c. If yes, specify the type(s) of service: \_\_\_\_\_
10. Has your health center received or retained patient-centered medical home recognition or certification for one or more sites during the measurement year?
- a. Yes
  - b. No
- If yes (a), which third-party organization(s) granted recognition or certification status? (Can identify more than one.)
- a. National Committee for Quality Assurance (NCQA)
  - b. The Joint Commission (TJC)
  - c. Accreditation Association for Ambulatory Health Care (AAAHC)

- d. State-based initiative
  - e. Private payer initiative
  - f. Other recognition body (Specify \_\_\_\_\_)
11. Has your health center received accreditation?
- a. Yes
  - b. No
- If yes (a), which third-party organization granted accreditation?
- a. The Joint Commission (TJC)
  - b. Accreditation Association for Ambulatory Health Care (AAAHC)

## Appendix E: Other Data Elements

### Instructions

Health centers are becoming increasingly diverse and comprehensive in the care and services provided. These questions capture the changing landscape of healthcare centers to include expanded services and delivery systems.

### Questions

Report on these data elements as part of their UDS submission. Topics include medication-assisted treatment, telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status as of December 31.

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder
  - a. How many physicians, certified nurse practitioners and physician assistants<sup>1</sup>, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?
  - b. How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?
2. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information and provide clinical care, education, public health, and administrative services at a distance.<sup>2</sup>
  - a. Yes
  - b. No

If yes (a), how are you using telehealth? (Choose all that apply)

  - a. Provide primary care services
  - b. Provide specialty care services
  - c. Provide mental health services
  - d. Provide oral health services
  - e. Manage patients with chronic conditions
  - f. Other (Please specify: \_\_\_\_\_)

If no (b), please explain why you are not using telehealth: \_\_\_\_\_
3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center

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<sup>1</sup> With the enactment of the Comprehensive Addiction and Recovery Act of 2016, [Public Law 114-198](#), opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs) and physicians' assistants (PAs).

<sup>2</sup> <http://www.hrsa.gov/ruralhealth/telehealth/index.html>

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(employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment through the Marketplace, Medicaid or CHIP.

Enter Number of Assists \_\_\_\_\_

Note: Assists do not count as visits on the UDS tables.