Bureau of Primary Health Care

IMAGE

UNIFORM DATA SYSTEM (UDS)

Calendar Year 2015

*UDS Tables*

For help contact: 866-837-4357 (866-UDS-HELP) or udshelp330@bphcdata.net

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PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is 0915-0193.  Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information + 22 hours per individual grant report. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-03I, Rockville, Maryland, 20857.

Reporting Period: January 1, 2015 through December 31, 2015

**PATIENTS BY ZIP CODE**

| ZIP Code(a) | None/Uninsured(b) | Medicaid/S-CHIP/Other Public(c) | Medicare(d) | Private(e) |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other ZIP Codes |  |  |  |  |
| Unknown Residence |  |  |  |  |
| TOTAL |  |  |  |  |

Reporting Period: January 1, 2015 through December 31, 2015

##### TABLE 3A – PATIENTS BY AGE AND GENDER

| **Age Groups** | MalePatients (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) |  |  |

Reporting Period: January 1, 2015 through December 31, 2015

##### TABLE 3B – PATIENTS BY HISPANIC OR LATINO ETHNICITY/RACE/LANGUAGE

|  | Patients by Hispanic OR Latino Ethnicity  |
| --- | --- |
| Patients by race | HISPANIC/ LATINO(a) | NOT 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. | **T**otal **H**awaiian/Other **P**acific **I**slander (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. |  **Total Patients** (Sum Lines 1+2 + 3 to 7) |  |  |  |  |

| PATIENTS by Language | Number(a) |
| --- | --- |
| 12. | **Patients Best Served in a Language Other Than English** |  |

Reporting Period: January 1, 2015 through December 31, 2015

##### TABLE 4 – SELECTED PATIENT CHARACTERISTICS

| **Characteristic** | **Number Of Patients**( a ) |
| --- | --- |
| Income As Percent of Poverty Level |
| 1. | 100% and below |  |
| 2. | 101 – 150% |  |
| 3. | 151 – 200% |  |
| 4. | Over 200% |  |
| 5. | Unknown |  |
| 6. | **Total** (Sum Lines 1 – 5) |  |
| Principal Third Party Medical Insurance Source  | 0-17 years old (a) | 18 and older ( b ) |
| 7. | **N**one/ **U**ninsured |  |   |
| 8a. | Regular Medicaid (Title XIX) |  |  |
| 8b. | CHIP Medicaid  |  |  |
| 8. | **Total Medicaid (Line 8a + 8b)** |  |  |
| 9. | **Medicare** (Title XVIII) |  |  |
| 9a. | Dually eligible (Medicare + Medicaid)(This is a subset of line 9) |  |  |
| 10a. | Other Public Insurance Non-CHIP (specify:)  |  |  |
| 10b. | Other Public Insurance CHIP  |  |  |
| 10. | **Total Public Insurance (Line 10a + 10b)**  |  |  |
| 11. | **Private Insurance** |  |  |
| 12. | **Total (Sum Lines 7 + 8 + 9 +10 +11)** |  |  |
| Managed Care Utilization  |
| Payor 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. | **Total Member months ( 13a + 13b)** |  |  |  |  |  |
| Characteristics – Special Populations | Number of Patients -- (a) |
| 14. | Migratory (330g grantees only) |  |
| 15. | Seasonal (330g grantees only) |  |
| 16. | **Total Agricultural Workers or Dependents** **(All Grantees 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. | **Total Homeless (All Grantees Report This Line)** |  |
| 24. | **Total School Based Health Center Patients (All Grantees Report This Line)** |  |
| 25. | **Total Veterans (All grantees report this line)** |  |
| 26. | **Total Public Housing Patients (All Health Centers Report This Line)** |  |

Reporting Period: January 1, 2015 through December 31, 2015

##### TABLE 5 – STAFFING AND UTILIZATION

| 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 |  |  |  |
| 6 |  |  |  |  |
| 7 | Other Specialty Physicians |  |  |  |
| 8 | **Total Physicians (Lines 1 - 7)** |  |  |  |
| 9a | Nurse Practitioners |  |  |  |
| 9b | Physician Assistants |  |  |  |
| 10 | Certified Nurse Midwives |  |  |  |
| 10a | **Total NP, PA, and CNMs (Lines 9a - 10)** |  |  |  |
| 11 | Nurses |  |  |  |
| 12 | Other Medical personnel |  |  |  |
| 13 | Laboratory personnel |  |  |  |
| 14 | X-ray personnel |  |  |  |
| 15 | **Total Medical (Lines 8 + 10a through 14)** |  |  |  |
| 16 | Dentists |  |  |  |
| 17 | Dental Hygienists |  |  |  |
| 18 | Dental Assistants, Aides, Techs |  |  |  |
| 19 | **Total Dental Services (Lines 16 - 18)** |  |  |  |
| 20a | Psychiatrists |  |  |  |
| 20a1 | Licensed Clinical Psychologists |  |  |  |
| 20a2 | Licensed Clinical Social Workers |  |  |  |
| 20b | Other Licensed Mental Health Providers |  |  |  |
| 20c | Other Mental Health Staff |  |  |  |
| 20 | **Total Mental Health (Lines 20a-c)** |  |  |  |
| 21 | **Substance Abuse Services** |  |  |  |
| 22 | **Other Professional Services (specify\_\_\_)** |  |  |  |
| 22a | Ophthalmologist |  |  |  |
| 22b | Optometrist |  |  |  |
| 22c | Other Vision Care Staff |  |  |  |
| 22d | **Total Vision Services (Lines 22a-c)** |  |  |  |
| 23 | **Pharmacy Personnel** |  |  |  |
| 24 | Case Managers |  |  |  |
| 25 | Patient/Community Education Specialists |  |  |  |
| 26 | Outreach Workers |  |  |  |
| 27 | Transportation Staff |  |  |  |
| 27a | Eligibility Assistance Workers |  |  |  |
| 27b | Interpretation Staff |  |  |  |
| 28 | Other Enabling Services (specify\_\_\_) |  |  |  |
| 29 | **Total Enabling Services (Lines 24 - 28)** |  |  |  |
| 29a | **Other Programs/Services (specify\_\_\_)** |  |  |  |
| 30a | Management and Support Staff |  |  |  |
| 30b | Fiscal and Billing Staff |  |  |  |
| 30c | IT Staff |  |  |  |
| 31 | Facility Staff |  |  |  |
| 32 | Patient Support Staff |  |  |  |
| 33 | **Total Facility and Non-Clinical Support Staff** **(Lines 30a - 32)** |  |  |  |
| 34 | **Grand Total** **Lines 15+19+20+21+22+22d+23+29+29a+33** |  |  |  |

Reporting Period: January 1, 2015 through December 31, 2015

##### Table 5A – Tenure for Health Center Staff

| 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 |  |  |  |  |
| 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 |  |  |  |  |

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Reporting Period: January 1, 2015 through December 31, 2015

# TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

| Diagnostic Category | ApplicableICD-9-CMCode | Number of Visits by Diagnosis *regardless* of primacy (A) | Number ofPatients withDiagnosis regardless of primacy (B) |
| --- | --- | --- | --- |
| **Selected Infectious and Parasitic Diseases**  |
| 1-2. | Symptomatic HIV , Asymptomatic HIV | 042 , 079.53, V08 |    |    |
| 1-2a. | Newly diagnosed HIV | (see instructions) |  |  |
| 3. | Tuberculosis  | 010.xx – 018.xx  |    |    |
| 4. | Syphilis and other sexually transmitted infections | 090.xx – 099.xx  |    |    |
| 4a. | Hepatitis B  | 070.20, 070.22, 070.30, 070.32 |    |    |
| 4b. | Hepatitis C  | 070.41, 070.44, 070.51, 070.54, 070.70, 070.71 |    |    |
| **Selected Diseases of the Respiratory System**   |
| 5. | Asthma  | 493.xx  |    |    |
| 6. | Chronic bronchitis and emphysema  | 490.xx – 492.xx    |    |    |
| **Selected Other Medical Conditions**  |
| 7. | Abnormal breast findings, female  | 174.xx; 198.81; 233.0x; 238.3 793.8x  |    |    |
| 8. | Abnormal cervical findings  | 180.xx; 198.82; 233.1x; 795.0x  |    |    |
| 9. | Diabetes mellitus  | 250.xx; 648.0x; 775.1x  |    |    |
| 10. | Heart disease (selected)  | 391.xx – 392.0x 410.xx – 429.xx  |    |    |
| 11. | Hypertension  | 401.xx – 405.xx;  |    |    |
| 12. | Contact dermatitis and other eczema  | 692.xx  |    |    |
| 13. | Dehydration  | 276.5x  |    |    |
| 14. | Exposure to heat or cold  | 991.xx – 992.xx  |    |    |
| 14a.  | Overweight and obesity  | ICD-9 : 278.0 – 278.02 or V85.xxexcluding V85.0, V85.1, V85.51 V85.52 |  |  |
| **Selected Childhood Conditions** |
| 15. | Otitis media and eustachian tube disorders  | 381.xx – 382.xx  |    |   |
| 16. | Selected perinatal medical conditions  | 770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)  |    |    |
| 17. | Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Does not Include Sexual or Mental Development; Nutritional deficiencies  | 260.xx – 269.xx; 779.3x; 783.3x – 783.4x;  |    |    |

# TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

| Diagnostic Category | ApplicableICD-9-CMCode | Number of Visits by Diagnosis *regardless* of primacy(A) | Number ofPatients withDiagnosis *regardless* of primacy(B) |
| --- | --- | --- | --- |
| **Selected Mental Health and Substance Abuse Conditions**  |
| 18. | Alcohol related disorders  | 291.xx, 303.xx; 305.0x 357.5x  |      |    |
| 19. | Other substance related disorders (excluding tobacco use disorders)  | 292.1x – 292.8x 304.xx, 305.2x – 305.9x 357.6x, 648.3x  |    |    |
| 19a. | Tobacco use disorder | 305.1 |  |  |
| 20a. | Depression and other mood disorders  | 296.xx, 300.4 301.13, 311.xx  |    |    |
| 20b. | Anxiety disorders including PTSD  | 300.0x, 300.2x, 300.3, 308.3, 309.81  |    |    |
| 20c. | Attention deficit and disruptive behavior disorders  | 312.8x, 312.9x, 313.81, 314.xx  |    |    |
| 20d. | Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)  | 290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13);  306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)  |        |            |

**TABLE 6A – SELECTED SERVICES RENDERED**

| Service Category | ApplicableICD-9-CM or CPT-4Code | Number of Visits(A) | Number ofPatients(B) |
| --- | --- | --- | --- |
| **Selected Diagnostic Tests/Screening/Preventive Services**  |
| 21.  | HIV test  | **CPT-4:** 86689;86701-86703;87390-87391 |  |  |
| 21a.  | Hepatitis B test  | **CPT-4:** 86704, 86706, 87515-17 |  |  |
| 21b.  | Hepatitis C test | **CPT-4:** 86803-04, 87520-22 |  |  |
| 22.  | Mammogram  | **CPT-4:**  77052, 77057OR**ICD-9:** V76.11; V76.12 |  |  |
| 23.  | Pap test  | **CPT-4:** 88141-88155; 88164-88167, 88174-88175 OR**ICD-9:** V72.3; V72.31; V76.2 |  |  |
| 24.  | Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)  | **CPT-4:** 90633-90634, 90645 – 90648;90670; 90696 – 90702;90704 – 90716; 90718 - 90723;90743 – 90744; 90748 |  |  |
| 24a. | Seasonal Flu vaccine | **CPT-4:** 90655 - 90662 |  |  |
| 25.  | Contraceptive management  | **ICD-9:** V25.xx |  |  |
| 26.  | Health supervision of infant or child (ages 0 through 11)  | **CPT-4:** 99391-99393;99381-99383; |  |  |
| 26a. | Childhood lead test screening (9 to 72 months)  | **CPT-4:** 83655 |  |  |
| 26b. | Screening, Brief Intervention, and Referral to Treatment (SBIRT) | **CPT-4:** 99408-99409 |  |  |
| 26c. | Smoke and tobacco use cessation counseling | **CPT-4**:  99406 and 99407;S9075 |  |  |
| 26d. | Comprehensive and intermediate eye exams | **CPT-4**: 92002, 92004, 92012, 92014 |  |  |
| Service Category | ApplicableADACode | Number of Visits(A) | Number ofPatients(B) |
| **Selected Dental Services**  |
| 27.  | I. Emergency Services  | **ADA :** D9110  |    |    |
| 28.  | II. Oral Exams  | **ADA :** D0120, D0140, DO145, D0150, D0160, D0170, D0180  |    |    |
| 29.  | Prophylaxis – adult or child  | **ADA :** D1110, D1120,  |    |    |
| 30.  | Sealants  | **ADA :** D1351  |    |    |
| 31.  | Fluoride treatment – adult or child  | **ADA :** D1203, D1204, D1206  |    |    |
| 32.  | III. Restorative Services  | **ADA :** D21xx – D29xx  |    |    |
| 33.  | IV. Oral Surgery (extractions and other surgical procedures)  | **ADA :** D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280  |    |    |
| 34.  | V. Rehabilitative services (Endo, Perio, Prostho, Ortho)  | **ADA :** D3xxx, D4xxx, D5xxx , D6xxx, D8xxx  |    |    |

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**TABLE 6B – QUALITY OF CARE MEASURES**

|  |
| --- |
| Section A: Age Categories for Prenatal Patients  |
| DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS |
| 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 – Trimester of Entry Into Prenatal Care |
| Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year | 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  |
| Childhood Immunization  | Total Number of patients with 3rd birthday during measurement year ( a ) | Number Charts Sampled or EHR total ( b ) | Number of Patients Immunized ( c ) |
| 10 | MEASURE: Children who have received age appropriate vaccines prior to their 3rd birthday during measurement year (on or prior to December 31) |  |  |  |
| Section D – Cervical Cancer Screening |
| Pap Tests | Total number of Female Patients 24-64 years of Age( a ) | Number Charts Sampled or EHR total( b ) | Number of Patients Tested( c ) |
| 11 | MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer |  |  |  |

|  |
| --- |
| Section E – Weight Assessment and Counseling for Children and Adolescents |
| Child and AdolescentWeight Assessment and Counseling | Total patients aged 3 – 17 on December 31  ( a ) | Number Charts Sampled or EHR Total( b ) | Number of patients with counseling and BMI documented ( c ) |
| 12 | MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, ***and*** counseling on nutrition and physical activity documented for the current year |  |  |  |
| Section F – Adult Weight Screening and Follow-up |
| Adult Weight Screening and Follow-up | 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: Patients aged 18 and older with (1)\_BMI charted ***and*** (2) follow-up plan documented ***if*** patients are overweight or underweight  |  |  |  |
| Section G – Tobacco Use Screening and Cessation Intervention |
| 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 And provided Intervention if a Tobacco User( c ) |
| 14a | MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year ***AND*** (2) for those found to be a tobacco user, received cessation counseling intervention or medication  |  |  |  |

|  |
| --- |
| Section H – Asthma Pharmacological Therapy |
| Asthma Treatment Plan | Total Patients aged 5 - 40 with persistent asthma( a ) | Number Charts Sampled or EHR Total( b ) | Number of Patients with Acceptable Plan( c ) |
| 16 | MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan |  |  |  |
| Section I – Coronary Artery Disease (CAD): Lipid Therapy |
| 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: Patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy  |  |  |  |
| Section J – Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy |
| Aspirin or Other Antithrombotic Therapy  | Total Patients 18 And Older With IVD Diagnosis or AMI, CABG, or PTCA Procedure( a ) | Charts Sampled or EHR Total( b ) | Number of Patients With Aspirin or Other Antithrombotic Therapy( c ) |
| 18 | MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy |  |  |  |
| Section K – Colorectal Cancer Screening |
| Colorectal Cancer Screening  | Total Patients 51 through 74 Years of age( a ) | Charts Sampled or EHR Total( b ) | Number of Patients With AppropriateScreening For Colorectal Cancer( c ) |
| 19 | MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer  |  |  |  |

|  |
| --- |
| Section L – Newly Identified HIV Cases and Follow-up |
| New HIV Cases with Timely Follow-up | Total Patients First Diagnosed with HIV( a ) | Charts Sampled or EHR Total( b ) | Number of Patients Seen Within 90 Days of First Diagnosis of HIV ( c ) |
| 20 | MEASURE: 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 – Patients Screened for Depression and Follow-up |
| Patients Screened for Depression and Follow-up | Total Patients Aged 12 and Older( a ) | Charts Sampled or EHR Total( b ) | Number of patients Screened for Depression and Follow-Up Plan Documented as appropriate( c ) |
| 21 | MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool ***and if screening was positive*** (2) had a follow-up plan documented  |  |  |  |
| Section N – Sealants to First Molars |
| Sealants to First Molars | Total Patients Aged 6 Through 9( a ) | Charts Sampled or EHR Total( b ) | Number of patients with Sealants to First Molars( c ) |
| 22 | MEASURE: Children age 6-9 years at “elevated” risk who received a sealant on a permanent first molar tooth |  |  |  |

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TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

| 0 |  HIV Positive Pregnant Women |   |
| --- | --- | --- |
| 2 |  Deliveries Performed by Grantee’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) |
| Hispanic/Latino |
| 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 |  |  |  |  |
|  | *Subtotal Hispanic/Latino* |  |  |  |  |
| Non-Hispanic/Latino |
| 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 |  |  |  |  |
|  | *Subtotal Non-Hispanic/Latino* |  |  |  |  |
| Unreported/Refused to Report Ethnicity |
| h | Unreported/Refused to Report Race and Ethnicity |  |  |  |  |
| **i** | ***Total*** |  |  |  |  |

**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

| # | Race and Ethnicity | Total Hypertensive Patients (2a) | Charts Sampled or EHR Total (2b) | Patients with HTN Controlled(2c) |
| --- | --- | --- | --- | --- |
| Hispanic/Latino |
| 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 |  |  |  |
|  | *Subtotal Hispanic/Latino* |  |  |  |
| Non-Hispanic/Latino |
| 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 |  |  |  |
|  | *Subtotal Non-Hispanic/Latino* |  |  |  |
| Unreported/Refused to Report Ethnicity |
| h | Unreported/Refused to Report Race and Ethnicity |  |  |  |
| **i** | ***Total*** |  |  |  |

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Race and Ethnicity | Total Patients with Diabetes(3a) | Charts Sampled or EHR Total(3b) | Patients with Hba1c <8%(3d1) | Patients with Hba1c >9% Or No Test During Year(3f) |
| Hispanic/Latino |
| 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 |  |  |  |  |
|  | *Subtotal Hispanic/Latino* |  |  |  |  |
| Non-Hispanic/Latino |
| 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 |  |  |  |  |
|  | *Subtotal Non-Hispanic/Latino* |  |  |  |  |
| Unreported/Refused to Report Ethnicity |
| h | Unreported/Refused to Report Race and Ethnicity |  |  |  |  |
| **i** | ***Total*** |  |  |  |  |

Reporting Period: January 1, 2015 through December 31, 2015

**TABLE 8A – FINANCIAL COSTS**

|  | Accrued Cost( a ) | Allocation of Facility and Non-Clinical Support Services ( b ) | Total Cost After Allocation of Facility and Non-Clinical Support Services ( c ) |
| --- | --- | --- | --- |
| Financial Costs for Medical Care |
| 1. | Medical Staff |  |  | [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] |
| 2. | Lab and X-ray |  |  |  |
| 3. | Medical/Other Direct |  |  |  |
| 4. | **TOTAL MEDICAL CARE SERVICES** (Sum Lines 1 Through 3) |  |  |  |
| Financial Costs for Other Clinical Services |
| 5. | Dental  |  |  |  |
| 6. | Mental Health |  |  |  |
| 7. | Substance Abuse |  |  |  |
| 8a. | Pharmacy not including pharmaceuticals |  |  |  |
| 8b. | Pharmaceuticals |  |  |  |
| 9. | Other Professional (Specify \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
| 9a. | Vision |  |  |  |
| 10. | **TOTAL OTHER CLINICAL SERVICES** (Sum Lines 5 through 9a) |  |  |  |
| Financial Costs of Enabling and Other Program Related Services |
| 11a. | Case Management |  |  |  |
| 11b. | Transportation |  |  |  |
| 11c. | Outreach |  |  |  |
| 11d. | Patient and Community Education  |  |  |  |
| 11e. | Eligibility Assistance |  |  |  |
| 11f. | Interpretation Services |  |  |  |
| 11g. | Other Enabling Services (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
| 11. | Total Enabling Services Cost (Sum Lines 11a through 11g) |  |  |  |
| 12. | Other Related Services (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
| 13. | **TOTAL ENABLING AND OTHER SERVICES (Sum Lines 11 and 12)** |  |  |  |
| Facility and Non-Clinical Support Services and Totals |
| 14. | Facility |  |  |  |
| 15. | Non Clinical Support Services |  |  |  |
| 16. | **TOTAL Facility and Non Clinical Support Services** (Sum lines 14 and 15) |  |  |  |
| 17. | **TOTAL ACCRUED COSTS** (Sum Lines 4 + 10 + 13 + 16) |  |  |  |
| 18. | Value of Donated Facilities, Services, and Supplies (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
| 19. | TOTAL WITH DONATIONS(Sum Lines 17 and 18) |  |  |  |

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##### Reporting Period: January 1, 2015 through December 31, 2015

##### TABLE 9D (Part I of II) – PATIENT RELATED REVENUE (Scope of Project Only)

| **Payor 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 retroactive payments including risk pool/ incentive/ withhold**(c3) | **Penalty/ Payback**(c4) |
| 1. | Medicaid Non-Managed Care  |  |  |  |  |  |  |  |  |  |
| 2a. | Medicaid Managed Care (capitated) |  |  |  |  |  |  |  |  |  |
| 2b. | Medicaid Managed Care (fee-for-service) |  |  |  |  |  |  |  |  |  |
| 3. | **Total Medicaid** (Lines 1+ 2a + 2b) |  |  |  |  |  |  |  |  |  |
| 4. | Medicare Non-Managed Care  |  |  |  |  |  |  |  |  |  |
| 5a. | Medicare Managed Care (capitated) |  |  |  |  |  |  |  |  |  |
| 5b. | Medicare Managed Care (fee-for-service) |  |  |  |  |  |  |  |  |  |
| 6. | **Total Medicare** (Lines 4 + 5a+ 5b) |  |  |  |  |  |  |  |  |  |
| 7. | Other Public including Non-Medicaid CHIP (Non Managed Care) |  |  |  |  |  |  |  |  |  |
| 8a. | Other Public including Non-Medicaid CHIP (Managed Care Capitated) |  |  |  |  |  |  |  |  |  |

##### Reporting Period: January 1, 2015 through December 31, 2015

##### TABLE 9D (Part II of II) – PATIENT RELATED REVENUE (Scope of Project Only)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Payor 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 retroactive payments including risk pool/ incentive/ withhold**(c3) | **Penalty/ Payback**(c4) |
| 8b. | Other Public including Non-Medicaid CHIP (Managed Care fee-for-service) |  |  |  |  |  |  |  |  |  |
| 9. | **Total Other Public**(Lines 7+ 8a +8b) |  |  |  |  |  |  |  |  |  |
| 10. | Private Non-Managed Care  |  |  |  |  |  |  |  |  |  |
| 11a. | Private Managed Care (capitated) |  |  |  |  |  |  |  |  |  |
| 11b. | Private Managed Care (fee-for-service) |  |  |  |  |  |  |  |  |  |
| 12. | **Total Private** (Lines 10 + 11a + 11b) |  |  |  |  |  |  |  |  |  |
| 13. | Self Pay |  |  |  |  |  |  |  |  |  |
| 14. | **TOTAL**  (Lines 3 + 6 + 9 + 12 + 13) |  |  |  |  |  |  |  |  |  |

Reporting Period: January 1, 2015 through December 31, 2015

**TABLE 9E – OTHER REVENUES**

|  |  |
| --- | --- |
| **Source** | Amount(a) |
| **BPHC Grants (Enter Amount Drawn Down – Consistent with PMS-272)** |
| 1a. | Migrant Health Center |  |
| 1b. | Community Health Center |  |
| 1c. | Health Care for the Homeless |  |
| 1e. | Public Housing Primary Care  |  |
| 1g. | **Total Health Center** (Sum Lines 1a through 1e) |  |
| 1j. | Capital Improvement Program Grants (excluding ARRA) |  |
| 1k. | Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants |  |
| **1.** | **Total BPHC Grants** (Sum Lines 1g + 1j + 1k) |  |
| **Other Federal Grants** |
| 2. | Ryan White Part C HIV Early Intervention |  |
| 3. | Other Federal Grants (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
| 3a. | Medicare and Medicaid EHR Incentive Payments for Eligible Providers |  |
| 4a. | American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP) |  |
| 5. | **Total Other Federal Grants** (Sum Lines 2 – 4a) |  |
| **Non-Federal Grants or Contracts** |
| 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. | **Total Non-Federal Grants and Contracts** (Sum Lines 6 +6A + 7+8) |  |
| 10. | Other Revenue (Non-patient related revenue not reported elsewhere) (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
| 11. | **Total Revenue** (Lines 1+5+9+10) |  |

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