

- Request:** The Health Resources and Services Administration (HRSA) requests changes to the Uniform Data System (UDS) Information Collection (OMB #0915-0193, expires 02/28/2018).
- Purpose:** These clarifications are critical to align clinical quality measures (CQMs) and data standardization with national and federal programs, including the National Quality Forum (NQF) and the Centers for Medicare and Medicaid Services (CMS) EHR incentive program.
- Time Sensitivity:** UDS data collection begins January 1, 2016. If approved, the Bureau of Primary Health Care must notify health centers of data collection changes in December 2015.

PROPOSED CLARIFICATIONS FOR CY2016 UDS REPORTING

a. Staffing and Utilization – Table 5 (clarification)

The following staff is reported on Table 5: Quality Improvement (QI) staff (line 29b), Community Health Worker staff (CHW) (line 27c), Dental Therapists staff (line 17a)

Rationale: Health center staffing patterns are evolving to better meet the needs of patients and communities. The UDS includes information about different types of staff but does not specifically include information about new types of staff that health centers routinely employ including QI staff, CHWs, and dental therapists. These clarifications will allow more precise evaluation the Health Center Program and measure ongoing investments that support overall team-based care including quality improvement, use of CHWs, and oral health.

b. Selected Diagnoses and Services Rendered – Table 6A (clarification)

All Table 6A diagnosis codes for selected diagnoses and services rendered are edited from ICD-9 to ICD-10 codes.

Rationale: The U.S. Department of Health and Human Services (HHS) released a final rule on July 31, 2014 (<http://cms.hhs.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-07-31.html>) that requires Health Insurance Portability and Accountability Act (HIPAA) covered entities to use ICD-10 beginning October 2015. The UDS reporting requirements follow the edited ICD-10 implementation schedule.

c. Sexual Orientation and Gender Identity (SO/GI) – Table 3A, 3B (clarification for alignment)

Sexual orientation and gender identity are reported on Table 3A, 3B.

Rationale: Clarifications to SO/GI data collection improves the UDS' alignment with the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base

Electronic Health Record (EHR) Definition, and The Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. The use of an ONC-certified EHR is a priority goal for the Health Center Program, and 98% of health centers have adopted an EHR as of 2014. Aligning UDS SOGI data elements with ONC certification criteria improves standardization of data reporting and contributes to reducing health center reporting burden. Additionally, the EHR standards for collecting SOGI data under the ONC Health IT Certification Program align with National Health Interview Survey (NHIS) categories, further supporting data standardization and comparability. Addressing health disparities is an important priority for the Health Center Program. Given sexual orientation and gender identity play a significant role in health behavior and outcomes, understanding more about SOGI among populations served by health centers is a critical piece in reducing health disparities overall.

d. Quality of Care Measures – Table 6B, 7 (clarification for alignment)

The measures specifications of the Quality of Care and Health Outcomes and Disparities Measures listed below have been edited to fully align with existing CMS (Centers for Medicare & Medicaid Services) e-CQMs (electronic Clinical Quality Measures) to improve Department-wide standardization of data collection, streamline reporting, and reduce reporting burden.

Rationale: Data-driven quality improvement and full optimization of EHR systems are strategic priorities for the Health Center Program. Lack of measure alignment across national programs causes significant increases in reporting burden and leads to inconsistent data. Minor edits of these measures to fully align with other national programs such as the National Quality Forum (NQF) (<http://www.qualityforum.org/QPS/QPSTool.aspx>) and the Medicare and Medicaid EHR incentive program (<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>) (i.e. meaningful use) improves measure alignment and data standardization and reduces grantee reporting burden.

- a. Childhood Immunizations has been edited to align with CMS117v4
- b. Cervical Cancer Screening has been edited to align with CMS124v4.
- c. Tobacco Use Screening and Cessation Intervention has been edited to align with CMS138v4.
- d. Asthma Pharmacologic Therapy has been edited to align with CMS126v4
- e. Depression Screening and Follow-up has been edited to align with CMS2v4.
- f. Hypertension has been edited to align with CMS165v4.
- g. Diabetes has been edited to align with CMS122v4.
- h. Weight assessment and counseling for children and adolescents has been edited to align with CMS155v34.
- i. Adult weight screening and follow-up has been edited to align with CMS69v4.
- j. Ischemic vascular disease: Use of Aspirin or Another Antithrombotic has been edited to align with CMS164v4.
- k. Colorectal Cancer Screening has been edited to align with CMS130v4.

- I. Dental Sealants for children has been edited to align with CMS277v0.

Telehealth – Appendix D (clarification)

Questions in Appendix D are edited to capture health center telehealth capacity and use.

Rationale: Telehealth is increasingly used as a method of health care delivery for the health center patient population, especially those hard-to-reach patients living in geographically isolated communities. Collecting information on telehealth capacity and use of telehealth is essential for the provision of necessary and appropriate technical assistance for health centers and positioning these health centers to better meet their mission of improving the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

- e. Medication-Assisted Treatment (MAT) – Appendix D

Questions in Appendix D are edited to capture Medication-Assisted Treatment (MAT).

Rationale: Addressing America’s opioid misuse crisis and epidemic is a national priority. Medication-Assisted Treatment (MAT) is a comprehensive method of helping patients overcome addiction through the use of medication, counseling, and other behavioral health services. Increasing the use of MAT in primary care, including HRSA-funded health centers, is a federal priority. Greater understanding of the use of MAT in health centers is necessary both to understand existing services and identify gaps.

Attachments:

1. Proposed Updates to UDS Tables 3B, 5, 6A, 6B, 7, 8A, Appendix D

Attachment 1: **Table 3B: Demographic Characteristics**

Reporting Period: January 1, 2016 through December 31, 2016

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 and 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.	Total Patients (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	

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	

<i>Line</i>	<i>Patients by Sexual Orientation</i>	<i>Number (a)</i>	<i>Line</i>	<i>Patients by Gender Identity</i>	<i>Number (a)</i>
<i>18.</i>	<i>Choose not to disclose</i>		<i>25.</i>	<i>Choose not to disclose</i>	
<i>19.</i>	<i>Total Patients (Sum Lines 13 to 18)</i>		<i>26.</i>	<i>Total Patients (Sum Lines 20 to 25)</i>	

Note: The sum of Table 3B, lines 22 through 25, Column A must equal Table 3A, line 39, Column C.

Table 5: Staffing and Utilization

Reporting Period: January 1, 2016 through December 31, 2016

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	Total Physicians (Lines 1–7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total NPs, PAs, 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			
17a	Dental Therapists			
18	Other Dental Personnel			
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	Ophthalmologists			
22b	Optometrists			
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			
27c	Community Health Workers			
28	Other Enabling Services (specify ___)			
29	Total Enabling Services (Lines 24–28)			
29a	Other Programs/Services (specify ___)			
29b	Quality Improvement Staff			
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)			

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
34	<p style="text-align: center;">Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+33)</p>			

Table 6A: Selected Diagnoses and Services Rendered

Reporting Period: January 1, 2016 through December 31, 2016

Table 6A: Selected Diagnoses

Diagnostic Category		<i>Applicable ICD-10-CM Code</i>	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	<i>B20, B97.35, O98.7, Z21</i>		
3.	Tuberculosis	<i>A15- thru A19-</i>		
4.	Sexually transmitted infections	<i>A50- thru A64- (Exclude A63.0), M02.3-, N34.1</i>		
4a.	Hepatitis B	<i>B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51</i>		
4b.	Hepatitis C	<i>B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52</i>		
Selected Diseases of the Respiratory System				
5.	Asthma	<i>J45-</i>		
6.	Chronic obstructive pulmonary diseases	<i>J40- thru J44- and J47-</i>		
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	<i>C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-</i>		
8.	Abnormal cervical findings	<i>C53-, C79.82, D06-, R87.61-, R87.810, R87.820</i>		
9.	Diabetes mellitus	<i>E10- thru E13-, O24- (Exclude O24.41-)</i>		
10.	Heart disease (selected)	<i>I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-</i>		
11.	Hypertension	<i>I10- thru I15-</i>		
12.	Contact dermatitis and other eczema	<i>L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)</i>		
13.	Dehydration	<i>E86-</i>		
14.	Exposure to heat or cold	<i>T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA</i>		
14a.	Overweight and obesity	<i>E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)</i>		
Selected Childhood Conditions (limited to ages 0 thru 17)				
15.	Otitis media and Eustachian tube disorders	<i>H65- thru H69-</i>		

Diagnostic Category		Applicable ICD-10-CM Code	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
16.	Selected perinatal medical conditions	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, 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-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3		
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1		
19.	Other substance related disorders (excluding tobacco use disorders)	F11- thru F19- (Exclude F17-), G62.0, O99.32-		
19a.	Tobacco use disorder	F17-		
20a.	Depression and other mood disorders	F30- thru F39-		
20b.	Anxiety disorders including PTSD	F40- thru F42-F43.0, F43.1-		
20c.	Attention deficit and disruptive behavior disorders	F90- thru F91-		
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru 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

Service Category		Applicable ICD-10-CM Code or CPT-4/III Code	Number of Visits (a)	Number of Patients (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, 77057 OR ICD-10: Z12.31		

Service Category		Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
23.	Pap test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-, Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, 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: 90654 – 90662, 90672-90673, 90685-90688		
25.	Contraceptive management	ICD-10: Z30-		
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; HCPCS: S9075, CPT-II: 4000F, 4001F		
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		

Service Category		Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA : D9110		
28.	II. Oral Exams	ADA : D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180		
29.	Prophylaxis – adult or child	ADA : D1110, D1120,		
30.	Sealants	ADA : D1351		
31.	Fluoride treatment – adult or child	ADA :, D1206, D1208		
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, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA : D3xxx, D4xxx, D5xxx , D6xxx, D8xxx		

Sources of Codes:

International Classification of Diseases, 2014, Complete Draft Code Set (ICD-10-CM). American Academy of Professional Coders
Current Procedural Terminology, (CPT) 2014. American Medical Association.
Current Dental Terminology, (CDT) 2015 – Dental Procedure Codes. American Dental Association (ADA).

*NOTE: x or - in a code denotes any number including the absence of a number in that place.
ICD-10 codes all have at least 4-digits.*

Table 6B: Quality of Care Measures

Reporting Period: January 1, 2016 through December 31, 2016

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 - Trimester of Entry into Prenatal Care

Line	Trimester of 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 (CIS)

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

Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients 23 through 63 Years of Age (a)	Number Charts Sampled or EHR total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 21-64 years of age, who received one or more Pap tests to screen 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 16 (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, and counseling on nutrition and physical activity documented			

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

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	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients aged 18 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 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 63 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients 5 - 63 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period.			

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 aged 18 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 Antithrombotic

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	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 Documentation of Use of Aspirin or Other Antithrombotic Therapy (c)
18	MEASURE: Percentage of patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with documentation of use of aspirin or another antithrombotic therapy.			

Section K - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer			

Section L - HIV Linkage to Care

Line	HIV Linkage to Care	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: 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 Clinical Depression and Follow-Up Plan

Line	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	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: Percentage of patients aged 12 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 – Oral Health Sealant for Children between 6-9 Years

Line	Oral Health Sealant for Children between 6-9 years)	Total Patients Aged 5 through 8 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22	MEASURE: Children aged 6 - 9 years, 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, 2016 through December 31, 2016

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

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)
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				
	<i>Subtotal Hispanic/Latino</i>				
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				
	<i>Subtotal Non-Hispanic/Latino</i>				
Unreported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity				
i	Total				

Section B: Controlling High Blood Pressure by Race and Hispanic/Latino Ethnicity

Line #	Race and Ethnicity	Total Patients 18 through 84 Years of Age with a Diagnosis of Hypertension (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			
	<i>Subtotal Hispanic/Latino</i>			
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			
	<i>Subtotal Non-Hispanic/Latino</i>			
Unreported/Refused to Report Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity			
i	<i>Total</i>			

Section C: Diabetes: Hemoglobin A1c Poor Control by Race and Hispanic/Latino Ethnicity

Line #	Race and Ethnicity	Total Patients 18 through 74 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)
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				
	<i>Subtotal Hispanic/Latino</i>				
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				
	<i>Subtotal Non-Hispanic/Latino</i>				
Unreported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity				
i	<i>Total</i>				

Table 8A: Financial Costs

Reporting Period: January 1, 2016 through December 31, 2016

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)
Financial Costs for Medical Care				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	Total Medical Care Services (Sum Lines 1- 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: _____)			
11h.	Community Health Workers			
11.	Total Enabling Services Cost (Sum Lines 11a through 11h)			
12.	Other Related Services (Specify: _____)			
12a.	Quality Improvement			
13.	Total Enabling and Other Services (Sum Lines 11 and 12a)			
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)			

Appendix D: Health Center Electronic Health Record (EHR) Capabilities and Quality Recognition

Instructions

The Electronic Health Record (EHR) Capabilities and Quality Recognition Form includes a series of questions on health information technology (HIT) capabilities, including EHR interoperability and leverage for Meaningful Use. The EHR and Quality Recognition Form must be completed and submitted as part of the UDS submission. It includes questions about the health center's implementation of 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 will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. Instructions for the EHR questions can be found in EHB as you are completing the questions.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
 - a. Yes, at all sites and for all providers
 - b. Yes, but only at some sites or for some providers
 - c. No

This question seeks to determine whether or not an EHR has been installed by the health center as of December 31, 2015, and, if so, which product is in use, how broad is access to the system, and what features are available and being used. While they can often produce much of the UDS data, do not include practice management systems or other billing systems. If the health center has purchased an EHR, but had not yet placed it into use, answer "No." If it has been installed, indicate if it was being used, as of December 31, 2015, by:

- a. **All sites and all providers:** For the purposes of this response, "providers" mean all medical providers including physicians, nurse practitioners, physician assistants, and certified nurse midwives. While 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.
- b. **At some sites or for 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, 2015, even if the system had been installed and staff was training on how to use the system.

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

- 1a. Is your system certified under 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 certified health IT product list number. (More information is available at [ONC-ATCB](#).) 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

Certified Health IT Product List Number

- 1b. Did you switch to your current EHR from a previous system this year?

- a. Yes
- b. No

If ‘yes, but only at some sites or for some providers’ is selected above, a box expands for health center 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. A provider who has separate login identities at more than one site is still counted 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 which relate to the CMS Meaningful Use criteria for EHRs and if you are using them. (more information on [Meaningful Use](#)). For each capability, indicate:

- a. **Yes** if your system has this capability and it is being used by your center;
- b. **No** if your system does not have the capability or it is not being used; or
- c. **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 the function has not been turned on, 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 are making use of the function.

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
 - a. Yes
 - b. No
 - c. Not sure
3. 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?
 - a. Yes
 - b. No
 - c. Not sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?
 - a. Yes
 - b. No
 - c. Not sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?
 - a. Yes
 - b. No
 - c. Not sure
6. 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 is the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?

- a. Adoption, Implementation, or Upgrade (AIU)
- b. Stage 1
- c. Stage 2
- d. Stage 3
- e. 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, then 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 (AAHC)

- 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 (AAHC)

12. Medication-Assisted Treatment (MAT)

- a. How many physicians, 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 that have been specifically approved by the FDA for that indication?**
- b. How many patients received medication-assisted treatment for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?**

13. Are you using telehealth?

- 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. Manage patients with chronic conditions**
- e. Other (Please specify: _____)**

If no (b), please explain why you are not using telehealth:
