

UDS Forms in Offline HTML

PBZC

This is the Offline HTML application that can be used to enter and validate UDS data in preparation for reporting. Your data will need to be exported from this tool, then uploaded to the EHBs to run the Data Audit Report and complete reporting.

Note:
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H20CS015162018/v1: INSPORT OUTSOURCING MEDICAL CENTER, VAN VLEET, MO

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UDS Manual

Status: ▼ Complete

[Add ZIP Codes](#)

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ZIP Codes

| ZIP Code (a) | None/Uninsured (b) | Medicaid/Chip/OtherPublic (c) | Medicare (d) | Private (e) | Total Patients (f) | Action |
|------------------------------------|--------------------|-------------------------------|--------------|-------------|--------------------|----------|
| <input type="text" value="22033"/> | 7229 | 8524 | 1321 | 9680 | 26754 | ✕ Delete |

[+ Add Row](#)

Other ZIP Codes

| ZIP Code (a) | None/Uninsured (b) | Medicaid/Chip/OtherPublic (c) | Medicare (d) | Private (e) | Total Patients (f) |
|--|----------------------|-------------------------------|----------------------|----------------------|--------------------|
| Other ZIP Codes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| Unknown Residence | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| Total (Zip Codes + Other Zip Codes) | 7229 | 8524 | 1321 | 9680 | 26754 |

Comments

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Table 3A

This is the Offline HTML application that can be used to enter and validate UDS data in preparation for reporting. Your data will need to be exported from this tool, then uploaded to the EHR to run the Data Audit Report and complete reporting.

Table 3A - Patients by Age and by Sex Assigned at Birth

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HHSIC 0018H20103iv4: INSPORT OUTSOURCING MEDICAL CENTER, VAN VLEET, MD

Resources UDS Manual Status: Complete

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| S.No | Age Groups | Male Patients (M) | Female Patients (F) |
|------------------------------------|--------------------------------|-------------------|---------------------|
| 1. | Under Age 1 | 273 | 183 |
| 2. | Age 1 | 188 | 134 |
| 3. | Age 2 | 130 | 122 |
| 4. | Age 3 | 155 | 147 |
| 5. | Age 4 | 165 | 160 |
| 6. | Age 5 | 182 | 187 |
| 7. | Age 6 | 190 | 201 |
| 8. | Age 7 | 187 | 190 |
| 9. | Age 8 | 155 | 145 |
| 10. | Age 9 | 152 | 154 |
| 11. | Age 10 | 194 | 199 |
| 11. | Age 10 | 194 | 199 |
| 12. | Age 11 | 213 | 203 |
| 13. | Age 12 | 243 | 248 |
| 14. | Age 13 | 268 | 278 |
| 15. | Age 14 | 309 | 325 |
| 16. | Age 15 | 291 | 319 |
| 17. | Age 16 | 284 | 324 |
| 18. | Age 17 | 255 | 288 |
| Subtotal Patients (Sum lines 1-18) | | 3790 | 3775 |
| 19. | Age 18 | 140 | 289 |
| 20. | Age 19 | 165 | 269 |
| 21. | Age 20 | 120 | 252 |
| 22. | Age 21 | 114 | 288 |
| 23. | Agess 25-29 | 891 | 1218 |
| 24. | Agess 40-44 | 798 | 1284 |
| 25. | Agess 45-49 | 819 | 1138 |
| 26. | Agess 50-54 | 800 | 1080 |
| 27. | Agess 55-59 | 719 | 844 |
| 28. | Agess 60-64 | 427 | 602 |
| Subtotal Patients(Sum lines 19-32) | | 2119 | 12232 |
| 34. | Agess 65-69 | 218 | 441 |
| 35. | Agess 70-74 | 180 | 258 |
| 36. | Agess 75-79 | 122 | 208 |
| 37. | Agess 80-84 | 88 | 138 |
| 38. | Agess 85 and over | 48 | 117 |
| Subtotal Patients(Sum lines 34-38) | | 706 | 1187 |
| 39. | Total Patients(Sum Lines 1-38) | 10570 | 19164 |

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Table 3B

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Table 3B - Demographic Characteristics

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Resources

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| S.No | 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 | 836 | 836 | | 1672 |
| 2a. | Native Hawaiian | 836 | 836 | | 1672 |
| 2b. | Other Pacific Islander | 836 | 836 | | 1672 |
| 2. | Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b) | 1672 | 1672 | | 3344 |
| 3. | Black/African American | 836 | 836 | | 1672 |
| 4. | American Indian/Alaska Native | 836 | 836 | | 1672 |
| 5. | White | 836 | 836 | | 1672 |
| 6. | More than one race | 836 | 836 | | 1672 |
| 7. | Unreported/Refused to report race | 836 | 836 | 13378 | 15050 |
| 8. | Total Patients (Sum Lines 1 + 2 + 3 to 7) | 6668 | 6668 | 13378 | 26754 |

| S.No | Patients by Linguistic Barriers to Care | Number (a) |
|------|---|------------|
| 12. | Patients Best Served in a Language Other Than English | 812 |

| S.No | Patients by Sexual Orientation | Number (a) |
|------|-------------------------------------|------------|
| 13. | Lesbian or Gay | 4459 |
| 14. | Straight (not lesbian or gay) | 4459 |
| 15. | Bisexual | 4459 |
| 16. | Something else | 4459 |
| 17. | Don't know | 4459 |
| 18. | Chose not to disclose | 4459 |
| 19. | Total Patients (Sum Lines 13 to 18) | 26754 |

| S.No | Patients by Gender Identity | Number (a) |
|------|-------------------------------------|------------|
| 20. | Male | 4459 |
| 21. | Female | 4459 |
| 22. | Transgender Male/ Female-to-Male | 4459 |
| 23. | Transgender Female/ Male-to-Female | 4459 |
| 24. | Other | 4459 |
| 25. | Chose not to disclose | 4459 |
| 26. | Total Patients (Sum Lines 20 to 25) | 26754 |

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Table 4 - Selected Patient Characteristics

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Income As Percent Of Poverty Guideline

| S.No | Characteristic | Number of Patients (a) |
|------|-----------------------|------------------------|
| 1. | 100% and below | 8888 |
| 2. | 101 - 150% | 1970 |
| 3. | 151 - 200% | 1355 |
| 4. | Over 200% | 1208 |
| 5. | Unknown | 15327 |
| 6. | Total (Sum lines 1-5) | 28754 |

| S.No | Principal Third Party Medical Insurance | 0-17 Years Old (a) | 18 and Older (b) |
|------|---|--------------------|------------------|
| 7. | None/Uninsured | 2777 | 4452 |
| 8a. | Medicaid (Title XIX) | 2809 | 5715 |
| 8b. | CHIP Medicaid | 0 | 0 |
| 8. | Total Medicaid (Sum lines 8a+8b) | 2809 | 5715 |
| 9a. | Dually eligible (Medicare and Medicaid) | 3 | 3 |
| 9. | Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries) | 3 | 1318 |
| 10a. | Other Public Insurance (Non-CHIP) (specify): <input type="text"/> | 0 | 0 |
| 10b. | Other Public Insurance CHIP | 0 | 0 |
| 10. | Total Public Insurance (Sum lines 10a+10b) | 0 | 0 |
| 11. | Private Insurance | 1908 | 7744 |
| 12. | Total (Sum lines 7+8+9+10+11) | 7525 | 19229 |

Managed Care Utilization

| S.No | Managed Care Utilization | Medicaid (a) | Medicare (b) | Other Public Including Non-Medicaid CHIP (c) | Private (d) | Total (e) |
|------|---|--------------|--------------|--|-------------|-----------|
| 13a. | Capitated Member Months | 0 | 0 | 0 | 0 | 0 |
| 13b. | Fee-for-service Member Months | 0 | 0 | 0 | 0 | 0 |
| 13c. | Total Member Months (Sum lines 13a+13b) | 0 | 0 | 0 | 0 | 0 |

| S.No | Special Populations | Number of Patients (a) |
|------|--|------------------------|
| 16. | Total Agricultural Workers or Dependents (All health centers report this line) | |
| 23. | Total Homeless (All health centers report this line) | 0 |
| 24. | Total School Based Health Center Patients (All health centers report this line) | 0 |
| 25. | Total Veterans (All health centers report this line) | 0 |
| 26. | Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line) | 6 |

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Table 5

This is a TEST SITE available to enter performance reporting data prior to January 1st. You can enter and validate data to prepare for submission, however Submit action will be available ONLY after January 1st.

Table 5 - Staffing and Utilization

H80CS000142018/v1: WOODALL CYLSA INC., EATONVILLE, MI

Resources: UDS Manual | Upload History | Action History | Last NoA | Training Material | UDS Reviewer | User(s) With Permissions | Table 5A - Instructions | HIT - Instructions | Excel Mapping Document

Status: **In Progress**

Universal
 HCH
 PHPC

Medical Care Services

| S.No | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Patients (c) |
|------|-------------------------------------|----------------------|----------------------|--------------|
| 1. | Family Physicians | <input type="text"/> | <input type="text"/> | |
| 2. | General Practitioners | <input type="text"/> | <input type="text"/> | |
| 3. | Internists | <input type="text"/> | <input type="text"/> | |
| 4. | Obstetrician/Gynecologists | <input type="text"/> | <input type="text"/> | |
| 5. | Pediatricians | <input type="text"/> | <input type="text"/> | |
| 7. | Other Specialty Physicians | <input type="text"/> | <input type="text"/> | |

Dental Services

| S.No | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Patients (c) |
|------|-------------------------------------|----------------------|----------------------|--------------|
| 16. | Dentist | <input type="text"/> | <input type="text"/> | |
| 17. | Dental Hygienists | <input type="text"/> | <input type="text"/> | |

Table 5A

This is a TEST SITE available to enter performance reporting data prior to January 1st. You can enter and validate data to prepare for submission, however Submit action will be available ONLY after January 1st.

Table 5A - Tenure for Health Center Staff

Note: Please read Table 5A - Instructions under resources, prior to entering data in Table 5A.

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Resources

UDS Manual | Upload History | Action History | Last NoA | Training Material | UDS Reviewer | User(s) With Permissions | Table 5A - Instructions | HIT - Instructions | Excel Mapping Document

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| S.No | Health Center Staff | Full and Part Time Persons (a) | Full and Part Time Total Months (b) | Locum, On-Call, etc Persons (c) | Locum, On-Call, etc Total Months (d) |
|------|----------------------------|--------------------------------|-------------------------------------|---------------------------------|--------------------------------------|
| 1. | Family Physicians | | | | |
| 2. | General Practitioners | | | | |
| 3. | Internists | | | | |
| 4. | Obstetrician/Gynecologists | | | | |
| 5. | Pediatricians | | | | |

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Table 6A

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Table 6A - Selected Diagnoses and Services Rendered

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Selected Infectious And Parasitic Diseases

| S.No | Diagnostic Category | Applicable ICD-10-CM Code | Number of Visits by Diagnosis Regardless of Primacy (a) | Number of Patients with Diagnosis (b) |
|------|---------------------------------|---|---|---------------------------------------|
| 1-2. | Symptomatic / Asymptomatic HIV | B20, B97.35, O98.7-, Z21 | | |
| 3. | Tuberculosis | A15- through A19-, O98.01 | | |
| 4. | Sexually transmitted infections | A50- through A64- (exclude A63.0) | | |
| 4a. | Hepatitis B | B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4- | | |
| 4b. | Hepatitis C | B17.10, B17.11, B18.2, B19.20, B19.21 | | |

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Table 6B

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Table 6B - Quality Of Care Measures

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 [HIT - Instructions](#) |
 [Excel Mapping Document](#)

Status: ! In Progress

Universal

Prenatal Care Provided by Referral Only (Check if Yes)

Section A - Age Categories For Prenatal Care Patients:

Demographic Characteristics Of Prenatal Care Patients

| S.No | Age | Number of Patients (a) |
|------|---------------------------------------|--|
| 1. | Less than 15 years | <input style="width: 95%;" type="text"/> |
| 2. | Ages 15-19 | <input style="width: 95%;" type="text"/> |
| 3. | Ages 20-24 | <input style="width: 95%;" type="text"/> |
| 4. | Ages 25-44 | <input style="width: 95%;" type="text"/> |
| 5. | Ages 45 and over | <input style="width: 95%;" type="text"/> |
| 6. | Total Patients (Sum lines 1-5) | <input style="width: 95%;" type="text"/> |

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Table 7 - Deliveries and Birth Weight

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Resources [UDS Manual](#)

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| S.No | Prenatal Services | Patients (a) |
|------|---|--------------|
| 0 | HIV/Positive Pregnant Women | 23 |
| 2 | Deliveries Performed by Health Center's Providers | 23 |

| Hispanic/Latino | | | | | |
|--------------------------|-----------------------------------|---|--------------------------------|-------------------------------------|----------------------------------|
| S.No | 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) |
| 1a. | Asian | 1 | 1 | 1 | 1 |
| 1b1. | Native Hawaiian | 1 | 1 | 1 | 1 |
| 1b2. | Other Pacific Islander | 1 | 1 | 1 | 1 |
| 1c. | Black/African American | 1 | 1 | 1 | 1 |
| 1d. | American Indian/Alaska Native | 1 | 1 | 1 | 1 |
| 1e. | White | 1 | 1 | 1 | 1 |
| 1f. | More Than One Race | 1 | 1 | 1 | 1 |
| 1g. | Unreported/Refused to Report Race | 1 | 1 | 1 | 1 |
| Subtotal Hispanic/Latino | | 8 | 8 | 8 | 8 |

| Non-Hispanic/Latino | | | | | |
|------------------------------|-----------------------------------|---|--------------------------------|-------------------------------------|----------------------------------|
| S.No | 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) |
| 2a. | Asian | 1 | 1 | 1 | 1 |
| 2b1. | Native Hawaiian | 1 | 1 | 1 | 1 |
| 2b2. | Other Pacific Islander | 1 | 1 | 1 | 1 |
| 2c. | Black/African American | 1 | 1 | 1 | 1 |
| 2d. | American Indian/Alaska Native | 1 | 1 | 1 | 1 |
| 2e. | White | 1 | 1 | 1 | 1 |
| 2f. | More Than One Race | 1 | 1 | 1 | 1 |
| 2g. | Unreported/Refused to Report Race | 1 | 1 | 1 | 1 |
| Subtotal Non-Hispanic/Latino | | 8 | 8 | 8 | 8 |

| Unreported/Refused To Report Race And Ethnicity | | | | | |
|---|---|---|--------------------------------|-------------------------------------|----------------------------------|
| S.No | 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) |
| h. | Unreported/Refused to Report Race and Ethnicity | 1 | 1 | 1 | 1 |
| i. | Total | 17 | 17 | 17 | 17 |

Comments

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Table 8A

This is a TEST SITE available to enter performance reporting data prior to January 1st. You can enter and validate data to prepare for submission, however Submit action will be available ONLY after January 1st.

Table 8A - Financial Costs

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Universal

* Column c is equal to the sum of column a and column b.

| S.No | Services | Accrued Cost (a) \$ | Allocation Of Facility and Non-Clinical Support Services (b) \$ | Total Cost After Allocation of Facility and Non-Clinical Support Services (c)* \$ |
|------|--|---------------------|---|---|
| 1. | Medical Staff | | | 0 |
| 2. | Lab and X-ray | | | 0 |
| 3. | Medical/Other Direct | | | 0 |
| 4. | Total Medical Care Services (Sum lines 1-3) | 0 | 0 | 0 |

Comments

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Table 9D

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

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| S.No | Payer Category | Full Charges This Period (a) \$ | Amount Collected This Period (b) \$ | Collection of Reconciliation / Wrap Around Current Year (c1) \$ | Collection of Reconciliation / Wrap Around Previous Year (c2) \$ | Collection of Other Payments: P4P, Risk Pools, etc. (c3) \$ | Penalty/Payback (c4) \$ | Allowances (d) \$ | Sliding Fee Discounts (e) \$ | Bad Debt Write Off (f) \$ |
|------|---|---------------------------------|-------------------------------------|---|--|---|-------------------------|-------------------|------------------------------|---------------------------|
| 1. | Medicaid Non-Managed Care | | | | | | | | | |
| 2a. | Medicaid Managed Care (capitated) | | | | | | | | | |
| 2b. | Medicaid Managed Care (fee-for-service) | | | | | | | | | |
| 3. | Total Medicaid (Sum lines 1+2a+2b) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. | Medicare Non-Managed Care | | | | | | | | | |
| 5a. | Medicare Managed Care (capitated) | | | | | | | | | |

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Table 9E

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Table 9E - Other Revenues

H80C5000142018/v1: WOODALL CYLSA INC., EATONVILLE, MI

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Status: ! In Progress

Universal

BPHC Grants (Enter Amount Drawn Down - Consistent With PMS-272)

| S.No | Source | Amount (a) \$ |
|------------|---|----------------------|
| 1a. | Migrant Health Center | <input type="text"/> |
| 1b. | Community Health Center | <input type="text"/> |
| 1c. | Health Care for the Homeless | <input type="text"/> |
| 1e. | Public Housing Primary Care | <input type="text"/> |
| 1g. | Total Health Center (Sum lines 1a through 1e) | 0 |
| 1j. | Capital Improvement Program Grants | <input type="text"/> |
| 1k. | Capital Development Grants, including School Based Health Center Capital Grants | <input type="text"/> |
| 1. | Total BPHC Grants (Sum lines 1g+1j+1k) | 0 |

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Offline UDS associated pages

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BHCMIS ID: 000000

Funding Stream(s): CHC, MHC

Submission Status: Data Entry In Progress

Reporting Period: 01/01/2018 - 12/31/2018

Started By: Jane Doe on 9/21/2018 03:34 PM ET

► Resources 

Instructions

Export the performance report data into a template file.

Export Template File

Select Format

Excel

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