Uniform Data System Reporting Tables

U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

Table: Patients by ZIP Code

Reporting Period: January 1, 2019, through December 31, 2019

ZIP Code (a)	None/ Uninsured (b)	Medicaid/ CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
[Blank for demonstration]					
[Blank for demonstration]					
Other ZIP Codes					
Unknown Residence					
Total					

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

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

Reporting Period: January 1, 2019, through December 31, 2019

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 of Lines 1-38)		

Table 3B: Demographic Characteristics

Reporting Period: January 1, 2019, through December 31, 2019

Patients by Race and 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	**Total Patients** (Sum of Lines 1 + 2 + 3 to 7)				

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	

Line	Patients by Sexual Orientation	Number (a)	Line	Patients by Gender Identity	Number (a)
13	Lesbian or Gay		20	Male	
14	Straight (not lesbian or gay)		21	Female	
15	Bisexual		22	Transgender Male/Female-to-Male	
16	Something else		23	Transgender Female/Male-to-Female	
17	Don't know		24	Other	
18	Chose not to disclose		25	Chose not to disclose	
19	**Total Patients** (Sum of Lines 13 to 18)		26	**Total Patients** (Sum of Lines 20 to 25)	

Table 4: Selected Patient Characteristics

Reporting Period: January 1, 2019, through December 31, 2019

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	**TOTAL** (Sum of Lines 1–5)	

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	**Total Medicaid** (Line 8a + 8b)		
9a	Dually Eligible (Medicare and Medicaid)		
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)		
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 of Lines 7 + 8 + 9 +10 +11)		

Line	Managed Care Utilization	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** (Sum of Lines 13a + 13b)					

Table 4: Selected Patient Characteristics (continued)

Reporting Period: January 1, 2019, through December 31, 2019

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	
15	Seasonal (330g awardees only)	
16	**Total Agricultural Workers or Dependents** (All health centers report this line)	
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling Up (330h awardees only)	
20	Street (330h awardees only)	
21a	Permanent Supportive Housing (330h awardees only)	
21	Other (330h awardees only)	
22	Unknown (330h awardees only)	
23	**Total Homeless** (All health centers report this line)	
24	**Total School-Based Health Center Patients** (All health centers report this line)	
25	**Total Veterans** (All health centers report this line)	
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site** (All health centers report this line)	

Table 5: Staffing and Utilization

Reporting Period: January 1, 2019, through December 31, 2019

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	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 Use Disorder Services**				
22	**Other Professional Services** (specify___)				

Table 5: Staffing and Utilization (continued)

Reporting Period: January 1, 2019, through December 31, 2019

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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)				
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)				

Table 5: Selected Service Detail Addendum

Reporting Period: January 1, 2019, through December 31, 2019

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Table 6A: Selected Diagnoses and Services Rendered

Reporting Period: January 1, 2019, through December 31, 2019

Table 6A: Selected Diagnoses

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Infectious and Parasitic Diseases			
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
2a	Pre-Exposure Prophylaxis (PrEP) Prescription	Through possible exposure risk at encounters: Z20.2, Z11.4, Z11.3, Z20.6, Z72.5, Z72.51, Z72.52, Z72.53, Z11.59, Z20.5, Z71.7, F19.20, Z70.1, Z20.82, Z77.21, Z77.9, W46, W46.0, W46.1 Through possible counseling during initiation or continuation: (CPT codes) 99201-99205, 99211-99215, 99401-99404, 99411, 99412 Through possible lab codes during initiation or surveillance: (CPT codes) 86689, 86701-86703, 87534-87539, 87389-87391, G0432, G0433, G0435 Z01.812, Z51.81, Z79.899, Z86.59, Z87.898, F11.20, F11.21, F11.10, F11.90 Through codes associated with possible PrEP prescribing: Z79.899 and (RXNorm codes) Truvada 495430, Descovy 1747692, TDF 322248, FTC 276237, TAF 1721604		
3	Tuberculosis	A15- through A19-, O98.0-		
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)		
4a	Hepatitis B	B16.0 through 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		
	Selected Diseases of the Respiratory System			
5	Asthma	J45-		
6	Chronic lower respiratory diseases	J40- through J44-, J47-		
	Selected Other Medical Conditions			
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-,		

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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-, O10-, O11-		
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-		
13	Dehydration	E86-		
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-		
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52)		
Selected Childhood Conditions (limited to ages 0 through 17)				
15	Otitis media and Eustachian tube disorders	H65- through H69-		
16	Selected perinatal/neonatal medical conditions	A33-, P19-, 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), R63.3		
Selected Mental Health Conditions and Substance Use Disorders				
18	Alcohol-related disorders	F10-, G62.1, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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 F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		
20e	Human Trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.8-, Z62.813, Z91.42		
20f	Intimate Partner Violence	T74.11, T74.21, T74.31, Z69.11, Y07.0		

Table 6A: Selected Services Rendered

Line	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/ Screening/Preventive Services			
21	HIV test	**CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4**: 86704 through 86707, 87340, 87341, 87350		
21b	Hepatitis C test	**CPT-4**: 86803, 86804, 87520 through 87522		
22	Mammogram	**CPT-4**: 77065, 77066, 77067 OR **ICD-10**: Z12.31		
23	Pap test	**CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a	Seasonal flu vaccine	**CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90749, 90756		
25	Contraceptive management	**ICD-10**: Z30-		
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4**: 99381 through 99383, 99391 through 99393 **ICD-10**: Z00.1-		
26a	Childhood lead test screening (9 to 72 months)	**ICD-10:** Z13.88 **CPT-4**: 83655		
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4**: 99408, 99409 **HCPCS**: G0396, G0397, G0443, H0050		
26c	Smoke and tobacco use cessation counseling	**CPT-4**: 99406, 99407 OR **HCPCS**: S9075 OR **CPT-II**: 4000F, 4001F, 4004F		
26d	Comprehensive and intermediate eye exams	**CPT-4**: 92002, 92004, 92012, 92014		

Line	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
	Selected Dental Services			
27	Emergency services	**ADA:** D0140, D9110		
28	Oral exams	**ADA:** D0120, DO145, 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 **CPT-4:** 99188		
32	Restorative services	**ADA:** D21xx through D29xx		
33	Oral surgery (extractions and other surgical procedures)	**ADA:** D7xxx		
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

Sources of Codes:

- ICD-10-CM (2019)–National Center for Health Statistics (NCHS)
- CPT (2019)–American Medical Association (AMA)
- Code on Dental Procedures and Nomenclature CDT Code (2019)–Dental Procedure Codes. American Dental Association (ADA)

Note: "X" in a code denotes any number including the absence of a number in that place. Dashes (–) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead, they are used to point out that other codes in the series are to be considered.

Table 6B: Quality of Care Measures

Reporting Period: January 1, 2019, through December 31, 2019

0	Prenatal Care Provided by Referral Only (Check if Yes)	

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 of 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 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 received age appropriate vaccines by their 2nd birthday			

Section D – Cervical and Breast 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			
Line	**Breast Cancer Screening**	**Total Female Patients Aged 50 through 74 (a)**	**Number Charts Sampled or EHR total (b)**	**Number of Patients with Mammogram (c)**
11a	MEASURE: Percentage of women 50-74 years of age who had a mammogram to screen for breast 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 *and* counseling on nutrition *and* 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 *and* (2) follow-up plan documented *if* 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 *and* 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, *and* (2) if identified to be a tobacco user received cessation counseling intervention			

Section I - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin 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)	Number 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)	Number 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 ~~Measures~~Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 30 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 30 days of that first-ever diagnosis			
Line	HIV Screening	Total Patients Aged 15 through 65 (a)	Charts Sampled or EHR Total (b)	Number of Patients Tested for HIV (c)
20a	MEASURE: Percentage of patients 15-65 years of age who have been tested for HIV within that age range			

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

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number 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 12 years of age and older who were (1) screened for depression with a standardized tool *and,* if screening was positive, (2) had a follow-up plan documented			
Line	Depression Remission at 12 Months	Total Patients Aged 18 and Older with Major Depression or Dysthymia (a)	Charts Sampled or EHR Total (b)	Number of Patients who Reached Remission (c)
21a	MEASURE: Percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	[blank for]	[blank for demonstration]	[blank for demonstration]

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

Line	Dental Sealants for Children between 6–9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants in First Molars (c)
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, 2019, through December 31, 2019

Section A: Deliveries and Birth Weight

Line	Description	Patients (a)
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				
	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 Race & Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity				
i	**Total**				

Section B: Controlling High Blood Pressure

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number Charts Sampled or EHR Total (2b)	Patients with Hypertension 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 Race and Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	**Total**			

Section C: Diabetes: Hemoglobin A1c Poor Control

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	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	*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	*Subtotal Non-Hispanic/Latino*			
	Unreported/Refused to Report Race and Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	**Total**			

Table 8A: Financial Costs

Reporting Period: January 1, 2019, through December 31, 2019

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 of Medical Care			
1	Medical Staff			
2	Lab and X-ray			
3	Medical/Other Direct			
4	**Total Medical Care Services** (Sum of Lines 1 through 3)			
	Financial Costs of Other Clinical Services			
5	Dental			
6	Mental Health			
7	Substance Use Disorder			
8a	Pharmacy not including pharmaceuticals			
8b	Pharmaceuticals			
9	Other Professional (Specify:_____)			
9a	Vision			
10	**Total Other Clinical Services** (Sum of Lines 5 through 9a)			
	Financial Costs of Enabling and Other 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 of Lines 11a through 11h)			
12	Other Related Services (Specify:_____)			
12a	Quality Improvement			
13	**Total Enabling and Other Services** (Sum of Lines 11, 12, and 12a)			

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)
	Facility and Non-Clinical Support Services and Totals			
14	Facility			
15	Non-Clinical Support Services			
16	**Total Facility and Non-Clinical Support Services** (Sum of Lines 14 and 15)			
17	**Total Accrued Costs** (Sum of Lines 4 + 10 + 13 + 16)			
18	Value of Donated Facilities, Services, and Supplies (specify:_____)			
19	**Total with Donations** (Sum of Lines 17 and 18)			

Table 9D: Patient Related Revenue

Reporting Period: January 1, 2019, through December 31, 2019

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Fee 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, etc. (c3)	Penalty/ Payback (c4)			
1	Medicaid Non-Managed Care									
2a	Medicaid Managed Care (capitated)									
2b	Medicaid Managed Care (fee-for-service)									
3	**Total Medicaid** (Sum of Lines 1 + 2a + 2b)									
4	Medicare Non-Managed Care									
5a	Medicare Managed Care (capitated)									
5b	Medicare Managed Care (fee-for-service)									
6	**Total Medicare** (Sum of 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	**Total Other Public** (Sum of Lines 7 + 8a + 8b)									
10	Private Non-Managed Care									

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Fee 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, etc. (c3)	Penalty/ Payback (c4)			
11a	Private Managed Care (capitated)									
11b	Private Managed Care (fee-for-service)									
12	**Total Private** (Sum of Lines 10 + 11a + 11b)									
13	**Self-pay**									
14	**TOTAL** (Sum of Lines 3 + 6 + 9 + 12 + 13)									

Table 9E: Other Revenues

Reporting Period: January 1, 2019, through December 31, 2019

Line	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)	
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1	**Total BPHC Grants** (Sum of Lines 1g + 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	
5	**Total Other Federal Grants** (Sum of Lines 2–3a)	
	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 of Lines 6 + 6A + 7 + 8)	
10	Other Revenue (non-patient related revenue not reported elsewhere) (specify:_____)	
11	**Total Revenue** (Sum of Lines 1 + 5 + 9 + 10)	

Appendix D: Health Center Health Information Technology (HIT) Capabilities

Instructions

The HIT Capabilities Form includes a series of questions on HIT capabilities, including EHR interoperability and eligibility for Meaningful Use. The HIT Form must be completed and submitted as part of the UDS submission. The form includes questions about the health center's implementation of an EHR, certification of systems, and how widely adopted the system is throughout the health center and its providers.

Questions

The following questions appear in the EHBs. Complete them before you file the UDS Report. Instructions for the HIT questions are on-screen in EHBs as you complete 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

   c. No

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. 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. Do not include PMS or other billing systems even though they can often produce much of the UDS data. If the health center purchased an EHR, but has 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 it has been certified by the Office of the National Coordinator - Authorized Testing and Certification Bodies.

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 with its own EHR), report the EHR that will be the successor system.

1a1. Vendor

1a2. Product Name

1a3. Version Number

1a4. ONC-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 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. Do you use more than one EHR or data system across your organization? If yes, what is the reason?

    1. Second EHR/data system is used during transition to primary EHR
    2. Second EHR/data system is specific to one service type (e.g. dental, behavioral health)
    3. Second EHR/data system is used at specific sites with no plan to transition
    4. Other (please specify) _____

~~How many sites have the EHR system in use?~~

1d. Is your EHR up to date with the latest software and system patches?~~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:

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 can perform the function and some or all of your medical providers are using 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, 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.

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. Which Ith which of the following key providers/health care settings does your center electronically exchange clinical information with? (Select all that apply)

   a. Hospitals/Emergency rooms

   b. Specialty clinicians

   c. Other primary care providers

   d. Labs or imaging

   c.e. Health information exchange (HIE)

   d.f. None of the above

   e.g.Other (please describe_____)

5. Does your center engage patients through health IT in any of the following ways? (Select all that apply)

   a. Patient portals

    b.   Kiosks

    c.   Secure messaging

    d.   Other (please describe_____)

    e.   No, we do not engage patients using HIT

6. Question removed.

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. Question removed.

9. Question removed.

10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply)

    a.   Quality improvement

    b.   Population health management

    c.   Program evaluation

    d.   Research

    e.   Other (please describe_____)

    f.   We do not utilize HIT or EHR data beyond direct patient care

11. Does your health center collect data on individual patients' social risk factors, outside of the data reportable in the UDS?

    a.   Yes

    b.   No, but we are in planning stages to collect this information

    c.   No, we are not planning to collect this information

12. Which standardized assessment(s) to collect information on the social determinants of health or social risk factors, if any, do you use? (Select all that apply)

    a.   Accountable Health Communities Screening Tools

    b.   Upstream Risks Screening Tool and Guide

    c.   iHELP

    d.   Recommend Social and Behavioral Domains for EHRs

    e.   Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

    f.   Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education (WE CARE)

    g.   WellRx

    ~~g.~~h.Health Leads Screening Toolkit

    ~~h.~~i. Other (please describe_____)

    ~~j.~~   ~~We do not use a standardized screener~~

12a. Please provide the total number of patients that screened positive for the following:

    a.   Food insecurity

    b.   Housing insecurity

    c.   Financial strain

    d.   Lack of transportation/access to public transportation

12b. If you do not use a standardized assessment to collect this information, please comment why (Select all that apply)

    a.   Have not considered/unfamiliar with assessments

    b.   Lack of funding for addressing these unmet social needs of patients

    c. Lack of training for staff to discuss these issues with patients

    d. Inability to include in patient intake and clinical workflow

    e. Not needed

    f.   Other (Please specify:_____)

13. Does your center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems such as Health Information Exchanges,

electronic health record (EHR) systems, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?

a. Yes

b. No

c. Not sure

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 your UDS submission. Topics include medication-assisted treatment (MAT), 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,[1] 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. Did your organization use telemedicine to provide remote clinical care services?

   (The term "telehealth" includes "telemedicine" services but encompasses a broader scope of remote healthcare services. Telemedicine is specific to remote clinical services whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.)

   a. Yes

   2a1. Who did you use telemedicine to communicate with? (Select all that apply)

   a. Patients at remote locations from your organization (e.g., home telehealth, satellite locations)

   b. Specialists outside your organization (e.g., specialists at referral centers)

   2a2. What telehealth technologies did you use? (Select all that apply)

   a. Real-time telehealth (e.g., live videoconferencing)

   b. Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)

   c. Remote patient monitoring

   d. Mobile Health (mHealth)

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[1] 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 physician assistants (PAs).

2a3. What primary telemedicine services were used at your organization? (Select all that apply)

    a. Primary care

    b. Oral health

    c. Behavioral health: Mental health

    d. Behavioral health: Substance use disorder

    e. Dermatology

    f. Chronic conditions

    g. Disaster management

    h. Consumer health education

    i. Provider-to-provider consultation

    j. Radiology

    k. Nutrition and dietary counseling

    l. Other (Please specify: _____)

b. No. If you did not have telemedicine services, please comment why (Select all that apply).

    a. Have not considered/unfamiliar with telehealth service options

    b. Policy barriers (Select all that apply)

      i. Lack of or limited reimbursement

      ii. Credentialing, licensing, or privileging

      iii. Privacy and security

      iv. Other (Please specify: _____)

    c. Inadequate broadband/ telecommunication service (Select all that apply)

      i. Cost of service

      ii. Lack of infrastructure

      iii. Other (Please specify: _____)

    d. Lack of funding for telehealth equipment

    e. Lack of training for telehealth services

    f. Not needed

    g. Other (Please specify: _____)

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 (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.

Enter number of assists _____

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

Instructions

It is important to understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals. This section includes a series of questions on health center workforce.

Questions

Report on these data elements as part of your UDS submission. Topics include health professional education/training and satisfaction surveys. Respond to each question based on your health center status *as of December 31*.

1. Does your health center provide health professional education/training? Health professional education/training does not include continuing education units.

    a. Yes

    b. No

1a. If yes, which category best describes your health center's role in the health professional education/training process?

    a. Sponsor[2]

    b. Training site partner[3]

    c. Other (please describe_____)

2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category within the last year.

	a. Pre-Graduate/Certificate	b. Post-Graduate Training
Medical	[blank]	[blank]
1. Physicians	[blank for demonstration]	[blank for demonstration]
a. Family Physicians	[blank for demonstration]	[blank for demonstration]
b. General Practitioners	[blank for demonstration]	[blank for demonstration]
c. Internists	[blank for demonstration]	[blank for demonstration]
d. Obstetrician/Gynecologists	[blank for demonstration]	[blank for demonstration]
e. Pediatricians	[blank for demonstration]	[blank for demonstration]
f. Other Specialty Physicians	[blank for demonstration]	[blank for demonstration]
2. Nurse Practitioners	[blank for demonstration]	[blank for demonstration]
3. Physician Assistants	[blank for demonstration]	[blank for demonstration]
4. Certified Nurse Midwives	[blank for demonstration]	[blank for demonstration]
5. Registered Nurses	[blank for demonstration]	[blank for demonstration]
6. Licensed Practical Nurses/ Vocational Nurses	[blank for demonstration]	[blank for demonstration]
7. Medical Assistants	[blank for demonstration]	[blank for demonstration]
Dental	**[blank]**	**[blank]**

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2 A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

3 A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

	a. Pre-Graduate/Certificate	b. Post-Graduate Training
8. Dentists	[blank for demonstration]	[blank for demonstration]
9. Dental Hygienists	[blank for demonstration]	[blank for demonstration]
10. Dental Therapists	[blank for demonstration]	[blank for demonstration]
Mental Health and Substance Use Disorder	**[blank]**	**[blank]**
11. Psychiatrists	[blank for demonstration]	[blank for demonstration]
12. Clinical Psychologists	[blank for demonstration]	[blank for demonstration]
13. Clinical Social Workers	[blank for demonstration]	[blank for demonstration]
14. Professional Counselors	[blank for demonstration]	[blank for demonstration]
15. Marriage and Family Therapists	[blank for demonstration]	[blank for demonstration]
16. Psychiatric Nurse Specialists	[blank for demonstration]	[blank for demonstration]
17. Mental Health Nurse Practitioners	[blank for demonstration]	[blank for demonstration]
18. Mental Health Physician Assistants	[blank for demonstration]	[blank for demonstration]
19. Substance Use Disorder Personnel	[blank for demonstration]	[blank for demonstration]
Vision	**[blank]**	**[blank]**
20. Ophthalmologists	[blank for demonstration]	[blank for demonstration]
21. Optometrists	[blank for demonstration]	[blank for demonstration]
Other Professionals	**[blank]**	**[blank]**
22. Chiropractors	[blank for demonstration]	[blank for demonstration]
23. Dieticians/Nutritionists	[blank for demonstration]	[blank for demonstration]
24. Pharmacists	[blank for demonstration]	[blank for demonstration]
25. Other (please specify_____)	[blank for demonstration]	[blank for demonstration]

3. Provide the number of health center staff serving as preceptors at your health center _____

4. Provide the number of health center staff (non-preceptors) supporting health center training programs _____

5. How often does your health center implement satisfaction surveys for providers?

   a. Monthly

   b. Quarterly

   c. Annually

   d. We do not currently conduct provider satisfaction surveys

   e. Other (please describe_____)

6. How often does your health center implement satisfaction surveys for general staff?

   a. Monthly

   b. Quarterly

   c. Annually

   d. We do not currently conduct staff satisfaction surveys

   e. Other (please describe_____)

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