

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

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ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/Chip/OtherPublic (c)	Medicare (d)	Private (e)	Total Patients (f)	Action
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					0
Unknown Residence					0
Total (Zip Codes + Other Zip Codes)	7229	8524	1321	9680	26754

Comments

Enter 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 0018H2018biv4: INSPORT OUTSOURCING MEDICAL CENTER, VAN VLEET, MD

Resources UDS Manual Status: Complete

Universal

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	160	201
8.	Age 7	187	180
9.	Age 8	155	145
10.	Age 9	152	154
11.	Age 10	194	189
11.	Age 10	194	189
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

Comments

Enter comments

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Table 3B

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Table 3B - Demographic Characteristics

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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

Comments

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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	5888
2.	101 - 150%	1970
3.	151 - 200%	1355
4.	Over 200%	1208
5.	Unknown	15327
6.	Total (Sum lines 1-5)	28754

Principal Third Party Medical Insurance

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

Special Populations

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

Comments

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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

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 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

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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

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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		

Comments

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Table 6B

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Table 6B - Quality Of Care Measures

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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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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

Enter comments

(1000 characters)

Table 8A

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Table 8A - Financial Costs

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* 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

Enter comments

0/1000 characters

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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)									

Comments

Enter comments

0/1000 characters

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Table 9E

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Table 9E - Other Revenues

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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

Comments

Enter comments

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Error: Your form has (3) error(s) and cannot be submitted.

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

* 1a. How many physicians, certified nurse practitioners and physician assistants, 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? **Field is required**

* 1b. 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? **Field is required**

2. Did your organization use telehealth in order 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.) **Yes No**

* 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 assisters 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. **Field is required**

Enter number of assisters

Comments
Enter comments
0/1000 characters

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Offline UDS associated pages

Import Page

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Import File

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Instructions
Import the populated performance report template below. On successful import of the excel file, data will be reflected on the offline forms. You can navigate to the forms from the left menu to view the imported data.

Import File
Choose File: UDS2018Sub...nion1.xls **Import File**

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Export Page

Export File

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▼ H80CS000232018/v1: LABRATORY LIMBOURN UNIVERSITY, BERN, UJ.

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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