Bureau of Primary Health Care (BPHC)

Uniform Data System Reporting Tables for 2026 Health Center Data

Bureau of Primary Health Care

Uniform Data System Reporting Tables

For Calendar Year 2026 UDS Data

For help contact: 866-837-4357 (866-UDS-HELP), BPHC Contact Form, https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance, or udshelp330@bphcdata.net

Health Resources and Services Administration

Bureau of Primary Health Care

5600 Fishers Lane, Rockville, Maryland 20857

2026 Uniform Data System Manual Contents

PATIENTS BY ZIP CODE TABLE

Calendar Year: January 1, 2026, through December 31, 2026

ZIP Code (A)	None/ Uninsured (B)	Medicaid/ CHIP/Other Public (C)	Medicare (D)	Private (E)	Total Patients (F)
Other ZIP Codes					
Unknown Residence					
Total					

Note: The actual output from the EHBs will display ZIP codes entered by the health center in Column A.

Patients by ZIP Code Table Cross-Table Considerations:

- Patients by ZIP Code Table and Tables 3A, 3B, and 4 describe the same patients and the totals must be equal.
- The number of patients by insurance source reported on the Patients by ZIP Code Table must be consistent with the number of patients by insurance category reported on Table 4.

TABLE 3A: PATIENTS BY AGE AND BY SEX

Calendar Year: January 1, 2026, through December 31, 2026

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 3A Cross-Table Considerations:

- Table 3A, Line 39 = Table 3B, Line 8, Column D = total patients on the Patients by ZIP Code Table = Table 4, Lines 6 and 12.
- If you submit Grant Reports, the total number of patients reported on each grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

TABLE 3B: DEMOGRAPHIC CHARACTERISTICS

Calendar Year: January 1, 2026, through December 31, 2026

	Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity									
Line	**Patients by Race**	**Yes, Mexican, Mexican American, Chicano/a (A1)**	**Yes, Puerto Rican (A2)**	**Yes, Cuban (A3)**	**Yes, Another Hispanic, Latino/a, or Spanish Origin (A4)**	**Yes, Hispanic, Latino/a, Spanish Origin, Combined (A5)**	**Total Hispanic, Latino/a, or Spanish Origin (A) (Sum Columns A1 + A2 + A3 + A4 + A5)**	**Not Hispanic, Latino/a, or Spanish Origin (B)**	**Unreported / Chose Not to Disclose Ethnicity (C)**	**Total (D) (Sum Columns A+ B+ C)**
1a	Asian Indian									
1b	Chinese									
1c	Filipino									
1d	Japanese									
1e	Korean									
1f	Vietnamese									
1g	Other Asian									
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)									
2a	Native Hawaiian									
2b	Other Pacific Islander									
2c	Guamanian or Chamorro									
2d	Samoan									
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)									
3	Black or African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported/Chose not to disclose race									
8	**Total Patients** (Sum of Lines 1 + 2 + 3 to 7)									

Line	Patients with Limited English Proficiency	Number (A)
12	Patients with Limited English Proficiency	

Table 3B Cross-Table Considerations:

- Table 3B, Line 8 = Table 3A, Line 39 = Patients by ZIP Code Table = Table 4, Lines 6 and 12.
- Tables 3B and 7 both report patients by race and Hispanic, Latino/a, or Spanish ethnicity. The data sources for identifying race and ethnicity for the two tables should be the same, and the number of patients reported on Table 7 by race and ethnicity cannot exceed the number of patients in the same category on Table 3B.
- If you submit Grant Reports, the total number of patients reported on each grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

TABLE 4: SELECTED PATIENT CHARACTERISTICS

Calendar Year: January 1, 2026, through December 31, 2026

Line	Income as Percentage 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	Primary 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	Special Medically Underserved Populations	Number of Patients (A)
14	Migratory Agricultural Workers or Their Family Members (330g recipients only)	
15	Seasonal Agricultural Workers or Their Family Members (330g recipients only)	
16	**Total Migratory and Seasonal Agricultural Workers or Their Family Members** (All health centers report this line.)	
17	Homeless Shelter (330h recipients only)	
18	Transitional (330h recipients only)	
19	Doubling Up (330h recipients only)	
20	Street (330h recipients only)	
21a	Permanent Supportive Housing (330h recipients only)	
21	Other (330h recipients only)	
22	Unknown (330h recipients only)	
23	**Total Homeless Population** (All health centers report this line.)	
24	**Total School-Based Service Site Patients** (All health centers report this line.)	
25	**Total Veterans** (All health centers report this line.)	
26	**Total Residents of Public Housing**[1] (All health centers report this line.)	

Table 4 Cross-Table Considerations:

[1] "Residents of public housing" refers to patients who are served at a health center located in or immediately accessible to a public housing site. Public housing includes public housing agency-developed, -owned, or -assisted low-income housing, including mixed-finance projects but excludes housing units with no public housing agency support other than Section 8 housing vouchers (Section 330(i) of the PHS Act).

- The total patients reported by insurance type must match on Table 4 (Lines 7–12) and the Patients by ZIP Code Table. For example, total Medicare patients on Table 4 (Line 9) must match the total of the Medicare Column D on the Patients by ZIP Code Table.
- Charges and collections by payer on Table 9D generally relates to insurance enrollment on Table 4. For example, dividing Medicaid revenue on Table 9D, Line 3, Column B, by Total Medicaid Patients on Table 4, Line 8, equals the average collection per Medicaid patient.
- If you submit Grant Reports, the total number of patients reported on a grant table(s) must be less than or equal to the corresponding number on the Universal Report for each cell.

TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2026, through December 31, 2026

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 Care Services** (Lines 8 + 10a– 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 • Family Therapists • Psychiatric Mental Health Nurse Practitioners • Psychiatric Mental Health Registered Nurses • Other Licensed Mental Health Providers (specify___)				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a–c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** • Audiologists • Chiropractors • Community and Behavioral Health Aides/Practitioners (CHA/Ps and BHA/Ps) • Podiatrists • Registered Dietitians, including Dietitians and Nutritionists • Therapists, including Massage, Occupational, Physical, Respiratory, and Speech Therapists and Speech Pathologists • Traditional Medicine Providers, including Acupuncturists and Naturopaths • Other professional services (specify___)				

Line	Personnel by Major Service Category	FTEs (A)	Clinic Visits (B)	Virtual Visits (B2)	Patients (C)
22a	Ophthalmologists				
22b	Optometrists				
22c	Other Vision Care Personnel				
22d	**Total Vision Services** (Lines 22a–c)				
23a	Pharmacists				
23b	Clinical Pharmacists				
23c	Pharmacy Technicians				
23d	Other Pharmacy Personnel				
23	**Pharmacy Personnel** (Lines 23a–d)				
24	Case Managers				
25	Health Education Specialists				
26a	Eligibility Assistance Services Personnel				
27a	Outreach Services Personnel				
27b	Transportation Services Personnel				
27c	Language Assistance Services Personnel				
28a	Community Health Workers				
28b	Other Patient Support Services Personnel (specify___)				
29	**Total Patient Support Services** (Lines 24–28b)				
29a	**Other Programs and Services** (specify___)				
30a	Management and Support Personnel				
30b	Fiscal and Billing Personnel				
30c	Information Technology Personnel				
31	Facility Personnel				
32	Patient Registration and Health Records Personnel				
33	**Total Facility and Support Services Personnel** (Lines 30a–32)				
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+33)				

Table 5 Cross-Table Considerations:

- Total patients on Table 5, Column C, is typically greater than the total number of patients on Table 3A (unless only one type of service is offered at the health center).
- The personnel on Table 5 are routinely compared to the costs on Table 8A. See the crosswalk of comparable fields in Appendix B.
- Billable visits reported on Table 5 should relate to patient charges reported on Table 9D.
- The total number of patients and visits reported on a Grant Report must be less than or equal to the corresponding number on the Universal Report for each cell.

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2026, through December 31, 2026

SELECTED DIAGNOSES

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	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)	**ICD-10:** B20, B97.35, Z21 **OID:** 2.16.840.1.113883.3.464.1003.120.11.1007, 2.16.840.1.113883.3.464.1003.120.11.1010		
3	Tuberculosis	**ICD-10:** A15- through A19-, B90-, J65 **OID:** 2.16.840.1.113762.1.4.1222.44		
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	**ICD-10:** A50- through A64-		
4a	Hepatitis B	**ICD-10:** B16.0 through B16.2, B16.9, B18.0, B18.1, B19.1- **OID:** 2.16.840.1.113883.3.67.1.101.1.271		
4b	Hepatitis C	**ICD-10:** B17.1-, B18.2, B19.2-		
4c	Novel coronavirus (SARS-CoV-2) disease	**ICD-10:** U07.1 **OID:** 2.16.840.1.113762.1.4.1248.139		
4d	Long COVID	**ICD-10:** U09, U09.9 **OID:** 2.16.840.1.113762.1.4.1178.98		
	Selected Diseases of the Respiratory System			
5	Asthma	**ICD-10:** J45- **OID:** 2.16.840.1.113762.1.4.1222.1471		
6	Chronic lower respiratory diseases	**ICD-10:** J40 (count J40 only when code U07.1 **is not** present), J41- through J44-, J47-, J4A-		
	Selected Other Medical Conditions			
9	Diabetes mellitus	**ICD-10:** E08- through E13-, O24- (exclude O24.4-) **OID:** 2.16.840.1.113762.1.4.1219.33		
9a	Diabetes mellitus type 1	**ICD-10:** E10-		
10	Heart disease (selected)	**ICD-10:** I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-, Q24-		
11	Hypertension	**ICD-10:** I10- through I16-		
13	Dehydration	**ICD-10:** E86-		
14	Exposure to heat or cold	**ICD-10:** T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-, Z57.6		
14a	Overweight and obesity	**ICD-10:** E66-, Z68- (exclude Z68.0 through Z68.24, Z68.5 through Z68.52)		

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (A)	Number of Patients with Diagnosis (B)
	Selected Childhood Conditions (limited to ages 0 through 17)			
15	Otitis media and Eustachian tube disorders	**ICD-10:** H65- through H69-		
16	Selected perinatal/neonatal medical conditions	**ICD-10:** A33, P19-, P22- through P29- (exclude P29.3-), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), Q86-		
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.	**ICD-10:** E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3- (exclude R63.39)		
	Selected Mental Health Conditions, Substance Use Disorders, and Exploitations			
18	Alcohol-related disorders	**ICD-10:** F10-, G62.1, I42.6, K70-, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	**ICD-10:** F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	**ICD-10:** F17-, O99.33-, Z72.0		
20a	Depression and other mood disorders	**ICD-10:** F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	**ICD-10:** F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0		
20c	Attention deficit and disruptive behavior disorders	**ICD-10:** F90- through F91-		
20d	Other mental disorders, excluding substance or alcohol dependence	**ICD-10:** 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	**ICD-10:** T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	**ICD-10:** T74.11-, T74.21-, T74.31-, Z69.11		
20g	Intellectual and developmental disabilities	**ICD-10:** F70- through F89-		

SELECTED SERVICES RENDERED

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, or HCPCS, SNOMED CT, or OID 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 **HCPCS:** G0432, G0433, G0435, G0475 **OID:** 2.16.840.1.113762.1.4.1056.50		
21a	Hepatitis B test	**CPT-4:** 80074, 86704 through 86707, 87340, 87341, 87350, 87467, 87912 **HCPCS:** G0499		
21b	Hepatitis C test	**CPT-4:** 80074, 86803, 86804, 87520 through 87522, 87902 **HCPCS:** G0472		
21e	Pre-Exposure Prophylaxis (PrEP)-associated prescribing and management	**ICD-10:** Z29.81		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90371, 90389, 90396, 90632, 90633, 90634, 90636, 90644, 90645, 90646, 90647, 90648, 90670, 90671, 90677, 90684, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90720, 90721, 90723, 90732, 90739, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a	Seasonal flu vaccine	**CPT-4:** 90653, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90694, 90724, 90756		
24b	Coronavirus (SARS-CoV-2) vaccine	**CPT-4:** 91300 through 91323		
25	Contraceptive management	**ICD-10:** Z30-		
26	Well child visit (ages 0 through 11)	**ICD-10:** Z00.1-, Z76.1. Z76.2 **CPT-4:** 99381 through 99383, 99391 through 99393		
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, G2011, H0050		
26c	Smoke and tobacco use cessation counseling	**ICD-10:** Z71.6 **CPT-4:** 99406, 99407 **HCPCS:** G9906		
26c2	Tobacco use cessation pharmacotherapies	**OID:** 2.16.840.1.113883.3.526.3.1190		
26c3	Medications for opioid use disorder (MOUD)	**OID:** 2.16.840.1.113762.1.4.1046.269		
26d	Comprehensive and intermediate eye exams	**CPT-4:** 92002, 92004, 92012, 92014		

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, or HCPCS, SNOMED CT, or OID Code	Number of Visits (A)	Number of Patients (B)
26e	Childhood development screenings and evaluations (ages 0 through 5)	**ICD-10:** Z13.4- **CPT-4:** 96110, 96112, 96113, 96127		
26f	Alzheimer's disease and related dementias (ADRD) screening	**CPT-4:** 99483 **OID:** 2.16.840.1.113883.3.526.3.1006		
26g	Autism spectrum disorder (ASD) screening	**ICD-10:** Z13.41		

Line	Service Category	Applicable ADA Code	Number of Visits (A)	Number of Patients (B)
	Selected Dental Services			
27	Emergency services	**CDT:** D0140, D9110		
28	Oral exams	**CDT:** D0120, D0145, D0150, D0160, D0170, D0171, D0180		
29	Prophylaxis—adult or child	**CDT:** D1110, D1120		
31	Fluoride treatment—adult or child	**CDT:** D1206, D1208 **CPT-4:** 99188		
32	Restorative services	**CDT:** D21xx through D29xx		

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, HCPCS, SNOMED CT, or OID Code	Number of Visits (A)	Number of Patients (B)
	Selected Patient Support Services			
35	Case management	**CPT-4:** 99366, 99490, 99491, 99437, 99439, 99495, 99496 **HCPCS:** G0019, G0022, G0556, G0557, G0558, T1016		
36	Eligibility assistance	**SNOMED:** 661901000124106, 662501000124105, 671291000124100, 661871000124106, 662401000124109, 662111000124100, 662731000124107, 662091000124109, 662551000124109, 662231000124100, 662671000124100, 472321000124103, 472301000124108, 661781000124104, 662431000124101, 581041000124102, 662211000124106, 662571000124104		
37	Transportation	**ICD-10:** Z59.82 **OID:** 2.16.840.1.113762.1.4.1247.106		
38	Language assistance services	**OID:** 2.16.840.1.113762.1.4.1247.267		

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, HCPCS, SNOMED CT, or OID Code	Number of Visits (A)	Number of Patients (B)
	Selected Upstream Drivers of Health Services			
39	Upstream drivers of health screening	**OID:** 2.16.840.1.113762.1.4.1247.126		
40	Food insecurity	**OID:** 2.16.840.1.113762.1.4.1247.15, 2.16.840.1.113762.1.4.1247.9, 2.16.840.1.113762.1.4.1247.6		
41	Housing instability	**OID**: 2.16.840.1.113762.1.4.1247.19, 2.16.840.1.113762.1.4.1247.43		
42	Financial insecurity	**OID:** 2.16.840.1.113762.1.4.1247.109		

SOURCES OF CODES

Code System	Primary Source	Secondary Source
ICD-10-CM	National Center for Health Statistics (NCHS)	ICD10Data.com
CPT	American Medical Association (AMA)	CMS
Code on Dental Procedures and Nomenclature (CDT)	American Dental Association (ADA)	
CVX	CDC Vaccine Administered Code Set (CVX)	
HCPCS	CMS	HCPCSData.com
SNOMED CT	National Library of Medicine SNOMED CT	SNOMED CT Concept Lookup
Value Sets	National Library of Medicine Value Set Authority Center	

Note: "X" in a code denotes any number, including the absence of a number in that place. **Dashes (-) in a code** indicate that more characters are needed. ICD-10-CM codes all have at least four digits. These codes are not intended to show whether or not a code is billable. Instead, they identify ranges of codes in the series that should be considered.

Table 6A Cross-Table Considerations:

- The count of patients by diagnosis reported on Table 6A will not be the same count as on Tables 6B and 7, due to differences in criteria that must be met for inclusion on Tables 6B or 7.
- If you submit Grant Reports, the total number of patients and visits reported on a Grant Report must be less than or equal to the corresponding number on the Universal Report for each cell.

TABLE 6B: QUALITY OF CARE MEASURES

Calendar Year: January 1, 2026, through December 31, 2026

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	Patients Having First Visit with Health Center (A)	Patients 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 of Records Reviewed (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 24 through 64 (A)	Number of Records Reviewed (B)	Number of Patients Tested (C)
11	MEASURE: Percentage of women 24–64 years of age who were screened for cervical cancer			
Line	**Breast Cancer Screening**	**Total Female Patients Aged 42 through 74 (A)**	**Number of Records Reviewed (B)**	**Number of Patients with Mammogram (C)**
11a	MEASURE: Percentage of women 42–74 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/Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Total Patients Aged 3 through 17 (A)	Number of Records Reviewed (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 of Records Reviewed (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 12 and Older (A)	Number of Records Reviewed (B)	Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (C)
14a	MEASURE: Percentage of patients aged 12 years of age and older who (1) were screened for tobacco use one or more times during the measurement period, **and** (2) if identified to be a tobacco user received cessation counseling intervention			

Section H—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients at High Risk of Cardiovascular Events (A)	Number of Records Reviewed (B)	Number of Patients Prescribed or On Statin Therapy (C)
17a	MEASURE: Percentage of patients at high risk of cardiovascular events who were prescribed or were on statin therapy			

Section I—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 of Records Reviewed (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 J—Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 46 through 75 (A)	Number of Records Reviewed (B)	Number of Patients with Appropriate Screening for Colorectal Cancer (C)
19	MEASURE: Percentage of patients 46 through 75 years of age who had appropriate screening for colorectal cancer			

Section KL—HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (A)	Number of Records Reviewed (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 personnel between December 1 of the prior year and November 30 of the measurement period 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)**	**Number of Records Reviewed (B)**	**Number of Patients Tested for HIV (C)**
20a	MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range			

Section L—Depression Measures

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (A)	Number of Records Reviewed (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 or active depression medication			
Line	**Depression Remission at Twelve Months**	**Total Patients Aged 12 and Older with Major Depression or Dysthymia (A)**	**Number of Records Reviewed (B)**	**Number of Patients who Reached Remission (C)**
21a	MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event			

Section M—Sealant Receipt on Permanent First Molars

Line	Sealant Receipt on Permanent First Molars	Total Patients with 10th Birthday (A)	Number of Records Reviewed (B)	Number of Patients with Sealants to First Molars (C)
22a	MEASURE: Percentage of children who have ever **received at least one sealant on a permanent first molar tooth**			
22b	MEASURE: Percentage of children who have **received sealants on all four permanent first molar teeth**			

Section N—Substance Use Disorder (SUD) Measures

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (A)	Number of Records Reviewed (B)	Number of Patients who Received SUD Treatment (C)
23a	MEASURE: Percentage of patients with a new SUD episode who **initiated treatment**, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode who **engaged in ongoing treatment**, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation			

Section O—Screening for Future Falls Risk

Line	Falls: Screening for Future Fall Risk	Total Patients Aged 65 and Older (A)	Number of Records Reviewed (B)	Number of Patients Screened for Future Fall Risk (C)
24	MEASURE: Percentage of patients 65 years of age and older who were screened for future fall risk			

Table 6B Cross-Table Considerations:

- Patients with countable visits on Table 5 are generally eligible for inclusion in CQMs reported on Table 6B if they also have a visit that meets the qualifying encounter definition in the CQM criteria.
- The relationship between the denominators on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5.
- The count of patients by diagnosis reported on Table 6A will NOT be the same count as on Table 6B, due to differences in criteria that must be met for inclusion on Table 6B.

TABLE 7: HEALTH OUTCOMES

Calendar Year: January 1, 2026, through December 31, 2026

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)
	Mexican, Mexican American, Chicano/a				
1a1m	Asian Indian				
1a2m	Chinese				
1a3m	Filipino				
1a4m	Japanese				
1a5m	Korean				
1a6m	Vietnamese				
1a7m	Other Asian				
1b1m	Native Hawaiian				
1b2m	Other Pacific Islander				
1b3m	Guamanian or Chamorro				
1b4m	Samoan				
1cm	Black or African American				
1dm	American Indian/Alaska Native				
1em	White				
1fm	More than One Race				
1gm	Unreported/Chose Not to Disclose Race				
	Subtotal Mexican, Mexican American, Chicano/a				
	Puerto Rican				
1a1p	Asian Indian				
1a2p	Chinese				
1a3p	Filipino				
1a4p	Japanese				
1a5p	Korean				
1a6p	Vietnamese				
1a7p	Other Asian				
1b1p	Native Hawaiian				
1b2p	Other Pacific Islander				
1b3p	Guamanian or Chamorro				

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)
1b4p	Samoan				
1cp	Black or African American				
1dp	American Indian/Alaska Native				
1ep	White				
1fp	More than One Race				
1gp	Unreported/Chose Not to Disclose Race				
	Subtotal Puerto Rican				
	Cuban				
1a1c	Asian Indian				
1a2c	Chinese				
1a3c	Filipino				
1a4c	Japanese				
1a5c	Korean				
1a6c	Vietnamese				
1a7c	Other Asian				
1b1c	Native Hawaiian				
1b2c	Other Pacific Islander				
1b3c	Guamanian or Chamorro				
1b4c	Samoan				
1cc	Black or African American				
1dc	American Indian/Alaska Native				
1ec	White				
1fc	More than One Race				
1gc	Unreported/Chose Not to Disclose Race				
	Subtotal Cuban				
	Another Hispanic, Latino/a, or Spanish Origin				
1a1a	Asian Indian				
1a2a	Chinese				
1a3a	Filipino				
1a4a	Japanese				
1a5a	Korean				
1a6a	Vietnamese				
1a7a	Other Asian				
1b1a	Native Hawaiian				
1b2a	Other Pacific Islander				

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)
1b3a	Guamanian or Chamorro				
1b4a	Samoan				
1ca	Black or African American				
1da	American Indian/Alaska Native				
1ea	White				
1fa	More than One Race				
1ga	Unreported/Chose Not to Disclose Race				
	Subtotal Another Hispanic, Latino/a, or Spanish Origin				
	Hispanic, Latino/a, or Spanish Origin Combined				
1a1o	Asian Indian				
1a2o	Chinese				
1a3o	Filipino				
1a4o	Japanese				
1a5o	Korean				
1a6o	Vietnamese				
1a7o	Other Asian				
1b1o	Native Hawaiian				
1b2o	Other Pacific Islander				
1b3o	Guamanian or Chamorro				
1b4o	Samoan				
1co	Black or African American				
1do	American Indian/Alaska Native				
1eo	White				
1fo	More than One Race				
1go	Unreported/Chose Not to Disclose Race				
	Subtotal Hispanic, Latino/a, or Spanish Origin, Combined				
	Total Hispanic, Latino/a, or Spanish Origin				
	Not Hispanic, Latino/a, or Spanish Origin				
2a1	Asian Indian				
2a2	Chinese				
2a3	Filipino				
2a4	Japanese				
2a5	Korean				
2a6	Vietnamese				
2a7	Other Asian				

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)
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2b3	Guamanian or Chamorro				
2b4	Samoan				
2c	Black or African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Chose Not to Disclose Race				
	Total Not Hispanic, Latino/a, or Spanish Origin				
	Unreported/Chose Not to Disclose Race and Ethnicity				
2h	Unreported/Chose Not to Disclose Race and Ethnicity				
2i	**Total**				

Section B: Controlling High Blood Pressure

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2A)	Number of Records Reviewed (2B)	Patients with Hypertension Controlled (2C)
	Mexican, Mexican American, Chicano/a			
1a1m	Asian Indian			
1a2m	Chinese			
1a3m	Filipino			
1a4m	Japanese			
1a5m	Korean			
1a6m	Vietnamese			
1a7m	Other Asian			
1b1m	Native Hawaiian			
1b2m	Other Pacific Islander			
1b3m	Guamanian or Chamorro			
1b4m	Samoan			
1cm	Black or African American			
1dm	American Indian/Alaska Native			
1em	White			
1fm	More than One Race			
1gm	Unreported/Chose Not to Disclose Race			
	Subtotal Mexican, Mexican American, Chicano/a			
	Puerto Rican			
1a1p	Asian Indian			
1a2p	Chinese			
1a3p	Filipino			
1a4p	Japanese			
1a5p	Korean			
1a6p	Vietnamese			
1a7p	Other Asian			
1b1p	Native Hawaiian			
1b2p	Other Pacific Islander			

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2A)	Number of Records Reviewed (2B)	Patients with Hypertension Controlled (2C)
1b3p	Guamanian or Chamorro			
1b4p	Samoan			
1cp	Black or African American			
1dp	American Indian/Alaska Native			
1ep	White			
1fp	More than One Race			
1gp	Unreported/Chose Not to Disclose Race			
	Subtotal Puerto Rican			
	Cuban			
1a1c	Asian Indian			
1a2c	Chinese			
1a3c	Filipino			
1a4c	Japanese			
1a5c	Korean			
1a6c	Vietnamese			
1a7c	Other Asian			
1b1c	Native Hawaiian			
1b2c	Other Pacific Islander			
1b3c	Guamanian or Chamorro			
1b4c	Samoan			
1cc	Black or African American			
1dc	American Indian/Alaska Native			
1ec	White			
1fc	More than One Race			
1gc	Unreported/Chose Not to Disclose Race			
	Subtotal Cuban			
	Another Hispanic, Latino/a, or Spanish Origin			
1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			
1a7a	Other Asian			

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2A)	Number of Records Reviewed (2B)	Patients with Hypertension Controlled (2C)
1b1a	Native Hawaiian			
1b2a	Other Pacific Islander			
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black or African American			
1da	American Indian/Alaska Native			
1ea	White			
1fa	More than One Race			
1ga	Unreported/Chose Not to Disclose Race			
	Subtotal Another Hispanic, Latino/a, or Spanish Origin			
	Hispanic, Latino/a, or Spanish Origin, Combined			
1a1o	Asian Indian			
1a2o	Chinese			
1a3o	Filipino			
1a4o	Japanese			
1a5o	Korean			
1a6o	Vietnamese			
1a7o	Other Asian			
1b1o	Native Hawaiian			
1b2o	Other Pacific Islander			
1b3o	Guamanian or Chamorro			
1b4o	Samoan			
1co	Black or African American			
1do	American Indian/Alaska Native			
1eo	White			
1fo	More than One Race			
1go	Unreported/Chose Not to Disclose Race			
	Subtotal Hispanic, Latino/a, or Spanish Origin, Combined			
	Total Hispanic, Latino/a, or Spanish Origin			
	Not Hispanic, Latino/a, or Spanish Origin			
2a1	Asian Indian			

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2A)	Number of Records Reviewed (2B)	Patients with Hypertension Controlled (2C)
2a2	Chinese			
2a3	Filipino			
2a4	Japanese			
2a5	Korean			
2a6	Vietnamese			
2a7	Other Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2b3	Guamanian or Chamorro			
2b4	Samoan			
2c	Black or African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Chose Not to Disclose Race			
	Total Not Hispanic, Latino/a, or Spanish Origin			
	Unreported/Chose Not to Disclose Race and Ethnicity			
2h	Unreported/Chose Not to Disclose Race and Ethnicity			
2i	**Total**			

Section C: Diabetes: Glycemic Status Assessment Greater Than 9%

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A)	Number of Records Reviewed (3B)	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3F)
	Mexican, Mexican American, Chicano/a			
1a1m	Asian Indian			
1a2m	Chinese			
1a3m	Filipino			
1a4m	Japanese			
1a5m	Korean			
1a6m	Vietnamese			
1a7m	Other Asian			
1b1m	Native Hawaiian			
1b2m	Other Pacific Islander			
1b3m	Guamanian or Chamorro			
1b4m	Samoan			
1cm	Black or African American			
1dm	American Indian/Alaska Native			
1em	White			
1fm	More than One Race			
1gm	Unreported/Chose Not to Disclose Race			
	Subtotal Mexican, Mexican American, Chicano/a			
	Puerto Rican			
1a1p	Asian Indian			
1a2p	Chinese			
1a3p	Filipino			
1a4p	Japanese			
1a5p	Korean			
1a6p	Vietnamese			
1a7p	Other Asian			
1b1p	Native Hawaiian			

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A)	Number of Records Reviewed (3B)	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3F)
1b2p	Other Pacific Islander			
1b3p	Guamanian or Chamorro			
1b4p	Samoan			
1cp	Black or African American			
1dp	American Indian/Alaska Native			
1ep	White			
1fp	More than One Race			
1gp	Unreported/Chose Not to Disclose Race			
	Subtotal Puerto Rican			
	Cuban			
1a1c	Asian Indian			
1a2c	Chinese			
1a3c	Filipino			
1a4c	Japanese			
1a5c	Korean			
1a6c	Vietnamese			
1a7c	Other Asian			
1b1c	Native Hawaiian			
1b2c	Other Pacific Islander			
1b3c	Guamanian or Chamorro			
1b4c	Samoan			
1cc	Black or African American			
1dc	American Indian/Alaska Native			
1ec	White			
1fc	More than One Race			
1gc	Unreported/Chose Not to Disclose Race			
	Subtotal Cuban			
	Another Hispanic, Latino/a, or Spanish Origin			
1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A)	Number of Records Reviewed (3B)	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3F)
1a7a	Other Asian			
1b1a	Native Hawaiian			
1b2a	Other Pacific Islander			
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black or African American			
1da	American Indian/Alaska Native			
1ea	White			
1fa	More than One Race			
1ga	Unreported/Chose Not to Disclose Race			
	Subtotal Another Hispanic, Latino/a, or Spanish Origin			
	Hispanic, Latino/a, or Spanish Origin, Combined			
1a1o	Asian Indian			
1a2o	Chinese			
1a3o	Filipino			
1a4o	Japanese			
1a5o	Korean			
1a6o	Vietnamese			
1a7o	Other Asian			
1b1o	Native Hawaiian			
1b2o	Other Pacific Islander			
1b3o	Guamanian or Chamorro			
1b4o	Samoan			
1co	Black or African American			
1do	American Indian/Alaska Native			
1eo	White			
1fo	More than One Race			
1go	Unreported/Chose Not to Disclose Race			
	Subtotal Hispanic, Latino/a, or Spanish Origin			
	Total Hispanic, Latino/a, or Spanish Origin			

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A)	Number of Records Reviewed (3B)	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3F)
	Not Hispanic, Latino/a, or Spanish Origin			
2a1	Asian Indian			
2a2	Chinese			
2a3	Filipino			
2a4	Japanese			
2a5	Korean			
2a6	Vietnamese			
2a7	Other Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2b3	Guamanian or Chamorro			
2b4	Samoan			
2c	Black or African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Chose Not to Disclose Race			
	Total Not Hispanic, Latino/a, or Spanish Origin			
	Unreported/Chose Not to Disclose Race and Ethnicity			
2h	Unreported/Chose Not to Disclose Race and Ethnicity			
2i	**Total**			

Table 7 Cross-Table Considerations:

- Patients with countable visits on Table 5 are generally eligible for inclusion in CQMs reported on Table 7.
- The relationship between the denominators on Table 7 should be verified as reasonable when compared to the total number of patients by age on Table 3A and patients by race and ethnicity on Table 3B.

- The count of patients by diagnosis reported on Table 6A will not be the same counts as on Table 7 due to differences in criteria that must be met for inclusion on Table 7.

Table 8A: FINANCIAL COSTS

Calendar Year: January 1, 2026, through December 31, 2026

Line	Cost Center	Personnel Costs (A1)	Other Costs (A2)	Total Accrued Costs (A)
	Medical Care			
1	Medical Care			
2	Medical Laboratory and X-ray			
4	**Total Medical Care Services** (Sum of Lines 1 + 2)			
	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)			
	Patient Support Services and Other Programs			
11	Patient Support Services			
12	Other Programs and Services (specify___)			
13	**Total Patient Support and Other Programs Services** (Sum of Lines 11 + 12)			
	Facility and Support Services			
14	Facility			
14a	Information Technology			
15	Other Support Costs			
16	**Total Facility and Support Services Costs** (Sum of Lines 14 + 14a + 15)			
17	**Total Health Center Costs** (Sum of Lines 4 + 10 + 13 + 16)			

Table 8A Cross-Table Considerations:

- The personnel and visits on Table 5 are routinely compared to the costs on Table 8A. See the crosswalk of comparable fields in Appendix B.

TABLE 9D: ACCRUED PATIENT SERVICE REVENUE

Calendar Year: January 1, 2026, through December 31, 2026

Line	Payer Category	Charges (A)	Collections (B)	Adjustments (D)	Net Patient Service Revenue (Charges Less Adjustments) (G)
3	**Total Medicaid**				
6	**Total Medicare**				
9	**Total Other Public (specify _____)**				
12	**Total Private**				
13	**Total Self-Pay**				
14	**Total** (Sum of Lines 3 + 6 + 9 + 12 + 13)				
15	**Bad Debt Write-Offs and Allowances**				
16	**Net Patient Service Revenue Before Other Patient Service Revenue** (Sum of Line 14, Column G less Line 15, Column G)				
	Other Patient Service Revenue				
17	**Pharmacy Net Patient Service Revenue**				
18	**Third-Party Incentive Revenue**				
19	**Total Net Patient Service Revenue** (Sum of Lines 16 + 17 + 18)				

Table 9D Cross-Table Considerations:

- Charges and collections by payer on Table 9D have some relationship to the classification of patients by insurance on Table 4, although there is not a direct match. This is because all service categories and reclassifications are included on Table 9D, while Table 4 is limited to medical insurance as of the patient's last visit. See the crosswalk of field comparisons in Appendix B.
- Other Public charges and collections on Table 9D may include categorical grant payers, such as Title X and BCCEDP, which are NOT insurance. In such cases, patients are usually classified as Uninsured on Table 4, but their associated charges and collections are shown as Other Public on Table 9D.
- Visits for services on Table 5 that are normally billable should be close to but may not equal the billable visits generating the total patient charges reported on Table 9D. Some visits reported on Table 5 are not reimbursable.

TABLE 9E: OTHER ACCRUED REVENUE

Calendar Year: January 1, 2026, through December 31, 2026

Line	Source	Revenue (A)
	HRSA's BPHC Grants	
1	**Total Health Center BPHC Grants**	
	Other Federal Grants	
5	**Total Other Federal Grants (specify _____)**	
	Non-Federal Grants or Contracts	
6	State Government Grants and Contracts (specify_____)	
7	Local Government Grants and Contracts (specify_____)	
7a	State/Local Indigent Care Programs (specify_____)	
8	Foundation/Private Grants and Contracts (specify_____)	
9	**Total Non-Federal Grants and Contracts** (Sum of Lines 6 + 7 + 7a + 8)	
10	**Other Revenue** (non–patient service revenue not reported elsewhere) (specify _____)	
11	**Total Net Revenue** (Sum of Lines 1 + 5 + 9 + 10)	

Table 9E Cross-Table Considerations:

- Pharmacy: Only retail, public pharmacy revenue for non–health center patients is reported on Table 9E, Line 10, and the related cost is reported on Table 8A, Line 12. Follow the guidance for other pharmacy reporting situations as described in Appendix B.
- Only non-service-specific accrued revenue recognized from state or local indigent care programs are reported on Table 9E, while earnings or receipts from indigent care programs that reimburse on a service-specific basis are reported on Table 9D. Follow the detail included in Appendix B to address cross-table reporting requirements.

Appendix C: Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements Form

INTRODUCTION

The Health IT Capabilities and Other Data Elements Form collects information through a series of questions on the health center's health IT capabilities, including health center's implementation of an ASTP/ONC-certified EHR, prescription medication monitoring, medications for opioid use disorder, voluntary family planning, telehealth, and value-based purchasing contracts. The Health IT Capabilities and Other Data Elements Form must be completed and submitted as part of the UDS submission.

The text directly below contains changes to Appendix C from 2025 calendar year reporting to 2026 calendar year reporting:

Several key changes have been made to Appendix C, as outlined below:

- Several questions specific to EHR implementation have been removed, as follows: Questions 1a, 1a2, 1a3, 1c, 1c1, and 10.
- Upstream drivers of health screening questions (Questions 11, 11a, 12, 12a, and 12b) have been removed, with aspects incorporated into Table 6A.
- Certain questions (previously on the Other Data Elements Form) have been moved here, as follows: medications for opioid use disorder (MOUD) will be reported as Question 14, telehealth will be reported as Questions 15a, 15a1, 15a2, and 15a3, and voluntary family planning is reported as Question 16.
- Three new questions about alternative payment models have been added (Questions 17–19).
- A question has been added to learn if health centers use Federal funds to provide puberty blockers, sex hormones, or surgical procedures.

This marks the conclusion of changes to Appendix C from 2025 calendar year reporting to 2026 calendar year reporting.

QUESTIONS

The following questions appear in the EHBs. Complete them before you file the UDS Report. Reporting requirements for the questions appear on-screen in the EHBs as you complete the form. Respond to each question based on your health center status **as of December 31, 2026**.

1. Did your health center have an electronic health record (EHR) system installed and in use, at least for medical care, by December 31?

a. Yes, installed at all service delivery sites and used by all providers	b. Yes, but only installed at some service delivery sites or used by some providers	c. No
• For the purposes of this response, "providers" mean all fully trained medical providers, including physicians, nurse practitioners, physician assistants/associates, and certified nurse midwives. • Although some or all dental, mental health, or other providers may also be using the system, as may medical support personnel, this is not required to choose response (a). • For the purposes of this response, "all service delivery sites" means all permanent service delivery sites where medical providers serve health center medical patients regularly. • It DOES NOT include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis. • Check this option if a few newly hired, untrained personnel are the only ones not using the system.	• Select option (b) if one or more permanent service delivery sites did NOT have the EHR installed or in use (even if this is planned), or if one or more fully trained medical providers (as defined in selection [a]) 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.	• Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started. • If the health center bought an EHR but has not yet put it into use, answer "no."

If more than one EHR is used, answer "Yes," to Question 1 and select "a" if they are used at all service delivery sites and used by all providers or select "b" if they are used at some service delivery sites or used by some providers.

If "Yes, but only installed at some service delivery sites or used by some providers" is selected, a box expands for health centers to identify how many service delivery sites have the EHR in use and how many (medical) providers are using it. Please enter the number of service delivery sites (as defined under question 1) where the EHR is in use and the number of providers who use the system (at all service delivery sites). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one service delivery site as just one provider.

If response to Question 1 is "c. No," skip to Question 13. If response is "a" or "b," continue to next question.

This next set of questions seeks to understand which EHR vendor product was in use, how broad system access was, and what features were available and in use. DO NOT include PMS or other billing systems, even though they can often produce UDS data.

Health centers are to indicate the vendor and ASTP-/ONC-certified health IT product list number, available on the Certified Health IT Product List (CHPL). If you cannot find the CHPL ID within your Health IT/EHR system, please reach out to your EHR vendor for support. 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 or the EHR used for capturing primary medical care.

1a. Question removed.

1a1. List the vendor's name for your health center's primary EHR system.

1a2. Question removed.

1a3. Question removed.

1a4. List the CHPL product ID number for your health center's primary EHR system.

Note: The CHPL product ID number is a standardized number that shows your certified product and version. Step-by-step instructions for using the CHPL to find your system are available in the CHPL Public User Guide.

1b. Did you switch to your current EHR from a previous system during the calendar year?

a. Yes
b. No

1c. Question removed.

1c1. Question removed.

1d. Question removed.

1e. Question removed.

2. Question removed.

3. Question removed.

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

a. Hospitals/emergency rooms
b. Specialty providers
c. Other primary care providers
d. Laboratory tests or imaging studies
e. Health information exchange (HIE)[2]

[2] HIEs are typically state or regional data exchanges that support information sharing between different organizations, provider types, and technology vendors. More information on HIEs can be found on the Health Information Exchange webpage.

f. Community-based organizations

g. None of the above *(Please select "None of the above" only if none of the other options apply.)*

h. Other (please describe _____)

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

   a. Patient portals

   b. Kiosks

   c. Secure messaging between patient and provider

   d. Online or virtual scheduling

   e. Automated electronic outreach for care gap closure or preventive care reminders

   f. Application programming interface (API) provides patient access to their health record through Mobile Health (mHealth) apps[3]

   g. Other (please describe _____)

   h. No, we DO NOT engage patients using health IT *(Please select "No, we DO NOT engage patients using health IT" only if none of the other options apply.)*

6. Question removed.

7. Question removed.

8. Question removed.

9. Question removed.

10. Question removed.

11. Question removed.

11a. Question removed.

12. Question removed.

12a. Question removed.

12b. Question removed.

13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to information on patients'controlled substance prescriptions?

   a. Yes

   b. No

   c. Not sure

14. Medications for Opioid Use Disorder (MOUD)

[3] More information can be found on How APIs in Health Care can Support Access to Health Information: Learning Module

a. How many providers, on-site or with whom the health center has agreements, are eligible to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine, methadone, naltrexone) for that indication during the calendar year?

b. During the calendar year, how many patients received MOUD from a provider accounted for in Question 14a? _____

Note: The number of patients on Question 14b must be the same as the number of patients reported on Table 6A, Line 26c3.

15. Did your organization use telehealth to provide services remotely (virtually)?

a. Yes

If "Yes" is selected, proceed to questions 15a1–15a3.

15a1. Who did you use telehealth to communicate with? (Select all that apply.)

a. Patients at a different location than the provider (e.g., home telehealth, satellite locations)

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

15a2. What telehealth technology(s) 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 (e.g., electronic transmission of data from patients to health care providers, such as vital signs, pulse, blood pressure)

d. Mobile Health (mHealth) (e.g., patient technologies, like smartphones and tablet apps)

15a3. What services were delivered remotely? (Select all that apply.)

a. Primary care

b. Oral health

c. Mental health

d. 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 describe _____)

b. No.

If you did not deliver services remotely, please comment on why. (Select all that apply.)

a. Have not considered/unfamiliar with telehealth

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 describe _____)

c. Inadequate broadband/telecommunication service (Select all that apply.)
   i. Cost of service
   ii. Lack of infrastructure
   iii. Other (Please describe _____)
d. Lack of funding for telehealth equipment
e. Lack of training in using telehealth to deliver services
f. Not needed
g. Other (Please describe _____)

16. How many health center patients were screened for voluntary family planning, including contraceptive methods, using a standardized screener during the calendar year? _____

17. What payer arrangements do you have for value-based purchasing (VBP) contracts? (Select all that apply.)
    a. Medicare (Original/fee-for-service [FFS])
    b. Medicare Advantage
    c. Medicaid (FFS)
    d. Medicaid Managed Care
    e. Commercial health insurers
    f. Marketplace health insurers
    g. Our health center DOES NOT have VBP contracts (If selected, skip Questions 18 and 19.)
    h. Other (Please describe _____)

18. Please list the types of Alternative Payment Models your health center is involved in. (Select all that apply.)
    a. Medicaid managed care shared savings
    b. Pay-for-performance
    c. Shared savings
    d. Shared risk
    e. Capitation
    f. Don’t know
    g. Other (Please describe _____)

19. What percentage of your health center's revenue during the year is tied to value-based payment contracts?
    a. 0%
    b. 1-5%
    c. 6-10%
    d. 11-15%
    e. 16-20%
    f. >20%

20. For individuals under 19 years of age, does your health center provide services that use puberty blockers, sex hormones, or surgical procedures* for the purpose of transforming their physical appearance to align with an identity that differs from their sex?
    a. Yes
    b. No
    c. Not Applicable

    * Puberty blockers may include gonadotropin-releasing hormone (GnRH) agonists and other interventions, to delay the onset or progression of normally timed puberty in an individual. Sex hormones may include androgen blockers, estrogen, progesterone, or testosterone. Surgical procedures may include alteration or removal of an individual's sex organs.

Appendix D: Workforce Form

INTRODUCTION

The Workforce Form collects information through a series of questions on health center workforce. It is important to understand the current state of health center workforce training and staffing models to better support recruitment and retention of health center professionals.

The text directly below contains changes to Appendix D from 2025 calendar year reporting to 2026 calendar year reporting:

There are no key changes to this form.

This marks the conclusion of changes to Appendix D from 2025 calendar year reporting to 2026 calendar year reporting.

QUESTIONS

Report on these data elements as part of your UDS submission. Topics include health professional education/training (DO NOT include continuing education units or on-the-job career and skill development) and satisfaction surveys. Respond to each question based on your health center status **as of December 31, 2026.**

1. Does your health center provide any health professional education/training that is a hands-on, practical, or clinical experience?
    a. Yes
    b. No

1a. If yes, which categories describe your health center's role in the health professional education/training process? (Select all that apply.)
    a. Sponsor[4]
    b. Training site partner[5]
    c. Other (please describe _____)

2. If yes, 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 calendar year. (Do not answer this question if your response to question 1 was No.)

Workforce form reporting considerations:

- Training refers to a formal agreement with an institution, not scenarios of informal shadowing.
- Pre-graduate/certificate training includes student clinical rotations or externships.
- Post-graduate training includes a residency, fellowship, or practicum.
- Include non-health-center individuals trained by your health center.

[4] 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).

[5] 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).

- Line 1, below, is the count of individuals, regardless of their specialty. Lines 1a–1f are to account for the multiple specialties that an individual has received or may be receiving training for during the calendar year (e.g., an Internist + other specialty).
- Line 25, Other, may include students interested in health care (e.g., internships, master's-level placements); students enrolled in specialized training (e.g., such as radiology, social work, phlebotomy, physical therapy, or occupational therapy; pharmacy technicians; and community health workers).

Individuals Trained	Pre-Graduate/Certificate (A)	Post-Graduate Training (B)
Medical		
1. Physicians		
a. Family Physicians		
b. General Practitioners		
c. Internists		
d. Obstetrician/Gynecologists		
e. Pediatricians		
f. Other Specialty Physicians		
2. Nurse Practitioners		
3. Physician Assistants/Associates		
4. Certified Nurse Midwives		
5. Registered Nurses		
6. Licensed Practical Nurses/ Vocational Nurses		
7. Medical Assistants		
Dental		
8. Dentists		
9. Dental Hygienists		
10. Dental Therapists		
10a. Dental Assistants		
Mental Health and Substance Use Disorder		
11. Psychiatrists		
12. Clinical Psychologists		
13. Clinical Social Workers		
14. Professional Counselors		
15. Marriage and Family Therapists		
16. Psychiatric Nurse Specialists		
17. Mental Health Nurse Practitioners		
18. Mental Health Physician Assistants		
19. Substance Use Disorder Personnel		
Vision		
20. Ophthalmologists		
21. Optometrists		
Other Professionals		
22. Chiropractors		
23. Dietitians/Nutritionists		
24. Pharmacists		
25. Other (please describe _____)		

3. Provide the number of health center personnel serving as preceptors[6] at your health center: ____
4. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs: ____
5. How often does your health center conduct satisfaction surveys to **providers** (as identified in Appendix A, Listing of Personnel) working for the health center? Report only provider surveys here. (Select one.)
   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 conduct satisfaction surveys for general personnel (as identified in Appendix A, Listing of Personnel) working for the health center (report provider surveys in question 5 only)? (Select one.)
   a. Monthly
   b. Quarterly
   c. Annually
   d. We DO NOT currently conduct personnel satisfaction surveys
   e. Other (please describe _____)

[6] A preceptor is a teacher or experienced professional who helps students and staff learners apply theory to practice.

HRSA
Health Center Program

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