

Bureau of Primary Health Care (BPHC)

Uniform Data System Reporting Tables for **2025** 2026 Health Center Data

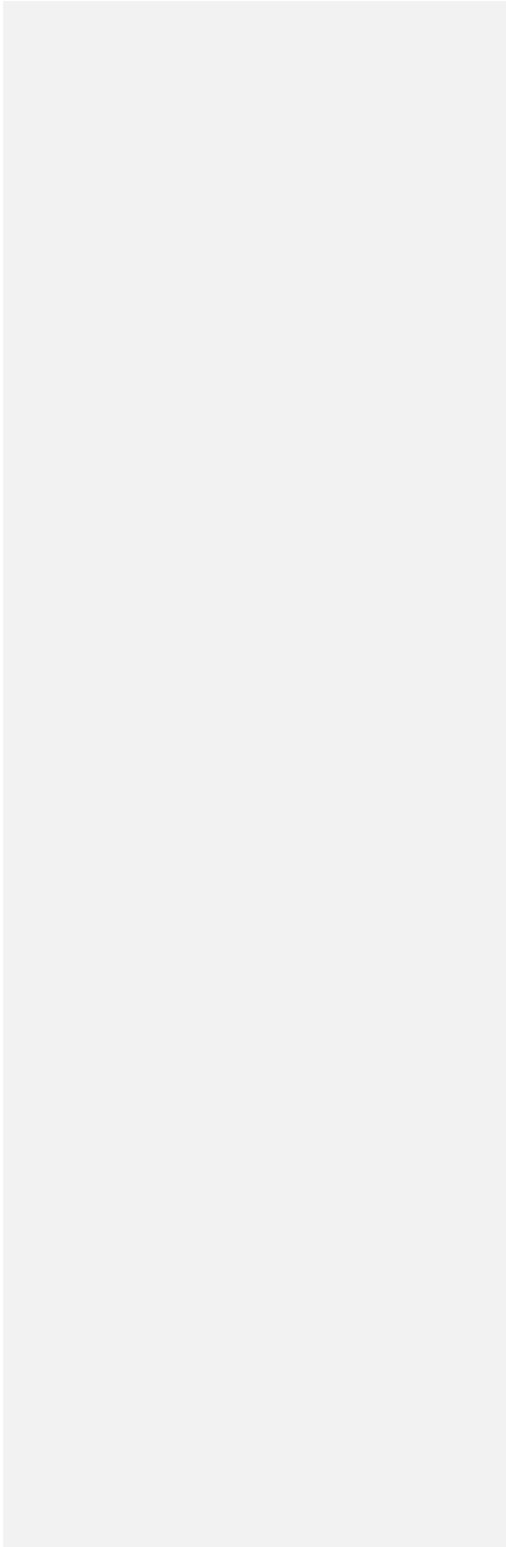


PUBLIC BURDEN STATEMENT

The Uniform Data System (UDS) provides consistent information about health centers including patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0915-0193 and it is valid until 09/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average ~~239~~185 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Health Resources and Services Administration (HRSA) [Reports-Information Collection](#) Clearance Officer, [Room 13N82](#), 5600 Fishers Lane, ~~Room 14N136B~~, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

DISCLAIMER

| "This publication lists non-federal resources in order to provide additional information to consumers. Neither the U.S. Department of Health and Human Services (HHS) nor the Health Resources and Services Administration (HRSA) has formally approved the non-federal resources in this manual. Listing these is not an endorsement by HHS or HRSA."



Bureau of Primary Health Care

Uniform Data System Reporting Tables

For Calendar Year 202~~5~~⁶ UDS Data

For help contact: 866-837-4357 (866-UDS-HELP), [BPHC Contact Form](#),
<https://bphc.hrsa.gov/datareporting/reporting/index.html> <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

Field Code Changed

Formatted: Hyperlink, Font: Verdana, Bold

2025~~6~~ Uniform Data System Manual Contents

2026 Uniform Data System Manual Contents 4

Changes and Highlights to the Reporting Requirements Error! Bookmark not defined.

Introduction Error! Bookmark not defined.

About the UDS Error! Bookmark not defined.

What This Manual Includes Error! Bookmark not defined.

General Instructions Error! Bookmark not defined.

What to Submit Error! Bookmark not defined.

What Is Included Error! Bookmark not defined.

Calendar Year Reporting Error! Bookmark not defined.

In-Scope Reporting Error! Bookmark not defined.

Due Dates, How to Submit, and Revisions Error! Bookmark not defined.

FAQ for the General Instructions Error! Bookmark not defined.

Instructions for Counting Error! Bookmark not defined.

Visits, Patients, and Providers Error! Bookmark not defined.

Countable Visits Error! Bookmark not defined.

Documentation Error! Bookmark not defined.

Independent Professional Judgment Error! Bookmark not defined.

Behavioral Health Group Visits Error! Bookmark not defined.

Location of Services Provided Error! Bookmark not defined.

Counting Multiple Visits by Category of Service Error! Bookmark not defined.

Patient Error! Bookmark not defined.

Services and Individuals NOT Reported on the UDS Report Error! Bookmark not defined.

Provider Error! Bookmark not defined.

FAQ for the Instructions for Counting Visits, Patients, and Providers .. Error! Bookmark not defined.

Instructions for Patients by ZIP Code Table Error! Bookmark not defined.

Patients by ZIP Code Error! Bookmark not defined.

ZIP Code of Specific Groups .. Error! Bookmark not defined.

Unknown ZIP Code Error! Bookmark not defined.

Ten or Fewer Patients in ZIP Code Error! Bookmark not defined.

Instructions for Patients by Medical Insurance Error! Bookmark not defined.

Insurance Categories Considerations Error! Bookmark not defined.

FAQ for Patients by ZIP Code Table Error! Bookmark not defined.

Patients by ZIP Code Table 11

Instructions for Tables 3A and 3B Error! Bookmark not defined.

Table 3A: Patients by Age and by Sex – Instructions Error! Bookmark not defined.

Table 3B: Demographic Characteristics – Instructions Error! Bookmark not defined.

Patients by Hispanic, Latino/a, or Spanish Ethnicity and Race (Lines 1–8) Error! Bookmark not defined.

[Hispanic, Latino/a, or Spanish Ethnicity](#)
..... **Error! Bookmark not defined.**

[Race](#)**Error! Bookmark not defined.**

[Patients with Limited English Proficiency \(Line 12\)](#).....**Error! Bookmark not defined.**

[FAQ for Tables 3A and 3B](#)..... **Error! Bookmark not defined.**

[Table 3A: Patients by Age and by Sex](#)13

[Table 3B: Demographic Characteristics](#)
.....15

Instructions for Table 4: Selected Patient Characteristics**Error! Bookmark not defined.**

[Income as a Percentage of Poverty Guideline \(Lines 1-6\)](#)**Error! Bookmark not defined.**

[Primary Third-Party Medical Insurance \(Lines 7-12\)](#)... **Error! Bookmark not defined.**

[None/Uninsured \(Line 7\)](#)..... **Error! Bookmark not defined.**

[Medicaid \(Line 8a\)](#)**Error! Bookmark not defined.**

[CHIP Medicaid \(Line 8b\)](#) **Error! Bookmark not defined.**

[Medicare \(Line 9\)](#)**Error! Bookmark not defined.**

[Dually Eligible \(Medicare and Medicaid\) \(Line 9a\)](#) **Error! Bookmark not defined.**

[Other Public Insurance \(Non-CHIP\) \(Line 10a\)](#) ...**Error! Bookmark not defined.**

[Other Public Insurance CHIP \(Line 10b\)](#)
..... **Error! Bookmark not defined.**

[Private Insurance \(Line 11\)](#)... **Error! Bookmark not defined.**

[Special Medically Underserved Populations \(Lines 14-26\)](#) **Error! Bookmark not defined.**

[Total Migratory and Seasonal Agricultural Workers and Their Family Members \(Lines 14-16\)](#).....**Error! Bookmark not defined.**

[Total Homeless Population \(Lines 17-23\)](#)**Error! Bookmark not defined.**

[Total School-Based Service Site Patients \(Line 24\)](#)**Error! Bookmark not defined.**

[Total Veterans \(Line 25\)](#).....**Error! Bookmark not defined.**

[Total Residents of Public Housing \(Line 26\)](#)**Error! Bookmark not defined.**

[FAQ for Table 4](#)**Error! Bookmark not defined.**

[Table 4: Selected Patient Characteristics](#)
..... 18

Instructions for Table 5: Staffing and Utilization**Error! Bookmark not defined.**

[Table 5: Staffing and Utilization](#)**Error! Bookmark not defined.**

[Personnel FTEs \(Column A\)](#) **Error! Bookmark not defined.**

[Identifying Employment Type and Calculating FTEs](#)**Error! Bookmark not defined.**

[Reporting FTEs on the Appropriate Line on Table 5](#)... **Error! Bookmark not defined.**

[Personnel by Major Service Category](#)
..... **Error! Bookmark not defined.**

[Visits \(Columns B and B2\)](#).....**Error! Bookmark not defined.**

[Clinic Visits \(Column B\)](#).....**Error! Bookmark not defined.**

[Virtual Visits \(Column B2\)](#).....**Error! Bookmark not defined.**

[Visits Purchased from Non-Personnel Providers on a Fee-For-Service Basis](#)
..... **Error! Bookmark not defined.**

[Visit Considerations by Personnel Line](#)
..... **Error! Bookmark not defined.**

DO NOT Report Visits or Patients for Services Provided by the Following:
 **Error! Bookmark not defined.**

Patients (Column C) **Error! Bookmark not defined.**

FAQ for Table 5 **Error! Bookmark not defined.**

Table 5: Staffing and Utilization.....21

Instructions for Table 6A: Selected Diagnoses and Services Rendered **Error! Bookmark not defined.**

Selected Diagnoses (Lines 1–20g) **Error! Bookmark not defined.**

Selected Diagnoses Visits and Patients (Columns A and B) **Error! Bookmark not defined.**

Selected Tests/Screenings (Lines 21–26g and Lines 35–42) **Error! Bookmark not defined.**

Selected Tests/Screenings Visits and Patients (Columns A and B).. **Error! Bookmark not defined.**

Dental Services (Lines 27–32).. **Error! Bookmark not defined.**

Dental Services Visits and Patients (Columns A and B) **Error! Bookmark not defined.**

Patient Support Services and Upstream Drivers of Health (Lines 35–42) **Error! Bookmark not defined.**

Services Provided by Multiple Entities **Error! Bookmark not defined.**

FAQ for Table 6A **Error! Bookmark not defined.**

Table 6A: Selected Diagnoses and Services Rendered.....27

Selected Diagnoses.....27

Selected Services Rendered30

Sources of Codes.....34

Instructions for Tables 6B and 7 **Error! Bookmark not defined.**

Column Logic Instructions **Error! Bookmark not defined.**

Number of Patients in the Denominator (Column A [A, 2A, or 3A]) **Error! Bookmark not defined.**

Number of Records Reviewed (Column B [B, 2B, or 3B]) **Error! Bookmark not defined.**

Number of Charts/Records Meeting the Numerator Criteria (Column C [C or 2C] or 3F) ... **Error! Bookmark not defined.**

And vs. Or... **Error! Bookmark not defined.**

Detailed Instructions for Clinical Quality Measures **Error! Bookmark not defined.**

Instructions for Table 6B: Quality of Care Measures.... **Error! Bookmark not defined.**

Table 6B: Quality of Care Measures **Error! Bookmark not defined.**

Sections A and B: Demographic Characteristics of Prenatal Care Patients **Error! Bookmark not defined.**

Prenatal Care by Referral Only (check box) **Error! Bookmark not defined.**

Section A: Age of Prenatal Care Patients (Lines 1–6) **Error! Bookmark not defined.**

Section B: Early Entry into Prenatal Care (Lines 7–9), No eCQM... **Error! Bookmark not defined.**

Sections C through N: Other Quality of Care Measures **Error! Bookmark not defined.**

Childhood Immunization Status (Line 10), CMS117v14 **Error! Bookmark not defined.**

[Cervical Cancer Screening \(Line 11\), CMS124v14](#) **Error! Bookmark not defined.**

[Breast Cancer Screening \(Line 11a\), CMS125v14](#) **Error! Bookmark not defined.**

[Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents \(Line 12\), CMS155v14](#) **Error! Bookmark not defined.**

[Preventive Care and Screening: Body Mass Index \(BMI\) Screening and Follow-Up Plan \(Line 13\), CMS69v14](#) **Error! Bookmark not defined.**

[Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention \(Line 14a\), CMS138v14](#) **Error! Bookmark not defined.**

[Statin Therapy for the Prevention and Treatment of Cardiovascular Disease \(Line 17a\), CMS347v9](#) **Error! Bookmark not defined.**

[Ischemic Vascular Disease \(IVD\): Use of Aspirin or Another Antiplatelet \(Line 18\), CMS164v7](#) **Error! Bookmark not defined.**

[Colorectal Cancer Screening \(Line 19\), CMS130v14](#) **Error! Bookmark not defined.**

[HIV Linkage to Care \(Line 20\), No eCOM](#) **Error! Bookmark not defined.**

[HIV Screening \(Line 20a\), CMS349v8](#) **Error! Bookmark not defined.**

[Preventive Care and Screening: Screening for Depression and Follow-Up Plan \(Line 21\), CMS2v15](#) **Error! Bookmark not defined.**

[Depression Remission at Twelve Months \(Line 21a\), CMS159v14](#) **Error! Bookmark not defined.**

[Sealant Receipt on Permanent First Molars -\(Lines 22a and 22b\), SFM-CH-A](#) **Error! Bookmark not defined.**

[Initiation and Engagement of Substance Use Disorder Treatment \(Lines 23a and 23b\), CMS137v14](#) **Error! Bookmark not defined.**

[Falls: Screening for Future Fall Risk \(Line 24\), CMS139v14](#) **Error! Bookmark not defined.**

[FAQ for Table 6B](#) **Error! Bookmark not defined.**

[Table 6B: Quality of Care Measures](#)³⁶

Instructions for Table 7: Health Outcomes **Error! Bookmark not defined.**

[Table 7: Health Outcomes Measures](#) **Error! Bookmark not defined.**

[Race and Ethnicity Reporting](#) **Error! Bookmark not defined.**

[Section A: Deliveries and Birth Weight](#) **Error! Bookmark not defined.**

[HIV-Positive Pregnant Women, Top Line \(Line 0\)](#) **Error! Bookmark not defined.**

[Deliveries Performed by Health Center Provider \(Line 2\)](#) **Error! Bookmark not defined.**

[Deliveries and Birth Weight Data by Race and Hispanic, Latino/a, or Spanish Ethnicity \(Columns 1A-1D\)](#) **Error! Bookmark not defined.**

[Prenatal Care Patients Who Delivered \(Column 1A\)](#) **Error! Bookmark not defined.**

[Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year \(Columns 1B-1D\)](#) **Error! Bookmark not defined.**

[Sections B and C: Other Health Outcome Measures](#) **Error! Bookmark not defined.**

[Controlling High Blood Pressure \(Columns 2A-2C\), CMS165v14](#) **Error! Bookmark not defined.**

[Diabetes: Glycemic Status Assessment Greater Than 9% \(Columns 3A-3F\), CMS122v14](#) **Error! Bookmark not defined.**

[FAQ for Table 7](#) **Error! Bookmark not defined.**

[Table 7: Health Outcomes](#)42

[Instructions for Table 8A: Financial Costs](#) Error! Bookmark not defined.

[Table 8A: Financial Costs](#)..... **Error! Bookmark not defined.**

[Column Reporting Requirements](#) **Error! Bookmark not defined.**

[Personnel Costs \(Column A1\)](#) **Error! Bookmark not defined.**

[Other Costs \(Column A2\)](#) **Error! Bookmark not defined.**

[Total Accrued Costs \(Column A\)](#) **Error! Bookmark not defined.**

[Cost Center Line Reporting Requirements](#) **Error! Bookmark not defined.**

[Medical Care \(Lines 1 and 2\)](#) **Error! Bookmark not defined.**

[Other Clinical Services \(Lines 5-10\)](#) **Error! Bookmark not defined.**

[Patient Support Services and Other Programs \(Lines 11-13\)](#) **Error! Bookmark not defined.**

[Facility and Support Services \(Lines 14, 14a, and 15\)](#) **Error! Bookmark not defined.**

[Total Health Center Costs \(Line 17\)](#) **Error! Bookmark not defined.**

[FAQ for Table 8A](#) **Error! Bookmark not defined.**

[Table 8A: Financial Costs](#).....57

[Instructions for Table 9D: Accrued Patient Service Revenue](#)..... Error! Bookmark not defined.

[Table 9D: Accrued Patient Service Revenue](#) **Error! Bookmark not defined.**

[Rows: Payer Categories](#) **Error! Bookmark not defined.**

[Payer Categories](#) **Error! Bookmark not defined.**

[Total \(Line 14\)](#) **Error! Bookmark not defined.**

[Rows: Other Patient Service Revenue](#) **Error! Bookmark not defined.**

[Bad Debt Write-Offs and Allowances \(Line 15\)](#)..... **Error! Bookmark not defined.**

[Net Patient Service Revenue Before Other Patient Service Revenue \(Line 16\)](#) **Error! Bookmark not defined.**

[Pharmacy Net Patient Service Revenue \(Line 17\)](#)..... **Error! Bookmark not defined.**

[Third-Party Incentive Revenue \(Line 18\)](#) **Error! Bookmark not defined.**

[Columns: Charges, Collections, Adjustments, and Net Patient Service Revenue](#) **Error! Bookmark not defined.**

[Charges \(Column A\)](#) **Error! Bookmark not defined.**

[Collections \(Column B\)](#)..... **Error! Bookmark not defined.**

[Adjustments \(Column D\)](#)..... **Error! Bookmark not defined.**

[Net Patient Service Revenue \(Charges Less Adjustments\) \(Column G\)](#) **Error! Bookmark not defined.**

[Total Net Patient Service Revenue \(Line 19, Column G\)](#) **Error! Bookmark not defined.**

[FAQ for Table 9D](#) **Error! Bookmark not defined.**

Table 9D: Accrued Patient Service Revenue60

Instructions for Table 9E: Other Accrued Revenue Error! Bookmark not defined.

Table 9E: Other Accrued Revenue Error! Bookmark not defined.

HRSA's BPHC Grants Error! Bookmark not defined.

Health Center BPHC Grants (Line 1) Error! Bookmark not defined.

Other Federal Grants Error! Bookmark not defined.

Total Other Federal Grants (Line 5) Error! Bookmark not defined.

Non-Federal Grants or Contracts Error! Bookmark not defined.

State Government Grants and Contracts (Line 6) Error! Bookmark not defined.

Local Government Grants and Contracts (Line 7) Error! Bookmark not defined.

State/Local Indigent Care Programs (Line 7a) Error! Bookmark not defined.

Foundation and Private Grants and Contracts (Line 8) Error! Bookmark not defined.

Total Non-Federal Grants and Contracts (Line 9) Error! Bookmark not defined.

Other Revenue (Line 10) Error! Bookmark not defined.

Total Net Revenue (Line 11) . Error! Bookmark not defined.

FAQ for Table 9E Error! Bookmark not defined.

Table 9E: Other Accrued Revenue..73

Appendix A: Listing of Personnel Error! Bookmark not defined.

Appendix B: Special Multi-Table Situations Error! Bookmark not defined.

Contracted Care Error! Bookmark not defined.

Services Provided by a Volunteer Provider Error! Bookmark not defined.

Interns and Residents Error! Bookmark not defined.

Women, Infants, and Children (WIC) Error! Bookmark not defined.

In-House Pharmacy or Dispensary Services for Health Center Patients Error! Bookmark not defined.

In-House Pharmacy for Community (i.e., for non-patients) Error! Bookmark not defined.

Contract Pharmacy Dispensing to Health Center Patients, Generally Using 340B Purchased Medications Error! Bookmark not defined.

Clinical Dispensing of Medications Error! Bookmark not defined.

ADHC and PACE Error! Bookmark not defined.

Medi-Medi/Dually Eligible Error! Bookmark not defined.

Certain Grant-Supported Clinical Care Programs Error! Bookmark not defined.

State or Local Indigent Care Programs and IHS Pub. L. 93-638 Compact Error! Bookmark not defined.

Workers' Compensation Error! Bookmark not defined.

Tricare, Trigon, and Public Employees' Insurance Error! Bookmark not defined.

Ryan White Error! Bookmark not defined.

[School-based Sites](#) **Error! Bookmark not defined.**

[The Children’s Health Insurance Program \(CHIP\)](#) **Error! Bookmark not defined.**

[Patients Served in a Carceral Setting](#) **Error! Bookmark not defined.**

[Health IT/EHR Personnel and Costs](#) **Error! Bookmark not defined.**

[New Start or New Access Point \(NAP\)](#) **Error! Bookmark not defined.**

[Nurses Providing Patient Support Services](#) **Error! Bookmark not defined.**

[Relationship Between Patient Counts on Patient Profile Tables](#) **Error! Bookmark not defined.**

[Relationship Between Insurance on Table 4 and Revenue on Table 9D](#) **Error! Bookmark not defined.**

[Relationship Between Personnel on Table 5 and Costs on Table 8A](#)..... **Error! Bookmark not defined.**

[Relationship Between Prenatal Care on Table 6B and Deliveries on Table 7](#) **Error! Bookmark not defined.**

[Relationship Between Race and Ethnicity on Tables 3B and 7](#) **Error! Bookmark not defined.**

[Appendix C: Health Center Health Information Technology \(Health IT\) Capabilities and Other Data Elements Form](#) 75

[Introduction](#) 75

[Questions](#) 75

[FAQ for Appendix C: Health Center Health IT Capabilities and Other Data Elements Form](#) **Error! Bookmark not defined.**

[Appendix D: Workforce Form](#) 93

[Introduction](#) 93

[Questions](#) 93

[Appendix E: Health Center Resources](#) **Error! Bookmark not defined.**

[UDS Production Timeline and Report Availability](#) **Error! Bookmark not defined.**

[Publicly Available UDS Data](#) **Error! Bookmark not defined.**

[UDS CQMs and National Programs Crosswalk](#) **Error! Bookmark not defined.**

[Appendix F: Glossary](#) **Error! Bookmark not defined.**

[Appendix G: Acronyms](#) **Error! Bookmark not defined.**

PATIENTS BY ZIP CODE TABLE

Calendar Year: January 1, 2025⁶, through December 31, 2025⁶

ZIP Code (aA)	None/ Uninsured (bB)	Medicaid/ CHIP/Other Public (cC)	Medicare (dD)	Private (eE)	Total Patients (fF)
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.

Field Code Changed

TABLE 3A: PATIENTS BY AGE AND BY SEX

Calendar Year: January 1, 2025⁶, through December 31, 2025⁶

Line	Age Groups	Male Patients (eA)	Female Patients (eB)
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.

Field Code Changed

TABLE 3B: DEMOGRAPHIC CHARACTERISTICS

Calendar Year: January 1, 2025⁶, through December 31, 2025⁶

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1A1)	Yes, Puerto Rican (a2A2)	Yes, Cuban (a3A3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4A4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5A5)	Total Hispanic, Latino/a, or Spanish Origin (aA)-(Sum Columns a1A1 + a2A2 + a3A3 + a4A4 + a5A5)	Not Hispanic, Latino/a, or Spanish Origin (bB)	Unreported/Chose Not to Disclose Ethnicity (cC)	Total (dD) (Sum Columns aA + bB + cC)
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									

Field Code Changed

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1A1)	Yes, Puerto Rican (a2A2)	Yes, Cuban (a3A3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4A4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5A5)	Total Hispanic, Latino/a, or Spanish Origin (aA) - (Sum Columns a1A1 + a2A2 + a3A3 + a4A4 + a5A5)	Not Hispanic, Latino/a, or Spanish Origin (bB)	Unreported/Chose Not to Disclose Ethnicity (cC)	Total (dD) (Sum Columns aA + bB + cC)
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 Best Served in a Language Other than with Limited English Proficiency	Number (nA)
12	Patients Best Served in a Language Other than 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.

Field Code Changed

TABLE 4: SELECTED PATIENT CHARACTERISTICS

Calendar Year: January 1, 2025~~6~~, through December 31, 2025~~6~~

Line	Income as Percentage of Poverty Guideline	Number of Patients (aA)
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 (aA)	18 and older (bB)
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)		

Formatted Table

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)					

Field Code Changed

TABLE 4: SELECTED PATIENT CHARACTERISTICS (CONTINUED)

Calendar Year: January 1, 2025, through December 31, 2025

Formatted: Normal, Line spacing: Multiple 1.15 li

Line	Special Medically Underserved Populations	Number of Patients (n)
14	Migratory Agricultural Workers or Their Family Members (330g awardees-recipient s only)	
15	Seasonal Agricultural Workers or Their Family Members (330g awardees-recipient s only)	
16	Total Migratory and Seasonal Agricultural Workers or Their Family Members (All health centers report this line.)	
17	Homeless Shelter (330h awardees-recipient s only)	
18	Transitional (330h awardees-recipient s only)	
19	Doubling Up (330h awardees-recipient s only)	
20	Street (330h awardees-recipient s only)	
21a	Permanent Supportive Housing (330h awardees-recipient s only)	
21	Other (330h awardees-recipient s only)	
22	Unknown (330h awardees-recipient s 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 Housing¹ (All health centers report this line.)	

Formatted Table



Table 4 Cross-Table Considerations:

- 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_x by Total Medicaid Patients on Table 4, Line 8_x equals the average collection per Medicaid patient.
- ~~Reporting of managed care revenue on Table 9D relates to member months on Table 4. Dividing managed care capitation revenue by member months equals average capitation per member per month (PMPM). For example, dividing Medicaid capitated revenue (Table 9D, Line 2a, Column B — (C1 + C2 + C3 — C4)) by Table 4, Line 13a, Column A equals Medicaid PMPM.~~

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).

- If you submit Grant Reports, the total number of patients reported on ~~the a~~ grant table(s) must be less than or equal to the corresponding number on the Universal Report for each cell.

Field Code Changed

TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2025⁶, through December 31, 2025⁶

Line	Personnel by Major Service Category	FTEs (^a A)	Clinic Visits (^b B)	Virtual Visits (^b 2B2)	Patients (^c 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 <ul style="list-style-type: none"> • <u>Family Therapists</u> • <u>Psychiatric Mental Health Nurse Practitioners</u> • <u>Psychiatric Mental Health Registered Nurses</u> • <u>Other Licensed Mental Health Providers (specify _____)</u> 				
20c	Other Mental Health Personnel				
20	Total Mental Health Services (Lines 20a-c)				
21	Substance Use Disorder Services				

Formatted: Indent: Hanging: 0.04", Right: -0.06"

Formatted Table

Formatted Table

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted Table

Field Code Changed

Formatted: Indent: Hanging: 0.04", Right: -0.06"

Formatted: Keep with next

Formatted: Left, Keep with next

Formatted: Keep with next

Formatted: Keep with next

Formatted: Left, Keep with next

Formatted: Keep with next

Formatted: Keep with next

Formatted: Keep with next

Formatted: Left, Keep with next

Formatted: Keep with next

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Indent: Left: 0.5"

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Line	Personnel by Major Service Category	FTEs (AA)	Clinic Visits (BB)	Virtual Visits (BBZ)	Patients (CC)
22	Other Professional Services <ul style="list-style-type: none"> 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 _____) 				
22a	<u>Ophthalmologists</u>				
22b	<u>Optometrists</u>				
22c	<u>Other Vision Care Personnel</u>				
22d	Total Vision Services (Lines 22a-c)				
23a	<u>Pharmacists</u>				
23b	<u>Clinical Pharmacists</u>				
23c	<u>Pharmacy Technicians</u>				
23d	<u>Other Pharmacy Personnel</u>				
23	Pharmacy Personnel (Lines 23a-d)				
24	<u>Case Managers</u>				
25	<u>Health Education Specialists</u>				
26a	<u>Eligibility Assistance Services Personnel</u>				
27a	<u>Outreach Services Personnel</u>				
27b	<u>Transportation Services Personnel</u>				
27c	<u>Language Assistance Services Personnel</u>				
28a	<u>Community Health Workers</u>				
28b	<u>Other Patient Support Services Personnel (specify _____)</u>				
29	Total Patient Support Services (Lines 24-28b)				
29a	Other Programs and Services (specify _____)				
30a	<u>Management and Support Personnel</u>				
30b	<u>Fiscal and Billing Personnel</u>				
30c	<u>Information Technology Personnel</u>				
31	<u>Facility Personnel</u>				
32	<u>Patient Registration and Health Records Personnel</u>				
33	Total Facility and Support Services Personnel (Lines 30a-32)				

Line	Personnel by Major Service Category	FTEs (AA)	Clinic Visits (BB)	Virtual Visits (BBZ)	Patients (CC)
<u>34</u>	Grand Total (Lines <u>15+19+20+21+22+22d+23+29+29a+33</u>)				

Field Code Changed

Formatted: Indent: Hanging: 0.04", Right: -0.06"

Field Code Changed

Table 5: Staffing and Utilization (continued)

Formatted: Normal, Line spacing: Multiple 1.15 li

Calendar Year: January 1, 2025, through December 31, 2025

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>	<cell-not reported>
22b	Optometrists	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>	<cell-not reported>
22c	Other Vision Care Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
22d	Total Vision Services (Lines 22a-c)	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>
23a	Pharmacists	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
23b	Clinical Pharmacists	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
23c	Pharmacy Technicians	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
23d	Other Pharmacy Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
23	Pharmacy Personnel (Lines 23a-d)	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
24	Case Managers	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>	<cell-not reported>
25	Health Education Specialists	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>	<cell-not reported>
26a	Eligibility Assistance Services Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
27a	Outreach Workers Services Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
27b	Transportation Services Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
27a	Eligibility Assistance Workers	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
27b	Interpretation Language Assistance Services Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
28a	Community Health Workers	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
28b	Other Enabling Patient Support Services Personnel (specify _____)	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
29	Total Enabling Patient Support Services (Lines 24-28b)	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>	<blank-for demonstration>
29a	Other Programs and Services Personnel for these programs: <ul style="list-style-type: none"> • _____ Adult, elderly, and youth programs, such as ADHC, child care, PACE • _____ Basic needs, such as shelters/housing, food, and clothing • _____ Employment, vocational, AmeriCorps or other job training programs • _____ Fitness or exercise programs • _____ Head Start or Healthy Start • _____ Public/Retail pharmacies • _____ Research • _____ Support group services • _____ WIC <ul style="list-style-type: none"> • _____ Other programs and services (specify _____) 	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
29b	Quality Improvement Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
30a	Management and Support Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>
30b	Fiscal and Billing Personnel	<blank-for demonstration>	<cell-not reported>	<cell-not reported>	<cell-not reported>

Formatted Table

Formatted Table

Formatted: No bullets or numbering

Formatted: Right, No bullets or numbering

Field Code Changed

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30e	Information Technology Personnel		<cell-not reported>	<cell-not reported>	<cell-not reported>
31	Facility Personnel		<cell-not reported>	<cell-not reported>	<cell-not reported>
32	Patient Support Registration and Health Records Personnel		<cell-not reported>	<cell-not reported>	<cell-not reported>
33	Total Facility and Non-Clinical Support Services Personnel (Lines 30a-32)		<cell-not reported>	<cell-not reported>	<cell-not reported>
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)		<blank-for demonstration>	<blank-for demonstration>	<cell-not reported>

Field Code Changed

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 202~~5~~⁶, through December 31, 202~~5~~⁶

SELECTED DIAGNOSES

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (aA)	Number of Patients with Diagnosis (bB)
Selected Infectious and Parasitic Diseases				
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	ICD-10: B20, B97.35, 098.7 , Z21 OID: 2.16.840.1.113883.3.464.1003.120-12.1003.2.16.840.1.113883.3.464.1003.120.11.1007 2.16.840.1.113883.3.464.1003.120.11.1010		
3	Tuberculosis	ICD-10: A15- through A19-, B90-, J65-, 098.0 , P37.0 OID: 2.16.840.1.113762.1.4.1222.442-16.840.1.113762.1.4.1146.451		
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	ICD-10: A50- through A64-, A69.0 , A69.1 , A69.8 , A69.9 OID: 2.16.840.1.113883.3.464.1003.112-11.1003		
4a	Hepatitis B	ICD-10: B16.0 through B16.2, B16.9, B18.0, B18.1, B19.1- OID: 2.16.840.1.113883.3.67.1.101.1.2712.16.840.1.113883.3.67.1.101.1.271		
4b	Hepatitis C	ICD-10: B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1222.30		
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: 2.16.840.1.113762.1.4.1222.14712-16.840.1.113883.3.526.2.60		

Formatted: Indent: Left: -0.07", Right: -0.07"

Formatted: Font: Verdana, Font color: Background 1

Field Code Changed

Formatted: Indent: Left: -0.07", Right: -0.07"

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (eA)	Number of Patients with Diagnosis (bB)
6	Chronic lower respiratory diseases	ICD-10: J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-, J4A-		
6a	Respiratory conditions related to COVID-19	ICD-10: J12.82, J12.89, J20.8, J40, J22, J98.8, J80 (count codes listed only when code U07.1 is also present) OID: 2.16.840.1.113762.1.4.1029.374	blank for demonstration	blank for demonstration
Selected Other Medical Conditions				
7	Abnormal breast findings, female	ICD-10: C50.01, C50.11, C50.21, C50.31, C50.41, C50.51, C50.61, C50.81, C50.91, C79.81, D05, D24, D48.6, D49.3, N60 through N65, R92	blank for demonstration	blank for demonstration
8	Abnormal cervical findings	ICD-10: C53, C79.82, D06, N87.0, N87.1, N87.9, R87.61 (exclude R87.615 and R87.616), R87.629, R87.910, R87.920	blank for demonstration	blank for demonstration
9	Diabetes mellitus	ICD-10: E08- through E13-, O24- (exclude O24.4-) OID: 2.16.840.1.113762.1.4.1219.332-1 6.840.1.113762.1.4.1219.35		
9a	Diabetes mellitus type 1	ICD-10: E10-	blank for demonstration	blank for demonstration
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-, O10, O11 OID: 2.16.840.1.113762.1.4.1222.1547 (includes all codes other than O11)		
12	Contact dermatitis and other eczema	ICD-10: H01.13, L20.89, L23- through L25, L30 (exclude L30.1, L30.3, L30.4, L30.5)	blank for demonstration	blank for demonstration
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		

Field Code Changed

Formatted: Indent: Left: -0.07", Right: -0.07"

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (eA)	Number of Patients with Diagnosis (bB)
14a	Overweight and obesity	ICD-10: E66-, Z68- (exclude Z68.10, Z68.20 through Z68.24, Z68.51, <u>through</u> Z68.52) OID: 2.16.840.1.113762.1.4.1222.35 (includes all E66 codes except E66.3)		
Selected Childhood Conditions (limited to ages 0 through 17)				
15	Otitis media and Eustachian tube disorders	ICD-10: H65- through H69-, H72-		
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, <u>I42.6</u> , 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		

Field Code Changed

Formatted: Indent: Left: -0.07", Right: -0.07"

Formatted: Indent: Left: -0.07", Right: -0.07"

Formatted Table

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (eA)	Number of Patients with Diagnosis (bB)
20c	Attention deficit and disruptive behavior disorders	ICD-10: F90- through F91-		
20d	Other mental disorders, excluding drug-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		
<u>20g</u>	<u>Intellectual and developmental disabilities</u>	<u>ICD-10: F70- through F89-</u>	<u><blank for demonstration></u>	<u><blank for demonstration></u>

SELECTED SERVICES RENDERED

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, or HCPCS, SNOMED CT, or OID Code	Number of Visits (eA)	Number of Patients (bB)
Selected Diagnostic Tests/ Screening/Preventive Services				
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 HCPCS: G0432 through, 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		

Field Code Changed

Formatted: Indent: Left: -0.07", Right: -0.07"

Formatted Table

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, or HCPCS, SNOMED CT, or QID Code	Number of Visits (NA)	Number of Patients (NB)
21e	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87428, 87635, 87636, 87637, 87811 HCPCS: U0001, U0002 CPT-PLA: 0202U, 0223U, 0225U, 0240U, 0241U	--blank-for-demonstration--	--blank-for-demonstration--
21d	Novel coronavirus (SARS-CoV-2) antibody test	ICD-10: Z01.84 CPT-4: 86318, 86328, 86408, 86409, 86413, 86769 CPT-PLA: 0224U, 0226U	--blank-for-demonstration--	--blank-for-demonstration--
21e	Pre-Exposure Prophylaxis (PrEP)-associated prescribing and management	ICD-10: Z29.81		
22	Mammogram	ICD-10: Z12.31 CPT-4: 77061, 77062, 77063, 77065, 77066, 77067 HCPCS: G0279	--blank-for-demonstration--	--blank-for-demonstration--
23	Pap test	ICD-10: R87.619, R87.629, Z01.41, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 HCPCS: G0123, G0143, G0144, G0145, G0147, G0148, P3000	--blank-for-demonstration--	--blank-for-demonstration--
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, 90669 , 90670, 90671, 90677, 90684, 90696, <u>90697</u> , 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90720, 90721, 90723, 90730 , 90731 , 90732, 90739, 90740, 90743, 90744, 90745, 90746, 90747, 90748, 90759		
24a	Seasonal flu vaccine	CPT-4: 90630 , 90653, 90654 , 90656, 90657, 90658, 90659 , 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 2		
25	Contraceptive management	ICD-10: Z30-		

Field Code Changed
 Formatted: Indent: Left: -0.07", Right: -0.07"
 Formatted Table

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, or HCPCS, SNOMED CT, or OID Code	Number of Visits (aA)	Number of Patients (bB)
26	Health supervision of infant or child 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		
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	<blank for demonstration>	<blank for demonstration>

Formatted Table

Line	Service Category	Applicable ADA Code	Number of Visits (aA)	Number of Patients (bB)
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		
30	Sealants	CDT: D1351	<blank for demonstration>	<blank for demonstration>
31	Fluoride treatment—adult or child	CDT: D1206, D1208 CPT-4: 99188		
32	Restorative services	CDT: D21xx through D29xx		

Field Code Changed

Line	Service Category	Applicable ADA Code	Number of Visits (A)	Number of Patients (B)
33	Oral surgery (extractions and other surgical procedures)	CDT: D7xxx	blank for demonstration	blank for demonstration
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	blank for demonstration	blank for demonstration

Formatted Table

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, HCPCS, SNOMED CT, or DID Code	Number of Visits (A)	Number of Patients (B)
Selected Patient Support Services		Patient Support Services	Selected Patient Support Services	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		

Formatted Table

Formatted Table

Formatted: Font: (Default) Verdana, 10 pt, Font color: Custom Color(21,21,21)

Formatted: Font: (Default) Verdana, Font color: Custom Color(21,21,21)

Formatted: Font: (Default) Verdana, Not Bold, Font color: Custom Color(21,21,21)

Formatted: Font: (Default) Verdana, Font color: Custom Color(21,21,21)

Formatted: Font: (Default) Verdana, 10 pt, Font color: Custom Color(21,21,21)

Formatted: Font: (Default) Verdana, 10 pt, Font color: Custom Color(21,21,21), Pattern: Clear

Field Code Changed

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		Selected Upstream Drivers ServicesHealth-related Needs	Selected Upstream Drivers ServicesHealth-related Needs
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		

Formatted Table

Formatted: Font: Verdana, 6 pt

Formatted: Keep with next

Formatted: Font: Verdana, 6 pt

Formatted: Keep with next

Formatted: Font: (Default) Verdana, 10 pt, Font color: Custom Color(21,21,21)

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	

Formatted Table

Note: "X" in a code denotes any number, including the absence of a number in that place. **Dashes (-) in a code** indicate that ~~additional~~ more characters are ~~required~~ 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 ~~are used to point out that other~~ identify ranges of codes in the series ~~are to 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 at the grant ~~Grant table Report~~ must be less than or equal to the corresponding number on the Universal Report for each cell.

Field Code Changed

TABLE 6B: QUALITY OF CARE MEASURESCalendar Year: January 1, 2025⁶, through December 31, 2025⁶

Line	Age	Number of Patients (aA)		
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 A—Age Categories for Prenatal Care Patients:
Demographic Characteristics of Prenatal Care Patients**

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (aA)	Patients Having First Visit with Another Provider (bB)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Section B—Early Entry into Prenatal Care

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (aA)	Number of Records Reviewed (bB)	Number of Patients Immunized (cC)
10	MEASURE: Percentage of children 2 years of age who received age- appropriate vaccines by their 2nd birthday			

Section C—Childhood Immunization Status

Line	Cervical Cancer Screening	Total Female Patients Aged 24 through 64 (aA)	Number of Records Reviewed (bB)	Number of Patients Tested (cC)
11	MEASURE: Percentage of women 24–64 years of age who were screened for cervical cancer			

Section D—Cervical and Breast Cancer Screening

Line	Breast Cancer Screening	Total Female Patients Aged 45 through 74 (aA)	Number of Records Reviewed (bB)	Number of Patients with Mammogram (cC)
11a	MEASURE: Percentage of women 45–74 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 (aA)	Number of Records Reviewed (bB)	Number of Patients with Counseling and BMI Documented (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients Prescribed or On Statin Therapy (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients with Appropriate Screening for Colorectal Cancer (cC)
19	MEASURE: Percentage of patients 46 through 75 years of age who had appropriate screening for colorectal cancer			

Section K—HIV Measures

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (aA)	Number of Records Reviewed (bB)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients Tested for HIV (cC)
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 (aA)	Number of Records Reviewed (bB)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (cC)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented <u>or active depression medication</u>			
Line	Depression Remission at Twelve Months	Total Patients Aged 12 and Older with Major Depression or Dysthymia (aA)	Number of Records Reviewed (bB)	Number of Patients who Reached Remission (cC)
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			

Field Code Changed

Section M—Sealant Receipt on Permanent First Molars~~Dental Sealants for Children between 6–9 Years~~

Line	Dental Sealants for Children between 6–9 Years Sealant Receipt on Permanent First Molars	Total Patients with 10 th Birthday Aged 6 through 9 at Moderate-to-High Risk for Caries (aA)	Number of Records Reviewed (bB)	Number of Patients with Sealants to First Molars (cC)
22a	MEASURE: Percentage of children <u>who have ever received at least one sealant on a permanent first molar tooth</u> 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar			
22b	MEASURE: Percentage of children who have <u>received sealants on all four permanent first molar teeth</u>			

Formatted: Font: Verdana, Superscript

Formatted: Font: Verdana, Bold

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 (aA)	Number of Records Reviewed (bB)	Number of Patients who Received SUD Treatment (cC)
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	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]



Table 6B Cross-Table Considerations:

- Patients with countable visits on Table 5 are generally eligible for inclusion in eCQMs reported on Table 6B if they also have a visit that meets the qualifying encounter definition in the eCQM 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, 202~~5~~⁶, through December 31, 202~~5~~⁶

Section A: Deliveries and Birth Weight

Line	Description	Patients (eA)			
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 (3a1A)	Live Births: <1500 grams (3b1B)	Live Births: 1500–2499 grams (3c1C)	Live Births: ≥2500 grams (3d1D)
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				

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (+e1A)	Live Births: <1500 grams (+e1B)	Live Births: 1500–2499 grams (+e1C)	Live Births: ≥2500 grams (+e1D)
1gm	Unreported/Chose Not to Disclose Race				
	<i>Subtotal Mexican, Mexican American, Chicano/a</i>				
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				
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				
	<i>Subtotal Puerto Rican</i>				
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				

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (+e1A)	Live Births: < 1500 grams (+b1B)	Live Births: 1500–2499 grams (+e1C)	Live Births: ≥2500 grams (+e1D)
1cc	Black or African American				
1dc	American Indian/Alaska Native				
1ec	White				
1fc	More than One Race				
1gc	Unreported/Chose Not to Disclose Race				
	<i>Subtotal Cuban</i>				
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				
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				
	<i>Subtotal Another Hispanic, Latino/a, or Spanish Origin</i>				
Hispanic, Latino/a, or Spanish Origin Combined					
1a1o	Asian Indian				
1a2o	Chinese				
1a3o	Filipino				
1a4o	Japanese				
1a5o	Korean				

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (+e1A)	Live Births: < 1500 grams (+b1B)	Live Births: 1500–2499 grams (+e1C)	Live Births: ≥2500 grams (+e1D)
1a6o	Vietnamese				
1a7o	Other Asian				
1b1o	Native Hawaiian				
1b2o	Other Pacific Islander				
1b3o	Guamanian or Chamorro				
1b4o	Samoan				
1c0	Black or African American				
1d0	American Indian/Alaska Native				
1e0	White				
1f0	More than One Race				
1g0	Unreported/Chose Not to Disclose Race				
	<i>Subtotal Hispanic, Latino/a, or Spanish Origin, Combined</i>				
	<i>Total Hispanic, Latino/a, or Spanish Origin</i>				
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				
	<i>Total Not Hispanic, Latino/a, or Spanish Origin</i>				

Field Code Changed

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (+e1A)	Live Births: <1500 grams (+e1B)	Live Births: 1500–2499 grams (+e1C)	Live Births: ≥2500 grams (+e1D)
Unreported/Chose Not to Disclose Race and Ethnicity					
h	Unreported/Chose Not to Disclose 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 (2a2A)	Number of Records Reviewed (2b2B)	Patients with Hypertension Controlled (2c2C)
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			
	<i>Subtotal Mexican, Mexican American, Chicano/a</i>			
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 (2a2A)	Number of Records Reviewed (3b2B)	Patients with Hypertension Controlled (2c2C)
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			
	<i>Subtotal Puerto Rican</i>			
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			
	<i>Subtotal Cuban</i>			
Another Hispanic, Latino/a, or Spanish Origin				
1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a2A)	Number of Records Reviewed (3b2B)	Patients with Hypertension Controlled (2c2C)
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			
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			
	<i>Subtotal Another Hispanic, Latino/a, or Spanish Origin</i>			
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			

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a2A)	Number of Records Reviewed (3b2B)	Patients with Hypertension Controlled (2c2C)
1g0	Unreported/Chose Not to Disclose Race			
	<i>Subtotal Hispanic, Latino/a, or Spanish Origin, Combined</i>			
	<i>Total Hispanic, Latino/a, or Spanish Origin</i>			
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			
	<i>Total Not Hispanic, Latino/a, or Spanish Origin</i>			
Unreported/Chose Not to Disclose Race and Ethnicity				
h	Unreported/Chose Not to Disclose Race and Ethnicity			
i	Total			

Field Code Changed

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			
	<i>Subtotal Mexican, Mexican American, Chicano/a</i>			
	Puerto Rican			
1a1p	Asian Indian			
1a2p	Chinese			
1a3p	Filipino			
1a4p	Japanese			
1a5p	Korean			
1a6p	Vietnamese			
1a7p	Other Asian			

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A*)	Number of Records Reviewed (3B3B)	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3C3F)
1b1p	Native Hawaiian			
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			
	<i>Subtotal Puerto Rican</i>			
	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			
	<i>Subtotal Cuban</i>			

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A*)	Number of Records Reviewed (3B)B	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3C)F
	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			
1b3a	Guamanian or Chamorro			
1b4a	Samoaan			
1ca	Black or African American			
1da	American Indian/Alaska Native			
1ea	White			
1fa	More than One Race			
1ga	Unreported/Chose Not to Disclose Race			
	<i>Subtotal Another Hispanic, Latino/a, or Spanish Origin</i>			
	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			

Line	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3A*)	Number of Records Reviewed (3B3B)	Patients with Glycemic Status Assessment >9%, Missing, or No Test During Year (3C3F)
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			
	<i>Subtotal Hispanic, Latino/a, or Spanish Origin</i>			
	<i>Total Hispanic, Latino/a, or Spanish Origin</i>			
	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			

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 (3C)†
2g	Unreported/Chose Not to Disclose Race			
	<i>Total Not Hispanic, Latino/a, or Spanish Origin</i>			
	Unreported/Chose Not to Disclose Race and Ethnicity			
h	Unreported/Chose Not to Disclose Race and Ethnicity			
i	Total			



Table 7 Cross-Table Considerations:

- Patients with countable visits on Table 5 are generally eligible for inclusion in eCQMs 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 7₇ due to differences in criteria that must be met for inclusion on Table 7.

Field Code Changed

TABLE 8A: FINANCIAL COSTS

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

Line	Cost Center	Personnel Costs (Salary + Fringe Benefits) - (aA1)	Other Costs - (aA2)	Total Accrued Costs - (aA)
Medical Care		[section divide]	[section divide]	[section divide]
1	Medical Care Personnel and Contracts	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
2	Medical Laboratory and X-ray	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
4	Total Medical Care Services (Sum of Lines 1 through 2)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
Other Clinical Services		[blank for section divide]	[blank for section divide]	[blank for section divide]
5	Dental	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
6	Mental Health	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
7	Substance Use Disorder	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
8a	Pharmacy (not including pharmaceuticals)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
8b	Pharmaceuticals	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
9	Other Professional (specify)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
9a	Vision	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
Patient Support Services and Other Programs		[blank for section divide]	[blank for section divide]	[blank for section divide]
11	Patient Support Services	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
12	Other Programs and Services (specify)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
13	Total Patient Support and Other Programs Services (Sum of Lines 11 and 12)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
Facility and Support Services		[blank for section divide]	[blank for section divide]	[blank for section divide]
14	Facility	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
14a	Information Technology	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
15	Other Support Costs	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
16	Total Facility and Support Services Costs (Sum of Lines 14, 14a, and 15)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]
17	Total FHC Health Center Costs (Sum of Lines 4 + 10 + 13 + 16)	[blank for demonstration]	[blank for demonstration]	[blank for demonstration]

Formatted Table

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted Table

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted Table

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 1

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted Table

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted Table

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

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		[section divide]	[section divide]	[section divide]

Field Code Changed

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)
1	Medical Personnel	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
2	Lab and X ray	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
3	Medical/Other Direct	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
4	Total Medical Care Services (Sum of Lines 1 through 3)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
	Financial Costs of Other Clinical Services	{blank-for-section-divide}	{blank-for-section-divide}	{blank-for-section-divide}
5	Dental	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
6	Mental Health	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
7	Substance Use Disorder	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
8a	Pharmacy (not including pharmaceuticals)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
8b	Pharmaceuticals	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
9	Other Professional (specify _____)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
9a	Vision	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
	Financial Costs of Enabling and Other Services	{blank-for-section-divide}	{blank-for-section-divide}	{blank-for-section-divide}
11a	Case Management	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11b	Transportation	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11c	Outreach	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11d	Health Education	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11e	Eligibility Assistance	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11f	Interpretation Services	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11g	Other Enabling Services (specify _____)	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11h	Community Health Workers	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
11	Total Enabling Services (Sum of Lines 11a through 11h)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
12	Other Program Related Services (specify _____)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
12a	Quality Improvement	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	{blank-for-demonstration}	{blank-for-demonstration}	{blank-for-demonstration}

Formatted Table

Formatted Table

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		{blank-for-section-divide}	{blank-for-section-divide}	{blank-for-section-divide}
14	Facility	{blank-for-demonstration}	{Cell-not-reported}	{Cell-not-reported}
15	Non-Clinical Support Services	{blank-for-demonstration}	{Cell-not-reported}	{Cell-not-reported}
16	Total Facility and Non-Clinical Support Services (Sum of Lines 14 and 15)	{blank-for-demonstration}	{Cell-not-reported}	{Cell-not-reported}
17	Total Accrued Costs (Sum of Lines 4 + 10 + 13 + 16)	{blank-for-demonstration}	{Cell-not-reported}	{blank-for-demonstration}
18	Value of Donated Facilities, Services, and Supplies (specify _____)	{Cell-not-reported}	{Cell-not-reported}	{blank-for-demonstration}
19	Total with Donations (Sum of Lines 17 and 18)	{Cell-not-reported}	{Cell-not-reported}	{blank-for-demonstration}



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](#).

Field Code Changed

TABLE 9D: ACCRUED PATIENT SERVICE REVENUE

Calendar Year: January 1, 2026⁵, through December 31, 2026⁵

Formatted: Left: 1", Right: 1", Top: 0.75", Bottom: 0.75", Width: 8.5", Height: 11"

Line	Payer Category	Charges (aA)	Collections (bB)	Adjustments (dD)	Net Patient Service Revenue (Charges Less Adjustments) (eG)
3	Total Medicaid	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
6	Total Medicare	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
9	Total Other Public (specify _____)	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
12	Total Private	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
13a	Sliding Fee	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
13b	Other Self-Pay	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
13	Total Self-Pay (Sum of Lines 13a + 13b)	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
14	Total (Sum of Lines 3 + 6 + 9 + 12 + 13)	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
15	Bad Debt Write-Offs and Allowances-Expense	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
16	Net Patient Service Revenue Before Other Patient Service Revenue (Sum of Line 14, Column eG less Line 15, Column eG)	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
Other Patient Service Revenue					
17	Pharmacy Net Patient Service Revenue	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
18	Third-Party Incentive Revenue	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	
19	Total Net Patient Service Revenue (Sum of Lines 16 + 17 + 18)	[Link for demonstration]	[Link for demonstration]	[Link for demonstration]	

Formatted Table

Field Code Changed

7
e
l
e
m
e
n
t
r
y
R
e
c
e
n
t
Retroactive-Spe
k
j

BPHC	YTD	Collection of Reconciliation/ -Wraparound Current-Year (c1)	YTD	Bad Debt Write-Off (f)
------	-----	---	-----	------------------------

Field Code Changed

<p>4 0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~ 0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>
<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>
<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>	<p>0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { } ~</p>

Field Code Changed

<p>0 1 2 3 4 5 6 7 8 9 A B C D E F</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>
<p>0 1 2 3 4 5 6 7 8 9 A B C D E F</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>
<p>0 1 2 3 4 5 6 7 8 9 A B C D E F</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>	<p>.....</p>

Field Code Changed

i e 7 t p e t d t p g p e i k d d i e a t d C H P 7 K d p a g d d C a r e t f e e e i f e r i s e f y t e)					
9 H e a l t h					

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retractions and Paybacks (c)			Adjustments (d)	Sliding-Fee Discounts (e)	Bad Debt Write-Off (f)
				Collection of Reconciliation/Wrapper Current Year (c1)	Collection of Reconciliation/Wrapper Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)			
10	Private Non-Managed Care								
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 9D Cross-Table Considerations:

- Charges and collections by payer on Table 9D are related have some relationship to the classification of patients by medical 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 comparable field comparisons in Appendix B. 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.
- Other Public charges and collections on Table 9D are generally not directly comparable to Table 4 Other Public. May include categorical grant payers, such as Title-X and BCCEDP, which are NOT insurance. In such cases, and the 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 bManaged care revenue on Table 9D relates to member months on Table 4. Dividing managed care capitation revenue by member months equals average capitation per member per month

(PMPM). For example, dividing Medicaid capitation revenue (Table 9D, Line 2a, Column B — (c1 + c2 + c3 — c4)) by Table 4, Line 13a, Column A equals Medicaid PMPM.

- Billable visits reported on Table 5 should relate 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 REVENUES

Calendar Year: January 1, 2026⁵, through December 31, 2026⁵

Line	Source	Revenue (eA)
[blank]	HRSA's BPHC Grants (Enter Amount Drawn Down—Consistent with PMS-272)	[blank]
1	Total Health Center BPHC Grants	[blank]
[blank]	Other Federal Grants	[blank]
5	Total Other Federal Grants (specify _____)	[blank]
[blank]	Non-Federal Grants or Contracts	[blank]
6	State Government Grants and Contracts (specify _____)	[blank]
7	Local Government Grants and Contracts (specify _____)	[blank]
7a	State/Local Indigent Care Programs (specify _____)	[blank]
8	Foundation/Private Grants and Contracts (specify _____)	[blank]
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 7 + 7a + 8)	[blank]
10	Other Revenue (non-patient service revenue not reported elsewhere) (specify _____)	[blank]
11	Total Net Revenue (Sum of Lines 1 + 5 + 9 + 10)	[blank]

Formatted: Font: Verdana, Font color: Background 2

Formatted Table

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Formatted: Font: Verdana, Font color: Background 2

Line	Source	Amount (e)
[blank]	HRSA's BPHC Grants (Enter Amount Drawn Down—Consistent with FFR)	[blank]
1a	Migratory and Seasonal Agricultural Workers	[blank]
1b	Community Health Center	[blank]
1c	Homeless Population	[blank]
1e	Residents of Public Housing	[blank]
1g	Total Health Center (Sum of Lines 1a through 1e)	[blank]
1k	Capital Development Grants	[blank]
1o	American Rescue Plan (ARP) (H8F, L2C, C8E)	[blank]
1p2	Other COVID-19 Related Funding from HRSA's BPHC (specify _____)	[blank]
1q	Total COVID-19 Supplemental (Sum of Lines 1o + 1p2)	[blank]
1	Total HRSA's BPHC Grants (Sum of Lines 1g + 1k + 1q)	[blank]
[blank]	Other Federal Grants	[blank]
2	Ryan White Part C HIV Early Intervention	[blank]
3	Other Federal Grants (specify _____)	[blank]
3a	Promoting Interoperability Program	[blank]
5	Total Other Federal Grants (Sum of Lines 2 through 3a)	[blank]
[blank]	Non-Federal Grants or Contracts	[blank]
6	State Government Grants and Contracts (specify _____)	[blank]
6a	State/Local Indigent Care Programs (specify _____)	[blank]
7	Local Government Grants and Contracts (specify _____)	[blank]
8	Foundation/Private Grants and Contracts (specify _____)	[blank]
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	[blank]

Field Code Changed

Line	Source	Amount (a)
10	Other Revenue (non-patient service revenue not reported elsewhere) (specify _____)	{blank}
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	{blank}

Formatted: Keep with next



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](#).
- ~~The Only non-service-specific accrued revenue recognized revenue received from state or local indigent care programs that subsidize services rendered to patients who are uninsured~~ are reported on Table 9E, while ~~the charges for these earnings or receipts from indigent care programs that reimburse on a service-specific basis~~ are reported on Table 9D. Follow the detailed ~~reporting requirements~~ included in [Appendix B](#) to address ~~the~~ cross-table reporting requirements.

Appendix ~~C~~D: 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, EHR interoperability and eligibility for CMS Promoting Interoperability Program 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 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.~~

The text directly below ~~indicates contains~~ changes to Appendix C from 202~~5~~4 calendar year reporting to 202~~5~~6 calendar year reporting:

~~There are no key changes to this form.~~ 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 202~~4~~5 calendar year reporting to 202~~5~~6 calendar year reporting.

QUESTIONS

The following questions appear in the EHBs. Complete them before you file the UDS Report. Reporting requirements for the ~~health IT~~ questions ~~are 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, 202~~5~~6**.

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 0" + Indent at: 0.25"

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

Field Code Changed

Formatted: Keep with next, Keep lines together

Formatted: Font: Verdana, Bold

<u>a. Yes, installed at all service delivery sites and used by all providers</u>	<u>b. Yes, but only installed at some service delivery sites or used by some providers</u>	<u>c. No</u>
--	--	--------------

Field Code Changed

Formatted: Font: Verdana, Font color: Background 2

Formatted: Table Text, Centered, Space Before: 0 pt, Keep with next, Keep lines together

Formatted: Font: Verdana, 10 pt, Font color: Background 2

Formatted: Table Text, Centered, Indent: Left: 0", Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Field Code Changed

- 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 of the 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 on a regular basis.
- 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.
- You may 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 on above 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 purchased/bought an EHR but has not yet put it into use, answer "no."

- Formatted: Table Text, Indent: Left: 0.18", No bullets or numbering, Tab stops: Not at 1"
- Formatted: Table Text, Indent: Left: 0", Hanging: 0.18", Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 1"
- Formatted: Table Text, Indent: Left: 0.18", No bullets or numbering
- Formatted: Table Text, Indent: Left: 0.18", No bullets or numbering, Tab stops: Not at 1"
- Formatted: Table Text, Indent: Left: 0", Hanging: 0.18"
- Formatted: Table Text, No bullets or numbering, Tab stops: Not at 1"
- Formatted: Table Text, Indent: Left: 0", Hanging: 0.18", Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 1"
- Formatted: Table Text, No bullets or numbering
- Formatted: Indent: Left: 0.18", No bullets or numbering
- Formatted: Table Text, Indent: Left: 0", Hanging: 0.18"
- Formatted: Indent: Left: 0.18", No bullets or numbering
- Formatted: Table Text, Indent: Left: 0", Hanging: 0.18"
- Formatted: Indent: Left: 0", Hanging: 0.18"

Field Code Changed

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.

Formatted: Space Before: 12 pt

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.

~~1.~~

Formatted: No bullets or numbering

~~a. Yes, _____ installed at _____ all service delivery sites and used by _____ all providers~~

Formatted: Font: Verdana, 11 pt, Not Bold, Font color: Auto

Formatted: Bullet List, Left

Formatted: Number of columns: 1, Force equal column width

Formatted: Indent: Left: 0"

~~For the purposes of this response, "providers" mean all fully trained medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives.~~

Formatted: No bullets or numbering, Tab stops: Not at 1"

~~Although some or all of the 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 on a regular basis.~~

~~It 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 if a few newly hired, untrained personnel are the only ones not using the system.~~

~~b. Yes, but only installed at some service delivery sites or used by _____ some providers~~

Formatted: Indent: Left: 0"

~~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 on above in [a]) do not yet use the system.~~

Formatted: Indent: Left: -0.13", Tab stops: Not at 1"

Formatted: Number of columns: 1, Force equal column width

~~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.~~

[Empty text box]

Formatted: Number of columns: 1

Formatted: Left

Formatted: Number of columns: 1, Force equal column width

~~c. No~~

Field Code Changed

~~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 purchased an EHR but has not yet put it into use, answer "no."~~

Formatted: Indent: Left: -0.13", Tab stops: Not at 1"

Field Code Changed

If response is "c. No," skip to Question 11. If response is "a" or "b," continue to next question.

If more than one medical 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.~~

This next set of questions seeks to ~~determine~~ understand whether the health center installed an EHR by December 31 and, if so, 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 ~~much of the~~ UDS data.

If a system is in use (i.e., if [a] or [b] has been selected), indicate whether it has been certified by the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator (ONC) ~~Authorized Testing and Certification Bodies.~~

Note: ASTP/ONC has mandated new regulations under the Base EHR Definition as part of the Health Data, Technology, and Interoperability (HTI-1) final rule, which specifically adds the Decision Support Interventions (DSI) certification criterion (45 CFR 170.315(b)(11)) and mandates all certified EHR technologies (CEHRT) comply by January 1, 2025.

~~1a. Is your system certified by the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program?~~

Formatted: Indent: Left: -0.25", Hanging: 0.25"

~~a. Yes~~

Formatted: Indent: Left: -0.19"

~~b. No~~

Health centers are to indicate the vendor, ~~product name, version number,~~ and ASTP/ONC-certified health IT product list number. ~~This information is available on the Certified Health IT Product List (CHPL)Certified Health IT Product List (CHPL). Select the most current version number being used. 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.

Field Code Changed

1a. Question removed.

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

Formatted: Indent: Left: 0", First line: 0"

1a2. Question removed.

Field Code Changed

~~1a3. Question removed.~~

~~1a2. Product Name~~

~~1a3. Version Number~~

Formatted: Indent: Left: 0", First line: 0"

~~1a4. List the CHPL ASTP /ONC certified Health IT Product List NID number for your health center's primary EHR system.~~

~~Note: The CHPL Product ID number is a standardized number that reflects 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.~~

Formatted: Indent: Left: 0"

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

Formatted: Indent: Left: 0", Hanging: 0.25"

~~a. Yes~~

~~b. No~~

Formatted: Indent: Left: 0.25", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

~~1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization? Select "Yes" if the health center has more than one EHR that flows into one central health IT/EHR or practice management system.~~

Formatted: Indent: Left: 0.25", Space After: 0 pt, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

~~b.~~

~~Yes~~

~~1c. Question removed.~~

Formatted: Space Before: 12 pt

~~1c1. If yes, what is the reason?~~

~~a. Additional EHR/data system(s) are used during transition from one primary EHR to another~~

~~b. Additional EHR/data system(s) are specific to one or more service types (e.g., dental, behavioral health, care coordination)~~

~~c. Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition~~

~~d. Additional EHR/data system(s) are used for analysis and reporting (such as for clinical quality measures or custom reporting)~~

~~e. Other (please describe _____)~~

~~1c1. Question removed.~~

~~1d. Question removed.~~

~~1e. Question removed.~~

~~2. Question removed.~~

~~a. 3. Question removed. No~~

Formatted: Normal, No bullets or numbering

~~2.4. Which of the following key providers/health care settings does your health center electronically exchange clinical or patient information with? (Select all that apply.)~~

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 4 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

~~a. Hospitals/ Emergency rooms~~

Formatted: Indent: Left: 0.25", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Field Code Changed

- b. Specialty providers
- c. Other primary care providers
- d. ~~Laboratory tests~~ or imaging ~~studies~~
- e. Health information exchange (HIE)²
- f. Community-based organizations/~~social service partners~~
- g. None of the above (*Please select "None of the above" only if none of the other options apply.*)
- h. Other (please describe _____)

~~3-5.~~ Does your health center engage patients through health IT in any of the following ways? (Select all that apply.)

Formatted: Space Before: 12 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 4 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

- 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)~~ ~~mHealth~~ apps³
- 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.*)

Formatted: Font: Verdana, Not Italic

~~4-~~ 6. Question removed.

Formatted: Normal, No bullets or numbering

7. Question removed.

8. Question removed.

9. Question removed.

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](#).

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

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

- ~~a. Quality improvement (e.g., outreach, health education)~~
- ~~b. Population health management~~
- ~~c. Program evaluation and planning (e.g., grants, needs assessments, strategic planning)~~
- ~~d. Research~~
- ~~d1. Financial monitoring (e.g., value-based incentives, reimbursements)~~
- ~~e. Other (please describe _____)~~
- ~~f. We DO NOT utilize health IT or EHR data beyond direct patient care (Please select "We DO NOT utilize health IT or EHR data beyond direct patient care" only if none of the other options apply.)~~

~~11. Does your health center collect data on individual patients' health-related needs, outside of the data countable in the UDS?~~

~~**Note:** Health centers should respond "a. Yes" below only if they are screening for health-related needs, meaning they have a consistent set of questions that are asked of individual patients uniformly for the purposes of collecting information on the non-medical, health-related needs of patients, such as housing instability and/or food insecurity, **beyond** those demographic patient characteristics captured elsewhere on the UDS Report. Collecting race, ethnicity, and/or income level would not be considered here as collecting data on individual patients' health-related needs, as this information is already counted in the UDS Report, on Tables 3B and 4. Similarly, collecting data on intimate partner violence, domestic violence, and/or human trafficking would not be considered, as this information is already counted in the UDS Report, on Table 6A.~~

- ~~a. Yes~~
- ~~b. No, but we are in planning stages to collect this information~~
- ~~c. No, we are not planning to collect this information~~

~~If response to Question 11 is "a," then continue to the next question. If response is "b" or "c," skip to Question 12b.~~

~~11a. How many health center patients were screened for health-related needs using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is "a. Yes" and count only patients who completed (some of or all of) the screener) _____~~

~~12. Which standardized screener(s) for health-related needs, if any, did you use during the calendar year? (Select all that apply. Only respond to this if your response to Question 11a is greater than 0.)~~

- ~~a. Accountable Health Communities Screening Tools~~
- ~~b. Upstream Risks Screening Tool and Guide~~
- ~~c. IHELLP~~

- 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~~
- h. ~~Health Leads Screening Toolkit~~
- i. ~~Other (please describe: _____)~~

Note: Health centers that are screening for health related needs, using the definition noted in Question 11, but are NOT using one of the standardized screening tools listed should respond "i. Other." Specify that you are using standardized questions from various screening tools.

- j. ~~We DO NOT use a standardized screener (response to Question 12b is required when selected)~~

Note: Only select "j. We DO NOT use a standardized screener" if you DO NOT use a consistent set of questions/approach to screen patients for health related needs. If Question 11a is greater than 0 and the health center responds to Question 12, continue to the next question. If Question 11a is 0 and Question 12 is any option other than "j," skip to Question 13.

12a. ~~Of the total patients screened for health related needs (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple health related needs and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.)~~

- 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 screener to collect this information, please indicate why. (Select all that apply.) (Only respond to this question if your response to Question 11a is "zero" or if Question 12, option j is selected.)~~

- a. ~~Have not considered/unfamiliar with standardized screeners~~
- b. ~~Lack of funding for addressing these unmet health related needs of patients~~
- c. ~~Lack of training for personnel to discuss these issues with patients~~
- d. ~~Inability to include with patient intake and clinical workflow~~
- e. ~~Not needed~~
- f. ~~Other (please describe _____)~~

10. ~~Question removed.~~

Field Code Changed

~~11. Question removed.~~

~~11a. Question removed.~~

~~12. Question removed.~~

~~12a. Question removed.~~

~~12b. Question removed.~~

~~13.~~

~~4-13. 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~~

Formatted: Indent: Left: 0", Hanging: 0.25", No bullets or numbering

Formatted: Space Before: 12 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 13 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

~~14. Medications for Opioid Use Disorder (MOUD)~~

~~a. How many providers, on-site or with whom the health center has contracts/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 14a**b** must be the same as the number of patients reported on Table- 6A, Line 26c3.~~

Formatted: Space Before: 12 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 13 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

Formatted: Normal, Indent: Left: 0.25", No bullets or numbering, Keep with next, Keep lines together

~~15. Did your organization use telemedicine-telehealth to provide services remotely (virtually)-clinical care services?~~

~~**Note:** Telemedicine services refer to remote clinical services for patients.~~

~~**a. Yes**~~

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

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

- ~~a. Patients at remote different locations from your organization than the provider (e.g., home telehealth, satellite locations)~~
- ~~b. Specialists outside your organization (e.g., specialists at referral centers)~~

Formatted: Space Before: 12 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 13 + Alignment: Left + Aligned at: 0" + Indent at: 0.25", Don't keep with next, Don't keep lines together

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 ~~primary telemedicine~~ services were delivered remotely ~~used at your organization?~~ (Select all that apply.)

- a. Primary care
- b. ~~Oral health~~ 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 use ~~telemedicine~~ deliver services remotely, please comment on 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 describe _____)
- c. Inadequate broadband/telecommunication service (Select all that apply.)
 - i. Cost of service
 - ii. Lack of infrastructure
 - iii. Other (Please describe _____)

Field Code Changed

- d. Lack of funding for telehealth equipment
- e. Lack of training in using ~~for~~ 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? _____

Formatted: Space Before: 12 pt

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 _____)

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

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?

Formatted: Keep with next, Keep lines together

- 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 E: Other Data Elements

Introduction

The questions on the Other Data Elements Form collect information on the changing landscape of health centers to include expanded services and delivery systems.

The text directly below indicates changes from 2024 calendar year reporting to 2025 calendar year reporting:

There are no key changes to this form.

This marks the conclusion of changes from 2024 calendar year reporting to 2025 calendar year reporting.

Questions

Topics on this form include medications for opioid use disorder (MOUD), telehealth, outreach and enrollment assistance, and voluntary family planning. Respond to each question based on your health center status **as of December 31, 2025**.

1. Medications for Opioid Use Disorder (MOUD)

a. How many providers, on site or with whom the health center has contracts, 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 1a?

Empty rectangular box for data entry.

Field Code Changed

Formatted: Space Before: 12 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 16 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

Formatted: Font: (Default) Verdana, Not Italic, Font color: Auto

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Font: (Default) Verdana, Not Italic, Font color: Auto

Formatted: Font: (Default) Verdana, Not Italic, Font color: Auto

Formatted: Font: (Default) Verdana, Not Italic, Font color: Auto

Formatted: Font: (Default) Verdana, Not Italic, Font color: Auto

Formatted: Indent: Left: 0.25", Space Before: 12 pt, No bullets or numbering

Formatted: Font: (Default) Verdana, Not Italic, Font color: Auto

Formatted: Normal, Left, Indent: Left: 0.25", Pattern: Clear (White)

Formatted: Normal

Formatted: Pattern: Clear

Formatted: Normal

Formatted: Normal, No bullets or numbering

Note: Review the applicable value set from Table 6A, Line 26c3, for MOUD. The number of patients included on Table 6A should be the same as patients reported in this form, Question 1b.

2. Did your organization use telemedicine to provide remote (virtual) clinical care services?

Note: Telemedicine services refers to remote clinical services for patients.

a. Yes

If "Yes" is selected, proceed to questions 2a1–2a3.

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 (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)

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

Field Code Changed

Formatted: Indent: Left: 0", Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering, Don't keep with next, Don't keep lines together

Formatted: Normal, Indent: Left: 0", Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering

Formatted: Normal, Indent: Left: 0", First line: 0"

Formatted: Normal, No bullets or numbering

Formatted: Normal, Indent: Left: 0", First line: 0", Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering, Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering

Formatted: Normal, Indent: Left: 0", First line: 0", Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering, Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering

Field Code Changed

~~j. Radiology~~

~~k. Nutrition and dietary counseling~~

~~l. Other (Please describe _____)~~

~~b. No.~~

~~If you did not use telemedicine services, please comment on 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 describe _____)~~

~~e. 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 for telehealth services~~

~~f. Not needed~~

~~g. Other (Please describe _____)~~

~~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 (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about third-party primary care 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.

~~4. How many health center patients were screened for voluntary family planning, including contraceptive methods, using a standardized screener during the calendar year?~~

~~_____~~

Formatted: Normal, Indent: Left: 0"

Formatted: Normal, No bullets or numbering

Formatted: Normal, No bullets or numbering, Don't keep with next, Don't keep lines together

Formatted: Indent: Left: 0", Don't keep with next, Don't keep lines together

Formatted: Normal, No bullets or numbering

~~FAQ for Appendix E: Other Data Elements Form~~

~~1. — If a patient is given a screener for voluntary family planning, but they do not respond to the questions, do we count the patient as screened for Question 4?~~

~~No. Count only patients who completed (some of or all of) the screener. Do not count the patient for this question if a screener was provided to the patient and they did not respond to any of the screening questions.~~

~~2. — What is considered a standard screener for the family planning response?~~

~~Use of a standardized screener tool (i.e., a consistent set of questions that are asked of individual patients uniformly for the purposes of collecting information to assess the individual's voluntary family planning or interest in contraceptive services).~~

Field Code Changed

Formatted: Normal

Formatted: Normal, Space After: 0 pt, No bullets or numbering

Formatted: Normal

Formatted: Normal, Space After: 0 pt, No bullets or numbering

Formatted: Indent: Left: 0", Pattern: Clear

Appendix ~~FD~~: 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 ~~indicates contains~~ changes to Appendix D from 2024~~5~~ calendar year reporting to 2025~~6~~ calendar year reporting:

There are no key changes to this form.

This marks the conclusion of changes to Appendix D from 2024~~5~~ calendar year reporting to 2025~~6~~ 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, 2025~~6~~**.

1. Does your health center provide any health professional education/training⁴ 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. Sponsor⁵
 - b. Training site partner⁶
 - 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 category⁷ within the calendar year. (Do not answer this question if your response to question 1 was No.)⁸

2- Workforce form reporting considerations:

⁴ ~~Training refers to a formal agreement with an institution, not scenarios of informal shadowing.~~

⁵ 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).

⁶ 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).

⁷ ~~Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.~~

- 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.
- **Note:** 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).
- **Note:** 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, and/or occupational therapy; pharmacy technicians; and community health workers, for example).

Individuals Trained{Blank}	a- Pre-Graduate/Certificate (A)	b- 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		

Field Code Changed

Formatted: Default Paragraph Font, Font: (Default) Verdana, Font color: Auto

Formatted: Default Paragraph Font, Font: (Default) Verdana

Formatted: Default Paragraph Font, Font: (Default) Verdana

Formatted: Default Paragraph Font, Font: (Default) Verdana

Formatted: Default Paragraph Font, Font: (Default) Verdana

Formatted: Font: Verdana, Not Bold

Formatted: Bulleted + Level: 1 + Aligned at: 0" + Indent at: 0.25"

Formatted: Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Individuals Trained{blank}	a- Pre-Graduate/Certificate (A)	b- Post-Graduate Training (B)
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 _____)		

Field Code Changed

Formatted: Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Formatted: Keep with next, Keep lines together

Formatted Table

3. Provide the number of health center personnel serving as preceptors⁸ 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 _____)

⁸ A preceptor is a teacher or experienced professional who helps students and staff learners apply theory to practice.

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 _____)



2026~~5~~ UDS Manual—~~July 10~~May 15, 202~~5~~6
OMB Number: 0915-0193
Expiration Date: ~~09~~4/30/2026