

Bureau of Primary Health Care



2015 UDS Tables



Table Patients by ZIP Code

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

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

Table 3A: Patients by Age and Gender

Reporting Period: January 1, 2015 through December 31, 2015

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		
13	Age 12		
14	Age 13		
15	Age 14		
16	Age 15		
17	Age 16		
18	Age 17		
19	Age 18		
20	Age 19		
21	Age 20		
22	Age 21		
23	Age 22		
24	Age 23		
25	Age 24		
26	Ages 25–29		
27	Ages 30–34		
28	Ages 35–39		
29	Ages 40–44		
30	Ages 45–49		
31	Ages 50–54		
32	Ages 55–59		
33	Ages 60–64		
34	Ages 65–69		
35	Ages 70–74		
36	Ages 75–79		
37	Ages 80–84		
38	Age 85 and over		
39	Total Patients (Sum Lines 1–38)		

Table 3B: Patients by Hispanic or Latino Ethnicity/Race/Linguistic Barriers to Care

Reporting Period: January 1, 2015 through December 31, 2015

Patients by Hispanic or Latino Ethnicity

Line	Patients By Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)				
3.	Black/African American				
4.	American Indian/Alaska Native				
5.	White				
6.	More than one race				
7.	Unreported/Refused to report race				
8.	Total Patients (Sum Lines 1+2 + 3 to 7)				

Line	Patients by Language	Number (a)
12.	Patients best Served in a Language Other Than English	

Table 4: Selected Patient Characteristics

Reporting Period: January 1, 2015 through December 31, 2015

Line	Characteristic	Number of Patients				
Line	Income as Percent of Poverty Level	Number of Patients (a)				
1.	100% and below					
2.	101–150%					
3.	151–200%					
4.	Over 200%					
5.	Unknown					
6.	TOTAL (Sum Lines 1–5)					
Line	Principal Third Party Medical Insurance	0-17 years old (a)		18 and older (b)		
7.	None/Uninsured					
8a.	Regular 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 Lines 7 + 8 + 9 +10 +11)					
Line	Managed Care Utilization Payer Category	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 Lines 13a + 13b)					
Line	Special Populations	Number of Patients (a)				
14.	Migratory (330g grantees only)					
15.	Seasonal (330g grantees only)					
16.	Total Agricultural Workers or Dependents (All Health Centers Report This Line)					
17.	Homeless Shelter (330h grantees only)					
18.	Transitional (330h grantees only)					
19.	Doubling Up (330h grantees only)					
20.	Street (330h grantees only)					
21.	Other (330h grantees only)					
22.	Unknown (330h grantees only)					
23.	Total Homeless (All Health Centers Report This Line)					
24.	Total School Based Health Center Patients (All Health Centers Report This Line)					
25.	Total Veterans (All Health Centers report this line)					
26.	Total Public Housing Patients (All Health Centers Report This Line)					

Table 5: Staffing and Utilization

Reporting Period: January 1, 2015 through December 31, 2015

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
7	Other Specialty Physicians			
8	Total Physicians (Lines 1–7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total NPs, PAs, and CNMs (Lines 9a–10)			
11	Nurses			
12	Other Medical Personnel			
13	Laboratory Personnel			
14	X-ray Personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists			
18	Other Dental Personnel			
19	Total Dental Services (Lines 16–18)			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	Total Mental Health (Lines 20a–c)			
21	Substance Abuse Services			
22	Other Professional Services (specify ___)			
22a	Ophthalmologists			
22b	Optometrists			
22c	Other Vision Care Staff			
22d	Total Vision Services (Lines 22a–c)			
23	Pharmacy Personnel			
24	Case Managers			
25	Patient/Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify ___)			
29	Total Enabling Services (Lines 24–28)			
29a	Other Programs/Services (specify ___)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
31	Facility Staff			
32	Patient Support Staff			
33	Total Facility and Non-Clinical Support Staff (Lines 30a–32)			
34	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+33)			

Table 5A: Tenure for Health Center Staff

Reporting Period: January 1, 2015 through December 31, 2015

Line	Health Center Staff	Full and Part Time		Locum, On-Call, etc.	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
11	Nurses				
16	Dentists				
17	Dental Hygienists				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
22a	Ophthalmologist				
22b	Optometrist				
30a1	Chief Executive Officer				
30a2	Chief Medical Officer				
30a3	Chief Financial Officer				
30a4	Chief Information Officer				

Table 6A: Selected Diagnoses and Services Rendered

Reporting Period: January 1, 2015 through December 31, 2015

Table 6A: Selected Diagnoses

Diagnostic Category		Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042 , 079.53, V08	B20, B97.35, O98.7, Z21		
3.	Tuberculosis	010.xx – 018.xx	A15- thru A19-		
4.	Sexually transmitted infections	090.xx – 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1		
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51		
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52		
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-		
6.	Chronic obstructive pulmonary diseases	490.xx – 492.xx	J40- thru J44- and J47-		
Selected Other Medical Conditions					
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 238.3 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-		
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820		
9.	Diabetes mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)		

Diagnostic Category		Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
10.	Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-		
11.	Hypertension	401.xx – 405.xx;	I10- thru I15-		
12.	Contact dermatitis and other eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)		
13.	Dehydration	276.5x	E86-		
14.	Exposure to heat or cold	991.xx – 992.xx	T33.XXXA, T34.XXXA, T67.XXXA, T68.XXXA, T69.XXXA		
14 a.	Overweight and obesity	ICD-9 : 278.0 – 278.03 or V85.xx excluding V85.0, V85.1, V85.51 V85.52	E66-, Z68- (Excluding Z68.1, Z68.20- 24, Z68.51. Z68.52)		
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx – 382.xx	H65- thru H69-		
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89		
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x;	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3		
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol related disorders	291.xx, 303.xx; 305.0x 357.5x	F10-, G62.1		

Diagnostic Category		Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x 292.9, 304.xx, 305.2x – 305.9x 357.6x, 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-		
19 a.	Tobacco use disorder	305.1	F17-		
20 a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx	F30- thru F39-		
20 b.	Anxiety disorders including PTSD	300.0x, 300.2x, 300.3, 308.3,309.81	F40- thru F42- F43.0, F43.1-		
20 c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-		
20 d.	Other mental disorders, excluding drug or alcohol dependence	290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-) , F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-) , R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		

Table 6A: Selected Services Rendered

Service Category		Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/ Screening/Preventive Services					
21.	HIV test	CPT-4: 86689; 86701-86703; 87390-87391	CPT-4: 86689; 86701-86703; 87390-87391		
21 a.	Hepatitis B test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515- 17		
21 b.	Hepatitis C test	CPT-4: 86803-04, 87520-22	CPT-4: 86803- 04, 87520-22		
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31		

Service Category		Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
23.	Pap test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3; V72.31, V72.32; V76.2	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-, Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748		
24 a.	Seasonal Flu vaccine	CPT-4: 90654 – 90662, 90672-90673, 90685-90688	CPT-4: 90654 – 90662, 90672-90673, 90685-90688		
25.	Contraceptive management	ICD-9: V25.xx	ICD-10: Z30-		
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99391-99393; 99381-99383;	CPT-4: 99391-99393; 99381-99383;		
26 a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655		
26 b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409		
26 c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F		
26 d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014		

Service Category		Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA : D9110	ADA : D9110		
28.	II. Oral Exams	ADA : D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180	ADA : D0120, D0140, DO145, D0150, D0160, D0170, D0171, D0180		
29.	Prophylaxis – adult or child	ADA : D1110, D1120,	ADA : D1110, D1120,		
30.	Sealants	ADA : D1351	ADA : D1351		
31.	Fluoride treatment – adult or child	ADA : D1206, D1208	ADA : D1206, D1208		

Service Category		Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
32.	III. Restorative Services	ADA : D21xx – D29xx	ADA : D21xx – D29xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA : D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA : D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA : D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA : D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

Sources of Codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2014. American Academy of Professional Coders
International Classification of Diseases, 2014, Complete Draft Code Set (ICD-10-CM). American Academy of Professional Coders
Current Procedural Terminology, (CPT) 2014. American Medical Association.
Current Dental Terminology, (CDT) 2015 – Dental Procedure Codes. American Dental Association (ADA).

NOTE: x or - in a code denotes any number including the absence of a number in that place. ICD-10 codes all have at least 4-digits.

Table 6B: Quality of Care Measures

Reporting Period: January 1, 2015 through December 31, 2015

**Section A - Age Categories for Prenatal Care Patients:
Demographic Characteristics of Prenatal Care Patients**

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1-5)	

Section B - Trimester of Entry into Prenatal Care

Line	Trimester of Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Section C - Childhood Immunization

Line	Childhood Immunization	Total Number of patients with 3rd birthday during measurement year (a)	Number Charts Sampled or EHR total (b)	Number of Patients Immunized (c)
10	MEASURE: Children who have received age appropriate vaccines prior to their 3 rd birthday during measurement year (on or prior to December 31)			

Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total number of Female Patients 24-64 years of Age (a)	Number Charts Sampled or EHR total (b)	Number of Patients Tested (c)
11	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			

Section E - Weight Assessment and Counseling for Children and Adolescents

Line	Weight Assessment and Counseling for Children and Adolescents	Total patients aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)

Line	Weight Assessment and Counseling for Children and Adolescents	Total patients aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, <i>and</i> counseling on nutrition and physical activity documented for the current year			

Section F - Adult Weight Screening and Follow-Up

Line	Adult Weight Screening and Follow-Up	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Patients aged 18 and older with (1) BMI charted <i>and</i> (2) follow-up plan documented <i>if</i> patients are overweight or underweight			

Section G - Tobacco Use Screening and Cessation Intervention

Line	Tobacco Use Screening and Cessation Intervention	Total patients aged 18 and older (a)	Number Charts sampled or EHR total (b)	Number of patients assessed for tobacco use <i>and</i> provided Intervention if a Tobacco User (c)
14a	MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year <i>and</i> (2) for those found to be a tobacco user, received cessation counseling intervention or medication			

Section H - Asthma Pharmacologic Therapy

Line	Asthma Pharmacologic Therapy	Total Patients aged 5 - 40 with persistent asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan			

Section I - Coronary Artery Disease (CAD): Lipid Therapy

Line	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients aged 18 And Older With CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17	MEASURE: Patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			

Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy

Line	Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Total Patients 18 And Older With IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Aspirin or Other Antithrombotic Therapy (c)
18	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy			

Section K - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients 51 through 74 Years of age (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer			

Section L - HIV Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis			

Section M - Patients Screened for Depression and Follow-Up

Line	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of patients Screened for Depression and Follow-Up Plan Documented as appropriate (c)
21	MEASURE: Patients aged 12 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			

Section N – Dental Sealants

Line	Dental Sealants	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22	MEASURE: Children aged 6 through 9 years at moderate to high risk of caries who received a sealant on a permanent first molar tooth			

Table 7: Health Outcomes and Disparities

Reporting Period: January 1, 2015 through December 31, 2015

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

Line	Description					Patients
0	HIV Positive Pregnant Women					
2	Deliveries Performed by Health Center's Providers					
Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)	
Hispanic/Latino						
1a	Asian					
1b1	Native Hawaiian					
1b2	Other Pacific Islander					
1c	Black/African American					
1d	American Indian/Alaska Native					
1e	White					
1f	More than One Race					
1g	Unreported/Refused to Report Race					
	<i>Subtotal Hispanic/Latino</i>					
Non-Hispanic/Latino						
2a	Asian					
2b1	Native Hawaiian					
2b2	Other Pacific Islander					
2c	Black/African American					
2d	American Indian/Alaska Native					
2e	White					
2f	More than One Race					
2g	Unreported/Refused to Report Race					
	<i>Subtotal Non-Hispanic/Latino</i>					
Unreported/Refused to Report Ethnicity						
h	Unreported/Refused to Report Race and Ethnicity					
i	Total					

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

Line #	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic/Latino</i>			
Non-Hispanic/Latino				
2a	Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic/Latino</i>			
Unreported/Refused to Report Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity			
i	<i>Total</i>			

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

Line #	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c <8% (3d1)	Patients with Hba1c >9% Or No Test During Year (3f)
Hispanic/Latino					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
Non-Hispanic/Latino					
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
Unreported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity				
i	<i>Total</i>				

Table 8A: Financial Costs

Reporting Period: January 1, 2015 through December 31, 2015

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 for Medical Care				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	Total Medical Care Services (Sum Lines 1- 3)			
Financial Costs for Other Clinical Services				
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify: _____)			
9a.	Vision			
10.	Total Other Clinical Services (Sum Lines 5 through 9a)			
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management			
11b.	Transportation			
11c.	Outreach			
11d.	Patient and Community Education			
11e.	Eligibility Assistance			
11f.	Interpretation Services			
11g.	Other Enabling Services (Specify: _____)			
11.	Total Enabling Services Cost (Sum Lines 11a through 11g)			
12.	Other Related Services (Specify: _____)			
13.	Total Enabling and Other Services (Sum Lines 11 and 12)			
Facility and Non-Clinical Support Services and Totals				
14.	Facility			
15.	Non-Clinical Support Services			
16.	Total Facility and Non-Clinical Support Services (Sum Lines 14 and 15)			
17.	Total Accrued Costs (Sum Lines 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services, and Supplies (specify: _____)			
19.	Total With Donations (Sum Lines 17 and 18)			

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

Reporting Period: January 1, 2015 through December 31, 2015

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)			Penalty/ Payback (c4)	Allowances (d)	Sliding Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation/ Wrap Around Current Year (c1)	Collection of Reconciliation/ Wrap Around Previous Years (c2)	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3)				
1.	Medicaid Non-Managed Care									
2a.	Medicaid Managed Care (capitated)									
2b.	Medicaid Managed Care (fee-for-service)									
3.	Total Medicaid (Lines 1+ 2a + 2b)									
4.	Medicare Non-Managed Care									
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)									
6.	Total Medicare (Lines 4 + 5a+ 5b)									
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)									
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)									
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)									

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)			Penalty/ Payback (c4)	Allowances (d)	Sliding Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation/ Wrap Around Current Year (c1)	Collection of Reconciliation/ Wrap Around Previous Years (c2)	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3)				
9.	Total Other Public (Lines 7+ 8a +8b)									
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	Total Private (Lines 10 + 11a + 11b)									
13.	Self-pay									
14.	TOTAL (Lines 3 + 6 + 9 + 12 + 13)									

Table 9E: Other Revenues

Reporting Period: January 1, 2015 through December 31, 2015

Line	Source	Amount (a)
BPHC Grants (Enter amount drawn down – Consistent with PMS 272)		
1a.	Migrant Health Center	
1b.	Community Health Center	
1c.	Health Care for the Homeless	
1e.	Public Housing Primary Care	
1g.	Total Health Center (Sum Lines 1a through 1e)	
1j.	Capital Improvement Program Grants (excluding ARRA)	
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	
1.	Total BPHC Grants (Sum Lines 1g + 1j + 1k)	
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	
3.	Other Federal Grants (specify: _____)	
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
5.	Total Other Federal Grants (Sum Lines 2–4a)	
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (specify: _____)	
6a.	State/Local Indigent Care Programs (specify: _____)	
7.	Local Government Grants and Contracts (specify: _____)	
8.	Foundation/Private Grants and Contracts (specify: _____)	
9.	Total Non-Federal Grants and Contracts (Sum Lines 6 +6A + 7+8)	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify: _____)	
11.	Total Revenue (Lines 1+5+9+10)	

Appendix D: Health Center Electronic Health Record (EHR) Capabilities and Quality Recognition

Instructions

The Electronic Health Record (EHR) Capabilities and Quality Recognition Form includes a series of questions on health information technology (HIT) capabilities, including EHR interoperability and leverage for Meaningful Use. The EHR and Quality Recognition Form must be completed and submitted as part of the UDS submission. It includes questions about the health center's implementation of EHR, certification of systems, how widely adopted the system is throughout the health center and its providers, and national and/or state quality recognition (accreditation or PCMH).

Questions

The following questions will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. Instructions for the EHR questions can be found in EHB as you are completing the questions.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
 - a. Yes, at all sites and for all providers
 - b. Yes, but only at some sites or for some providers
 - c. No

This question seeks to determine whether or not an EHR has been installed by the health center as of December 31, 2015, and, if so, which product is in use, how broad is access to the system, and what features are available and being used. While they can often produce much of the UDS data, do not include practice management systems or other billing systems. If the health center has purchased an EHR, but had not yet placed it into use, answer "No." If it has been installed, indicate if it was being used, as of December 31, 2015, by:

- a. **All sites and all providers:** For the purposes of this response, "providers" mean all medical providers including physicians, nurse practitioners, physician assistants, and certified nurse midwives. While some or all of the dental, mental health, or other providers may also be using the system, as may medical support staff, this is not required to choose response "a." For the purposes of this response, "all sites" means all permanent sites where medical providers serve health center medical patients and does not include administrative only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis.
- b. **At some sites or for some providers:** Select option b if one or more permanent sites did not have the EHR installed, or in use (even if this is planned), or if one or more medical providers (as defined above) do not yet use the system. When determining if all providers have access to the system, the health center should also consider part time and locum providers who serve clinic patients. Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

- c. **No:** Select “no” if no EHR was in use on December 31, 2015, even if the system had been installed and staff was training on how to use the system.

If a system is in use (i.e., if a or b has been selected above), indicate if your system has been certified under the Office of the National Coordinator - Authorized Testing and Certification Bodies (ONC-ATCB).

1a. Is your system certified under the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?

- a. Yes
- b. No

Health centers are to indicate in the blanks the vendor, product name, version number, and certified health IT product list number. (More information is available at [ONC-ATCB](#).) If you have more than one EHR (if, for example, you acquired another practice which has its own EHR), report the EHR that will be the successor system.

Vendor

Product Name

Version Number

Certified Health IT Product List Number

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

- a. Yes
- b. No

If ‘yes, but only at some sites or for some providers’ is selected above, a box expands for health center to identify how many sites have the EHR in use and how many (medical) providers are using it. Please enter the number of sites (as defined above) where the EHR is in use, and the number of providers who use the system (at any site). Include part time and locum medical providers who serve clinic patients. A provider who has separate login identities at more than one site is still counted as just one provider:

1c. How many sites have the EHR system in use?

1d. How many providers use the EHR system?

1e. When do you plan to install the EHR system?

With reference to your EHR, BPHC would like to know if your system has each of the specified capabilities which relate to the CMS Meaningful Use criteria for EHRs and if you are using them. (more information on [Meaningful Use](#)). For each capability, indicate:

- a. **Yes** if your system has this capability and it is being used by your center;

- b. **No** if your system does not have the capability or it is not being used; or
- c. **Not sure** if you do not know if the capability is built in and/or do not know if your center is using it.

Select (a) (has the capability and it is being used) if the software is able to perform the function and some or all of your medical providers are making use of it. It is not necessary for all providers to be using a specific capability in order to select (a).

Select (b) or (c) if the capability is not present in the software or if the capability is present, but the function has not been turned on, or if it is not currently in use by any medical providers at your center. Select (b) or (c) only if none of the providers are making use of the function.

- 2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
 - a. Yes
 - b. No
 - c. Not sure
- 3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
 - a. Yes
 - b. No
 - c. Not sure
- 4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?
 - a. Yes
 - b. No
 - c. Not sure
- 5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?
 - a. Yes
 - b. No
 - c. Not sure
- 6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?
 - a. Yes
 - b. No
 - c. Not sure

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
 - a. We use the EHR to extract automated reports
 - b. We use the EHR but only to access individual patient charts
 - c. We use the EHR in combination with another data analytic system
 - d. We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as “Meaningful Use”?
 - a. Yes, all eligible providers at all sites are participating
 - b. Yes, some eligible providers at some sites are participating
 - c. No, our eligible providers are not yet participating
 - d. No, because our providers are not eligible
 - e. Not sure

If yes (a or b), at what stage of Meaningful Use is the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?

- a. Adoption, Implementation, or Upgrade (AIU)
- b. Stage 1
- c. Stage 2
- d. Stage 3
- e. Not sure

If no (c only), are your eligible providers planning to participate?

- a. Yes, over the next 3 months
- b. Yes, over the next 6 months
- c. Yes, over the next 12 months or longer
- d. No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?
 - a. Yes
 - b. No
 - c. If yes, then specify the type(s) of service: _____
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?
 - a. Yes
 - b. No

If yes (a), which third party organization(s) granted recognition or certification status?
(Can identify more than one.)

- a. National Committee for Quality Assurance (NCQA)
- b. The Joint Commission (TJC)
- c. Accreditation Association for Ambulatory Health Care (AAAHC)
- d. State Based Initiative
- e. Private Payer Initiative
- f. Other Recognition Body (Specify _____)

11. Has your health center received accreditation?

- a. Yes
- b. No

If yes (a), which third party organization granted accreditation?

- a. The Joint Commission (TJC)
- b. Accreditation Association for Ambulatory Health Care (AAAHC)

Appendix E: Reporting for Health Center Program Look-Alikes

Health Center Program look-alikes are health centers that have been determined to meet Health Center Program requirements under section 330 of the PHS Act, although they do not receive section 330 grant funding.

Look-alikes are required to submit UDS data to HRSA through the EHB in the same manner as grantees. This allows HRSA to bring together data and information used to monitor look-alikes, record program changes, and track program performance in one centralized system.

Where an entire agency is designated as a look-alike, the look-alike reporting will cover the activities of the entire agency. However, when only a portion of an agency (e.g., only one of a number of sites) is designated, the look-alike report must accurately reflect this partial designation such that look-alike data represent only that portion of their agency that is designated as a look-alike. Special care should be taken in allocating only a part of the administrative and/or facility costs where these are shared between the look-alike and the overall corporation or agency.

Special care must also be taken by the limited number of “dual status” agencies. “Dual status” occurs when a health center receives grant funding under section 330 for sites in the grant’s approved scope of project and, at the same time, operates at least one other site under a look-alike designation. Dual status health centers must maintain separate and distinct scopes of project for the look-alike and grant scopes of project within their health center. Administrative costs must be allocated when reporting on both the grantee and look-alike UDS. Under no circumstances can the same cost be included in both the look-alike and grantee reports.

Data will be reported by look-alikes using the definitions and rules in this manual. General exceptions to the reporting for look-alikes from the grantee reporting outlined in this manual are:

- Look-alikes complete only a Universal report. Discussion of grant tables is not applicable.
- Look-alikes report a modified version of BPHC grantee tables. Fields for data elements that do not apply or for which look-alikes are not required to report are grayed-out.

When reviewing UDS tables in this manual, look-alikes should note that they are the unmodified BPHC grantee tables. The look-alike UDS tables displayed in EHB will reflect the modifications described above and specified below.

Tables and Modifications

Service Area

Health Center Profile: Patients by Zip Code

Modification: None

Patient Profile

Table 3A: Patients by Age and Gender

Modification: None

Table 3B: Patients by Hispanic/Latino Ethnicity and Race; Patients Best Served in a Language Other Than English

Modification: None

Table 4: Selected Patient Characteristics

Modifications:

- Lines 14 and 15: No details are reported on agricultural patients
- Lines 17–22: No details are reported on homeless patients

Staffing and Utilization

Table 5: Staffing and Utilization

Modification: None

Table 5A: Tenure for Health Center Staff

Modification: None

Clinical

Table 6A: Selected Diagnoses and Services Rendered

Modification: None

Table 6B: Quality of Care Measures

Modification: None

Table 7: Health Outcomes and Disparities

Modification: None

Financial

Table 8A: Costs

Modification: None

Table 9D: Patient Related Revenue

Modification: None

Table 9E: Other Revenue

Modification: Data reported on BPHC 330 grants are not reported

Other Forms

Appendix D: EHR Capabilities and Quality Recognition

Modification: None