

Bureau of Primary Health Care

Uniform Data System

Reporting Tables for 2021 Health Center Data



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Bureau of Primary Health Care

Uniform Data System Reporting Requirements Tables

For Calendar Year 2021 UDS Data

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Health Resources and Services Administration

Bureau of Primary Health Care

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## Table: Patients by ZIP Code

Calendar Year: January 1, 2021, through December 31, 2021

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

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

**Patients by ZIP Code Cross-Table Considerations:**

* Patients by ZIP Code 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 ZIP Code Table must be consistent with the number of patients by insurance category reported on Table 4.

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

Calendar Year: January 1, 2021, through December 31, 2021

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

**Note: Table 3A Cross-Table Considerations:**

* Table 3A, Line 39 = Table 3B, Line 8 Column D = Table 3B, Lines 19 and 26 = Total Patients by ZIP Code = Table 4, Lines 6 and 12.
* If you submit Grant Reports, the total number of patients reported on the grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

## Table 3B: Demographic Characteristics

Calendar Year: January 1, 2021, through December 31, 2021

| blank | Patients by Race and Hispanic or Latino/a Ethnicity | blank | blank | blank | blank |
| --- | --- | --- | --- | --- | --- |
| Line | Patients by Race | Hispanic or Latino/a  (a) | Non-Hispanic or Latino/a  (b) | Unreported/Refused to Report Ethnicity  (c) | Total  (d)  (Sum Columns a+b+c) |
| 1 | Asian | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 2a | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 2b | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 2 | Total Native Hawaiian/Other Pacific Islander  (Sum Lines 2a + 2b) | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 3 | Black/African American | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 4 | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 5 | White | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 6 | More than one race | <blank for demonstration> | <blank for demonstration> | <cell not reported> | <blank for demonstration> |
| 7 | Unreported/Refused to report race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 8 | **Total Patients**  (Sum of Lines 1 + 2 + 3 to 7) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

| Line | Patients Best Served in a Language Other than English | Number  (a) |
| --- | --- | --- |
| 12 | Patients Best Served in a Language Other than English | <blank for demonstration> |

| Line | Patients by Sexual Orientation | Number (a) | divider | Line | Patients by Gender Identity | Number (a) |
| --- | --- | --- | --- | --- | --- | --- |
| 13 | Lesbian or Gay | <blank > | divider | 20 | Male | <blank> |
| 14 | Heterosexual (or straight) | <blank > | divider | 21 | Female | <blank > |
| 15 | Bisexual | <blank > | divider | 22 | Transgender Man/Transgender Male/Transgender Masculine | <blank > |
| 16 | Something else | <blank > | divider | 23 | Transgender Woman/Transgender Female/Transgender Feminine | <blank > |
| 17 | Don’t know | <blank > | divider | 24 | Other | <blank > |
| 18 | Chose not to disclose | <blank > | divider | 25 | Chose not to disclose | <blank > |
| 18a | Unknown | <blank > |  | 25a | Unknown | <blank > |
| 19 | **Total Patients**  (Sum of Lines 13 to 18a) | <blank > | divider | 26 | **Total Patients**  (Sum of Lines 20 to 25a) | <blank> |

**Note: Table 3B Cross-Table Considerations:**

* Table 3B, Lines 8, 19, and 26 = Table 3A, Line 39 = Total Patients by ZIP Code = Table 4, Lines 6 and 12
* Tables 3B and 7 both report patients by race and Hispanic or Latino/a ethnicity. The data sources for identifying race and ethnicity for the two tables are 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 the grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

## Table 4: Selected Patient Characteristics

Calendar Year: January 1, 2021, through December 31, 2021

| Line | Income as Percent of Poverty Guideline | Number of Patients  (a) |
| --- | --- | --- |
| 1 | 100% and below | <blank for demonstration> |
| 2 | 101–150% | <blank for demonstration> |
| 3 | 151–200% | <blank for demonstration> |
| 4 | Over 200% | <blank for demonstration> |
| 5 | Unknown | <blank for demonstration> |
| 6 | **TOTAL** (Sum of Lines 1–5) | <blank for demonstration> |

| Line | Principal Third-Party Medical Insurance | 0-17 years old  (a) | 18 and older  (b) |
| --- | --- | --- | --- |
| 7 | **None/Uninsured** | <blank for demonstration> | <blank for demonstration> |
| 8a | Medicaid (Title XIX) | <blank for demonstration> | <blank for demonstration> |
| 8b | CHIP Medicaid | <blank for demonstration> | <blank for demonstration> |
| 8 | **Total Medicaid** (Line 8a + 8b) | <blank for demonstration> | <blank for demonstration> |
| 9a | Dually Eligible (Medicare and Medicaid) | <blank for demonstration> | <blank for demonstration> |
| 9 | **Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries) | <blank for demonstration> | <blank for demonstration> |
| 10a | Other Public Insurance (Non-CHIP) (specify\_\_\_) | <blank for demonstration> | <blank for demonstration> |
| 10b | Other Public Insurance CHIP | <blank for demonstration> | <blank for demonstration> |
| 10 | **Total Public Insurance** (Line 10a + 10b) | <blank for demonstration> | <blank for demonstration> |
| 11 | **Private Insurance** | <blank for demonstration> | <blank for demonstration> |
| 12 | **TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11) | <blank for demonstration> | <blank for demonstration> |

| Line | Managed Care Utilization | Medicaid  (a) | Medicare  (b) | Other Public Including Non-Medicaid CHIP  (c) | Private  (d) | TOTAL  (e) |
| --- | --- | --- | --- | --- | --- | --- |
| 13a | Capitated Member Months | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 13b | Fee-for-service Member Months | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 13c | **Total Member Months**  (Sum of Lines 13a + 13b) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

## Table 4: Selected Patient Characteristics (continued)

Calendar Year: January 1, 2021, through December 31, 2021

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

Note: Table 4 Cross-Table Considerations:

* The total patients reported by insurance type must match on Table 4 (Lines 7–12) and the Zip Code Table. For example, total Medicare patients on Table 4 (Line 9) must match the total of the Medicare Column D on the Zip Code Table.
* Charges and collections by payer on Table 9D relates to insurance enrollment on Table 4. For example, dividing Medicaid revenue on Table 9D, Line 3, Column B by Total Medicaid Patients on Table 4, Line 8 equals the average collection per Medicaid patient.
* 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) by Table 4, Line 13a, Column A equals Medicaid PMPM.
* If you submit Grant Reports, the total number of patients reported on the grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

## Table 5: Staffing and Utilization

Calendar Year: January 1, 2021, through December 31, 2021

| Line | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Virtual Visits (b2) | Patients (c) |
| --- | --- | --- | --- | --- | --- |
| 1 | Family Physicians | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 2 | General Practitioners | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 3 | Internists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 4 | Obstetrician/Gynecologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 5 | Pediatricians | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 7 | Other Specialty Physicians | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 8 | **Total Physicians** (Lines 1–7) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 9a | Nurse Practitioners | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 9b | Physician Assistants | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 10 | Certified Nurse Midwives | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 10a | **Total NPs, PAs, and CNMs** (Lines 9a–10) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 11 | Nurses | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 12 | Other Medical Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 13 | Laboratory Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 14 | X-ray Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 15 | **Total Medical Care Services** (Lines 8 + 10a through 14) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 16 | Dentists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 17 | Dental Hygienists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 17a | Dental Therapists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 18 | Other Dental Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 19 | **Total Dental Services** (Lines 16–18) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a | Psychiatrists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20a1 | Licensed Clinical Psychologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20a2 | Licensed Clinical Social Workers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20b | Other Licensed Mental Health Providers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20c | Other Mental Health Personnel | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 20 | **Total Mental Health Services** (Lines 20a–c) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21 | **Substance Use Disorder Services** | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 22 | **Other Professional Services** (specify\_\_\_) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

## Table 5: Staffing and Utilization (continued)

Calendar Year: January 1, 2021, through December 31, 2021

| 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> |
| 23 | **Pharmacy Personnel** | <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 | Patient and Community Education Specialists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <cell not reported> |
| 26 | Outreach Workers | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 27 | Transportation 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 Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 27c | Community Health Workers | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 28 | Other Enabling Services (specify\_\_\_) | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 29 | **Total Enabling Services** (Lines 24–28) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 29a | **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> |
| 30c | IT Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 31 | Facility Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 32 | Patient Support Personnel | <blank for demonstration> | <cell not reported> | <cell not reported> | <cell not reported> |
| 33 | **Total Facility and Non-Clinical Support Personnel** (Lines 30a–32) | <blank for demonstration> | <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> | <blank for demonstration> | <cell not reported> |

## Table 5: Selected Service Detail Addendum

Calendar Year: January 1, 2021, through December 31, 2021

| Line | Personnel by Major Service Category:  Mental Health Service Detail | Personnel (a1) | Clinic Visits (b) | Virtual Visits (b2) | Patients (c) |
| --- | --- | --- | --- | --- | --- |
| 20a01 | Physicians (other than Psychiatrists) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a02 | Nurse Practitioners | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a03 | Physician Assistants | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 20a04 | Certified Nurse Midwives | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| **Line** | **Personnel by Major Service Category:**  **Substance Use Disorder Detail** | **Personnel (a1)** | **Clinic Visits (b)** | **Virtual Visits (b2)** | **Patients (c)** |
| 21a | Physicians (other than Psychiatrists) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21b | Nurse Practitioners (Medical) | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21c | Physician Assistants | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21d | Certified Nurse Midwives | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21e | Psychiatrists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21f | Licensed Clinical Psychologists | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21g | Licensed Clinical Social Workers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 21h | Other Licensed Mental Health Providers | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

Note: Table 5 and Addendum Cross-Table Considerations:

* Total patients on Table 5, Column C, should be greater than the total number of patients on Table 3A (unless only one type of service is offered at the health center).
* Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Tables 6B and 7.
* The personnel on Table 5 is routinely compared to the costs on Table 8A. See the crosswalk of comparable fields in [Appendix B](#_Relationship_Between_Personnel).
* Billable visits reported on Table 5 should relate to patient charges reported on Table 9D.
* If you submit Grant Reports, the total number of patients and visits reported on the grant table must be less than or equal to the corresponding number on the Universal Report for each cell.
* Table 6A activity reported for substance use disorder and mental health treatment are compared to the Table 5 addendum and the main part of Table 5 mental health and substance use lines.
* The activity reported on the Table 5 addendum must also be included in the main part of Table 4, medical plus mental health lines.

## Table 6A: Selected Diagnoses and Services Rendered

Calendar Year: January 1, 2021, through December 31, 2021

## Selected Diagnoses

| Line | Diagnostic Category | Applicable ICD-10-CM Code | Number of Visits by Diagnosis Regardless of Primacy (a) | Number of  Patients with  Diagnosis (b) |
| --- | --- | --- | --- | --- |
| Selected Infectious and Parasitic Disease | **Selected Infectious and Parasitic Diseases** | Selected Infectious and Parasitic Diseases | Selected Infectious and Parasitic Diseases | Selected Infectious and Parasitic Diseases |
| 1–2 | Symptomatic/Asymptomatic human immunodeficiency virus (HIV) | B20, B97.35, O98.7-, Z21 | <blank for demonstration> | <blank for demonstration> |
| 3 | Tuberculosis | A15- through A19-, O98.0- | <blank for demonstration> | <blank for demonstration> |
| 4 | Sexually transmitted infections | A50- through A64- | <blank for demonstration> | <blank for demonstration> |
| 4a | Hepatitis B | B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4- | <blank for demonstration> | <blank for demonstration> |
| 4b | Hepatitis C | B17.1-, B18.2, B19.2- | <blank for demonstration> | <blank for demonstration> |
| 4c | Novel coronavirus (SARS-CoV-2) disease | U07.1 | <blank for demonstration> | <blank for demonstration> |
| Selected Diseases of the Respiratory System | **Selected Diseases of the Respiratory System** | Selected Diseases of the Respiratory System | Selected Diseases of the Respiratory System | Selected Diseases of the Respiratory System |
| 5 | Asthma | J45- | <blank for demonstration> | <blank for demonstration> |
| 6 | Chronic lower respiratory diseases | J40 (count only when code U07.1 **is not** present), J41- through J44-, J47- | <blank for demonstration> | <blank for demonstration> |
| 6a | Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease | J12.89, J20.8, J40 (count only when code U07.1 **is** present), J22, J98.8, J80 | <blank for demonstration> | <blank for demonstration> |
| Selected Other Medical Conditions | **Selected Other Medical Conditions** | Selected Other Medical Conditions | Selected Other Medical Conditions | Selected Other Medical Conditions |
| 7 | Abnormal breast findings, female | C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60-, N63-, R92- | <blank for demonstration> | <blank for demonstration> |
| 8 | Abnormal cervical findings | C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820 | <blank for demonstration> | <blank for demonstration> |
| 9 | Diabetes mellitus | E08- through E13-, O24- (exclude O24.41-) | <blank for demonstration> | <blank for demonstration> |
| 10 | Heart disease (selected) | I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52- | <blank for demonstration> | <blank for demonstration> |
| 11 | Hypertension | I10- through I16-, O10-, O11- | <blank for demonstration> | <blank for demonstration> |
| 12 | Contact dermatitis and other eczema | L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58- | <blank for demonstration> | <blank for demonstration> |
| 13 | Dehydration | E86- | <blank for demonstration> | <blank for demonstration> |
| 14 | Exposure to heat or cold | T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32- | <blank for demonstration> | <blank for demonstration> |
| 14a | Overweight and obesity | E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52) | <blank for demonstration> | <blank for demonstration> |
| Selected Childhood Conditions (limited to ages 0 thru 17) | **Selected Childhood Conditions (limited to ages 0 through 17)** | Selected Childhood Conditions (limited to ages 0 thru 17) | Selected Childhood Conditions (limited to ages 0 thru 17) | Selected Childhood Conditions (limited to ages 0 thru 17) |
| 15 | Otitis media and Eustachian tube disorders | H65- through H69- | <blank for demonstration> | <blank for demonstration> |
| 16 | Selected perinatal/neonatal medical conditions | A33, P19-, P22- through P29- (exclude P29.3-), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89 | <blank for demonstration> | <blank for demonstration> |
| 17 | Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development. | E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3 | <blank for demonstration> | <blank for demonstration> |
| Selected Mental Health and Substance Abuse Conditions | **Selected Mental Health Conditions, Substance Use Disorders, and Exploitations** | Selected Mental Health and Substance use Conditions | Selected Mental Health and Substance use Conditions | Selected Mental Health and Substance use Conditions |
| 18 | Alcohol-related disorders | F10-, G62.1, O99.31- | <blank for demonstration> | <blank for demonstration> |
| 19 | Other substance-related disorders (excluding tobacco use disorders) | F11- through F19- (exclude F17-), G62.0, O99.32- | <blank for demonstration> | <blank for demonstration> |
| 19a | Tobacco use disorder | F17-, O99.33- | <blank for demonstration> | <blank for demonstration> |
| 20a | Depression and other mood disorders | F30- through F39- | <blank for demonstration> | <blank for demonstration> |
| 20b | Anxiety disorders, including post-traumatic stress disorder (PTSD) | F06.4, F40- through F42-, F43.0, F43.1-, F93.0 | <blank for demonstration> | <blank for demonstration> |
| 20c | Attention deficit and disruptive behavior disorders | F90- through F91- | <blank for demonstration> | <blank for demonstration> |
| 20d | Other mental disorders, excluding drug or alcohol dependence | F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 | <blank for demonstration> | <blank for demonstration> |
| 20e | Human trafficking | T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42 | <blank for demonstration> | <blank for demonstration> |
| 20f | Intimate partner violence | T74.11, T74.21, T74.31, Z69.11, Y07.0- | <blank for demonstration> | <blank for demonstration> |

## Selected Services Rendered

| Line | Service Category | Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code | Number of Visits (a) | Number of  Patients (b) |
| --- | --- | --- | --- | --- |
| Selected Diagnostic Tests/Screening/Preventive Services | **Selected Diagnostic Tests/ Screening/Preventive Services** | Selected Diagnostic Tests/Screening/Preventive Services | Selected Diagnostic Tests/Screening/Preventive Services | Selected Diagnostic Tests/Screening/Preventive Services |
| 21 | HIV test | **CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 | <blank for demonstration> | <blank for demonstration> |
| 21a | Hepatitis B test | **CPT-4**: 80074, 86704 through 86707, 87340, 87341, 87350, 87912 | <blank for demonstration> | <blank for demonstration> |
| 21b | Hepatitis C test | **CPT-4**: 80074, 86803, 86804, 87520 through 87522, 87902 | <blank for demonstration> | <blank for demonstration> |
| 21c | Novel coronavirus (SARS-CoV-2) diagnostic test | **CPT-4**: 87426, 87635, 87636, 87637  **HCPCS**: U0001, U0002, U0003, U0004  **CPT PLA**: 0202U, 0223U, 0225U, 0240U, 0241U | <blank for demonstration> | <blank for demonstration> |
| 21d | Novel coronavirus (SARS-CoV-2) antibody test | **CPT-4**: 86328, 86408, 86409, 86769  **CPT PLA**: 0224U, 0226U | <blank for demonstration> | <blank for demonstration> |
| 21e | Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP | **CPT-4**: 99401 through 99404  **ICD-10**: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899  Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP | <blank for demonstration> | <blank for demonstration> |
| 22 | Mammogram | **CPT-4**: 77063, 77065, 77066, 77067  **ICD-10**: Z12.31  **HCPCS:** G0279 | <blank for demonstration> | <blank for demonstration> |
| 23 | Pap test | **CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175  **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) | <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**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648,  90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748 | <blank for demonstration> | <blank for demonstration> |
| 24a | Seasonal flu vaccine | **CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756 | <blank for demonstration> | <blank for demonstration> |
| 24b | Coronavirus (SARS-CoV-2) vaccine | **CPT-I**: 0001A-0004A, 0011A0014A, 0021A-0024A, 0031A0034A, 0041A-0044A, 91300, 91301, 91302, 91303, 91304 | <blank for demonstration> | <blank for demonstration> |
| 25 | Contraceptive management | **ICD-10**: Z30- | <blank for demonstration> | <blank for demonstration> |
| 26 | Health supervision of infant or child (ages 0 through 11) | **CPT-4**: 99381 through 99383, 99391 through 99393  **ICD-10**: Z00.1-, Z76.1. Z76.2 | <blank for demonstration> | <blank for demonstration> |
| 26a | Childhood lead test screening (9 to 72 months) | **ICD-10:** Z13.88  **CPT-4**: 83655 | <blank for demonstration> | <blank for demonstration> |
| 26b | Screening, Brief Intervention, and Referral to Treatment (SBIRT) | **CPT-4**: 99408, 99409  **HCPCS**: G0396, G0397, G0443, H0050 | <blank for demonstration> | <blank for demonstration> |
| 26c | Smoke and tobacco use cessation counseling | **CPT-4**: 99406, 99407  **HCPCS**: S9075  **CPT-II**: 4000F, 4001F, 4004F | <blank for demonstration> | <blank for demonstration> |
| 26d | Comprehensive and intermediate eye exams | **CPT-4**: 92002, 92004, 92012, 92014 | <blank for demonstration> | <blank for demonstration> |

| Line | Service Category | Applicable ADA Code | Number of Visits (a) | Number of  Patients (b) |
| --- | --- | --- | --- | --- |
| Selected Dental Services | **Selected Dental Services** | Selected Dental Services | Selected Dental Services | Selected Dental Services |
| 27 | Emergency services | **CDT:** D0140,D9110 | <blank for demonstration> | <blank for demonstration> |
| 28 | Oral exams | **CDT:** D0120, DO145, D0150, D0160, D0170, D0171, D0180 | <blank for demonstration> | <blank for demonstration> |
| 29 | Prophylaxis—adult or child | **CDT:** D1110, D1120 | <blank for demonstration> | <blank for demonstration> |
| 30 | Sealants | **CDT:** D1351 | <blank for demonstration> | <blank for demonstration> |
| 31 | Fluoride treatment—adult or child | **CDT:** D1206, D1208  **CPT-4:** 99188 | <blank for demonstration> | <blank for demonstration> |
| 32 | Restorative services | **CDT:** D21xx through D29xx | <blank for demonstration> | <blank for demonstration> |
| 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> |

Notes: Sources of Codes:

* ICD-10-CM (2021)–[National Center for Health Statistics (NCHS)](https://www.cdc.gov/nchs/icd/icd10cm.htm)
* CPT (2021)–[American Medical Association (AMA)](https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology)
* Code on Dental Procedures and Nomenclature CDT Code (2021)–Dental Procedure Codes. [American Dental Association (ADA)](http://www.ada.org/en/publications/cdt)

**“X” in a code*:*** Denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to 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 the grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

## Table 6B: Quality of Care Measures

Calendar Year: January 1, 2021, through December 31, 2021

| 0 | Prenatal Care Provided by Referral Only (Check if Yes) | [blank for demonstration] |
| --- | --- | --- |

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 | [blank for demonstration] |
| 2 | Ages 15–19 | [blank for demonstration] |
| 3 | Ages 20–24 | [blank for demonstration] |
| 4 | Ages 25–44 | [blank for demonstration] |
| 5 | Ages 45 and over | [blank for demonstration] |
| 6 | **Total Patients (Sum of Lines 1**–**5)** | [blank for demonstration] |

Section B—Early Entry into Prenatal Care

| Line | Early Entry into Prenatal Care | Patients Having First Visit with Health Center (a) | Patients Having First Visit with Another Provider (b) |
| --- | --- | --- | --- |
| 7 | First Trimester | [blank for demonstration] | [blank for demonstration] |
| 8 | Second Trimester | [blank for demonstration] | [blank for demonstration] |
| 9 | Third Trimester | [blank for demonstration] | [blank for demonstration] |

Section C—Childhood Immunization Status

| Line | Childhood Immunization Status | Total Patients with 2nd Birthday (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Immunized (c) |
| --- | --- | --- | --- | --- |
| 10 | MEASURE: Percentage of children 2 years of age who received age- appropriate vaccines by their 2nd birthday | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section D—Cervical and Breast Cancer Screening

| Line | Cervical Cancer Screening | Total Female Patients  Aged 23 through 64 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Tested (c) |
| --- | --- | --- | --- | --- |
| 11 | MEASURE: Percentage of women 23–64 years of age who were screened for cervical cancer | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| **Line** | **Breast Cancer Screening** | **Total Female Patients  Aged 51 through 73 (a)** | **Number Charts Sampled or EHR Total (b)** | **Number of Patients with Mammogram (c)** |
| 11a | MEASURE: Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section E—Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

| Line | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Total Patients Aged 3 through 16 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Counseling and BMI Documented (c) |
| --- | --- | --- | --- | --- |
| 12 | MEASURE: Percentage of patients 3–16 years of age with a BMI percentile and counseling on nutrition **and** physical activity documented | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section F—Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

| Line | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | Total Patients Aged 18 and Older (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c) |
| --- | --- | --- | --- | --- |
| 13 | MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section G—Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

| Line | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Total Patients Aged 18 and Older (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c) |
| --- | --- | --- | --- | --- |
| 14a | MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 12 months, **and** (2) if identified to be a tobacco user received cessation counseling intervention | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

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 Aged 21 and Older at High Risk of Cardiovascular Events (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Prescribed or On Statin Therapy (c) |
| --- | --- | --- | --- | --- |
| 17a | MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section I—Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

| Line | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Documentation of Aspirin or Other  Antiplatelet Therapy (c) |
| --- | --- | --- | --- | --- |
| 18 | MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section J—Colorectal Cancer Screening

| Line | Colorectal Cancer Screening | Total Patients Aged 50 through 74 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Appropriate Screening for Colorectal Cancer(c) |
| --- | --- | --- | --- | --- |
| 19 | MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section KL—HIV Measures

| Line | HIV Linkage to Care | Total Patients First Diagnosed with HIV (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c) |
| --- | --- | --- | --- | --- |
| 20 | MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center 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 | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| **Line** | **HIV Screening** | **Total Patients Aged 15 through 65 (a)** | **Number Charts Sampled or EHR Total (b)** | **Number of Patients Tested for HIV (c)** |
| 20a | MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Section L—Depression Measures

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

Section M—Dental Sealants for Children between 6–9 Years

| Line | Dental Sealants for Children between 6–9 Years | Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Sealants to First Molars (c) |
| --- | --- | --- | --- | --- |
| 22 | MEASURE: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Note: Table 6B Cross-Table Considerations:

* Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Table 6B.
* 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 and Disparities

Calendar Year: January 1, 2021, through December 31, 2021

Section A: Deliveries and Birth Weight

| Line | Description | Patients (a) |
| --- | --- | --- |
| 0 | HIV-Positive Pregnant Patients | <blank for demonstration> |
| 2 | Deliveries Performed by Health Center’s Providers | <blank for demonstration> |

| 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) |
| --- | --- | --- | --- | --- | --- |
| <section divider cell> | **Hispanic or Latino/a** | <section divider cell> | <section divider cell> | <section divider cell> | <section divider cell> |
| 1a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Hispanic or Latino/a* | <cell not reported> | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Non-Hispanic or Latino/a** | <section divider cell> | <section divider cell> | <section divider cell> | <section divider cell> |
| 2a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Non-Hispanic or Latino/a* | <cell not reported> | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Unreported/Refused to Report Race and Ethnicity** | <section divider cell> | <section divider cell> | <section divider cell> | <section divider cell> |
| h | Unreported/Refused to Report Race and Ethnicity | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| i | **Total** | <cell not reported> | <cell not reported> | <cell not reported> | <cell not reported> |

Section B: Controlling High Blood Pressure

| Line | Race and Ethnicity | Total Patients 18 through 84 Years of Age with Hypertension  (2a) | Number Charts Sampled or EHR Total  (2b) | Patients with Hypertension Controlled  (2c) |
| --- | --- | --- | --- | --- |
| <blank for demonstration> | **Hispanic or Latino/a** | <section divider cell> | <section divider cell> | <section divider cell> |
| 1a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Hispanic or Latino/a* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Non-Hispanic or Latino/a** | <section divider cell> | <section divider cell> | <section divider cell> |
| 2a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| subtotal | *Subtotal Non-Hispanic or Latino/a* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Unreported/Refused to Report Race and Ethnicity** | <section divider cell> | <section divider cell> | <section divider cell> |
| h | Unreported/Refused to Report Race and Ethnicity | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| i | **Total** | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |

Section C: Diabetes: Hemoglobin A1c Poor Control

| Line | Race and Ethnicity | Total Patients 18 through 74 Years of Age with Diabetes  (3a) | Number Charts Sampled or EHR Total  (3b) | Patients with HbA1c >9.0% or No Test During Year  (3f) |
| --- | --- | --- | --- | --- |
| <blank for demonstration> | **Hispanic or Latino/a** | <section divider cell> | <section divider cell> | <section divider cell> |
| 1a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 1g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| Subtotal | *Subtotal Hispanic or Latino/a* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Non-Hispanic or Latino/a** | <section divider cell> | <section divider cell> | <section divider cell> |
| 2a | Asian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b1 | Native Hawaiian | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2b2 | Other Pacific Islander | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2c | Black/African American | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2d | American Indian/Alaska Native | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2e | White | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2f | More than One Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| 2g | Unreported/Refused to Report Race | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| Subtotal | *Subtotal Non-Hispanic or Latino/a* | <cell not reported> | <cell not reported> | <cell not reported> |
| <blank for demonstration> | **Unreported/Refused to Report Race and Ethnicity** | <section divider cell> | <section divider cell> | <section divider cell> |
| h | Unreported/Refused to Report Race and Ethnicity | <blank for demonstration> | <blank for demonstration> | <blank for demonstration> |
| i | **Total** | <cell not reported> | <cell not reported> | <cell not reported> |

Note: Table 7 Cross-Table Considerations:

* Patients with medical 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, patients by race and ethnicity on Table 3B, and the proportion of medical patients on Table 5.
* The count of patients by diagnosis reported on Table 6A will not be the same counts as on Table 7, due to differences in criteria that must be met for inclusion on Table 7.

## Table 8A: Financial Costs

Calendar Year: January 1, 2021, through December 31, 2021

| 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) |
| --- | --- | --- | --- | --- |
| [section divide] | **Financial Costs of Medical Care** | [section divide] | [section divide] | [section divide] |
| 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] |
| [blank for section divide] | **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] |
| [blank for section divide] | **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 | Patient and Community 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] |

| 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) |
| --- | --- | --- | --- | --- |
| [blank for section divide] | **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] |

Note: 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](#_Relationship_between_Staff_2).
* Report only non-monetary donations and in-kind services on Table 8A. Report cash donations on Table 9E.

## Table 9D: Patient Service Revenue

Calendar Year: January 1, 2021, through December 31, 2021

| [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | Retroactive S | ettlements, Receipts | , and Paybacks | (c) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Line | Payer Category | Full Charges This Period  (a) | Amount Collected This Period  (b) | Collection of Reconciliation/ Wraparound Current Year  (c1) | Collection of Reconciliation/ Wraparound Previous Years  (c2) | Collection of Other Payments:  P4P, Risk Pools, etc.  (c3) | Penalty/ Payback  (c4) | Adjustments  (d) | Sliding Fee Discounts  (e) | Bad Debt Write-Off  (f) |
| 1 | Medicaid Non-Managed Care | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 2a | Medicaid Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 2b | Medicaid Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 3 | **Total Medicaid**  (Sum of Lines 1 + 2a + 2b) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 4 | Medicare Non-Managed Care | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 5a | Medicare Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 5b | Medicare Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 6 | **Total Medicare**  (Sum of Lines 4 + 5a + 5b) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 7 | Other Public, including Non-Medicaid CHIP, Non-Managed Care | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 8a | Other Public, including Non-Medicaid CHIP, Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 8b | Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 8c | Other Public, including COVID-19 Uninsured Program | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 9 | **Total Other Public**  (Sum of Lines 7 + 8a + 8b + 8c) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 10 | Private Non-Managed Care | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 11a | Private Managed Care (capitated) | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 11b | Private Managed Care (fee-for-service) | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 12 | **Total Private**  (Sum of Lines 10 + 11a + 11b) | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] |
| 13 | **Self-Pay** | [blank for demonstration] | [blank for demonstration] | [not reported] | [not reported] | [not reported] | [not reported] | [not reported] | [blank for demonstration] | [blank for demonstration] |
| 14 | **TOTAL**  (Sum of Lines 3 + 6 + 9 + 12 + 13) | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] | [blank for demonstration] |

Note: Table 9D Cross-Table Considerations:

* Charges and collections by payer on Table 9D relate to insurance enrollment on Table 4. See the crosswalk of comparable fields in [Appendix B](#_Relationship_between_Insurance). 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 on Table 9D should be consistent with Table 4 except that Other Public categorical grants such as Title X and BCCCP are not insurance and the patients are usually classified as Uninsured on Table 4.
* 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) by Table 4, Line 13a, Column A equals Medicaid PMPM.
* Billable visits reported on Table 5 should relate to patient charges reported on Table 9D.

## Table 9E: Other Revenues

Calendar Year: January 1, 2021, through December 31, 2021

| Line | Source | Amount  (a) |
| --- | --- | --- |
| [blank] | **BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)** | [blank] |
| 1a | Migrant Health Center | [blank] |
| 1b | Community Health Center | [blank] |
| 1c | Health Care for the Homeless | [blank] |
| 1e | Public Housing Primary Care | [blank] |
| 1g | **Total Health Center** (Sum of Lines 1a through 1e) | [blank] |
| 1k | **Capital Development Grants**, including School-Based Health Center Capital Grants | [blank] |
| 1l | Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C) | [blank] |
| 1m | Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D) | [blank] |
| 1n | Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT) | [blank] |
| 1o | American Rescue Plan | [blank] |
| 1p | Other COVID-19-Related Funding from BPHC (specify\_\_\_\_\_\_\_) | [blank] |
| 1q | **Total COVID-19 Supplemental** (Sum of Lines 1l through 1p) | [blank] |
| 1 | **Total 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 | Medicare and Medicaid EHR Incentive Payments for Eligible Providers | [blank] |
| 3b | Provider Relief Fund (specify \_\_\_\_\_\_\_) | [{blank] |
| 5 | **Total Other Federal Grants**  (Sum of Lines 2 through 3b) | [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] |
| 10 | Other Revenue (non–patient service revenue not reported elsewhere) (specify \_\_\_\_\_\_) | [blank] |
| 11 | **Total Revenue** (Sum of Lines 1 + 5 + 9 + 10) | [blank] |

Note: Table 9E Cross-Table Considerations:

* Only public pharmacy revenue is reported on Table 9E. Follow the guidance for other pharmacy reporting situations as described in [Appendix B](#_Appendix_B:_Special).
* The revenue received from indigent care programs that subsidize services rendered to patients who are uninsured are reported on Table 9E, while the charges for these services are reported on Table 9D. Follow the detailed reporting requirements included in [Appendix B](#_State_or_Local_1) to address the cross-table reporting.

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

## Introduction

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

There are no major changes to this form.

## Questions

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

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

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

* + For the purposes of this response, “providers” mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives.
  + Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support 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.
  + 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**

* + 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 medical providers (as defined on this page under [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.

**c. No**

* + 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.”

This question seeks to determine whether the health center installed an EHR by December 31 and, if so, which 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 that it has been certified by the Office of the National Coordinator—Authorized Testing and Certification Bodies.

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

1. Yes
2. No

Health centers are to indicate the vendor, product name, version number, and ONC-certified health IT product list number. (More information is available at <https://chpl.healthit.gov/#/search>.) If you have more than one EHR (if, for example, you acquired another practice with its own EHR), report the EHR that will be the successor system or the EHR used for capturing primary medical care.

1a1. Vendor

1a2. Product Name

1a3. Version Number

1a4. ONC-certified Health IT Product List Number

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

1. Yes
2. No

If “yes, but only at some service delivery sites or for 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.

1c. Do you use more than one EHR or data system across your organization?

1. Yes
2. No

1c1. If yes, what is the reason?

1. Additional EHR/data system(s) are used during transition to primary EHR
2. Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health)
3. Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition
4. Other (please describe \_\_\_\_\_\_)

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

1. Yes
2. No
3. Not sure

1e. When do you plan to update/install the latest EHR software and system patches?

1. 3 months
2. 6 months
3. 1 year or more
4. Not planned
5. Question removed.
6. Question removed.
7. Which of the following key providers/health care settings does your health center electronically exchange clinical information with? (Select all that apply.)
8. Hospitals/Emergency rooms
9. Specialty providers
10. Other primary care providers
11. Labs or imaging
12. Health information exchange (HIE)
13. None of the above
14. Other (please describe \_\_\_\_\_\_)
15. Does your health center engage patients through health IT in any of the following ways? (Select all that apply.)
16. Patient portals
17. Kiosks
18. Secure messaging
19. Other (please describe \_\_\_\_\_\_\_)
20. No, we DO NOT engage patients using HIT
21. Question removed.
22. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
23. We use the EHR to extract automated reports
24. We use the EHR but only to access individual patient health records
25. We use the EHR in combination with another data analytic system
26. We DO NOT use the EHR
27. Question removed.
28. Question removed.
29. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.)
30. Quality improvement
31. Population health management
32. Program evaluation
33. Research
34. Other (please describe \_\_\_\_\_\_)
35. We DO NOT utilize HIT or EHR data beyond direct patient care
36. Does your health center collect data on individual patients’ social risk factors, outside of the data countable in the UDS?
37. Yes
38. No, but we are in planning stages to collect this information
39. No, we are not planning to collect this information
40. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply.)
41. Accountable Health Communities Screening Tools
42. Upstream Risks Screening Tool and Guide
43. iHELLP
44. Recommend Social and Behavioral Domains for EHRs
45. Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE)
46. Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)
47. WellRx
48. Health Leads Screening Toolkit
49. Other (please describe \_\_\_\_\_\_\_\_\_\_)
50. We DO NOT use a standardized screener

12a. Please provide the total number of patients that screened positive for the following at any point during the calendar year:

1. Food insecurity \_\_\_\_\_\_\_\_\_\_\_
2. Housing insecurity \_\_\_\_\_\_\_\_\_\_\_
3. Financial strain \_\_\_\_\_\_\_\_\_\_\_
4. 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.)

1. Have not considered/unfamiliar with standardized screeners
2. Lack of funding for addressing these unmet social needs of patients
3. Lack of training for personnel to discuss these issues with patients
4. Inability to include with patient intake and clinical workflow
5. Not needed
6. Other (please describe \_\_\_\_\_\_\_\_\_\_\_)
7. 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 controlled substance prescriptions?
8. Yes
9. No
10. Not sure

# 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 reporting of COVID-19 vaccines provided to health center patients has been moved from this form to Table 6A.

## Questions

Report on these data elements as part of your UDS submission. Topics include medication-assisted treatment (MAT), telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status **as of December 31**.

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder
   1. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,[[1]](#footnote-1) on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication during the calendar year?
   2. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or certified nurse midwife, with a DATA waiver working on behalf of the health center?
2. Did your organization use telemedicine to provide remote (virtual) clinical care services?

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

1. **Yes**

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

1. Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
2. Specialists outside your organization (e.g., specialists at referral centers)

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

1. Real-time telehealth (e.g., live videoconferencing)
2. Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)
3. Remote patient monitoring
4. Mobile Health (mHealth)

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

1. Primary care
2. Oral health
3. Behavioral health: Mental health
4. Behavioral health: Substance use disorder
5. Dermatology
6. Chronic conditions
7. Disaster management
8. Consumer health education
9. Provider-to-provider consultation
10. Radiology
11. Nutrition and dietary counseling
12. Other (Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
13. **No.**

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

1. Have not considered/unfamiliar with telehealth service options
2. Policy barriers (Select all that apply.)
   * 1. Lack of or limited reimbursement
     2. Credentialing, licensing, or privileging
     3. Privacy and security
     4. Other (Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
3. Inadequate broadband/ telecommunication service (Select all that apply.)
4. Cost of service
5. Lack of infrastructure
6. Other (Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
7. Lack of funding for telehealth equipment
8. Lack of training for telehealth services
9. Not needed
10. Other (Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
11. 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 affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Assists DO NOT count as visits on the UDS tables.

# Appendix F: Workforce

## 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 different staffing models to better support recruitment and retention of health center professionals.

There are no major changes to this form.

## Questions

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

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

1a. If yes, which category best describes your health center’s role in the health professional education/training process? (Select all that apply.)

1. Sponsor[[2]](#footnote-2)
2. Training site partner[[3]](#footnote-3)
3. Other (please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category[[4]](#footnote-4) within the calendar year.

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

1. Provide the number of health center personnel serving as preceptors at your health center: \_\_\_\_
2. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs: \_\_\_\_
3. How often does your health center conduct satisfaction surveys to providers working for the health center? (Select one.)
4. Monthly
5. Quarterly
6. Annually
7. We DO NOT currently conduct provider satisfaction surveys
8. Other (please describe \_\_\_\_\_\_\_\_\_)
9. How often does your health center conduct satisfaction surveys for general personnel working for the health center (report provider surveys in question 5 only)? (Select one.)
10. Monthly
11. Quarterly
12. Annually
13. We DO NOT currently conduct personnel satisfaction surveys
14. Other (please describe \_\_\_\_\_\_\_\_\_)



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1. With the enactment of the Comprehensive Addiction and Recovery Act of 2016, [PL 114-198](https://www.gpo.gov/fdsys/search/pagedetails.action?collectionCode=PLAW&browsePath=114%2FPUBLIC%2F%5B100+-+199%5D&granuleId=&packageId=PLAW-114publ198&fromBrowse=true), opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs). [↑](#footnote-ref-1)
2. A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program). [↑](#footnote-ref-2)
3. A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students). [↑](#footnote-ref-3)
4. 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. [↑](#footnote-ref-4)