

Bureau of Primary Health Care

UNIFORM DATA SYSTEM

2016 UDS Tables



Table Patients by ZIP Code

Reporting Period: January 1, 2016, through December 31, 2016

| 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 by Sex at Birth

Reporting Period: January 1, 2016, through December 31, 2016

| 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: Demographic Characteristics

Reporting Period: January 1, 2016, through December 31, 2016

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 Native 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 | |

| Line | Patients by Sexual Orientation | Number (a) |
|------|---|---------------|
| 13. | Lesbian or Gay | |
| 14. | Straight (not lesbian or gay) | |
| 15. | Bisexual | |
| 16. | Something else | |
| 17. | Don't know | |
| 18. | Chose not to disclose | |
| 19. | Total Patients (Sum Lines 13 to 18) | |

| Line | Patients by Gender Identity | Number (a) |
|------|---|---------------|
| 20. | Male | |
| 21. | Female | |
| 22. | Transgender Male/ Female-to- Male | |
| 23. | Transgender Female/ Male-to- Female | |
| 24. | Other | |
| 25. | Chose not to disclose | |
| 26. | Total Patients (Sum Lines 20 to 25) | |

Table 4: Selected Patient Characteristics

Reporting Period: January 1, 2016, through December 31, 2016

| Line | Characteristic | Number of Patients | | | | |
|------|--|------------------------|------------------|--|-------------|-----------|
| Line | Income as Percent of Poverty Guideline | Number of Patients (a) | | | | |
| 1. | 100% and below | | | | | |
| 2. | 101–150% | | | | | |
| 3. | 151–200% | | | | | |
| 4. | Over 200% | | | | | |
| 5. | Unknown | | | | | |
| 6. | TOTAL (Sum 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 Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line) | | | | | |

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Table 5: Staffing and Utilization

Reporting Period: January 1, 2016, through December 31, 2016

| 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 | | | |
| 17a | Dental Therapists | | | |
| 18 | Other Dental Personnel | | | |
| 19 | Total Dental Services (Lines 16–18) | | | |
| 20a | Psychiatrists | | | |
| 20a1 | Licensed Clinical Psychologists | | | |
| 20a2 | Licensed Clinical Social Workers | | | |
| 20b | Other Licensed Mental Health Providers | | | |
| 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 | | | |
| 27c | Community Health Workers | | | |
| 28 | Other Enabling Services (specify ___) | | | |
| 29 | Total Enabling Services (Lines 24–28) | | | |
| 29a | Other Programs/Services (specify ___) | | | |
| 29b | Quality Improvement Staff | | | |
| 30a | Management and Support Staff | | | |
| 30b | Fiscal and Billing Staff | | | |
| 30c | IT Staff | | | |
| 31 | Facility Staff | | | |
| 32 | Patient Support Staff | | | |

| Line | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Patients (c) |
|------|--|----------|-------------------|--------------|
| 33 | Total Facility and Non-Clinical Support Staff (Lines 30a–32) | | | |
| 34 | Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33) | | | |

Table 5A: Tenure for Health Center Staff

Reporting Period: January 1, 2016, through December 31, 2016

| 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 | | | | |
| 17a | Dental Therapists | | | | |
| 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, 2016, through December 31, 2016

Table 6A: Selected Diagnoses

| 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 Diseases | | | | |
| 1-2. | Symptomatic / Asymptomatic HIV | B20, B97.35, O98.7-, Z21 | | |
| 3. | Tuberculosis | A15- through A19- | | |
| 4. | Sexually transmitted infections | A50- through A64- (exclude A63.0), M02.3- | | |
| 4a. | Hepatitis B | B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51 | | |
| 4b. | Hepatitis C | B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52 | | |
| Selected Diseases of the Respiratory System | | | | |
| 5. | Asthma | J45- | | |
| 6. | Chronic obstructive pulmonary diseases | J40- through J44-, J47- | | |
| 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-, R92- | | |
| 8. | Abnormal cervical findings | C53-, C79.82, D06-, R87.61-, R87.810, R87.820 | | |
| 9. | Diabetes mellitus | E08- through E13-, O24- (exclude O24.41-) | | |
| 10. | Heart disease (selected) | I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52- | | |
| 11. | Hypertension | I10- through I15- | | |
| 12. | Contact dermatitis and other eczema | L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4) | | |
| 13. | Dehydration | E86- | | |
| 14. | Exposure to heat or cold | T33.XXXX, T34.XXXX, T67.XXXX, T68.XXXX, T69.XXXX | | |
| 14a. | Overweight and obesity | E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52) | | |

| | Diagnostic Category | Applicable ICD-10-CM Code | Number of Visits by Diagnosis Regardless of Primacy (a) | Number of Patients with Diagnosis (b) |
|---|---|--|--|--|
| Selected Childhood Conditions (limited to ages 0 through 17) | | | | |
| 15. | Otitis media and Eustachian tube disorders | H65- through H69- | | |
| 16. | Selected perinatal medical conditions | A33-, P22- through P29- (exclude P22.0, P29.3), P35- through 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. | E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3 | | |
| Selected Mental Health and Substance Abuse Conditions | | | | |
| 18. | Alcohol related disorders | F10-, G62.1 | | |
| 19. | Other substance related disorders (excluding tobacco use disorders) | F11- through F19- (exclude F17-), G62.0, O99.32- | | |
| 19a. | Tobacco use disorder | F17- | | |
| 20a. | Depression and other mood disorders | F30- through F39- | | |
| 20b. | Anxiety disorders including PTSD | F40- through F42-, F43.0, F43.1- | | |
| 20c. | Attention deficit and disruptive behavior disorders | F90- through F91- | | |
| 20d. | Other mental disorders, excluding drug or alcohol dependence | F01- through F09-, F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through 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-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 through 86703; 87390 through 87391 | | |

| Service Category | | Applicable ICD-10-CM Code or CPT-4/II Code | Number of Visits (a) | Number of Patients (b) |
|------------------|---|--|----------------------|------------------------|
| 21a. | Hepatitis B test | CPT-4: 86704, 86706, 87515 through 87517 | | |
| 21b. | Hepatitis C test | CPT-4: 86803, 86804, 87520 through 87522 | | |
| 22. | Mammogram | CPT-4: 77052, 77057 OR ICD-10: Z12.31 | | |
| 23. | Pap test | CPT-4: 88141 through 88155, 88164 through 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 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748 | | |
| 24a. | Seasonal Flu vaccine | CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688 | | |
| 25. | Contraceptive management | ICD-10: Z30- | | |
| 26. | Health supervision of infant or child (ages 0 through 11) | CPT-4: 99381 through 99383, 99391 through 99393 | | |
| 26a. | Childhood lead test screening (9 to 72 months) | CPT-4: 83655 | | |
| 26b. | Screening, Brief Intervention, and Referral to Treatment (SBIRT) | CPT-4: 99408, 99409 | | |
| 26c. | Smoke and tobacco use cessation counseling | CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F | | |
| 26d. | Comprehensive and intermediate eye exams | CPT-4: 92002, 92004, 92012, 92014 | | |

| Service Category | | Applicable ADA Code | Number of Visits (a) | Number of Patients (b) |
|---------------------------------|--|---|----------------------|------------------------|
| Selected Dental Services | | | | |
| 27. | I. Emergency Services | ADA: D9110 | | |
| 28. | II. Oral Exams | ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180 | | |
| 29. | Prophylaxis – adult or child | ADA: D1110, D1120 | | |
| 30. | Sealants | ADA: D1351 | | |
| 31. | Fluoride treatment – adult or child | ADA: D1206, D1208 | | |
| 32. | III. Restorative Services | ADA: D21xx through 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 through D7294 | | |
| 34. | V. Rehabilitative services (Endo, Perio, Prostho, Ortho) | ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx | | |

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Table 6B: Quality of Care Measures

Reporting Period: January 1, 2016, through December 31, 2016

| | | |
|---|--|--|
| 0 | Prenatal Care Provided by Referral Only (Yes or No) | |
|---|--|--|

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 - Early Entry into Prenatal Care

| Line | Early 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 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 2 nd birthday | | | |

Section D - Cervical 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 21-64 years of age, who received one or more Pap tests to screen for cervical cancer | | | |

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 17 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Counseling and BMI Documented (c) |
|------|---|--------------------------------------|--|---|
| | | | | |

| Line | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | Total Patients Aged 3 through 17 (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Counseling and BMI Documented (c) |
|------|--|--------------------------------------|--|---|
| 12 | MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, <i>and</i> counseling on nutrition and physical activity documented | | | |

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

| Line | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up | 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 aged 18 and older with (1) BMI documented <i>and</i> (2) follow-up plan documented <i>if</i> BMI is outside normal parameters | | | |

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

| Line | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Total Patients Aged 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: Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months <i>and</i> if identified to be a tobacco user (2) received cessation counseling intervention | | | |

Section H – Use of Appropriate Medications for Asthma

| Line | Use of Appropriate Medications for Asthma | Total Patients Aged 5 through 64 with Persistent Asthma (a) | Number Charts Sampled or EHR Total (b) | Number of Patients with Acceptable Plan (c) |
|------|--|---|--|---|
| 16 | MEASURE: Percentage of patients aged 5 through 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period | | | |

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: Percentage of patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy | | | |

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

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

Section K - Colorectal Cancer Screening

| Line | Colorectal Cancer Screening | Total Patients Aged 50 through 75 (a) | Charts Sampled or EHR Total (b) | Number of Patients With Appropriate Screening For Colorectal Cancer (c) |
|------|--|---------------------------------------|---------------------------------|---|
| 19 | MEASURE: Percentage of patients 50 through 75 years of age who had 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: Percentage of 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 – Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

| Line | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | 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: Percentage of 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 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) | Charts Sampled or EHR Total (b) | Number of Patients with Sealants to First Molars (c) |
|------|--|---|---------------------------------|--|
| 22 | MEASURE: Percentage of children aged 6 through 9 years, at moderate to high risk of caries who received a sealant on a first permanent molar | | | |

Table 7: Health Outcomes and Disparities

Reporting Period: January 1, 2016, through December 31, 2016

Section A: Deliveries and Birth Weight

| 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 | | | | |

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Section B: Controlling High Blood Pressure

| Line # | Race and Ethnicity | Total Patients 18 through 85 Years of Age with Hypertension (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: Hemoglobin A1c Poor Control

| Line # | Race and Ethnicity | Total Patients 18 through 75 Years of Age 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 | Total | | | | |

Table 8A: Financial Costs

Reporting Period: January 1, 2016, through December 31, 2016

| 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 Services | | | | |
| 11a. | Case Management | | | |
| 11b. | Transportation | | | |
| 11c. | Outreach | | | |
| 11d. | Patient and Community Education | | | |
| 11e. | Eligibility Assistance | | | |
| 11f. | Interpretation Services | | | |
| 11g. | Other Enabling Services (Specify: _____) | | | |
| 11h. | Community Health Workers | | | |
| 11. | Total Enabling Services Cost (Sum Lines 11a through 11h) | | | |
| 12. | Other Related Services (Specify: _____) | | | |
| 12a. | Quality Improvement | | | |
| 13. | Total Enabling and Other Services (Sum Lines 11, 12, and 12a) | | | |
| 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, 2016, through December 31, 2016

| Line | Payer Category | Full Charges This Period (a) | Amount Collected This Period (b) | Retroactive Settlements, Receipts, and Paybacks (c) | | | | 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) | Penalty/ Payback (c4) | | | |
| 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) | | | | | | | | | |
| 9. | Total Other Public (Lines 7 + 8a + 8b) | | | | | | | | | |

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| Line | Payer Category | Full Charges This Period (a) | Amount Collected This Period (b) | Retroactive Settlements, Receipts, and Paybacks (c) | | | | 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) | Penalty/ Payback (c4) | | | |
| 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, 2016, through December 31, 2016

| 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 | |
| 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 2–3a) | |
| 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 Health Information Technology (HIT) Capabilities and Quality Recognition

Instructions

The Health Information Technology (HIT) Capabilities and Quality Recognition Form includes a series of questions on health information technology (HIT) capabilities, including electronic health record (EHR) interoperability and eligibility for Meaningful Use. The HIT and Quality Recognition Form must be completed and submitted as part of the UDS submission. The first part includes questions about the health center's implementation of an EHR, certification of systems, how widely adopted the system is throughout the health center and its providers, national and/or state quality recognition (accreditation or PCMH), telemedicine, and medically-assisted treatment.

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 HIT 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 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 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, 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. Although 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. This option may be checked even if a small number of newly hired and as yet not trained individuals are the only ones not using the system.
- 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, 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 at http://onc-chpl.force.com/ehrcert.](http://onc-chpl.force.com/ehrcert)) 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 centers 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, or 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 are 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?
- Yes
 - No
 - If yes, 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?
- Yes
 - No
- If yes (a), which third-party organization(s) granted recognition or certification status? (Can identify more than one.)
- National Committee for Quality Assurance (NCQA)
 - The Joint Commission (TJC)
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - State-based initiative
 - Private payer initiative
 - Other recognition body (Specify _____)
11. Has your health center received accreditation?
- Yes
 - No
- If yes (a), which third-party organization granted accreditation?
- The Joint Commission (TJC)
 - Accreditation Association for Ambulatory Health Care (AAAHC)
12. Medication-Assisted Treatment (MAT) for Opioid Use Disorder
- How many physicians, on-site or with whom the health center has contracts, had 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?
 - How many patients received medication-assisted treatment for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?

Note: The following ICD-10-CM code may assist in identifying MATs: ICD-10-CM F11-

13. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information and provide clinical care, education, public health, and administrative services at a distance.¹

a. Yes

b. No

If yes (a), how are you using telehealth? (Choose all that apply)

a. Provide primary care services

b. Provide specialty care services

c. Provide mental health services

d. Provide oral health services

e. Manage patients with chronic conditions

f. Other (Please specify: _____)

If no (b), please explain why you are not using telehealth: _____

¹ <http://www.hrsa.gov/ruralhealth/telehealth/index.html>