



The Foundation of the Uniform Data System (UDS): Counting Visits

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Vision: Healthy Communities, Healthy People



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Opening Remarks

Alysha Darden
Data and Evaluation
Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)



Objectives

By the end of the webinar, participants will be able to:

- Define visits and their key components for the Uniform Data System (UDS)
- Identify the framework that visits provide for reporting overall patient activity
- Recognize and prepare for reporting cross-table relationships in the UDS



Agenda



- Defining Key UDS Terms
- Exploring What Makes a Countable Visit
- Reporting Visits in the UDS
- Putting It All Together

Defining Key UDS Terms

Scope, Countable Visit, and Patient

Health Center Scope

UDS Definition: Health center scope of project is a health center's approved service sites, services, providers, service area, and target populations.

Only services in the health center scope of project are reported in a health center's UDS Report.

Assess your health center [scope of project](#) to report correctly.

- [Form 5A](#): In-scope services
- [Form 5B](#): In-scope sites



Countable Visit

UDS Definition: An encounter between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services that are individualized to the patient and documented in the patient's health record are countable visits, reported on Table 5.

Our focus today!



Health Center Patient

UDS Definition: A person who has at least one countable visit, reported on Table 5, in one or more service category during the calendar year, is a health center patient.

All patients must be included in the patient characteristics tables (ZIP Code Table and Tables 3A, 3B, and 4).

Health center patients are reported on all service and clinical tables (Tables 5, 6A, 6B, and 7) for which they meet the criteria.

Individuals with encounters at your health center who do *not* meet this definition of health center patient are *not* counted anywhere on the UDS tables.

Exploring What Makes a Countable Visit

Countable Visit Guidance

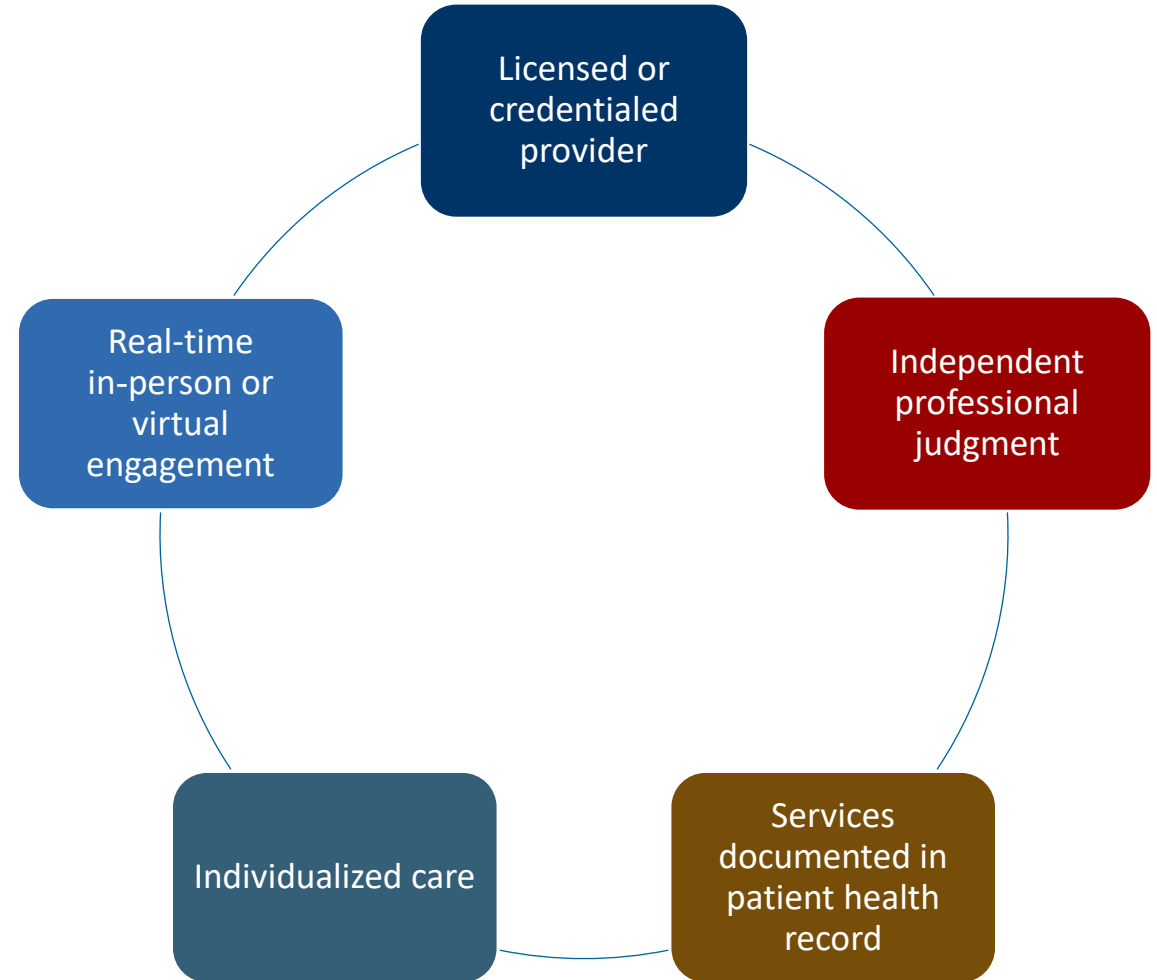


The Components of a Countable Visit

All components must be met to report an encounter as a visit on Table 5.

Key resources:

- [UDS Manual countable visit guidance \(pages 17–22\)](#)
- [UDS Countable Visit Guidance and Frequently Asked Questions](#)



Licensed or Credentialed Provider

- Providers may be health center personnel, contracted personnel, or volunteers.
- Appendix A of the UDS Manual provides helpful guidance on common provider classifications that can or cannot generate countable visits for the purposes of the UDS.



Appendix A Walk-Through

UDS SUPPORT CENTER, 866-UDS-HELP, UDSHELP330@BPHCDATA.NET, BPHC CONTACT FORM

Appendix A: Listing of Personnel

All line numbers in the following table refer to Table 5. NOT all services delivered by a “provider” count as visits. DO NOT count encounters with “non-providers” as countable visits. Use the [Provider](#) definitions to classify personnel as a “provider” or “non-provider.”

Personnel by Major Service Category	Provider	Non Provider
Physicians		
Family physicians (Line 1)	X	
General practitioners (Line 2)	X	
Internists (Line 3)	X	
Obstetricians/Gynecologists (Line 4)	X	
Pediatricians (Line 5)	X	
Licensed medical residents—line determined by specialty	X	
Other Specialist Physicians (Line 7)		
Allergists	X	
Cardiologists	X	
Dermatologists	X	
Endocrinologists	X	
Orthopedists	X	
Surgeons	X	
Urologists	X	
Other specialists and sub-specialists	X	
Nurse Practitioners, Physician Assistants/Associates, and Certified Nurse Midwives		
Nurse practitioners (Line 9a)	X	
Nurse practitioner anesthetist (Line 9a)	X	
Physician assistants (Line 9b)	X	
Physician associates (Line 9b)	X	
Certified nurse midwives (Line 10)	X	
Nurses (Line 11)		
Clinical nurse specialists	X	
Home health nurses	X	
Nurse emergency medical services (EMS)/Nurse emergency medical technicians (EMT)	X	
Public health nurses	X	
Registered nurses (RNs)	X	
Visiting nurses	X	
Licensed practical nurses/Licensed vocational nurses		X
Other Medical Personnel (Line 12)		
Birthing assistant		X
Clinic aides/medical assistants (certified and uncertified medical technologists)		X
EMS/EMT personnel (not credentialed as a nurse)		X
Nurse aides/assistants (certified and uncertified)		X
Unlicensed interns and residents		X
Laboratory Personnel (Line 13)		
Laboratory assistants		X
Laboratory technicians		X
Medical technologists		X
Pathologists		X
Phlebotomists		X
X-ray Personnel (Line 14)		
Radiologists		X

Independent Professional Judgment

- Providers must be acting on their own when serving the patient (not assisting another provider).
- Provider should be using the professional skills gained through formal training and experience unique to that provider or other similarly or more intensively trained providers.



Services Documented in Patient's Health Record

- In general, visit documentation should include:
 - Service code(s)
 - Setting of service
 - Medical decision making of necessity and appropriateness
 - Clinically appropriate examination or assessment
 - Total time spent on the date of the visit
- Note: **Not all visits need to be billable** to be countable visits.
- Resource: [Evaluation and Management Services Guide](#)



Individualized Care

- Services must be provided one-on-one to the patient.
- **Exception:** Mental health and substance use disorder visits may be conducted in a group setting. These visits must still:
 - Be documented in each patient's health record.
 - Meet all other components of a countable visit.



Real-Time In-Person or Virtual Engagement

- Services must be in real time (e.g., in person or using synchronous audio and/or video telecommunication system).
- Services must be provided in person or virtually at approved service delivery sites listed on [Form 5B](#) or in other locations that do not meet HRSA's site criteria but are included in the health center's scope of project.
- Virtual visits must meet all other criteria of a visit and be documented with telehealth-specific codes.
- Resource: [Virtual Visit Reporting Guide](#).



Counting Multiple Visits in a Day



On any given day, a patient may have only one visit per service category per provider per location counted in the UDS.



If multiple providers in a single service category (e.g., two medical providers) deliver multiple services at the **same location** on a single day, count only one visit.



If services are provided by **two different providers** located at **two different sites** on the same day, count two visits.

- A same-day virtual visit and clinic visit may be considered two visits only if they were delivered by different providers at different assigned service delivery locations.

Contacts That Do Not, **ALONE**, Count as Visits

Screenings or Outreach

Information sessions for prospective patients

Health presentations to community groups

Immunization drives

Group Visits

Patient education classes

Health education classes

Exception: mental health and SUD group visits

Tests/Ancillary Services

Drawing blood

Laboratory or diagnostic tests

COVID-19 tests

Dispensing/Administering Medications

Dispensing medications from a pharmacy

Giving injections

Providing narcotic agonists or antagonists or a mix

Health Status Checks

Follow-up tests or checks (e.g. patients returning for HbA1c tests)

Wound care

Taking health histories

Page 20 of the [UDS Manual](#) further describes which services are not included as UDS countable visits.



Knowledge Check #1

Marcia is newly pregnant. Her obstetrician orders an ultrasound to date her pregnancy. Marcia visits the health center to receive her ultrasound and interacts only with the ultrasound technician. Her results will be reviewed at an upcoming visit with her obstetrician. **Why does the *ultrasound encounter* not count as a visit?**

- A. The ultrasound encounter is considered an ancillary service and not countable as a visit.
- B. The ultrasound technician is not considered a provider that generates visits, according to Appendix A.
- C. Marcia's ultrasound results are not documented in her health record.
- D. A and B only.
- E. All of the above.



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- B. The ultrasound technician is not considered a provider that generates visits, according to Appendix A.
- C. Marcia's ultrasound results are not documented in her health record.
- D. A and B only.**
- E. All of the above.



Reporting Visits in the UDS

Service Areas Reported in the UDS

Full-time equivalents (FTEs), visits, and patients on Table 5 are reported across categories that reflect function and services provided:

- Medical Care Services (Lines 1–15)
- Dental Services (Lines 16–19)
- Mental Health Services (Lines 20a–20c and 20)
- Substance Use Disorder Services (Line 21)
- Other Professional Services (Line 22)
- Vision Services (Lines 22a–22d)
- Pharmacy Services (Lines 23a–23d and 23)
- Patient Support Services (Lines 24–29)
- Other Programs and Related Services (Line 29a)
- Facility and Support Services Personnel (Lines 30a–33)

- Service categories that can generate **countable visits and patients**:
 - Medical
 - Dental
 - Mental Health
 - Substance Use Disorder
 - Vision
 - Other Professional
 - Patient Support Services
- Patients can have visits in one or more service areas in the year.



Table 5 Has Four Columns



Column A: FTEs

All personnel who support in-scope operations are reported by FTE in the area in which they provide services.



Columns B and B2: Clinic and Virtual Visits

Encounters that meet the definition of a UDS countable visit are reported as visits in Column B or B2 (based on how the visit was done) **on the line with the FTE who conducted the visit.**



Column C: Patients

All patients for whom visits are reported in the service area are counted in the patient count cell for that service area.

Summary of Changes to Table 5

- Removed Selected Service Detail Addendum.
- Updates to existing lines:
 - Other Licensed Mental Health Providers (Line 20b): additional mental health personnel types have been added as drop-down options.
 - Total Enabling Services (Line 29) renamed to Total Patient Support Services.
 - Quality Improvement Personnel (Line 29b) has been removed and consolidated under Information Technology Personnel (Line 30c).
 - Total Facility and Non-Clinical Support Services (Line 33) renamed to Total Facility and Support Services Personnel.



Line	Personnel by Major Service Category	FTEs (A)	Clinic Visits (B)	Virtual Visits (B2)	Patients (C)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	Total Physicians (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	Total NPs, PAs, and CNMs (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	Total Medical Care Services (Lines 8 + 10a 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 • Family Therapists • Psychiatric Mental Health Nurse Practitioners • Psychiatric Mental Health Registered Nurses • Other Licensed Mental Health Providers (specify __)				
20c	Other Mental Health Personnel				
20	Total Mental Health Services (Lines 20a–c)				
21	Substance Use Disorder Services				
22	Other Professional Services • Audiologists • Chiropractors • Community and Behavioral Health Aides/Practitioners (CHA/Ps and BHA/Ps) • Podiatrists • Registered Dietitians, including Dietitians and Nutritionists • Therapists, including Massage, Occupational, Physical, Respiratory, and Speech Therapists and Speech Pathologists • Traditional Medicine Providers, including Acupuncturists and Naturopaths • Other professional services (specify __)				

Excerpt
of Table 5

Spotlight: Patient Support Services

- **Case management and patient health education are the only countable patient support services**, assuming the full UDS countable visit definition is met.
- For patient support services lacking a central credentialing body, a 'licensed or credentialed provider' is any individual hired by the health center to deliver care within their assigned duties.
- Report a visit on the same line as the FTE of the personnel who delivered the visit.
- Patients with only patient support service visits still need to be reported across the UDS Report.



Spotlight: Nursing Visits

- Nurse visits *are* allowable on the UDS. These visits must still meet all the same countable visit criteria.
 - Independent professional judgment (the patient is not seen by another, more advanced skilled medical provider on the date of service).
 - Remember that services like vaccine administration, a blood pressure check, or a blood glucose check **are not** considered UDS countable visits.
- Common examples of countable nursing visits are triage and home health care including patient evaluation by a nurse.
- The [nurse visit guidance](#) file provides useful considerations for nurse visits.



Knowledge Check #2

A health center runs an outreach program for which staff provide health presentations to groups in the community. Where should individuals who attend these sessions be reported in the UDS?

- A. The visits and patients should be reported on Table 5, Line 27a, Outreach Services Personnel, only.
- B. The visits and patients should be reported on Table 5, Line 27a. The patients should also be reported on all the patient demographic tables and on the clinical tables, where appropriate.
- C. Individuals who only attended the presentations and were not seen at the health center for a countable visit that year would not be reported anywhere in the UDS.



Knowledge Check #2

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Reminder: Appendix A

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Appendix A: Listing of Personnel

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Internists (Line 3)	X	
Obstetricians/Gynecologists (Line 4)	X	
Pediatricians (Line 5)	X	
Licensed medical residents—line determined by specialty	X	
Other Specialist Physicians (Line 7)		
Allergists	X	
Cardiologists	X	
Dermatologists	X	
Endocrinologists	X	
Orthopedists	X	
Surgeons	X	
Urologists	X	
Other specialists and sub-specialists	X	
Nurse Practitioners, Physician Assistants/Associates, and Certified Nurse Midwives		
Nurse practitioners (Line 9a)	X	
Nurse practitioner anesthetist (Line 9a)	X	
Physician assistants (Line 9b)	X	
Physician associates (Line 9b)	X	
Certified nurse midwives (Line 10)	X	
Nurses (Line 11)		
Clinical nurse specialists	X	
Home health nurses	X	
Nurse emergency medical services (EMS)/Nurse emergency medical technicians (EMT)	X	
Public health nurses	X	
Registered nurses (RNs)	X	
Visiting nurses	X	
Licensed practical nurses/Licensed vocational nurses		X
Other Medical Personnel (Line 12)		
Birthing assistant		X
Clinic aides/medical assistants (certified and uncertified medical technologists)		X
EMS/EMT personnel (not credentialed as a nurse)		X
Nurse aides/assistants (certified and uncertified)		X
Unlicensed interns and residents		X
Laboratory Personnel (Line 13)		
Laboratory assistants		X
Laboratory technicians		X
Medical technologists		X
Pathologists		X
Phlebotomists		X
X-ray Personnel (Line 14)		
Radiologists		X

Questions related to what personnel can count visits or what visits count can be answered by looking at **Appendix A** in the manual.

More Resources for Reporting Visits in the UDS

The HRSA BPHC UDS Technical Assistance site [Staffing and Utilization section](#) includes the following resources:

- Table 5 fact sheet
- Countable visit guidance
- Virtual visit guidance
- Nurse visit guidance



Knowledge Check #3

A health center operates an emergency department (ED). A patient's only encounter during the year is an ED visit. Where should this patient be reported in the UDS?

- A. Report the patient on Table 5.
- B. Report the patient on Table 5, all the patient demographic tables, and on the clinical tables, where appropriate.
- C. It depends on whether the ED is included in the health center's HRSA-approved scope of project.
- D. Do not report this patient on the UDS.

Knowledge Check #3

A health center operates an emergency department (ED). A patient's only encounter during the year is an ED visit. Where should this patient be reported in the UDS?

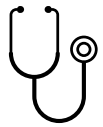
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- D. Do not report this patient on the UDS.

Pulling It All Together

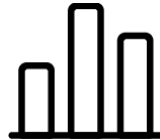
It Takes a Team



Visits Are the Foundation of the Entire UDS Report



Identify and report countable visits and associated patients on **Table 5**.



Report patients with countable visits on **Tables 6A, 6B, and 7**, when appropriate.



Report patient service revenues on **Table 9D**.

Report all patients with countable visits in the demographic profile (**ZIP Code Table and Tables 3A, 3B, and 4**).



Report accrued costs for in-scope activities (e.g., visits!) on **Table 8A**, in alignment with the categories reported on the main part of Table 5.



Complete **Other Forms** (Health Information Technology, Other Data Elements, and Workforce), which ask about patients.



Successful UDS Reporting Takes a Team

- **Tables are interrelated and report on activities at service delivery sites specific to your health center's scope**, so get together with a team to ensure accurate reporting across
 - Personnel, FTEs, and roles
 - Patients and services
 - Expenses
 - Revenues
- With your team, **plan your approach for any updates** (e.g., new fields, code changes, electronic health record transitions).
- The **2026 UDS Manual** **provides crosswalks** between closely related tables in Appendix B.
- Countable visits are the foundation of the UDS Report. **Adhere to UDS definitions and instructions** to ensure accurate reporting.
- Reach out to the **UDS Support Center** early and often!



Example of the Crosswalk Between Table 5 and Table 8A

FTEs Reported on Table 5, Line:	Have Costs Reported on Table 8A, Line:
1–12: Medical Care	1: Medical Care
13–14: Medical Laboratory and X-ray	2: Medical Laboratory and X-ray
16–18: Dental	5: Dental
20a–20c: Mental Health	6: Mental Health
21: Substance Use Disorder	7: Substance Use Disorder
22: Other Professional	9: Other Professional
22a–22c: Vision	9a: Vision
23a–23d: Pharmacy	8a: Pharmacy
24–28: Patient Support Services	11: Patient Support Services
29a: Other Programs and Services	12: Other Programs and Services
30a–30b and 32: Other Support (Central Services)	15: Other Support (Central Services)
30c: Information Technology	14a: Information Technology
31: Facility	14: Facility

See more crosswalks in [UDS Manual Appendix B](#) (pages 196–197).



Tables 5 and 8A

Crosswalk

Critically important to complete these tables together!

Excerpt of Table 8A

Line	Cost Center
Medical Care	
1	Medical Care
2	Medical Laboratory and X-ray
4	Total Medical Care Services (Sum of Lines 1 + 2)
Other Clinical Services	
5	Dental
6	Mental Health
7	Substance Use Disorder
8a	Pharmacy (not including pharmaceuticals)
8b	Pharmaceuticals
9	Other Professional (specify____)
9a	Vision
10	Total Other Clinical Services (Sum of Lines 5 through 9a)

Excerpt of Table 5

Line	Personnel by Major Service Category
1	Family Physicians
2	General Practitioners
3	Internists
4	Obstetrician/Gynecologists
5	Pediatricians
7	Other Specialty Physicians
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Summary

- The UDS relies on specific definitions for health center scope, patients, and countable visits. Adhering to these definitions ensures accurate reporting. See [UDS Manual Appendix F: Glossary](#) for a refresher on terminology.
- Countable visits include five components that must all be present in an encounter. Not all encounters will be countable visits.
- Countable visits are reported on Table 5 by service area.
- The UDS tables are interrelated, and countable visits tie them together! Create a plan to work as a team to complete the UDS Report.

Available Assistance

- Technical assistance materials, including local trainings, available online:
 - [UDS Technical Assistance](#)
- UDS Support Center for assistance with UDS reporting questions:
 - udshelp330@bphcddata.net
 - 866-UDS-HELP (866-837-4357)
 - [BPHC Contact Form](#), select UDS Reporting.
- For Electronic Handbooks (EHBs) help and account access/roles questions:
 - 877-464-4772
 - [BPHC Contact Form](#), select Technical and System Support/EHBs Tasks and Technical Issues.
- For more information, visit the [Technical Assistance Contacts](#) webpage.



Q&A

What questions do you have for us?



Thank You!

Elise George, MPH, Training and Technical Assistance Specialist



udshelp330@bphcdata.net **or** BPHC Contact Form



1-866-837-4357

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