



Understanding Uniform Data System (UDS) Patient Characteristics Tables for Quality Improvement

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Opening Remarks

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Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Agenda

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Welcome and Logistics

2

Overview of Uniform Data
System (UDS) Patient
Characteristics Tables

3

Tips for Accurate
Reporting

4

Additional Resources

Objectives

1

Understand reporting requirements for the UDS patient characteristics tables.

2

Identify strategies to ensure effective and accurate data collection and reporting.

3

Access additional reporting support.

UDS Patient Characteristics Tables

Overview of Data Collected in the UDS

Four Primary Sections



Patient Characteristics

- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex
- **Table 3B:** Race, ethnicity, language
- **Table 4:** Income, medical insurance, special medically underserved populations



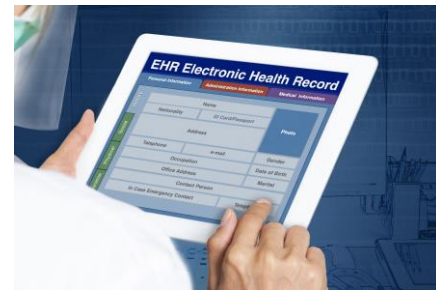
Clinical Services and Outcomes

- **Table 5:** Personnel, visits, patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Health outcomes



Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges, collections, and adjustments
- **Table 9E:** Other revenue



Other Forms

- **Appendix D:** Health Information Technology (Health IT) Capabilities
- **Appendix E:** Other Data Elements
- **Appendix F:** Workforce



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**.

The patient characteristics tables (ZIP Code Table and Tables 3A, 3B, and 4) provide an **unduplicated count of health center patients**.

- In the patient characteristics tables, **each patient is counted once** regardless of the number of visits or services received.
- All patients must be included in the patient characteristic tables by their demographic characteristics.

Individuals with contact with the health center who **don't** meet this definition of health center patient are **not counted on UDS tables**.

Health center patients are reported on all service and clinical tables for which they meet the criteria.

Overview of Patient Characteristics Tables

	ZIP Code Table	Table 3A	Table 3B	Table 4
Captures information on...	Patients by ZIP code and primary medical insurance	Patients by age and sex	Patients by race and ethnicity Patients with limited English proficiency*	Patients by income as percentage of federal poverty guideline Patients by primary medical insurance Patients by managed care* Special medically underserved population status*
Provides an understanding of the...	Distribution of health center patients by geography and medical insurance	Age and sex distribution of patients and offers comparative information for services	Reach and distribution of health center services to patients and opportunities to support access	Efficacy of the Health Center Program (HCP) mission of reaching underserved patients, including special medically underserved populations

* subset of patients and therefore does not equal the total health center patients

Patient Characteristics Totals Across Tables

Because the same set of patients are being described, just by different characteristics, **the total number of patients reported for each of the below tables will be the same.**



Patients with limited English proficiency, patients by managed care, and patients by special medically underserved population status are a subset of patients and thus **will not equal** the total health center patients.

Usefulness of UDS Patient Characteristics Data

Gain perspective on the demographics of patients receiving care at health centers from the national, state, and health center levels.

Who health centers serve

In 2024, more than 32 million people relied on Health Resources and Services Administration (HRSA)-funded health centers for care, including

- 25.1 million uninsured, Medicaid, and Medicare patients
- 1 in 5 people living in rural communities
- 1 in 8 children
- 408,000 veterans



*Summaries of UDS tables and 5-year national summaries of select UDS data measures aggregated by health centers and HCP look-alikes are available at <https://bphc.hrsa.gov/data-reporting>.

How Does Your Health Center Use UDS Patient Characteristics Data? (select all that apply)



- Monitor shifts in patient population
- Support strategic planning and forecast future needs
- Assess operational efficiencies
- Track health outcomes across patient populations
- Inform interventions and quality improvement
- Support patient-directed care
- Customize outreach and services
- Support grant applications

Patients by ZIP Code Table

No changes to this table

Overview of Patients by ZIP Code Table

In the rows, report unduplicated patients by their ZIP code of residence. Enter a ZIP code or import a list.

For any ZIP code with 11 or more patients, list it on its own row. For ZIP codes with 10 or fewer patients, combine the count of patients from these ZIP codes on “Other ZIP Codes”.

Use the patient’s local address for migratory and seasonal agricultural workers, people in a carceral facility, and those from other countries who reside in the United States; use the clinic address for the homeless population without an identified address.

In the columns, report unduplicated patients by their primary medical insurance as of the last visit of the year.

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

CHIP = Children’s Health Insurance Program

Excerpt from ZIP Code Table

Helpful Tips for Patient ZIP Code Table

On the ZIP code table, Medicaid, CHIP, and Other Public are **combined** and reported in Column C.

There is **not** an “unknown” category for primary medical insurance. Primary medical insurance must be recorded for all patients as of their last visit in the calendar year.

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

Total patients **must equal** total patients reported on the other patient characteristics tables (with the exceptions noted earlier).

Table 3A: Patients by Age and Sex

No changes to this table

Overview of Patients by Age and Sex Table

Table 3A, Lines 1–39

In the rows, report an unduplicated count of patients by age as of December 31 of the calendar year (2025).

In the columns, report the sex of the patients as listed on the birth certificate.

There is **not** an “unknown” category for age **or** sex. The health center must collect the age and sex of all patients.

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		
...	...		
34	Ages 65–69		
35	Ages 70–74		
36	Ages 75–79		
37	Ages 80–84		
38	Age 85 and over		
39	Total Patients (Sum of Lines 1–38)		

Excerpt from Table 3A

Total patients **must equal** total patients reported on the other patient characteristics tables (with the exceptions noted earlier).

Table 3B Demographic Characteristics

Lines 13–26 are no longer being reported

Patients by Race and Ethnicity

Table 3B, Lines 1a–8 and 12

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+a2+a3+a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1a	Asian Indian									
1b	Chinese									
1c	Filipino									
1d	Japanese									
1e	Korean									
1f	Vietnamese									
1g	Other Asian									
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)									
2a	Native Hawaiian									
2b	Other Pacific Islander									
2c	Guamanian or Chamorro									
2d	Samoan									
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)									
3	Black or African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported/Chose not to disclose race									
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)									

Patient Race

Table 3B, Lines 1a–8

In the rows, report unduplicated patients by race.

There are subcategories for Asian and Other Pacific Islander:

- Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
- Native Hawaiian/Other Pacific Islander: Native Hawaiian, Other Pacific Islander, Guamanian or Chamorro, Samoan

Line	Patients by Race and Hispanic, Latino/a or Spanish Ethnicity
1a	Asian Indian
1b	Chinese
1c	Filipino
1d	Japanese
1e	Korean
1f	Vietnamese
1g	Other Asian
1	Total Asian (Sum Lines 1a + 1b + 1c + 1e + 1f + 1g)
2a	Native Hawaiian
2b	Other Pacific Islander
2c	Guamanian or Chamorro
2d	Samoan
2	Total Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b + 2c + 2d)
3	Black or African American
4	American Indian/Alaska Native
5	White
6	More than one race
7	Unreported/Chose not to disclose race
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)

Tips on Patient Race

Table 3B, Lines 1a–8

If a **patient identifies or selects multiple races**, report on Line 6, “More than one race.”

If a patient **does not report or chooses not to disclose their race**, report on Line 7, “Unreported/Chose not to disclose race.”

Total patients **must equal** total patients reported on the other patient characteristics tables (with the exceptions noted earlier).

Line	Patients by Race and Hispanic, Latino/a or Spanish Ethnicity
1a	Asian Indian
1b	Chinese
1c	Filipino
1d	Japanese
1e	Korean
1f	Vietnamese
1g	Other Asian
1	Total Asian (Sum Lines 1a + 1b + 1c + 1e + 1f + 1g)
2a	Native Hawaiian
2b	Other Pacific Islander
2c	Guamanian or Chamorro
2d	Samoaan
2	Total Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b + 2c + 2d)
3	Black or African American
4	American Indian/Alaska Native
5	White
6	More than one race
7	Unreported/Chose not to disclose race
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)

Excerpt from Table 3B

Patient Ethnicity

Table 3B, Columns A1–D

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+a2+a3+a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)

In the columns, report patients by ethnicity.

There are subcategories for Hispanic, Latino/a, or Spanish origin:

- Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish Origin
- Hispanic, Latino/a, Spanish Origin, Combined

Tips on Patient Ethnicity

Table 3B, Lines 1a–8

If a patient identifies as **another Hispanic culture or origin not listed as subcategory** (Columns A1, A2, or A3), report in Column A4.

Note: this means your health center is **collecting** more granular ethnicity categories not listed in Columns A1–A3.

If a patient **identifies as Hispanic, Latino/a, or Spanish origin but for whom granularity of ethnicity is not known**, or the patient **selects more than one ethnicity**, report in Column A5.

If race is known, but ethnicity is **not**, report in Column B, Not Hispanic, Latino/a, or Spanish Origin.

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+a2+a3+a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)

More Tips on Patient Ethnicity

Patients by Race and
Hispanic, Latino/a, or
Spanish Ethnicity

Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+a2+a3+a 4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
6	More than one race									
7	Unreported/Chose not to disclose race									
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)									

Excerpt from Table 3B

Report only patients with **unknown race and unknown ethnicity** on Line 7, Column C.

Total patients **must equal** total patients reported on the other patient characteristics tables (with the exceptions noted earlier).

Race and Ethnicity Classifications

- The current UDS race and ethnicity classifications are based on the Office of Management and Budget (OMB) guidance issued before 2025, titled “U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status.”
- OMB updated Statistical Policy Directive No. 15 (SPD 15) on March 28, 2024. U.S. Department of Health and Human Services agencies have until March 28, 2029, to come into compliance with the revised standards.
- While HRSA, health centers, and health information technology vendors work to meet the updated reporting requirements in SPD 15, **HRSA and current UDS reporting requirements remain aligned with the previous requirements in place before 2025.**

Patient Language

Table 3B, Lines 12

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	

Excerpt from Table 3B

If the patient's primary language is not English, then they are reported on this line. This line does not discern between written and spoken preference; it could be either or both.

Because Line 12 is a subset of patients with limited English proficiency, this number **does not need to equal** total patients reported on the other patient characteristics tables.

Report patients **with limited English proficiency** on Line 12.

Include those patients who were served in a second language by a bilingual provider, a third-party interpreter, and those who may have brought their own interpreter.

Patient Demographics Case Example

After reviewing UDS data, a health center discovers that the overall number of patients with diabetes shows good glycemic status assessment outcomes. Yet, a closer look at the **“Patients by Race, Ethnicity and Language” (Table 3B)** and **“Patients by Age and Sex” (Table 3A)** reveals that among their patients, Hispanic men aged 45–64 have significantly poorer glycemic status assessment outcomes compared to other demographic groups. Recognizing this, the care team identified this population as a clinical priority and began working with community partners to develop targeted and focused interventions aimed at improving diabetes management in this population.

Why is this useful?

Data-driven decision-making; tailoring interventions; focused monitoring and evaluation; allocating resources

Leveraging Race and Ethnicity Data (Table 3B) for Health Outcomes (Table 7)

Understanding and using race and ethnicity data from UDS Table 3B in conjunction with health outcomes data from UDS Table 7 is a helpful way for health centers to inform targeted quality improvement efforts. This approach allows for a deeper dive into the health outcomes of specific subpopulations.

Considerations:

- Identify and address disparities in hypertension by analyzing hypertension control rates (Table 7) broken down by race and ethnicity (Table 3B).
- Tailor diabetes management programs to subpopulation needs.
- Improve birth outcomes by addressing demographic gaps in prenatal care.

Data Collection for Tables 3A and 3B

To help establish **clear and effective processes for data collection**:

- Verify that you have a process in place for collecting demographic data annually.
- Race, ethnicity and language preference are self-reported.
- Ensure that your electronic health record (EHR) and registration forms capture the data needed to report UDS patient characteristics information. Follow the most recent UDS guidance as some requirements may change from year to year.
- Train key staff on the process and intent of collecting the data. Ensure that staff are aware of why this information is collected and how it is used to inform patient care. Provide staff with talking points or scripts to help explain to patients why these data are collected and how the data are used.

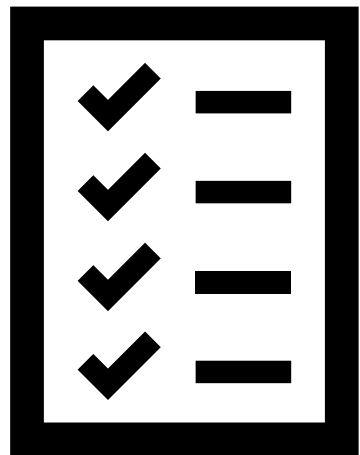


Table 4: Selected Patient Characteristics

No major changes

Income as a Percentage of Poverty Guideline

Table 4, Lines 1–6

Report all patients by income as a percentage of federal poverty guidelines on Lines 1–5. Report each patient’s most recent income within 12 months prior to the last calendar year visit.

Report income based on federal poverty guidelines. Note: this means information on income and family/household size will need to be collected.

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 of Lines 1–5)	

If the health center **does not collect or capture information** on a patient’s income, report on Line 5, “Unknown”. Note: **Self-declaration of income from patients is acceptable** as long as that is consistent with the health center’s board-approved policies and procedures for collecting these data.

Total patients **must equal** total patients reported on the other patient characteristics tables (with the exceptions noted earlier).

Primary Medical Insurance

Table 4, Lines 7–12

	Primary Third-Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7	None/Uninsured		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	Total Medicaid (Sum lines 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 (Sum lines 10a+10b)		
11	Private Insurance		
12	Total (Sum of Lines 7+8+9+10+11)		

In the rows, report all unduplicated patients by primary medical insurance on Lines 7–11.

- Use medical insurance at the patient's last visit in the year.
- Only comprehensive, portable medical insurance is counted on this table.

In the columns, report patients by their age into two categories: 0–17 years old and 18 and older based on their age on December 31, 2025.

More Tips on Primary Medical Insurance

	Primary Third-Party Medical Insurance	Description
7	None/Uninsured	Patient without insurance at last visit (includes uninsured patients for whom the health center may be reimbursed through grant, contract, or fund).
8a	Medicaid (Title XIX)	Medicaid and Medicaid managed care programs, including those administered by commercial insurers.
8b	CHIP Medicaid	CHIP administered and paid by Medicaid, report on Line 8b.
8	Total Medicaid (Sum lines 8a+8b)	
9a	Dually Eligible (Medicare and Medicaid)	Subset of Medicare patients who also have Medicaid coverage. They have Medicare and Medicaid and are reported on both Lines 9a and 9.
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	Include Medicare, Medicare Advantage, and Dually Eligible.
10a	Other Public Insurance (Non-CHIP) (specify _____)	State and/or local government insurance that covers a broad set of services; Do not include patients whose services were paid for by grant programs reimbursing limited benefits, such as Title X or the Breast and Cervical Cancer Early Detection Program (BCCEDP). Often these patients are uninsured and should be reported on Line 7 if they do not have comprehensive coverage.
10b	Other Public Insurance CHIP	CHIP administered and reimbursed by another payer (i.e., a commercial carrier) outside of Medicaid, report on Line 10b.
10	Total Public Insurance (Sum lines 10a+10b)	
11	Private Insurance	Commercial insurance (employer, insurance purchased on the federal or state exchanges, and insurance purchased for public employees or retirees).
12	Total (Sum of Lines 7+8+9+10+11)	

More Tips on Primary Medical Insurance

There is **not** an “unknown” category for primary medical insurance. All patients must have their primary medical insurance information captured by the health center.

Total patients **must equal** total patients reported on the other patient characteristics tables (with the exceptions noted earlier).



It is helpful to **understand how the Children’s Health Insurance Program (CHIP) is administered in your State** to determine where to report patients with CHIP. Contact your state Primary Care Association and/or refer to information provided at your state/regional annual UDS training for more information.

Many states have limited CHIP coverage for individuals 18 and older, so the numbers in Column B for CHIP are often much lower than the number of children with CHIP reported in Column A.

Relationships Between Table 4 and Table 9D

Primary Medical Insurance: Charges and collections by payer on Table 9D, a UDS Financial Table, are related to the classification of patients by primary medical insurance on Table 4. One exception is Other Public Charges and Table 4 Other Public.

	Table 4: Primary Third-Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7	None/Uninsured		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	Total Medicaid (Sum lines 8a+8b)	0	0
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 (Sum lines 10a+10b)	0	0
11	Private Insurance		
12	Total (Sum of Lines 7+8+9+10+11)	0	0

	Table 9D: Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)
1	Medicaid Non-Managed Care		
2a	Medicaid Managed Care (capitated)		
2b	Medicaid Managed Care (fee-for-service)		
3	Total Medicaid (Sum of Lines 1+2a+2b)	0	0
4	Medicare Non-Managed Care		
5a	Medicare Managed Care (capitated)		
5b	Medicare Managed Care (fee-for-service)		
6	Total Medicare (Sum of Lines 4+5a+5b)	0	0

Relationships Between Table 4 and Table 9D

Revenue sources on Table 9D are generally aligned with patient insurance reported on Table 4.

If there is a reason the relationship would look unusual, include an explanation in your UDS submission on Table 9D.

Primary Medical Insurance on Table 4, Line:	Have Revenue Reported on Table 9D, Line:
7: Uninsured—No medical insurance at last visit (includes patients whose service is reimbursed through grant, contract, or indigent care funds)	13: Self-Pay—Include co-pays and deductibles, state and local indigent care programs (do not include revenues from programs with limited benefits; See Other Public, Lines 7–9)
8a and 8b: Medicaid and Medicaid CHIP (includes Medicaid managed care programs and all forms of state-expanded Medicaid)	1–3: Medicaid (includes Medicaid expansion)
9: Medicare (includes Medicare Advantage)	4–6: Medicare
9a: Dually eligible (Medicare and Medicaid)	4–6: Medicare, initially, with balance reallocated to Medicaid
10a: Other Public non-CHIP—State and local government insurance that covers primary care	7–9: Other Public—Include patient service revenue from programs with limited benefits, such as voluntary family planning (Title X), EPSDT, and BCCEDP
10b: Other Public CHIP (private carrier outside Medicaid)	7–9: Other Public
11: Private—Commercial insurance, including insurance purchased from state or federal exchanges (do not include workers’ compensation coverage as health insurance—it is a liability insurance)	10–12: Private—Charges and collections from contracts with private (commercial) carriers, private schools, Head Start, workers’ compensation, and state and federal exchanges
13a: Capitated managed care enrollees	“a” lines
13b: Fee-for-service managed care enrollees	“b” lines

Primary Medical Insurance Case Example

A health center reported a patient on Table 4, Line 10a “Other Public Insurance Non-CHIP,” indicating they had primary medical insurance. However, upon review, it was discovered that the patient does not have primary medical insurance and the services provided were paid for by the National Breast and Cervical Cancer Early Detection Program.

Did the health center report this patient's primary medical insurance correctly on Line 10a “Other Public Insurance Non-CHIP”?

No. Since programs covering limited services or a discrete set of services, like the National Breast and Cervical Cancer Early Detection Program, are not considered primary medical insurance, this patient's insurance was misreported on Table 4. The patient should have been reported according to their actual primary medical insurance, which in this case is uninsured (Line 7).

Managed Care

Table 4, Lines 13a–13c

In the rows, report the number of member months for individuals assigned to the health center in a medical managed care plan by the type of payment structure: capitated or fee-for-service.

In the columns, report the member months by the type of primary medical insurance the patients have via the managed care plan.

	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a	Capitated Member Months					
13b	Fee-for-service Member Months					
13c	Total Member Months (Sum of Lines 13a+13b)					

Tips on Managed Care

If the health center is responsible for the patient's medical care (meaning that the patient is attributed to the health center), even if the patient goes elsewhere for some care, report the number of months the member was enrolled in a medical managed care plan on Lines 13a–13c.

If patients are seen by the health center for services but are enrolled in (assigned and attributed to) a managed care plan elsewhere, **do not** include them as part of the health center's managed care reporting.

Each month that someone is assigned to the health center by a managed care plan is one member month.

	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a	Capitated Member Months	1200	0	0	300	1500
13b	Fee-for-service Member Months	2400	0	0	500	2900
13c	Total Member Months (Sum of Lines 13a+13b)	3600	0	0	800	4400

Relationships Between Table 4 and Table 9D

Managed Care Member Months: Managed care revenue on Table 9D relates to member months on Table 4. For example, dividing managed care capitation revenue by member months equals average capitation per member per month (PMPM).

	Table 4: Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)		Table 9D: Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)
13a	Capitated Member Months	1200	0	0	300	1500	1	Medicaid Non-Managed Care	\$650,000	\$500,000
13b	Fee-for-service Member Months	2400	0		500	2900	2a	Medicaid Managed Care (capitated)	\$50,000	\$50,000
13c	Total Member Months (Sum of Lines 13a+13b)	3600	0	0	800	4400	2b	Medicaid Managed Care (fee-for-service)	\$200,00	\$150,000
							3	Total Medicaid (Sum of Lines 1+2a+2b)	\$900,000	\$700,000

Special Medically Underserved Populations

Table 4, Lines 14–26

	Special Medically Underserved Populations	Number of Patients (a)
14	Migratory Agricultural Workers or Their Family Members (330g awardees only)	
15	Seasonal Agricultural Workers or Their Family Members (330g awardees only)	
16	Total Migratory and Seasonal Agricultural Workers or Their Family Members (All health centers report this line)	
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling Up (330h awardees only)	
20	Street (330h awardees only)	
21a	Permanent Supportive Housing (330h awardees only)	
21	Other (330h awardees only)	
22	Unknown (330h awardees only)	
23	Total Homeless Population (All health centers report this line)	
24	Total School-Based Service Site Patients (All health centers report this line)	
25	Total Veterans (All health centers report this line)	
26	Total Residents of Public Housing¹ (All health centers report this line)	

Report the count of patients from the special medically underserved populations listed.

Patients can be reported in more than one category, as appropriate.

All health centers report these populations, regardless of whether they receive special medically underserved population funding.

Awardees who receive funding from section 330(g) Migratory and Seasonal Agricultural Workers (MSAW) and section 330(h) Homeless Population (HP) must provide additional information on their migratory and seasonal agricultural employment and/or housing characteristics.

¹Patients who are served at a health center located in or immediately accessible to a public housing site

Special Medically Underserved Populations

Table 4, Lines 14–16

Migratory and Seasonal Agricultural Workers or Their Family Members

Line	Special Medically Underserved Populations	Number of Patients (a)
14	Migratory Agricultural Workers or Their Family Members (330g awardees only)	
15	Seasonal Agricultural Workers or Their Family Members (330g awardees only)	
16	Total Migratory and Seasonal Agricultural Workers or Their Family Members (All health centers report this line)	

Only health centers that receive section 330(g) (MSAW) funding provide separate totals for migratory and seasonal agricultural workers on Lines 14 and 15.

All health centers report the number of patients seen during the calendar year who were migratory and seasonal agricultural workers, family members of migratory and seasonal agricultural workers, or aged or disabled former migratory agricultural workers on Line 16.

Special Medically Underserved Populations

Table 4, Lines 17–23 Homeless Population

Only health centers that receive section 330(h) (HP) funding provide separate totals for patients by housing location on Lines 17 through 22. Housing status is based on the housing arrangement at the first visit during the calendar year when the patient is identified as experiencing homelessness.

All health centers report the total number of patients that were seen by the health center for services who were homeless at the time of any service provided during the calendar year, even if their housing situation changed during the year, on Line 23.

	Special Medically Underserved Populations	Number of Patients (a)
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling Up (330h awardees only)	
20	Street (330h awardees only)	
21a	Permanent Supportive Housing (330h awardees only)	
21	Other (330h awardees only)	
22	Unknown (330h awardees only)	
23	Total Homeless Population (All health centers report this line)	

Special Medically Underserved Populations

Table 4, Line 25 Veterans

	Special Medically Underserved Populations	Number of Patients (a)
25	Total Veterans (All health centers report this line)	

All health centers report the total number of patients who served in the active military, naval, or air service on Line 25. Also, include patients who served in the National Guard or Reserves on active-duty status.

Reporting should **exclude** veterans for non-U.S. military forces. **Do not** report military members who served on active duty (full-time status in their military capacity) at the time of their last visit during the year.

To support accuracy in collecting data on veteran status, the U.S. Department of Veterans Affairs (VA) recommends simply asking patients “**Have you served in the United States military, armed forces, or uniformed services? (yes/ no)**”. The question can be expanded to clarify “This includes: Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, or Reserves or the US Public Health Service (PHS) and National Oceanic and Atmospheric Administration (NOAA).”

Special Medically Underserved Populations

Table 4, Line 24 School-Based Service Site Patients

	Special Medically Underserved Populations	Number of Patients (a)
24	Total School-Based Service Site Patients (All health centers report this line)	

This reporting is a **site-based measure**. Health centers capture information on the total number of patients served at school-based service site(s).

Include patients who received **countable visits within any of the service categories** (medical, dental, mental health, substance use disorder, other professional, vision, or enabling) when conducted at an approved school-based service site. Health centers that **identified a school-based service site** (including at an in-scope mobile unit when it is parked at or on the grounds of a school) in their scope of project (on [Form 5B](#)) report the total number of patients who received health care services at the approved school-based service delivery site(s).

Does your health center have a school-based service site documented on Form 5B?

If yes, you will likely report data on Line 24.

If no, you will have a 0 on Line 24.

Special Medically Underserved Populations

Table 4, Line 26 Residents of Public Housing

	Special Medically Underserved Populations	Number of Patients (a)
26	Total Residents of Public Housing (All health centers report this line)	

This measure is a **site-based measure**. Health centers report the total number of patients seen at a service delivery site located in or immediately accessible to public housing, *regardless of whether the patients are residents of public housing*. This requires you to provide a count of all patients based on the health center service delivery site's proximity to public housing.

Does your health center have a site(s) located in or immediately accessible to public housing?

If yes, you will likely report data on Line 26.
If no, you will have a 0 on Line 26.

Data Collection for Table 4

To help establish **clear and effective processes for data collection**:

- Verify that you have a process in place for collecting these patient characteristics data annually.
- Income can be self-reported by the patient as long as it is consistent with the health center's board-approved policies and procedures on collecting income information. Report patients whose information was not collected at or within 12 months of their last visit in the calendar year on Line 5 as "Unknown."
- Primary medical insurance information must be obtained for every individual counted as a patient regardless of what services they received (e.g., mental health, dental).
- Obtain managed care member month data from the managed care organization.
- Ensure that you train key staff on the process and intent of collecting the data. Ensure that staff are aware of why this information is collected and how it is used to inform patient care. Provide staff with talking points or scripts to help explain to patients why these data is collected and how the data are used.

Tips for Collecting and Reporting Patient Characteristics Data

Which Patient Characteristics Data Are Most Challenging to Collect? (select all that apply)



- Income
- Primary Medical Insurance
- Managed Care Member Months
- Race and/or Ethnicity
- Homelessness
- Veteran Status
- All of the above
- None

Data Collection for Patient Characteristics Tables

Establish **clear processes for data collection**, whether data are captured verbally, via intake forms, kiosks, patient portals, or during check-in. Identify which data can be self-reported. Review data collection processes for completeness and accuracy by periodically reviewing data outputs.

Educate both personnel and patients on why this information is collected, when and by whom it's collected, and how it informs the care provided to patients.

Implement **strategies for data hygiene**, especially when managing data across multiple platforms or shared electronic health records, to ensure consistent definitions and collection methods.

Focus on **continuous quality improvement** efforts to enhance the completeness and accuracy of patient characteristics data.



UDS Reporting Resources

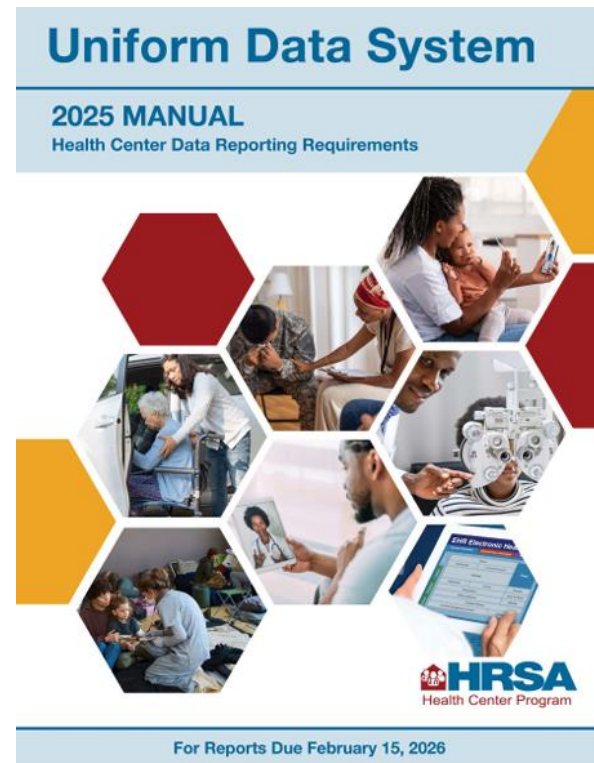
UDS Technical Assistance Resource

[2025 UDS Manual](#)

[2025 Webinar Series](#)

- [2025 UDS Changes Technical Assistance Webinar, June 2025](#)
- [Additional UDS Topic-Focused Webinars](#)

[2025 Primary Care Association/State-based Training Opportunities](#)



Demonstration of UDS Technical Assistance Website

Q&A

What questions do you have for us?

Thank You!



Call the UDS
Support Line at
1-866-837-4357.



Email at
udshelp330@bphcdata.net



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Please fill out the evaluation form after the webinar!