U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2023-03

DOCUMENT TITLE: Final Uniform Data System Changes for Calendar Year 2023

DATE: May 25, 2023 – Updated from August 12, 2022

TO: Health Centers
Health Center Controlled Networks
Primary Care Associations
Primary Care Offices
National Training and Technical Assistance Partners

I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of updated changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2023 Uniform Data System (UDS) to be reported by Health Center Program awardees and look-alikes in February 2024. Details and specifications regarding these updates are provided in the 2023 UDS Manual and reporting guidance.

II.UPDATES FOR CY 2023 UDS REPORTING

A. UPDATE DEMOGRAPHIC CHARACTERISTICS FOR: TABLE 3B

To support alignment with Section 4302 of the Affordable Care Act and the U.S. Department of Health and Human Services (HHS) Implementation Guidance[1] on Data Standards for expanded Race and Ethnicity (R/E) categories, the UDS will be updated to included sub-group categories for: Asian and Other Pacific Islander, as well as a broader selection for ethnicity through including Hispanic sub-categories. These (R/E) sub-category options will allow for better reflection of the diversity of patients served by health centers as well as continued alignment with the Office of Management and Budget's (OMB)[2] minimum categories for race and for ethnicity data collection. Embedded in this document, is an example of Table 3B (Demographic Updates) and Table 7 (Health Outcomes and Disparities) with the expanded R/E sub-categories.

Rationale: Given that more than 62% of patients who receive care services at HRSA supported health centers are R/E minorities, the ability to obtain more granular insights on subpopulations will support health centers in providing more patient-centered and equitable care, as well as BPHC and its Technical Assistance (TA)

[1] https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0#:~:text=Section%204302%20requires%20the%20Secretary,all%20national%20population%20health%20surveys
[2] https://www.whitehouse.gov/omb/

partners in advancing health equity. Capturing more granular data defined by R/E data will additionally align with HHS' Office of Minority Health (OMH).[3]

B. UPDATE STAFFING AND UTILIZATION FOR TABLE 5

Will be updated to include four distinct lines for reporting Pharmacy Personnel categorized by:

- Pharmacists
- Clinical Pharmacist
- Pharmacy Technicians
- Other Pharmacy Personnel

Rationale: Collecting more granular data on pharmacy personnel will improve the ability to articulate the critical role that pharmacy personnel play in an integrated primary care setting. Pharmacists and prescription medications are an essential components of a patient's care plan and studies have found patients can encounter pharmacists between 1.5 to 10 times more frequently than they encounter primary care physicians.[4] Differentiating pharmacy personnel roles will allow for better granularity and specificity on how pharmacists, clinical pharmacists, technicians, and other pharmacy personnel influence access to medications such as statins, aspirin or antiplatelets, and impact clinical quality measures such as diabetes and hypertension. The scope for each pharmacy personnel category can vary substantially. Depending on the state and jurisdiction, pharmacists and technicians can prepare and distribute patient medications, prepare sterile medications, obtain medication histories, perform reconciliation, and even administer vaccines. Pharmacists play a vital role in public health priorities. Clinical pharmacists typically undergo further residency training and are board certified, enabling them to be integrated into specialized care teams such as ambulatory care, cardiology, oncology, psychiatry, and more. Clinical pharmacists also bridge the patient/provider pharmaceutical gap[5] by interacting with both physician and patient. During the COVID-19 pandemic, pharmacy teams proved to be essential in testing and administering vaccines and dispensing of oral antiviral therapies[6]. In the United States, as of July 7, 2022, more than 258.1 million[7] of COVID- 19 vaccine doses had been administered and reported by Federal Retail Pharmacy Program participants.[8] Better knowledge of pharmaceutical care services integration across health centers will be possible with this data captured. Embedded in this document is an example of Table 5 updates for Staffing and Utilization.

C. UPDATED SELECTED DIAGNOSES AND SERVICES RENDERED: TABLE 6A

A measure is being added to track the number of children who receive developmental screening and evaluation services. This measure will encompass developmental screening, behavioral testing, and administration assessment, with suggested procedural and diagnostic codes to identify for screening developmental disorders in childhood.

Rationale: Early childhood is a critical period for physical, cognitive, and social development, laying the

[3] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=54
[4] https://pubmed.ncbi.nlm.nih.gov/29317929/
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4281611/#:~:text=They%20obtain%20medical%20and%20medication,%2C%20provide%20patient%20counseling%2C%20etc
[6] https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/participating-pharmacies.html
[7] https://www.cdc.gov/mmwr/volumes/71/wr/mm7125e1.htm
[8] https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html

foundation for life-long health and well-being. Childhood mental, behavioral, and developmental disorders are associated with adverse outcomes that can continue into adulthood. Data show that mental, behavioral, and developmental disorders may begin to present in early childhood; 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.[9] In addition, disparities in care for R/E minorities, as well as medically underserved populations, are associated with children's physical and mental health. Collecting more granular data on early childhood development will help health centers better screen, identify, evaluate, and treat for behavioral conditions in children.

D. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLE 6B AND 7

The following UDS clinical quality measures (CQMs) will be aligned with the versions of the Centers for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs) designated for the 2023 reporting period.

Rationale: Data-driven quality improvement and optimization of electronic health record (EHR) systems support the delivery of high-quality care in health centers. Clinical performance measure alignment across national programs promotes data standardization and quality and decreases reporting burden. Additionally, measure alignment and harmonization with other national quality programs, such as the National Quality Forum (NQF) and the CMS Quality Payment Program (QPP), remains a federal priority. Hyperlinks to the Electronic Clinical Quality Improvement (eCQI)[10] Resource Center have been included to provide additional details of the eCQM reporting requirements.

2023 UDS eCQMs

1. Childhood Immunization Status has been revised to align with CMS117v11
2. Cervical Cancer Screening has been revised to align with CMS124v11
3. Breast Cancer Screening has been revised to align with CMS125v11
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v11
5. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan has been revised to align with CMS69v11
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with CMS138v11
7. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease has been revised to align with CMS347v6
8. Colorectal Cancer Screening has been revised to align with CMS130v11
9. HIV Screening has been revised to align with CMS349v5
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan has been revised to align with CMS2v12
11. Depression Remission at Twelve Months has been revised to align with CMS159v11
12. Controlling High Blood Pressure has been revised to align with CMS165v11
13. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) has been revised to align with CMS122v11

[9] https://www.cdc.gov/mmwr/volumes/67/wr/mm6750a1.htm
[10] https://ecqi.healthit.gov/

E. ACCEPTING UDS+ PATIENT LEVEL REPORTING DATA

All health centers are required to submit an aggregate UDS report within HRSA's Electronic Handbooks (EHBs) by February 15, 2024. Additionally, health centers may voluntarily submit de-identified patient-level data (UDS+) using Fast Healthcare Interoperability Resources Release4 (FHIR R4) [11] standards for data elements on the following UDS Tables:

- Patients by ZIP Code (PBZC) Table
- Table 3A: Patients by Age and by Sex Assigned at Birth
- Table 3B: Demographic Characteristics
- Table 4: Selected Patient Characteristics
- Table 6A: Selected Diagnoses and Services Rendered
- Table 6B: Quality of Care Measures
- Table 7: Health Outcomes and Disparities

Rationale: UDS Patient-Level Submission (UDS+) is a redesigned section of the UDS Report that enhances existing patient-oriented tables (Patients by ZIP Code, 3A, 3B, 4, 6A, 6B, and 7), reported in aggregate at the health center level, with de-identified patient-level data. For the 2023 UDS Report submission, patient-level data reporting is optional and will help health centers and HRSA better understand challenges, successes, and impact of patient-level reporting. Once fully implemented, UDS+ aims to advance the utility of UDS data and to reduce the annual reporting burden by aligning with interoperability standards and reporting requirements used across the U.S. Department of Health and Human Services and health care industry. UDS+ data will be reported to HRSA using Fast Healthcare Interoperability Resources (FHIR®) R4, a next-generation interoperability standard created by the standards development organization Health Level Seven[12] (HL7®). FHIR R4 is designed to enable health data, including clinical and administrative data, to be rapidly and efficiently exchanged. A UDS+ FHIR Implementation Guide (IG) defines the set of rules by which health centers can report the UDS+ data to HRSA using de-identified patient data.

F. UPDATE OTHER REVENUE: TABLE 9E

A line is being labeled and designated to track supplemental funding for the Expanding COVID-19 Vaccination (ECV)[13].

Rationale: HRSA awarded ECV funds to support health centers in increasing access to, confidence in, and demand for updated COVID-19 vaccines within their service areas.[14]

G. UPDATE APPENDIX E: OTHER DATA ELEMENTS (ODE)

Appendix E: ODE questions 1a and 1b will now require health centers to report the number of providers who treat opioid use disorder (OUD) with Medications for Opioid Use Disorder (MOUD) and how many patients received MOUD from those providers. This is a shift from 2022 UDS Reporting, which required health centers to report the number of specific providers who had obtained a Drug Addiction Treatment Act of

[11] https://fhir-ru.github.io/summary.html
[12] https://www.hl7.org/
[13] https://bphc.hrsa.gov/funding/coronavirus-related-funding/fy-2023-expanding-covid19-vaccination-supplemental-funding
[14] https://bphc.hrsa.gov/funding/coronavirus-related-funding/fy-2023-expanding-covid19-vaccination-supplemental-funding

2000 (DATA) waivers and the number of patients who received Medication-Assisted Treatment (MAT) from a provider with a DATA waiver.

Rationale: Section 1262 of the Consolidated Appropriations Act 2023[15] removes the federal requirement for practitioners to submit a Notice of Intent (i.e., possess a waiver) to prescribe medications for the treatment of opioid use disorder. This specifies that the DATA waiver is no longer required to treat OUD with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine). Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) proposed changes to 42 CFR part 8 to update implementation of Opioid Treatment Programs, including the removal of outdated language, such as shifting from the terminology from MAT to MOUD.[16]

H. CONTACTS

For questions or comments regarding the updates to the CY 2023UDS, contact the Office of Quality Improvement via the BPHC Contact Form by selecting Uniform Data System (UDS)/UDS Reporting.

Sincerely
/s/ Jim Macrae
Associate Administrator

Attachments:

1. UDS Table 3B: Demographic Characteristics (Expanded categories for Race/Ethnicity)
2. UDS Table 5: Staffing and Utilization (Pharmacy Personnel)
3. UDS Table 6A: Selected Diagnoses and Services Rendered (Early Childhood Development Screening)
4. UDS Table 7: Health Outcomes and Disparities (Aligned expanded categories for Race/Ethnicity)
5. UDS Table: 9E: Other Revenues (Expansion of COVID-19 Vaccinations)
6. Appendix E: Other Data Elements: (MOUD Questions 1a and 1b)

[15] https://www.congress.gov/bill/117th-congress/house-bill/2617
[16] https://www.federalregister.gov/documents/2022/12/16/2022-27193/medications-for-the-treatment-of-opioid-use-disorder

UDS Table 3B: Demographic Characteristics (expanded categories for Race/Ethnicity)

Table 3B: Demographic Characteristics

Calendar Year: January 1, 2023, through December 31, 2023

	Patients by Race and Hispanic or Latino/a Ethnicity								
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/o (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a or Spanish origin (a4)	Total Hispanic, Latino/a, or Spanish origin (a) (Sum Columns a1+a2+a3+a4)	Not Hispanic, Latino/a, or Spanish origin (b)	Unreported/ Choose 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/African American								
4	American Indian/Alaska Native								
5	White								
6	More than one race								
7	Unreported/Choose not to disclose race								
8	**Total Patients** (Sum of Lines 1 + 2 + 3 to 7)								

UDS Table 5: Staffing and Utilization (Pharmacy Personnel)

Table 5: Staffing and Utilization
Calendar Year: January 1, 2023 through December 31, 2023

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
23a.	Pharmacist				
23b.	Clinical Pharmacist				
23c.	Pharmacy Technician				
23d.	Other Pharmacy Personnel				

UDS Table 6A: Selected Diagnoses and Services Rendered (Early Childhood Development Screening)

Table 6A: Selected Diagnoses and Services Rendered
Calendar Year: January 1, 2023 through December 31, 2023

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Diagnostic Tests/ Screening/Preventive Services			
21	HIV Test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
...		Blank		
26	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393 ICD-10: Z00.1-, Z76.1. Z76.2		
26a	Childhood lead test screening (9 to 72 months)	ICD-10: Z13.88 CPT-4: 83655		
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, G0443, H0050		
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075 CPT-II: 4000F, 4001F, 4004F		
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		
26e	Childhood Development Screenings and Evaluations	CPT-4: 96110, 96112, 96113 ICD-10: Z13.4-		

UDS Table 7: Health Outcomes and Disparities (aligned expanded categories for Race/Ethnicity)

Table 7: Health Outcomes and Disparities

Calendar Year: January 1, 2023 through December 31, 2023

Section A: Deliveries and Birth Weight

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
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)
	Mexican, Mexican American, Chicano/a				
1a1m	Asian Indian				
1a2m	Chinese				
1a3m	Filipino				
1a4m	Japanese				
1a5m	Korean				
1a6m	Vietnamese				
1a7m	Other Asian				
1b1m	Native Hawaiian				
1b2m	Other Pacific Islander				
1b3m	Guamanian or Chamorro				
1b4m	Samoan				
1cm	Black/African American				
1dm	American Indian/Alaska Native				
1em	White				
1fm	More than One Race				
1gm	Unreported/Chose Not to Disclose Race				
	Subtotal Mexican, Mexican American, Chicano/a				
	Puerto Rican				
1a1p	Asian Indian				
1a2p	Chinese				
1a3p	Filipino				
1a4p	Japanese				
1a5p	Korean				
1a6p	Vietnamese				
1a7p	Other Asian				

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)
1b1p	Native Hawaiian				
1b2p	Other Pacific Islander				
1b3p	Guamanian or Chamorro				
1b4p	Samoan				
1cp	Black/African American				
1dp	American Indian/Alaska Native				
1ep	White				
1fp	More than One Race				
1gp	Unreported/Chose Not to Disclose Race				
	Cuban				
1a1c	Asian Indian				
1a2c	Chinese				
1a3c	Filipino				
1a4c	Japanese				
1a5c	Korean				
1a6c	Vietnamese				
1a7c	Other Asian				
1b1c	Native Hawaiian				
1b2c	Other Pacific Islander				
1b3c	Guamanian or Chamorro				
1b4c	Samoan				
1cc	Black/African American				
1dc	American Indian/Alaska Native				
1ec	White				
1fc	More than One Race				
1gc	Unreported/Chose Not to Disclose Race				
	Subtotal Cuban				
	Another Hispanic, Latino/a, or Spanish Origin				
1a1a	Asian Indian				
1a2a	Chinese				
1a3a	Filipino				
1a4a	Japanese				
1a5a	Korean				
1a6a	Vietnamese				

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)
1a 7a	Other Asian				
1b1a	Native Hawaiian				
1b2a	Other Pacific Islander				
1b3a	Guamanian or Chamorro				
1b4a	Samoan				
1ca	Black/African American				
1da	American Indian/Alaska Native				
1ea	White				
1fa	More than One Race				
1ga	Unreported/Chose Not to Disclose Race				
	Subtotal Another Hispanic, Latino/a, or Spanish Origin				
	Subtotal Total Hispanic, Latino/a, or Spanish Origin				
	Not Hispanic, Latino/a, or Spanish Origin				
2a 1	Asian Indian				
2a 2	Chinese				
2a 3	Filipino				
2a 4	Japanese				
2a 5	Korean				
2a 6	Vietnamese				
2a 7	Other Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2b3	Guamanian or Chamorro				
2b4	Samoan				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Chose Not to Disclose Race				
	Unreported/Chose Not to Disclose Race and Ethnicity				
h	Unreported/Chose Not to Disclose Race and Ethnicity				
i	**Total**				

Section B: Controlling High Blood Pressure

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Mexican, Mexican American, Chicano/a			
1a1m	Asian Indian			
1a2m	Chinese			
1a3m	Filipino			
1a4m	Japanese			
1a5m	Korean			
1a6m	Vietnamese			
1a7m	Other Asian			
1b1m	Native Hawaiian			
1b2m	Other Pacific Islander			
1b3m	Guamanian or Chamorro			
1b4m	Samoan			
1cm	Black/African American			
1dm	American Indian/Alaska Native			
1em	White			
1fm	More than One Race			
1gm	Unreported/Chose Not to Disclose Race			
	Subtotal Mexican, Mexican American, Chicano/a			
	Puerto Rican			
1a1p	Asian Indian			
1a2p	Chinese			
1a3p	Filipino			
1a4p	Japanese			
1a5p	Korean			
1a6p	Vietnamese			
1a7p	Other Asian			
1b1p	Native Hawaiian			
1b2p	Other Pacific Islander			
1b3p	Guamanian or Chamorro			
1b4p	Samoan			
1cp	Black/African American			

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
1dp	American Indian/Alaska Native			
1ep	White			
1fp	More than One Race			
1gp	Unreported/Chose Not to Disclose Race			
	Subtotal Puerto Rican			
	Cuban			
1a1c	Asian Indian			
1a2c	Chinese			
1a3c	Filipino			
1a4c	Japanese			
1a5c	Korean			
1a6c	Vietnamese			
1a7c	Other Asian			
1b1c	Native Hawaiian			
1b2c	Other Pacific Islander			
1b3c	Guamanian or Chamorro			
1b4c	Samoan			
1cc	Black/African American			
1dc	American Indian/Alaska Native			
1ec	White			
1fc	More than One Race			
1gc	Unreported/Chose Not to Disclose Race			
	Subtotal Cuban			
	Another Hispanic, Latino/a, or Spanish Origin			
1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			
1a7a	Other Asian			
1b1a	Native Hawaiian			
1b2a	Other Pacific Islander			

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black/African American			
1da	American Indian/Alaska Native			
1ea	White			
1fa	More than One Race			
1ga	Unreported/Chose Not to Disclose Race			
	Subtotal Another Hispanic, Latino/a, or Spanish Origin			
	Subtotal Total Hispanic, Latino/a, or Spanish Origin			
	Not Hispanic, Latino/a, or Spanish Origin			
2a 1	Asian Indian			
2a 2	Chinese			
2a 3	Filipino			
2a 4	Japanese			
2a 5	Korean			
2a 6	Vietnamese			
2a 7	Other Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2b3	Guamanian or Chamorro			
2b4	Samoan			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Chose Not to Disclose Race			
	Subtotal Total Not Hispanic, Latino/a, or Spanish Origin			
	Unreported/Chose Not to Disclose Race and Ethnicity			

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
h	Unreported/Chose Not to Disclose Race and Ethnicity			
i	**Total**			

Section C: Diabetes: Hemoglobin A1c Poor Control

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Mexican, Mexican American, Chicano/a			
1a1m	Asian Indian			
1a2m	Chinese			
1a3m	Filipino			
1a4m	Japanese			
1a5m	Korean			
1a6m	Vietnamese			
1a7m	Other Asian			
1b1m	Native Hawaiian			
1b2m	Other Pacific Islander			
1b3m	Guamanian or Chamorro			
1b4m	Samoan			
1cm	Black/African American			
1dm	American Indian/Alaska Native			
1em	White			
1fm	More than One Race			
1gm	Unreported/Chose Not to Disclose Race			
	Subtotal Mexican, Mexican American, Chicano/a			
	Puerto Rican			
1a1p	Asian Indian			
1a2p	Chinese			
1a3p	Filipino			
1a4p	Japanese			
1a5p	Korean			
1a6p	Vietnamese			
1a7p	Other Asian			
1b1p	Native Hawaiian			
1b2p	Other Pacific Islander			

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
1b3p	Guamanian or Chamorro			
1b4p	Samoan			
1cp	Black/African American			
1dp	American Indian/Alaska Native			
1ep	White			
1fp	More than One Race			
1gp	Unreported/Chose Not to Disclose Race			
	Subtotal Puerto Rican			
	Cuban			
1a1c	Asian Indian			
1a2c	Chinese			
1a3c	Filipino			
1a4c	Japanese			
1a5c	Korean			
1a6c	Vietnamese			
1a7c	Other Asian			
1b1c	Native Hawaiian			
1b2c	Other Pacific Islander			
1b3c	Guamanian or Chamorro			
1b4c	Samoan			
1cc	Black/African American			
1dc	American Indian/Alaska Native			
1ec	White			
1fc	More than One Race			
1gc	Unreported/Chose Not to Disclose Race			
	Subtotal Cuban			
	Another Hispanic, Latino/a, or Spanish Origin			
1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			
1a7a	Other Asian			
1b1a	Native Hawaiian			
1b2a	Other Pacific Islander			

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black/African American			
1da	American Indian/Alaska Native			
1ea	White			
1fa	More than One Race			
1ga	Unreported/Chose Not to Disclose Race			
	Subtotal Another Hispanic, Latino/a, or Spanish Origin			
	Subtotal Total Hispanic, Latino/a, or Spanish Origin			
	Not Hispanic, Latino/a, or Spanish Origin			
2a 1	Asian Indian			
2a 2	Chinese			
2a 3	Filipino			
2a 4	Japanese			
2a 5	Korean			
2a 6	Vietnamese			
2a 7	Other Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2b3	Guamanian or Chamorro			
2b4	Samoan			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Chose Not to Disclose Race			
	Subtotal Total Not Hispanic, Latino/a, or Spanish Origin			
	Unreported/Chose Not to Disclose Race and Ethnicity			
h	Unreported/Chose Not to Disclose Race and Ethnicity			
i	**Total**			

TABLE 9E: OTHER REVENUES (EXPANSION OF COVID -19 VACCINATIONS)

Calendar Year: January 1, 2023, through December 31, 2023

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 of Lines 1a through 1e)	
1k	**Capital Development Grants**, including School-Based Service Site Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	American Rescue Plan (ARP) (H8F, L2C, C8E)	
1p	Expanding COVID-19 Vaccination (ECV)	
1p2	Other COVID-19-Related Funding from BPHC (specify _____)	
1q	**Total COVID-19 Supplemental** (Sum of Lines 1l through 1p2)	
1	**Total BPHC Grants** (Sum of Lines 1g + 1h + 1k + 1q)	

Appendix E: Other Data Elements (MOUD Questions 1a and 1b)

Report on these data elements as part of your UDS submission. Topics include MOUD, telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status **as of December 31, 2023**.
1. MOUD
a. How many providers, on-site or with whom the health center has contracts, treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine) for that indication during the calendar year?
b. During the calendar year, how many patients received MOUD for opioid use disorder from a provider accounted for in Question 1a?