# Uniform Data System

## 2022 REPORTING TABLES

### Health Center Data Reporting Requirements

HRSA
Health Center Program

**For Reports Due February 15, 2023**

**Bureau of Primary Health Care**

# Uniform Data System Reporting Tables for 2022 Health Center Data

**Bureau of Primary Health Care**

# Uniform Data System Reporting Requirements Tables

**For Calendar Year 2022 UDS Data**

**For help contact: 866-837-4357 (866-UDS-HELP), https://bphc.hrsa.gov/datareporting/reporting/index.html, or udshelp330@bphcdata.net**

Health Resources and Services Administration

Bureau of Primary Health Care

5600 Fishers Lane, Rockville, Maryland 20857

# 2022 Uniform Data System Reporting Tables Content



# Changes to the Reporting Requirements

This section outlines critical reporting instruction changes made since the original calendar year release (April 15, 2022) of this manual. Use the updated manual to prepare and submit the calendar year UDS Report.

- There are no changes at this time.

## PATIENTS BY ZIP CODE TABLE

Calendar Year: January 1, 2022, through December 31, 2022

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

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

- Patients by ZIP Code Table and, Tables 3A, 3B, and 4 describe the same patients and the totals must be equal.
- The number of patients by insurance source reported on the Patients by ZIP Code Table must be consistent with the number of patients by insurance category reported on Table 4.

# TABLE 3A: PATIENTS BY AGE AND BY SEX ASSIGNED AT BIRTH

Calendar Year: January 1, 2022, through December 31, 2022

| 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 of Lines 1–38) | | |

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

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

# TABLE 3B: DEMOGRAPHIC CHARACTERISTICS

Calendar Year: January 1, 2022, through December 31, 2022

| | Patients by Race and Hispanic or Latino/a Ethnicity | | | | |
|---|---|---|---|---|---|
| **Line** | **Patients by Race** | **Hispanic or Latino/a (a)** | **Non-Hispanic or Latino/a (b)** | **Unreported/Chose Not to Disclose 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/Chose not to disclose race | | | | |
| 8 | **Total Patients** (Sum of Lines 1 + 2 + 3 to 7) | | | | |

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

| Line | Patients by Sexual Orientation | Number (a) |
|---|---|---|
| 13 | Lesbian or Gay | |
| 14 | Heterosexual (or straight) | |
| 15 | Bisexual | |
| 16 | Other | |
| 17 | Don't know | |
| 18 | Chose not to disclose | |
| 18a | Unknown | |
| 19 | **Total Patients** (Sum of Lines 13 to 18a) | |

| Line | Patients by Gender Identity | Number (a) |
|---|---|---|
| 20 | Male | |
| 21 | Female | |
| 22 | Transgender Man/Transgender Male/Transmasculine | |
| 23 | Transgender Woman/Transgender Female/Transfeminine | |
| 24 | Other | |
| 25 | Chose not to disclose | |
| 25a | Unknown | |
| 26 | **Total Patients** (Sum of Lines 20 to 25a) | |

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

- Table 3B, Lines 8, 19, and 26 = Table 3A, Line 39 = Patients by ZIP Code Table = Table 4, Lines 6 and 12.
- Tables 3B and 7 both report patients by race and Hispanic or Latino/a ethnicity. The data sources for identifying race and ethnicity for the two tables should be the same, and the number of patients reported on Table 7 by race and ethnicity cannot exceed the number of patients in the same category on Table 3B.
- If you submit Grant Reports, the total number of patients reported on each grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

# TABLE 4: SELECTED PATIENT CHARACTERISTICS

Calendar Year: January 1, 2022, through December 31, 2022

| 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) | |

| Line | 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** (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 of Lines 7 + 8 + 9 +10 +11) | | |

| Line | 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) | | | | | |

## TABLE 4: SELECTED PATIENT CHARACTERISTICS (CONTINUED)

Calendar Year: January 1, 2022, through December 31, 2022

| Line | Special Populations | Number of Patients (a) |
|---|---|---|
| 14 | Migratory (330g awardees only) | |
| 15 | Seasonal (330g awardees only) | |
| 16 | **Total Agricultural Workers or Dependents** (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** (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 Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site** (All health centers report this line) | |

**Note: Table 4 Cross-Table Considerations:**

- The total patients reported by insurance type must match on Table 4 (Lines 7–12) and the Patients by ZIP Code Table. For example, total Medicare patients on Table 4 (Line 9) must match the total of the Medicare Column D on the Patients by ZIP Code Table.
- Charges and collections by payer on Table 9D relates to insurance enrollment on Table 4. For example, dividing Medicaid revenue on Table 9D, Line 3, Column B by Total Medicaid Patients on Table 4, Line 8 equals the average collection per Medicaid patient.
- Reporting of managed care revenue on Table 9D relates to member months on Table 4. Dividing managed care capitation revenue by member months equals average capitation per member per month (PMPM). For example, dividing Medicaid capitated revenue (Table 9D, Line 2a, Columns B-(c1+c2+c3-c4)) by Table 4, Line 13a, Column A equals Medicaid PMPM.
- If you submit Grant Reports, the total number of patients reported on the grant table(s) must be less than or equal to the corresponding number on the Universal Report for each cell.

# TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2022, through December 31, 2022

| 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 | | | | |
| 20c | Other Mental Health Personnel | | | | |
| 20 | **Total Mental Health Services** (Lines 20a–c) | | | | |
| 21 | **Substance Use Disorder Services** | | | | |
| 22 | **Other Professional Services** (specify___) | | | | |

# TABLE 5: STAFFING AND UTILIZATION (CONTINUED)

Calendar Year: January 1, 2022, through December 31, 2022

| Line | Personnel by Major Service Category | FTEs (a) | Clinic Visits (b) | Virtual Visits (b2) | Patients (c) |
|---|---|---|---|---|---|
| 22a | Ophthalmologists | | | | |
| 22b | Optometrists | | | | |
| 22c | Other Vision Care Personnel | | | | |
| 22d | **Total Vision Services** (Lines 22a–c) | | | | |
| 23 | **Pharmacy Personnel** | | | | |
| 24 | Case Managers | | | | |
| 25 | Patient and Community Education Specialists | | | | |
| 26 | Outreach Workers | | | | |
| 27 | Transportation Personnel | | | | |
| 27a | Eligibility Assistance Workers | | | | |
| 27b | Interpretation Personnel | | | | |
| 27c | Community Health Workers | | | | |
| 28 | Other Enabling Services (specify___) | | | | |
| 29 | **Total Enabling Services** (Lines 24–28) | | | | |
| 29a | **Other Programs and Services** (specify___) | | | | |
| 29b | **Quality Improvement Personnel** | | | | |
| 30a | Management and Support Personnel | | | | |
| 30b | Fiscal and Billing Personnel | | | | |
| 30c | IT Personnel | | | | |
| 31 | Facility Personnel | | | | |
| 32 | Patient Support Personnel | | | | |
| 33 | **Total Facility and Non-Clinical Support Personnel** (Lines 30a–32) | | | | |
| 34 | **Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33) | | | | |

## TABLE 5: SELECTED SERVICE DETAIL ADDENDUM

Calendar Year: January 1, 2022, through December 31, 2022

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

**Note: Table 5 and Addendum Cross-Table Considerations:**

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

# TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2022, through December 31, 2022

## SELECTED DIAGNOSES

| Line | Diagnostic Category | Applicable ICD-10-CM Code | Number of Visits by Diagnosis Regardless of Primacy (a) | Number of Patients with Diagnosis (b) |
|---|---|---|---|---|
| | **Selected Infectious and Parasitic Diseases** | | | |
| 1–2 | Symptomatic/Asymptomatic human immunodeficiency virus (HIV) | B20, B97.35, O98.7-, Z21 | | |
| 3 | Tuberculosis | A15- through A19-, O98.0- | | |
| 4 | Sexually transmitted infections | A50- through A64- | | |
| 4a | Hepatitis B | B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4- | | |
| 4b | Hepatitis C | B17.1-, B18.2, B19.2- | | |
| 4c | Novel coronavirus (SARS-CoV-2) disease | U07.1 | | |
| 4d | Post COVID-19 condition | U09.9 | | |
| | **Selected Diseases of the Respiratory System** | | | |
| 5 | Asthma | J45- | | |
| 6 | Chronic lower respiratory diseases | J40 (count J40 only when code U07.1 **is not** present), J41- through J44-, J47- | | |
| 6a | Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease | J12.82, J12.89, J20.8, J40, J22, J98.8, J80 (count codes listed only when code U07.1 **is** also present) | | |
| | **Selected Other Medical Conditions** | | | |
| 7 | Abnormal breast findings, female | C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60-, N63-, R92- | | |
| 8 | Abnormal cervical findings | C53-, C79.82, D06-, R87.61-, R87.629, 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-, I27-, I28-, I30- through I52- | | |
| 11 | Hypertension | I10- through I16-, O10-, O11- | | |
| 12 | Contact dermatitis and other eczema | L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58- | | |
| 13 | Dehydration | E86- | | |
| 14 | Exposure to heat or cold | T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32- | | |
| 14a | Overweight and obesity | E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51, Z68.52) | | |

| Line | 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/neonatal medical conditions | A33, P19-, P22- through P29- (exclude P29.3-), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89 | | |
| 17 | Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development. | E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3 | | |
| | **Selected Mental Health Conditions, Substance Use Disorders, and Exploitations** | | | |
| 18 | Alcohol-related disorders | F10-, G62.1, O99.31- | | |
| 19 | Other substance-related disorders (excluding tobacco use disorders) | F11- through F19- (exclude F17-), G62.0, O99.32- | | |
| 19a | Tobacco use disorder | F17-, O99.33-, Z72.0 | | |
| 20a | Depression and other mood disorders | F30- through F39- | | |
| 20b | Anxiety disorders, including post-traumatic stress disorder (PTSD) | F06.4, F40- through F42-, F43.0, F43.1-, F93.0 | | |
| 20c | Attention deficit and disruptive behavior disorders | F90- through F91- | | |
| 20d | Other mental disorders, excluding drug or alcohol dependence | F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 | | |
| 20e | Human trafficking | T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42 | | |
| 20f | Intimate partner violence | T74.11, T74.21, T74.31, Z69.11 | | |

## SELECTED SERVICES RENDERED

| Line | Service Category | Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code | Number of Visits (a) | Number of Patients (b) |
|---|---|---|---|---|
| | **Selected Diagnostic Tests/ Screening/Preventive Services** | | | |
| 21 | HIV test | **CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 | | |
| 21a | Hepatitis B test | **CPT-4**: 80074, 86704 through 86707, 87340, 87341, 87350, 87912 | | |
| 21b | Hepatitis C test | **CPT-4**: 80074, 86803, 86804, 87520 through 87522, 87902 | | |
| 21c | Novel coronavirus (SARS-CoV-2) diagnostic test | **CPT-4**: 87426, 87428, 87635, 87636, 87637<br>**HCPCS**: U0001, U0002, U0003, U0004<br>**CPT PLA**: 0202U, 0223U, 0225U, 0240U, 0241U | | |
| 21d | Novel coronavirus (SARS-CoV-2) antibody test | **CPT-4**: 86318, 86328, 86408, 86409, 86413, 86769<br>**CPT PLA**: 0224U, 0226U | | |
| 21e | Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP | **Possible codes to explore for PrEP management:**<br>**CPT-4**: 99401 through 99404<br>**ICD-10**: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899<br>Limited to prescribed PrEP based on a patient's risk for HIV exposure **AND** limited to emtricitabine/ tenofovir disoproxil fumarate (FTC/ TDF), emtricitabine/tenofovir alafenamide (FTC/TAF), or cabotegravir for PrEP | | |
| 22 | Mammogram | **CPT-4**: 77063, 77065, 77066, 77067<br>**ICD-10**: Z12.31<br>**HCPCS:** G0279 | | |
| 23 | Pap test | **CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175<br>**ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)<br>**HCPCS:** G0144, G0145, G0147, G0148 | | |

| Line | Service Category | Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code | Number of Visits (a) | Number of Patients (b) |
|---|---|---|---|---|
| 24 | Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B | **CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748 | | |
| 24a | Seasonal flu vaccine | **CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756 | | |
| 24b | Coronavirus (SARS-CoV-2) vaccine | **CPT-I**: 0001A-0004A, 0011A-0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A, 0072A, 91300-91307, 91308-91310 | | |
| 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<br>**ICD-10**: Z00.1-, Z76.1. Z76.2 | | |
| 26a | Childhood lead test screening (9 to 72 months) | **ICD-10:** Z13.88<br>**CPT-4**: 83655 | | |
| 26b | Screening, Brief Intervention, and Referral to Treatment (SBIRT) | **CPT-4**: 99408, 99409<br>**HCPCS**: G0396, G0397, G0443, H0050 | | |
| 26c | Smoke and tobacco use cessation counseling | **CPT-4**: 99406, 99407<br>**HCPCS**: S9075<br>**CPT-II**: 4000F, 4001F, 4004F | | |
| 26d | Comprehensive and intermediate eye exams | **CPT-4**: 92002, 92004, 92012, 92014 | | |

| Line | Service Category | Applicable ADA Code | Number of Visits (a) | Number of Patients (b) |
|---|---|---|---|---|
| | **Selected Dental Services** | | | |
| 27 | Emergency services | **CDT:** D0140, D9110 | | |
| 28 | Oral exams | **CDT:** D0120, DO145, D0150, D0160, D0170, D0171, D0180 | | |
| 29 | Prophylaxis—adult or child | **CDT:** D1110, D1120 | | |
| 30 | Sealants | **CDT:** D1351 | | |
| 31 | Fluoride treatment—adult or child | **CDT:** D1206, D1208<br>**CPT-4:** 99188 | | |
| 32 | Restorative services | **CDT:** D21xx through D29xx | | |
| 33 | Oral surgery (extractions and other surgical procedures) | **CDT:** D7xxx | | |
| 34 | Rehabilitative services (Endo, Perio, Prostho, Ortho) | **CDT:** D3xxx, D4xxx, D5xxx, D6xxx, D8xxx | | |

**Notes: Sources of Codes:**

- ICD-10-CM (2022)–National Center for Health Statistics (NCHS)
- CPT (2022)–American Medical Association (AMA)
- Code on Dental Procedures and Nomenclature CDT Code (2022)–Dental Procedure Codes–American Dental Association (ADA)

**"X" in a code:** Denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or not a code is billable. Instead, they are used to point out that other codes in the series are to be considered.

**Table 6A Cross-Table Considerations:**

- The count of patients by diagnosis reported on Table 6A will not be the same count as on Tables 6B and 7, due to differences in criteria that must be met for inclusion on Tables 6B or 7.
- If you submit Grant Reports, the total number of patients and visits reported on the grant table must be less than or equal to the corresponding number on the Universal Report for each cell.

# TABLE 6B: QUALITY OF CARE MEASURES

Calendar Year: January 1, 2022, through December 31, 2022

| | | |
|---|---|---|
| 0 | **Prenatal Care Provided by Referral Only (Check if Yes)** | |

**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 of Lines 1–5)** | |

**Section B—Early Entry into Prenatal Care**

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

**Section C—Childhood Immunization Status**

| Line | Childhood Immunization Status | Total Patients with 2nd Birthday (a) | Number of Records Reviewed (b) | Number of Patients Immunized (c) |
|---|---|---|---|---|
| 10 | MEASURE: Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday | | | |

**Section D—Cervical and Breast Cancer Screening**

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

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

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

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

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

**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 of Records Reviewed (b) | Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c) |
|---|---|---|---|---|
| 14a | MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times during the measurement period, **and** (2) if identified to be a tobacco user received cessation counseling intervention | | | |

**Section H—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

| Line | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | Total Patients at High Risk of Cardiovascular Events (a) | Number of Records Reviewed (b) | Number of Patients Prescribed or On Statin Therapy (c) |
|---|---|---|---|---|
| 17a | MEASURE: Percentage of patients at high risk of cardiovascular events who were prescribed or were on statin therapy | | | |

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

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

**Section J—Colorectal Cancer Screening**

| Line | Colorectal Cancer Screening | Total Patients Aged 50 through 74 (a) | Number of Records Reviewed (b) | Number of Patients with Appropriate Screening for Colorectal Cancer(c) |
|---|---|---|---|---|
| 19 | MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer | | | |

**Section K—HIV Measures**

| Line | HIV Linkage to Care | Total Patients First Diagnosed with HIV (a) | Number of Records Reviewed (b) | Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c) |
|---|---|---|---|---|
| 20 | MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis | | | |
| **Line** | **HIV Screening** | **Total Patients Aged 15 through 65 (a)** | **Number of Records Reviewed (b)** | **Number of Patients Tested for HIV (c)** |
| 20a | MEASURE: Percentage of patients 15 through 65 years of age who were tested for HIV when within age range | | | |

**Section L—Depression Measures**

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

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

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

**Note: Table 6B Cross-Table Considerations:**

- Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Table 6B.
- The relationship between the denominators on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5.
- The count of patients by diagnosis reported on Table 6A will not be the same count as on Table 6B, due to differences in criteria that must be met for inclusion on Table 6B.

# TABLE 7: HEALTH OUTCOMES AND DISPARITIES

Calendar Year: January 1, 2022, through December 31, 2022

**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) |
|---|---|---|---|---|---|
| | **Hispanic or Latino/a** | | | | |
| 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/Chose Not to Disclose Race | | | | |
| | *Subtotal Hispanic or Latino/a* | | | | |
| | **Non-Hispanic or Latino/a** | | | | |
| 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/Chose Not to Disclose Race | | | | |
| | *Subtotal Non-Hispanic or Latino/a* | | | | |
| | **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) |
|---|---|---|---|---|
| | **Hispanic or Latino/a** | | | |
| 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/Chose Not to Disclose Race | | | |
| | *Subtotal Hispanic or Latino/a* | | | |
| | **Non-Hispanic or Latino/a** | | | |
| 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/Chose Not to Disclose Race | | | |
| | *Subtotal Non-Hispanic or Latino/a* | | | |
| | **Unreported/Chose Not to Disclose Race and Ethnicity** | | | |
| 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) |
|---|---|---|---|---|
| | **Hispanic or Latino/a** | | | |
| 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/Chose Not to Disclose Race | | | |
| | *Subtotal Hispanic or Latino/a* | | | |
| | **Non-Hispanic or Latino/a** | | | |
| 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/Chose Not to Disclose Race | | | |
| | *Subtotal Non-Hispanic or Latino/a* | | | |
| | **Unreported/Chose Not to Disclose Race and Ethnicity** | | | |
| h | Unreported/Chose Not to Disclose Race and Ethnicity | | | |
| i | **Total** | | | |

**Note: Table 7 Cross-Table Considerations:**

- Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Table 7.
- The relationship between the denominators on Table 7 should be verified as reasonable when compared to the total number of patients by age on Table 3A, patients by race and ethnicity on Table 3B, and the proportion of medical patients on Table 5.
- The count of patients by diagnosis reported on Table 6A will not be the same counts as on Table 7, due to differences in criteria that must be met for inclusion on Table 7.

# TABLE 8A: FINANCIAL COSTS

Calendar Year: January 1, 2022, through December 31, 2022

| 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 of Medical Care** | | | |
| 1 | Medical Personnel | | | |
| 2 | Lab and X-ray | | | |
| 3 | Medical/Other Direct | | | |
| 4 | **Total Medical Care Services** (Sum of Lines 1 through 3) | | | |
| | **Financial Costs of 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) | | | |
| | **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** (Sum of Lines 11a through 11h) | | | |
| 12 | Other Program-Related Services (specify___) | | | |
| 12a | Quality Improvement | | | |
| 13 | **Total Enabling and Other Services** (Sum of Lines 11, 12, and 12a) | | | |

| 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) |
|---|---|---|---|---|
| | **Facility and Non-Clinical Support Services and Totals** | | | |
| 14 | Facility | | | |
| 15 | Non-Clinical Support Services | | | |
| 16 | **Total Facility and Non-Clinical Support Services** (Sum of Lines 14 and 15) | | | |
| 17 | **Total Accrued Costs** (Sum of Lines 4 + 10 + 13 + 16) | | | |
| 18 | Value of Donated Facilities, Services, and Supplies (specify___) | | | |
| 19 | **Total with Donations** (Sum of Lines 17 and 18) | | | |

**Note: Table 8A Cross-Table Considerations:**

- The personnel and visits on Table 5 are routinely compared to the costs on Table 8A. See the crosswalk of comparable fields in Appendix B.
- Report only non-monetary donations and in-kind services on Table 8A. Report cash donations on Table 9E.

# TABLE 9D: PATIENT SERVICE REVENUE

Calendar Year: January 1, 2022, through December 31, 2022

| | | | | Retroactive Settlements, Receipts, and Paybacks (c) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Line** | **Payer Category** | **Full Charges This Period (a)** | **Amount Collected This Period (b)** | **Collection of Reconciliation/ Wraparound Current Year (c1)** | **Collection of Reconciliation/ Wraparound Previous Years (c2)** | **Collection of Other Payments: P4P, Risk Pools, etc. (c3)** | **Penalty/ Payback (c4)** | **Adjustments (d)** | **Sliding Fee Discounts (e)** | **Bad Debt Write-Off (f)** |
| 1 | Medicaid Non-Managed Care | | | | | | | | | |
| 2a | Medicaid Managed Care (capitated) | | | | | | | | | |
| 2b | Medicaid Managed Care (fee-for-service) | | | | | | | | | |
| 3 | **Total Medicaid** (Sum of Lines 1 + 2a + 2b) | | | | | | | | | |
| 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) | | | | | | | | | |
| 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) | | | | | | | | | |
| 8c | Other Public, including COVID-19 Uninsured Program | | | | | | | | | |
| 9 | **Total Other Public** (Sum of Lines 7 + 8a + 8b + 8c) | | | | | | | | | |

| | | | | Retroactive Settlements, Receipts, and Paybacks (c) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Line** | **Payer Category** | **Full Charges This Period (a)** | **Amount Collected This Period (b)** | **Collection of Reconciliation/ Wraparound Current Year (c1)** | **Collection of Reconciliation/ Wraparound Previous Years (c2)** | **Collection of Other Payments: P4P, Risk Pools, etc. (c3)** | **Penalty/ Payback (c4)** | **Adjustments (d)** | **Sliding Fee Discounts (e)** | **Bad Debt Write-Off (f)** |
| 10 | Private Non-Managed Care | | | | | | | | | |
| 11a | Private Managed Care (capitated) | | | | | | | | | |
| 11b | Private Managed Care (fee-for-service) | | | | | | | | | |
| 12 | **Total Private** (Sum of Lines 10 + 11a + 11b) | | | | | | | | | |
| 13 | **Self-Pay** | | | | | | | | | |
| 14 | **TOTAL** (Sum of Lines 3 + 6 + 9 + 12 + 13) | | | | | | | | | |

**Note: Table 9D Cross-Table Considerations:**

- Charges and collections by payer on Table 9D relate to the classification of patients by medical insurance on Table 4. See the crosswalk of comparable fields in Appendix B. For example, dividing Medicaid revenue on Table 9D, Line 3, Column B by Total Medicaid Patients on Table 4, Line 8 equals the average collection per Medicaid patient.
- Other Public on Table 9D should be consistent with Table 4 except that Other Public categorical grants such as Title X and BCCCP are not insurance and the patients are usually classified as Uninsured on Table 4.
- Managed care revenue on Table 9D relates to member months on Table 4. Dividing managed care capitation revenue by member months equals average capitation per member per month (PMPM). For example, dividing Medicaid capitated revenue (Table 9D, Line 2a, Column B-(c1+c2+c3-c4)) by Table 4, Line 13a, Column A equals Medicaid PMPM.
- Billable visits reported on Table 5 should relate to patient charges reported on Table 9D.

# TABLE 9E: OTHER REVENUES

Calendar Year: January 1, 2022, through December 31, 2022

| 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 | Other COVID-19-Related Funding from BPHC (specify _____) | |
| 1q | **Total COVID-19 Supplemental** (Sum of Lines 1l through 1p) | |
| 1 | **Total BPHC Grants** (Sum of Lines 1g + 1k + 1q) | |
| | **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 | |
| 3b | Provider Relief Fund (specify _____) | |
| 5 | **Total Other Federal Grants** (Sum of Lines 2 through 3b) | |
| | **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 of Lines 6 + 6a + 7 + 8) | |
| 10 | Other Revenue (non–patient service revenue not reported elsewhere) (specify _____) | |
| 11 | **Total Revenue** (Sum of Lines 1 + 5 + 9 + 10) | |

**Note: Table 9E Cross-Table Considerations:**

- Only retail, public pharmacy revenue for non-health center patients is reported on Table 9E, Line 10, and the related cost is reported on Table 8A, Line 12. Follow the guidance for other pharmacy reporting situations as described in Appendix B.
- The revenue received from indigent care programs that subsidize services rendered to patients who are uninsured are reported on Table 9E, while the charges for these services are reported on Table 9D. Follow the detailed reporting requirements included in Appendix B to address the cross-table reporting.

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

## INTRODUCTION

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

Several notable changes have been made to the HIT Form, as outlined below:

- Question 11a has been added to measure the total number of patients screened for social risk factors.
- Questions throughout have also been revised to provide clarity, with additional selection options added.
- Questions 1d, 1e, and 7 have been removed.

## QUESTIONS

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

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

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

- For the purposes of this response, "providers" mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives.
- Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support personnel, this is not required to choose response (a).
- For the purposes of this response, "all service delivery sites" means all permanent service delivery sites where medical providers serve health center medical patients.
- It does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis.
- You may check this option if a few newly hired, untrained personnel are the only ones not using the system.

**b. Yes, but only installed at some service delivery sites or used by some providers**

- Select option (b) if one or more permanent service delivery sites did not have the EHR installed or in use (even if this is planned), or if one or more medical providers (as defined on this page under [a]) do not yet use the system.
- When determining if all providers have access to the system, the health center should also consider part-time and locum providers who serve clinic patients.
- Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

**c. No**

- Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started.
- If the health center purchased an EHR but has not yet put it into use, answer "no."
- If response is "c. No." skip to Question 11.

If "Yes, but only installed at some service delivery sites or used by some providers" is selected, a box expands for health centers to identify how many service delivery sites have the EHR in use and how many (medical) providers are using it. Please enter the number of service delivery sites (as defined under question 1) where the EHR is in use and the number of providers who use the system (at all service delivery sites). Include part-time and locum medical providers who serve clinic patients. Count a provider who has separate login identities at more than one service delivery site as just one provider.

This next set of questions seek to determine whether the health center installed an EHR by December 31 and, if so, which product was in use, how broad system access was, and what features were available and in use. DO NOT include PMS or other billing systems, even though they can often produce much of the UDS data.

If a system is in use (i.e., if [a] or [b] has been selected), indicate that it has been certified by the Office of the National Coordinator—Authorized Testing and Certification Bodies.

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

a. Yes

b. No

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

1a1. Vendor

1a2. Product Name

1a3. Version Number

1a4. ONC-certified Health IT Product List Number

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

a. Yes

b. No

1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization?

a. Yes

b. No

1c1. If yes, what is the reason?

a. Additional EHR/data system(s) are used during transition from one primary EHR to another

b. Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health, care coordination)

c. Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition

d. Additional EHR/data system(s) are used for analysis and reporting (such as for clinical quality measures or custom reporting)

e. Other (please describe _____)

1d. Question removed.

1e. Question removed.

2. Question removed.
3. Question removed.
4. Which of the following key providers/health care settings does your health center electronically exchange clinical or patient information with? (Select all that apply.)
   a. Hospitals/Emergency rooms
   b. Specialty providers
   c. Other primary care providers
   d. Labs or imaging
   e. Health information exchange (HIE)
   f. Community-based organizations/social service partners
   g. None of the above
   h. Other (please describe _____)
5. Does your health center engage patients through health IT in any of the following ways? (Select all that apply.)
   a. Patient portals
   b. Kiosks
   c. Secure messaging between patient and provider
   d. Online or virtual scheduling
   e. Automated electronic outreach for care gap closure or preventive care reminders
   f. Application programming interface (API)-cased patient access to their health record through mHealth apps[1]
   g. Other (please describe _____)
   h. No, we DO NOT engage patients using HIT
6. Question removed.
7. Question removed.
8. Question removed.
9. Question removed.

[1] For more information on How APIs in Health Care can Support Access to Health Information: Learning Module

10. How does your health center utilize HIT and EHR data beyond direct patient care? (Select all that apply.)
    a. Quality improvement
    b. Population health management
    c. Program evaluation
    d. Research
    e. Other (please describe _____)
    f. We DO NOT utilize HIT or EHR data beyond direct patient care
11. Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?

    The phrase "outside of the data countable in the UDS" means that collecting race, ethnicity, sexual orientation, gender identity, and/or income level would not be considered here as collecting data on individual patients' social risk factors, as this information is already counted in the UDS Report, on Tables 3B and 4. Similarly, intimate partner violence, domestic violence, and/or human trafficking would not be considered here as collecting data on individual patients' social risk factors, as this information is already counted in the UDS Report, on Table 6A.

    a. Yes

    **Note:** Health centers should respond "a. Yes." If they are screening for social risks, meaning they have a consistent set of questions that are asked of individual patients uniformly for the purposes of collecting information on the non-medical, health-related social needs of patients, such as housing instability and/or food insecurity, **beyond** those demographic characteristics captured elsewhere on the UDS of patients.

    b. No, but we are in planning stages to collect this information
    c. No, we are not planning to collect this information

11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is "a. Yes.") _____

12. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply. Only respond to this if Question 11a is greater than 0.)
    a. Accountable Health Communities Screening Tools
    b. Upstream Risks Screening Tool and Guide
    c. iHELLP
    d. Recommend Social and Behavioral Domains for EHRs
    e. Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
    f. Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)
    g. WellRx
    h. Health Leads Screening Toolkit
    i. Other (please describe _____)

**Note:** Health centers who are screening for social risks, using the definition noted in Question 11, but are NOT using one of the standardized screening tools listed should respond "i. Other". Specify that you are using standardized questions from various screening tools.

j. We DO NOT use a standardized screener (skip to Question 12b)

12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple social risks and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.):

a. Food insecurity _____

b. Housing insecurity _____

c. Financial strain _____

d. Lack of transportation/access to public transportation _____

12b. If you DO NOT use a standardized screener to collect this information, please indicate why. (Select all that apply.) (Only respond to this question if Question 11a is zero or Question 12, option J is selected.)

a. Have not considered/unfamiliar with standardized screeners

b. Lack of funding for addressing these unmet social needs of patients

c. Lack of training for personnel to discuss these issues with patients

d. Inability to include with patient intake and clinical workflow

e. Not needed

f. Other (please describe _____)

13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?

a. Yes

b. No

c. Not sure

# Appendix E: Other Data Elements

## INTRODUCTION

The questions on the Other Data Elements Form collect information on the changing landscape of health centers to include expanded services and delivery systems.

There are no major changes to this form.

## QUESTIONS

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

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder
    a. How many physicians, certified nurse practitioners, physician assistants, and certified nurse midwives,[2] on-site or with whom the health center has contracts, have 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) (i.e., buprenorphine) for that indication during the calendar year?
    b. During the calendar year, how many patients received MAT for opioid use disorder from a physician, certified nurse practitioner, physician assistant, or certified nurse midwife, with a DATA waiver working on behalf of the health center?
2. Did your organization use telemedicine to provide remote (virtual) clinical care services?

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

    **a. Yes**

    If "Yes" is selected, proceed to questions 2a1-2a3.

    2a1. Who did you use telemedicine to communicate with? (Select all that apply.)
        a. Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
        b. Specialists outside your organization (e.g., specialists at referral centers)

    2a2. What telehealth technologies did you use? (Select all that apply.)
        a. Real-time telehealth (e.g., live videoconferencing)
        b. Store-and-forward telehealth (e.g., secure e-mail with photos or videos of patient examinations)
        c. Remote patient monitoring
        d. Mobile Health (mHealth)

[2] With the enactment of the Comprehensive Addiction and Recovery Act of 2016, PL 114-198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs).

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

a. Primary care
b. Oral health
c. Behavioral health: Mental health
d. Behavioral health: Substance use disorder
e. Dermatology
f. Chronic conditions
g. Disaster management
h. Consumer health education
i. Provider-to-provider consultation
j. Radiology
k. Nutrition and dietary counseling
l. Other (Please describe _____)

b. **No.**

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

a. Have not considered/unfamiliar with telehealth service options
b. Policy barriers (Select all that apply.)
    i. Lack of or limited reimbursement
    ii. Credentialing, licensing, or privileging
    iii. Privacy and security
    iv. Other (Please describe _____)
c. Inadequate broadband/ telecommunication service (Select all that apply.)
    i. Cost of service
    ii. Lack of infrastructure
    iii. Other (Please describe _____)
d. Lack of funding for telehealth equipment
e. Lack of training for telehealth services
f. Not needed
g. Other (Please describe _____)

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about third-party primary care health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

   Enter number of assists _____

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

# Appendix F: Workforce

## INTRODUCTION

The Workforce Form collects information through a series of questions on health center workforce. It is important to understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals.

There are no major changes to this form.

## QUESTIONS

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

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

1a. If yes, which category best describes your health center's role in the health professional education/training process? (Select all that apply.)
   a. Sponsor[3]
   b. Training site partner[4]
   c. Other (please describe _____)

2. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category[5] within the calendar year.

| | a. Pre-Graduate/Certificate | b. Post-Graduate Training |
|---|---|---|
| **Medical** | | |
| 1. Physicians | | |
| a. Family Physicians | | |
| b. General Practitioners | | |
| c. Internists | | |
| d. Obstetrician/Gynecologists | | |
| e. Pediatricians | | |
| f. Other Specialty Physicians | | |
| 2. Nurse Practitioners | | |
| 3. Physician Assistants | | |
| 4. Certified Nurse Midwives | | |
| 5. Registered Nurses | | |
| 6. Licensed Practical Nurses/ Vocational Nurses | | |

[3] A sponsor hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).
[4] A training site partner delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
[5] Examples of pre-graduate/certificate training include student clinical rotations or externships. A residency, fellowship, or practicum would be examples of post-graduate training. Include non-health-center individuals trained by your health center.

| | a. Pre-Graduate/Certificate | b. Post-Graduate Training |
|---|---|---|
| 7. Medical Assistants | | |
| **Dental** | | |
| 8. Dentists | | |
| 9. Dental Hygienists | | |
| 10. Dental Therapists | | |
| 10a. Dental Assistants | | |
| **Mental Health and Substance Use Disorder** | | |
| 11. Psychiatrists | | |
| 12. Clinical Psychologists | | |
| 13. Clinical Social Workers | | |
| 14. Professional Counselors | | |
| 15. Marriage and Family Therapists | | |
| 16. Psychiatric Nurse Specialists | | |
| 17. Mental Health Nurse Practitioners | | |
| 18. Mental Health Physician Assistants | | |
| 19. Substance Use Disorder Personnel | | |
| **Vision** | | |
| 20. Ophthalmologists | | |
| 21. Optometrists | | |
| **Other Professionals** | | |
| 22. Chiropractors | | |
| 23. Dieticians/Nutritionists | | |
| 24. Pharmacists | | |
| 25. Other (please describe _____) | | |

3. Provide the number of health center personnel serving as preceptors at your health center: ____
4. Provide the number of health center personnel (non-preceptors) supporting ongoing health center training programs: ____
5. How often does your health center conduct satisfaction surveys to providers (as identified in Appendix A, Listing of Personnel) working for the health center? (Select one.)
   a. Monthly
   b. Quarterly
   c. Annually
   d. We DO NOT currently conduct provider satisfaction surveys
   e. Other (please describe _____)

6. How often does your health center conduct satisfaction surveys for general personnel (as identified in Appendix A, Listing of Personnel) working for the health center (report provider surveys in question 5 only)? (Select one.)
   a. Monthly
   b. Quarterly
   c. Annually
   d. We DO NOT currently conduct personnel satisfaction surveys
   e. Other (please describe _____)


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