Uniform Data System

2023 REPORTING TABLES
Health Center Data Reporting Requirements

HRSA
Health Center Program

For Reports Due February 15, 2024

Bureau of Primary Health Care

Uniform Data System Reporting Tables for 2023 Health Center Data

Bureau of Primary Health Care

Uniform Data System Reporting Tables

For Calendar Year 2023 UDS Data

For help contact: 866-837-4357 (866-UDS-HELP), BPHC Contact Form**,**
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

2023 Uniform Data System Reporting Tables Contents

PATIENTS BY ZIP CODE TABLE

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

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, 2023, through December 31, 2023

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)		

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, 2023, through December 31, 2023

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/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)	

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, Latino/a, or Spanish 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, 2023, through December 31, 2023

Line	Income as Percentage 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, 2023, through December 31, 2023

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	
15	Seasonal (330g awardees only)	
16	**Total 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** (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)	

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, Column 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, 2023, through December 31, 2023

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–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, 2023, through December 31, 2023

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists				‹cell not reported›
22b	Optometrists				‹cell not reported›
22c	Other Vision Care Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
22d	**Total Vision Services** (Lines 22a–c)				
23a	Pharmacists		‹cell not reported›	‹cell not reported›	‹cell not reported›
23b	Clinical Pharmacists		‹cell not reported›	‹cell not reported›	‹cell not reported›
23c	Pharmacy Technicians		‹cell not reported›	‹cell not reported›	‹cell not reported›
23d	Other Pharmacy Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
23	**Pharmacy Personnel** (Lines 23a–d)		‹cell not reported›	‹cell not reported›	‹cell not reported›
24	Case Managers				‹cell not reported›
25	Health Education Specialists				‹cell not reported›
26	Outreach Workers		‹cell not reported›	‹cell not reported›	‹cell not reported›
27	Transportation Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
27a	Eligibility Assistance Workers		‹cell not reported›	‹cell not reported›	‹cell not reported›
27b	Interpretation Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
27c	Community Health Workers		‹cell not reported›	‹cell not reported›	‹cell not reported›
28	Other Enabling Services (specify___)		‹cell not reported›	‹cell not reported›	‹cell not reported›
29	**Total Enabling Services** (Lines 24–28)				
29a	**Other Programs and Services** (specify___)		‹cell not reported›	‹cell not reported›	‹cell not reported›
29b	**Quality Improvement Personnel**		‹cell not reported›	‹cell not reported›	‹cell not reported›
30a	Management and Support Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
30b	Fiscal and Billing Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
30c	IT Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
31	Facility Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
32	Patient Support Personnel		‹cell not reported›	‹cell not reported›	‹cell not reported›
33	**Total Facility and Non-Clinical Support Personnel** (Lines 30a–32)		‹cell not reported›	‹cell not reported›	‹cell not reported›
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)				‹cell not reported›

TABLE 5: SELECTED SERVICE DETAIL ADDENDUM

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

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				

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 or patients receive only one kind of service).

- 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 the UDS Manual, 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 Selected Service Detail 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, 2023, through December 31, 2023

SELECTED DIAGNOSES

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	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 **OID**: 2.16.840.1.113883.3.464.1003.120.12.1003		
3	Tuberculosis	A15- through A19-, O98.0-, Z86.15, Z22.7 **OID**: 2.16.840.1.113762.1.4.1151.56 (O98.0- is not in value set)		
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-, Z22.4 **OID**: 2.16.840.1.113883.3.464.1003.112.11.1003		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4- **OID**: 2.16.840.1.113883.3.464.1003.110.12.1025 (B19.1- and O98.4- are not in value set)		
4b	Hepatitis C	B17.1-, B18.2, B19.2- **OID**: 2.16.840.1.113762.1.4.1222.30		
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1 **OID**: 2.16.840.1.113762.1.4.1248.139, 2.16.840.1.113762.1.4.1200.151		
4d	Post COVID-19 condition	U09.9 **OID**: 2.16.840.1.113762.1.4.1222.1391		
	Selected Diseases of the Respiratory System			
5	Asthma	J45- **OID**: 2.16.840.1.113883.3.526.3.362		
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) **OID**: 2.16.840.1.113762.1.4.1029.374		
	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- through N65-, R92-		
8	Abnormal cervical findings	C53-, C79.82, D06-, N87.0, N87.1, N87.9, R87.61-, R87.629, R87.810, R87.820		
9	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-) **OID**: 2.16.840.1.113883.3.464.1003.103.12.1001		
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-		

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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)		
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)		
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- (exclude R63.39)		
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-, F43.8-, 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		

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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/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, 87467, 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 **HCPCS**: U0001, U0002, U0003, U0004, U0005 **CPT PLA**: 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4**: 86318, 86328, 86408, 86409, 86413, 86428, 86769, 86811 **CPT PLA**: 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP	**Possible codes to explore for PrEP management:** **CPT-4**: 99401 through 99404 **ICD-10**: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure **AND** limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) or cabotegravir for PrEP		
22	Mammogram	**CPT-4**: 77063, 77065, 77066, 77067 **ICD-10**: Z12.31 **HCPCS:** G0279		

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
23	Pap test	**CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) **HCPCS**: G0123, G0143, G0144, G0145, G0147, G0148		
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, 90694, 90756		
24b	Coronavirus (SARS-CoV-2) vaccine	**CPT-I**: 0001A-0004A, 0011A-0013A, 0021A-0022A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A-0074A, 0081A-0083A, 0091A-0094A, 0104A, 011A-0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 91300-91317 **CDT**: D1701-D1714 Codes listed include those available as of the release date of this manual.		
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 **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		
26d	Comprehensive and intermediate eye exams	**CPT-4**: 92002, 92004, 92012, 92014		
26e	Childhood development screenings and evaluations	**CPT-4:** 96110, 96112, 96113, 96217 **ICD-10:** Z13.4-		

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, D0145, 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 **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		

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, 2023, through December 31, 2023

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 24 through 64 (a)	Number of Records Reviewed (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 24–64 years of age who were screened for cervical cancer			

Line	Breast Cancer Screening	Total Female Patients Aged 52 through 74 (a)	Number of Records Reviewed (b)	Number of Patients with Mammogram (c)
11a	MEASURE: Percentage of women 52–74 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 17 (a)	Number of Records Reviewed (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3–17 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 46 through 75 (a)	Number of Records Reviewed (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19	MEASURE: Percentage of patients 46 through 75 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			

Table 6B Cross-Table Considerations:

- Patients with countable 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, 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				
1b1p	Native Hawaiian				
1b2p	Other Pacific Islander				
1b3p	Guamanian or Chamorro				

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)
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	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)
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				
Hispanic, Latino/a, or Spanish Origin Combined					
1a1o	Asian Indian				
1a2o	Chinese				
1a3o	Filipino				
1a4o	Japanese				
1a5o	Korean				
1a6o	Vietnamese				
1a7o	Other Asian				
1b1o	Native Hawaiian				
1b2o	Other Pacific Islander				
1b3o	Guamanian or Chamorro				
1b4o	Samoan				
1co	Black/African American				
1do	American Indian/Alaska Native				
1eo	White				
1fo	More than One Race				
1go	Unreported/Chose Not to Disclose Race				
	Subtotal Hispanic, Latino/a, or Spanish Origin, Combined				
	Total Hispanic, Latino/a, or Spanish Origin				
Not Hispanic, Latino/a, or Spanish Origin					
2a1	Asian Indian				
2a2	Chinese				
2a3	Filipino				
2a4	Japanese				
2a5	Korean				
2a6	Vietnamese				
2a7	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)
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				
	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**				

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			
1dp	American Indian/Alaska Native			

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)
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			
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black/African American			

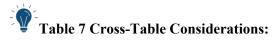| Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
1da	American Indian/Alaska Native			
1ea	White			
1fa	More than One Race			
1ga	Unreported/Chose Not to Disclose Race			
	Subtotal Another Hispanic, Latino/a, or Spanish Origin			
Hispanic, Latino/a, or Spanish Origin, Combined				
1a1o	Asian Indian			
1a2o	Chinese			
1a3o	Filipino			
1a4o	Japanese			
1a5o	Korean			
1a6o	Vietnamese			
1a7o	Other Asian			
1b1o	Native Hawaiian			
1b2o	Other Pacific Islander			
1b3o	Guamanian or Chamorro			
1b4o	Samoan			
1co	Black/African American			
1do	American Indian/Alaska Native			
1eo	White			
1fo	More than One Race			
1go	Unreported/Chose Not to Disclose Race			
	Subtotal Hispanic, Latino/a, or Spanish Origin, Combined			
	Total Hispanic, Latino/a, or Spanish Origin			
Not Hispanic, Latino/a, or Spanish Origin				
2a1	Asian Indian			
2a2	Chinese			
2a3	Filipino			
2a4	Japanese			
2a5	Korean			
2a6	Vietnamese			

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)
2a7	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			
	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**			

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			
1b3p	Guamanian or Chamorro			
1b4p	Samoan			
1cp	Black/African American			
1dp	American Indian/Alaska Native			

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)
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			
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black/African American			

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)
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			
	Hispanic, Latino/a, or Spanish Origin, Combined			
1a1o	Asian Indian			
1a2o	Chinese			
1a3o	Filipino			
1a4o	Japanese			
1a5o	Korean			
1a6o	Vietnamese			
1a7o	Other Asian			
1b1o	Native Hawaiian			
1b2o	Other Pacific Islander			
1b3o	Guamanian or Chamorro			
1b4o	Samoan			
1co	Black/African American			
1do	American Indian/Alaska Native			
1eo	White			
1fo	More than One Race			
1go	Unreported/Chose Not to Disclose Race			
	Subtotal Hispanic, Latino/a, or Spanish Origin			
	Total Hispanic, Latino/a, or Spanish Origin			
	Not Hispanic, Latino/a, or Spanish Origin			
2a1	Asian Indian			
2a2	Chinese			
2a3	Filipino			
2a4	Japanese			
2a5	Korean			
2a6	Vietnamese			

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)
2a7	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			
	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 7 Cross-Table Considerations:

- Patients with countable 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 and patients by race and ethnicity on Table 3B.

- 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, 2023, through December 31, 2023

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	Health 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)			

💡 **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 the UDS Manual, Appendix B.

- Report the value of donated goods and services received on Table 8A. Report cash donations received on Table 9E.

TABLE 9D: PATIENT SERVICE REVENUE

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

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
				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)			
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)									
9	**Total Other Public** (Sum of Lines 7 + 8a + 8b)									

| Line | Payer Category | Full Charges This Period (a) | Amount Collected This Period (b) | Retroactive Settlements, Receipts, and Paybacks (c) | | | Penalty/ Payback (c4) | Adjustments (d) | Sliding Fee Discounts (e) | Bad Debt Write-Off (f) |
				Collection of Reconciliation/ Wraparound Current Year (c1)	Collection of Reconciliation/ Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)				
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)									

Table 9D Cross-Table Considerations:

- Charges and collections by payer on Table 9D are related to the classification of patients by medical insurance on Table 4. See the crosswalk of comparable fields in the UDS Manual, 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 charges and collections on Table 9D are generally not directly comparable to Table 4 Other Public. Categorical grants such as Title X and BCCEDP are NOT insurance and the patients are usually classified as Uninsured on Table 4, but their associated charges and collections are shown as Other Public on Table 9D.

- 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 capitation 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, 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 + 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)	

Table 9E Cross-Table Considerations:

- Pharmacy: 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 the UDS Manual, 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 the UDS Manual, 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.

There are no major changes to this form.

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, 2023**.

1. Does your health center currently have an electronic health record (EHR) system installed and in use, at a 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 response is "a" or "b", continue to next question.

If more than one medical EHR is used, answer "Yes," to Question 1 and select "a" if they are used at all service delivery sites and used by all providers or select "b" if they are used at some service delivery sites or used by some providers.

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 seeks 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 whether 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. This information is available on the Certified Health IT Product List. Select the most current version number being used. 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
>
> **Note:** The Certified Health IT Product List (CHPL) Number is a standardized number that reflects your certified product and version. Step-by-step instructions for using the CHPL to find your system are available in the CHPL Public User Guide.
>
> 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? Select "Yes" if the health center has more than one EHR that flows into one central HIT/EHR or practice management system.

    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)[1]

    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

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[1] HIEs are typically state or regional data exchanges that support information sharing between different organizations, provider types, and technology vendors. More information on HIEs can be found on the Health Information Exchange webpage.

    f.   Application programming interface (API) patient access to their health record through mHealth apps[2]

    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.

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?

    Note: Health centers should respond "a. Yes" below only 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 patient characteristics captured elsewhere on the UDS Report. 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, collecting data on intimate partner violence, domestic violence, and/or human trafficking would not be considered, as this information is already counted in the UDS Report, on Table 6A.

    a.   Yes

    b.   No, but we are in planning stages to collect this information

    c.   No, we are not planning to collect this information

    If response to Question 11 is "a," then continue to the next question. If response is "b" or "c," skip to Question 12b.

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 your response to Question 11a is greater than 0.)

    a.   Accountable Health Communities Screening Tools

    b.   Upstream Risks Screening Tool and Guide

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[2] More information on How APIs in Health Care can Support Access to Health Information: Learning Module

    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 that 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 (response to Question 12b is required when selected)

Note: Only select "j. We DO NOT use a standardized screener" if you DO NOT use a consistent set of questions/approach to screen patients for social risks. If Question 11a is greater than 0 and the health center responds to Question 12, continue to the next question. If Question 11a is 0 and Question 12 is any option other than "j," skip to Question 13.

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 your response to Question 11a is "zero" or if 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.

Several notable changes have been made to the Other Data Elements Form, as outlined below:

- Medication assisted treatment (MAT) is now referred to as medications for opioid use disorder (MOUD).

- The Drug Addiction Treatment Act of 2000 (DATA) waiver is no longer required to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA)(i.e., buprenorphine).

Questions

Report on these data elements as part of your UDS submission. Topics include medications for opioid use disorder (MOUD), telehealth, and outreach and enrollment assistance. Respond to each question based on your health center status **as of December 31, 2023**.

1. Medications for Opioid Use Disorder (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?

2. Did your organization use telemedicine to provide remote (virtual) clinical care services?

    Note: Telemedicine services refers to remote clinical services with patients.

    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)

    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, 2023**.

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		

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[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 the UDS Manual, Appendix A, Listing of Personnel) working for the health center? Report provider surveys only here. (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 the UDS Manual, 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 _____)