



UNIFORM DATA SYSTEM

2021 Health Center Data Reporting Tables



For Reports Submitted February 15, 2022

Updated on August 16, 2021



Bureau of Primary Health Care

Uniform Data System Reporting Tables for 2021 Health Center Data



PUBLIC BURDEN STATEMENT

The Uniform Data System (UDS) provides consistent information about health centers including patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0915-0193 and it is valid until 02/28/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 238 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Health Resources and Services Administration (HRSA) Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Bureau of Primary Health Care

Uniform Data System Reporting Requirements Tables

For Calendar Year 2021 UDS Data

For help contact: 866-837-4357 (866-UDS-HELP), <https://bphcdata.net/>, or
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Health Resources and Services Administration

Bureau of Primary Health Care

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TABLE: PATIENTS BY ZIP CODE

Calendar Year: January 1, 2021, through December 31, 2021

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 Cross-Table Considerations:

- Patients by ZIP Code 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 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, 2021, through December 31, 2021

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 by ZIP Code = Table 4, Lines 6 and 12.
- If you submit Grant Reports, the total number of patients reported on the 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, 2021, through December 31, 2021

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/Refused to Report 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/Refused to report 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	Something else	
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/Transgender Masculine	
23	Transgender Woman/Transgender Female/Transgender Feminine	
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 = Total Patients by ZIP Code = 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 are 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 the 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, 2021, through December 31, 2021

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	Principal 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, 2021, through December 31, 2021

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 Health Center 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 Zip Code Table. For example, total Medicare patients on Table 4 (Line 9) must match the total of the Medicare Column D on the 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) 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 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, 2021, through December 31, 2021

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, 2021, through December 31, 2021

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, 2021, through December 31, 2021

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 eQMs 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.
- The activity reported on the Table 5 addendum must also be included in the main part of Table 4, medical plus mental health lines.

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2021, through December 31, 2021

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		
Selected Diseases of the Respiratory System				
5	Asthma	J45-		
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-		
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40 (count only when code U07.1 is present), J22, J98.8, J80		
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-		
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-, 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, Y07.0-		

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, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP	CPT-4: 99401 through 99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP		
22	Mammogram	CPT-4: 77063, 77065, 77066, 77067 ICD-10: Z12.31 HCPCS: G0279		
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)		
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		

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
24b	Coronavirus (SARS-CoV-2) vaccine	CPT-I: 0001A-0004A, 0011A-0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 91300, 91301, 91302, 91303, 91304		
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 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, 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, Prosthodontics, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

Notes: Sources of Codes:

- ICD-10-CM (2021)—[National Center for Health Statistics \(NCHS\)](#)
- CPT (2021)—[American Medical Association \(AMA\)](#)
- Code on Dental Procedures and Nomenclature CDT Code (2021)—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, 2021, through December 31, 2021

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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 and Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 16 (a)	Number Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use <i>and</i> 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 within 12 months, 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 Aged 21 and Older at High Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or On Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older 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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 <i>and</i> , 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 Charts Sampled or EHR Total (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 Charts Sampled or EHR Total (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 eQMs 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, 2021, through December 31, 2021

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/Refused to Report Race				
	<i>Subtotal Hispanic or Latino/a</i>				
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/Refused to Report Race				
	<i>Subtotal Non-Hispanic or Latino/a</i>				
Unreported/Refused to Report Race and Ethnicity					
h	Unreported/Refused to Report 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 Charts Sampled or EHR Total (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/Refused to Report Race			
	<i>Subtotal Hispanic or Latino/a</i>			
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/Refused to Report Race			
	<i>Subtotal Non-Hispanic or Latino/a</i>			
Unreported/Refused to Report Race and Ethnicity				
h	Unreported/Refused to Report 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 Charts Sampled or EHR Total (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/Refused to Report Race			
	<i>Subtotal Hispanic or Latino/a</i>			
	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/Refused to Report Race			
	<i>Subtotal Non-Hispanic or Latino/a</i>			
	Unreported/Refused to Report Race and Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

Note: Table 7 Cross-Table Considerations:

- Patients with medical visits on Table 5 are generally eligible for inclusion in eQMs 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, 2021, through December 31, 2021

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, 2021, through December 31, 2021

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)				
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)									

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)									

Note: Table 9D Cross-Table Considerations:

- Charges and collections by payer on Table 9D relate to insurance enrollment 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) 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, 2021, through December 31, 2021

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 Health Center 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	
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 public pharmacy revenue is reported on Table 9E. 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.

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**.

- 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."

This question 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 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

If “yes, but only at some service delivery sites or for 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.

1c. Do you use more than one EHR or data 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 to primary EHR
- b. Additional EHR/data system(s) are specific to one service type (e.g., dental, behavioral health)
- c. Additional EHR/data system(s) are used at specific service delivery sites with no plan to transition
- d. Other (please describe _____)

- 1d. Is your EHR up to date with the latest software and system patches?
- a. Yes
 - b. No
 - c. Not sure
- 1e. When do you plan to update/install the latest EHR software and system patches?
- a. 3 months
 - b. 6 months
 - c. 1 year or more
 - d. Not planned
2. Question removed.
3. Question removed.
4. Which of the following key providers/health care settings does your health center electronically exchange clinical 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. None of the above
 - g. 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
 - d. Other (please describe _____)
 - e. No, we DO NOT engage patients using HIT
6. Question removed.
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
- a. We use the EHR to extract automated reports
 - b. We use the EHR but only to access individual patient health records
 - c. We use the EHR in combination with another data analytic system
 - d. We DO NOT use the EHR
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?
- a. Yes
 - b. No, but we are in planning stages to collect this information
 - c. No, we are not planning to collect this information
12. Which standardized screener(s) for social risk factors, if any, did you use during the calendar year? (Select all that apply.)
- 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 _____)
 - j. We DO NOT use a standardized screener
- 12a. Please provide the total number of patients that screened positive for the following at any point during the calendar 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.)
- 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.

The reporting of COVID-19 vaccines provided to health center patients has been moved from this form to Table 6A.

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,¹ on-site or with whom the health center has contracts, have obtained 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) 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

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)

¹ 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 affordable 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 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. Sponsor²
 - b. Training site partner³
 - 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 category⁴ 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		

² 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).

³ 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).

⁴ 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. Dietitians/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 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 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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