Select Resources on HITEQcenter.org

This document highlights select tools and resources from the HITEQ Center. Resources continue to be added and there are many more than what is listed here, so be sure to visit HITEQCenter.org periodically for additional resources.

Looking for something else? Email HITEQinfo@jsi.com

UPDATED JANUARY 2019

VALUE BASED PAYMENT

Find the following on HITEQCenter.org, under Value Based Payment:

INTRODUCTION TO VALUE-BASED PAYMENT FOR HEALTH CENTERS

This brief introduces value-based payment and answers key questions about health centers' engagement in value-based payment, including health-center specific Alternative Payment Methodology (APM), reasons to engage in payment reform, shifts in primary care payment, and the transition to value-based payment.

USING DATA TO MANAGE POPULATION HEALTH UNDER RISK-BASED CONTRACTS: A BACKGROUND ON WHAT YOU NEED AND HOW TO USE IT

This brief addresses three key questions related to using data to succeed under risk-based contracts: 1) What data do I need and how do I get it? 2) How should I analyze the data? and 3) How should I use the data to manage quality and cost? Understanding the answers to these questions assists in understanding data-related capacities needed to succeed in risk-bearing payment models.

ICD-10 Z-CODES FOR SOCIAL DETERMINANTS OF HEALTH: A QUICK REFERENCE GUIDE

This resource describes ways standardized social determinant of health (SDoH) data can be used and provides a quick reference guide to which ICD-10 codes can help document standardized SDoH data.

WHY COLLECT STANDARDIZED DATA ON SOCIAL DETERMINANTS OF HEALTH (SDoH)?

This slide deck reviews commonly used ICD-10 codes that can help document SDoH and describes useful tools

for collecting these data and how health centers can strengthen their efforts in addressing health disparities.

HEALTH CENTER VALUE PROPOSITION TEMPLATE

Intended for communication with stakeholders, health centers can fill in and customize the value proposition template to demonstrate the value of their primary care services and care model in providing high quality, cost-effective care to those most in need. The template is structured around the three tenets of the Triple Aim.

THE FQHC ALTERNATIVE PAYMENT METHODOLOGY TOOLKIT

This comprehensive guide from NACHC describes the types of financial and utilization data needed to develop a payment model, and covers how the data can be used as well as key challenges and considerations when using the data. The guide also provides an overview of data available from and used by payers. These data include attribution and assignment-related data.

POPULATION HEALTH

Find the following on HITEQCenter.org, under Resources> Population Health:

USING SOCIAL DETERMINANTS OF HEALTH DATA & NEW TECHNOLOGY TOOLS TO CONNECT WITH APPROPRIATE COMMUNITY RESOURCES

This case study provides examples of tools that health centers can use to address non-medical needs identified through social determinants of health assessments. The tools profiled include Aunt Berth and 2-1-1. A framework is also provided for how these can be integrated into case managment processes in a health center.

CONCEPTS FOR POPULATION HEALTH MANAGEMENT

This 4-module PowerPoint provides an overview of population health concepts, and discusses the role of the social determinants (SDoH) and population health management (PHM) within the general population. The four modules combined provide a working knowledge of concepts, implementation directions, create a cogent and current case for use of PHM and SDoH, an introduction to data sources and analytics, as well as next steps.

DATA FOR POPULATION HEALTH MANAGEMENT

This 18-slide module describes the role and importance of data to PHM, including the various sources for data that inform PHM, as well as an introduction to population health analytics. Frameworks for collecting data and measuring impacts and outcomes are included.

THE VALUE PROPOSITION FOR POPULATION HEALTH MANAGEMENT FOR HEALTH CENTERS

Measuring return on investment (ROI) and the value of PHM investment is complex as the definition of value varies. This white paper discusses principles and approaches to measure the value proposition for PHM for health centers.

DEMYSTIFYING PREDICTIVE ANALYTICS

This one-page brief outlines the basics of this complex topic. We define predictive analytics and describe how health centers are adopting this innovation. Sources and uses of data for making predictions are discussed, and specific applications of predictive analytics are described. Specific health center examples are offered to illustrate the potential of predictive analytics for health centers.

TOP TIPS FOR SELECTING AND IMPLEMENTING POPULATION HEALTH MANAGEMENT ANALYTIC SYSTEMS

This document includes tips for selecting and implementing population health management analytic and integrated data systems derived from others who have recently implemented tools and systems.

PRIVACY AND SECURITY

Find the following on HITEQCenter.org, under Resources> Privacy & Security:

HEALTH CENTER SECURITY & COMPLIANCE SYSTEM IMPLEMENTATION GUIDE

This toolkit provides a framework (including references and worksheets) for health centers to evaluate compliance and security concerns as they purchase, adopt, and implement technology solutions.

42 CFR PART 2: CONFIDENTIALITY FOR THOSE SEEKING TREATMENT FOR SUBSTANCE USE DISORDERS

These related resources provide information about SAMHSA's revised Substance Abuse Confidentiality Regulations for Health Information Exchange Final Rule (referred to as 42 CFR Part 2) and how it may affect health centers. It includes information from the Final Rule published on January 3, 2018.

RANSOMWARE GUIDANCE PRESENTATION FOR HEALTH CENTERS

This resource includes ransomware examples, including the Wanna Cry ransomeware, and a PowerPoint presentation with guidance and recommendations which can be used/ adapted for your purposes.

SECURITY RISK ASSESSMENT OVERVIEW PRESENTATION FOR HEALTH CENTERS

This series of Security Risk Assessment (SRA) PowerPoint templates is intended for leadership and project leads to adapt for their specific needs, covers the following: overview of SRA-related privacy & security policies, implications for health center SRA requirements, review of the ONC SRA toolkit, and Office for Civil Rights audits.

HOW TO ESTABLISH AN ONGOING SECURITY PROGRAM AND MEET MEANINGFUL USE FOR SRA

The HIPAA Security Rule mandates security standards to safeguard electronic protected health information (ePHI) maintained by EHRs, with detailed attention to how ePHI is stored, accessed, transmitted, and audited. This rule is different from the HIPAA Privacy Rule. This brief for health centers reviews requirements and provides guidance and recommendations.

ENCRYPTING DATA AT REST ON SERVERS IMPLICATIONS FOR HEALTH CENTERS

It is common practice today to encrypt data at rest (data stored on servers). However, like many smaller health organizations, health centers are particularly vulnerable to potential attack of data hacker infiltration as there may be fewer technical support staff, resource limitations, and organizational inertia that limits preventive action when no threat is perceived. This issue brief discusses benefits, limitations, and considerations for encrypting data at rest.

ELECTRONIC PATIENT ENGAGEMENT

Find the following on HITEQCenter.org, under Resources> Electronic Patient Engagement:

COMMUNITY HEALTH CENTER ADOPTION FRAMEWORK FOR ELECTRONIC PATIENT ENGAGEMENT

This guide provides health centers with an adoption framework and guidelines that can be used to assess the goals and methods for deploying electronic patient engagement services. The approach is multi-dimensional, in that it recognizes the interrelated socio-economic, user, organizational and policy elements to successful adoption and use.

MULTI-LINGUAL PATIENT PORTAL STATUS AND RESOURCES FOR HEALTH CENTERS

Health Center clients represent a broad range of cultures, many of whom do not speak easily speak, read, or write in English. This spreadsheet provides a breakdown of the current known status of patient portal multi-lingual support and some multi-lingual resources available to support patient education and patient navigation efforts.

USING THE SYSTEMS USABILITY SCALE TO ASSESS PATIENT PORTAL SYSTEMS ENGLISH AND SPANISH TEMPLATES

When deploying personal health information systems such as patient portals Health Centers will often encounter challenges in effectively engaging their patient population. Understanding where these challenges are originating can at times be difficult to determine. One obvious area of evaluation is in determining whether the system being deployed is appropriately usable for the population. Patient perception of the overall usability of the patient portal system can be evaluated through use of survey instruments such as the Systems Usability Scale (SUS), which is a well-established and validated usability scale that helps to determine the value, ease and interest of users of a particular system.

MINOR AND PARENTAL ACCESS TO PATIENT PORTALS: NATIONAL AND STATE-BASED EXAMPLES AND USE CASES

This guide provides examples and overviews of patient portal considerations for minors as it relates to Meaningful

Use, HIPAA, state consent laws, and associated policies.

PATIENT ACTIVATION MEASURE METHODS FOR MEASURING PATIENT ACTIVATION AND ENGAGEMENT

The Patient Activation Measure (PAM) can be used as a measure for engaging patients from vulnerable populations as well as patients suffering from chronic conditions. Additionally, the PAM encourages more active relationships between doctors and patients and parallels established patient engagement strategies.

EFFECTIVE SOCIAL MEDIA MANAGEMENT FOR HEALTH CENTERS

As a health center, having a professional social media presence is becoming an influential channel in which to engage patient populations and maintaining a good name in the digital era is becoming increasingly important. This brief and infographic discuss keys to success on social media.

HEALTH IT ENABLED QUALITY IMPROVEMENT

Find the following on HITEQCenter.org, under Resources> Health IT Enabled QI:

GUIDE TO IMPROVING CARE PROCESSES AND OUTCOMES IN HEALTH CENTERS

This cornerstone QI guide provides strategies and tools that health centers can use to enhance care processes and outcomes targeted for improvement, such as hypertension and diabetes control, preventive care, and many others. The approach provides a framework and tools for documenting, analyzing, sharing and improving key workflows and information flows that drive quality.

PRIMER ON DEVELOPING EFFECTIVE DATA DASHBOARDS

This is a practical guide to developing your dashboard including common pitfalls in the design process. Included is a summary table of the pros and cons of commonly used dashboard tools such as Excel, Tableau, and Power BI to assist in assessing and choosing an appropriate dashboard tool. A workbook is also available.

INTEGRATING INTERNAL + EXTERNAL DATA INTO A HEALTH CENTER'S PRIMARY CARE SERVICE

This brief discusses the importance of integrated data, and provides examples of how other health centers have integrated and utilized oral health, colon cancer screening data, and other data within primary care.

UTILIZING + INTEGRATING BEHAVIORAL HEALTH DATA INTO HEALTH CENTER PRIMARY CARE SERVICES

As more health centers seek to break down siloes that can fragment patient care, collaboration with or integration of behavioral health care has been strengthened, although data integration remains difficult and privacy remains paramount. This brief discusses some of the approaches, successes, and challenges in integrating behavioral health data within primary care services.

ADDRESSING CHILDHOOD OBESITY IN HEALTH CENTERS: PROMISING PRACTICES AND LESSONS LEARNED

This publication discusseshow health centers are meeting the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (CMS155v6) UDS measure, and how they are taking further steps to identify and intervene with those at risk of obesity by leveraging health IT, EHRs, and resulting data.

WORKFORCE DEVELOPMENT

Find the following on HITEQCenter.org, under Resources> Health IT and QI Workforce Development:

BUILDING DATA TEAMS AND SKILLS: MAXIMIZING DATA LITERACY AND DATA GOVERNANCE FOR A DATA DRIVEN CULTURE

This compendium of references and tools is intended to support Quality Improvement efforts and to build skills across health center staff, particular those who may be tasked with leading data literacy and data governance activities or are new to the health center world.

ENGAGING THE DATA CREATORS: INVOLVING FRONT-LINE STAFF IN THE HEALTH IT ENABLED QI PROCESS

This brief discusses the importance of including frontline staff such as front desk, intake staff, and medical assistants in Health IT Enabled QI process, as they are often the 'data creators' or those entering information into the system and thereby creating the information that leadership, providers, and payers are using to make decisions. Real world examples as well as suggested approaches and further resources are included.

GETTING STARTED ON THE QUALITY JOURNEY: CASE VIGNETTES

These vignettes are intended to be aspirational examples of quality work that can be launched by an individual with relatively little support and produce results relatively quickly). The vignettes are written to encompass both health centers with many resources and those with less to, and to inspire associative thinking to identify specific work that can be accomplished in a shorter timeframe.

JOB FUNCTION DECISION TREE: SKILLS AND JOB DESCRIPTIONS FOR HEALTH IT STAFF

This decision tree matrix assists health center staff create new job descriptions and/or modify existing job descriptions to more clearly incorporate Health IT and quality-related responsibilities. The matrix provides responsibilities across three categories of roles: Medical Leadership, Quality, and Health IT. It differentiates these responsibilities based on typical job functions (e.g., Quality Improvement, Compliance, Meaningful Use).

STAFFING MODELS, PROGRAM ELEMENTS, AND PERFORMANCE EXPECTATIONS

This document describes Quality and Health IT staffing models for lower, middle, and higher-resourced health centers. These models are intended to be both normative (e.g., How does my health center compare? Do I have all of these positions covered?) and aspirational (e.g., What benefits could we get if we move to the next level?).

BENEFITS AND TOOLS FOR ONBOARDING AND ORIENTATION OF NEW STAFF MEMBERS

This guide outlines the ways in which effective onboarding and orientation methods result in shorter learning curves, improved job satisfaction, and improved retention. It then provides explicit direction for how to organize an effective process with planning checklists and employee surveys.

HEALTH IT PRIVACY & SECURITY SKILL SETS: THE IMPORTANCE OF INFORMATION SECURITY FOR ALL HEALTH CENTER STAFF

Health Centers need to invest in and devise a concrete roadmap and systems development and maintenance lifecycle that is transparent and supported by all levels of staff including clinicial, front and back office, privacy and security staff, and the board of directors. This guide reviews strategies and tools that support these goals.

EHR SELECTION AND IMPLEMENTATION

Find the following on HITEQCenter.org, under Resources> EHR Selection and Implementation:

EHR IMPLEMENTATION TIMELINE

This planning tool provides a simplified timeline to aid health centers in planning EHR implementation or migration.

ACCESSING YOUR DATA: QUESTIONS TO CONSIDER WITH YOUR EHR VENDOR

This checklist describes the steps health center quality improvement and IT staff can take to ensure they are maximizing capacity of current systems. Included are questions around the system itself, report generation, training, and resulting data, as well as considerations before and after you contact your vendor.

ABILITY TO USE DATA WITHOUT EXCESSIVE CHARGES

The decision to use a hosted EHR (rather than operating the EHR on their own hardware) and the terms of data access in those arrangements are important factors in addressing respond to data needs. This brief provides issues and suggestions for contract negotiations.

HEALTH IT/ EHR ASSESSMENT TOOL

This Excel-based programmed tool assists HCCNs, PCAs, or other organizations in collecting and consolidating information about the EHR and health IT setup and capability in their member or related health centers. Short video overviews are provided for each tab of the tool.

EHR TRANSITION TIPS

Three interrelated tools, each including pearls of wisdom from health centers who have recently transitioned to a new EHR, sharing their recommendations and insights about choosing a new EHR. The three tip sheets are 1.) motivation and planning, 2.) vendor solicitation and selection, and 3.) implementation.

PROVIDER ENGAGEMENT FOR HEALTH CENTERS: TURNING EHR FROM A BARRIER TO BENEFIT

These recordings of a popular HITEQ and Star2 center joint webinar include discussion of health center provider engagement from the three pillars of executive sponsorship, training and education, and governance throughout the life-cycle management of the EHR system. and discusses the four phases of EHR lifecycle - selection, implementation, functionality deployment, and optimization.

EHR VENDORS MOST FREQUENTLY USED BY HEALTH CENTERS

These graphs, using health center-reported UDS data from 2014 through 2017, identify the 10 most frequently vendors among health center programs, and show the change between years.

HEALTH INFORMATION EXCHANGE + INTEROPERABILITY

Find the following on HITEQCenter.org, under Resources> Health Information Exchange and Interoperability:

CAREQUALITY AND COMMONWELL — WHAT MATTERS TO HEALTH CENTERS

It is believed that when technology vendors fully embrace interoperability standards great value will be created for users; this brief outlines what health centers should know.

UNDERSTANDING EHRs, ANALYTICS, DATA WAREHOUSES AND HIE REPOSITORIES

There are many paths to interoperability, including HIE, data warehousing, and other EHR/analytics based methodologies. This white paper gives a brief guide to the common technologies in use.

DATA TYPES AND SOURCES FOR HEALTH INFORMATION EXCHANGE (HIE)

This issue brief focuses on the sources and types of data that are exchanged by HIEs as outlined by ONC.

HIE EVALUATION CHECKLIST

This checklist resource helps health centers to decide among multiple HIE options or, together with other HITEQ Center resources, prioritize the impact of HIE participation for the health center.

HEALTH CENTER EHR TRANSITION:

Tips for everything from selection to contract negotiation to implementation.

June 2019

The HITEQ Center has a number of EHR transition tools that may be helpful for health centers that are considering a transition from one EHR to another.

HITEQ offers charts that show the most frequently used EHRs among health centers, as well as adoption trends, *according to annual UDS reporting on the Health IT Form*.

Issues and Suggestions for Contract Negotiations

- Ability to Use Data Without Excessive Charges
- Access to Information about Database Structures

EHR Transition Tips from Health Centers who have Recently Transitioned

- Vendor Solicitation and Selection
- Motivation and Planning
- Implementation

Tools for Health Center EHR RFP Process

- Health Center's guide to the MEHI EHR Planning and Procurement Toolkit
  - MEHI EHR Planning and Procurement Toolkit
- Introductory Letter for EHR/ Health IT Vendor
- Health Center EHR RFP Addendum

ONC Report: EHR Contracts Untangled: Selecting wisely, negotiating terms, and understanding the fine print.

Consider joining NACHC User Group for the EHR of your choice.

Need more assistance? Request training or TA from HITEQ.

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UDS Submission Checklist

Use this checklist as a reference to ensure a complete, accurate, and on-time UDS submission. It is common for multiple people to contribute to reporting. The lead preparer should organize the team, the report and review activities, and the submission process early.

	Activity	Notes
☐	Plan ahead. Try to have a complete UDS Report available for internal review at least 2 days before submission.	Your UDS Report is due by February 15. Give yourself sufficient time to review the report for completeness and reasonableness.
☐	Review comments and questions that your Reviewer sent last year.	Avoid making the same errors in the report year after year. Reviewing the letter will help to identify common mistakes to avoid.
☐	Pull your health center's prior year UDS Report from the Electronic Handbooks (EHB).	Be sure to get the final report that includes all corrections, not the initial submission.
☐	Compare key metrics across years. Investigate large increases or decreases for accuracy. At minimum, review: • Tables 3A, 3B, 4, and ZIP: Patient demographic, income, and insurance shifts, and special population counts, • Tables 5, 6A, and 8A: Patient, visits, and costs by service category, • Tables 6B and 7: Universe and compliance for each measure, and • Tables 8A, 9D, and 9E: Ratio of total costs to total cash revenues.	Unless your health center has experienced a substantial change in the service delivery model (new services, change in number or type of providers, or change in number of patients served), year-to-year changes are generally minor. *Note: If your program has experienced a significant change in activity, it is advisable to provide a brief explanation in the report comments.*
☐	Check answers to flagged edits for adequacy.	Edits help to identify potential issues with your data prior to submission and must be addressed through data changes (where appropriate) or through meaningful explanations. Explanations such as, "Looking into it," "This is what the data say," or "Verified with our EHR vendor" are not acceptable. *Note: If your program activity is not in line with state and/or national averages, explain the program's impact and variance from the comparison in the edit comment(s).*
☐	Check that all tables are marked as complete.	All tables must be marked as complete. Tables that are complete are shown with a green check mark.
☐	Mark the report as complete and accurate and submit.	The health center staff person with submission rights in the EHB is responsible for reviewing and approving the UDS Report before submission.

UDS: UNIFORM DATA SYSTEM

Background on Codes for UDS Clinical Measure Reporting
The UDS Manual does not include ICD-10-CM and CPT code references. This is because:

1. Electronic clinical quality measures (eCQMs) use data from electronic health records (EHR) and/or health information technology systems to measure health care quality. As the UDS continues to move toward alignment with national measure reporting, health centers should be utilizing the codes referenced in the eCQM specifications directly. Codes and corresponding eCQM guidance can be found through links at: https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms?field_year_value=2

2. Prior years of the UDS Manual only included codes that may help, but was never intended to be a comprehensive list of codes.

3. Removing the codes reduces duplication and potential errors in codes listed.

HIV Linkage to Care
The HIV measure does not have an associated eCQM. Health centers have expressed that although the UDS Manual may not be all-inclusive of codes, it is helpful to continue to provide the codes from previous manuals as reference. Below are associated ICD-10-CM and CPT codes that may help with 2019 reporting.

HIV Linkage to Care
The following codes will be useful in identifying the universe:
• ICD-10 = B20, B97.35, Z21

Note, however, that there are no ICD-10-CM or CPT codes to identify newly diagnosed HIV patients. To identify newly diagnosed HIV patients, you can either modify your HIT/EHR to record this information or keep track of the patients who are identified in a separate system. When a diagnosis is documented in the HIT/EHR the “date diagnosed” is time stamped and may be used for reporting.

Virtual UDS Visits Defined

- A virtual visit is one that meets all other requirements of a UDS visit except that it is not an in-person interaction between a patient and provider. Just as with in-person visits, not all virtual visits are countable.
- State and Federal telehealth definitions and regulations regarding acceptable modes of care delivery, types of providers, informed consent, and location of patient are not applicable in determining virtual visits for UDS reporting.

Glossary of Terms

Below are key terms used throughout this document.

- **Asynchronous/Store and forward:** Electronic transmission of medical information, such as x-rays, sonograms, other digital images, documents, and pre-recorded audio and/or videos that are not real-time interactions.
- **Distant/Consultant/Hub Site**: Location of provider.
- **Mobile Health (mHealth):** Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.
- **Originating/Patient/Spoke Site:** Location of patient.
- **Remote patient monitoring:** Electronic transmission of collected medical data, such as vital signs, pulse, and blood pressure, from patients in one location (typically the home) to health care providers in a different location.
- **Synchronous/Live audio and/or video**: Use of two-way interactive audio and/or video technology, such as video conferencing, or other HIPAA compliant video connections between a provider and patient, or telephone, that are “live” or real-time interactions.
- **Telehealth:** Use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
- **Telemedicine:** Telemedicine is a subset of telehealth services referring to remote clinical services.
- **UDS Service Categories:** Medical, dental, mental health, substance use disorder, vision, other professional, and enabling services.
- **Virtual Visits:** Another term for telemedicine visits.

Virtual Visit Guidance for Health Centers

Guidance for UDS reporting is provided below. The table is arranged by topic area with UDS reporting instructions in blue, followed by clarification of the reporting requirements in white.

Virtual Visits

Count patients throughout the UDS (demographics, services, clinical, and financial sections) when their visits qualify as a telemedicine visit, even if the visit is the first or only visit for the patient during the reporting period, and even if the visit is not billed (though almost all medical, dental, and mental health visits are normally billed). Accordingly, for patients who had virtual visits, the patient must be registered and all relevant demographic, insurance, clinical, and other data about the patients must be collected.

Reporting Guidance	Note
Telemedicine services within the seven (7) UDS service categories are eligible to be included as countable visits, if those services meet all other countable visit definitions.	The seven service categories include: medical, dental, mental health, substance use disorder, vision, other professional, and enabling services. Although reimbursement for items billed is not 'required' to count as a visit for UDS, health centers should consider Health Center Program rules for maximizing revenue and determining eligibility for sliding discounts. Do not count the types of services that are unreportable interactions in the UDS, such as distance monitoring of patients' vitals, prescription refills, and provider reading of lab, x-ray, or other test results. Virtual group sessions that meet the visit definitions are countable only for mental health or substance use disorder services.

Provision of Care

- If the health center provider virtually provided care to a patient who is elsewhere (not physically at a health center), count the patient and the visit.
- If the health center has authorized patient services by another provider (not at the health center) who provided the care to the patient at the health center through telemedicine, and the health center paid for the services, count the patient and the visit as a virtual visit.
- If the health center has referred the patient's care to another provider and the health center did not pay for the service, do not count.

Reporting Guidance	Note
Telemedicine services provided by the health center or by paid referral are counted.	If the originating location of the patient is at the health center and the patient received care from a non-health center provider at a distant location, the health center may bill a facility fee. However, for purposes of UDS reporting, do not count the visit unless the health center paid for the service.

Modes

Only count virtual visits provided using interactive, synchronous audio and/or video telecommunications systems that permit real-time communication between a distant provider and a patient.

Reporting Guidance	Note
Despite the numerous modes of telemedicine services, limitations are set to match UDS reporting definitions of visits.	**A Countable Visit** Live video and/or audio (synchronous, real time): Use of two-way interactive audio (i.e., telephone) and/or video technology, such as video connections between a provider and a patient (i.e., "face-time"). **Not a Countable Visit** Store and forward (asynchronous, not real time): Electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Remote patient monitoring: Electronic transmission of collected medical data, such as vital signs and blood pressure, from patients in one location to health care providers in a different location. Mobile Health (mHealth): Technologies, such as smartphone and tablet apps, that enable patients to capture their own health data without a clinician's assistance or interpretation. Other asynchronous technologies: Email, fax, internet/online questionnaires, prescribing, or other transmissions.

Coding

Chart and code telehealth services. As a rule, use CPT or HCPCS codes with a modifier of "GT", ".95", or Place of Service code "02". Charges for telehealth services are to be established in the health center's fee schedule.

Reporting Guidance	Note
Codes must be used to demonstrate services provided to patients via interactive audio and video telecommunications systems.	Use only eligible CPT or HCPCS codes. Do not count services as virtual visits if they are not coded as such. Telehealth services coded with a "GQ" (used for asynchronous, or store and forward technologies) modifier cannot be counted as a visit. Do not count consultations (such as CPT 99241-99245) which are never reportable in the UDS as virtual visits. These are interactions between providers or between a provider and a family member without the presence of the patient.

Multiple Visits

On any given day, count one and only one visit per patient per service category, regardless of the number of visits, including virtual visits. The only exception is if there are two different providers at two different locations providing care on that same day.

Reporting Guidance	Note
Limitations to count visits are applied for multiple patient visits (in-person and virtual or multiple virtual) on the same day by the same service category or provider type.	When a patient is seen by a provider in-person at the health center and separately by a distant (virtual) provider of the same service category on the same day, count each as a visit if the service with the distant provider is paid for by the health center or performed by a health center provider. When a patient is with staff from the health center who is supporting the service and the patient receives services from a distant provider, count this as one visit, and only if the health center paid for or provided the care virtually.

Telehealth Resources for Health Centers

Telehealth can be an important tool for improving access to quality health care, especially for underserved and medically vulnerable populations. Here are some resources for health centers interested in offering or expanding telehealth services:

- Health Information Technology, Evaluation, and Quality Center (HITEQ): a HRSA-funded National Cooperative Agreement.
- Telehealth Resource Centers: 12 HRSA-supported regional and two national centers (including the Center for Connected Health Policy) provide expert and customizable technical assistance, advice on telehealth technology and state specific regulations and policies such Medicaid or private payers as well as Medicare.
- Centers for Medicare and Medicaid Services: Telehealth: provides Medicare telehealth services definitions.
- Medicare Telehealth Payment Analyzer: checks if an address is eligible for Medicare telehealth originating site payment.

Table 5: Mental Health/Substance Use Disorder Services Detail

Beginning with the CY 2019 UDS, mental health and substance use disorder services provided by medical providers and substance use disorder services provided by mental health providers will be documented in an addendum of Table 5 – *Selected Service Detail*. The purpose of the addendum is to fully capture mental health and substance use disorder (MH/SUD) treatment services provided in health centers.

Primary care providers in health centers often provide mental health services as part of medical visits and a wide range of both primary care and mental health providers provide substance use disorder treatment services. However, these mental health and substance use disorder services are not currently captured in the UDS. As a result, the breadth of mental health and substance use disorder services being provided in health centers has been understated. Reporting on an expanded group of health care providers who address mental health and substance use disorders will better reflect the comprehensive, integrated model of care provided in health centers.

The patients and visits reported in the *Selected Service Detail* section involve activity already reported in the main part of Table 5 and may also involve duplication *across* (MH and SUD) service categories. This is different than general rules used for Table 5 and Tables 3A, 3B, and 4 where an unduplicated count of patients are reported, and visits are counted once and only once.

These data are reported only on the Universal table, not the Grant Report tables.

Selected Service Detail					
	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				
	Substance Use Disorder Detail	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
21a	Psychiatrists				
21b	Physicians (other than psychiatrists)				
21c	Nurse Practitioners				
21d	Physician Assistants				
21e	Certified Nurse Midwives				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Worker				

Instructions for Reporting Mental Health and Substance Use Disorder Services Detail

Addendum to Table 5 – *Selected Service Detail* is divided into two service categories: mental health and substance use disorders. For each service category, report the number of:

- Providers (not FTE) by type who provided mental health and/or substance use disorder services in Column a1.
    - For MH Service Detail, count MH treatment provided by Physicians (other than psychiatrists), Nurse Practitioners, Physician Assistants, or Certified Nurse Midwives.
    - For SUD Detail, count SUD treatment provided by Psychiatrists, Physicians (other than psychiatrists), Nurse Practitioners, Physician Assistants, Clinical Nurse Midwives, Licensed Clinical Psychologists, and Licensed Clinical Social Workers, or Other Licensed Mental Health Providers including Psychiatric Nurse Practitioners.
    - Contract providers paid by the visit are not reported in the FTE columns in the main portion of Table 5, but they will be reported in the Selected Service Detail section. It is possible to report, for example, zero providers on a line in the main section of Table 5, but one or more in the corresponding line of the Selected Service Detail.

      Note: The 'Selected Service Detail' section only reflects providers and their MH and SUD treatment services not already reported in the MH and SUD sections on the main part of Table 5. The sum of MH and SUD services reported in the main part of Table 5 and the addendum to Table 5 provides an unduplicated count of MH and SUD ***services*** across all provider types.

- In-person clinical visits patients had for these services, by provider type, in Column b.
    - Use ICD-10 diagnostic codes associated with the visit to document/count the delivery of mental health or substance use disorder treatment services by medical and mental health providers.
        - Include only visits documented with acceptable ICD-10 MH or SUD diagnosis codes (See Table 6A, Lines 18-20d for examples of codes).
        - Exclude visits that only provide the following mental health or substance use disorder services:
            - ✓ Screening
            - ✓ Medication delivery or refill
            - ✓ Patient education
            - ✓ Referral
            - ✓ Case management
    - MH/SUD services meeting the criteria listed above should be included even if there is no associated billing or reimbursement for the provision of these services.

- Virtual visits that patients had for these services, by provider type, in Column b2.
  - The criteria for reporting this section is the same as in-person clinical visits.
  - See the Virtual Visit Reporting Guidance fact sheet for specific requirements for reporting virtual visits.

- Patients seen for these services, by provider type, in Column c.

Selected Service Detail Guidance for Health Centers

Guidance for UDS reporting is provided below. The table is arranged by topic area with UDS reporting instructions in blue, followed by clarification to the reporting requirement in white.

Multiple Services Delivered at a Visit

When a medical provider delivers mental health treatment (in whole or in part) as part of a medical visit, count the visit on the appropriate line by provider type (1-11) in the main part of Table 5 and on the appropriate line (20a01-20a05) in the *Selected Service Detail* section.

When a medical or mental health provider provides substance use disorder treatment, count the visit on the appropriate line by provider type (1-11 or 20a-20b) in the main part of Table 5 and the appropriate line (21a-21h) in the *Selected Service Detail* section.

Situation	Note
A family physician sees a patient for an annual check-up, and during that visit the provider also treats the patient for depression and their misuse of drugs.	The visit will be reported in three different places on Table 5: ✓ Report the medical treatment (annual check-up) provided by the family physician in the main part of Table 5, on Line 1, and include the patient in the total on Line 15. ✓ Report the depression treatment (MH) provided by the physician in the *Selected Service Detail* section, Line 20a01. ✓ Report the treatment provided for misuse of drugs (SUD) in the *Selected Service Detail* section, Line 21b.
A licensed clinical psychologist sees a patient for depression complicated by opiate abuse.	The visit will be reported in two different places on Table 5: ✓ Report the visit with the clinical psychologist in the main part of Table 5, Line 20a1, for treatment of depression (MH). ✓ Report the substance use disorder treatment provided in the *Selected Service Detail* section on Line 21g.

Visits Related to Medication

Count services as visits only when they meet all the UDS visit criteria. Never count medication administration or dispensing, prescription refills, education, referral or case management as a visit.

Situation	Note
A nurse practitioner discusses anti-depressant regimen by phone with her patient.	This virtual visit will be reported twice on Table 5: ✓ Report the visit with the nurse practitioner in the main part of Table 5, Line 9a, Column b2. ✓ Report in the *Selected Service Detail* section on Line 20a02, Column b2, for the mental health treatment.
An internist discusses a refill of antidepressant medication with a patient.	Do not count the interaction as a visit. It does not meet the criteria for a countable visit in the UDS.

Table	Brief Description	Checks
	Costs: Table 8A	
5 & 8A	FTEs and cost in sync	◆ Ideally there should be a worksheet reconciling the FTE distributions on Table 5 with the personnel cost distributions on Table 8A. Cost with no FTEs may be explained by paid referred care contracts for lab, x-ray, and other services. ◆ Significant differences in the CY-PY are compared. Personnel cost is usually 65-70% of total cost so this could be an important cost reporting issue. Check for differences and correct or provide clear explanations. Unreasonably low or high costs per FTE may be an indication of a possible mismatch of cost and FTEs. This may also be explained by donated staff where there are FTEs on the service line but the cost is reported on the donated line.
5 & 8A	Other Programs and Services FTEs and cost	◆ The specify text box on both tables should be the same. The other category includes items and programs not classifiable elsewhere and those not exclusively tied to FQHC patients. Includes: WIC, pass-through cost, space leased to others, staff contracted to others, retail pharmacy, adult day health care, research, etc. ◆ Receipts related to other costs are reported on table 9E on the appropriate line. For example, pass-through receipts are reported on table 9E line 6 and are offset by an equal amount of cost on the other line of table 8A.
8A & 9E	Donation descriptions	◆ Donated drugs (table 8A) are to be valued at 340b prices and described in the specify box. Drugs donated by the pharmaceutical company directly to the patient are not reported. ◆ Other donations (non-monetary on table 8A and monetary on table 9E) should be described in the specify boxes. ◆ In-kind donation income is reported on table 8A, not on table 9E.
8A, 9D, 9E	Pharmacy size	◆ Reporting no pharmacy or pharmaceutical cost is unusual and should be explained. Medications administered by clinicians in-house are to be reported on the pharmaceutical line and not in medical. ◆ Report dispensing cost from community-based 340b pharmacies on the pharmacy line 8a. Contract pharmacies take their fees from sales receipts before reimbursing the FQHC which causes some to omit dispensing cost and some to understate drug replenishment cost. ◆ Review pharmacy cost which is greater than drug cost. Nationally pharmacy cost is 64% of drug cost. ◆ Pharmacy revenue data (see Table 9D) are to be reported in the same manner as all other service revenue data but this is often a problem because of limitations of the data provided by the 340b contract pharmacies. Work with contract pharmacies to ensure you get the pharmacy, drug, and dispensing fees costs separately; and that charges are reported as of the date of service and collections are reported by payer. This is important in centers where the pharmacy cost is significant.
8A	Allocation methods	◆ There are multiple ways of which overhead may be allocated. Preparers should use the simplest method which produces a reasonably accurate and comparable result to a more complex method. Cost centers with no overhead allocation will be questioned. ◆ Allocating known direct costs first is preferable. For example, all the facility cost of a dental only site would be charged directly to dental. ◆ Doing an allocation of facility cost second and administration cost third is also preferable. ◆ A lesser overhead charge should be considered for large purchased service items. ◆ If the proportion of overhead cost to direct cost is the same for each line, it indicates that a one-step method was used. Given that managing personnel consumes most of the overhead, using square feet of space as the sole allocation basis will generally not produce an accurate allocation of overhead. Using total direct cost, FTEs or personnel cost is a preferable one step basis.
8A	Overhead outliers	◆ Overhead cost to total cost rates of 8% for facility and 25% for non-clinical support (administration) are stable national averages over time. There is little deviation from the mean. Outliers will be questioned to check for misclassifications of cost. Significant change in rates from the prior year should be explained. ◆ Large pharmacy programs will drive overhead rates down.
All	Subrecipients and contractors	◆ Health centers should identify the existence of subrecipient and large contractor arrangements and explain how those arrangements are reported on the UDS. ◆ Subrecipients are to report a complete set of UDS tables which are consolidated with the FQHC data. Contractors report the services delivered and the amount paid by the FQHC.
Table	**Brief Description**	**Checks**
	Patient-Related Revenue: Table 9D	
4 & 9D	Adjustments (retros, receipts, paybacks, etc.)	◆ Report retros in columns (c1, c2, and c3) and add to column (b) and subtract out of column (d) – do the opposite for (c4) paybacks made with check. ◆ No Medicaid adjustments may mean the health center is improperly recognizing charges at the FQHC rate rather than the normal fee value. This is more likely in states where Medicaid or its MCOs pay the centers their FQHC rate rather than a market rate. The absence of wraps or settlements for managed care plans should be explained. ◆ Sliding fee adjustments are reviewed for reasonableness. Usually the change from the PY is consistent with change in self-pay charges. Indigent care fund revenue data will affect sliding fee adjustments. ◆ Bad debt reported on the UDS is currently limited to self pay. The self pay bad-debt reported is either the amount directly written-off from patient accounts or the amount of change in the allowance account attributable to self pay.
4 & 9D	Insurance vs. Payer	◆ The payers on table 4 and 9d are usually the same with a few exceptions. Table 4 classifies patients by medical insurance and table 9D classifies revenue data by the payer from which the revenue is expected or received. ◆ Other Public 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.
4 & 9D	Managed care enrollment data consistency	◆ MCOs who don't provide enrollment data are not considered managed care for UDS reporting on both tables 4 and 9D. ◆ Outlier PMPM capitation and charges PMPY amounts will be questioned as will any significant change from the PY. ◆ Unusually low capitation amounts may be due to case management being mistakenly reported as managed care; and high amounts could be due to missing enrollment data or unusually high risk coverage (e.g., HIV or prenatal). Amounts may be lower or higher but should be explainable. ◆ The absence of wraps or settlements should be explained. There will be no wraps if MCOs are paying PPS rather than market rates. Wraps and settlements are to be allocated on the three lines within each payer and in columns c1 and c2.
5 & 9D	Charge ratios	◆ Charges per patient, charges per visit, and charge to cost ratio outliers may be questioned. Large pharmacy operations may explain high ratios and low productivity may explain low ratios.

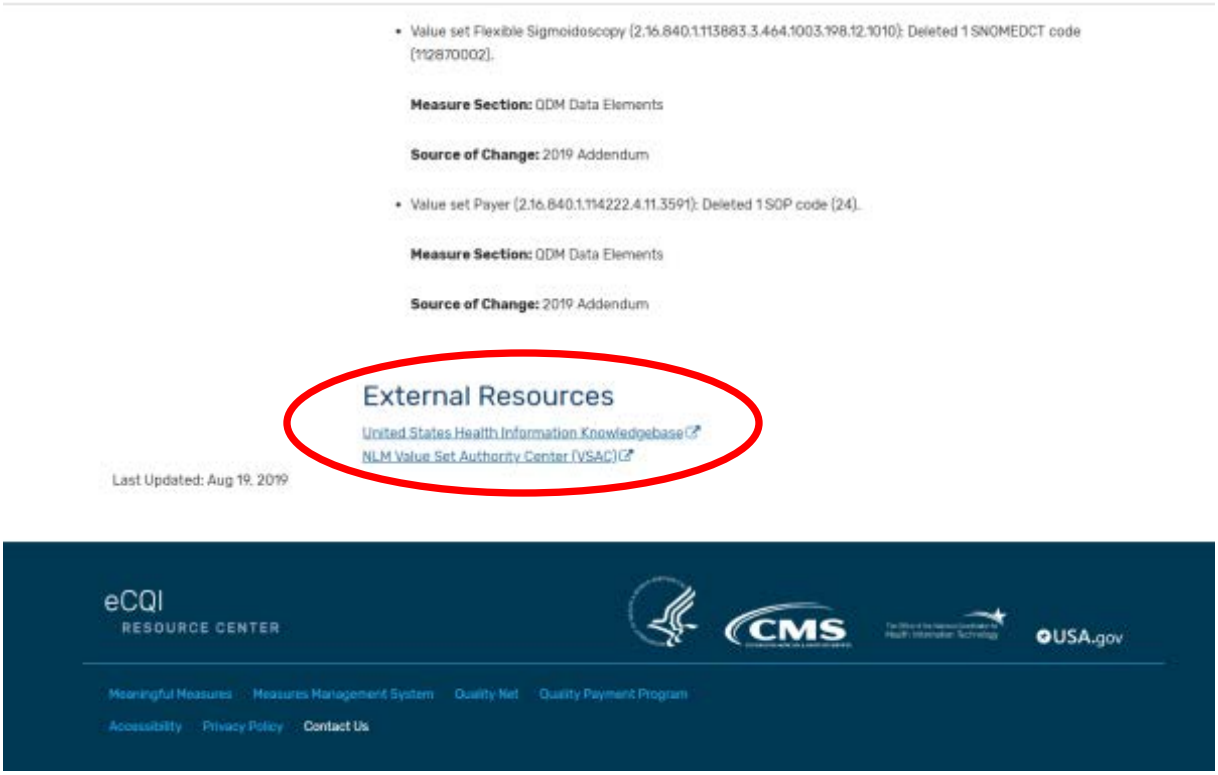
9D	Pharmacy revenue	◆ Contract and in-house pharmacy revenue is reported on table 9D. ◆ Pharmacy data are to be reported on table 9D in the same manner as other services are reported. Charges are to be recorded in a uniform amount - generally the retail or UCR price - for each drug for each payer by date of service; collections are to be reported by payer upon receipt along with any corresponding adjustments. See Appendix B of the UDS Manual. ◆ Pharmacy revenue data can be a problem because of limitations of the data provided by the 340b pharmacies. Work with contract pharmacies to ensure you get the pharmacy, drug, and dispensing fees costs separately; and that charges, collections, and adjustments are reported by payer. This may be questioned, particularly in centers where the pharmacy cost is significant, as is the case when the costs exceed $1M or more or the cost is proportionately much greater than the national average of 11% of total cost.
9D	Insufficient pharmacy data	◆ When pharmacy data are reported by contractors on a cash basis and when receipts by payer are unknown, report the receipts on table 9D, line 13 column B and offset those receipts with an equal amount of charges in column A. This should be corrected for future reporting.
9D	Medicare G Codes or other capitated or negotiated rates	◆ Charges are to be reported at the normal fee value across all payers. Charges are not to be reported at negotiated or discounted rates. ◆ Medicare requires the G codes and CPT codes to be included on Medicare claims. The G codes should be eliminated from the charges reported on the UDS. Most practice management systems have corrected for this, and if not a manual adjustment is needed.
9D	Performance incentives	◆ Many managed care plans and many other insurers pay a performance bonus of some sort. This is to be reported in Column b and column c3; and not on Table 9E.
9D	Charge reclassification	◆ Charges less collections less adjustments = change in A/R. Nationally A/R increased in an amount equal to 0.31 months of charges. The change in A/R is usually consistent with the change in charges - when charges increase A/R increases. Large changes in A/R are questioned. ◆ Check that a large increase isn't the result of adjustment entries being reversed. Large A/R decreases may be an error if retros are included in column b, but were not taken out of column d. ◆ Charges are to be reclassified to secondary and subsequent payers when appropriate. Failure to do this will usually cause the change in Medicare and Private payer A/R to increase and self-pay to decrease.
9D	Patient and charge mix by payer	◆ The patient payer mix and charge payer mix are usually comparable with some difference expected. National Medicaid plus Medicare charge mix (65%) is seven points higher than the patient mix (58%). ◆ A large obstetrics practice or a large pharmacy operation can cause the charge mix to be greater than the patient mix. ◆ The failure to exclude Medicare G codes from charges will overstate the Medicare payer mix. Reporting charges at negotiated or discounted rates will undermine the validity and usefulness of the charge mix data.
Table	**Brief Description**	**Checks**
	Other Revenue: Table 9E	
8A & 9E	Income	◆ Table 9E only includes cash receipts related to income. ◆ Loan proceeds are not reported because they are not income. Insurance proceeds are not reported if the loss was taken as an asset reduction. In-kind donations received are not cash receipts and are not reported on 9E but in-kind donations consumed are reported on table 8A.
9D & 9E	Patient service receipts	◆ Incentive and performance payments are to be reported on table 9D except for CMS EHR incentive receipts. ◆ Retail pharmacy receipts are reported on table 9E. ◆ Categorical grant receipts which are tied to patient services are reported on table 9D; those grants not tied directly to specific patient services and which reimburse for expenses are reported on table 9E.
9D & 9E	Indigent care	◆ Indigent care should be reported consistently in states and localities. ◆ Indigent program receipts are reported on table 9E. The charges and patient receipts are to be reported on table 9D and offset by sliding fee discounts.
9E	Receipts by source	◆ Receipts are reported by the source from whom they were received and not where they originated (RW A = local government or non-profit; RW B = state and RW C = federal). ◆The specify boxes should identify dollars by source when amounts are material and when more than one source is included..
9E	Surplus or loss	◆ Surplus or Loss = Tables 9D+9E receipts less table 8A cost before donations. ◆ Large surplus or loss for CY & PY are questioned. Check if the amount is consistent with audited net income. ◆ Check if some receipts or costs are excluded, particularly pharmacy income or cost. ◆ A possible reason for changes from year to year may be timing of grant or wrap receipts showing large deficit one year and surplus the next.
9E	Large change from prior year	◆ Review prior year reporting for comparability to check that items are not omitted. If omitted, confirm no dollars were received in the current year for that program.
9E	Other receipts	◆ No other receipts, line 11, are questioned. Nationally other receipts = 4% of total 9D+9E receipts.
Note: The UDS Manual instructions are to be followed when reporting on the financial tables, though they may differ from accounting principles.		
Reporting questions not clearly addressed by the manual are to be discussed with the UDS support line or the reviewer who will counsel with the UDS team to determine the		
Acronyms used:		
	A/R	Accounts receivable
	BCCCP	Breast and Cervical Cancer Control Program
	CY	Current or calendar year
	FQHC	Federally qualified health center
	FTE	Full-time equivalent
	HIV	Human immunodeficiency virus
	MCO	Managed care organization
	PMPM	Per member per month
	PMPY	Per member per year
	PPS	Prospective payment system
	PY	Prior year
	RW	Ryan White
	UCR	Usual, customary, and reasonable
	WIC	Women, infants, and children

Accessing the United States Health Information Knowledgebase (USHIK) for Electronic Clinical Quality Measures (eCQMs) Specifications

To view additional details such as ICD-10 or CPT codes for UDS clinical measures with an associated eCQM number, it is necessary to access the United States Health Information Knowledgebase (USHIK). The USHIK can be accessed through the "eCQI Resource Center" online.

Using the electronic (pdf) version of the UDS Manual locate the clinical measure in the chapter for Table 6B or Table 7. Click on the hyperlink for the eCQM number in the title for the related measure. The hyperlink will direct you to the eCQI Resource Center for that measure.

Once in the eCQI Resource Center, scroll to the bottom of the page to locate the section labeled "External Resources." Below that section is the link to the United States Health Information Knowledgebase (USHIK). See the circled link in the screenshot below. Click on that link to access the USHIK page. To view details in the USHIK it is necessary to establish a user name and password. To do that follow the directions on this page: https://www.nlm.nih.gov/databases/umls.html.



Once you have an established a username and password for USHIK you can then access the measure details in the USHIK and search by an eCQM number from the dropdown list by filtering for the measure. Click on the hyperlink to the measure shown in the filtered result. In the measure, to view related codes, click on the tab for "Data Criteria" to access additional information for the selected measure.

If you have additional questions, please contact UDS Support at 866-837-4357 or udshelp330@bphcdata.net

Nurse Visits for UDS Reporting

The definition of a visit must include three criteria in order to count in the UDS:

- service must be documented
- service includes face-to-face or virtual contact between a patient and a licensed or credentialed provider
- independent professional judgment is used in the provision of services to the patient

It is important that nurse visits:

- include these criteria and be unique to their training as a nurse,
- that the nurse saw the patient independently (not seen by another more advanced skilled provider after seen by the nurse),
- the service is not a continuation of a previous visit or follow-up of services, and
- is not a service that is never reportable in the UDS (regardless of provider level).

Some of the most common visit examples that nurses might count (again assuming all visit criteria is met) include:

- triage
- nurse evaluation of a patient's medical condition and the patient does not see another medical provider (e.g., patient seen for flu-like symptoms)
- home health care

Under no circumstances can the following be counted as nurse visits:

- drug administration/shots (e.g., flu, vaccinations, Depo-Provera, Coumadin)
- tests or blood draws (e.g., PPD, HBA1c, pregnancy)
- or visits where the patient is then evaluated by another more advanced provider be reported as a nurse visit

The reference made in the manual of *'nurse visits must be charged*' is to simply inform that the types of services that are most apt to be counted as nurse visits are those that are charged/billed using CPT code 99211 since the code is specifically for the evaluation and management of a patient's medical care. There are instances when the health center does not charge for nurse visits and it is recommended that health center's track the countable, reportable visits typically covered under this code which can be done by including the code with a zero charge.

Reference Guide for UDS Data Reports Available to Health Centers CY 2018

Introduction:

This Reference Guide is a companion document to the CY 2018 BPHC UDS data reports that are available to health centers through the EHB. The reports available provide analysis of the UDS data at the individual health center level, as well as at the State and National levels. All reports described in this document are available to Health Center Program health centers. A limited number of reports, including the Rollup Report, the Summary Report (at the Health Center and National levels), and the Health Center Performance Comparison Report are available to Look-Alikes and Bureau of Health Workforce health centers.

Because the reports contain an extensive amount of information, presented in a variety of formats, the Reference Guide is meant to provide the user with information about the structure and content of each report and information about how the statistics are calculated, and how the information might be used.

Below is a summary of each of the reports available followed by a brief explanation of the calculation formulae. Additionally, the formula guides for each of the reports (with the exception of the UDS Rollup Report) have been included. The UDS data reports are intended to provide each health center with an analysis of their-own organization's UDS data, as well as comparable statistics in some cases for the state and nation, against which the health center's statistics can be examined. By providing statistics specific to comparable groups of federally funded providers in traditionally underserved communities, it is hoped that this report can serve as a more relevant basis for examining and monitoring performance. The report is non-judgmental in that no goals, thresholds, or expectations are set forth, and high or low numbers for any given parameter are not equated with good or bad performance.

It is the hope that members of the health center's management and governance structure will take the time to review these reports and find them to be a valuable resource. In addition to monitoring performance internally, the report provides a range of statistics that can be useful for initiatives such as organization planning, grant development, and community relations.

Available Reports:

UDS Health Center Trend Report – This report compares the health center's performance for key performance measures with national and state averages over a 3-year period. The measures describe health center performance in three categories: Access, Quality of Care Indicators/Health Outcomes, and Financial Cost/Viability and provide an overall picture of the health center's performance in each of these areas. A preliminary version of this report is available prior to end of reporting cycle each year. PCAs can access this report for National, any State or all Health Centers within their states after the end of the reporting cycle. Health Centers can access this report for National, their State, and their own health center report after the end of the reporting cycle.

UDS Health Center, State and National Summary Report – This report is a dashboard report intended to describe each health center in a statistical manner. Calculations of key measures are derived from their own organization's current reporting on the UDS. The measures are broken out into two main categories: 1) Demographic and Clinical Data (Patients, Visits, Staffing and Clinical Information) and 2) Fiscal Information (Costs and Revenues) and provide an overall picture of the health center's performance in each of these areas. PCAs can access this report for National, any State or all Health Centers within their states after the end of the reporting cycle. Health Centers can access their preliminary UDS Summary Report as soon as they begin data entry for UDS during the reporting cycle.

UDS Health Center Performance Comparison Report – This report provides calculations of Quality of Care Indicators/Health Outcomes and Costs measures at different levels like Health Center, State, National, Urban/ Rural, Size, Sites, Special Populations, National Percentiles (25th, 50th and 75th), and Health Center Percentile. PCAs can access this report for all Health Centers within their states after the end of the reporting cycle. Health Centers can access their UDS Health Center Performance Comparison report after the end of the reporting cycle.

UDS Rollup Report – This report compiles annual data reported by Health Center Program (HCP) health centers. Summary Health Center Program data are provided for patient demographics, socioeconomic characteristics, staffing, patient diagnoses and services rendered, quality of care, health outcomes and disparities, financial costs, and revenues. A preliminary version of this report is available prior to end of reporting cycle each year. PCAs and health centers can access this report for National or any State after the end of the reporting cycle. (No formula guide provided.)

Calculation Formulae:

The remaining pages of this guide list the formula used to calculate the statistics for each line of the report. The formulae references specific cells of the UDS report by table, line and column. In some instances, the reference has been abbreviated with T=Table, L=Line, and C=Column. For example, a formula containing T3B_L8_CA is referring to Table 3B, Line 8, Column A. The standard mathematical notations are used as follows:

*	Multiply
/	Divide
+	Add
-	Subtract
( )	Perform calculation in parenthesis first

'Grantee' Used to denote Health Center Program grantees authorized by section 330 of the Public Health Services Act and Health Center Program look-alikes

Health Center Trend Report				
Measures	**Formula Description**	**2016**	**2017**	**2018**
Access				
Total Number of Patients Served	Total Number of Patients	T4_L6_CA	T4_L6_CA	T4_L6_CA
Medical Patients Served	Total Medical Patients	T5_L15_CC	T5_L15_CC	T5_L15_CC
Dental Patients Served	Total Dental Services Patients	T5_L19_CC	T5_L19_CC	T5_L19_CC
Total Clinic Visits	Grand Total for Clinic Visits	T5_L34_CB	T5_L34_CB	T5_L34_CB
Agricultural Worker or Dependent Patients Served	Total Number of patients who are Agricultural Workers or Dependents	T4_L16_CA	T4_L16_CA	T4_L16_CA
Homeless Patients Served	Total Number of Homeless Patients	T4_L23_CA	T4_L23_CA	T4_L23_CA
Patients Served at Health Center Site(s) Located In or Immediately Accessible to Public Housing	Total Number of Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site	T4_L26_CA	T4_L26_CA	T4_L26_CA
Quality of Care Indicators/ Health Outcomes				
Perinatal Health				
Early Entry into Prenatal Care (First Visit in First Trimester)	(Women Having First Visit with Health Center in their First Trimester+Women Having First Visit with Another Provider in their First Trimester)/Total Number of Patients	(T6B_L7_CA+T6B_L7_CB)/T6B_L6_CA	(T6B_L7_CA+T6B_L7_CB)/T6B_L6_CA	(T6B_L7_CA+T6B_L7_CB)/T6B_L6_CA
Low Birth Weight	(Total Live Births < 1500 grams+Total Live Births 1500 - 2499 grams)/(Total Live Births < 1500 grams+Total Live Births 1500 - 2499 grams+Total Live Births: >= 2500 grams)	(T7_Li_C1b + T7_Li_C1c) /(T7_Li_C1b+T7_Li_C1c+T7_Li_C1d)	(T7_Li_C1b + T7_Li_C1c) /(T7_Li_C1b+T7_Li_C1c+T7_Li_C1d)	(T7_Li_C1b + T7_Li_C1c) /(T7_Li_C1b+T7_Li_C1c+T7_Li_C1d)
Preventive Health Screenings and Services				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	**National, State:** [Sum at each Grantee level {Total Patients Aged 3 through 17 with a BMI percentile, and counseling on nutrition and physical activity documented* (Number of Patients with Counseling and BMI Documented/Number of Charts Sampled or EHR Total)}] / [Sum at National or State level or Grantee level (Total Patients Aged 3 through 17)] **Grantee:** Number of Patients with Counseling and BMI Documented/Number of Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L12_CA * (T6B_L12_CC / T6B_L12_CB)}] / [Sum at National or State level or Grantee level (T6B_L12_CA)] **Grantee:** T6B_L12_CC / T6B_L12_CB	**National, State:** [Sum at each Grantee level {T6B_L12_CA * (T6B_L12_CC / T6B_L12_CB)}] / [Sum at National or State level or Grantee level (T6B_L12_CA)] **Grantee:** T6B_L12_CC / T6B_L12_CB	**National, State:** [Sum at each Grantee level {T6B_L12_CA * (T6B_L12_CC / T6B_L12_CB)}] / [Sum at National or State level or Grantee level (T6B_L12_CA)] **Grantee:** T6B_L12_CC / T6B_L12_CB

Body Mass Index (BMI) Screening and Follow-Up Plan	**National, State:** [Sum at each Grantee level {Total Patients Aged 18 and Older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters * (Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate/Number Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 18 and Older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters)] **Grantee**: Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate/Number Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L13_CA * (T6B_L13_CC / T6B_L13_CB)}] / [Sum at National or State level (T6B_L13_CA)] **Grantee:** T6B_L13_CC / T6B_L13_CB	**National, State:** [Sum at each Grantee level {T6B_L13_CA * (T6B_L13_CC / T6B_L13_CB)}] / [Sum at National or State level (T6B_L13_CA)] **Grantee:** T6B_L13_CC / T6B_L13_CB	**National, State:** [Sum at each Grantee level {T6B_L13_CA * (T6B_L13_CC / T6B_L13_CB)}] / [Sum at National or State level (T6B_L13_CA)] **Grantee:** T6B_L13_CC / T6B_L13_CB
Tobacco Use: Screening and Cessation Intervention	**National, State:** [Sum at each Grantee level {Total Patients Aged 18 and Older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention* (Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User/Number of Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 18 and Older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention)] **Grantee:** Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User/Number of Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L14a_CA * (T6B_L14a_CC / T6B_L14a_CB)}] / [Sum at National or State level (T6B_L14a_CA)] **Grantee:** T6B_L14a_CC / T6B_L14a_CB	**National, State:** [Sum at each Grantee level {T6B_L14a_CA * (T6B_L14a_CC / T6B_L14a_CB)}] / [Sum at National or State level (T6B_L14a_CA)] **Grantee:** T6B_L14a_CC / T6B_L14a_CB	**National, State:** [Sum at each Grantee level {T6B_L14a_CA * (T6B_L14a_CC / T6B_L14a_CB)}] / [Sum at National or State level (T6B_L14a_CA)] **Grantee:** T6B_L14a_CC / T6B_L14a_CB
Measures		**2016**	**2017**	**2018**
Quality of Care Indicators/ Health Outcomes				
Preventive Health Screenings and Services				
Colorectal Cancer Screening	**National, State:** [Sum at each Grantee level {Total Patients Aged 50 through 75 who had appropriate screening for colorectal cancer* (Number of Patients with Appropriate Screening for Colorectal Cancer/Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 50 through 75 who had appropriate screening for colorectal cancer)] **Grantee:** Number of Patients with Appropriate Screening for Colorectal Cancer/Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L19_CA * (T6B_L19_CC / T6B_L19_CB)}] / [Sum at National or State level (T6B_L19_CA)] **Grantee:** T6B_L19_CC / T6B_L19_CB	**National, State:** [Sum at each Grantee level {T6B_L19_CA * (T6B_L19_CC / T6B_L19_CB)}] / [Sum at National or State level (T6B_L19_CA)] **Grantee:** T6B_L19_CC / T6B_L19_CB	**National, State:** [Sum at each Grantee level {T6B_L19_CA * (T6B_L19_CC / T6B_L19_CB)}] / [Sum at National or State level (T6B_L19_CA)] **Grantee:** T6B_L19_CC / T6B_L19_CB

Screening for Depression and Follow-Up Plan	**National, State:** [Sum at each Grantee level {Total Patients Aged 12 and Older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented* (Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate/Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 12 and Older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented)] **Grantee:** Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate/Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L21_CA * (T6B_L21_CC / T6B_L21_CB)}] / [Sum at National or State level (T6B_L21_CA)] **Grantee:** T6B_L21_CC / T6B_L21_CB	**National, State:** [Sum at each Grantee level {T6B_L21_CA * (T6B_L21_CC / T6B_L21_CB)}] / [Sum at National or State level (T6B_L21_CA)] **Grantee:** T6B_L21_CC / T6B_L21_CB	**National, State:** [Sum at each Grantee level {T6B_L21_CA * (T6B_L21_CC / T6B_L21_CB)}] / [Sum at National or State level (T6B_L21_CA)] **Grantee:** T6B_L21_CC / T6B_L21_CB
Cervical Cancer Screening	**National, State:** [Sum at each Grantee level {Total Female Patients Aged 23 through 64 who received one or more Pap tests to screen for cervical cancer* (Number of Patients Tested/ Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Female Patients Aged 23 through 64 who received one or more Pap tests to screen for cervical cancer)] **Grantee:** Number of Patients Tested/ Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L11_CA * (T6B_L11_CC / T6B_L11_CB)}] / [Sum at National or State level (T6B_L11_CA)] **Grantee:** T6B_L11_CC / T6B_L11_CB	**National, State:** [Sum at each Grantee level {T6B_L11_CA * (T6B_L11_CC / T6B_L11_CB)}] / [Sum at National or State level (T6B_L11_CA)] **Grantee:** T6B_L11_CC / T6B_L11_CB	**National, State:** [Sum at each Grantee level {T6B_L11_CA * (T6B_L11_CC / T6B_L11_CB)}] / [Sum at National or State level (T6B_L11_CA)] **Grantee:** T6B_L11_CC / T6B_L11_CB
Childhood Immunization Status	**National, State:** [Sum at each Grantee level {Total children 2 years of age who received age appropriate vaccines by their 2nd birthday* (Number of Patients Immunized/Number of Charts Sampled or EHR Total)}] / [Sum at National or State level (Total children 2 years of age who received age appropriate vaccines by their 2nd birthday)] **Grantee:** Number of Patients Immunized/Number of Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L10_CA * (T6B_L10_CC / T6B_L10_CB)}] / [Sum at National or State level (T6B_L10_CA)] **Grantee:** T6B_L10_CC / T6B_L10_CB	**National, State:** [Sum at each Grantee level {T6B_L10_CA * (T6B_L10_CC / T6B_L10_CB)}] / [Sum at National or State level (T6B_L10_CA)] **Grantee:** T6B_L10_CC / T6B_L10_CB	**National, State:** [Sum at each Grantee level {T6B_L10_CA * (T6B_L10_CC / T6B_L10_CB)}] / [Sum at National or State level (T6B_L10_CA)] **Grantee:** T6B_L10_CC / T6B_L10_CB
Dental Sealants for Children between 6-9 Years	**National, State:** [Sum at each Grantee level {Total Patients Aged 6 through 9 at Moderate to High Risk for Caries who received a sealant on a first permanent molar* (Number of Patients with Sealants to First Molars/Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 6 through 9 at Moderate to High Risk for Caries who received a sealant on a first permanent molar)] **Grantee:** Number of Patients with Sealants to First Molars/Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L22_CA * (T6B_L22_CC / T6B_L22_CB)}] / [Sum at National or State level (T6B_L22_CA)] **Grantee:** T6B_L22_CC / T6B_L22_CB	**National, State:** [Sum at each Grantee level {T6B_L22_CA * (T6B_L22_CC / T6B_L22_CB)}] / [Sum at National or State level (T6B_L22_CA)] **Grantee:** T6B_L22_CC / T6B_L22_CB	**National, State:** [Sum at each Grantee level {T6B_L22_CA * (T6B_L22_CC / T6B_L22_CB)}] / [Sum at National or State level (T6B_L22_CA)] **Grantee:** T6B_L22_CC / T6B_L22_CB

Chronic Disease Management				
Use of Appropriate Medications for Asthma	**National, State:** [Sum at each Grantee level {Total Patients Aged 5 through 64 with Persistent Asthma and were appropriately ordered medication* (Number of Patients with Acceptable Plan/Number of Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 5 through 64 with Persistent Asthma and were appropriately ordered medication)] **Grantee:** Number of Patients with Acceptable Plan/Number of Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L16_CA * (T6B_L16_CC / T6B_L16_CB)}] / [Sum at National or State level (T6B_L16_CA)] **Grantee:** T6B_L16_CC / T6B_L16_CB	**National, State:** [Sum at each Grantee level {T6B_L16_CA * (T6B_L16_CC / T6B_L16_CB)}] / [Sum at National or State level (T6B_L16_CA)] **Grantee:** T6B_L16_CC / T6B_L16_CB	**National, State:** [Sum at each Grantee level {T6B_L16_CA * (T6B_L16_CC / T6B_L16_CB)}] / [Sum at National or State level (T6B_L16_CA)] **Grantee:** T6B_L16_CC / T6B_L16_CB
Coronary Artery Disease (CAD): Lipid Therapy	**National, State**: [Sum at each Grantee level {Total Patients Aged 18 and Older with CAD Diagnosis who were prescribed a lipid lowering therapy* (Number of Patients Prescribed A Lipid Lowering Therapy/Number of Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 18 and Older with CAD Diagnosis who were prescribed a lipid lowering therapy)] **Grantee:** Number of Patients Prescribed A Lipid Lowering Therapy/Number of Charts Sampled or EHR Total	**National, State**: [Sum at each Grantee level {T6B_L17_CA * (T6B_L17_CC / T6B_L17_CB)}] / [Sum at National or State level (T6B_L17_CA)] **Grantee:** T6B_L17_CC / T6B_L17_CB	**National, State**: [Sum at each Grantee level {T6B_L17_CA * (T6B_L17_CC / T6B_L17_CB)}] / [Sum at National or State level (T6B_L17_CA)] **Grantee:** T6B_L17_CC / T6B_L17_CB	**National, State**: [Sum at each Grantee level {T6B_L17_CA * (T6B_L17_CC / T6B_L17_CB)}] / [Sum at National or State level (T6B_L17_CA)] **Grantee:** T6B_L17_CC / T6B_L17_CB
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	**National, State:** [Sum at each Grantee level {Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure with aspirin or another antiplatelet* (Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy/Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure with aspirin or another antiplatelet)] **Grantee:** Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy/Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L18_CA * (T6B_L18_CC / T6B_L18_CB)}] / [Sum at National or State level (T6B_L18_CA)] **Grantee:** T6B_L18_CC / T6B_L18_CB	**National, State:** [Sum at each Grantee level {T6B_L18_CA * (T6B_L18_CC / T6B_L18_CB)}] / [Sum at National or State level (T6B_L18_CA)] **Grantee:** T6B_L18_CC / T6B_L18_CB	**National, State:** [Sum at each Grantee level {T6B_L18_CA * (T6B_L18_CC / T6B_L18_CB)}] / [Sum at National or State level (T6B_L18_CA)] **Grantee:** T6B_L18_CC / T6B_L18_CB
HIV Linkage to Care	**National, State:** [Sum at each Grantee level { Total Patients First Diagnosed with HIV* (Number of Patients Seen Within 90 Days of First Diagnosis of HIV/Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients First Diagnosed with HIV)] **Grantee:** Number of Patients Seen Within 90 Days of First Diagnosis of HIV/Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T6B_L20_CA * (T6B_L20_CC / T6B_L20_CB)}] / [Sum at National or State level (T6B_L20_CA)] **Grantee:** T6B_L20_CC / T6B_L20_CB	**National, State:** [Sum at each Grantee level {T6B_L20_CA * (T6B_L20_CC / T6B_L20_CB)}] / [Sum at National or State level (T6B_L20_CA)] **Grantee:** T6B_L20_CC / T6B_L20_CB	**National, State:** [Sum at each Grantee level {T6B_L20_CA * (T6B_L20_CC / T6B_L20_CB)}] / [Sum at National or State level (T6B_L20_CA)] **Grantee:** T6B_L20_CC / T6B_L20_CB

Controlling High Blood Pressure	**National, State:** [Sum at each Grantee level {Total Patients 18 through 85 Years of Age with Hypertension* (Patients with HTN Controlled/ Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients 18 through 85 Years of Age with Hypertension)] **Grantee:** Patients with HTN Controlled/ Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T7_Li_C2a * (T7_Li_C2c / T7_Li_C2b)}] / [Sum at National or State level (T7_Li_C2a)] **Grantee:** T7_Li_C2c / T7_Li_C2b	**National, State:** [Sum at each Grantee level {T7_Li_C2a * (T7_Li_C2c / T7_Li_C2b)}] / [Sum at National or State level (T7_Li_C2a)] **Grantee:** T7_Li_C2c / T7_Li_C2b	**National, State:** [Sum at each Grantee level {T7_Li_C2a * (T7_Li_C2c / T7_Li_C2b)}] / [Sum at National or State level (T7_Li_C2a)] **Grantee:** T7_Li_C2c / T7_Li_C2b
Diabetes: Hemoglobin A1c Poor Control	**National, State:** [Sum at each Grantee level {Total Patients 18 through 75 Years of Age with Diabetes* ((Patients with HbA1c >9% Or No Test During Year) / Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients 18 through 75 Years of Age with Diabetes)] **Grantee:** Patients with HbA1c >9% Or No Test During Year) / Charts Sampled or EHR Total	**National, State:** [Sum at each Grantee level {T7_Li_C3a * ((T7_Li_C3f) / T7_Li_C3b)}] / [Sum at National or State level (T7_Li_C3a)] **Grantee:** (T7_Li_C3f)/ T7_Li_C3b	**National, State:** [Sum at each Grantee level {T7_Li_C3a * ((T7_Li_C3f) / T7_Li_C3b)}] / [Sum at National or State level (T7_Li_C3a)] **Grantee:** (T7_Li_C3f)/ T7_Li_C3b	**National, State:** [Sum at each Grantee level {T7_Li_C3a * ((T7_Li_C3f) / T7_Li_C3b)}] / [Sum at National or State level (T7_Li_C3a)] **Grantee:** (T7_Li_C3f)/ T7_Li_C3b
Measures		**2016**	**2017**	**2018**
Financial Cost/Viability				
Total Accrued Costs per Total Patients	Total Accrued Costs After Allocation Of Facility And Non-Clinical Support Services/(Total Male Patients+Total Female Patients)	T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB)	T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB)	T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB)
Medical Cost per Medical Visit	(Total Medical Care Services Cost After Allocation of Facility and Non-Clinical Support Services - Lab and X-ray Cost After Allocation of Facility and Non-Clinical Support Services)/(Total Medical Patients Clinic Visits - Nurse Clinic Visits)	(T8A_L4_CC-T8A_L2_CC)/(T5_L15_CB-T5_L11_CB)	(T8A_L4_CC-T8A_L2_CC)/(T5_L15_CB-T5_L11_CB)	(T8A_L4_CC-T8A_L2_CC)/(T5_L15_CB-T5_L11_CB)
330 Grant Funds per Patient	Total Health Center Amount/(Total Male Patients+Total Female Patients)	T9E_L1g_Ca/(T3A_L39_CA+T3A_L39_CB)	T9E_L1g_Ca/(T3A_L39_CA+T3A_L39_CB)	T9E_L1g_Ca/(T3A_L39_CA+T3A_L39_CB)

UDS Summary Report		
Measures	**Formula Description**	**Formula**
PATIENTS	blank	blank
Total Patients	Total Male Patients + Total Female Patients	T3A_L39_CA + T3A_L39_CB
Number/Percent of Patients by Services		blank
Medical	#,% : Total Medical Patients, Total Medical Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L15_CC , T5_L15_CC/(T3A_L39_CA+T3A_L39_CB)
Dental	#,% : Total Dental Services Patients, Total Dental Services Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L19_CC ,T5_L19_CC/(T3A_L39_CA+T3A_L39_CB)
Mental Health	#,% : Total Mental Health Patients, Total Mental Health Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L20_CC, T5_L20_CC/(T3A_L39_CA+T3A_L39_CB)
Substance Use Disorder	#,% : Substance Use Disorder Services Patients, Substance Use Disorder Services Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L21_CC,T5_L21_CC/(T3A_L39_CA+T3A_L39_CB)
Other Professional	#,% : Other Professional Services Patients, Other Professional Services Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L22_CC,T5_L22_CC/(T3A_L39_CA+T3A_L39_CB)
Vision	#,% : Total Vision Services Patients, Total Vision Services Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L22d_CC, T5_L22d_CC/(T3A_L39_CA+T3A_L39_CB)
Enabling Services	#,% : Total Enabling Services Patients, Total Enabling Services Patients/(Total Male Patients + Total Female Patients)	#,% : T5_L29_CC,T5_L29_CC/(T3A_L39_CA+T3A_L39_CB)
Number/Percent of Patients by Special Populations		blank
Total Agricultural Workers or Dependents	#,% : Total Number of Patients who are Agricultural Workers or Dependents, Total Number of Patients who are Agricultural Workers or Dependents/Total Number of Patients	#,% : T4_L16_CA,T4_L16_CA/T4_L6_CA
Homeless	#,% : Total Homeless Patients, Total Homeless Patients /Total Number of Patients	#,% : T4_L23_CA,T4_L23_CA/T4_L6_CA
School-Based Health Center	#,% : Total School-Based Health Center Patients, Total School Based Health Center Patients /Total Number of Patients	#,% : T4_L24_CA,T4_L24_CA/T4_L6_CA
Health Center Located In or Immediately Accessible to a Public Housing Site	#,% : Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site, Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site /Total Number of Patients	#,% : T4_L26_CA,T4_L26_CA/T4_L6_CA
Veterans	#,% : Total Patients who are Veterans, Total Patients who are Veterans /Total Number of Patients	#,% : T4_L25_CA, T4_L25_CA/T4_L6_CA

Number/Percent of Patients by Age		blank
Children (<18 years)	#,% : Total Patients (Male+Female) aged <18 years, Total Patients (Male+Female) aged <18 years/(Total Male Patients + Total Female Patients)	#,% : T3A L1 to L18 CA+CB, (T3A L1 to L18 CA+CB)/(T3A_L39_CA+T3A_L39_CB)
Adults (18 – 64 years)	#,% : Total Patients (Male+Female) 18–64 years of age, Total Patients (Male+Female) 18–64 years of age/(Total Male Patients + Total Female Patients)	#,% : T3A L19 to L33 CA+CB , (T3A L19 to L33 CA+CB)/(T3A_L39_CA+T3A_L39_CB)
Adults (Age 65 and over)	#,% : Total Patients (Male+Female) 65–85 and over years of age, Total Patients (Male+Female) 65–85 and over years of age /(Total Male Patients + Total Female Patients)	#,% : T3A L34 to L38 CA+CB , (T3A L34 to L38 CA+CB)/(T3a_L39_CA+T3A_L39_CB)
Number/Percent of Patients by Insurance Status		
None/Uninsured	#,% : Patients 0-17 Years Old who are None/Uninsured+Patients 18 and Older who are None/Uninsured, (Patients 0-17 Years Old who are None/Uninsured+Patients 18 and Older who are None/Uninsured)/(Total Patients 0-17 Years Old+ Total Patients 18 and Older)	#,% : T4_L7_CA+T4_L7_CB , (T4_L7_CA+T4_L7_CB)/(T4_L12_CA+T4_L12_CB)
None/Uninsured Children (<18 years)	#,% : Patients 0-17 Years Old who are None/Uninsured, Patients 0-17 Years Old who are None/Uninsured/ Total Patients 0-17 Years Old	#,% : T4_L7_CA , T4_L7_CA/T4_L12_CA
Medicaid/CHIP	#,% : (Total 0-17 Years Old Medicaid Patients + Total Medicaid Patients who are 18 and older+ 0-17 Years Old Other Public Insurance CHIP Patients + 18 Years and older Other Public Insurance CHIP Patients), (Total 0-17 Years Old Medicaid Patients + Total Medicaid Patients who are 18 and older+ 0-17 Years Old Other Public Insurance CHIP Patients + 18 Years and older Other Public Insurance CHIP Patients)/(Total Patients 0-17 Years Old+ Total Patients 18 and Older)	#,% : (T4_L8_CA+T4_L8_CB+T4_L10B_CA+T4_L10B_CB) , (T4_L8_CA+T4_L8_CB+T4_L10B_CA+T4_L10B_CB)/(T4_L12_CA+T4_L12_CB)
Medicare	#,% : Total Medicare Patients (0-17 Years Old + 18 and Older), Total Medicare Patients (0-17 Years Old + 18 and Older)/(Total Patients 0-17 Years Old+ Total Patients 18 and Older)	#,% : T4_L9_CA+CB , T4_L9_CA+CB /(T4_L12_CA + T4_L12_CB)
Dual eligibility (Medicare and Medicaid)	#,% : Dually Eligible Patients (0-17 Years Old + 18 and Older), Dually Eligible Patients (0-17 Years Old + 18 and Older)/(Total Patients 0-17 Years Old+ Total Patients 18 and Older)	#,% : T4_L9a_CA+CB , T4_L9a_CA+CB /(T4_L12_CA + T4_L12_CB)
Other Public (Non-CHIP) and Private Insurance	#,% : (0-17 Years Old Other Public Insurance Non-CHIP Patients + 18 years and older Other Public Insurance Non-CHIP Patients + 18 Years and older Private Insurance Patients + 0-17 Years Old Private Insurance Patients), (0-17 Years Old Other Public Insurance Non-CHIP Patients + 18 years and older Other Public Insurance Non-CHIP Patients + 18 Years and older Private Insurance Patients + 0-17 Years Old Private Insurance Patients)/(Total Patients 0-17 Years old+ Total Patients 18 and Older)	#,% : (T4_L10A_CA+T4_L10A_CB+T4_L11_CB +T4_L11_CA) , (T4_L10A_CA+T4_L10A_CB+T4_L11_CB +T4_L11_CA)/(T4_L12_CA+T4_L12_ CB)
Number/Percent of Patients by Income Status (% Known)		blank
Patients at or Below 200% of Federal Poverty Guideline	#,% : (Number of Patients 100% and below+101-150%+151-200% of the Poverty Guideline), (Number of Patients 100% and below+101-150%+151-200% of the Poverty Guideline)/ (Total Number of Patients-Number of Patients whose Income as Percent of Poverty Guideline is Unknown)	#,% : (T4_L1+L2+L3, CA) , (T4 L1+L2+L3_CA)/(T4_L6_CA - T4_L5_CA)
Patients at or Below 100% of Federal Poverty Guideline (included in above)	#,% : Number of Patients 100% and below of Federal Poverty Guideline , Number of Patients 100% and below of Federal Poverty Guideline /((Total Number of Patients-Number of Patients whose Income as Percent of Poverty Guideline is Unknown)	#,% : (T4_L1_CA), (T4_L1_CA)/(T4_L6_CA - T4_L5_CA)
Patients by Race & Ethnicity (% Known)		blank
% Racial and/or Ethnic Minority	% : (Total Hispanic/Latino Patients+ Total Non-Hispanic/Latino Patients - Unreported/Refused to report race Non-Hispanic/Latino –White Non-Hispanic/Latino)/(Total Patients-Unreported/Refused to report race Non-Hispanic/Latino-Unreported/Refused to Report Ethnicity)	% : (T3B_L8_CA+T3B_L8_CB-T3B_L7_CB-T3B_L5_CB)/(T3B_L8_CD-T3B_L7_CB-T3B_L7_CC)

% Hispanic/Latino	% : Total Hispanic/Latino Patients /(Total Patients-Total Patients Unreported/Refused to Report Ethnicity)	% : T3B_L8_CA/(T3B_L8_CD - T3B_L8_CC)
% Black/ African American	% : Total Black/African American /(Total Patients–Total Unreported/Refused to report race)	% : T3B_L3_CD/(T3B_L8_CD - T3B_L7_CD)
% Asian	% : Total Asian/(Total Patients-Unreported/Refused to report race)	% : T3B_L1_CD/(T3B_L8_CD - T3B_L7_CD)
% American Indian / Alaska Native	% : Total American Indian/Alaska Native/(Total Patients-Unreported/Refused to report race)	% : T3B_L4_CD/(T3B_L8_CD - T3B_L7_CD)
% Native Hawaiian / Other Pacific Islander	% : (Total Native Hawaiian + Total Other Pacific Islander) /(Total Patients-Unreported/Refused to report race)	% : (T3B_L2A_CD + T3B_L2B_CD) /(T3B_L8_CD - T3B_L7_CD)
% Non-Hispanic White	% : White Non-Hispanic/Latino/(Total Patients-Unreported/Refused to report race)	% : T3B_L5_CB/(T3B_L8_CD - T3B_L7_CD)
% More than one race[2]	% : Total More than one race/(Total Patients-Unreported/Refused to report race)	% : T3B_L6_CD/(T3B_L8_CD - T3B_L7_CD)
Patients by Linguistic Barri ers to Care		blank
% Best Served in a Language Other Than English	% : Number of Patients Best Served in a Language other than English/ Total Patients	% : T3B_L12_CA/T3B_L8_CD
Number/Percent of Patients by Sexual Orientation		blank
Lesbian or Gay (% of known)	#,% : Number of Lesbian or Gay Patients, Number of Lesbian or Gay Patients/(Total Number of Patients – Total Patients who reported their Sexual Orientation as Don't Know - Total Patients who Chose not to disclose their Sexual Orientation)	#,% : T3B_L13_CA, T3B_L13_CA/(T3B_L19_CA - T3B_L17_CA - T3B_L18_CA)
Straight (not lesbian or gay) (% of known)	#,% : Number of Straight (not lesbian or gay) Patients, Number of Straight (not lesbian or gay) Patients/(Total Number of Patients – Total Patients who reported their Sexual Orientation as Don't Know - Total Patients who Chose not to disclose their Sexual Orientation)	#,%: T3B_L14_CA, T3B_L14_CA /(T3B_L19_CA - T3B_L17_CA - T3B_L18_CA)
Bisexual (% of known)	#,% : Number of Bisexual Patients, Number of Bisexual Patients/(Total Number of Patients – Total Patients who reported their Sexual Orientation as Don't Know - Total Patients who Chose not to disclose their Sexual Orientation)	#,% : T3B_L15_CA, T3B_L15_CA /(T3B_L19_CA - T3B_L17_CA - T3B_L18_CA)
Something else (% of known)	#,% : Number of Patients who reported their Sexual Orientation as Something Else, Number of Patients who reported their Sexual Orientation as Something Else/(Total Number of Patients – Total Patients who reported their Sexual Orientation as Don't Know - Total Patients who Chose not to disclose their Sexual Orientation)	#,% : T3B_L16_CA, T3B_L16_CA /(T3B_L19_CA - T3B_L17_CA - T3B_L18_CA)
Don't know (% of total)	#,% : Number of Patients who reported their Sexual Orientation as Don't Know, Number of Patients who reported their Sexual Orientation as Don't Know/Total Number of Patients	#,% : T3B_L17_CA, T3B_L17_CA /T3B_L19_CA
Chose not to disclose (% of total)	#,% : Number of Patients who chose not to disclose their Sexual Orientation, Number of Patients who chose not to disclose their Sexual Orientation/Total Number of Patients	#,% : T3B_L18_CA, T3B_L18_CA /T3B_L19_CA
Number/Percent of Patients by Gender Identity		blank
Male (% of known)	#,% : Number of Male Patients, Number of Male Patients / (Total Number of Patients – Number of Patients who Chose not to disclose their Gender Identity - Number of Patients who reported their Gender Identity as Other)	#,% : T3B_L20_CA, T3B_L20_CA / (T3B_L26_CA - T3B_L25_CA - T3B_L24_CA)
Female (% of known)	#,% : Number of Female Patients, Number of Female Patients / (Total Number of Patients – Number of Patients who Chose not to disclose their Gender Identity - Number of Patients who reported their Gender Identity as Other)	#,% : T3B_L21_CA, T3B_L21_CA / (T3B_L26_CA - T3B_L25_CA - T3B_L24_CA)
Transgender Male/ Female-to-Male (% of known)	#,% : Number of Transgender Male/ Female-to-Male Patients, Number of Transgender Male/ Female-to-Male Patients / (Total Number of Patients – Number of Patients who Chose not to disclose their Gender Identity - Number of Patients who reported their Gender Identity as Other)	#,% : T3B_L22_CA, T3B_L22_CA / (T3B_L26_CA - T3B_L25_CA- T3B_L24_CA)

Transgender Female/ Male-to-Female (% of known)	#,% : Number of Transgender Female/ Male-to-Female Patients, Number of Transgender Female/ Male-to-Female Patients / (Total Number of Patients – Number of Patients who Chose not to disclose their Gender Identity - Number of Patients who reported their Gender Identity as Other)	#,% : T3B_L23_CA, T3B_L23_CA / (T3B_L26_CA - T3B_L25_CA- T3B_L24_CA)
Other (% of total)	#,% : Number of Patients who reported their Gender Identity as Other , Number of Patients who reported their Gender Identity as Other / Total Number of Patients	#,% : T3B_L24_CA, T3B_L24_CA / T3B_L26_CA
Chose not to disclose (% of total)	#,% : Number of Patients who Chose not to disclose their Gender Identity, Number of Patients who Chose not to disclose their Gender Identity /Total Number of Patients	#,% : T3B_L25_CA, T3B_L25_CA /T3B_L26_CA

Measure	Formula Description	Formula
Medical Conditions	blank	blank
Hypertension	% : Total Patients 18 through 85 Years of Age with Hypertension /(Total Medical Patients *((Total Male Patients aged 18 - 84+ Total Female Patients aged 18 - 84)/(Total Male Patients+Total Female Patients)))	% : T7_Li_C2a/(T5_L15_CC*((T3A_L19-37_CA+T3A_L19-37CB)/(T3AL39CA+T3AL39CB)))
Diabetes	%: Total Patients 18 through 75 Years of Age with Diabetes/(Total Medical Patients *((Total Male Patients aged 18 - 84+ Total Female Patients aged 18 - 84)/(Total Male Patients+Total Female Patients)))	%: T7_Li_C3a/(T5_L15_CC*((T3A_L19-35_CA+T3A_L19-35CB)/(T3AL39CA+T3AL39CB)))
Asthma	% : Number of Patients with Asthma Diagnosis / Total Medical Patients	% : T6A_L5_CB/T5_L15_CC
Symptomatic / Asymptomatic HIV	% : Number of Patients with Symptomatic / Asymptomatic HIV Diagnosis / Total Medical Patients	% : T6A_L1-2_CB/T5_L15_CC
Prenatal	blank	blank
Number of Prenatal Care Patients	#: Total Number of Prenatal Care Patients	#:T6B_L6_CA
Number of Prenatal Care Patients who Delivered	#: Total Prenatal Care Patients Who Delivered During the Year	#:T7_Li_C1a
Visits	blank	blank
Number/Percent Visits	blank	blank
Total Clinic Visits	# : Total Clinic Visits	# : T5_L34_CB
Medical	#,% : Total Medical Patients Clinic Visits, Total Medical Patients Clinic Visits / Total Clinic Visits	#,% : T5_L15_CB , T5_L15_CB/T5_L34_CB
Dental	#,% : Total Dental Services Clinic Visits, Total Dental Services Clinic Visits / Total Clinic Visits	#,% : T5_L19_CB , T5_L19_CB/T5_L34_CB
Mental Health	#,% : Total Mental Health Clinic Visits, Total Mental Health Clinic Visits / Total Clinic Visits	#,% : T5_L20_CB, T5_L20_CB/ T5_L34_CB
Substance Use Disorder	#,% : Total Substance Use Disorder Services Clinic Visits, Total Substance Use Disorder Services Clinic Visits / Total Clinic Visits	#,% : T5_L21_CB , T5_L21_CB/ T5_L34_CB
Other Professional	#,% : Total Other Professional Services Clinic Visits, Total Other Professional Services Clinic Visits / Total Clinic Visits	#,% : T5_L22_CB , T5_L22_CB/T5_L34_CB
Vision	#,% : Total Vision Services Clinic Visits, Total Vision Services Clinic Visits / Total Clinic Visits	#,% : T5_L22d_CB , T5_L22d_CB/T5_L34_CB
Enabling Services	#,% : Total Enabling Services Clinic Visits, Total Enabling Services Clinic Visits / Total Clinic Visits	#,% : T5_L29_CB , T5_L29_CB/T5_L34_CB
Visits per Patient	blank	blank
Medical Visits per Medical Patient (excludes nursing visits)	# : (Total Medical Patients Clinic Visits - Total Clinic Visits for Nurses)/ Total Medical Patients	# : (T5_L15_CB-T5_L11_CB)/T5_L15_CC
Dental Visits per Dental	# : Total Dental Services Clinic Visits / Total Dental Services Patients	# : T5_L19_CB/T5_L19_CC
Mental Health Visits per Mental Health Patient	# : Total Mental Health Clinic Visits / Total Mental Health Patients	# : T5_L20_CB/T5_ L20_CC
Substance Use Disorder Visits per Substance Use Disorder Patient	# : Total Substance Use Disorder Services Clinic Visits / Substance Use Disorder Services Patients	# : T5_L21_CB/T5_L21_CC
Vision Visits per Vision Patient	#: Total Vision Services Clinic Visits / Total Vision Services Patients	#: T5_L22d_CB/T5_L22d_CC
Enabling Visits per Enabling Patient	#: Total Enabling Services Clinic Visits / Total Enabling Services Patients	#: T5_L29_CB/T5_L29_CC

Measure	Formula Description	Formula
Staffing	blank	blank
Total FTEs	# : Total FTE’s	# : T5_L34_CA
Medical	# : Total Medical FTE’s	#: T5_L15_Ca
Primary Care Physicians	# : Number of FTE’s who are Family Physicians+ Number of FTE’s who are General Practitioners+ Number of FTE’s who are Internists+ Number of FTE’s who are Obstetrician/Gynecologists+ Number of FTE’s who are Pediatricians	# : T5_L1_CA+T5_L2_CA+T5_L3_CA+T5_L4_CA+T5_L5_CA
Family/General Physicians	# : Number of FTE’s who are Family Physicians+ Number of FTE’s who are General Practitioners	# : T5_L1_CA+T5_L2_CA
Internists	# : Number of FTE’s who are Internists	# : T5_L3_CA
Obstetrician/Gynecologists	# : Number of FTE’s who are Obstetrician/Gynecologists	# : T5_L4_CA
Pediatricians	# : Number of FTE’s who are Pediatricians	# : T5L5CA
Other Specialty Physicians	# : Number of FTE’s who are Other Specialty Physicians	# : T5_L7_CA
Nurse Practitioners	# : Number of FTE’s who are Nurse Practitioners	# : T5_L9a_CA
Physician Assistants	# : Number of FTE’s who are Physician Assistants	# : T5_L9b_CA
Certified Nurse Midwives	# : Number of FTE’s who are Certified Nurse Midwives	# : T5_L10_CA
Nurses	# : Number of FTE’s who are Nurses	# : T5_L11_CA
Other Medical Personnel	# : Number of FTE’s who are Other Medical Personnel	# : T5_L12_CA
Laboratory and X-ray	# : Number of FTE’s who are Laboratory Personnel+ Number of FTE’s who are X-ray Personnel	# : T5_L13_CA+T5_L14_CA
Dental	# : Total Dental Services FTE’s	# : T5_L19_CA
Dentists	# : Number of FTE’s who are Dentists	# : T5_L16_CA
Dental Hygienists	# : Number of FTE’s who are Dental Hygienists	# : T5_L17_CA
Dental Therapists	# : Number of FTE’s who are Dental Therapists	# : T5_L17a_CA
Other Dental Personnel	# : Number of FTE’s who are Other Dental Personnel	# : T5_L18_CA
Mental Health	# : Total Mental Health FTE’s	# : T5_L20_CA
Psychiatrists	# : Number of FTE’s who are Psychiatrists	# : T5_L20a_CA
Licensed Clinical	# : Number of FTE’s who are Licensed Clinical Psychologists	# : T5_L20a1_CA
Licensed Clinical Social	# : Number of FTE’s who are Licensed Clinical Social Workers	# : T5_L20a2_CA
Other Licensed Mental	# : Number of FTE’s who are Other Licensed Mental Health Providers	# : T5_L20b_CA
Other Mental Health Staff	# : Number of FTE’s who are Other Mental Health Staff	# : T5_L20c_CA
Substance Use Disorder	# : Number of FTE’s who are Substance Use Disorder Service	# : T5_L21_CA
Pharmacy Personnel	# : Number of FTE’s who are Pharmacy Personnel	# : T5_L23_CA
Other Professional	# : Number of FTE’s who are Other Professional Service Providers	# : T5_L22_CA
Vision	# : Total Vision Services FTE’s	# : T5_L22d_CA
Enabling Services	# : Total Enabling Services FTE’s	# : T5_L29_CA
Other Programs/ Services	# : Number of FTE’s who are Other Programs/ Services Staff	# : T5_L29a_CA
Quality Improvement Staff	# : Number of FTE’s who are Quality Improvement Staff	# : T5_L29b_CA
Patient Support Staff	# : Number of FTE’s who are Patient Support Staff	# : T5_L32_CA
Management and Support	# : Number of FTE’s who are Management and Support Staff	# : T5_L30a_Ca
Facility Staff	# : Number of FTE’s who are Facility Staff	# : T5_L31_CA
IT Staff	# : Number of FTE’s who are IT Staff	# : T5_L30c_CA
Fiscal and Billing Staff	# : Number of FTE’s who are Fiscal and Billing Staff	# : T5_L30b_Ca

Measure	Formula Description	Formula
Staff Tenure	blank	blank
Primary Care Physicians	#:((Total Months of Full and Part time for Family Physicians + Total Months of Full and Part time for General Practitioners + Total Months of Full and Part time for Internists + Total Months of Full and Part time for Obstetrician/Gynecologists + Total Months of Full and Part time for Pediatricians + Total Months of Locum, On-call, etc for Family Physicians + Total Months of Locum, On-call, etc for General Practitioners + Total Months of Locum, On-call, etc for Internists + Total Months of Locum, On-call, etc for Obstetrician/Gynecologists + Total Months of Locum, On-call, etc for Pediatricians)/(Full and Part time Family Physicians+ Full and Part time General Practitioners + Full and Part time Internists + Full and Part time Obstetrician/Gynecologists + Full and Part time Pediatricians + Locum, On-call, etc Family Physicians + Locum, On-call, etc General Practitioners + Locum, On-call, etc Internists + Locum, On-call, etc Obstetrician/Gynecologists + Locum, On-call, etc Pediatricians))/12	#:((T5A_L1Cb +T5A_L2Cb+T5AL3Cb+T5AL4Cb +T5AL5Cb+T5A_L1Cd+T5A_L2Cd+T5AL 3Cd+T5AL4Cd+T5AL5Cd)/(T5A_L1Ca +T5A_L2Ca+T5L3Ca+T5AL4Ca+T5AL5 Ca+T5A_L1Cc+T5A_L2Cc+T5L3Cc+T5 AL4Cc+T5AL5Cc))/12
Family Physicians/General Practitioners	#:((Total Months of Full and Part time for Family Physicians + Total Months of Full and Part time for General Practitioners + Total Months of Locum, On-call, etc for Family Physicians + Total Months of Locum, On-call, etc for Family Physicians for General Practitioners))/((Full and Part time Family Physicians+ Full and Part time General Practitioners + Locum, On-call, etc Family Physicians + Locum, On-call, etc General Practitioners))/12	#:((T5A_L1Cb+T5AL2Cb+T5AL1Cd+T5A L2Cd))/((T5A_L1Ca+T5AL2Ca+T5AL1C c+T5AL2Cc))/12
Internists	#:((Total Months of Full and Part time for Internists + Total Months of Locum, On-call, etc for Internists)/(Full and Part time Internists + Locum, On-call, etc Internists))/12	#:((T5A_L3Cb+Cd)/(T5A_L3Ca+Cc))/12
Obstetrician/Gynecologists	#:((Total Months of Full and Part time for Obstetrician/Gynecologists + Total Months of Locum, On-call, etc for Obstetrician/Gynecologists)/(Full and Part time Obstetrician/Gynecologists + Locum, On-call, etc Obstetrician/Gynecologists))/12	#:((T5A_L4Cb+Cd)/(T5A_L4Ca+Cc))/12
Pediatricians	#:((Total Months of Full and Part time for Pediatricians + Total Months of Locum, On-call, etc for Pediatricians)/(Full and Part time Pediatricians + Locum, On-call, etc Pediatricians))/12	#:((T5A_L5Cb+Cd)/(T5A_L5Ca+Cc))/12
Other Specialty Physicians	#:((Total Months of Full and Part time for Other Specialty Physicians + Total Months of Locum, On-call, etc for Other Specialty Physicians)/(Full and Part time Other Specialty Physicians + Locum, On-call, etc Other Specialty Physicians))/12	#:((T5A_L7Cb+Cd)/(T5A_L7Ca+Cc))/12
Nurse Practitioners	#:((Total Months of Full and Part time for Nurse Practitioners + Total Months of Locum, On-call, etc for Nurse Practitioners)/(Full and Part time Nurse Practitioners + Locum, On-call, etc Nurse Practitioners))/12	#:((T5A_L9aCb+Cd)/(T5A_L9aCa+Cc))/12
Physician Assistants	#:((Total Months of Full and Part time for Physician Assistants + Total Months of Locum, On-call, etc for Physician Assistants)/(Full and Part time Physician Assistants + Locum, On-call, etc Physician Assistants))/12	#:((T5A_L9bCb+Cd)/(T5A_L9bCa+Cc))/12
Certified Nurse Midwives	#:((Total Months of Full and Part time for Certified Nurse Midwives + Total Months of Locum, On-call, etc for Certified Nurse Midwives)/(Full and Part time Certified Nurse Midwives + Locum, On-call, etc Certified Nurse Midwives))/12	#:((T5A_L10Cb+Cd)/(T5A_L10Ca+Cc))/12
Nurses	#:((Total Months of Full and Part time for Nurses + Total Months of Locum, On-call, etc for Nurses)/(Full and Part time Nurses + Locum, On-call, etc Nurses))/12	#:((T5A_L11Cb+Cd)/(T5A_L11Ca+Cc))/12
Dentists	#:((Total Months of Full and Part time for Dentists + Total Months of Locum, On-call, etc for Dentists)/(Full and Part time Dentists + Locum, On-call, etc Dentists))/12	#:((T5A_L16Cb+Cd)/(T5A_L16Ca+Cc))/12
Dental Hygienists	#:((Total Months of Full and Part time for Dental Hygienists + Total Months of Locum, On-call, etc for Dental Hygienists)/(Full and Part time Dental Hygienists + Locum, On-call, etc Dental Hygienists))/12	#:((T5A_L17Cb+Cd)/(T5A_L17Ca+Cc))/12
Dental Therapists	#:((Total Months of Full and Part time for Dental Therapists + Total Months of Locum, On-call, etc for Dental Therapists)/(Full and Part time Dental Therapists + Locum, On-call, etc Dental Therapists))/12	#:((T5A_L17aCb+Cd)/(T5A_L17aCa+Cc))/12

Psychiatrists	#:((Total Months of Full and Part time for Psychiatrists + Total Months of Locum, On-call, etc for Psychiatrists)/(Full and Part time Psychiatrists + Locum, On-call, etc Psychiatrists))/12	#:((T5A_L20aCb+Cd)/(T5A_L20aCa+Cc))/12
Licensed Clinical Psychologists	#:((Total Months of Full and Part time for Licensed Clinical Psychologists + Total Months of Locum, On-call, etc for Licensed Clinical Psychologists)/(Full and Part time Licensed Clinical Psychologists + Locum, On-call, etc Licensed Clinical Psychologists))/12	#:((T5A_L20a1Cb+Cd)/(T5A_L20a1Ca+Cc))/12
Licensed Clinical Social Workers	#:((Total Months of Full and Part time for Licensed Clinical Social Workers + Total Months of Locum, On-call, etc for Licensed Clinical Social Workers)/(Full and Part time Licensed Clinical Social Workers + Locum, On-call, etc Licensed Clinical Social Workers))/12	#:((T5A_L20a2Cb+Cd)/(T5A_L20a2Ca+Cc))/12
Other Licensed Mental Health Providers	#:((Total Months of Full and Part time for Other Licensed Mental Health Providers + Total Months of Locum, On-call, etc for Other Licensed Mental Health Providers)/(Full and Part time Other Licensed Mental Health Providers + Locum, On-call, etc Other Licensed Mental Health Providers))/12	#:((T5A_L20bCb+Cd)/(T5A_L20bCa+Cc))/12
Ophthalmologist	#:((Total Months of Full and Part time for Ophthalmologist + Total Months of Locum, On-call, etc for Ophthalmologist)/(Full and Part time Ophthalmologist + Locum, On-call, etc Ophthalmologist))/12	#:((T5A_L22aCb+Cd)/(T5A_L22aCa+Cc))/12
Optometrist	#:((Total Months of Full and Part time for Optometrist + Total Months of Locum, On-call, etc for Optometrist)/(Full and Part time Optometrist + Locum, On-call, etc Optometrist))/12	#:((T5A_L22bCb+Cd)/(T5A_L22bCa+Cc))/12
Chief Executive Officer	#:((Total Months of Full and Part time for Chief Executive Officer + Total Months of Locum, On-call, etc for Chief Executive Officer)/(Full and Part time Chief Executive Officer + Locum, On-call, etc Chief Executive Officer))/12	#:((T5A_L30a1Cb+Cd)/(T5A_L30a1Ca+Cc))/12
Chief Medical Officer	#:((Total Months of Full and Part time for Chief Medical Officer + Total Months of Locum, On-call, etc for Chief Medical Officer)/(Full and Part time Chief Medical Officer + Locum, On-call, etc Chief Medical Officer))/12	#:((T5A_L30a2Cb+Cd)/(T5A_L30a2Ca+Cc))/12
Chief Financial Officer	#:((Total Months of Full and Part time for Chief Financial Officer + Total Months of Locum, On-call, etc for Chief Financial Officer)/(Full and Part time Chief Financial Officer + Locum, On-call, etc Chief Financial Officer))/12	#:((T5A_L30a3Cb+Cd)/(T5A_L30a3Ca+Cc))/12
Chief Information Officer	#:((Total Months of Full and Part time for Chief Information Officer + Total Months of Locum, On-call, etc for Chief Information Officer)/(Full and Part time Chief Information Officers+ Locum, On-call, etc Chief Information Officers))/12	#:((T5A_L30a4Cb+Cd)/(T5A_L30a4Ca+Cc))/12

Measure	Formula Description	Formula
Quality of Care Indicators/ Health Outcomes		
Early Entry into Prenatal Care		
Early Entry into Prenatal Care (first visit in first trimester)	% : (Women Having First Visit with Health Center in their First Trimester + Women Having First Visit with Another Provider in their First Trimester)/Total Number of Patients	% : (T6B_L7_CA + T6B_L7_CB)/T6B_L6_CA
Low Birth Weight	% : (Total Live Births < 1500 grams +Total Live Births 1500 - 2499 grams)/(Total Live Births < 1500 grams +Total Live Births 1500 - 2499 grams +Total Live Births: >= 2500 grams)	% : (T7_Li_C1b+T7_Li_C1c)/(T7_Li_C1b+T7_Li_C1c+T7_Li_C1d)
Preventive Health Screenings and Services		blank
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	% : [Sum of ALL Grantees {Total Patient Aged 3 through 17 with a BMI percentile, and counseling on nutrition and physical activity documented* (Number of Patients with the current year and Counseling and BMI Documented/ Number of Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patient Aged 3 through 17 with a BMI percentile, and counseling on nutrition and physical activity documented)]	% : [Sum of ALL Grantees {T6B_L12_CA * (T6B_L12_CC / T6B_L12_CB) }] / [Sum of ALL Grantees (T6B_L12_CA)]
Body Mass Index (BMI) Screening and Follow-Up Plan	% : [Sum of ALL Grantees {Total Patients 18 and Older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters* (Number of Patient with BMI Charted and Follow-Up Plan Documented as Appropriate/ Number of Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients 18 and Older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters)]	% : [Sum of ALL Grantees {T6B_L13_CA * (T6B_L13_CC / T6B_L13_CB) }] / [Sum of ALL Grantees (T6B_L13_CA)]
Tobacco Use: Screening and Cessation Intervention	% : [Sum of ALL Grantees {Total Patients Aged 18 and Older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention* (Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User/ Number of Charts Sampled or EHR Total) }]/ [Sum of ALL Grantees (Total Patients Aged 18 and Older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention)]	% : [Sum of ALL Grantees {T6B_L14a_CA * (T6B_L14a_CC / T6B_L14a_CB) }] / [Sum of ALL Grantees (T6B_L14a_CA)]
Colorectal Cancer Screening	% : [Sum of ALL Grantees {Total Patients Aged 50 through 75 years of age who had appropriate screening for colorectal cancer* (Number of Patients with Appropriate Screening for Colorectal Cancer / Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients Aged 50 through 75 years of age who had appropriate screening for colorectal cancer)]	% : [Sum of ALL Grantees {T6B_L19_CA * (T6B_L19_CC / T6B_L19_CB) }] / [Sum of ALL Grantees (T6B_L19_CA)]
Screening for Depression and Follow-Up Plan	% : [Sum of ALL Grantees {Total Patients Aged 12 and Older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented* (Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate / Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients Aged 12 and Older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented)]	% : [Sum of ALL Grantees {T6B_L21_CA * (T6B_L21_CC / T6B_L21_CB) }] / [Sum of ALL Grantees (T6B_L21_CA)]
Cervical Cancer Screening	% : [Sum of ALL Grantees {Total Female Patients Aged 23 through 64 who received one or more Pap tests to screen for cervical cancer* (Number of Patients Tested / Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Female Patients Aged 23 through 64 who received one or more Pap tests to screen for cervical cancer)]	% : [Sum of ALL Grantees {T6B_L11_CA * (T6B_L11_CC / T6B_L11_CB) }] / [Sum of ALL Grantees (T6B_L11_CA)]
Childhood Immunization Status	% :[Sum of ALL Grantees {Total Patients with 2nd Birthday who received age appropriate vaccines * (Number of Patients Immunized / Number Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients with 2nd Birthday who received age appropriate vaccines)]	% :[Sum of ALL Grantees {T6B_L10_CA * (T6B_L10_CC / T6B_L10_CB) }] / [Sum of ALL Grantees (T6B_L10_CA)]

Dental Sealants for Children between 6-9 Years	% :[Sum of ALL Grantees {Total Patients Aged 6 through 9 at Moderate to High Risk for Caries* (Number of Patients with Sealants to First Molars/ Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients Aged 6 through 9 at Moderate to High Risk for Caries)]	% :[Sum of ALL Grantees {T6B_L22_CA * (T6B_L22_CC / T6B_L22_CB) }] / [Sum of ALL Grantees (T6B_L22_CA)]
Chronic Disease Management		blank
Use of Appropriate Medications for Asthma	% : [Sum of ALL Grantees {Total Patients Aged 5 through 64 with Persistent Asthma and were appropriately prescribed medication during the measurement period* (Number of Patients with Acceptable Plan / Number Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients Aged 5 through 64 with Persistent Asthma and were appropriately prescribed medication during the measurement period)]	% : [Sum of ALL Grantees {T6B_L16_CA * (T6B_L16_CC / T6B_L16_CB) }] / [Sum of ALL Grantees (T6B_L16_CA)]
Coronary Artery Disease (CAD): Lipid Therapy	% : [Sum of ALL Grantees {Total Patients Aged 18 and Older with CAD Diagnosis who were prescribed a lipid lowering therapy* (Number Of Patients Prescribed A Lipid Lowering Therapy / Number Charts Sampled Or EHR Total) }] / [Sum of ALL Grantees (Total Patients Aged 18 and Older with CAD Diagnosis who were prescribed a lipid lowering therapy)]	% : [Sum of ALL Grantees {T6B_L17_CA * (T6B_L17_CC / T6B_L17_CB) }] / [Sum of ALL Grantees (T6B_L17_CA)]
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	% : [Sum of ALL Grantees { Total Patients Aged 18 And Older With IVD Diagnosis or AMI, CABG, or PCI Procedure * (Numbers of Patients with Aspirin or Other Antiplatelet Therapy / Number of Charts Sampled or EHR total) }] / [Sum of ALL Grantees (Total Patients Aged 18 And Older With IVD	% : [Sum of ALL Grantees {T6B_L18_CA * (T6B_L18_CC / T6B_L18_CB) }] / [Sum of ALL Grantees (T6B_L18_CA)]
HIV Linkage to Care	% : [Sum of ALL Grantees {Total Patients First Diagnosed with HIV* (Number of Patients Seen Within 90 Days of First Diagnosis of HIV/ Number of Charts Sampled or EHR Total) }] / [Sum of ALL Grantees (Total Patients First Diagnosed with	% : [Sum of ALL Grantees {T6B_L20_CA * (T6B_L20_CC / T6B_L20_CB) }] / [Sum of ALL Grantees (T6B_L20_CA)]
Controlling High Blood Pressure	% : [Sum of ALL Grantees {Total Patients 18 through 85 Years of Age with Hypertension* (Total Patients with HTN controlled)/ Total Charts Sampled or EHR total) }] / [Sum of ALL Grantees (Total Patients 18 through 85 Years of Age with Hypertension)]	% : [Sum of ALL Grantees {T7_Li_C2a * (T7_Li_C2c)/T7_Li_C2b) }] / [Sum of ALL Grantees (T7_Li_C2a)]
Diabetes: Hemoglobin A1c Poor Control	% : [Sum at each grantee level Total Patients 18 through 75 Years of Age with Diabetes * (Total Patients with Hba1c >9% Or No Test During Year / Total Charts Sampled or EHR total) / [Sum at National or State level (Total Patients 18 through 75 Years of Age with Diabetes)]	% : [Sum at each grantee level T7_Li_C3a * (T7_Li_C3f / T7_Li_C3b) / [Sum at National or State level (T7_Li_C3a)]

Measure	Formula Description	Formula
Costs	blank	blank
Total Accrued Costs (excluding donations)	$: Total Accrued Costs After Allocation Of Facility And Non-Clinical Support ServicesSupport Services	$: T8A_L17_CC
Medical	$: Total Cost for Medical Staff After Allocation of Facility and Non-Clinical Support Services+Total Medical/Other Direct Cost After Allocation of Facility and Non-Clinical Support Services	$: T8A_L1_CC+T8A_L3_CC
Dental	$: Total Cost for Dental After Allocation Of Facility And Non-Clinical Support Services	$: T8A_L5_CC
Mental Health	$: Total Cost for Mental Health After Allocation Of Facility And Non-Clinical Support Services	$: T8A_L6_CC
Substance Use Disorder	$: Total Cost for Substance Use Disorder After Allocation Of Facility And Non-Clinical Support Services	$: T8A_L7_CC
Pharmacy	$: Total Cost for Pharmacy not including pharmaceuticals After Allocation of Facility and Non-Clinical Support Services+ Total Cost for Pharmaceuticals After Allocation of Facility and Non-Clinical Support Services	$: T8A_L8a_CC+T8A_L8b_CC
Lab and X-Ray	$: Total Cost for Lab and X-ray After Allocation of Facility and Non-Clinical Support Services	$: T8A_L2_CC
Vision	$: Total Cost for Vision After Allocation of Facility and Non-Clinical Support Services	$: T8A_L9a_CC
Enabling Services	$: Total Enabling Services Cost After Allocation of Facility and Non-Clinical Support Services	$: T8A_L11_CC
Other Related Services	$: Total Cost for Other Enabling Services After Allocation of Facility and Non-Clinical Support Services	$: T8A_L12_CC
Quality Improvement	$: Total Cost for Quality Improvement After Allocation of Facility and Non-Clinical Support Services	$: T8A_L12a_CC
Non-Clinical Support Services	$: Total Accrued Cost for Non-Clinical Support Services	$: T8A_L15_CA
Facility	$: Total Accrued Cost for Facility	$: T8A_L14_CA
Cost per Patient	blank	blank
Total Accrued Cost per Total Patient	$: Total Accrued Costs After Allocation Of Facility And Non-Clinical Support ServicesSupport Services /(Total Male Patients + Total Female Patients)	$: T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB)
Medical Cost per Medical Patient	$: (Total Cost for Medical Staff After Allocation of Facility and Non-Clinical Support Services+Total Medical/Other Direct Cost After Allocation of Facility and Non-Clinical Support Services)/ Total Medical Patients	$: (T8A_L1_CC+T8A_L3_CC)/T5_L15_CC
Dental Cost per Dental Patient	$: Total Cost for Dental After Allocation Of Facility And Non-Clinical Support Services / Total Dental Services Patients	$: T8A_L5_CC/T5_L19_CC
Mental Health Cost per Mental Health Patient	$: Total Cost for Mental Health After Allocation Of Facility And Non-Clinical Support Services / Total Mental Health Patients	$: T8A_L6_CC/T5_L20_CC
Substance Use Disorder Cost per Substance Use Disorder Patient	$: Total Cost for Substance Use Disorder After Allocation Of Facility And Non-Clinical Support Services / Substance Use Disorder Services Patients	$: T8A_L7_CC/T5_L21_CC
Vision Cost per Vision Patient	$: Total Cost for Vision After Allocation of Facility and Non-Clinical Support Services / Total Vision Services Patients	$: T8A_L9a_CC/T5_L22d_CC
Enabling Cost per Enabling Patient	$: Total Enabling Services Cost After Allocation of Facility and Non-Clinical Support Services / Total Enabling Services Patients	$: T8A_L11_CC / T5_L29_CC
Cost per Visit	blank	blank
Total Accrued Cost per Total Visit	$: Total Accrued Costs After Allocation Of Facility And Non-Clinical Support ServicesSupport Services /(Total Clinic Visits)	$: T8A_L17_CC/(T5_L34_CB)

Medical Cost per Medical Visit	$: (Total Cost for Medical Staff After Allocation of Facility and Non-Clinical Support Services+Total Medical/Other Direct Cost After Allocation of Facility and Non-Clinical Support Services)/ (Total Clinic Visits for Medical- Total Clinic Visits for Nurses)	$: (T8A_L1_CC+T8A_L3_CC)/ (T5_L15_CB-T5_L11_CB)
Dental Cost per Dental Visit	$: Total Cost for Dental After Allocation Of Facility And Non-Clinical Support Services /Total Clinic Visits for Dental Services	$: T8A_L5_CC/T5_L19_CB
Mental Health Cost per Mental Health Visit	$: Total Cost for Mental Health After Allocation Of Facility And Non-Clinical Support Services /Total Clinic Visits for Mental Health	$: T8A_L6_CC/T5_L20_CB
Substance Use Disorder Cost per Substance Use Disorder Visit	$: Total Cost for Substance Use Disorder After Allocation Of Facility And Non-Clinical Support Services /Total Clinic Visits for Substance Use Disorder Services	$: T8A_L7_CC/T5_L21_CB
Vision Cost per Vision Visit	$: Total Cost for Vision After Allocation of Facility and Non-Clinical Support Services / Total Clinic Visits for Vision Services	$: T8A_L9a_CC/T5_L22d_CB
Enabling Cost per Enabling Visit	$: Total Enabling Services Cost After Allocation of Facility and Non-Clinical Support Services / Total Clinic Visits for Enabling Services	$: T8A_L11_CC / T5_L29_CB

Measure	Formula Description	Formula
Revenue and Adjustments	blank	blank
Total Revenue	$: (Total Amount Collected This Period + Total Revenue Amount)	$: (T9D_L14_CB + T9E_L11_CA)
Grant Revenue	$: (Total BPHC Grants Amount + Total Other Federal Grants Amount+ State Government Grants and Contracts Amount+ Local Government Grants and Contracts Amount+Foundation/Private Grants and Contracts Amount)	$: (T9E_L1_CA + T9E_L5_CA + T9E_L6_CA + T9E_L7_CA + T9E_L8_CA)
Federal	$: (Total Amount of BPHC Grants+ Total Amount of Other Federal Grants)	$: (T9E_L1_Ca + T9E_L5_Ca)
Health Center Service Grants	$: Total Health Center Amount	$: T9E_L1g_Ca
Capital Improvement Program Grants	$: Capital Improvement Program Grants Amount+ Capital Development Grants Amount	$: T9E_L1j_Ca + T9E_L1k_Ca
Other Federal Grants	$: Ryan White Part C HIV Early Intervention Amount+ Other Federal Grants Amount	$: T9E_L2_Ca + T9E_L3_Ca
Medicare and Medicaid EHR Incentive Payments for Eligible	$: Medicare and Medicaid EHR Incentive Payments for Eligible Providers Amount	$: T9E_L3a_Ca
Non-Federal Grants	$: (State Government Grants and Contracts Amount + Local Government Grants and Contracts Amount + Foundation/Private Grants	$: (T9E_L6_CA + T9E_L7_CA + T9E_L8_CA)
State and Local Grants/Contracts	$: (State Government Grants and Contracts Amount + Local Government Grants and Contracts Amount)	$: (T9E_L6_CA + T9E_L7_CA)
Foundation/Private Grants/Contracts	$: Foundation/Private Grants and Contracts	$:T9E_L8_CA
Revenue from Service to Patients	$: Total Amount Collected This Period	$:T9D_L14_CB
Self-pay Patients	$: Self-Pay Amount Collected This Period	$:T9D_L13_CB
Third-Party Payers	$: Total Medicaid Amount Collected This Period + Total Medicare Amount Collected This Period + Total Other Public Amount Collected This Period + Total Private Amount Collected This Period	$:T9D_L3_CB + T9D_L6_CB + T9D_L9_CB + T9D_L12_CB
Medicaid	$: Total Medicaid Amount Collected This Period	$:T9D_L3_CB
Medicare	$: Total Medicare Amount Collected This Period	$:T9D_L6_CB
Other Public	$: Total Other Public Amount Collected This	$:T9D_L9_CB
Other (Private) Third-Party	$: Total Private Amount Collected This Period	$: T9D_L12_CB
Revenue from Indigent Care	$: State/Local Indigent Care Programs Amount	$:T9E_L6A_CA
Other Revenue	$: Other Revenue (Non-patient related revenue not reported elsewhere) Amount	$:T9E_L10_CA
Total Revenue minus Total Cost	$:(Total Amount Collected This Period + Total Revenue Amount)- Total Accrued Costs After Allocation Of Facility And Non-Clinical Support Services Support Services	$:(T9D_L14_CB+T9E_L11_CA)-T8A_L17_CC
Sliding Fee Discounts	$: Total Sliding Discounts	$:T9D_L14_CE
Bad Debt Write Off	$: Total Bad Debt Write Off	$:T9D_L14_CF

Health Center Performance Comparison Report

Measure Name	Formula Description	Health Center	Healthy People 2020	Formula Description	Averages						
					State	National	Urban/ Rural	Size	Sites	Special Population Agricultural Workers	Special Population Homeless
Quality of Care Indicators/Health Outcomes											
Early Entry into Prenatal Care											
Early Entry into Prenatal Care (first visit in first trimester)	(Women Having First Visit with Health Center in First Trimester + Women Having First Visit with Another Provider in First Trimester)/ Total Number of Patients	(T6B_L7_CA+T6B_L7_CB)/ T6B_L6_CA		(Women Having First Visit with Health Center in First Trimester + Women Having First Visit with Another Provider in First Trimester)/ Total Number of Patients	(T6B_L7_CA+T6B_L7_CB)/T6B_L6_CA						
Low Birth Weight (Live births < 2500 grams)	(Total Live Births < 1500 grams + Total Live Births 1500 - 2499 grams)/ (Total Live Births < 1500 grams + Total Live Births 1500 - 2499 grams + Total Live Births >= 2500 grams)	(T7_Li_C1b + T7_Li_C1c) /(T7_Li_C1b+T7_Li_C1c+T7_Li_C1d)		(Total Live Births < 1500 grams + Total Live Births 1500 - 2499 grams)/ (Total Live Births < 1500 grams + Total Live Births 1500 - 2499 grams + Total Live Births >= 2500 grams)	(T7_Li_C1b + T7_Li_C1c)/(T7_Li_C1b+T7_Li_C1c+T7_Li_C1d)						
Preventive Health Screenings and Services											
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Number of patients with Counseling and BMI Documented / Number Charts Sampled or EHR Total	T6B_L12_CC / T6B_L12_CB		[Sum at each Health Center level {Total Patients Aged 3 through 17 with a BMI percentile, and counseling on nutrition and physical activity documented *	[Sum at each Health Center level {T6B_L12_CA * (T6B_L12_CC / T6B_L12_CB)}] / [Sum at National or State level (T6B_L12_CA)]						

				(Number of patients with Counseling and BMI Documented / Number Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 3 through 17 with a BMI percentile, and counseling on nutrition and physical activity documented)]	
Body Mass Index (BMI) Screening and Follow-Up Plan	Number of patients with BMI Charted and Follow-Up Plan Documented as Appropriate / Number Charts Sampled or EHR Total	T6B_L13_CC / T6B_L13_CB		[Sum at each Health Center level {Total patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters * (Number of patients with BMI Charted and Follow-Up Plan Documented as Appropriate / Number Charts Sampled or EHR Total)}] / [Sum at National or State level (Total patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters)]	[Sum at each Health Center level {T6B_L13_CA * (T6B_L13_CC / T6B_L13_CB)}] / [Sum at National or State level (T6B_L13_CA)]

Tobacco Use: Screening and Cessation Intervention	Number of patients assessed for tobacco use and provided intervention if a tobacco user / Number Charts Sampled or EHR Total	T6B_L14a_CC / T6B_L14a_CB		[Sum at each Health Center level {Total patients 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention * (Number of patients assessed for tobacco use and provided intervention if a tobacco user / Number Charts Sampled or EHR Total) }]/[Sum at National or State level (Total patients 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention))]	[Sum at each Health Center level {T6B_L14a_CA * (T6B_L14a_CC / T6B_L14a_CB) }]/[Sum at National or State level (T6B_L14a_CA))]
Colorectal Cancer Screening	Number of Patients with Appropriate Screening for Colorectal Cancer / Charts Sampled or EHR Total	T6B_L19_CC / T6B_L19_CB		[Sum at each Health Center level {Total Patients Aged 50 through 75 who had appropriate screening for colorectal cancer * (Number of Patients with Appropriate Screening for Colorectal Cancer / Charts Sampled or	[Sum at each Health Center level {T6B_L19_CA * (T6B_L19_CC / T6B_L19_CB)}] / [Sum at National or State level (T6B_L19_CA)]

				EHR Total)}] / [Sum at National or State level (Total Patients Aged 50 through 75 who had appropriate screening for colorectal cancer)]	
Screening for Depression and Follow-Up Plan	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate / Charts Sampled or EHR Total	T6B_L21_CC / T6B_L21_CB		[Sum at each Health Center level {Total Patients Aged 12 and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented * (Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate / Charts Sampled or EHR Total) }] / [Sum at National or State level (Total Patients Aged 12 and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented)]	[Sum at each Health Center level {T6B_L21_CA * (T6B_L21_CC / T6B_L21_CB) }] / [Sum at National or State level (T6B_L21_CA)]
Cervical Cancer Screening	Number of Patients Tested / Number Charts Sampled or EHR Total	T6B_L11_CC / T6B_L11_CB		[Sum at each Health Center level {Total Female Patients Aged 23 through 64 * (Number of Patients Tested / Number Charts Sampled or EHR	[Sum at each Health Center level {T6B_L11_CA * (T6B_L11_CC / T6B_L11_CB)}] / [Sum at National or State level (T6B_L11_CA)]

				Total)}] / [Sum at National or State level (Total Female Patients Aged 23 through 64)]	
Childhood Immunization Status	Number of Patients Immunized / Number Charts Sampled or EHR Total	T6B_L10_CC / T6B_L10_CB		[Sum at each Health Center level {Total Patients with 2nd Birthday * (Number of Patients Immunized / Number Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients with 2nd Birthday)]	[Sum at each Health Center level {T6B_L10_CA * (T6B_L10_CC / T6B_L10_CB)}] / [Sum at National or State level (T6B_L10_CA)]
Dental Sealants for Children between 6 – 9 Years	Number of Patients with Sealants to First Molars / Charts Sampled or EHR Total	T6B_L22_CC / T6B_L22_CB		[Sum at each Health Center level {Total Patients Aged 6 through 9 at Moderate to High Risk for Caries * (Number of Patients with Sealants to First Molars / Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 6 through 9 at Moderate to High Risk for Caries)]	[Sum at each Health Center level {T6B_L22_CA * (T6B_L22_CC / T6B_L22_CB)}] / [Sum at National or State level (T6B_L22_CA)]
Chronic Disease Management	blank	blank	blank	blank	blank
Use of Appropriate Medications for Asthma	Number of Patients with Acceptable Plan / Number Charts Sampled or EHR Total	T6B_L16_CC / T6B_L16_CB		[Sum at each Health Center level {Total Patients Aged 5 through 64 with Persistent Asthma * (Number of Patients with Acceptable Plan / Number Charts Sampled or EHR Total)}] /	[Sum at each Health Center level {T6B_L16_CA * (T6B_L16_CC / T6B_L16_CB)}] / [Sum at National or State level (T6B_L16_CA)]

				[Sum at National or State level (Total Patients Aged 5 through 64 with Persistent Asthma)]	
Coronary Artery Disease (CAD): Lipid Therapy	Number of Patients Prescribed A Lipid Lowering Therapy / Number Charts Sampled or EHR Total	T6B_L17_CC / T6B_L17_CB		[Sum at each Health Center level {Total Patients Aged 18 and Older with CAD Diagnosis * (Number of Patients Prescribed A Lipid Lowering Therapy / Number Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 18 and Older with CAD Diagnosis)]	[Sum at each Health Center level {T6B_L17_CA * (T6B_L17_CC / T6B_L17_CB)}] / [Sum at National or State level (T6B_L17_CA)]
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy / Charts Sampled or EHR Total	T6B_L18_CC / T6B_L18_CB		[Sum at each Health Center level {Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure * (Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy / Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure)]	[Sum at each Health Center level {T6B_L18_CA * (T6B_L18_CC / T6B_L18_CB)}] / [Sum at National or State level (T6B_L18_CA)]

HIV Linkage to Care	Number of Patients Seen Within 90 Days of First Diagnosis of HIV / Charts Sampled or EHR Total	T6B_L20_CC / T6B_L20_CB		[Sum at each Health Center level {Total Patients First Diagnosed with HIV * (Number of Patients Seen Within 90 Days of First Diagnosis of HIV / Charts Sampled or EHR Total) }] / [Sum at National or State level (Total Patients First Diagnosed with HIV)]	[Sum at each Health Center level {T6B_L20_CA * (T6B_L20_CC / T6B_L20_CB) }] / [Sum at National or State level (T6B_L20_CA)]
Controlling High Blood Pressure	Patients with HTN Controlled / Charts Sampled or EHR Total	T7_Li_C2c / T7_Li_C2b		[Sum at each Health Center level {Total Patients 18 through 85 Years of Age with Hypertension * (Patients with HTN Controlled / Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients 18 through 85 Years of Age with Hypertension)]	[Sum at each Health Center level {T7_Li_C2a * (T7_Li_C2c / T7_Li_C2b)}] / [Sum at National or State level (T7_Li_C2a)]
Diabetes: Hemoglobin A1c Poor Control	Patients with HbA1c >9% or No Test During Year / Charts Sampled or EHR Total	T7_Li_C3f/ T7_Li_C3b		[Sum at each Health Center level {Total Patients 18 through 75 Years of Age with Diabetes * (Patients with HbA1c >9% or No Test During Year / Charts Sampled or EHR Total)}] / [Sum at National or State level (Total Patients 18 through 75 Years of Age with Diabetes)]	[Sum at each Health Center level {T7_Li_C3a * (T7_Li_C3f / T7_Li_C3b)}] / [Sum at National or State level (T7_Li_C3a)]

	Formula Description	Averages							National Percentiles		
		State	National	Urban	Size	Sites [1]	Special Population Agricultural Worker[2]	Special Population Homeless[3]	25th	Median	75th
					< 5,000	2-5	25% or more patients	Below 25% patients			
COSTS											
Cost per Patient											
Total Accrued Costs per Total Patient	Total Accrued Cost After Allocation of Facility and Non-Clinical Support Services/(Total Male Patients + Total Female Patients)	T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB)							Excel Percentile (Formula, X)		
Medical Cost per Medical Patient	Total Cost After Allocation of Facility and Non-Clinical Support Services for (Medical Staff + Medical/Other Direct)/ Total Medical Patients	(T8A_L1_CC+T8A_L3_CC)/T5_L15_CC)							Excel Percentile (Formula, X)		
Dental Cost per Dental Patient	Total Cost After Allocation of Facility and Non-Clinical Support Services for Dental/Total Dental Services Patients	T8A_L5_CC/T5_L19_CC							Excel Percentile (Formula, X)		
Mental Health Cost per Mental Health Patient	Total Cost After Allocation of Facility and Non-Clinical Support Services for Mental Health/Total Mental Health Patients	T8A_L6_CC/T5_L20_CC							Excel Percentile (Formula, X)		
Substance Use Disorder Cost per Substance Use Disorder Patient	Total Cost After Allocation of Facility and Non-Clinical Support Services for Substance Use	T8A_L7_CC/T5_L21_CC							Excel Percentile (Formula, X)		

	Disorder/Substance Use Disorder Services Patients				
Vision Cost per Vision Patient	Total Cost After Allocation of Facility and Non-Clinical Support Services for Vision/Total Vision Services Patients	T8A_L9a_CC/T5_L22d_CC	Excel Percentile (Formula, X)		
Enabling Services Cost per Enabling Patient	Total Enabling Services Cost After Allocation of Facility and Non-Clinical Support Services/Total Enabling Services Patients	T8A_L11_CC/T5_L29_CC	Excel Percentile (Formula, X)		
Cost per Visit	blank	blank	blank	blank	blank
Total Accrued Costs per Total Visit	Total Accrued Cost After Allocation of Facility and Non-Clinical Support Services/(Total Clinic Visits)	T8A_L17_CC/(T5_L34_CB)	Excel Percentile (Formula, X)		
Medical Cost per Medical Visit	(Total Cost After Allocation of Facility and Non-Clinical Support Services for Total Medical Care Services-Total Cost After Allocation of Facility and Non-Clinical Support Services for Lab and X-ray)/(Total Medical Clinic Visits-Nurses Clinic Visits)	(T8A_L4_CC-T8A_L2_CC)/(T5_L15_CB-T5_L11_CB)	Excel Percentile (Formula, X)		

Dental Cost per Dental Visit	Total Cost After Allocation of Facility and Non-Clinical Support Services for Dental / Total Dental Services Clinic Visits	T8A_L5_CC/T5_L19_CB	Excel Percentile (Formula, X)		
Mental Health Cost per Mental Health Visit	Total Cost After Allocation of Facility and Non-Clinical Support Services for Mental Health / Total Mental Health Clinic Visits	T8A_L6_CC/T5_L20_CB	Excel Percentile (Formula, X)		
Substance Use Disorder Cost per Substance Use Disorder Visit	Total Cost After Allocation of Facility and Non-Clinical Support Services for Substance Use Disorder / Total Substance Use Disorder Clinic Visits	T8A_L7_CC/T5_L21_CB	Excel Percentile (Formula, X)		
Vision Cost per Vision Visit	Total Cost After Allocation of Facility and Non-Clinical Support Services for Vision / Total Vision Clinic Visits	T8A_L9a_CC/T5_L22d_CB	Excel Percentile (Formula, X)		
Enabling Services Cost per Enabling Visit	Total Enabling Services Cost After Allocation of Facility and Non-Clinical Support Services / Total Enabling Services Clinic Visits	T8A_L11_CC / T5_L29_CB	Excel Percentile (Formula, X)		

New Classifications	Logic
[1] **Sites:**	
1 2-5 6-10 11-15 16-20 >20	Count of Permanent sites that are ACTIVE as of the last day of that calendar year (12/31/2018). This count excludes Admin only and To-be Verified types of sites.
[2] **Special Population Agricultural Workers:**	
25% or more patients Below 25% patients	Special Population Agricultural Workers category is based on whether or not Agricultural Workers/Seasonal Agricultural Worker patients account for >=25% or <25% of total Health Center patient population. Total Agricultural Workers or Dependent Patients / (Total Male Patients + Total Female Patients). Determination based on the formula: T4_L16_CA/(T3A_L39_CA + T3A_L39_CB)
[3] **Special Population Homeless:**	
25% or more patients Below 25% patients	Special Population Homeless category is based on whether or not Homeless patients account for >=25% or <25% of total Health Center patient population. Total Homeless Patients/ (Total Male Patients + Total Female Patients). Determination based on the formula:T4_L23_CA/(T3A_L39_CA + T3A_L39_CB)
[4] **Healthy People 2020 Goals**	Refer to http://www.healthypeople.gov/2020/default.aspx for more information. A dash indicates that the clinical measure does not exactly align with any existing Healthy People 2020 goal.
[5] **Health Center Adjusted Quartile**	Health Center adjusted quartile results from a statistical model adjusting for special populations, uninsured and minority patients, and EHR use. Clinical performance for each measure is ranked from Quartile 1, highest 25% of reporting health centers, to Quartile 4, lowest 25% or reporting health centers.
Size:	
<5,000 5,000-9,999 10,000-19,999 20,000-49,999 50,000+	Total Male Patients + Total Female Patients. Determination based on formula: T3A_L39_CA + T3A_L39_CB