



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER:** 2014-01

**DOCUMENT TITLE:** Approved Uniform Data System Changes for Calendar Year 2014

**DATE:** December 13, 2013

**TO:** Health Centers  
Primary Care Associations  
Primary Care Offices  
National Cooperative Agreements

## **I. BACKGROUND**

This Program Assistance Letter (PAL) provides information on the Health Resources and Services Administration's (HRSA) approved changes to the calendar year (CY) 2014 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in early 2015. Additional details concerning these changes will be contained in the UDS Manual to be published in the last quarter of 2014.

## **II. APPROVED CHANGES FOR CY 2014 UDS REPORTING**

### **1. *Patient Characteristics***

The number of public housing patients is reported on line 26 of Table 4 – Selected Patient Characteristics.

Rationale: Residents of public housing that receive health center services are a statutory special population not previously reported in the UDS.

### **2. *Patient Counts***

The number of patients with a first time diagnosis of HIV is reported on line 1-2 (a) of Table 6A – Selected Diagnoses and Services Rendered.

Rationale: HIV positivity is a HHS data reporting priority that is not currently in the UDS.

### **3. *Reportable Services***

All health centers now are required to report prenatal and perinatal services for the prenatal access to care and low birth weight measures in Table 6B and Table 7, for all

health center patients regardless of whether they receive services in the health center or are referred elsewhere.

Rationale: Prenatal and perinatal services are required services for health centers pursuant to section 330 of the Public Health Service Act. Health centers are expected to track patients referred by the health center in order to assure continuity of care upon their return to the health center. Reporting data for all patients that receive or are referred elsewhere for prenatal and perinatal services is a requirement consistent with recent health center improvements to reporting and continuity of care systems. Most health centers have developed Electronic Health Record (EHR) capabilities and many have demonstrated commitment to continuity of care by becoming patient centered medical homes (PCMH).

4. *Quality of Care Measures*

Table 6B – Quality of Care Indicators is modified by removing the check box for no prenatal care provided (described above) and

- combining the tobacco screening and cessation intervention pair into a single measure
- retaining the current lipid therapy measure
- adding a measure for new HIV cases with timely follow up, and
- adding a behavioral health measure for clinical depression screening and follow up.

Rationale: The single measure for tobacco cessation and intervention (reported in Section G, line 14a) is aligned with the National Quality Forum (NQF) measure and Meaningful Use (MU).

**Note: The current lipid therapy measure reported in Section I, Line 18 will remain in the UDS for 2014. This measure was proposed to be replaced by a lipid control measure in Table 7, but this change will not be made due to the November 2013 American College of Cardiology/American Heart Association guideline which did not endorse a lipid control target.**

The number of patients with a first time diagnosis of HIV and their subsequent follow up within 90 days of the diagnosis are measures being incorporated into the UDS in response to an HHS-wide action plan grown out of the President’s National HIV/AIDS Strategy (NHAS) <http://www.whitehouse.gov/administration/eop/onap/nhas/>.

The clinical depression screening and follow up measure (added as Section M, line 21) has been endorsed by the HHS Measures Policy Council and is aligned with NQF and MU. Standardized reporting of this measure by health centers underscores the importance of behavioral health quality measurement for the Health Center Program.

5. *Health Outcomes and Disparities Measures*

Table 7 – Health Outcomes and Disparities has been modified by:

- Revising the diabetes control measure to no longer require reporting for Hba1c levels less than 7.

Rationale:

Diabetes Control – NQF and MU measures do not record Hba1c levels less than 7. Alignment with these measures (which record Hba1c levels of 8 and 9) reduces health center reporting burden. (Health centers are not precluded from collecting Hba1c levels below 7, if they track performance on these measures for quality improvement purposes.)

6. *Electronic Health Records Capabilities and Quality Recognition*

The questions on electronic health records capabilities and quality recognition through PCMH accreditation have been revised and streamlined to capture essential information with reduced reporting burden.

Rationale: Ensuring that health centers adopt EHRs is a priority for HRSA, including helping health centers use EHR functionality to obtain MU incentive payments from the Center for Medicare and Medicaid Services (CMS). The annual UDS report contains data on EHR capabilities required of all health centers. Updated information on PCMH designation and accreditation is essential for describing the quality and continuity of care provided to health center patients.

### **III. ICD 10 TRANSITION**

Health centers will be required to use ICD 10 codes for billing purposes as of October 1, 2014. We currently are reviewing the ICD 9 and ICD 10 codes to be used in UDS reporting. Health centers will be informed of the requirements for reporting applicable UDS Tables during the first quarter of 2014.

### **IV. CONTACTS**

If you have any questions or comments regarding the approved changes to the CY 2014 UDS, please contact the Office of Quality and Data at [OQDComments@hrsa.gov](mailto:OQDComments@hrsa.gov) or 301-594-0818.

Attachments:

1. Approved Changes to UDS Tables 4, 6A, 6B, and 7
2. Electronic Health Record (EHR) Capabilities and Quality Recognition

**ATTACHMENT 1 – Approved Changes to UDS Tables (shown in bold italics)**

Reporting Period: January 1, 2014 through December 31, 2014

**TABLE 4 – SELECTED PATIENT CHARACTERISTICS**

CHARACTERISTIC		NUMBER OF PATIENTS ( a )				
<b>INCOME AS PERCENT OF POVERTY LEVEL</b>						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	<b>TOTAL (SUM LINES 1 – 5)</b>					
<b>PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE</b>		<b>0-17 YEARS OLD ( a )</b>		<b>18 AND OLDER ( b )</b>		
7.	<b>None/Uninsured</b>					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	<b>TOTAL MEDICAID (LINE 8A + 8B)</b>					
9.	<b>MEDICARE (TITLE XVIII)</b>					
10a.	Other Public Insurance Non-CHIP (specify)					
10b.	Other Public Insurance CHIP					
10.	<b>TOTAL PUBLIC INSURANCE (LINE 10a + 10b)</b>					
11.	<b>PRIVATE INSURANCE</b>					
12.	<b>TOTAL (SUM LINES 7 + 8 + 9 +10 +11)</b>					
<b>MANAGED CARE UTILIZATION</b>						
Payor Category		MEDICAID ( a )	MEDICARE ( b )	OTHER PUBLIC INCLUDING NON- MEDICAID CHIP ( c )	PRIVATE ( d )	TOTAL ( e )
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	<b>TOTAL MEMBER MONTHS (13a + 13b)</b>					
<b>CHARACTERISTICS – SPECIAL POPULATIONS</b>					<b>NUMBER OF PATIENTS -- (a)</b>	
14.	Migratory (330g grantees only)					
15.	Seasonal (330g grantees only)					

CHARACTERISTIC		NUMBER OF PATIENTS ( a )
INCOME AS PERCENT OF POVERTY LEVEL		
16.	<b>TOTAL AGRICULTURAL WORKERS OR DEPENDENTS (ALL GRANTEE REPORT THIS LINE)</b>	
17.	Homeless Shelter (330h grantees only)	
18.	Transitional (330h grantees only)	
19.	Doubling Up (330h grantees only)	
20.	Street (330h grantees only)	
21.	Other (330h grantees only)	
22.	Unknown (330h grantees only)	
23.	<b>TOTAL HOMELESS (ALL GRANTEE REPORT THIS LINE)</b>	
24.	<b>TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL GRANTEE REPORT THIS LINE)</b>	
25.	<b>TOTAL VETERANS (ALL GRANTEE REPORT THIS LINE)</b>	
26.	<b>PUBLIC HOUSING PATIENTS (ALL GRANTEE REPORT THIS LINE)</b>	

Reporting Period: January 1, 2014 through December 31, 2014

**TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED**

	Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis <i>regardless of primacy</i> (A)	Number of Patients with Diagnosis <i>regardless of primacy</i> (B)
<b>Selected Infectious and Parasitic Diseases</b>				
1-2.	Symptomatic HIV , Asymptomatic HIV	042 , 079.53, V08		
<b>1-2(a)</b>	<b>Newly diagnosed HIV</b>	<b>042 , 079.53, V08</b>		
3.	Tuberculosis	010.xx – 018.xx		
4.	Syphilis and other sexually transmitted diseases	090.xx – 099.xx		
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32		
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71		

Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis <i>regardless of primacy</i> (A)	Number of Patients with Diagnosis <i>regardless of primacy</i> (B)
<b>Selected Diseases of the Respiratory System</b>			
5.	Asthma	493.xx	
6.	Chronic bronchitis and emphysema	490.xx – 492.xx	
<b>Selected Other Medical Conditions</b>			
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 238.3 793.8x	
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	
9.	Diabetes mellitus	250.xx; 648.0x; 775.1x	
10.	Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx	
11.	Hypertension	401.xx – 405.xx	
12.	Contact dermatitis and other eczema	692.xx	
13.	Dehydration	276.5x	
14.	Exposure to heat or cold	991.xx – 992.xx	
14a.	Overweight and obesity	ICD-9 : 278.0 – 278.02 or V85.xx excluding V85.0, V85.1, V85.51 V85.52	
<b>Selected Childhood Conditions</b>			
15.	Otitis media and eustachian tube disorders	381.xx – 382.xx	
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)	
17.	Lack of expected normal physiologic development (such as delayed milestone, failure to gain weight, failure to thrive). Does not include sexual or mental development nutritional deficiencies	260.xx-269.xx; 7793x; 783.3x-783.4x	

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Diagnosis <i>regardless of primacy</i> (A)	Number of Patients with Diagnosis <i>regardless of primacy</i> (B)
18.	Alcohol related disorders	291.xx, 303.xx; 305.0x 357.5x		
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x 304.xx, 305.2x – 305.9x 357.6x, 648.3x		
19a.	Tobacco use disorder	305.1		
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx		
20b.	Anxiety disorders including PTSD	300.0x, 300.2x, 300.3, 308.3,309.81		
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx		
20d.	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)		

**TABLE 6A – SELECTED SERVICES RENDERED**

Service Category		Applicable ICD-9-CM or CPT-4 Code	Number of Visits (A)	Number of Patients (B)
<b>Selected Diagnostic Tests/Screening/Preventive Services</b>				
21.	HIV test	<b>CPT-4:</b> 86689; 86701-86703; 87390-87391		
21a.	Hepatitis B test	<b>CPT-4:</b> 86704, 86706, 87515-17		
21b.	Hepatitis C test	<b>CPT-4:</b> 86803-04, 87520-22		
22.	Mammogram	<b>CPT-4:</b> 77052, 77057 OR <b>ICD-9:</b> V76.11; V76.12		
23.	Pap test	<b>CPT-4:</b> 88141-88155; 88164- 88167, 88174-88175 OR <b>ICD-9:</b> V72.3; V72.31; V76.2		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	<b>CPT-4:</b> 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748		
24a.	Seasonal Flu vaccine	<b>CPT-4:</b> 90655 - 90662		

Service Category		Applicable ICD-9-CM or CPT-4 Code	Number of Visits (A)	Number of Patients (B)
25.	Contraceptive management	<b>ICD-9: V25.xx</b>		
26.	Health supervision of infant or child (ages 0 through 11)	<b>CPT-4:</b> 99391-99393; 99381-99383;		
26a.	Childhood lead test screening (9 to 72 months)	<b>CPT-4:</b> 83655		
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	<b>CPT-4:</b> 99408-99409		
26c.	Smoke and tobacco use cessation counseling	<b>CPT-4:</b> 99406 and 99407; S9075		
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		
Service Category		Applicable ADA Code	Number of Visits (A)	Number of Patients (B)
<b>Selected Dental Services</b>				
27.	I. Emergency Services	<b>ADA :</b> D9110		
28.	II. Oral Exams	<b>ADA :</b> D0120, D0140, D0145, D0150, D0160, D0170, D0180		
29.	Prophylaxis – adult or child	<b>ADA :</b> D1110, D1120,		
30.	Sealants	<b>ADA :</b> D1351		
31.	Fluoride treatment – adult or child	<b>ADA :</b> D1203, D1204, D1206		
32.	III. Restorative Services	<b>ADA :</b> D21xx – D29xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	<b>ADA :</b> D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	<b>ADA :</b> D3xxx, D4xxx, D5xxx , D6xxx, D8xxx		

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**TABLE 6B – QUALITY OF CARE INDICATORS**

SECTION A – AGE CATEGORIES FOR PRENATAL PATIENTS				
DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS				
AGE		NUMBER OF PATIENTS ( a )		
1	LESS THAN 15 YEARS			
2	AGES 15-19			
3	AGES 20-24			
4	AGES 25-44			
5	AGES 45 AND OVER			
6	TOTAL PATIENTS (SUM LINES 1 – 5)			
SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE				
TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR		Women Having First Visit with Grantee ( a )	Women Having First Visit with Another Provider ( b )	
7	First Trimester			
8	Second Trimester			
9	Third Trimester			
SECTION C – CHILDHOOD IMMUNIZATION				
CHILDHOOD IMMUNIZATION		TOTAL NUMBER OF PATIENTS WITH 3 <sup>RD</sup> BIRTHDAY DURING MEASUREMENT YEAR ( a )	NUMBER CHARTS SAMPLED OR EHR TOTAL ( b )	NUMBER OF PATIENTS IMMUNIZED ( c )
10	MEASURE: Children who have received age appropriate vaccines who had their 3 <sup>rd</sup> birthday during measurement year (on or prior to 31 December)			

SECTION D – CERVICAL CANCER SCREENING				
PAP TESTS		TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS TESTED (c)
11	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			
SECTION E – WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS				
CHILD AND ADOLESCENT WEIGHT ASSESSMENT AND COUNSELING		TOTAL PATIENTS AGED 3 – 17 ON DECEMBER 31 (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH COUNSELING AND BMI DOCUMENTED (c)
12	MEASURE: Children and adolescents aged 3 – through 17 during measurement year (on or prior to 31 December) with a BMI percentile, <b><i>and</i></b> counseling on nutrition and physical activity documented for the current year			

SECTION F – ADULT WEIGHT SCREENING AND FOLLOW-UP				
ADULT WEIGHT SCREENING AND FOLLOW-UP		TOTAL PATIENTS AGED 18 AND OVER  (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL  (b)	NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE  (c)
13	MEASURE: Patients aged 18 and over with (1) BMI charted <b>and</b> (2) follow-up plan documented <b>if</b> patients are overweight or underweight			
SECTION G – TOBACCO USE SCREENING AND CESSATION				
TOBACCO Use SCREENING AND CESSATION		TOTAL PATIENTS AGED 18 AND OVER  (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL  (b)	NUMBER OF PATIENTS ASSESSED AND INTERVENED WITH AS APPROPRIATE  (c)

14a	<p><b>MEASURE:</b>  <i>Patients age 18 and older (1) screened for tobacco use AND (2) received cessation counseling intervention or medication if identified as a tobacco user one or more times in the measurement year or prior year</i></p>			
SECTION H – ASTHMA PHARMACOLOGICAL THERAPY				
	ASTHMA TREATMENT PLAN	<p>TOTAL PATIENTS AGED 5 - 40 WITH PERSISTENT ASTHMA ( a )</p>	<p>NUMBER CHARTS SAMPLED OR EHR TOTAL ( b )</p>	<p>NUMBER OF PATIENTS WITH ACCEPTABLE PLAN ( c )</p>
16	<p>MEASURE:            Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan</p>			

SECTION I – CORONARY ARTERY DISEASE (CAD): LIPID THERAPY				
LIPID THERAPY		TOTAL PATIENTS 18 AND OVER WITH CAD DIAGNOSIS  ( a )	NUMBER CHARTS SAMPLED OR EHR TOTAL  ( b )	NUMBER OF PATIENTS PRESCRIBED LIPID LOWERING THERAPY  ( c )
17	MEASURE: Patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			
SECTION J – ISCHEMIC VASCULAR DISEASE (IVD): ASPIRIN OR ANTITHROMBOTIC THERAPY				
ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY		TOTAL PATIENTS 18 AND OVER WITH IVD DIAGNOSIS OR AMI, CABG, OR PTCA PROCEDURE  ( a )	CHARTS SAMPLED OR EHR TOTAL  ( b )	NUMBER OF PATIENTS WITH ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY  ( c )
18	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy			

SECTION K – COLORECTAL CANCER SCREENING				
COLORECTAL CANCER SCREENING		TOTAL PATIENTS 51 THROUGH 74 YEARS OF AGE ( a )	CHARTS SAMPLED OR EHR TOTAL ( b )	NUMBER OF PATIENTS WITH APPROPRIATE SCREENING FOR COLORECTAL CANCER ( c )
19	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer			
SECTION L – NEWLY IDENTIFIED HIV CASES WITH TIMELY FOLLOWUP				
NEW HIV CASES WITH TIMELY FOLLOWUP		PATIENTS FIRST DIAGNOSED WITH HIV ( a )	CHARTS SAMPLED OR EHR TOTAL ( b )	PATIENTS FIRST DIAGNOSED SEEN WITHIN 90 DAYS OF DIAGNOSIS ( c )
20	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1 and September 30 and who were seen for follow up within 90 days of that first ever diagnosis			

SECTION M – PATIENTS SCREENED FOR DEPRESSION AND FOLLOWED UP IF APPROPRIATE				
<b>PATIENTS SCREENED FOR DEPRESSION AND FOLLOWED UP AS APPROPRIATE</b>		<b>TOTAL PATIENTS AGED 12 AND OVER ( a )</b>	<b>NUMBER CHARTS SAMPLED OR EHR TOTAL ( b )</b>	<b>NUMBER OF PATIENTS SCREENED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE ( c )</b>
<b>21</b>	<b>MEASURE: Patients aged 12 and over who were (1) screened for depression with a standardized tool and (2) had a follow-up plan documented if patients were considered depressed</b>			

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**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

0	HIV Positive Pregnant Women					
2	Deliveries Performed by Health Center's Providers					
Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500-2499 grams (1c)	Live Births: =>2500 grams (1d)	
<b>Hispanic/Latino</b>						
1a	Asian					
1b1	Native Hawaiian					
1b2	Pacific Islander					
1c	Black/African American					
1d	American Indian/Alaska Native					
1e	White					
1f	More than One Race					
1g	Unreported/Refused to Report Race					
	<i>Subtotal Hispanic/Latino</i>					
<b>Non-Hispanic/Latino</b>						
2a	Asian					
2b1	Native Hawaiian					
2b2	Pacific Islander					
2c	Black/African American					
2d	American Indian/Alaska Native					
2e	White					

2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
Unreported/Refused to Report Ethnicity					
h	Unreported/Refused to Report Race and Ethnicity				
i	<b>Total</b>				

**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

Line #	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<b>Hispanic/Latino</b>				
1a	Asian			
1b1	Native Hawaiian			
1b2	Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic/Latino</i>			
<b>Non-Hispanic/Latino</b>				
2a	Asian			
2b1	Native Hawaiian			
2b2	Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic/Latino</i>			
<b>Unreported/Refused to Report Ethnicity</b>				
h	Unreported/Refused to Report Race and Ethnicity			
<b>i</b>	<b>Total</b>			

**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

**Column (3c), patients with Hba1c<7 has been deleted in the table below.**

Line #	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c <8% (3d)	Patients with 8%<= Hba1c <=9% (3e)	Patients with Hba1c >9% Or No Test During Year (3f)
1a	Asian					
1b1	Native Hawaiian					
1b2	Pacific Islander					
1c	Black/African American					
1d	American Indian/Alaska Native					
1e	White					
1f	More than One Race					
1g	Unreported/Refused to Report Race					
	<i>Subtotal Hispanic/Latino</i>					
2a	Asian					
2b1	Native Hawaiian					
2b2	Pacific Islander					
2c	Black/African American					
2d	American Indian/Alaska Native					
2e	White					
2f	More than One Race					
2g	Unreported/Refused to Report Race					
	<i>Subtotal Non-Hispanic/Latino</i>					
h	Unreported/Refused to Report Race and Ethnicity					

Line #	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c <8% (3d)	Patients with 8%<= Hba1c <=9% (3e)	Patients with Hba1c >9% Or No Test During Year (3f)
<b>i</b>	<b>Total</b>					

## ATTACHMENT 2: ELECTRONIC HEALTH RECORD (EHR) CAPABILITIES AND QUALITY RECOGNITION

### QUESTIONS

The following questions will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. The instructions for the EHR questions can be found in EHB as you are completing the questions.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
  - a) Yes, at all sites and for all providers
  - b) Yes, but only at some sites or for some providers
  - c) No
    - i. If (c), pop up and ask when:
      - a) 3 months
      - b) 6 months
      - c) 1 year or more
      - d) not planned
    - ii. Pop-up if (a) OR (b)

Is your system certified under the Office of the National Coordinator for Health IT (ONC) Health IT Certification program?

      - a) If yes, provide the name of the vendor, the product name, the version number, and the Certified Health IT Product List (CHPL) number. Please copy this information exactly as it appears at the CPHL website: <http://oncchpl.force.com/ehrcert/CHPLHome>.
      - b) If no, provide the name of the vendor, the product name, and the version number.

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

      - a) Yes
      - b) No
    - iii. Pop-up if (b)
      - a) How many sites have the EHR in use?
      - b) How many providers use the EHR system?
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
  - a) Yes
  - b) No
  - c) Not sure

3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
  - a) Yes
  - b) No
  - c) Not sure
  
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?
  - a) Yes
  - b) No
  - c) Not sure
  
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?
  - a) Yes
  - b) No
  - c) Not sure
  
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?
  - a) Yes
  - b) No
  - c) Not sure
  
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
  - a) We use the EHR to extract automated reports
  - b) We use the EHR but only to access individual patient charts
  - c) We use the EHR in combination with another data analytic system
  - d) We do not use the EHR
  
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?
  - a) Yes, all eligible providers at all sites are participating
  - b) Yes, some eligible providers at some sites are participating
  - c) No, our eligible providers are not yet participating
  - d) No, because our providers are not eligible
  - e) Not sure

If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?

- a) Adoption, Implementation, or Upgrade (AIU)
- b) Stage 1
- c) Stage 2
- d) Stage 3
- e) Not sure

If no (c only), are your eligible providers planning to participate?

- a) Yes, over the next 3 months
- b) Yes, over the next 6 months
- c) Yes, over the next 12 months or longer
- d) No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?

- a) Yes

If yes, then specify the type(s) of service: \_\_\_\_\_

- b) No

10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?

- a) Yes
- b) No

If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)

- a) National Committee for Quality Assurance (NCQA)
- b) The Joint Commission (TJC)
- c) Accreditation Association for Ambulatory Health Care (AAHC)
- d) State Based Initiative
- e) Private Payer Initiative
- f) Other Recognition Body (write in name)

11. Has your health center received accreditation?

- a) Yes
- b) No

If yes, which third party organization granted accreditation?

- a) The Joint Commission (TJC)
- b) Accreditation Association for Ambulatory Health Care (AAHC)