RESOURCE AND PATIENT MANAGEMENT SYSTEM

Uniform Data System

(BUD)

User Manual

Version 18.0
November 2023

Office of Information Technology
Division of Information Technology

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Preface

This manual contains the user's guide for the Resource and Patient Management System (RPMS) Uniform Data System (UDS) Reporting System for calendar year (CY) 2023.

RPMS UDS Reporting is intended for use by Tribal or Urban health facilities receiving grant funds for primary care system development programs administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The RPMS UDS Reporting System provides passive extraction of patient and visit data from the Indian Health Service (IHS) RPMS to produce 9 of the 11 UDS report tables required annually by BPHC Health Center Program grantees.

> **Note:** Submit 2023 UDS data by February 15, 2024 in order to assure adequate time for review and correction of data errors prior to final submission. Changes to this data are permitted until March 31, 2024.

The RPMS UDS Reporting System software will be reviewed annually and updated as needed as BPHC reporting requirements change.

Additional information about BPHC grants and BPHC UDS reporting can be found at the following website: https://bphc.hrsa.gov/datareporting/reporting/index.html.

Rules of Behavior

All RPMS users are required to observe Department of Health and Human Services (HHS) and IHS Rules of Behavior (ROB) (Appendix D) regarding patient privacy and the security of both patient information and IHS computers and networks. This document provides both RPMS and UDS Rules of Behavior.

1.0 About This Manual

This manual provides user instructions for the RPMS UDS Reporting System for calendar year 2023. The chapters included in the manual cover these main system components:

- System set-up, including taxonomies and site parameters
- Reports and patient lists, including descriptions of report logic used and sample output
- Relevant excerpts from the BPHC UDS Instruction Manual

1.1 Key Changes for Version 18.0

1.1.1 Menu Changes

Menu Changes:

- Added **UD23 UDS 2023** … menu option.
- Removed **UD21 UDS 2021**… menu option.

1.1.2 Table 3B – Demographic Characteristics

- Updated table to include new columns for ethnicity and new rows for race
- Updated Patients by Sexual Orientation and Patients by Gender Identity section to include patients on correct lines, added patient lists for Patients by Sexual Orientation and Patients by Gender Identity

1.1.3 Table 4 – Selected Patient Characteristics

- Updated Income as Percentage of Poverty Guidelines

1.1.4 Table 5 – Staffing and Utilization

- Added new lines for Pharmacy Personnel

1.1.5 Table 6A – Selected Diagnosis and Services Rendered

- Added new line:
  - 26e: Childhood development screenings and evaluations
- Code updates

1.1.6 Table 6B–Quality of Care Measures

Aligned many measures with 2023 version of the Center for Medicare and Medicaid Services (CMS) electronic Clinical Quality Measures (eCQM):

- Section C – Childhood Immunizations: updated to CMSv117v11
- Section D – Cervical Cancer Screening: updated to CMS 124v11
- Section D – Breast Cancer Screening: updated to CMS125v11
- Section E – Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents: updated to CMS 155v11
- Section F – Preventive Care and Screening: BMI Screening and Follow-Up: updated to CMS 69v11
- Section G – Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention: updated to CMS 138v11
- Section H – Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: Lipid Therapy updated to CMS 347v6
- Section J – Colorectal Cancer Screening: updated to CMS 130v11
- Section K – HIV Screening: updated to CMS 349v5
- Section L – Preventative Care and Screening: Screening for Depression and Follow-Up Plan: updated to CMS 2v12
- Section L – Depression Remission at Twelve Months: updated to CMS159v11

1.1.7 Table 7 – Quality of Care Indicators

- Aligned measures with 2023 version of the CMS eCQM measures:
  - Section B – Controlling High Blood Pressure: updated to CMS 165v11
  - Section C – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (greater than [>] 9%): updated to CMS 122v11
- Updated tables to include additional races and ethnicities

1.1.8 Table 9 – Patient Service Revenue

- Removed Line 8c: Other Public, including COVID-19 Uninsured Program

1.1.9 Taxonomy Changes

- None.

2.0 Introduction

The IHS RPMS UDS Reporting is intended for use by Tribal or urban health facilities receiving grant funds for primary care system development programs administered by the BPHC, HRSA. The UDS Reporting System provides passive extraction of patient and visit data from the RPMS to produce 9 of the 11 UDS reports. For each of these reports (except Table 9D), RPMS UDS also produces lists of all patients and related visits that are counted in the reports.

Notes: The UDS 2023 reports are due to BPHC on or before February 15, 2024 in order to assure adequate time for review and correction of data errors prior to final submission. Changes to these data will be permitted until March 31, 2024.

RPMS UDS Reporting System software will be reviewed annually and updated as needed as BPHC reporting requirements change.

2.1 About the BPHC UDS

The BPHC UDS is an integrated reporting system used by all Health Center Program grantees of the following primary care programs administered by the BPHC, HRSA:

- Community Health Center, as defined in Section 330(e) of the Health Centers Consolidation Act as amended
- Migrant Health Center, as defined in Section 330(g) of the Act
- Health Care for the Homeless, as defined in Section 330(h) of the Act
- Public Housing Primary Care, as defined in Section 330(i) of the Act

BPHC collects data on its programs to ensure compliance with legislative mandates and to report to Congress, the Office of Management and Budget (OMB), and other policy makers on program accomplishments. To meet these objectives, BPHC requires Health Center Program that grantees annually submit a core set of information that is appropriate for monitoring and evaluating performance and for reporting on annual trends. The UDS is the vehicle used by BPHC to obtain this information.

UDS reports provide a comprehensive picture of all activities within the scope of BPHC-supported projects. Health Center Program grantees should report on the total unduplicated number of patients and activities within the scope of projects supported by any and all BPHC primary care programs covered by the UDS.

See Appendix A for relevant excerpts from the BPHC UDS Manual. Additional information can be obtained from the following website: https://bphc.hrsa.gov/datareporting/reporting/index.html.

2.2 RPMS UDS Reporting System Overview

The RPMS UDS Reporting System is a software tool that produces 9 of the 11 reports required annually by BPHC Health Center Program grantees. These reports provide an overview of patients and visits at a grantee health center, including number, age, gender, zip code of residence, insurance sources, race/ethnicity of patients, number of visits by provider type, by key diagnoses and services, characteristics of special populations, quality of care indicators, health outcome, and disparities. The system produces the following reports:

- Patients by Zip Code
- Table 3A Patients by Age and by Sex Assigned at Birth
- Table 3B Demographic Characteristics
- Table 4 Selected Patient Characteristics
- Table 5 Staffing and Utilization (Column A)
- Table 5 Staffing and Utilization (Columns B and C)
- Table 6A Selected Diagnoses and Services Rendered
- Table 6B Quality of Care Measures
- Table 7 Health Outcome and Disparities
- Table 9D Patient-Related Revenue

Additionally, RPMS UDS will provide lists to assist in verifying data (see Section 6.0: Patient Lists).

You can run reports for individual quarters as well as for the entire calendar year.

> **Note:** Tables 6B and 7 must be run using the Full Calendar Year option. If these reports are run using the Quarterly options, the totals combined will not match the calendar year totals.

The RPMS UDS also includes an option to save all patients that meet the BPHC definition of a patient to an RPMS search template, where it can be used to assist the user with preparing the other needed reports that are submitted to BPHC.

> **Note:** BPHC reporting is based on calendar year (January through December) rather than fiscal year (October through September).

See Section 5.2 for a description of the detailed logic for each report.

3.0 Manager Utilities for System Setup

This section describes the steps that will need to be followed for setup functions and to run patient list reports.

The following two functions must be performed before the software is used:

- **SET Site Parameters Setup**, which includes defining one or more sites with associated BPHC UDS identification number and locations (see Section 3.1.1 to identify all visit locations that are eligible).
- **TAX Taxonomy Setup**, to add the site-specific terminology for nine laboratory tests that are used by Table 6A Selected Diagnoses and Services Rendered and Table 6B Quality of Care Indicators (see Section 3.2.1) for detailed instructions on adding entries to a taxonomy.

> **Note:** System Managers must work with laboratory staff to identify all of the different terms in the lab file that describes the laboratory test.

Also included are twelve additional medication taxonomies:

- BGP PQA NON-WARFARIN ANTICOAG
- BGP PQA WARFARIN
- BGP PQA STATIN MEDS
- BGP CMS SMOKING CESSATION MEDS
- BUD DIABETES MEDS TAX
- BUD ANTIPLATELET MEDS
- DM AUDIT ASPIRIN DRUGS
- DM AUDIT LDL CHOLESTEROL TAX
- BGP HEDIS ANTIDEPRESSANT MEDS
- BGP IPC ABOVE NORMAL MEDS
- BGP IPC BELOW NORMAL MEDS
- BGP IPC DEPRESSION MEDS

These taxonomies are used as one of two methods to identify patients with prescribed anticoagulant, smoking cessation, lipid lowering, aspirin, depression, and overweight/underweight medications in Table 6B and diabetes in Table 7. These are prepopulated by National Drug Code, as indicated in Excel spreadsheet *UDS 2023 Medication Taxonomies* and users are able to add and/or remove drugs as necessary. The diagnosis and intervention taxonomies are used to identify patients with a depression follow-up in Table 6B and are pre-populated.

To view a list of all predefined taxonomies, type **VTX** (View Taxonomy) at the **Manager Utilities** menu.

The **Manager Utilities** menu includes the option to run patient lists that are associated with the summary Table Reports. This option is included here to discourage casual users from accidentally running patient lists that may be hundreds of pages long. Patient lists are intended to be used for detailed data quality checks on the RPMS database and are not a part of normal UDS reporting.

The **Manager Utilities** menu also includes the option to create a search template of patients that the RPMS UDS has identified as meeting the BPHC definition of a patient and who are included in Table 3A. This search template may be used in other RPMS applications such as QMan and PGen in order to assist the user with completing other tables required by BPHC for annual reporting and which are not currently included in the RPMS UDS application.

Menu options to perform these activities are located under the **Manager Utilities (MU)** option on the main **RPMS UDS** menu.

> **Note**: After typing each command, press Enter.

1. From the main **RPMS** menu, type **UDS** at the "IHS Core Option" prompt.

> **Note**: Each user will have a different list of RPMS application options to choose from on the **RPMS** main menu.
> If **UDS RPMS Uniform Data System Reporting System** does *not* appear as a menu option, ask the site manager to provide the appropriate security keys.

```
...ABM    Third Party Billing System ...
...BAT    Asthma Register ...
   BCH    Community Health Representative System ...
   BHS    Behavioral Health Information System ...
   BI     Immunization Menu ...
...BMC    Referred Care Information System ...
   BW     Women's Health Menu ...
...GPRA   IHS Clinical Reporting System (CRS) Main Menu ...
   LAB    Laboratory Menu ...
   PCC    Patient Care Component ...
   RAD    Rad/Nuc Med Total System Menu ...
   SD     Scheduling Menu ...
   SSN    SSN Reports Menu ...
   UDS    RPMS Uniform Data Systems (UDS) Reporting System ...

Select Core Applications Options: UDS <Enter>  RPMS Uniform Data Systems
(UDS) Reporting System
```

Figure 3-1: Accessing the Manager Utilities menu

The **UDS** main menu (Figure 3-2) displays.

```
                  ******************************************
                  **     RPMS UNIFORM DATA SYSTEM (UDS)     **
                  ******************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   UD23   UDS 2023 ...
   UD22   UDS 2022 ...

Select RPMS Uniform Data Systems (UDS) Reporting System Option:  UD23
<Enter>  UDS 2023 ...
```

Figure 3-2: Accessing the Manager Utilities menu

2. Type **UD23** at the "Select RPMS Uniform Data Systems (UDS) Reporting System Option" prompt to access the 2023 version of the software. The **UDS** main menu (Figure 3-3) displays.

```
                  ******************************************
                  **     RPMS UNIFORM DATA SYSTEM (UDS)     **
                  **                 2023                   **
                  ******************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   REP    Reports ...
   MU     Manager Utilities ...

Select UDS 2023 Option:  MU <Enter>  Manager Utilities ...
```

Figure 3-3: Accessing the Manager Utilities menu

3. Type **MU** at the "Select UDS 2023 Option" prompt. The **Manager Utilities** menu (Figure 3-4) displays.

```
                    ************************************
                    **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                    **      2023 Manager Utilities      **
                    ************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   SET    Update/Review Site Parameters
   LST    Patient and Provider Lists Main Menu ...
   STP    Create Search Template of Patients on Table 3A
   TAX    Update Taxonomies for Use with UDS 2023

Select Manager Utilities Option:
```

Figure 3-4: Manager Utilities menu

3.1 Site Parameters Setup (SET)

Before running any reports, the site must identify its site parameters. Site parameters include:

- Identifying the site name (multiple site names can be set up for multi-facility databases)
- Entering the site's UDS identification number
- Identifying all locations for the site that are eligible for UDS reporting, e.g., main facility, home location, satellite facilities, schools, etc. (See Section 3.1.1 to identify all eligible visit locations)

3.1.1 Locations

In RPMS, each site has a series of locations (facilities) associated with it, identified by a six-digit code generally referred to as the Area/Service Unit/Facility (ASUFAC) code. For example, the ASUFAC code for Sells Hospital is 000101, representing Tucson Area (00), Sells Service Unit (01), and Sells Hospital (01).

Not all RPMS site locations can be used to count toward UDS reporting. For example, "Ambulance" or "Other" locations cannot be counted.

The BPHC UDS Manual states:

> A visit must take place in health centers' approved service delivery sites (e.g., clinics, schools, homeless shelters, as listed on Form 5B) or in other locations that DO NOT meet HRSA's site criteria but are included in the health center's scope of project (e.g., hospitals, nursing homes, extended care facilities, patient's home), as referenced on Form 5C. In addition, virtual visits may occur from other locations.[1]

Typical site locations are included in Table 3-1. "Y" denotes site locations that should not be included.

Table 3-1: Examples of Site Locations

[Site Name] Health Center	Exclude?
XYZ Clinic	
ABC Hospital	
XYZ High School	
School Unspecified	
Ambulance	Y

[1] BPHC Uniform Data System Manual, 2023 Revision, p. 20.

[Site Name] Health Center	Exclude?
CHS Hospital	
[Site Name] A/SA Program	
Regional Treatment Center	
Office	
CHS Physician Office	
Home	
Nursing Home	
CHS Other	Y
Other	Y
Undesignated Locations	Y

3.1.2 Adding New Parameters

```
                  ****************************************
                  **     RPMS UNIFORM DATA SYSTEM (UDS)     **
                  **                2023                    **
                  ****************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0


   SET    Update/Review Site Parameters
   LST    Patient and Provider Lists Main Menu ...
   STP    Create Search Template of Patients on Table 3A
   TAX    Update Taxonomies for Use with UDS 2023

Select Manager Utilities Option: SET
```

Figure 3-5: Select Manager Utilities Option

To set up site parameters:

1. Type **SET Update/Review Site Parameters** at the "Select Manager Utilities Option" prompt on the 2023 Manager Utilities menu (Figure 3-5). An explanation of the Site Parameters function displays (Figure 3-6).

```
***  Update/Review UDS 2023 Site Parameters ***

This option is used to set up your site's parameters for UDS reporting,
including entering your BPHC UDS ID no. and defining visit locations to be
"counted" toward the report.  "A visit must take place in health center
sites or other locations that do not meet HRSA's site criteria, such as
hospitals, schools, nursing homes, homeless shelters, or extended care
facilities. Visits at these sites count when they occur on a regularly
scheduled basis at an approved site within the health center's scope of
project."

Visits will not be counted toward the report if the visit location does not
match the locations on the UDS Visit Locations list.

Multiple site names can be designated with associated locations.  Each site
name must have locations designated.

Select UDS 23 SITE PARAMETERS SITE NAME:
```

Figure 3-6: Site Parameters screen

2. Type the name of the site location at the "Select UDS 23 Site Parameters Site Name" prompt:

   - If multiple names match what is typed, a list displays. Type the corresponding number of the correct site name.
   - If a site name is entered that has not been previously entered, the system will prompt, "Are you adding '[SITE NAME]' as a new UDS 23 SITE PARAMETERS (the XTH)?" Type **Y** (Yes) to add the new site or **N** (No).

3. Type the site UDS Identification Number (assigned by BPHC) at the "UDS NO." prompt, if known; otherwise, press Enter to skip this prompt.

4. The **Update UDS Visit Locations** screen (Figure 3-7) displays. If this is a new site, the Locations list will be blank.

```
Select UDS 23 SITE PARAMETERS SITE NAME: san carlos
     1   SAN CARLOS           PHOENIX            SAN CARLOS       01
     2   SAN CARLOS TRIBE     PHOENIX TRIBE/638  SAN CARLOS       80
CHOOSE 1-2: 1 <Enter> SAN CARLOS     PHOENIX            SAN CARLOS       01

Are you adding 'SAN CARLOS' as a new UDS 23 SITE PARAMETERS (the 1ST)? No//
Y <Enter> (Yes)

Update UDS Visit Locations    Dec 23, 2023 11:09:47     Page:  0 of 0
------------------------------------------------------------------------------
Site Name: SAN CARLOS
Enter all locations to be included in the UDS report.

          ?? for more actions  + next screen  - prev screen
A  Add Visit Location to the list   S  Add All of this SU's locations
R  Remove Visit Location from List  Q  Quit

Select Item(s): Quit//
```

Figure 3-7: Site Parameters Setup

5. Do one of the following as needed:

   - Add individual locations one at a time.
   - Add the entire group of locations associated with the site and refine the list by deleting individual locations.

   See Section 3.1.1 for a more detailed description about site locations.

   The recommended approach to populate a blank Visit Locations list is to first add all the locations associated with the site and then delete any that do not belong on the list.

6. Type **S Add All of this SU's Locations** at the "Select Item(s)" prompt. The system adds all locations listed in the RPMS database that is associated with the site.

```
Select Item(s): Quit// S <Enter>  Add All of this SU's locations
Hold on while I gather up all of SAN CARLOS's locations and add them....
SAN CARLOS   added
BYLAS   added
AMBULANCE   added
SCHOOL UNSPECIFIED   added
CHS HOSPITAL   added
OFFICE   added
CHS PHYSICIAN OFFICE   added
HOME   added
NURSING HOME   added
CHS OTHER   added
OTHER   added
UNDESIG LOCS   added

Update UDS Visit Locations
Dec 23, 2023 11:19:13          Page:    1 of    1
------------------------------------------------------------------------------
Site Name: SAN CARLOS
Enter all locations to be included in the UDS report.

1) AMBULANCE
2) BYLAS
3) CHS HOSPITAL
4) CHS OTHER
5) CHS PHYSICIAN OFFICE
6) HOME
7) NURSING HOME
8) OFFICE
9) OTHER
10) SAN CARLOS
11) SCHOOL UNSPECIFIED
12) UNDESIG LOCS

A    Add Visit Location to the list    S    Add All of this SU's locations
R    Remove Visit Location from List   Q    Quit
Select Item(s): Quit//
```

Figure 3-8: Adding All SU Locations

7. Type **R** (Remove Visit Location from List) at the "Select Item(s)" prompt to delete a location.

8. Type the number(s) corresponding to the location name(s) you want to remove at the "Which item(s)" prompt. To delete multiple locations, type individual numbers separated by commas or hyphens. To delete location numbers 1, 3, and 7 through 9, type **1,3,7-9**. Do not use spaces between the comma separators.

9. When the location list is complete, type **Q** (Quit) at the "Select Item(s)" prompt.

```
Select Item(s): Quit// R <Enter>  Remove Visit Location from List

Which item(s):  (1-12): 1,4,9,12 <Enter>
AMBULANCE removed from list
CHS OTHER removed from list
OTHER removed from list
UNDESIG LOCS removed from list

Update UDS Visit Locations    Dec 23, 2023 11:26:58          Page:   1 of 1
------------------------------------------------------------------------------
Site Name: SAN CARLOS
Enter all locations to be included in the UDS report.

1) BYLAS
2) CHS HOSPITAL
3) CHS PHYSICIAN OFFICE
4) HOME
5) NURSING HOME
6) OFFICE
7) SAN CARLOS
8) SCHOOL UNSPECIFIED

A   Add Visit Location to the list     S    Add All of this SU's locations
R    Remove Visit Location from List   Q    Quit
Select Item(s): Quit//
```

Figure 3-9: Update Visit Locations screen, Steps 7–9

10. The "Insurance Override" prompt displays. The insurance override will allow UDS to process an insurance as a type (Private Insurance, Medicare, Medicaid) different than it is set up in the system. The "Would you like to review/edit the insurance company overrides?" prompt will display. Type **Y** (Yes) or **N** (No).

11. If Yes is chosen and there are existing overrides in the system, they will display. To add or edit an insurance override, type the name of the insurance at the "Select Insurance Override" prompt:

    - If multiple names match what is typed, a list displays. Type the corresponding number of the correct name.
    - If an insurance is entered that has not been previously set up as an override, the system will display the "Are you adding '[Insurance Name]' as a new Insurance Override (the XTH)?" prompt. Type **Y** (Yes) to add the new insurance override or **N** (No).

- To remove an insurance override, type an at symbol (**@**) at the prompt after choosing the insurance.

12. At the "Insurance Override Insurance Type for UDS:" prompt, type **Private**, **Medicare**, **Medicaid, or Non/Uninsured**.

13. Processing returns to the insurance override prompt. To add or edit another insurance override, type **Y** (Yes) at the "Select Insurance Override" prompt.

```
Would you like to review/edit the insurance company overrides? N// YES
 There are currently no insurance overrides entered.

Select INSURANCE OVERRIDE: SILVER( SILVER/SILVERSCRIPT )
 ...

 The following matches were found:

   1: SILVER STATE MEDICAL ADMINISTRATORS- 2065 E SAHARA AVE C
                                           LAS VEGAS, NV 89104-3829
   2: D-SILVERSCRIPT                     - 9501 EAST SHEA BLVD
                                           SCOTTSDALE, AZ 85260
   3: D-SILVERSCRIPT-004336-MEDDADV      - 9501 EAST SHEA BLVD
                                           SCOTTSDALE, AZ 85260

 Select 1-3: 3

   Are you adding 'D-SILVERSCRIPT-004336-MEDDADV' as
     a new INSURANCE OVERRIDE (the 1ST for this UDS 23 SITE PARAMETERS)?
No// Y (Yes)
    INSURANCE OVERRIDE INSURANCE TYPE FOR UDS: PRIVATE  PRIVATE INSURANCE
   INSURANCE TYPE FOR UDS: PRIVATE INSURANCE//
 Select INSURANCE OVERRIDE:
```

Figure 3-10: Update Insurance Override screen, Steps 10–13

14. The "Provider Class Exclusions" prompt displays. The provider class exclusion will allow UDS to ignore visits where the primary provider is of a specific provider class. This should only be used if there are provider classes at your facility that do not meet the UDS definition of a provider. The "Would you like to review/edit the provider class exclusions?" prompt will display. Type **Y** (Yes) or **N** (No).

15. If you chose Yes and there are existing exclusions in the system, they will display. To add or edit a provider class exclusion, type the name of the provider class at the "Select Provider Class Exclusions" prompt:

    - If multiple names match what is typed, a list displays. Type the corresponding number of the correct name.
    - If a provider class is entered that has not been previously set up as an exclusion, the system will prompt, "Are you adding '[Provider Class]' as a new Provider Class Exclusions (the XTH)?" Type **Y** (Yes) to add the new provider class exclusion or **N** (No).

- To remove a provider class exclusion, type an at symbol (**@**) at the prompt after choosing the provider class.

16. Processing returns to the provider class exclusion prompt. To add or edit another provider class exclusion, type **Y** (Yes) at the "Select Provider Class Exclusions:" prompt.

```
Provider Class Exclusions from UDS visit definition.
 UDS definition of a Provider:
 A provider is someone who assumes primary responsibility for assessing the
 patient and documenting services in the patient's record. Providers
 include only those who exercise independent judgment as to the services
  rendered to the patient during a visit.

 If there are provider class/disciplines that do not meet the above
 Criteria you may add them to the list below and any visit on which the
 primary provider is of one of those disciplines/classes the visit will NOT
 be counted as a UDS visit.

 Note: Only exclude provider types who in your facility DO NOT exercise
 independent judgment as to the services rendered to the patient during a
 visit.


 Would you like to review/edit the provider class exclusions? N// YES
 The following provider class exclusions are currently entered:

      MEDICAL ASSISTANT  (C3)

 Select PROVIDER CLASS EXCLUSIONS: MEDICAL ASSISTANT
          // DENTAL
      1   DENTAL ASSISTANT
      2   DENTAL ASSISTANT (PRENATAL)
      3   DENTAL HEALTH AIDE THERAPIST
      4   DENTAL HYGIENIST
      5   DENTAL LAB
 CHOOSE 1-5: 1  DENTAL ASSISTANT
   Are you adding 'DENTAL ASSISTANT' as a new PROVIDER CLASS EXCLUSIONS
(the 2ND for this UDS 23 SITE PARAMETERS)? No// Y  (Yes)
 Select PROVIDER CLASS EXCLUSIONS:
```

Figure 3-11: Update Insurance Override screen, Steps 14–16

17. Processing returns to the **Update/Review Site Parameters** screen. To add or edit another site, with associated UDS identification number and locations, type **Y** (Yes) at the "Do you want to add/edit another site?" prompt.

> **Note**: This feature is useful for sites with multiple facilities running on an integrated database. Each site and its related locations can be identified. The report options will ask for the appropriate site name.

18. If a site name has been entered that has not been previously entered, the system will prompt, "Are you adding '[Site Name]' as a new UDS 23 Site Parameters (the XTH)?" Type **Y** (Yes) or **N** (No).

19. If adding another new site, follow Steps 5–12 to add the UDS identification number and locations associated with the new site.

```
Do you want to add/edit another site? N// Y <Enter>  YES
Select UDS 23 SITE PARAMETERS SITE NAME: KANANANAK HOSPITAL       ALASKA
TRIBE/638   BRISTOL BAY       01
         ...OK? Yes// Y <Enter>  (Yes)

Are you adding 'KANAKANAK HOSPITAL' as a new UDS 23 SITE PARAMETERS (the
2ND)? No// Y <Enter>  (Yes)
UDS NO.:
```

Figure 3-12: Entering another site name

3.1.3 Updating Locations or Other Site-Related Data

The location or other data that has been previously entered for a site name can be reviewed or edited.

1. Type the site name at the "Select UDS 23 Site Parameters Site Name" prompt.

2. To change the UDS ID number, type a different number at the "UDS No." prompt. If the ID number is correct as displayed in the default, press Enter to accept the default value.

3. The current site location list displays. Type **A** (Add) to add or **R** (Remove) to delete a location.

4. When the locations have been updated, type **Q** to Quit.

3.2 Taxonomies

Taxonomies can be used to find data items in Patient Care Component (PCC) or other RPMS applications in order to determine if a patient or visit meets the criteria for which the software is looking.

In UDS Table 6A, Selected Diagnoses and Services Rendered, BPHC defines standard national codes (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9 CM], International Classification of Diseases, Complete Draft Code Set [ICD-10 CM], Current Procedural Terminology [CPT], and American Dental Association [ADA]) to identify the diagnoses and services provided to a health center's users. Using standard national codes ensures comparable data within the agency as well as to external organizations.

For some of the services requested in Table 6A, RPMS UDS uses additional definitions. According to the BPHC UDS Manual, this is allowed.[2] For example, for HIV Test (Line 21), HEP B Test (Line 21a), HEP C Test (Line 21b), and for Pap Tests (Line 23), RPMS UDS uses standard national Logical Observations, Identifiers, Names, and Codes (LOINC) to identify these tests, in addition to site-populated laboratory test names and CPT codes.

RPMS UDS also uses lab taxonomies for these nine tests that need to be populated by each individual site: BGP HIV TEST TAX, BUD HIV PREP TAX, BGP CD4 TAX, BGP HIV VIRAL LOAD TAX, BGP PAP SMEAR TAX, BGP HPV TESTS TAX, BUD HEPATITIS B TEST, BUD HEPATITIS C TEST, BGP FIT-DNA TESTS, and BGP GPRA FOB TESTS. Taxonomies are used to mitigate the variations in RPMS medical terminology that is not standardized across each facility, such as laboratory tests or medications. This means that one site's Pap smear data to can be compared to another site, even though the same term is not used for the Pap smear laboratory test.

For example, one site's Lab table might contain the term "Pap Smear" while another site's table may contain the term "Thin Prep" for the same test. RPMS PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular laboratory test, the application will look for a specific taxonomy name that is standard at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use the BGP PAP SMEAR TAX taxonomy. The individual facility will enter all varieties of spelling and punctuation for Pap smear tests used at that particular facility.

Other RPMS software, including the Diabetes Management System (DMS) and the Clinical Reporting System (CRS), uses taxonomies. If your site is using CRS, then the HIV Test, Pap Smear, HPV, FOB, CD4, and HIV Viral Load taxonomies are most likely already populated with your site's laboratory test names. UDS 2023 contains no new taxonomies; however, taxonomies may need to be prepopulated prior to first use.

> **Note:** System Managers must work with laboratory staff to identify all the different terms in the lab file that describes the laboratory test.

3.2.1 Taxonomy Setup (TAX)

Taxonomy Setup (TAX) is a menu option that transfers the user to the RPMS Taxonomy Setup software. Taxonomy Setup allows the user to review, add to, or edit members in the required taxonomies used in any RPMS software, including RPMS UDS.

[2] BPHC Uniform Data System Manual, 2023 Revision, p. 81.

RPMS UDS uses eleven laboratory taxonomies:

- BGP HIV TEST TAX
- BUD HIV PREP TAX
- BGP PAP SMEAR TAX
- BGP HPV TESTS TAX
- DM AUDIT HGB A1C TAX
- BUD HEPATITIS B TEST
- BUD HEPATITIS C TEST
- BGP FIT-DNA TESTS
- BGP GPRA FOB TESTS
- BGP CD4 TAX
- BGP HIV VIRAL LOAD TAX

Eight of these were originally defined for the CRS software: BGP HIV TEST TAX, BGP PAP SMEAR TAX, BGP HPV TESTS TAX, DM AUDIT HGB A1C TAX, BGP FIT-DNA TESTS, BGP GPRA FOB TESTS, BGP CD4 TAX, and BGP HIV VIRAL LOAD TAX.

If your site does not currently run CRS, the RPMS UDS software will load the ten taxonomies, but it will not populate them; that is, they will not contain any members. Therefore, it is necessary to work with the Lab staff to identify and assign tests to these taxonomies.

> **Note:** Review all taxonomies for completeness before running the first UDS report.

In addition to the lab taxonomies, RPMS UDS uses twelve medication taxonomies to identify patients with diabetes, smoking cessation, statin, aspirin, anticoagulant, depression, and overweight/underweight prescriptions:

- BGP PQA NON-WARFARIN ANTICOAG
- BGP PQA WARFARIN
- BGP PQA STATIN MEDS
- BGP CMS SMOKING CESSATION MEDS
- BUD DIABETES MEDS TAX
- BUD ANTIPLATELET MEDS
- DM AUDIT ASPIRIN DRUGS
- DM AUDIT LDL CHOLESTEROL TAX

- BGP HEDIS ANTIDEPRESSANT MEDS
- BGP IPC ABOVE NORMAL MEDS
- BGP IPC BELOW NORMAL MEDS
- BGP IPC DEPRESSION MEDS

The RPMS UDS software will load the prepopulated taxonomies. Users are able to add and/or remove drugs as necessary.

1. Type **TAX** at the "Select Manager Utilities Option" prompt from the **2023 Manager Utilities** menu.
2. The **UDS Taxonomy Update** menu displays with the UDS 24 taxonomies.

```
UDS TAXONOMY UPDATE         Dec 23, 2023 12:08:36     Page:    1 of 2
TAXONOMIES TO SUPPORT UDS REPORTING
* Update Taxonomies

1)  BGP CMS SMOKING CESSATION MEDS     DRUG
2)  BGP PAP SMEAR TAX                  LAB
3)  BGP HIV TEST TAX                   LAB
4)  DM AUDIT HGB A1C TAX               LAB
5)  BUD HEPATITIS B TESTS              LAB
6)  BUD HEPATITIS C TESTS              LAB
7)  BUD DIABETES MEDS TAX              DRUG
8)  BGP GPRA FOB TESTS                LAB
9)  BGP FIT-DNA TESTS                 LAB
10)  BUD ANTIPLATELET MEDS             DRUG
11)  DM AUDIT ASPIRIN DRUGS            DRUG
12)  BGP CD4 TAX                       LAB
13)  BGP HIV VIRAL LOAD TAX            LAB
14)  BGP HEDIS ANTIDEPRESSANT MEDS     DRUG
15)  BGP HPV TESTS TAX                 LAB
16)  BGP PQA NON-WARF ANTICOAG MEDS    DRUG

          Enter ?? for more actions
S    Select Taxonomy      Q    Quit
Select Action:+//
```

Figure 3-13: UDS Taxonomy Update menu, page 1

```
UDS TAXONOMY UPDATE         Dec 23, 2023 12:08:36     Page:    2 of 2
TAXONOMIES TO SUPPORT UDS REPORTING
* Update Taxonomies

17)  BGP PQA WARFARIN MEDS             DRUG
18)  BGP IPC DEPRESSION MEDS           DRUG
19)  BGP IPC ABOVE NORMAL MEDS         DRUG
20)  BGP IPC BELOW NORMAL MEDS         DRUG
21)  DM AUDIT LDL CHOLESTEROL TAX      LAB
22)  BGP PQA STATIN MEDS               DRUG
23)  BUD HIV PREP TAX                  LAB
```

```
          Enter ?? for more actions
S    Select Taxonomy      Q    Quit
Select Action:+//
```

Figure 3-14: UDS Taxonomy Update menu, page 2

3. Type **S** to select the lab test taxonomy to review or populate.
4. Type the number of the lab test taxonomy to review or populate; valid choices are as follows:

   - **2** BGP PAP SMEAR TAX
   - **3** BGP HIV TEST TAX
   - **4** DM AUDIT HGB A1C TAX
   - **5** BUD HEPATITIS B TEST
   - **6** BUD HEPATITIS C TEST
   - **8** BGP GPRA FOB TESTS
   - **9** BGP FIT-DNA TESTS
   - **12** BGP CD4 TAX
   - **13** BGP HIV VIRAL LOAD TAX
   - **15** BGP HPV TESTS TAX

   If this is a new taxonomy, a blank **Lab Taxonomy** screen displays; otherwise, the laboratory tests included in the taxonomy display.

```
UDS LAB TAXONOMY UPDATE       Dec 23, 2023 12:08:45      Page:    1 of    1
Updating the BGP PAP SMEAR TAX taxonomy

          Enter ?? for more actions
A    Add Item         R    Remove Item      Q    Quit
Select Action:+//
```

Figure 3-15: UDS Lab Taxonomy Update screen

5. Type **A** to add a laboratory test to the taxonomy.
6. Type the name of the laboratory test at the "Which Lab Test" prompt. Depending on the test name, several types of lab tests specific to the site may display.

```
          Enter ?? for more actions
A    Add Item         R    Remove Item      Q    Quit
Select Action:+// A <Enter>  Add Item

Which LAB Test: CYTO
     1   CYTO ANCA  CYTOPLASMIC ANCA
     2   CYTO ASP. FINE NDLE  FINE NEEDLE ASP. 1
     3   CYTO PAP, GYN 1
```

```
     4   CYTO THIN PREP PAP  THIN PREP PAP
     5   CYTOGEN INTERP/REPORT  CYTOGENETICS REPORT
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 3,5 <Enter>
```

Figure 3-16: Adding Tests to a Lab Taxonomy

7. Type the number of the test to add. To add more than one test at a time, type the individual numbers separated by commas or hyphens, such as **1,3,5-7**. Do not use spaces between the comma separators.

```
UDS LAB TAXONOMY UPDATE       Dec 23, 2023 12:09:15      Page:    1 of    1
Updating the BGP PAP SMEAR TAX taxonomy

1)  CYTO PAP, GYN 1
2)  THIN PREP PAP

          Enter ?? for more actions
A    Add Item         R    Remove Item      Q    Quit
Select Action:+//
```

Figure 3-17: Completed Lab Taxonomy

8. When all tests have been added to the taxonomy, type **Q** to quit and return to the UDS Taxonomy Update menu.

9. To add to or review tests for another taxonomy, repeat Steps 3–8. Otherwise, type **Q** to return to the **Manager Utilities** menu.

4.0 Report Definitions and Logic Example

In order to understand how the information is reported in the RPMS UDS application, it is necessary to understand how BPHC defines patients, visits, and providers, as well as how those definitions are applied in the RPMS UDS application.

4.1 BPHC UDS Manual Definitions

4.1.1 Definition of Patients

"Patients are people who have at least one countable visit during the calendar year."

As described in the BPHC definition of a patient:

"The *Universal Report* includes all patients who had at least one visit during the calendar year within the scope of project supported by the health center grant or designation.

- Report these patients and their visits on Tables 5 and 6A for each type of service (e.g., medical, dental, enabling) received during the calendar year.
- On the Patients by ZIP Code Table, on Tables 3A and 3B, in each section of Tables 4 and 5, and for each service on Table 6A, count each patient once and only once. This applies even if they received more than one service (e.g., medical, dental, enabling) or received services supported by more than one program authority…"

"Some services *do not count* as a visit for UDS reporting... Someone who *only* receives one of the services described below is not a patient for purposes of UDS reporting."[3]

4.1.2 Definition of Visits

Visits are used to determine who is counted as a patient on the ZIP Code Table, Tables 3A, 3B, 4, 5, 6A, 6B, and 7; to report visits by type of provider on Table 5; and to report visits where selected diagnoses were made or where selected services were provided on Table 6A.

To be counted as having met the visit criteria, the interaction must be documented, individual, face-to-face, or virtual contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment in the provision of services to the patient. Each element of these criteria must be satisfied.

[3] BPHC Uniform Data System Manual, 2023 Revision, pp. 21-22.

> **Note**: For virtual visits, only interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient may be considered and coded as telehealth services.

To count visits, the services rendered must be documented in a chart in the possession of the health center (see further details below). Health center staff must be considered a provider for purposes of providing countable visits.

> **Note**: Not all health center staff who interact with patients qualify. Appendix B provides a list of health center personnel and the usual status of each as a provider or non-provider for purposes of UDS reporting.

Visits that are provided by contractors *and paid for by the health center* are considered to be visits to the extent that they meet all other criteria. These include Migrant Voucher visits or outpatient or inpatient specialty care associated with an at-risk managed care contract. In these instances, if the visit is not documented in the patient's medical record, a summary of the visit (rather than the complete record) must appear in the patient's medical record, including all appropriate CPT and ICD-10-CM codes, in order to ensure that the HIT, including EHR, can be used by the health center for reporting in the UDS.

Definitions and criteria for defining and reporting visits are included below. Table 5 provides further clarifications to these definitions.

Documentation

To meet the criterion for *documentation*, the service (and associated patient information) must be recorded in written or electronic form in a system that permits ready retrieval of current data for the patient. The patient record does not have to be a complete health record in order to meet this criterion.

For example, if an individual receives services on an emergency basis and these services are documented, the documentation criterion is met even though some portions of the health record may not be complete. Providers who see their established patients at a hospital or respite care facility and make a note in the institutional file can satisfy this criterion by including a summary note upon discharge indicating activities for each of the dates for which a visit is claimed.

Independent Professional Judgment

To meet the criterion for *independent professional judgment*, the provider must be acting alone when serving the patient and not assisting another provider.

Independent judgment implies the use of the professional skills gained through formal training and experience associated with the profession of the individual being credited with the visit and unique to that provider or other similarly or more intensively trained providers.

For example, a nurse assisting a physician during a physical examination by taking vital signs, recording a history or drawing a blood sample is not credited with a separate visit. Eligible medical visits usually involve one of the "Evaluation and Management" billing codes (99202–05 or 99212–15) or one of the health maintenance codes (99381–87, 99391–97).

Behavioral Health Group Visits

When a behavioral health provider (i.e., a mental health or substance use disorder provider) renders services to several patients simultaneously in a group, the provider can be credited with a visit for each person only if the provision of service is noted in *each* person's health record.

Examples of "group visits" include family therapy or counseling sessions, and group mental health counseling and group substance use disorder counseling during which several people receive services and the services are noted in each person's health record.

Other Considerations:

- Each patient is normally billed for the service (though the cost may be covered by another grant or contract).
- If only one person is billed (for example, where a relative participates in a counseling session for a patient), only the patient who is billed is counted as a patient and only that patient's visit is counted.
- When a behavioral health provider conducts services via telemedicine/telehealth, the provider can be credited with a visit only if the service is noted in the patient's record. The session will normally be billed to the patient or a third party.
- Medical visits must be provided on an individual basis in order to be counted in the UDS.

Location of Services Provided

A visit must take place in the health center or at any other approved site or location in which project-supported activities are carried out. In addition, virtual visits may occur from other off-site locations.

Examples of other sites and locations that may be approved include mobile vans, hospitals, patients' homes, schools, nursing homes, homeless shelters, and extended care facilities. Visits at these sites count when they occur on a regularly scheduled basis and the site *is* an approved site within the scope of the health center's grant/designation.

Other Considerations:

- Visits also include contacts with existing patients who are hospitalized, where health center medical staff follow the patient during the hospital stay as physician of record or where they provide consultation to the physician of record, provided they are being paid by the health center for these services and the patient is billed either for the specific service or through a global fee.
- A reporting health center may not count more than one inpatient visit per patient per day regardless of how many clinic providers see the patient or how often they do so.
- When a patient's first encounter is in a hospital, respite care, or a similar facility, which is not specifically approved as a service delivery site under the scope of the grant/designation by BPHC, none of the services for that patient are reported on the UDS.

Counting Multiple Visits by Category of Service

Multiple visits occur when a patient has more than one visit at the health center in a day. The number of visits per service delivery location per day at the same service delivery site is limited in UDS reporting as follows. On any given day, a patient may have at a maximum one visit per service category, as described in Table 4-1.

Table 4-1: Maximum Number of Visits per Patient per Day at the Same Service Delivery Site

Number of Visits	Visit Type	Provider Examples
1	Medical	Physician, Nurse Practitioner, Physician Assistant, Certified Nurse Midwife, Nurse
1	Dental	Dentist, Dental Hygienist, Dental Therapist
1	Mental Health	Psychiatrist, Licensed Clinical Psychologist, Licensed Clinical Social Worker, Psychiatric Nurse Practitioner, Other licensed or unlicensed Mental Health Providers
1	Substance Use Disorder	Alcohol And Substance Use Disorder Specialist, Psychologist, Social Worker
1 for Each Provider Type	Other Professional	Nutritionist, Podiatrist, Speech Therapist, Acupuncturist
1	Vision	Ophthalmologist, Optometrist
1 for Each Provider Type	Enabling	Case Manager, Health Educator

Other Considerations:

- If multiple medical providers in a single category deliver multiple services to a patient on a single day, count only one visit, even if third-party payers may recognize these as separate billable services. This is typically credited to the provider performing the highest level of or most care, although the health center needs to make this determination for itself.
- Count two visits in a scenario in which services are periodically provided to a patient by two different providers of the same service category type who are located at two different service delivery sites on the same day. This permits patients who are in challenging environments (e.g., in parks or migrant camps) to receive services outside the health center from a licensed or credentialed health center provider and receive services again on the same day at the health center from a different licensed or credentialed provider.
- A virtual visit may count as a separate visit when a patient has another visit on the same day only if the providers are different and the assigned service delivery location of each provider is different.[4]

4.1.3 Definition of Providers

"A provider exercises independent professional judgment in the provision of services rendered to the patient, assumes primary responsibility for assessing and/or treating the patient for the care provided at the visit, and documents services in the patient's health record. Only one provider receives credit for a visit, even when two or more providers are present and participate." [5] The BPHC UDS 2023 Manual contains a chart listing typical health facility staff with Provider/Non-Provider categories designated.

[4] BPHC Uniform Data System Manual, 2023 Revision, p. 21.

[5] BPHC Uniform Data System Manual, 2023 Revision, p. 23.

4.2 RPMS General Definitions and Logic for All UDS Reports

4.2.1 Definition of Patients

RPMS UDS reporting defines patients as the following:

1. Any patient whose name is not "DEMO,PATIENT", " PATIENT, DEMO", "PATIENT,UDS", or "PATIENT,CRS", *and* whose name must *not* be included in the RPMS demo/test search patient template named "RPMS DEMO PATIENT NAMES," and whose gender is not "Unknown", *and* who has one or more visits during the time period specified (quarter or full calendar year). Visits are documented face-to-face contacts between a patient and a licensed or otherwise credentialed provider who exercises independent, professional judgment in the provision of services to the patient. This determination is made in Section 4.2.2.1.

2. Each patient is to be counted only once, regardless of the number or types of services received.

4.2.2 Definition of Visits

4.2.2.1 Definition of All Visits for a Qualified Patient

Once it has been determined the patient has at least one qualifying visit, *all of the patient's visits must meet the criteria that follow*.

> **Note**: For Table 6A, this represents all of the criteria the visits must meet in order to be counted.

However, for all other tables other than Tables 6B and 7, additional criteria must also be met, as described in Section 4.2.2.2.

1. *Must be to a location specified by the site in the Setup option* (see Section 3.1.1). The System Manager will identify in the Site Parameters Setup all the location codes that should be included in the definition of a visit, including home, satellite clinics, schools, or other appropriate locations. The BPHC UDS Manual states, "A visit must take place in health centers' approved service delivery sites (e.g., clinics, schools, homeless shelters, as listed on Form 5B) or in other locations that DO NOT meet HRSA's site criteria but are included in the health center's scope of project (e.g., hospitals, nursing homes, extended care facilities, patient's home), as referenced on Form 5C. In addition, virtual visits may occur from other locations... Visits also include encounters with an existing patient who has been hospitalized, when health center medical personnel "follow" the patient during the hospital stay as the provider of record or when they provide care to the patient on behalf of the provider of record."[6]

2. *Must be one of the following RPMS Service Categories*:

   - Ambulatory (A)
   - Hospitalization (H)
   - Day Surgery (S)
   - Observation (O)
   - Telemedicine (M)
   - Nursing Home Visit (R)
   - In-hospital (I)

3. *Must have a primary provider with a non-blank discipline code.* This meets the BPHC definition: Visits are defined as (1) documented, (2) face-to-face contacts between a patient and a (3) licensed or otherwise credentialed provider who (4) exercises independent professional judgment in the provision of services to the patient. To be included as a visit, services rendered must be documented in a chart in the possession of the health center.

4. *Must not have an excluded clinic code*. The RPMS clinic codes shown in Table 4-2 do not fit the BPHC definition of a visit.

Table 4-2: Excluded Clinic Codes and Clinic Description

Clinic Code	Clinic Description
A3	Ambulance
52	Chart Rev/Rec Mod
98	Diabetes Education-Group

[6] BPHC Uniform Data System Manual, 2023 Revision, p. 20.

Clinic Code	Clinic Description
A1	Diabetes Education-Individual
95	Dialysis Laboratory Services
60	Education Classes
68	Employee Health Un
53	Follow-Up Letter
09	Grouped Services
E3	Health Promotion Disease Prevention
41	Indirect
42	Mail
B1	Maternity Case Mgmt Supp Serv
D7	Online Services
78	OTC Medications
25	Other
A9	PH Preparedness (Bioterrorism)
39	Pharmacy
B6	Phone Triage
B2	Radiation Exposure Screening
54	Radio Call
B3	SANDS (Stop Atherosc in Native Diab Study)
51	Telephone Call (include only if Service Category is Telemedicine (M))
D6	Transportation

5. Only one visit per patient per day with the same diagnosis/service will be counted in column a (Number of Visits by Diagnosis/Number of Visits [for services]).

6. All different diagnoses/services done for each patient, regardless of the date or provider (e.g., even if they are two separate visits on the same date with the same provider) will be counted.

7. Only one inpatient visit per patient per day will be counted regardless of how many clinic providers see the patient or how often they do so; however, all I (in-hospital) visits will be counted.

8. Each patient will be counted only once maximum on each line in column b (Number of Patients with Diagnosis/Number of Patients), no matter how many times they had the diagnosis/service that year.

9. Virtual visits must be provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between the provider and a patient.

4.2.2.2 Definition of All Visits for Tables Zip Code, 3A, 3B, 4, 5, and 9D: Selected Diagnoses Section for a Qualified Patient

In addition to the criteria listed in Section 4.2.2.1, visits must also meet the criteria that follow in order to be counted in Tables Zip Code, 3A, 3B, 4, 5, and 9D. Based on the UDS definition, *a patient must have at least one RPMS visit that meets the following criteria in order to be counted as a patient*. If the patient does not have at least one visit that meets the following criteria, the patient is not considered a patient for UDS reporting, all processing stops for the patient, and none of the patient's visits would be counted in any UDS report.

1. *Must be a "complete" PCC visit*; that is, have a primary provider with a nonblank discipline code and a coded purpose of visit (POV) and the POV must not be equal to .9999 or ZZZ.999 (uncoded). This meets the BPHC definition: "Visits are defined as documented, face-to-face contacts between a patient and a provider who exercises independent professional judgment in the provision of services to the patient. To be included as a visit, services rendered must be documented in a chart."

2. *Must not have an excluded clinic code*. The RPMS clinic codes shown in Table 4-3 do not fit the BPHC definition of a visit for these tables.

Table 4-3: Excluded clinic codes and clinic description

Clinic Code	Clinic Description
12	Immunization
76	Laboratory Services
D8	Magnetic Resonance Imaging
63	Radiology
91	Teleradiology
94	Tobacco Cessation Clinic
36	W.I.C.

3. *Must have only one medical, one dental, one mental health, and one substance use disorder visit per day*. For example, a patient may have visits with a physician, a dentist, a psychologist, and a substance use disorder specialist all on the same day. However, for example, they cannot have (1) two visits to a physician, or (2) one visit with a physician and one visit with a physician's assistant, or (3) two visits to a dentist on the same day because they provide the same type of care. If a patient has two or more visits to the same type of provider on the same day, the first visit is kept, and the subsequent visits are removed.

An exception to this rule occurs when the patient is seen in multiple different locations (which includes telemedicine). In this case, each of the visits would count if the patient sees different providers in the different locations. However, if the patient sees the same provider in different locations, then only the first visit would be counted. A second exception to this rule occurs if the Service Category is I for an inpatient visit. All I visits will be counted, whether or not it is to the same type of provider on the same day. Refer to Appendix C for provider codes included for each category of care.

4. *Must have only one other professional health visit for each type of other health provider per day*. For example, a patient may have visits with a nutritionist, podiatrist, and optometrist on the same day but may not have two visits with a nutritionist on the same day because they provide the same type of care. If a patient has two or more visits to the same type of provider on the same day, the first visit is kept, and the subsequent visits are removed. An exception to this rule occurs when the patient is seen in multiple different locations (which includes telemedicine). In this case, each of the visits would count if the patient sees different providers in the different locations. However, if the patient sees the same provider in different locations, then only the first visit would be counted. A second exception to this rule occurs if the Service Category is I for an inpatient visit. All I visits will be counted, whether or not it is to the same type of provider on the same day. Refer to Appendix C for provider codes included for each category of care.

5. *Must have only one enabling service visit for each type of enabling provider per day*. For example, a patient may have a visit with a case manager and a visit with a health educator on the same day but may not have two visits with a case manager on the same day because they provide the same type of care. If a patient has two or more visits to the same type of provider on the same day, the first visit is kept, and the subsequent visits are removed. An exception to this rule occurs when the patient is seen in multiple different locations (which includes telemedicine). In this case, each of the visits would count if the patient sees different providers in the different locations. However, if the patient sees the same provider in different locations, then only the first visit would be counted. A second exception to this rule occurs if the Service Category is I for an inpatient visit. All I visits will be counted, whether or not it is to the same type of provider on the same day. Refer to Appendix C for provider codes included for each category of care.

4.2.3 Definition of Providers

For RPMS UDS, the system uses only the provider type for the primary provider for each visit to categorize Table 5 Staffing and Utilization. See the mapping table in Appendix C for further information and the BPHC Service Category Definitions for Table 5 in Appendix B.

4.3 RPMS UDS Logic Example

The following example demonstrates how RPMS UDS selects patients and visits for CY2023 for all tables and associated patient lists.

The site has the following visit locations documented in the site parameters:

- Our Hospital
- Satellite A
- Satellite B
- Home

4.3.1 Determine if Patient Meets RPMS Definition of a Patient

1. Each patient on the RPMS computer is reviewed. Any patient whose name is "DEMO,PATIENT", PATIENT,DEMO", "PATIENT,UDS", "PATIENT,CRS", or whose name is included in the RPMS demo/test search patient template named "RPMS DEMO PATIENT NAMES", or whose gender (sex assigned at birth) is "Unknown" is excluded and all processing stops for that patient. For all other patients, processing continues with Step 2.

2. Determine if patient has at least one RPMS visit that meets the BPHC criteria in Visit List 2, as shown in Section 4.3.2.

4.3.2 Determine if Patient's Visits Meet the RPMS Definition of Visits

1. All visits for the patient in the report date range specified are found and included in the All Visits List.

Table 4-4: Patient Mary Jones has 10 visits that were found in RPMS for CY2023 and that comprise the All Visits List

Visit Date	Location	Service Category	Clinic	Prov. Disc.	Dx	Services
1/5/2023@9am	Our Hospital	Amb	01-General	71-Internist (Jones)	H65.00	
1/5/2023@11am	Our Hospital	Amb	01-General	71-Internist (Jones)	H65.00	
1/5/2023@4pm	Our Hospital	Amb	01-General	71-Internist (Smith)	F05	
3/1/2023@12pm	IHS Clinic ABC	Amb	30-Emergency Medicine	00-Physician	L24.2	
4/1/2023@3pm	Satellite A	Chart review	01-General	01-Nurse (Begay)	E10.10	

Visit Date	Location	Service Category	Clinic	Prov. Disc.	Dx	Services
4/5/2023@12pm	Our Hospital	Tele. Call	01-General	01-Nurse (Adams)	E10.10	
6/1/2023@3pm	Our Hospital	Amb	01-General	00-Physician	Z01.419	Pap
6/4/2023@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	Z12.31	Mammogram
8/1/2023@1pm	Other	Event				Flu shot given at Costco
9/20/2023@2pm	Our Hospital	Amb	39-Pharmacy	09-Pharmacist	Z76.0	Given BCPs

2. The list of visits is reviewed, and all visits that would not be used in *any* table calculation are removed from the list. The visits must meet *all* of the following criteria:

   - Must be to a location specified by the site in the Setup option.
   - Must be one of the following RPMS Service Categories: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Telemedicine (M), Nursing Home (R), or In-hospital (I).
   - Must have a primary provider with a non-blank discipline code.
   - Must *not* have one of the clinic codes in Table 4-5, which are excluded from UDS reporting.

Table 4-5: Excluded Clinic Codes and Clinic Description

Clinic Code	Clinic Description
A3	Ambulance
52	Chart Rev/Rec Mod
98	Diabetes Education-Group
A1	Diabetes Education-Individual
95	Dialysis Laboratory Services
60	Education Classes
68	Employee Health Un
53	Follow-Up Letter
09	Grouped Services
E3	Health Promotion Disease Prevention
41	Indirect
42	Mail
B1	Maternity Case Mgmt Supp Serv
D7	Online Services
78	OTC Medications

Clinic Code	Clinic Description
25	Other
A9	PH Preparedness (Bioterrorism)
39	Pharmacy
B6	Phone Triage
B2	Radiation Exposure Screening
54	Radio Call
B3	SANDS (Stop Atherosc in Native Diab Study)
51	Telephone Call (include only if Service Category is Telemedicine (M))
D6	Transportation

3. After applying this criteria, the following five visits were removed:

   - The 3/1/2023 visit due to location (IHS Clinic ABC) not specified in the Setup option
   - The 4/1/2023 visit due to Chart Review service category
   - The 4/5/2023 visit due to Telephone Call service category
   - The 8/1/2023 visit due to location (Other) not included in Setup and also due to Historical Event service category
   - The 9/20/2023 visit due to clinic code of Pharmacy

Note: This list is used in calculating the visits included in Table 6A.

Table 4-6: Patient Mary Jones now has five visits that comprise Visit List 1

Visit Date	Location	Service Category	Clinic	Prov Disc	Dx	Services
1/5/2023@9am	Our Hospital	Amb	01-General	71-Internist (Jones)	H65.00	
1/5/2023@11am	Our Hospital	Amb	01-General	71-Internist (Jones)	H65.00	
1/5/2023@4pm	Our Hospital	Amb	01-General	71-Internist (Smith)	F05	
6/1/2023@3pm	Our Hospital	Amb	01-General	00-Physician	Z01.419	Pap
6/4/2023@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	Z12.31	Mammogram

4. Visit List 1 is now reviewed for the visits that are eligible to be counted in Tables Zip Code, 3A, 3B, 4, 5 and 9D. The following *additional* criteria are applied:

   - Must have a coded POV, where the POV is not equal to .9999 or ZZZ.999.

- Visit must *not* have one of the following clinic codes:
  - 12 Immunization
  - 63 Radiology
  - 76 Laboratory Services
  - 91 Teleradiology
  - D6 Transportation
  - D8 Magnetic Resonance Imaging
  - 94 Tobacco Cessation Clinic
  - 36 W.I.C.
- Must not be more than one visit to the same provider on the same day, unless the Service Category is I.
- Must not be more than one medical, one dental, one mental health, and one substance use disorder visit on the same day, unless the patient sees different providers in different locations, or the Service Category is I.
- Must not be more than one other health visit for each type of other health provider on the same day, unless the patient sees different providers in different locations, or the Service Category is I.
- Must not be more than one enabling service visit for each type of enabling provider on the same day, unless the patient sees different providers in different locations, or the Service Category is I.

5. After applying the criteria, the following three visits were removed:

   - The 1/5/2023 @11am visit because the patient already had a visit on the same day to the same provider (person) (i.e., Dr. Jones)
   - The 1/5/2023 @4pm visit because the patient already has a visit on the same day to a medical provider (i.e., Dr. Jones)
   - The 6/4/2023 @4pm visit due to clinic code of Radiology.

Note: This list is used in calculating the visits included in *Tables Zip Code, 3A, 3B, 4, Column B of Table 5 and 9D.*

Table 4-7: Patient Mary Jones now has two visits that comprise Visit List 2

Visit Date	Location	Service Category	Clinic	Prov. Disc.	Dx	Services
1/5/2023@9am	Our Hospital	Amb	01-General	71-Internist (Jones)	H65.00	
6/1/2023@3pm	Our Hospital	Amb	01-General	00-Physician	Z01.419	Pap

6. To recap:

- Visit List 1 is used in calculating visits included in Table 6A.
- Visit List 2 is used in calculating visits included in Tables Zip Code, 3A, 3B, 4, Column B of Table 5, and 9D.

5.0 UDS Reports for Zip Code, 3A, 3B, 4, 5, 6A, 6B, 7, and 9D

5.1 Overview

The RPMS UDS Reporting System is a reporting tool that provides nine required BPHC UDS reports about patients and visits from local RPMS databases (see Section 2.0 for description of BPHC and their UDS), or data quality checking for each report. RPMS UDS can also produce lists of all patients and related visits that are counted in the reports (see Section 6.0).

The following reports are produced:

- Patients by Zip Code
- Table 3A Patients by Age and by Sex Assigned at Birth
- Table 3B Demographic Characteristics
- Table 4 Selected Patient Characteristics
- Table 5 Staffing and Utilization (Column A)
- Table 5 Staffing and Utilization (Columns B and C)
- Table 6A Selected Diagnoses and Services Rendered
- Table 6B Quality of Care Measures
- Table 7 Health Outcomes and Disparities
- Table 9D Patient-Related Revenue

Additionally, RPMS UDS will provide lists to assist in verifying data (see Section 6.0: Patient Lists).

Reports can be run for individual quarters as well as for the entire calendar year.

> **Note:** Tables 6B and 7 must be run using the **Full Calendar Year** option. If these reports are run using the **Quarterly** options, the totals combined will not match the calendar year totals.

5.2 Report Descriptions

This section describes the logic for each of the nine reports and how to run the reports from the **Reports** menu option on the **RPMS UDS Reporting System** main menu.

> **Note:** It is strongly recommended that sites run the Staff List (option **ST** from the **2023 Reports** menu) first and review and edit providers and related provider codes for accuracy prior to running any other reports.

5.2.1 Patients by Zip Code

This table reports the number of patients by their most recent (last) zip code as entered in patient registration and their primary health insurance source as of the last visit during the reporting period.

> **Notes:** Cross Table Check:
> The sum of patients reported on the Zip code table must equal Table 3A, Line 39, Column A + B (total patients by age and gender).
>
> The total for Column B (Uninsured) must equal Table 4, Line 7, Column A + Column B.
>
> The total for Column C (Medicaid, S-CHIP, and Other Public) must equal Table 4, Line 8 + 10, Column A + Column B.
>
> The total for Column D (Medicare) must equal Table 4, Line 9, Column A + Column B.
>
> The total for Column E (Private) must equal Table 4, Line 11, Column A + Column B.
>
> Patients whose gender is "Unknown" are not included in the counts.

5.2.1.1 Logic for Patients by Zip Code Table

The patient's zip code is categorized by the following logic:

- This report includes all patients who have at least one visit for the specified time period that meets the visit definition criteria. The total number of patients on this table should equal the number of total unduplicated patients on Tables 3A, and sections of 3B and 4.[7]
- The patient's most recent (last) zip code is obtained from patient registration.

[7] BPHC Uniform Data System Manual, 2023 Revision, p. 27.

- The table will be sorted in ascending order by zip code, with the total number of patients having an address with that zip code.
- Patients who do not have a zip code value in patient registration are included in the Unknown Residence category.
- Since there is no way of determining if a patient is homeless or a migrant, all patients without a zip code will be placed in the Unknown Residence category; otherwise, these patients will be counted using the zip code entry in the patient registration file (where the patient is being served as a proxy).
- Foreign Nationals: Tourists and other persons passing through the U.S. may have a permanent residence outside the country, will be placed in the Other ZIP Code category.
- Primary Health Insurance source is obtained from the patient's registration file and matched to the Insurer type (insurer files, third party liability, and workman's comp files). Logic for determining insurance source is similar to Table 4.

  A patient's health insurance is likely to change throughout the year. Report on this table the primary health insurance the patient had at the time of their last visit regardless of whether or not that insurance was billed for or paid for the visit. (Other forms of insurance, such as dental or vision coverage, are not reported.)

  Patient's insurance source is divided into four types as follows:

  – None/Uninsured (Column B): This line lists those patients who do not have medical insurance.
  – Medicaid/Children's Health Insurance Program (CHIP)/Other Public (Column C)
  – Medicare (Column D)
  – Private Insurance (Column E)

> **Note:** Primary medical insurance is defined as the insurance plan/program that the health center would normally bill first for medical services. The categories for this table are slightly different than those on Table 4, lumping together Medicaid, CHIP and Other Public into one category.

The RPMS printed report will emulate BPHC UDS Table 4, as shown in Figure 5-1.

```
DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 1
UDS No.  000001                                   Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                              PATIENTS BY ZIP CODE
-------------------------------------------------------------------------------
     Zip Code       None/         Medicaid/CHIP/   Medicare    Private  Total
                    Uninsured     Other Public                          Patients
       (a)             (b)             (c)            (d)        (e)      (f)
```

87119	744	833	152	922	2,651
87104	321	215	37	202	775
Other Zip Codes	133	92	176	57	458
Unknown Residence	476	483	40	5	1,004
TOTAL	1,674	1,623	405	1,186	4,888

Figure 5-1: Sample RPMS UDS Patients by Zip Code, page 1

Table 5-1: Example of BPHC UDS Patients by Zip Code[8]

Zip Code (a)	None/ Uninsured (b)	Medicaid/ CHIP/ Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other Zip Codes					
Unknown Residence					
Total					

5.2.2 Table 3A Patients by Age and by Sex Assigned at Birth and 3B Demographic Characteristics

Table 3A provides demographic data on BPHC health center patients, by age and sex assigned at birth. The patient's age is calculated on December 31 of the reporting period. "The Patients by ZIP Code Table and Tables 3A, 3B, and 4 each provide an unduplicated patient count. Count each individual who has at least one visit reported on Table 5 only once on the Patients by ZIP Code Table and Tables 3A, 3B, and 4, regardless of the type or number of services they receive or where they receive them."[9]

[8] BPHC Uniform Data System Manual, 2023 Revision, p. 29.

[9] BPHC Uniform Data System Manual, 2023 Revision, p. 36.

Notes: Cross Table Check:
The sum of Table 3A, Line 39, Column A + B (total patients by age and gender) must equal Table 3B, Line 8 Column D (total patients by Hispanic/Latino Ethnicity and Race); Total Patients by ZIP Code; Table 4, Line 6 (total patients by income); and Table 4 Line 12, Column A + B (total patients by insurance status).

The sum of Table 3A, Lines 1–18, Column A + B (total patients age 0–17 years) must equal Table 4, Line 12, Column A (total patients age 0–17 years).

The sum of Table 3A, Lines 19–38, Column A + B (total patients age 18 years and older) must equal Table 4, Line 12, Column B (total patients age 18 and older).

Therefore, patients whose gender is "Unknown" are not included in the counts.

5.2.2.1 Logic for Table 3A

The report categorizes all patients who met the RPMS definition of a patient by age and gender. The patient's age is calculated as of December 31, 2023. The patient's gender is also determined. The patient is placed in the appropriate line of Table 3A (see Figure 5-2).

The RPMS printed report will emulate BPHC UDS Table 4, as shown in Figure 5-2.

```
DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 1
UDS No.  000001                                    Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

            TABLE 3A - PATIENTS BY AGE AND BY SEX ASSIGNED AT BIRTH

Line Age Groups                  Male            Female           Total
                                 Patients (a)    Patients (b)     Patients
-------------------------------------------------------------------------
 1   Under age 1                    28              15               43
 2   Age 1                          64              68              132
 3   Age 2                          71              68              139
 4   Age 3                          58              57              115
 5   Age 4                          42              66              108
 6   Age 5                          60              57              117
 7   Age 6                          61              55              116
 8   Age 7                          38              46               84
 9   Age 8                          58              46              104
10   Age 9                          37              51               88
11   Age 10                         53              45               98
12   Age 11                         48              51               99
13   Age 12                         38              29               67
14   Age 13                         26              34               60
```

15	Age 14	28	27	55
16	Age 15	28	37	65
17	Age 16	20	30	50
18	Age 17	39	30	69
	SUBTOTAL Ages 0-17	797	812	1,609
19	Age 18	25	44	69
20	Age 19	20	33	53
21	Age 20	25	40	65
22	Age 21	27	50	77
23	Age 22	33	48	81
24	Age 23	23	41	64
25	Age 24	30	42	72
26	Ages 25-29	130	189	319
27	Ages 30-34	140	179	319
28	Ages 35-39	114	162	276
29	Ages 40-44	98	140	238
30	Ages 45-49	129	172	301
31	Ages 50-54	129	171	300
32	Ages 55-59	126	166	292
33	Ages 60-64	107	145	252
34	Ages 65-69	72	125	197
35	Ages 70-74	64	79	143
36	Ages 75-79	37	51	88
37	Ages 80-84	17	27	44
38	Ages 85 and over	12	17	29
39	TOTAL PATIENTS (SUM LINES 1-38)	2,155	2,733	4,888

Figure 5-2: Sample RPMS UDS Patients by Age and by Sex Assigned at Birth, page 1

Table 5-2: Example of BPHC UDS Table 3A Patients by Age and by Sex Assigned at Birth[10]

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		

[10] BPHC Uniform Data System Manual, 2023 Revision, p. 38.

Line	Age Groups	Male Patients (a)	Female Patients (b)
13	Age 12		
14	Age 13		
15	Age 14		
16	Age 15		
17	Age 16		
18	Age 17		
19	Age 18		
20	Age 19		
21	Age 20		
22	Age 21		
23	Age 22		
24	Age 23		
25	Age 24		
26	Ages 25–29		
27	Ages 30–34		
28	Ages 35–39		
29	Ages 40–44		
30	Ages 45–49		
31	Ages 50–54		
32	Ages 55–59		
33	Ages 60–64		
34	Ages 65–69		
35	Ages 70–74		
36	Ages 75–79		
37	Ages 80–84		
38	Age 85 and over		
39	Total Patients (Sum Lines 1–38)		

5.2.2.2 Logic for Table 3B

The report categorizes all patients who met the RPMS definition of a patient by Hispanic or Latino ethnicity, race, linguistic barriers to care, sexual orientation and gender identity. The report uses the logic described in Table 5-3.

Table 5-3: Map to Table 3B, Ethnicity Value (Demographic Characteristics)

Ethnicities	
Column Number	**RPMS Ethnicity Value**
Column a1– Mexican, Mexican American, Chicano/a	CHICANO MEXICAN MEXICAN AMERICAN MEXICAN AMERICAN INDIAN MEXICANO
Column a2– Puerto Rican	PUERTO RICAN
Column a3– Cuban	CUBAN
Column a4– Another Hispanic, Latino/a, or Spanish Origin	ANDALUSIAN ARGENTINEAN ASTURIAN BELEARIC ISLANDER BOLIVIAN CANAL ZONE CANARIAN CASTILLIAN CATALONIAN CHILEAN COLOMBIAN COSTA RICAN CRIOLLO DOMINICAN ECUADORIAN GALLEGO GUATEMALAN HONDURAN NICARAGUAN PANAMANIAN PARAGUAYAN PERUVIAN SAVADORIAN SPANIARD SPANISH BASQUE URUGUAYAN VALENCIAN VENEZUELAN

Ethnicities	
Column a5– Hispanic, Latino/a, Spanish Origin, Combined	H–Hispanic or Latino CENTRAL AMERICAN CENTRAL AMERICAN INDIAN HISPANIC OR LATINO LA RAZA LATIN AMERICAN SOUTH AMERICAN SOUTH AMERICAN INDIAN
Column b– Not Hispanic, Latino/a, or Spanish Origin	N–Not Hispanic or Latino -or- Ethnicity value is blank
Column c– Unreported/Chose Not To Disclose Ethnicity	U–Unknown by Patient D–Declined to Answer

The patient's Race, Classification/Beneficiary, and Ethnicity values from RPMS Patient Registration are examined and are categorized by the logic shown in Table 5-3.

Table 5-4: Map to Table 3B, Ethnicity Value (Demographic Characteristics)

Ethnicities	
Column Number	**RPMS Ethnicity Value**
Column a1– Mexican, Mexican American, Chicano/a	CHICANO MEXICAN MEXICAN AMERICAN MEXICAN AMERICAN INDIAN MEXICANO
Column a2– Puerto Rican	PUERTO RICAN
Column a3– Cuban	CUBAN

Ethnicities	
Column a4– Another Hispanic, Latino/a, or Spanish Origin	ANDALUSIAN ARGENTINEAN ASTURIAN BELEARIC ISLANDER BOLIVIAN CANAL ZONE CANARIAN CASTILLIAN CATALONIAN CHILEAN COLOMBIAN COSTA RICAN CRIOLLO DOMINICAN ECUADORIAN GALLEGO GUATEMALAN HONDURAN NICARAGUAN PANAMANIAN PARAGUAYAN PERUVIAN SAVADORIAN SPANIARD SPANISH BASQUE URUGUAYAN VALENCIAN VENEZUELAN
Column a5– Hispanic, Latino/a, Spanish Origin, Combined	H–Hispanic or Latino CENTRAL AMERICAN CENTRAL AMERICAN INDIAN HISPANIC OR LATINO LA RAZA LATIN AMERICAN SOUTH AMERICAN SOUTH AMERICAN INDIAN
Column b– Not Hispanic, Latino/a, or Spanish Origin	N–Not Hispanic or Latino -or- Ethnicity value is blank
Column c– Unreported/Chose Not To Disclose Ethnicity	U–Unknown by Patient D–Declined to Answer

1. Table 5-4: Unless otherwise noted, both the patient's [race or classification/beneficiary] and the [ethnicity] values are used to determine the patient's placement in the table.

2. Line 12 of Table 3B identifies the patients who have linguistic barriers to care and reports on the number of patients who are best served in a language other than English including those who are best served in sign language.

> **Note**: RPMS does not collect data on those patients who are best served by or require sign language to communicate. The number reported on this line by the UDS software is an estimate based on the patient's primary language, preferred language, and the need for an interpreter.

3. Lines 13 through 19 of Table 3B identify the patients by sexual orientation, and lines 20 through 26 of Table 3B identify the patients by gender identity.

> **Note**: When sexual orientation information is not collected, report the patient on Table 3B as "Unknown" on Line 18a. When gender identity information is not collected, report the patient on Table 3B as "Unknown" on Line 25a.[11]

Table 5-5: Map to Table 3B, Ethnicity Value (Demographic Characteristics)

Ethnicities	
Column Number	**RPMS Ethnicity Value**
Column a1– Mexican, Mexican American, Chicano/a	CHICANO MEXICAN MEXICAN AMERICAN MEXICAN AMERICAN INDIAN MEXICANO
Column a2– Puerto Rican	PUERTO RICAN
Column a3– Cuban	CUBAN

[11] BPHC Uniform Data System Manual, 2023 Revision, pp. 34-35

Ethnicities	
Column a4– Another Hispanic, Latino/a, or Spanish Origin	ANDALUSIAN ARGENTINEAN ASTURIAN BELEARIC ISLANDER BOLIVIAN CANAL ZONE CANARIAN CASTILLIAN CATALONIAN CHILEAN COLOMBIAN COSTA RICAN CRIOLLO DOMINICAN ECUADORIAN GALLEGO GUATEMALAN HONDURAN NICARAGUAN PANAMANIAN PARAGUAYAN PERUVIAN SAVADORIAN SPANIARD SPANISH BASQUE URUGUAYAN VALENCIAN VENEZUELAN
Column a5– Hispanic, Latino/a, Spanish Origin, Combined	H–Hispanic or Latino CENTRAL AMERICAN CENTRAL AMERICAN INDIAN HISPANIC OR LATINO LA RAZA LATIN AMERICAN SOUTH AMERICAN SOUTH AMERICAN INDIAN
Column b– Not Hispanic, Latino/a, or Spanish Origin	N–Not Hispanic or Latino -or- Ethnicity value is blank
Column c– Unreported/Chose Not To Disclose Ethnicity	U–Unknown by Patient D–Declined to Answer

Table 5-6: Map to Table 3B, Race Value (Demographic Characteristics)

Races	
Row Number	**RPMS Race Value**
Line 1a–Asian Indian	ASIAN INDIAN
Line 1b–Chinese	CHINESE
Line 1c–Filipino	FILIPINO
Line 1d–Japanese	JAPANESE
Line 1e–Korean	KOREAN
Line 1f–Vietnamese	VIETNAMESE
Line 1g–Other Asian	A–Asian BANGLADESHI BHUTANESE BURMESE CAMBODIAN HMONG INDONESIAN LAOTIAN MALAYSIAN MALDIVIAN NEPALESE OKINAWAN PAKISTANI SINGAPOREAN SRI LANKAN TAIWANESE THAI
Line 2a–Native Hawaiian	H – Native Hawaiian or Other Pacific Islander NATIVE HAWAIIAN

Races	
Line 2b–Other Pacific Islander	5 – Pacific Islander (old code) CAROLINIAN CHUUKESE FIJIAN IWO JIMAN KIRIBATI KOSRAEAN MARIANA ISLANDER MARSHALLESE MELANESIAN MICRONESIAN NEW HEBRIDES OTHER PACIFIC ISLANDER PALAUAN PAPUA NEW GUINEAN POHNPEIAN POLYNESIAN SAIPANESE SOLOMON ISLANDER TAHITIAN
Line 2b–Other Pacific Islander (Continued)	TOKELAUAN TONGAN YAPESE
Line 2c–Guamanian or Chamorro	CHAMORRO GUAMANIAN GUAMANIAN OR CHAMORRO
Line 3–Black/African American	B–Black or African American 2–Hispanic, Black[12] 4–Black, Not of Hispanic Origin[13] AFRICAN AMERICAN BLACK
Line 4–American Indian/Alaska Native	3–American Indian or Alaska Native Z–American Indian or Alaska Native-Old (old code) -or- RPMS Classification/Beneficiary Value 01–Indian/Alaska Native

[12] This Race value does not require an Ethnicity value in order to determine the patient's ethnicity; rather, both the patient's race and ethnicity are determined from the Race value.

[13] Ibid.

Races	
Line 5–White	W–White 1–Hispanic, White[14] 6–White, Not of Hispanic Origin[15]
Line 6 –More Than One Race	N/A
Line 7– Unreported/Chose Not To Disclose Race	U–Unknown by Patient O–Other D–Declined to Answer 7–Unknown -or- Race value is blank

The RPMS printed report will emulate BPHC UDS Table 4, as shown in Figure 5-3.

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 1
UDS No.  000001                                      Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                                TABLE 3B -
                          DEMOGRAPHIC CHARACTERISTICS
          Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity

PATIENTS BY RACE AND HISPANIC, LATINO/A, OR SPANISH ETHNICITY

                              Yes          Yes          Yes          Yes      Yes,
                           Mexican,     Puerto       Cuban      Another  Hispanic,
                           Mexican      Rican        (a3)       Hispanic, Latino/a,
                           American,    (a2)                    Latino/a, Spanish
                           Chicano/a                            or Spanish Origin,
                             (a1)                               Origin     Combined
                                                                  (a4)       (a5)

  1a Asian Indian             1            0            0            0          0
  1b Chinese                  0            1            0            0          0
  1c Filipino                 0            0            1            0          0
  1d Japanese                 0            0            0            1          0
  1e Korean                   1            0            0            0          1
  1f Vietnamese               0            0            0            0          1
  1g Other Asian              0            0            0            0          0
  1  Total Asian (Sum Lines
```

[14] Ibid.

[15] Ibid.

	1a+1b+1c+1d +1e+1f+1g)	2	1	1	1	2
2a	Native Hawaiian	0	0	0	0	0
2b	Other Pacific Islander	1	0	0	0	0
2c	Guamanian or Chamorro	0	0	0	1	0
2d	Samoan	0	0	0	0	1
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)	1	0	0	1	1

		Yes Mexican, Mexican American, Chicano/a (a1)	Yes Puerto Rican (a2)	Yes Cuban (a3)	Yes Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)
3	Black/African American	1	0	0	1	1
4	American Indian/ Alaska Native	0	0	0	1	8
5	White	0	0	0	0	3
6	More than one race	0	0	1	0	1
7	Unreported/ Chose not to disclose race	0	0	0	0	1
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	4	1	2	4	17

PATIENTS BY RACE AND HISPANIC, LATINO/A, OR SPANISH ETHNICITY

	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+ a2+a3+a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported /Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c
1a Asian Indian	1	0	0	1
1b Chinese	1	0	0	1
1c Filipino	1	0	0	1
1d Japanese	1	0	0	1
1e Korean	2	0	0	2
1f Vietnamese	1	0	0	1
1g Other Asian	0	1	0	1
1 Total Asian (Sum Lines 1a+1b+1c+1d +1e+1f+1g)	7	1	0	8
2a Native Hawaiian	0	2	0	2
2b Other Pacific Islander	1	1	0	2
2c Guamanian or Chamorro	1	0	0	1
2d Samoan	1	0	0	1
2 Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)	3	3	0	6

	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+ a2+a3+a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported /Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c
3 Black/African American	3	0	0	3
4 American Indian/ Alaska Native	9	707	0	716

5	White	3	2	0	5
6	More than one race	2	3	0	5
7	Unreported/ Chose not to disclose race	1	3	11	15
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)	28	719	11	758

Line	PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH	NUMBER (a)
12.	Patients Best Served in a Language Other Than English	4

Line	PATIENTS BY SEXUAL ORIENTATION	NUMBER (a)
13.	Lesbian or Gay	10
14.	Heterosexual (or straight)	711
15.	Bisexual	5
16.	Other	2
17.	Don't know	7
18.	Chose not to disclose	20
18a.	Unknown	3
19.	Total Patients (Sum of Lines 13 to 18a)	758

Line	PATIENTS BY GENDER IDENTITY	NUMBER (a)
20.	Male	425
21.	Female	301
22.	Transgender Man/Transgender Male/Transmasculine	5
23.	Transgender Woman/Transgender Female/Transfeminine	3
24.	Other	2
25.	Chose not to disclose	15
25a.	Unknown	7
26.	Total Patients (Sum of Lines 20 to 25a)	758

Figure 5-3: Sample RPMS UDS Demographic Characteristics, page 1

Table 5-7: Example of BPHC UDS Table 3B Demographic Characteristics[16]

Patients by Race and Hispanic. Latino/a, or Spanish Ethnicity										
Line	**Patients by Race**	**Yes, Mexican, Mexican American, Chicano/a (a1)**	**Yes, Puerto Rican (a2)**	**Yes, Cuban (a3)**	**Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)**	**Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)**	**Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1 + a2 + a3 + a4 + a5)**	**Not Hispanic, Latino/a, or Spanish Origin (b)**	**Unreported/ Chose Not To Disclose Ethnicity (c)**	**Total (d) (Sum Columns a + b + c)**
1a	Asian Indian									
1b	Chinese									
1c	Filipino									
1d	Japanese									
1e	Korean									
1f	Vietnamese									
1g	Other Asian									
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)									
2a	Native Hawaiian									
2b	Other Pacific Islander									
2c	Guamanian or Chamorro									
2d	Samoan									

[16] BPHC Uniform Data System Manual, 2023 Revision, Table 3B, pp. 39-40.

Patients by Race and Hispanic. Latino/a, or Spanish Ethnicity										
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+ 2d)									
3	Black/African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported / Chose not to disclose race									
8	Total Patients (Sum Lines 1 + 2 + 3 to 7)									

Table 5-8: Patients by Linguistic Barriers to Care

Line	Patients Best Served in a Language Other Than English	Number (a)
12	Patients Best Served in a Language Other Than English	

Table 5-9: Patients by Sexual Orientation

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

Table 5-10: Patients by Gender Orientation

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

5.2.3 Table 4 Selected Patient Characteristics

Table 4, Selected Patient Characteristics, provides descriptive data on selected characteristics of health center patients.

Notes: Cross Table Check:
ZIP Code Table, Column B must equal Table 4, Line 7, Column A + Column B.

ZIP Code Table, Column C must equal Table 4, Line 8 + 10, Column A + Column B.

ZIP Code Table, Column D must equal Table 4, Line 9, Column A + Column B.

ZIP Code Table, Column E must equal Table 4, Line 11, Column A + Column B.

The sum of Table 3A, Line 39, Column A + B (total patients by age and gender) must equal Table 4, Line 6 (total patients by income) and Table 4 Line 12, Column A + B (total patients by medical insurance status).

Table 3B, Line 8 Column D (total patients by race and Hispanic or Latino/a ethnicity) must equal Table 4, Line 6 (total patients by income) and Table 4 Line 12, Column A + B (total patients by medical insurance status).

The sum of Table 3A, Lines 1-18, Column A + B (total patients age 0–17 years) must equal Table 4, Line 12, Column A (total patients age 0–17 years).

The sum of Table 3A, Lines 19-38, Column A + B (total patients age 18 and older) must equal Table 4, Line 12, Column B (total patients age 18 and older).

The sum of Table 3A, Line 39, Column A + B (total patients by age and gender) must equal Table 4, Line 12 Column A + B (total patients by insurance status).

Therefore, patients whose gender (sex assigned at birth) is "Unknown" are not included in the counts.

5.2.3.1 Logic for Table 4

RPMS UDS reviews every visit (see Section 4.2.2) for patients who meet the RPMS UDS definition of a patient.

Income as a percent of poverty level (Lines 1–6)

This portion of the table reports the number of patients with an income as a percent of poverty level. BPHC defines income in ranges relative to the Federal poverty guidelines (e.g., less than [<] 100 percent of the Federal poverty level). In determining a patient's income relative to the poverty level, health centers should use official poverty guidelines defined and revised annually. The official Poverty Guidelines are published in the Federal Register during the first quarter of each year (http://aspe.hhs.gov/poverty/). As a rule, family income is used, except for minor-consent services; children will always be classified in terms of their parent's income.

RPMS UDS can produce a completed report containing the number of patients with income as a percent of poverty level for Lines 1–6.

Principal Third Party Insurance Source (Lines 7–12)

This portion of the table provides data on patients by principal source of insurance for primary medical care services. BPHC defines principal insurance as the primary health insurance the patient had at the time of their last visit *regardless of whether or not that insurance was billed for or paid for the visit.* (Other forms of insurance, such as dental or vision coverage, are not reported.)

- Patients are divided into two age groups (Column A) 0–17 and (Column B) age 18+.
- Primary patient medical insurance is divided into seven types as follows:
  - Uninsured (Line 7): This line lists those patients who do not have medical insurance.
  - Medicaid (Line 8a, 8b, and 8)
  - CHIP (Line 8b or 10b):
  - Dually eligible (Line 9a): This line is a subset of line nine and lists those patients who are eligible for Medicare and Medicaid without MediGap insurance.
  - Medicare (Line 9): Patients who have both Medicare and Medicaid (but not those with MediGap insurance) will also be reported on line 9a.
  - Other Public Insurance (Line 10a)
  - Other Public (CHIP) (Line 10b)
  - Private Insurance (Line 11)

  RPMS UDS can produce a completed report containing the number of patients with income as a percent of poverty level for Lines 7–12.

Managed Care Utilization (Lines 13a–13c)

This section on "Managed Care Utilization" is to report patient Member Months in managed care plans. Because there currently is no current method within RPMS for identifying Managed Care program patients, this section of the table will not be calculated.

Characteristics of Targeted Special Populations (Lines 14–26)

This section on "characteristics" asks for a count of patients from targeted special populations. There are six characteristic categories defined by BPHC, which are described in the following bullets. Health Centers are required to report on Line 16 the total number of patients seen during the reporting period who were either migratory or seasonal agricultural workers or their dependents (See definitions that follow). Only Section 330(g) Migrant Health Center grantees provide separate totals for migratory and for seasonal agricultural workers on Lines 14 and 15. For Section 330(g) grantees, Lines 14 + 15 = Line 16.

- **Migratory Agricultural Workers and Their Dependents (Line 14).** Defined by Section 330(g) of the Public Health Service Act, a migrant agricultural worker is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establishes a temporary home for the purposes of such employment. Migrant agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. The definition includes those individuals who have had such work as their principal employment within the past 24 months of their last visit as well as their dependent family members who have also used the center. The dependent family members may or may not move with the worker or establish a temporary home. Note that agricultural workers who leave a community to work elsewhere are classified as migratory workers in their home community as are those who migrate to a community to work there.

> **Note:** Aged and Disabled Former Agricultural Workers: As defined in Section 330 (g)(1)(B), aged and disabled former agricultural workers are individuals who have previously been migratory agricultural workers but who no longer work in agriculture because of age or disability. These individuals and family members of such individuals are included in Line 14.

- **Seasonal Agricultural Workers and Their Dependents (Line 15).** Seasonal agricultural workers are individuals whose principal employment is in agriculture on a seasonal basis (e.g., picking fruit during the limited months of a picking season) and who do not establish a temporary home for purposes of employment. Seasonal agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. The definition includes those individuals who have been so employed within the past 24 months of their last visit and their dependent family members who have also used the center. The dependent family members may or may not move with the worker or establish a temporary home. Note that agricultural workers who leave a community to work elsewhere are just as eligible to be classified as migrants in their home community as are those who migrate to a community to work there.

  For both categories of workers, agriculture is defined as farming in all its branches, including:

  – Cultivation and tillage of the soil;
  – The production, cultivation, growing and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and
  – Any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity describes in clause (ii).

  Persons employed in aquaculture, lumbering, poultry processing, cattle ranching, tourism, and all other non-farm-related seasonal work are not included.

- **Homeless (Lines 17–23).** Defined as patients who lack housing (without regard to whether the individual is a member of a family), including individuals whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and patients who reside in transitional housing or permanent supportive housing. BPHC defines patients experiencing homelessness in the following categories[17].

  – Shelter
  – Transitional Housing
  – Doubled Up
  – Street
  – Permanent Supportive Housing
  – Other
  – Unknown

[17] BPHC Uniform Data System Manual, 2023 Revision, pp. 47-48.

- **School-Based Health Center Patients (Line 24).** A school-based health center is a health center located on or near school grounds, including pre-school, kindergarten, and primary through secondary schools, that provides on-site comprehensive preventive and primary health services. BPHC requires these programs to have a clinic code of 22.

  Note: Includes patients of an approved, in-scope school-based clinic – regardless of whether special funding was ever obtained for that clinic.

- **Veterans (Line 25).** Veterans are defined as patients served who have been discharged from the uniformed services of the United States.

  RPMS UDS can produce a completed report containing the number of patients with a special population characteristic.

- **Total Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site (Line 26).** Public housing means agency-developed, owned, or assisted low-income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than section 8 housing vouchers.

  All health centers should report on public housing patients, consistent with the reporting practice for other statutorily required special populations. Patients should be counted as residents of public housing if they are served at health center sites that meet the statutory Public Housing Primary Care (PHPC) definition (located in or adjacent to public housing) regardless of whether the health center site receives PHPC funding.

  Note: Public Housing information is not currently captured in RPMS. Therefore, this line will be included in Table 4 for context only and will be left blank (uncalculated).

The RPMS printed report will emulate BPHC UDS Table 4, as shown in Table 5-9 through Table 5-12.

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 1
UDS No.  000001                                    Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)



                  TABLE 4 - SELECTED PATIENT CHARACTERISTICS

_____________________________________________________________________________
Line   Income as Percent of Poverty Guideline              Number of Patients
                                                                  (a)
_____________________________________________________________________________
  1.   100% and below                                          48
_____________________________________________________________________________
```

2.	101 - 150%	9
3.	151 - 200%	2
4.	Over 200%	7
5.	Unknown	4,822
6.	TOTAL (SUM OF LINES 1 - 5)	4,888

Line	Primary Third-Party Medical Insurance	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	414	1,260
8a.	Medicaid (Title XIX)	954	658
8b.	CHIP Medicaid	0	0
8.	TOTAL MEDICAID (LINE 8a + 8b)	954	658
9a.	Dually Eligible (Medicare and Medicaid)	2	1
9.	MEDICARE (inclusive of dually eligible and other Title XVIII beneficiaries)	13	392
10a.	Other Public Insurance Non-CHIP (specify:)	1	10
10b.	Other Public Insurance CHIP	0	0
10.	Total Public Insurance (Line 10a + 10b)	1	10
11.	Private Insurance	227	959
12.	TOTAL (Sum of Lines 7+8+9+10+11)	1,609	3,279

Figure 5-4: Sample RPMS UDS Table 4, page 1

DU UDS 2023 DEMO INDIAN HOSPITAL Page 2
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 4 - SELECTED PATIENT CHARACTERISTICS

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	TOTAL (e)
13a.	Capitated Member Months					

13b.	Fee-for-service Member Months	
13c.	Total Member Months (Sum of Lines 13a + 13b)	

Line	Special Populations	Number of Patients (a)
14.	Migratory (330g awardees only)	2
15.	Seasonal (330g awardees only)	1
16.	Total Agricultural Workers or Their Family Members (All health centers report this line)	3
17.	Homeless Shelter (330h awardees only)	1
18.	Transitional (330h awardees only)	1
19.	Doubling Up (330h awardees only)	2
20.	Street (330h awardees only)	3
21.	Other (330h awardees only)	3
21a.	Permanent Supportive Housing (330h awardees only)	0
22.	Unknown (330h awardees only)	1
23.	Total Homeless (All health centers report this line)	11

Figure 5-5: Sample RPMS UDS Table 4, page 2

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                    Page 3
UDS No.  000001                                    Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                  TABLE 4 - SELECTED PATIENT CHARACTERISTICS
```

24.	Total School-Based Service Site Patients (All health centers report this line)	13
25.	Total Veterans (All health centers report this line)	158
26.	Total Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site (All health centers report this line)	0

Figure 5-6: Sample RPMS UDS Table 4, page 3

Table 5-11: Example of BPHC UDS Table 4, Selected Patient Characteristics[18] – **Income as Percent of Poverty Guideline**

Line	Characteristic: Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	
2	101 – 150%	
3	151 – 200%	
4	Over 200%	
5	Unknown	
6	TOTAL (SUM OF LINES 1 – 5)	

Table 5-12: Example of BPHC UDS Table 4, Selected Patient Characteristics – **Principal Third Party Medical Insurance**

Line	Characteristic: Primary Third Party Medical Insurance	Number of Patients 0–17 Years Old (a)	Number of Patients 18 and Older (b)
7	None/ Uninsured		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	Total Medicaid (Line 8a + 8b)		
9a	Dually Eligible (Medicare and Medicaid) (This is a subset of line 9)		
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)		
10a	Other Public Insurance Non-CHIP (specify:)		
10b	Other Public Insurance CHIP		
10	Total Public Insurance (Line 10a + 10b)		
11	Private Insurance		
12	TOTAL (Sum of Lines 7 + 8 + 9 + 10 + 11)		

[18] BPHC Uniform Data System Manual, 2023 Revision, Table 4, pp. 53-54

Table 5-13: Example of BPHC UDS Table 4, Selected Patient Characteristics – **Managed Care Utilization**

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a	Capitated Member Months					
13b	Fee-for-service Member Months					
13c	**Total Member Months (Sum of Lines 13a + 13b)**					

Table 5-14: Example of BPHC UDS Table 4, Selected Patient Characteristics – **Special Populations**

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	
15	Seasonal (330g awardees only)	
16	**Total Agricultural Workers or Their Family Members** (All health centers report this line)	
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling Up (330h awardees only)	
20	Street (330h awardees only)	
21	Other (330h awardees only)	
21a	Permanent Supportive Housing (330h awardees only)	
22	Unknown (330h awardees only)	
23	**Total Homeless** (All health centers report this line)	
24	**Total School-Based Service Site Patients** (All health centers report this line)	
25	**Total Veterans** (All health centers report this line)	
26	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site** (All health centers report this line)	

5.2.4 Table 5- Staffing and Utilization

Table 5 Staffing and Utilization provides a profile of health center staff, characterizing staff by type (Column A), by number of visits provided (Column B), number of virtual visits provided (Column B2) and the number of patients served (Column C).

Column C is designed to report the number of unduplicated patients by category: Medical, Dental, Mental health, Substance use disorder, Vision, Other professional, Enabling. "The patient count will often involve duplication across service categories…though it is always unduplicated within service categories…. The major staffing service categories on Table 5 are consistent with cost categories used for financial reporting and provide adequate detail on personnel categories for program planning and evaluation purposes."[19]

BPHC defines different types of provider and facility staff for each of the seven major staff service categories. For example, Medical Care Services includes physicians, nurse practitioners, physician assistants, nurses, certified nurse midwives, laboratory and X-ray personnel and other medical personnel. See Appendix B for more detailed definitions.

RPMS UDS can produce a completed report containing Columns B, B2 and C (Clinic Visits, Virtual Visits and Patients). Column A (Staff) must be derived manually; an RPMS Staff List report can be produced to assist sites.

The Selected Service Details addendum is divided into two service categories: mental health and substance use disorders. Columns B and B2 represent visits where "the service in whole or in part included treatment for mental health (on Lines 20a01 through 20a04) or substance use disorder services (on Lines 21a through 21h)."[20]

Table 5-15: Example of BHPC UDS Table 5, Staffing and Utilization[21]

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				

[19] BPHC Uniform Data System Manual, 2023 Revision, *Instructions for Table 5*, p. 55.

[20] BPHC Uniform Data System Manual, 2023 Revision, *Instructions for Table 5, Selected Service Details Addendum*, p. 69.

[21] BPHC Uniform Data System Manual, 2023 Revision, Table 5, pp. 74-75.

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians (Lines 1–7)**				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs (Lines 9a–10)**				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical (Lines 8 + 10a through 14)**				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services (Lines 16–18)**				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health (Lines 20a–c)**				
21	**Substance Use Disorder Services**				
22	**Other Professional Services (specify__)**				
22a	Ophthalmologists				
22b	Optometrists				
22c	Other Vision Care Personnel				

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

Table 5-16: Example of BHPC UDS Table 5, Selected Service Detail Addendum, Mental Health Service Detail[22]

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Clinical Nurse Midwives				

Table 5-17: Example of BHPC UDS Table 5, Selected Service Detail Addendum, Substance Use Disorder Detail [23]

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

5.2.4.1 ST Staffing List (Column A)

Table 5, Column A reports all facility staff in terms of FTEs.

RPMS cannot provide this information directly. However, a Staff List can be produced from RPMS that categorizes all staff by their Provider Code. Sites can use the Staff List for the following:

- To review assigned provider codes to ensure that all providers are coded correctly; and
- To manually calculate the FTE for each active staff listed.

[22] BPHC Uniform Data System Manual, 2023 Revision, Table 5, p. 76.

[23] BPHC Uniform Data System Manual, 2023 Revision, Table 5, p. 76.

This option lists all providers with whom patients had visits and the provider was noted as the primary provider in RPMS. RPMS UDS software has mapped the RPMS provider discipline codes to the BPHC UDS definitions (see Appendix C). Any staff members with associated provider discipline codes that are not included in the BPHC service categories are identified at the bottom of the report as "Unidentified Provider Category." The system does not count visits with unmapped provider discipline codes toward visits or patients for Table 5 Column B or C.

In Figure 5-7, the provider listed in line 35 is currently categorized as Provider Code 15 Other. This provider should be recoded to Code 22 Nurse Assistant.

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   DU                          Dec 15, 2023                        Page 1

                    ***  BPHC Uniform Data System (UDS)  ***
            Personnel List for Table 5 Column A, By Service Category
                              DEMO HOSPITAL
                 Reporting Period: Jan 01, 2023 to Dec 31, 2023
          Population:  All (both Indian/Alaskan Natives and Non 01)
--------------------------------------------------------------------------------

List of all Active Provider Personnel sorted by Major Service Category.

PROVIDER NAME                       PROVIDER CODE                        FTE
--------------------------------------------------------------------------------

Line 1   Family Practitioners
RROVIDERA,MARION                    80 FAMILY MEDICINE
PROVIDERB,MICHAEL M                 80 FAMILY MEDICINE
PROVIDERC,SALLY B                   80 FAMILY MEDICINE

Line 2   General Practitioners
PROVIDERD,SUSIE                     18 PHYSICIAN (CONTRACT)
PROVIDERF,SHIRLEY                   18 PHYSICIAN (CONTRACT)

Line 3   Internists
PROVIDERG,JANE                      71 INTERNAL MEDICINE
PROVIDERI,WILLIAM                   71 INTERNAL MEDICINE

Line 35   Unidentified Provider Category
NURSE ASSISTANT,LARRY               15 OTHER
```

Figure 5-7: Sample Staff List by BPHC Categories

5.2.4.2 Table 5 Staffing and Utilization (Columns B and C)

Columns B, B2, and C document the number of visits provided, and patients served, as categorized by BPHC service categories. There are seven major service categories and the limits for Column B (Clinic Visits) and Column B2 (Virtual Visits) as defined by BPHC:[24]

[24] BPHC Uniform Data System Manual, 2023 Revision, p. 67.

- Medical Services (Line 15). A patient may have one medical visit per day (e.g., visit with a physician, nurse practitioner, physician's assistant, certified nurse midwife, or nurse).
- Dental Services (Line 19). A patient may have one dental service visit per day (visit with a dentist or hygienist).
- Mental Health Services (Line 20). A patient may have one mental service visit per day (e.g., visit with a psychiatrist, psychologist, or medical social worker).
- Substance Use Disorder Services (Line 21). A patient may have one substance use disorder service visit per day (e.g., visit with an alcoholism/substance use disorder specialist, family therapist, or mental health).
- Vision Services (Line 22d). A patient may have one eye exam/vision service visit per day (e.g., visit with an ophthalmologist, eye care specialist, optometrist, contract optometrist, optometric assistant or optometry student).
- Other Professional Services (Line 22). A patient may have one "other health" visit *for each type of "other health" provider* (e.g., visit with a nutritionist *and* a visit with a podiatrist *and* a visit with a speech therapist, all on the same day as long as the person providing the services is not the same provider).
- Enabling Services (Line 29). A patient may have one enabling service visit per day *for each type of "enabling service" provider* (e.g., visit with a case manager *and* a visit with a family planning counselor, both on the same day as long as the person providing the services is not the same provider).

The BPHC UDS Manual defines visits as documented face-to-face (clinic visit) or virtual/telemedicine (virtual visit) "encounter between a patient and a licensed or credentialed provider who exercises their independent professional judgment in the provision of services to the patient".[25] The blocked-out areas in Columns B and B2 (see Table 5-13) indicate staff categories whose visits are *not* counted.

The system does not count visits with primary providers whose RPMS provider code cannot be mapped to the BPHC UDS provider service categories toward Column B. You can produce a detailed list of visits with uncategorized providers by running List UCP from the List menu option within the Manager Utilities (MU/LST/LST1/UCP) (see Section 6.2).

Column C displays the unduplicated number of patients who received the visits displayed in Column B. A patient is defined as "an individual who has at least one countable visit during the calendar year".[26] (Section 4.2 discusses definitions and logic in more detail.)

[25] BPHC Uniform Data System Manual, 2023 Revision, p. 63.

[26] BPHC Uniform Data System Manual, 2023 Revision, p. 67.

For Table 5, the system counts patients for each of the seven separate service categories shown on the previous page. An individual can be counted only once as a patient for each service, even if he/she has multiple visits.

Table 5 Logic

RPMS UDS reviews every visit (see Section 4.2.2) for patients who meet the RPMS UDS definition of a patient. Based on the PRIMARY PROVIDER discipline code, the visit is tabled according to the RPMS UDS to BPHC UDS mapping logic (see Appendix C). For example, a visit with Primary Provider Code 70 Cardiologist is counted toward Line 7 Other Specialty Physicians. If the primary provider discipline code does not fit into any of the BPHC categories, a separate line at the bottom of the report is listed with the number of visits that did not map to a category. The RPMS printed report will emulate BPHC UDS Table 5, as shown in Table 5-13.

DU UDS 2023 DEMO INDIAN HOSPITAL Page 1
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 5-STAFFING AND UTILIZATION

Line	Personnel by Major Service Category	FTEs (a)	CLINIC VISITS (b)	VIRTUAL VISITS (b2)	PATIENTS (c)
1.	Family Physicians	3	0	********	
2.	General Practitioners	1,233	10	********	
3.	Internists	0	0	********	
4.	Obstetrician/Gynecologists	122	0	********	
5.	Pediatricians	0	0	********	
7.	Other Specialty Physicians	3	1	********	
8.	Total Physicians (Lines 1 - 7)	1,361	11	********	
9a.	Nurse Practitioners	2	0	********	
9b.	Physician Assistants	2	1	********	
10.	Certified Nurse Midwives	1	0	********	
10a.	Total NPs, PAs, CNMs (Lines 9a - 10)	5	1	********	
11.	Nurses	3	0	********	
12.	Other Medical Personnel	********	********	********	
13.	Laboratory Personnel	********	********	********	
14.	X-Ray Personnel	********	********	********	
15.	Total Medical Care Services (Lines 8+10a through 14)	1,369	12	686	
16.	Dentists	1	0	********	
17.	Dental Hygienists	0	0	********	
17a.	Dental Therapists	0	0	********	
18.	Other Dental Personnel	********	********	********	

Figure 5-8: Sample RPMS UDS Table 5, page 1

DU UDS 2023 DEMO INDIAN HOSPITAL Page 2
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 5-STAFFING AND UTILIZATION

Line	Personnel by Major Service Category	FTEs (a)	CLINIC VISITS (b)	VIRTUAL VISITS (b2)	PATIENTS (c)
19.	Total Dental Services (Lines 16 - 18)	1	0		1
20a.	Psychiatrists	2	0		********
20a1.	Licensed Clinical Psychologists	44	0		********
20a2.	Licensed Clinical Social Workers	2	0		********
20b.	Other Licensed Mental Health Providers	5	0		********
20c.	Other Mental Health Personnel	0	0		********
20.	Total Mental Health Services (Lines 20a-c)	53	0		44
21.	Substance Use Disorder Services	7	2		9
22.	Other professional services (specify__)	5	0		5
22a.	Ophthalmologists	0	0		********
22b.	Optometrists	1	0		********
22c.	Other Vision Care Personnel	********	********		********
22d.	Total Vision Services (Lines 22a-c)	1	0		1
23a.	Pharmacists	********	********		********
23b.	Clinical Pharmacists	********	********		********
23c.	Pharmacy Technicians	********	********		********
23d.	Other Pharmacy Personnel	********	********		********
23	Pharmacy Personnel (Lines 23a-d)	********	********		********
24.	Case Managers	23	0		********
25.	Health Education Specialists	0	0		********

Figure 5-9: Sample RPMS UDS Table 5, page 2

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  DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 3
UDS No.  000001                                   Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                        TABLE 5-STAFFING AND UTILIZATION
-------------------------------------------------------------------------
                                            FTEs   CLINIC   VIRTUAL  PATIENTS
```

Line	Personnel by Major Service Category	(a)	VISITS (b)	VISITS (b2)	(c)
26.	Outreach Workers		********	********	********
27.	Transportation Personnel		********	********	********
27a.	Eligibility Assistance Workers		********	********	********
27b.	Interpretation Personnel		********	********	********
27c.	Community Health Workers		********	********	********
28.	Other Enabling Services (specify__)		********	********	********
29.	Total Enabling Services (Lines 24 - 28)		1	0	1
29a.	Other Programs and Services (specify__)		********	********	********
29b.	Quality Improvement Personnel		********	********	********
30a.	Management and Support Personnel		********	********	********
30b.	Fiscal and Billing Personnel		********	********	********
30c.	IT Personnel		********	********	********
31.	Facility Personnel		********	********	********
32.	Patient Support Personnel		********	********	********
33.	Total Facility and Non-Clinical Support Personnel (Lines 30a-32)		********	********	********
34.	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)		1,438	14	********

209 visits did not fit into any of the above categories

Selected Service Detail Addendum

Line	Personnel by Major Service Category Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)	7	18	1	18
20a02	Nurse Practitioners	1	1	0	1
20a03	Physician Assistants	1	0	1	1
20a04	Clinical Nurse Midwives	1	1	0	1

TABLE 5 - STAFFING AND UTILIZATION

Selected Service Detail Addendum

Line	Personnel by Major Service Category Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)	4	19	0	9
21b	Nurse Practitioners (Medical)	1	1	0	1
21c	Physician Assistants	1	0	1	1
21d	Clinical Nurse Midwives	1	1	0	1
21e	Psychiatrists	2	2	0	2
21f	Licensed Clinical Psychologists	3	13	0	7
21g	Licensed Clinical Social Workers	4	4	1	5
21h	Other Licensed Mental Health Providers	3	3	1	4

Figure 5-10: Sample RPMS UDS Table 5, page 3

5.2.5 Table 6A Selected Diagnoses and Services Rendered

Table 6A reports the number of visits and patients for 30 selected diagnoses and 25 services rendered, e.g., laboratory tests, mammograms. The system reports all visits with the designated diagnoses and all patients who received these diagnoses, regardless of whether it was a primary diagnosis, a secondary diagnosis, a tertiary diagnosis, or any other level. For services, all specified diagnostic or procedure codes are counted, even when more than one test or preventive service was documented during the same visit. For example, if an HIV test and a Pap smear were conducted during the same visit, each would be counted in the appropriate report line. Additionally, for services only, tests or services found on both completed and "orphan" visits are counted.

> **Note:** On several lines both CPT codes and ICD-10 codes are provided. Health centers may use either the CPT or ICD-10 codes for any specific visit, but not both.

Table 6A does not reflect the full range of diagnoses and services offered by a BPHC Health Center, but rather those that are prevalent among BPHC patients and/or are considered key indicators. The diagnoses and services selected represent those that are prevalent among Health Center Program patients or which are generally regarded as sentinel indicators of access to primary care or are of special interest to HRSA.

Diagnoses include the following:

- Symptomatic/Asymptomatic human immunodeficiency virus (HIV)

- Tuberculosis
- Sexually transmitted infections
- Hepatitis B
- Hepatitis C
- Novel coronavirus (SARS-CoV-2) disease
- Post COVID-19 condition
- Asthma
- Chronic lower respiratory diseases
- Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease
- Abnormal breast findings, female
- Abnormal cervical findings
- Diabetes mellitus
- Heart disease (selected)
- Hypertension
- Contact dermatitis and other eczema
- Dehydration
- Exposure to heat or cold
- Overweight and obesity
- Otitis media and Eustachian tube disorders
- Selected perinatal medical conditions
- Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.
- Alcohol-related disorders
- Other substance-related disorders (excluding tobacco use disorders)
- Tobacco use disorder
- Depression and other mood disorders
- Anxiety disorders, including post-traumatic stress disorder (PTSD)
- Attention deficit and disruptive behavior disorders
- Other mental disorders, excluding drug or alcohol dependence
- Human Trafficking

- Intimate Partner Violence

Services include the following:

- HIV test
- Hepatitis B test
- Hepatitis C test
- Novel coronavirus (SARS-CoV-2) diagnostic test
- Novel coronavirus (SARS-CoV-2) antibody test
- Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients
- Mammogram
- Pap test
- Selected immunizations: hepatitis A, haemophilus influenza B (HiB), pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT), measles, mumps, rubella, poliovirus, varicella, hepatitis B
- Seasonal flu vaccine
- Coronavirus (SARS-CoV-2) vaccine
- Contraceptive management
- Health supervision of infant or child (ages 0–11)
- Childhood lead test screening (9–72 months)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Smoke and tobacco use cessation counseling
- Comprehensive and intermediate eye exams
- Childhood development screenings and evaluations
- Dental: Emergency Services
- Dental: Oral Exams
- Dental: Prophylaxis – adult or child
- Dental: Sealants
- Dental: Fluoride Treatment – adult or child
- Dental: Restorative services
- Dental: Oral Surgery (extractions and other surgical procedures)
- Dental: Rehabilitative services (Endo, Perio, Prostho, Ortho)

5.2.5.1 Logic for Diagnoses

For the 30 diagnostic categories (Table 6A Lines 1–20f), BPHC has identified specific ICD-10 codes. See Table 5-16 and Table 5-19 for lists of BPHC-defined diagnosis codes. RPMS UDS searches the **POV** field in visits for the codes listed (see Section 4.3) regardless of primacy. For Column A (Number of Visits), count the total number of visits during the calendar year with a selected diagnosis (POV) matching the BPHC-defined codes for each diagnosis. For Column B (Patients), count each patient who had at least one visit during the calendar year where the selected diagnosis matches the BPHC description; patients are counted only once in each diagnostic category, even if they had multiple visits with the same primary diagnosis.

Table 5-18: Table 6A, BPHC Codes for Selected Diagnoses[27] – **Selected Infectious and Parasitic Diseases**

Line	Diagnostic Category: Selected Infectious and Parasitic Diseases	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
1, 2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.0-, Z86.15, Z22.7		
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-, Z22.4		
4a	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-		
4b	Hepatitis C	B17.1-, B18.2, B19.2-		
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1		
4d	Post COVID-19 condition	U09.9		
5	Asthma	J45-		
6	Chronic lower respiratory diseases	J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-		

[27] BPHC Uniform Data System Manual, 2023 Revision, pp. 84-86.

Line	Diagnostic Category: Selected Infectious and Parasitic Diseases	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.82, J12.89, J20.8, J40, J22, J98.8, J80 (count codes listed only when code U07.1 is also present)		

Table 5-19: Table 6A, BPHC Codes for Selected Diagnoses – **Selected Other Medical Conditions**

Line	Diagnostic Category: Selected Other Medical Conditions	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60- through N65-, R92-		
8	Abnormal cervical findings	C53-, C79.82, D06-, N87.0, N87.1, N87.9, R87.61-, R87.629, R87.810, R87.820		
9	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)		
10	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I26- through I28-, I30- through I52-		
11	Hypertension	I10- through I16-, O10-, O11-		
12	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-		
13	Dehydration	E86-		
14	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-, X30-, X31-, X32-		

Line	Diagnostic Category: Selected Other Medical Conditions	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
14a	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20-24, Z68.51, Z68.52)		

Table 5-20: Table 6A, BPHC Codes for Selected Diagnoses – **Selected Childhood Conditions (limited to ages 0–17)**

Line	Diagnostic Category: Selected Childhood Conditions (Limited to Ages 0–17)	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
15	Otitis media and Eustachian tube disorders	H65- through H69-		
16	Selected perinatal/neonatal medical conditions	A33, P19-, P22- through P29- (exclude P29.3-); P35- through P96- (exclude P54-, P91.6-, P92-, P96.81)		
17	Lack of expected normal physiological development (such as delayed milestone, failure to gain weight, failure to thrive); nutritional deficiencies in children only. Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.3- (exclude R63.39)		

Table 5-21: Table 6A, BPHC Codes for Selected Diagnoses[28] – **Selected Mental Health Conditions, Substance Use Disorders, and Exploitations**

Line	Diagnostic Category: Selected Mental Health and Substance Use Disorder Conditions	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
18	Alcohol-related disorders	F10-, G62.1, O99.31-		

[28] BPHC Uniform Data System Manual, 2022 Revision, p. 80.

Line	Diagnostic Category: Selected Mental Health and Substance Use Disorder Conditions	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis regardless of primacy (a)	Number of Patients with Diagnosis (b)
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-, Z72.0		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21-, T74.31, Z69.11		

Warning: If the link to pass data from the Behavioral Health System to PCC is set to the **Off** position at your facility, then none of your behavioral data will be included in the UDS reports. If you want this data to be included and counted in the UDS, you must have this link set to the **On** position.

5.2.5.2 Logic for Diagnostic Tests, Screening, and Preventive Services

For Column A (Number of Visits), count the total number of visits for the specific listed tests/screening/preventive services. In addition, the logic counts any flagged "orphan" visits with specified services (i.e., visits do not require a primary provider and POV). Services should be those provided at the facility, not any off-site services (e.g., immunizations received at Costco); this is ensured by appropriate selection of Location codes in the Site Setup.

For Column B (Number of Patients), the logic counts each patient who had at least one visit during the calendar year for the specified tests/screening. If the patient had two or more different tests during the same visit, the patient would count once for each separate test/screening/service. For service categories, BPHC identifies CPT, ICD-10, and ADA codes. See Table 5-20 for the BPHC-defined codes.

> **Note:** On several lines both CPT codes and ICD-10 codes are provided. Health centers may use either the CPT codes or the ICD-10 codes for any specific visit, but not both.

Table 5-22: Example of Table 6A, BPHC Codes for Selected Services Rendered[29] – **Selected Diagnostic Tests/Screening/Preventive Services**

Line	Service Category: Selected Diagnostic Tests/Screening/Preventive Services	Applicable ICD-10-CM, CPT-4/I/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21	HIV test	**CPT-4**: 86689, 86701 through 86703, 87390-87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4**: 80074, 86704 through 86707, 87340, 87341, 87350, 87467, 87912		
21b	Hepatitis C test	**CPT-4**: 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4:** 87426, 87428, 87635, 87636, 87637 **HCPCS:** U0001, U0002, U0003, U0004, U0005 **CPT PLA:** 0202U, 0223U, 0225U, 0240U, 0241U		

[29] BPHC Uniform Data System Manual, 2023 Revision, pp. 86–87.

Line	Service Category: Selected Diagnostic Tests/Screening/Preventive Services	Applicable ICD-10-CM, CPT-4/I/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4:** 86318, 86328, 86408, 86409, 86413, 86428, 86769, 86811 **CPT PLA:** 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP	**Possible codes to explore for PrEP management:** **CPT-4:** 99401-99404 **ICD-10:** Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure AND limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) or cabotegravir for PrEP		
22	Mammogram	**CPT-4**: 77063, 77065, 77066, 77067 **ICD**-10: Z12.31 **HCPCS:** G0279		
23	Pap test	**CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174 through 88175 **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) **HCPCS:** G0123, G0143, G0144, G0145, G0147, G0148		

Line	Service Category: Selected Diagnostic Tests/Screening/Preventive Services	Applicable ICD-10-CM, CPT-4/I/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a	Seasonal flu vaccine	**CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90694, 90756		
24b	Coronavirus (SARS-CoV-2) vaccine	**CPT-I:** 0001A-0004A, 0011A-0013A, 0021A-0022A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A-0074A, 0081A-0083A, 0091A-0094A, 0104A, 0111A-0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 91300-91317 **CDT**: D1701-D1714 Codes listed include those available as of the release date of this manual		
25	Contraceptive management	**ICD-10**: Z30-		
26	Health supervision of infant or child (ages 0 through 11)	**CPT-4**: 99391 through 99393, 99381 through 99383 **ICD-10**: Z00.1-, Z76.1. Z76.2		
26a	Childhood lead test screening (9 to 72 months)	**ICD-10**: Z13.88 **CPT-4**: 83655		

Line	Service Category: Selected Diagnostic Tests/Screening/Preventive Services	Applicable ICD-10-CM, CPT-4/I/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT-4**: 99408, 99409 **HCPCS**: G0396, G0397, G0443, H0050		
26c	Smoke and tobacco use cessation counseling	**CPT-4**: 99406, 99407 **HCPCS**: S9075		
26d	Comprehensive and intermediate eye exams	**CPT-4**: 92002, 92004, 92012, 92014		
26e	Childhood development screenings and evaluations	**CPT-4**: 96110, 96112, 96113, 96217 **ICD-10**: Z13.4-		

Table 5-23: Example of Table 6A BPHC Codes for Selected Dental Services[30]

Line	Service Category: Selected Dental Services	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
27	Emergency Services	**CDT**: D0140, D9110		
28	Oral Exams	**CDT**: D0120, D0145, D0150, D0160, D0170, D0180		
29	Prophylaxis - adult or child	**CDT**: D1110, D1120		
30	Sealants	**CDT**: D1351		
31	Fluoride treatment - adult or child	**CDT**: D1203, D1204, D1206 **CPT-4**: 99188		
32	Restorative services	**CDT**: D21xx–D29xx		
33	Oral Surgery (extractions and other surgical procedures)	**CDT**: D7xxx		
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	**CDT**: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

[30] BPHC Uniform Data System Manual, 2023 Revision, p. 88

Facilities can also identify other logic to meet service category definitions. RPMS UDS uses both LOINC codes as well as four site-populated taxonomies to define lab tests for HIV tests, Hepatitis B tests, Hepatitis C tests and Pap tests (Lines 21, 21a, 21b and 23) (see Section 3.2.1) for more detailed explanation of how to use taxonomies). BGP HIV TEST TAX and BGP PAP SMEAR TAX from CRS software will be distributed with the UDS software. If these taxonomies already exist on the site RPMS, UDS will *not* replace the existing taxonomies, as they may already be populated. However, it is strongly recommended to review the taxonomy with your lab staff to see if any new tests should be added to the taxonomy. Sites not running the CRS software will have to populate these two taxonomies for UDS. *BUD HEPATITIS B TEST, BUD HEPATITIS C TEST* and *BUD HIV PREP TEST* may need to be pre-populated prior to first use.

RPMS UDS has expanded the logic for each test/service category as defined in Table 5-22.

Table 5-24: Expanded Logic for Each Test/Service Category

Test/Service	RPMS Logic
HIV test	**V LAB**: LOINC taxonomy BGP HIV TEST LOINC CODES, site-defined taxonomy BGP HIV TEST TAX **V CPT**: 86689, 86701-86703, 87389-87391, 87534-87539, 87806 (BPHC-defined)
Hepatitis B test	**V LAB**: site-defined taxonomy BUD HEPATITIS B TEST **V CPT**: 80074, 86704-86707, 87340, 87341, 87350, 87912 (BPHC-defined)
Hepatitis C test	**V LAB**: site-defined taxonomy BUD HEPATITIS C TEST **V CPT**: 80074, 86803, 86804, 87520-87522, 87902 (BPHC-defined)
Mammogram	**V RADIOLOGY**: CPT codes 77063, 77065, 77066, 77067 (BPHC-defined) **V CPT**: 77063, 77065, 77066, 77067, G0279 (BPHC-defined) **V POV**: ICD-10 Z12.31 (BPHC-defined) **Women's Health**: Any procedure called MAMMOGRAM SCREENING, MAMMOGRAM DX BILAT, or MAMMOGRAM DX UNILAT
Pap test	**V LAB**: Any laboratory test of PAP SMEAR, site-defined taxonomy BGP PAP SMEAR TAX, LOINC taxonomy BGP PAP LOINC CODES **V CPT**: 88141-88153, 88155, 88164-88167, 88174, 88175, G0144, G0145, G0147, G0148 (BPHC-defined) **V POV**: ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) (BPHC-defined) **Women's Health**: Any procedure called PAP SMEAR

Test/Service	RPMS Logic
Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**V CPT**: 90632-90634, 90636, 90643, 90644-90648, 90669, 90670, 90696-90698, 90700-90708, 90710, 90712-90716, 90718, 90720, 90721, 90723, 90730-90732, 90740, 90743-90748 (BPHC-defined) **V IMMUNIZATION**: CVX Codes: **HEP A**: 31, 52, 83-84, 85, 104, 193 **HiB**: 17, 22, 46-47, 48-49, 50-51, 102, 120, 132, 146, 148, 198 **Pneumococcal**: 33, 100, 109, 133, 152 **Diphtheria, Tetanus, Pertussis**: 01, 09, 11, 20, 22, 28, 35, 50, 102, 106, 107, 110, 112, 113, 115, 120, 130, 132, 138, 139, 146, 196, 198 **Mumps, Measles, Rubella**: 03-07, 38, 94 **Poliovirus**: 02, 10, 89, 110, 120, 130, 132, 146 **Varicella**: 21, 94 **HEP B**: 08, 42, 43, 44, 45, 51, 102, 104, 110, 132, 146, 189, 193, 198, 220
Seasonal flu Vaccine	**V CPT**: 90630, 90653-90657, 90658, 90661, 90662, 90672-90674, 90682, 90685-90689, 90756 (BPHC-defined) **V IMMUNIZATION**: CVX Codes: 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 161, 166, 168, 171, 185, 186, 194, 197, 200, 201, 202, 205
Coronavirus (SARS-CoV-2) vaccine	**V CPT**: 0001A-0004A, 0011A-0014A, 0021A-0024A, 0031A-0034A, 0041A-0044A, 0051A-0054A, 0064A, 0071A, 0072A, 91300-91307, 91308-91310 (BPHC-defined) **V IMMUNIZATION**: CVX Codes: 207, 208, 210, 211, 212, 213, 217, 218, 219, 221, 225, 226, 227, 228, 500
Contraceptive Management	**V POV**: ICD-10: Z30- (BPHC-defined)
Health Supervision of infant or child (ages 0 through 11)	For any visit for patients 0-11 as of December 31: **Clinic code**: 24 (Well Child) or 57 (EPSDT [Early and Periodic Screening, Diagnosis and Treatment]) **V CPT**: 99381-99383, 99391-99393 (BPHC-defined) **V POV**: ICD-10: Z00.1-, Z76.1. Z76.2 (BPHC-defined)
Childhood lead test screening (9 to 72 months)	**V CPT**: 83655 (BPHC-defined) **V POV**: ICD-10: Z13.88 (BPHC-defined)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**V CPT**: 99408, 99409, G0396, G0397, G0443, H0050 (BPHC-defined) **Patient Education Code**: AOD-INJ
Smoke/tobacco counseling; Smoking cessation treatment	**V CPT**: 99406, 99407, S9075, 4000F, 4001F, 4004F (BPHC-defined) **Patient Education Code**: Containing "TO-", "-TO", "-SHS", F17- **Clinic code**: 94 (Tobacco Cessation Clinic)
Comprehensive and intermediate eye exams	**V CPT**: 92002, 92004, 92012, 92014 (BPHC-defined)
Dental: Emergency Services	**ADA**: 0140, 9110 (BPHC-defined) **V CPT**: D0140, D9110

Test/Service	RPMS Logic
Dental: Oral Exams	**ADA**: 0120, 0145, 0150, 0160, 0170, 0171, 0180 (BPHC-defined) **V CPT**: D0120, D0145, D0150, D0160, D0170, D0171, D0180
Prophylaxis–adult or child	**ADA**: 1110, 1120 (BPHC-defined) **V CPT**: D1110, D1120
Sealants	**ADA**: 1351 (BPHC-defined) **V CPT**: D1351
Fluoride treatment–adult or Child	**ADA**: 1206, 1208 (BPHC-defined) **V CPT**: 99188 (BPHC-defined); D1206, D1208
Dental: Restorative services	**ADA**: 21xx–29xx (BPHC-defined) **V CPT**: D21xx–D29xx
Dental: Oral Surgery (extractions and other surgical procedures)	**ADA**: 7xxx (BPHC-defined) **V CPT**: D7xxx
Dental: Rehabilitative services (Endo, Perio, Prostho, Ortho)	**ADA**: 3xxx, 4xxx, 5xxx, 6xxx, 8xxx (BPHC-defined) **V CPT**: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx

The RPMS printed report will emulate BPHC UDS Table 6A. Figure 5-11 through Figure 5-19 shows a sample RPMS UDS Table 6A report.

```
  DU     UDS 2023          DEMO INDIAN HOSPITAL                    Page 1
UDS No.  000001                                  Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)


                                TABLE 6A-
                  SELECTED DIAGNOSES AND SERVICES RENDERED
-------------------------------------------------------------------------------
                                                  Number of     Number of
                          Applicable ICD-10-CM    Visits by     Patients
                          Code(s) or Value        Diagnosis     with
                          Set Object              Regardless    Diagnosis
                          Identifier (OID)        of Primacy
Diagnostic Category                                   (A)           (B)
-------------------------------------------------------------------------------

Selected Infectious and Parasitic Diseases
_______________________________________________________________________________

1-2  Symptomatic/        B20, B97.35, O98.7-, Z21          18          14
     Asymptomatic human
     immunodeficiency
     virus (HIV)
_______________________________________________________________________________

3    Tuberculosis         A15- through A19-, O98.0-,         3           3
                          Z86.15, Z22.7
_______________________________________________________________________________

4    Sexually             A50- through A64, Z22.4            4           4
     transmitted
```

	infections (gonococcal infections and venereal diseases)			
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	3	3
4b	Hepatitis C	B17.1-, B18.2, B19.2-	4	4
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1	7	6

Figure 5-11: Sample RPMS UDS Report for Table 6A, page 1

DU UDS 2023 DEMO INDIAN HOSPITAL Page 2
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6A-
SELECTED DIAGNOSES AND SERVICES RENDERED

	Diagnostic Category	Applicable ICD-10-CM Code(s) or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (A)	Number of Patients with Diagnosis (B)
4d	Post COVID-19 condition	U09.9	1	1
	Selected Diseases of the Respiratory System			
5	Asthma	J45-	7	6
6	Chronic lower respiratory diseases	J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-	7	7
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.82, J12.89, J20.8 J40, J22, J98.8, J80 (count codes listed only when code U07.1 is also present)	5	5

Selected Other Medical Conditions				
7 Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60- through N65-, R92-	4	4	

Figure 5-12: Sample RPMS UDS Report for Table 6A, page 2

DU UDS 2023 DEMO INDIAN HOSPITAL Page 3
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6A-
SELECTED DIAGNOSES AND SERVICES RENDERED

Diagnostic Category	Applicable ICD-10-CM Code(s) or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (A)	Number of Patients with Diagnosis (B)
8 Abnormal cervical findings	C53-, C79.82, D06-, N87.0, N87.1, N87.9, R87.61-, R87.629, R87.810, R87.820	2	2
9 Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	143	111
10 Heart disease (selected)	I01-, I02-(exclude I02.9), I20- through I25, I27-, I28-, I30- through I52-	37	35
11 Hypertension	I10- through I16- O10-, O11-	52	51
12 Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L58-	0	0
13 Dehydration	E86-	1	1
14 Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-, W92-, W93-	3	3

```
                          X30-, X31-, X32-
_____________________________________________________________________________

14a  Overweight and       E66-, Z68- (exclude              4          4
     obesity              Z68.1, Z68.20 through
                          Z68.24, Z68.51, Z68.52)
```

Figure 5-13: Sample RPMS UDS Report for Table 6A, page 3

```
  DU     UDS 2023          DEMO INDIAN HOSPITAL              Page 4
UDS No.  000001                                  Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                              TABLE 6A-
                  SELECTED DIAGNOSES AND SERVICES RENDERED
-----------------------------------------------------------------------------
                                                  Number of     Number of
                          Applicable ICD-10-CM    Visits by     Patients
                          Code(s) or Value        Diagnosis     with
                          Set Object              Regardless    Diagnosis
                          Identifier (OID)        of Primacy
Diagnostic Category                                   (A)           (B)
-----------------------------------------------------------------------------

Selected Childhood Conditions (limited to ages 0 through 17)
_____________________________________________________________________________

15   Otitis media and     H65- through H69-                0          0
     Eustachian tube
     disorders
_____________________________________________________________________________

16   Selected perinatal/  A33, P19-, P22-                  0          0
     neonatal medical     through P29- (exclude
     conditions           P29.3-); P35- through
                          P96- (exclude P54-,
                          P91.6-, P92-, P96.81)
_____________________________________________________________________________

17   Lack of expected     E40- through E46-, E50-           1          1
     normal physiol-      through E63-, P92-, R62-
     ogical development   (exclude R62.7), R63.3-
     (such as delayed     (exclude R63.39)
     milestone, failure
     to gain weight,
     failure to thrive);
     nutritional
     deficiencies in
     children only.
     Does not include
     sexual or mental
     development.
_____________________________________________________________________________

Selected Mental Health Conditions, Substance Use Disorders,
and Exploitations
_____________________________________________________________________________

18   Alcohol-related      F10-, G62.1, O99.31-            17         15
```

	disorders			
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	24	24
19a	Tobacco use disorder	F17-, O99.33-, Z72.0	13	12

Figure 5-14: Sample RPMS UDS Report for Table 6A, page 4

DU UDS 2023 DEMO INDIAN HOSPITAL Page 4
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6A-
SELECTED DIAGNOSES AND SERVICES RENDERED

	Diagnostic Category	Applicable ICD-10-CM Code(s) or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (A)	Number of Patients with Diagnosis (B)
20a	Depression and other mood disorders	F30- through F39-	10	10
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.6, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0	4	4
20c	Attention deficit and disruptive behavior disorders	F90- through F91-	0	0
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99 (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	28	26

20e	Human trafficking	T74.5- thru T74.6-, T76.5- thru T76.6-, Z04.81, Z04.82 Z62.813, Z91.42	2	2
20f	Intimate partner violence	T74.11, T74.21-, T74.31, Z69.11	2	2

Figure 5-15: Sample RPMS UDS Report for Table 6A, page 5

DU UDS 2023 DEMO INDIAN HOSPITAL Page 5
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6A-
SELECTED DIAGNOSES AND SERVICES RENDERED

	Diagnostic Category	Applicable ICD-10-CM Code, CPT-4/I/PLA, or HCPCS Code	Number of Visits (A)	Number of patients (B)
	Selected Diagnostic Tests/Screening/Preventive Services			
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 V Lab: BGP HIV TEST TAX Loinc Taxonomy	4	4
21a	Hepatitis B test	80074, 86704 through 86707, 87340, 87341, 87350, 87467, 87912 V Lab: BUD HEPATITIS B TESTS	11	11
21b	Hepatitis C test	CPT-4: 80074, 86803, 86804, 87520 through 87522, 87902 V Lab: BUD HEPATITIS C TESTS	3	3
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87428, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004, U0005 CPT PLA: 0202U, 0223U 0225U, 0240U, 0241U	4	4

21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86318, 86328, 86408, 86409, 86413, 86428, 86769, 86811 CPT PLA: 0224U, 0226U	2	2

Figure 5-16: Sample RPMS UDS Report for Table 6A, page 6

DU UDS 2023 DEMO INDIAN HOSPITAL Page 6
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6A-
SELECTED DIAGNOSES AND SERVICES RENDERED

	Service Category	Applicable ICD-10-CM Code, CPT-4/I/PLA, or HCPCS Code	Number of Visits (A)	Number of patients (B)
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP	Possible codes to explore for PrEP management: CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure AND limited to emtricitabline/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) or cabotegravir for PrEP	3	3
22	Mammogram	CPT-4: 77063, 77065, 77066, 77067 ICD-10: Z12.31 HCPCS: G0279 WH Proc: WH Mammogram Scr WH Mam DX Bilat WH Mam Dx Unilat	5	5
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) HCPCS: G0123, G0143, G0144, G0145, G0147, G0148 V Lab:	8	8

```
                            BGP PAP SMEAR TAX
                            & Loinc Taxonomy
                            WH Proc:
                            Pap Smear
_____________________________________________________________________________
```

Figure 5-17: Sample RPMS UDS Report for Table 6A, page 7

```
  DU     UDS 2023          DEMO INDIAN HOSPITAL                    Page 7
UDS No.  000001                                 Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                                TABLE 6A-
                    SELECTED DIAGNOSES AND SERVICES RENDERED
-----------------------------------------------------------------------------
                              Applicable                Number of   Number of
                              ICD-10-CM Code,           Visits      patients
                              CPT-4/I/PLA,
                              or HCPCS Code
Service Category                                          (A)           (B)
-----------------------------------------------------------------------------

24   Selected                 CPT-4: 90632, 90633,            75          59
     immunizations:           90634, 90636, 90643,
     hepatitis A;             90644, 90645, 90646,
     haemophilus              90647, 90648, 90669,
     influenzae B (HiB)       90670, 90696, 90697,
     pneumococcal,            90698, 90700, 90701,
     diphtheria,              90702, 90703, 90704,
     tetanus,                 90705, 90706, 90707,
     pertussis (DTaP)         90708, 90710, 90712,
     (DTP) (DT); measles,     90713, 90714, 90715,
     mumps, rubella           90716, 90718, 90720,
     (MMR); poliovirus;       90721, 90723, 90730,
     varicella;               90731, 90732, 90740,
     hepatitis B              90743, 90744, 90745,
                              90746, 90747, 90748
                              CVX Codes: See User Manual
_____________________________________________________________________________

24a  Seasonal flu             CPT-4: 90630, 90653             43          35
     vaccine                  through 90657, 90658,
                              90661, 90662, 90672, 90673,
                              90674, 90682, 90685
                              through 90689,
                              90694, 90756
                              CVX: 15,16,88,
                              111,135,140,141,
                              144,149,150,151,
                              153,155,158,161,
                              166,168,171,185,186,
                              194,197,200,201,202,205
_____________________________________________________________________________

24b  Coronavirus              CPT-I: 0001A-0004A,              8           8
     (SARS-CoV-2) vaccine     0011A-0013A, 0021A-0022A,
                              0031A-0034A, 0041A-0044A,
                              0051A-0054A, 0064A,
                              0071A-0074A, 0081A-0083A,
```

```
                            0091A-0094A, 0104A,
                            0111A-0113A, 0124A,
                            0134A, 0144A, 0154A, 0164A,
                            0173A, 91300-91317
                            CDT: D1701-D1714
                            Codes listed include those
                            available as of the release
                            date of this manual.
                            CVX: 207, 208, 210, 211,
                            212, 213, 217, 218, 219,
                            221, 225, 226, 227, 228, 500
```

Figure 5-18: Sample RPMS UDS Report for Table 6A, page 8

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                     Page 8
UDS No.  000001                                  Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                                TABLE 6A-
                    SELECTED DIAGNOSES AND SERVICES RENDERED
-------------------------------------------------------------------------------
                              Applicable                Number of   Number of
                              ICD-10-CM Code,           Visits      patients
                              CPT-4/I/PLA,
                              or HCPCS Code
Service Category                                          (A)            (B)
-------------------------------------------------------------------------------

25   Contraceptive          ICD-10: Z30-                        0           0
     management

_______________________________________________________________________________

26   Health supervision     CPT-4: 99381 through                5           5
     of infant or child     99383, 99391 through
     (ages 0 through 11)    99393
                            ICD-10: Z00.1-, Z76.1, Z76.2
                            Clinic Codes 24, 57

_______________________________________________________________________________

26a  Childhood lead test    ICD-10: Z13.88                      1           1
     screening (9 to 72     CPT-4: 83655
     months)

_______________________________________________________________________________

26b  Screening, Brief       CPT-4: 99408, 99409                 5           5
     Intervention, and      HCPCS: G0396, G0397, G0443
     Referral to            H0050
     Treatment (SBIRT)      Pat Ed: AOD-INJ

_______________________________________________________________________________

26c  Smoke and tobacco      CPT-4: 99406, 99407                 9           9
     use cessation          HCPCS: S9075
     counseling             Pat Ed: TO-*,
                             -TO*, *-SHS, F17-;
                            Clinic Code 94

_______________________________________________________________________________

26d  Comprehensive and      CPT-4: 92002,                       1           1
```

```
     intermediate eye       92004, 92012,
     exams                  92014
_____________________________________________________________________________

26e  Childhood              CPT-4: 96110, 96112, 96113,          2           2
     development            96217
     screenings and         ICD10: Z13.4-
     evaluations
_____________________________________________________________________________
```

Figure 5-19: Sample RPMS UDS Report for Table 6A, page 9

```
  DU     UDS 2023          DEMO INDIAN HOSPITAL                    Page 8
UDS No.  000001                                  Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                              TABLE 6A-
                  SELECTED DIAGNOSES AND SERVICES RENDERED
-----------------------------------------------------------------------------
                            Applicable                Number of   Number of
                            ICD-10-CM Code,           Visits      patients
                            CPT-4/I/PLA,
                            or HCPCS Code
Service Category                                        (A)            (B)
-----------------------------------------------------------------------------

Selected Dental Services
_____________________________________________________________________________

27   Emergency              CDT: D0140, D9910                 2           2
     Services               ADA: 0140, 9110
                            CPT-4: D0140, D9110
_____________________________________________________________________________

28   Oral Exams             CDT: D0120, D0145, D0150,        18          18
                            D0160, D0170, D0171, D0180
                            ADA: 0120, 0145, 0150,
                            0160, 0170, 1071, 1080
                            CPT: D0120, D0145, D0150,
                            D0160, D0170, D0171, D0180
_____________________________________________________________________________

29   Prophylaxis -          CDT: D1110, D1120                 0           0
     adult or child         ADA: 1110, 1120
                            CPT-4: D1110, D1120
_____________________________________________________________________________

30   Sealants               CDT: 1351                         2           2
                            ADA: 1351
                            CPT: D1351
_____________________________________________________________________________

31   Fluoride treatment-    CDT: D1206, D1208                 2           2
     adult or child         ADA: 1206, 1208
```

		CPT-4: 99188, D1206, D1208		
32	Restorative services	CDT: D21xx through D29xx ADA: 21xx-29xx CPT-4: D21xx through D29xx	0	0
33	Oral Surgery (extractions and other surgical procedures)	CDT: D7xxx ADA: 7xxx CPT: D7xxx	6	6
34	Rehabilitative services (Endo, Perio, Prostho, Ortho)	CDT: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx ADA: 3xxx, 4xxx, 5xxx, 6xxx, 8xxx CPT-4: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	0	0

Figure 5-20: Sample RPMS UDS Report for Table 6A, page 10

5.2.6 Table 6B Quality of Care Measures

Table 6B reports the number of patients with selected quality of care measures, (prenatal care, childhood immunizations, pap tests, mammograms, childhood and adolescent weight assessment and counseling, adult weight screening and follow-up, tobacco use screening and cessation intervention, cardiovascular disease (ASCVD) and statin therapy, ischemic vascular disease (IVD) and aspirin or other antiplatelet therapy, colorectal cancer screening, HIV linkage to care and screening, depression screening and remission, and dental sealants). These measures are "process measures," which means that they document services that are thought to be correlated with and serve as a proxy for good long-term health outcomes.

Table 6B gives a good overall description of the overall quality of primary care being provided at the BPHC health center, it is clear that this is a subset of possible quality of care indicators and that individual health centers may be using others in addition to these.

> **Note:** Visits with a service category of Historical Event are included in all sections of this table when determining if a patient meets criterion definitions.

5.2.6.1 Logic for Sections A and B: Age Categories for Prenatal Care Patients and Trimester of Entry into Prenatal Care

The BPHC UDS Manual states that Section A (Table 6B Lines 1–6) is to include *all* women receiving *any* prenatal care, including the delivery of her child, during the reporting year regardless of when that care was initiated, including women who began prenatal care during the previous reporting period and continued into this reporting period and women who began their care in this calendar year but will not or did not deliver until the next year.[31]

The BPHC UDS Manual states Section B (Table 6B Lines 7–9) is to include all women who received prenatal care including but not limited to the delivery of a child during the reporting period. The trimester (line) is determined by the trimester of pregnancy that the woman was in when she began prenatal care either at one of the health center's service delivery locations or with another provider including a referral provider[32].

The BPHC UDS Manual defines trimesters as the following:[33]

- **First Trimester**: Women who received prenatal care during the reporting period and whose first visit occurred when they were estimated to be pregnant anytime through the end of the 13th week after conception.
- **Second Trimester**: Women who received prenatal care during the reporting period and whose first visit occurred when they were estimated to be between the start of the 14th week and through the 27th week after conception.
- **Third Trimester**: Women who received prenatal care during the reporting period and whose first visit occurred when they were estimated to be 28 weeks or more after conception.

Note:	The sum of the numbers in the six cells of Lines 7 through 9 represents the total number of women who received perinatal care from the health center during the calendar year, reported on Line 6 in Section A.

[31] BPHC Uniform Data System Manual, 2023 Revision, p. 94.

[32] BPHC Uniform Data System Manual, 2023 Revision, p. 95.

[33] BPHC Uniform Data System Manual, 2023 Revision, p. 95.

Because there is currently no reliable, consistent method within RPMS for identifying pregnant patients who are receiving prenatal care at a facility, Sections A and B (Table 6B Lines 1–9) will not be calculated and will be left blank. A detailed list of patients can be produced by age that had pregnancy-related visits during the past 20 months, with at least one pregnancy-related visit during the report period by running list titled "All Pregnant Patients by Age" from the **List** menu option within the **Manager Utilities** (**MU** | **LST** | **LST2** | **A-D** | **PRGA**) to assist you with calculating the information in these sections.

> **Note:** The definition of pregnancy is defined in Section 5.2.7.1.

5.2.6.2 Logic for Section C: Childhood Immunizations

This section (Table 6B, Line 10) reports on the number of children with at least one medical visit during the reporting period who had their second birthday during the reporting period and the number of those children who were fully immunized.

> **Note:** Those children whose only service was receipt of a vaccination and who never received other medical services are not to be counted as patients on the demographic tables and are not included in the universe for this table.

A child is fully immunized if he/she has been vaccinated, had an allergic reaction to the vaccine, or a history of illness for *all* of the following: 4 DTaP, 3 IPV, 1 MMR, 3 or 4 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal, 1 Hepatitis A, 2 or 3 rotavirus, and 2 influenza prior to or on his/her second birthday. This includes patients who received the vaccines, had a contraindication to a vaccine(s), and/or had a documented history of the illness(es).

> **Note:** Detailed patient lists can be produced from the List menu option within the Manager Utilities for "All Patients Age 2 w/All Child Immunizations" (MU/LST/LST2/A-D/CIM1) and "All Patients Age 2 w/o All Child Immunizations" (MU/LST/LST2/A-D/CIM2) to assist sites with verifying the information reported by RPMS UDS.

The following lists the dosage and types of immunization definitions:

- **4 doses of DTaP:** The patient must have received the 4 doses of DTaP on or after 42 days of age and on or before the child's second birthday.
- **3 doses of IPV:** The three polio vaccinations (IPV) with different dates of service must be received on or after 42 days of age and on or before the child's second birthday.

- **1 dose of MMR:** The measles, mumps and rubella (MMR) vaccination must be received on or after the child's first birthday and on or before the child's second birthday.
- **HIB:** Three or four H influenza type B (HiB) vaccinations (depending on the series), with different dates of service must be received on or after 42 days of age and on or before the child's second birthday.
- **3 doses of Hep B:** The hepatitis B vaccinations, with different dates of service must be received on or before the child's second birthday.
- **1 dose of Varicella:** The chicken pox vaccination must be received on or after the child's first birthday and on or before the child's second birthday.
- **4 doses of Pneumococcal:** The four pneumococcal vaccinations must be received on or after 42 days of age and on or before child's second birthday.
- **Hepatitis A:** One hepatitis A vaccination must be received on or after the child's first birthday and on or before the child's second birthday.
- **Rotavirus:** Two or three rotavirus vaccinations (depending on the series), with different dates of service must be received on or after 42 days of age and on or before the child's second birthday.
- **Influenza:** Two influenza vaccinations or one influenza vaccination and one LAIV vaccination (on the child's second birthday only), with different dates of service must be received on or after 180 days of age and on or before the child's second birthday.

Contraindications

For immunizations where the required number of doses is greater than (>) 1, only one contraindication is necessary on or before the patient's second birthday to be counted as receiving all immunizations for the contraindicated vaccine. The patient may or may not have previously received an immunization for the contraindicated vaccine. For example, if there is a single contraindication for Hib, the patient will be counted as receiving the required number of doses for Hib. See Table 5-23 for specific contraindication definitions.

Note:	Contraindications should be looked for as far back as possible in the patient's history through the patient's second birthday.

Table 5-25: Table 6B, Section C, **Childhood Immunizations** eCQM-defined contraindications

Vaccine	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
DTaP	• Encephalitis due to DTaP Vaccination: SNOMED: SNOMED codes 192710009, 192711008, 192712001 • Anaphylactic Reaction to DTaP Vaccine: SNOMED: 428281000124107, 428291000124105	Immunization Package contraindication of "Anaphylaxis"
Hib	Anaphylactic Reaction to Hib Vaccine; SNOMED: 433621000124101	Immunization Package contraindication of "Anaphylaxis"
Hepatitis B	• Anaphylactic Reaction to Hepatitis B Vaccine; SNOMED: 428321000124101	Immunization Package contraindication of "Anaphylaxis"
Rotavirus	• Anaphylactic Reaction to Rotavirus Vaccine; SNOMED: 428331000124103	Immunization Package contraindication of "Anaphylaxis"

Total Number of Patients with Second Birthday During Measurement Year, Column (A)

This column includes children who met all the criteria regardless of whether they came to the clinic specifically for vaccinations or well-childcare, or they came for an injury or illness, including those children who had a contraindication for a specific vaccine.

Exclusions

Patients with hospice indicator during the Report Period are excluded from the denominator. Patients with any of the following on or before their second birthday are excluded from the denominator: Severe combined immunodeficiency; Immunodeficiency; HIV; Lymphoreticular cancer, multiple myeloma or leukemia; Intussusception.

Table 5-26: Table 6B, Section C– **Denominator Exclusion Definitions**

Topic	eCQM-Specified Applicable Code(s)
Hospice Indicator	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046

Topic	eCQM-Specified Applicable Code(s)
Severe combined immunodeficiency	**ICD-10:** D81.0, D81.1, D81.2, D81.9 **SNOMED:** SNOMED data set PXRM BGP IPC SCID
Immunodeficiency	**ICD-10:** D80-, D81- (exclude D81.3, D81.5, D81.81-), D82-, D83-, D84-, D89- (exclude D89.0, D89.1, D89.2) **SNOMED:** SNOMED data set PXRM BGP IPC IMMUNE DIS
HIV	**ICD-9:** V08, 042, 079.53 **ICD-10:** B20, B97.35, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, Z21 **SNOMED:** SNOMED data set PXRM BGP IPC HIV
Lymphoreticular cancer, multiple myeloma or leukemia	**ICD-10:** C81-, C82-, C83-, C84.0-, C84.1-, C84.4-, C84.6-, C84.7-, C84.9-, C84.A-, C84.Z-, C85-, C86-, C88.- (exclude C88.0), C90.-, C91. -, C92.-, C93.-, C94.- (exclude C94.4-, C94.6), C95.-, C96- (exclude C96.2, C96.5, C96.6) **SNOMED:** SNOMED data set PXRM BGP IPC LYMPH CANCER
Intussusception	**ICD-10:** K56.1 **SNOMED:** SNOMED data set PXRM BGP IPC INTUSSUS

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. This number reported by RMPS UDS will match the number in Column (A).

Number of Patients Immunized, Column (C)

This column contains the number of children from Column B who have received all of the following: 4 DTaP, 3 IPV, 1 MMR, 3 or 4 Hib, 3 HepB, 1Varicella, 4 Pneumococcal, 1 Hepatitis A, 2 or 3 rotavirus, and 2 influenza on or before their second birthday. RPMS UDS counts any of the following as documenting compliance for a given vaccine: evidence of the antigen, contraindication for the vaccine, or documented history of the illnesses. For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), find evidence of all the antigens. See Table 5-25 for the eCQM-defined and IHS-specific codes.

> **Note:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 1 day of each other will be considered as the same immunization.

Table 5-27: Table 6B, Section C, Childhood Immunizations eCQM-defined and IHS-specific codes – **Childhood Immunization Definitions**

Vaccine	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
DTaP	**Immunization (CVX)**: 20, 50, 106, 107, 110, 120, 146 **CPT**: 90697, 90698, 90700, 90723	**Immunization (CVX)**: 130, 132 **CPT**: 90721

Vaccine	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
IPV	**Immunization (CVX)**: 10, 89, 110, 120, 146 **CPT**: 90697, 90698, 90713, 90723	**Immunization (CVX)**: 2, 130, 132
MMR	**Immunization (CVX)**: 3, 94 **CPT**: 90707, 90710 Evidence of disease: must have evidence of disease of each measles, mumps, and rubella on or before patient is 2 years old	
Measles	Evidence of disease: **POV or PCC Problem List** (active or inactive) ICD-10: B05-; SNOMED data set PXRM BGP IPC MEASLES EVID	**Immunization (CVX)**: 5 **CPT**: 90705
Mumps	Evidence of disease: **POV or PCC Problem List** (active or inactive) ICD-10: B26-; SNOMED data set PXRM BGP IPC MUMPS EVID	**Immunization (CVX)**: 7 **CPT**: 90704
Rubella	Evidence of disease: **POV or PCC Problem List** (active or inactive) ICD-10: B06-; SNOMED data set PXRM BGP IPC RUBELLA EVID	**Immunization (CVX)**: 6 **CPT**: 90706
Hib	3-dose series: **Immunization (CVX) codes**: 17, 49, 51 **CPT**: 90647, 90697, 90748 4-dose series: **Immunization (CVX) codes**: 48, 120, 146, 148 **CPT**: 90644, 90648, 90698	
Hepatitis B	**Immunization (CVX) codes**: 8, 44, 45, 51, 110, 146 **CPT**: 90697, 90723, 90740, 90744, 90747, 90748 Evidence of disease: **POV or PCC Problem List** (active or inactive) ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11; SNOMED data set PXRM BGP IPC HEP B EVID	**Immunization (CVX) codes**: 42, 43, 102, 104, 132, 148 **CPT**: 90745
Varicella	**Immunization (CVX) codes**: 21, 94 **CPT**: 90710, 90716 Evidence of disease: **POV or Problem List** (active or inactive) ICD-10: B01-, B02-; SNOMED data set PXRM BGP IPC VZV EVID	
Pneumococcal	**Immunization (CVX) codes**: 109, 133, 152 **CPT**: 90670	**Immunization (CVX) codes**: 33, 100 **CPT**: 90669
Hepatitis A	**Immunization (CVX) codes**: 31, 83, 85 **CPT**: 90633 Evidence of disease: **POV or Problem List** (active or inactive) ICD-10: B15.0, B15.9; SNOMED data set PXRM BGP IPC HEP A EVID	**Immunization (CVX) codes**: 52, 84, 104

Vaccine	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Rotavirus	2-dose series: **Immunization (CVX) codes**: 119 **CPT**: 90681 3-dose series: **Immunization (CVX) codes**: 116, 122 **CPT**: 90680	3-dose series: **Immunization (CVX) codes**: 74
Influenza	**Immunization (CVX) codes**: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186 **Immunization CPT**: 90655, 90657, 90661, 90662, 90673, 90674, 90685, 90686, 90687, 90688, 90756 **LAIV Immunization (CVX) codes**: 111, 149 **LAIV CPT**: 90660, 90672	**Immunization (CVX) codes**: 15, 16, 144, 151, 155, 166, 168, 185

5.2.6.3 Logic for Section D: Cervical Cancer Screening

This section (Table 6B, Line 11) reports on the number of women 24–64 years of age who have not had a hysterectomy and who have a cervix and the number of those women who received one or more documented Pap tests during the report period or during the two calendar years prior to the report period or an HPV test during the report period or during the four calendar years prior to the report period for women 30–64 years of age, and who had at least one medical visit during the reporting year. Because of the difficulty in obtaining records from third parties, it is likely that a number of women will not be able to be counted as compliant, even though the health center has referred the patient for services.

> **Note:** Detailed patient lists can be produced for "All Female Patients 24-64 w/Pap Test" (MU/LST/LST2/A-D/PAP1) and "All Female Patients 24-64 w/o Pap Test" (MU/LST/LST2/A-D/PAP2) to assist sites with verifying the information reported by RPMS UDS.

Total Number of Female Patients 24–64 Years of Age, Column (A)

This column includes all females who are 24–64 years of age and had at least one medical visit during the reporting period. Women who have had a hysterectomy and who have no residual cervix or a congenital or acquired absence of cervix and for whom the administrative data does not indicate a Pap test was performed are *excluded* from the count.

Exclusions

Women with hospice indicator or patients receiving palliative care during the Report Period or who have had a hysterectomy with no residual cervix or a congenital or acquired absence of cervix. Look for evidence of a hysterectomy as far back as possible in the patient's history, through either administrative data or medical record review. See Table 5-26 for specific Hysterectomy definitions.

> **Note:** Because very few health centers perform hysterectomies the chance of finding these CPT codes is small. The record may, however, contain textual reference to the procedure, and should be searched for this in the event no current Pap test is identified.

Table 5-28: Table 6B, Section D, Pap Test exclusion eCQM-defined and IHS-specific codes – **Pap Test Exclusion Definitions**

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Hospice	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046	
Palliative Care	**ICD-10**: Z51.5 **HCPCS**: G9054, M1017 **SNOMED**: SNOMED data set PXRM BGP ECQM PALLIATIVE ENC	
Hysterectomy	**CPT**: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 **POV ICD-9**: 618.5, 752.43, V88.01, V88.03; **ICD-10**: N99.3, Z12.72, Z90.710, Z90.712, Q51.5 **Procedure ICD-9**: 68.4-68.8; **ICD-10**: 0UTC*ZZ	**Women's Health**: Any procedure called Hysterectomy
Congenital Absence of Cervix	**SNOMED**: SNOMED data set PXRM BGP ECQM NO CERVIX	

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. Women who have met the exclusion criteria will not be included in the count for this column. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients Tested, Column (C)

This column contains the number of female patients who received one or more Pap tests and met all of the criteria in a three-year period from 2021 through 2023 or who were 30 years of age or older at the time of the visit who received an HPV test during the measurement year or during the four calendar years prior to the measurement year (2019 through 2023). Documentation in the medical record must include a note indicating the date the test was performed and the result of the finding.

The Pap test may have been performed at the reporting or another facility. Patients whose charts note a referral to a third party, but which do not include a copy of the laboratory report or a report of some form from the clinician/clinic that provided the test, or unsubstantiated statements from patients which cannot be backed up with documentation are not included in the count. See Table 5-27 for specific Pap test definitions.

Table 5-29: Table 6B, Section D, Pap Test eCQM-defined and IHS-specific codes – **Pap Test Definitions**

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 **V Lab**: Site-defined taxonomy BGP PAP SMEAR TAX	**V Lab**: Any lab test of PAP SMEAR, LOINC taxonomy BGP PAP LOINC CODES **CPT**: 88141-88155, 88164-88167, 88174-88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **Women's Health**: Any procedure called PAP SMEAR

Table 5-30: Table 6B, Section D, HPV Test eCQM-defined and IHS-specific codes – **HPV Test Definitions**

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3 **V Lab**: Site-defined taxonomy BGP HPV TESTS TAX	**V Lab**: Any lab test of HPV, LOINC taxonomy BGP HPV LOINC CODES **CPT**: 87620 through 87622 (old codes), 87623 through 87625 **ICD-9**: 079.4, 795.05, 795.09, 795.15, 795.19, 796.75, 796.79, V73.81 **ICD-10**: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51 **Women's Health**: Any procedure called HPV Screen and where the result does NOT have "ERROR/DISREGARD"; or any procedure called Pap Smear and where the HPV field equals Yes

5.2.6.4 Logic for Section D: Breast Cancer Screening

This section (Table 6B, Line 11a) reports on the number of women 52–74 years of age who have not had a bilateral mastectomy or one right mastectomy and one left mastectomy and the number of those women who received one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period, and who had at least one medical visit during the reporting year. Because of the difficulty in obtaining records from third parties, it is likely that a number of women will not be able to be counted as compliant, even though the health center has referred the patient for services.

> **Note:** Detailed patient lists can be produced for "All Female Patients 52-74 w/Mammogram" (MU/LST/LST2/A-D/MAM1) and "All Female Patients 52-74 w/o Mammogram" (MU/LST/LST2/A-D/MAM2) to assist sites with verifying the information reported by RPMS UDS.

Total Number of Female Patients 52–74 Years of Age, Column (A)

This column includes all females who are 52–74 years of age and had at least one medical visit during the reporting period. Women who have had a bilateral mastectomy or one right mastectomy and one left mastectomy, have a hospice indicator, are 66 and older and are in long-term care or with advanced illness and frailty are *excluded* from the count.

Exclusions

Women with hospice indicator or patients receiving palliative care during the Report Period or who have had a bilateral mastectomy or one right mastectomy and one left mastectomy or are 66 and older and are in long-term care or with advanced illness and frailty. Advanced illness and frailty is defined as patients who have both of the following: 1) Frailty device, diagnosis, encounter, or symptom during the report period, and 2) two or more outpatient encounters with advanced illness diagnosis, inpatient encounter with advanced illness diagnosis, or dementia medications in the past two years. Look for evidence of a bilateral mastectomy or two separate unilateral mastectomies as far back as possible in the patient's history, through either administrative data or medical record review. See Table 5-29 for specific mastectomy definitions.

> **Note:** Because very few health centers perform mastectomies, the chance of finding these CPT codes is small. The record may, however, contain textual reference to the procedure, and should be searched for this in the event no current Mammogram is identified.

Table 5-31: Table 6B, Section D, Mammogram exclusion eCQM-defined and IHS-specific codes – **Mammogram Exclusion Definitions**

Topic	eCQM-Specified Applicable Code(s)
Hospice	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
Palliative Care	**ICD-10**: Z51.5 **HCPCS**: G9054, M1017 **SNOMED**: SNOMED data set PXRM BGP ECQM PALLIATIVE ENC
Bilateral Mastectomy	**POV ICD-10**: Z90.13 **Procedure ICD-9**: 85.42, 85.44, 85.46, 85.48; **ICD-10**: 0HTV0ZZ
Right Mastectomy	**POV ICD-10**: Z90.11 **SNOMED**: 137681000119108, 429242008 **Procedure ICD-10**: 0HTT0ZZ **Unilateral mastectomy with unspecified laterality** • **ICD-9:** V45.71 • **ICD-10:** Z90.10 • **SNOMED** data set PXRM BGP IPC UNI MAST DXS with anatomical location site: right (SNOMED 24028007)

Topic	eCQM-Specified Applicable Code(s)
Left Mastectomy	**POV ICD-10**: Z90.12 **SNOMED**: 137671000119105, 429009003 **Procedure ICD-10**: 0HTU0ZZ **Unilateral mastectomy with unspecified laterality** • **ICD-9:** V45.71 • **ICD-10:** Z90.10 **SNOMED** data set PXRM BGP IPC UNI MAST DXS with anatomical location site: left (SNOMED 7771000)
Long-term Care	Nursing Facility Visit • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, G9685 • **SNOMED:** 160734000
Frailty Device	**SNOMED:** data set PXRM BGP ECQM FRAILTY DEVICE

Topic	eCQM-Specified Applicable Code(s)
Frailty Diagnosis	**POV or Problem List** (active only): • **ICD-10:** L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89 • **SNOMED:** PXRM BGP ECQM FRAILTY DX
Frailty Encounter	**CPT:** 99504, 99509, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031
Frailty Symptom	**POV or Problem List** (active only): • **ICD-10:** R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64 • **SNOMED:** PXRM BGP ECQM FRAILTY SYMPTOM

Topic	eCQM-Specified Applicable Code(s)
Outpatient Encounter	Outpatient: • **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015 • **SNOMED:** PXRM BGP ECQM ECQM OUTPATIENT Observation: • **CPT:** 99217, 99218, 99219, 99220 Emergency Department: • **CPT:** 99281, 99282, 99283, 99284, 99285 • **SNOMED:** 4525004 Nonacute Inpatient: • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 • **SNOMED:** PXRM BGP ECQM NONACUTE IP
Inpatient Encounter	**Service Category:** I or H **CPT:** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 **SNOMED:** PXRM BGP ECQM ACUTE IP
Advanced Illness	**POV or Problem List** (active only): • **ICD-10:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6 • **SNOMED:** SNOMED data set PXRM BGP ECQM ADV ILLNESS
Dementia Medications	**Medication Taxonomy:** BGP ECQM DEMENTIA MEDS (medications must not have a comment of RETURNED TO STOCK)

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. Women who have met the exclusion criteria will not be included in the count for this column. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients Tested, Column (C)

This column contains the number of female patients who received one or more mammograms and met all of the criteria any time on or between October 1 two years prior to the measurement period and the end of the measurement period. Documentation in the medical record must include a note indicating the date the test was performed and the result of the finding.

The mammogram may have been performed at the reporting or another facility. Patients whose charts note a referral to a third party, but which do not include a copy of the report of some form from the clinician/clinic that provided the test, or unsubstantiated statements from patients which cannot be backed up with documentation are not included in the count. See Table 5-30 for specific mammogram definitions.

Table 5-32: Table 6B, Section D, Mammogram eCQM-defined and IHS-specific codes – **Mammogram Definitions**

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3 **Radiology or CPT**: 77052-77059, 77065-77067	**Women's Health**: Any procedure called Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

5.2.6.5 Logic for Section E: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This section (Table 6B Line 12) reports on the number of patients 3–17 years of age at the end of the report period with a documented height, weight, and BMI percentile, counseling for nutrition, and counseling for physical activity during report period. **All elements must be documented in the report year.**

> **Note:** Detailed patient lists can be produced for "All Patients 3-17 w/WT Assessment & Counseling" (MU/LST/LST2/E-I/WAC1) and "All Patients 3-17 w/o WT Assessment & Counseling" (MU/LST/LST2/E-I/WAC2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients Aged 3–17 on December 31, Column (A)

This column includes all patients who were born between January 1, 2006 and December 31, 2020 and had at least one medical visit during the reporting period.

> **Note:** Denominator includes patients whose only visits were well child visits (99382–99384, 99392–99394).

Exclusions

Patients with hospice indicator during the Report Period or pregnant patients.

Table 5-33: Table 6B, Section E, **Hospice** eCQM-Defined Codes – **Hospice Definition**

eCQM-Specified Applicable Code(s)
SNOMED: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
CPT: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
POV or Problem List (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory).

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. Patients who have met the exclusion criteria will not be included in the count for this column. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients with Counseling and BMI Documented, Column (C)

This column contains the number of patients who had a documented height, weight, and Body Mass Index (BMI) percentile, a documented counseling for nutrition, and a documented counseling for physical activity during the report period.

> **Note**: The BMI is an actual percentile recorded; not just a BMI or Height + Weight. See Table 5-32 through Table 5-34 for specific definitions.

Table 5-34: Table 6B, Section E, **Height, Weight, and BMI** eCQM-defined

Characteristic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Height	**LOINC**: 3137-7, 8302-2, 8306-3, 8307-1, 8308-9	Measurement value (HT)
Weight	**LOINC**: 18833-4, 29463-7, 3141-9, 3142-7, 8341-0, 8349-3, 8350-1, 8351-9	Measurement value (WT)
BMI Percentile	**LOINC**: 59574-4, 59575-1, 59576-9	Measurement value (BMIP)

Table 5-35: Table 6B, Section E, **Counseling for Nutrition Definition** eCQM-defined and IHS-specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: 97802-97804 **SNOMED**: Data set PXRM BGP IPC NUTRITION	**Patient Education**: Codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" [Diet]) or containing 97802-97804 or SNOMED codes in data set PXRM BGP IPC NUTRITION

Table 5-36: Table 6B, Section E, **Counseling for Physical Activity** eCQM-defined and IHS-specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: Data set PXRM BGP IPC PHYS ACT	**Patient Education**: Codes ending "-EX" (Exercise) or containing SNOMED codes in data set PXRM BGP IPC PHYS ACT

5.2.6.6 Logic for Section F: Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-up

This section (Table 6B, Line 13) reports on the number of patients 18 years of age and older with a documented BMI during the report period, and if they were overweight or underweight (BMI is outside of normal parameters) for any of their documented BMIs during the report period, patient had a follow-up plan documented during the report period.

> **Note:** Detailed patient lists can be produced for "All Patients 18+ w/BMI & over/underweight w/plan" (MU/LST/LST2/E-I/AWS1) and "All Patients 18+ w/o BMI or w/o follow-up plan" (MU/LST/LST2/E-I/AWS2) to assist sites with verifying the information reported by RPMS UDS.

Total Number of Patients Age 18 and Over, Column (A)

This column includes all patients who were ages 18 years and older during their most recent visit during the report period, were last seen after their 18th birthday, and had at least one medical visit during the reporting period in a medical setting which had equipment present to measure height and weight.

Exclusions and Exceptions

Pregnant patients, patients receiving hospice or palliative care, patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status are excluded from the denominator. Patients with any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate or refusing measurement of height and/or weight will be excluded from the denominator if they also do not meet the numerator criteria.

Table 5-37: Table 6B, Section F, eCQM-defined denominator exclusions

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Hospice	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046	
Palliative Care	**ICD-10**: Z51.5 **HCPCS**: G9054, M1017 **SNOMED**:SNOMED data set PXRM BGP ECQM PALLIATIVE ENC	
Patient Refusal		Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) for height, weight, or BMI and must be documented during the past year.
Medical Reason or Other Reason Not Done		Refusals include NMI (not medically indicated) and UAS (unable to screen) for Above Normal Follow-up or Below Normal Follow-up and must be documented during the past year.

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. Patients who have met the exclusion criteria will not be included in the count for this column. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate, Column (C)

This column contains the number of patients who had a documented Body Mass Index (BMI) during the report period, and if the patient was overweight or underweight (BMI is outside of normal parameters) for any of their documented BMIs during the report period, had a follow-up plan documented during the report period.

Table 5-38: Table 6B, Section F, BPHC-Defined[34] **Overweight/Underweight**

Characteristic	Age 18+ Definition
Overweight	BMI greater than or equal to (≥) 25 **ICD-10**: E66.* **SNOMED**: SNOMED data set PXRM BGP ECQM OVERWEIGHT
Underweight	BMI less than (<) 18.5 **ICD-10**: R63.6 **SNOMED**: SNOMED data set PXRM BGP ECQM UNDERWEIGHT

[34] BPHC Uniform Data System Manual, 2022 Revision, p. 96.

Table 5-39: Table 6B, Section F, **Follow-up Plan for Overweight/Underweight** eCQM-defined IHS-specific codes

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Follow-up Plan for Overweight	**CPT**: 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 97802, 97803, 97804, 98960, 99078, 99401, 99402, G0270, G0271, G0447, G0473, S9449, S9451, S9452, S9470, G0270, G0271 **ICD-10**: Z71.3 **SNOMED**: SNOMED data set PXRM BGP IPC ABOVE NORM; SNOMED data set PXRM BGP IPC WT ASMT REFER with reason: Overweight (SNOMED data set PXRM BGP IPC OVERWEIGHT) **Medications**: Medications defined with medication taxonomy BGP IPC ABOVE NORMAL MEDS (medications must not have a comment of RETURNED TO STOCK)	**Patient Education**: Codes ending "-EX" (Exercise), "-LA" (lifestyle adaptation), "-N" (Nutrition) or "-MNT" (or old code "-DT" [Diet]), or containing "OBS-" (obesity), or containing Z71.3 **Provider Codes**: Primary or Secondary codes 07, 29 **Clinic Codes**: 67 (dietary) or 36 (WIC)
Follow-up Plan for Underweight	**CPT**: 97802, 97803, 97804, 98960, 99078, 99401, 99402, S9449, S9452, S9470 **ICD-10**: Z71.3 **SNOMED**: SNOMED data set PXRM BGP IPC BELOW NORM; SNOMED data set PXRM BGP IPC WT ASMT REFER with reason: Underweight (SNOMED data set PXRM BGP IPC UNDERWEIGHT) **Medications**: Medications defined with medication taxonomy BGP IPC BELOW NORMAL MEDS (medications must not have a comment of RETURNED TO STOCK)	**Patient Education**: Codes ending "-EX" (Exercise), "-LA" (lifestyle adaptation), "-N" (Nutrition) or "-MNT" (or old code "-DT" [Diet]), or containing "OBS-" (obesity), or containing Z71.3 **Provider Codes**: Primary or Secondary codes 07, 29 **Clinic Codes**: 67 (dietary) or 36 (WIC)

5.2.6.7 Logic for Section G: Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention

This section (Table 6B, Line 14a) reports on the number of patients 18 years of age and older who were screened for tobacco use at least once during the measurement year *and* who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

> **Note:** Detailed patient lists can be produced for "All Patients 18+ w/tobacco use scrn & cessation" (MU/LST/LST2/E-I/TUA1) and "All Patients 18+ w/o tobacco use scrn or cessation" (MU/LST/LST2/E-I/TUA2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients Age 18 and Over, Column (A)

This column includes all patients who were ages 18 years and older at the beginning of the report period, were ever seen after their 18th birthday, and had at least one preventative medical visit during the reporting period or at least two medical visits during the reporting period.

Preventative Medical Visit Definition

Table 5-40: Table 6B, Section G, **Preventative Medical Visit** eCQM-defined codes

eCQM-Specified Applicable Code(s)
CPT: 97802, 97803, 97804, 99024, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, G0270, G0271, G0438, G0439, G0447, S9449, S9452, S9470 **SNOMED**: PXRM BGP ECQM PREV MED VISIT

Exclusions

Patients with hospice indicator during the Report Period are excluded from the denominator.

Denominator Exclusion Definition

Table 5-41: Table 6B, Section G, **Denominator Exclusion** eCQM-defined codes

eCQM-Specified Applicable Code(s)
SNOMED: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
CPT: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
POV or Problem List (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory).

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User, Column (C)

This column contains the number of patients who were queried about their tobacco use one or more times during the report period and received tobacco cessation counseling intervention and/or pharmacotherapy during the report period or in the six months prior to the report period if identified as a tobacco user. If a patient has multiple tobacco use screenings during the report period, use the most recent screening which has a documented status of tobacco user or non-user.

- Tobacco Use Assessment requires documentation that provider or support staff asked patient if they used tobacco and the patient's response. See tables for specific definitions.
- Tobacco user is defined by any of the codes shown in the table below documented during the report period. See Table 5-40, Table 5-41, and Table 5-42 for specific definitions.
- Tobacco Cessation Intervention requires documentation that the patient identified as a tobacco user received tobacco use cessation services or received an order for (a prescription or a recommendation to purchase) a smoking cessation medication; this medication may be a prescription or an Over the Counter (OTC) product or were found to be on (using) a smoking cessation agent. Cessation counseling intervention for a tobacco user must occur during the measurement year or in the six months prior to the measurement year. If the cessation intervention is pharmacotherapy, then the prescription must be active (one that has not expired). See Table 5-40, Table 5-41, and Table 5-42 for specific definitions.

Table 5-42: Table 6B, Section G, **Tobacco Use Assessment** eCQM-defined and IHS-specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: PXRM BGP ECQM TOBACCO USER and PXRM BGP ECQM TOB NON USER	**Health Factors**: TOBACCO (SMOKING) and TOBACCO (SMOKELESS – CHEWING/DIP) categories: Current Smokeless, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day, Heavy Tobacco Smoker, Light Tobacco Smoker, Previous (former) smoker, Cessation-Smoker, Previous (former) smokeless, Cessation-Smokeless, Never smoked, Never used smokeless tobacco **CPT**:1034F, 1035F **ICD-10**: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z72.0

Table 5-43: Table 6B, Section G, **Tobacco Users** eCQM-defined and IHS-specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: PXRM BGP ECQM TOBACCO USER	**Health Factors**: TOBACCO (SMOKING) and TOBACCO (SMOKELESS – CHEWING/DIP) categories: Current Smokeless, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day, Heavy Tobacco Smoker, or Light Tobacco Smoker **CPT**: 1034F, 1035F **ICD-10**: F17.2*0, F17.2*3, F17.2*8, F17.2*9 , O99.33*, Z72.0

Table 5-44: Table 6B, Section G, **Tobacco Non-Users** eCQM-defined and IHS-specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: PXRM BGP ECQM TOB NON USER	**Health Factors**: TOBACCO (SMOKING) and TOBACCO (SMOKELESS – CHEWING/DIP) categories: Previous (former) smoker, Cessation-Smoker, Previous (former) smokeless, Cessation-Smokeless, Never smoked, Never used smokeless tobacco

Table 5-45: Table 6B, Section G, **Tobacco Cessation Intervention** eCQM-defined and IHS-specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: 99406, 99407, 4000F, 4001F **SNOMED**: PXRM BGP ECQM TOB CESSATION **Tobacco Cessation Prescription**: Documented prescription for a smoking cessation medication (this may be an actual prescription or recommendation of an Over-The-Counter cessation medication) or been on or currently using a smoking cessation agent/medication during the report period.	**Patient Education**: Codes containing "TO-", "-TO", "-SHS", 99406, 99407, 4000F, 4001F or begins with SNOMED data sets PXRM BGP ECQM TOBACCO USER, PXRM BGP ECQM TOB NON USER or PXRM BGP ECQM TOB CESSATION **Clinic Code**: 94

5.2.6.8 Logic for Section H: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

This section (Table 6B Line 17) reports on the number of patients considered high risk for cardiovascular events who were prescribed or were on statin therapy during the report period.

> **Note:** Detailed patient lists can be produced for "All ASCVD high-risk patients w/ Statin Therapy" (MU/LST/LST2/E-I/STN1) and "All ASCVD high-risk patients w/o Statin Therapy" (MU/LST/LST2/E-I/STN2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients at High Risk of Cardiovascular Events, Column (A)

This column includes all patients with clinical atherosclerotic cardiovascular disease (ASCVD) or patients age 20 and older at the beginning of the report period who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to (≥) 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or patients age 40–75 at the beginning of the report period with a diagnosis of diabetes, and who had at least one medical visit during the reporting year. ASCVD diagnosis defined as an active diagnosis of any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted), or an ASCVD procedure (CABG, PCI, or Carotid Intervention) ever. See Table 5-44 for ASCVD definition.

Exclusions and Exceptions

The following patients will be excluded from the denominator:

- Patients who are breastfeeding during the report period.
- Patients who have a diagnosis of rhabdomyolysis during the report period.

The following patients will be excluded from the denominator if they do not also meet the numerator criteria:

- Patients with statin-associated muscle symptoms or an allergy to statin medication during the report period.
- Patients who are receiving hospice or palliative care during the report period.
- Patients with active liver disease or hepatic disease (including Hepatitis A or B [POV or Problem List entry where the status is not Inactive or Deleted]) or insufficiency.
- Patients with end-stage renal disease (ESRD).
- Patients with documentation of a medical reason for not being prescribed statin therapy during the Report Period.

Table 5-46: Table 6B, Section H, **ASCVD** eCQM-defined codes

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Myocardial Infarction	**ICD-9:** 410.* **ICD-10:** I21-, I22- **SNOMED**: SNOMED data set PXRM BGP ECQM MI	

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Cerebrovascular disease, Stroke, TIA	**ICD-9:** 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 435.0, 435.1, 435.3, 435.8, 435.9, 436, 437.1, 438.0, 438.10, 438.11, 438.12, 438.13, 438.14, 438.19, 438.20, 438.21, 438.22, 438.30, 438.31, 438.32, 438.40, 438.41, 438.42, 438.50, 438.51, 438.52, 438.53, 438.6, 438.7, 438.81, 438.82, 438.83, 438.84, 438.85, 438.89, 438.9, V12.54 **ICD-10:** G45.0-G45.2, G45.8, G45.9, G46.0-G46.8, I63.*, I69.*, Z86.73 **SNOMED:** SNOMED data set PXRM BGP ECQM CD STROKE TIA	
Atherosclerosis and Peripheral Arterial Disease	**ICD-9:** 414.0*, 414.3, 414.4, 437.0, 440.* **ICD-10:** E08.51, E08.52, E09.51, E09.52, I25.1*, I25.700-I25.812, I25.83-I25.89, I67.2, I70.* **SNOMED:** SNOMED data set PXRM BGP ECQM ARTERIAL DIS	
Ischemic Heart Disease or Other Related Diagnoses	**ICD-9:** 411.0, 411.1, 411.81, 411.89, 414.2, 414.8, 414.9 **ICD-10:** I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.8, I24.0, I24.8, I24.9, I25.5, I25.6, I25.82, I25.89, I25.9 **SNOMED:** SNOMED data set PXRM BGP ECQM ISCHEM HEART DIS	
Stable and Unstable Angina	**ICD-9:** 411.0, 411.1, 413.0, 413.9, 429.79 **ICD-10:** I20.0, I20.1, I20.8, I20.9, I23.7 **SNOMED:** SNOMED data set PXRM BGP ECQM ANGINA	

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CABG	**Procedure ICD-9:** 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19 **Procedure ICD-10:** 0210083, 0210088, 0210089, 021008C, 021008F, 021008W, 0210093, 0210098, 0210099, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 0210344, 02103D4, 0210444, 0210483, 0210488, 0210489, 021048C, 021048F, 021048W, 0210493, 0210498, 0210499, 021049C, 021049F, 021049W, 02104A3, 02104A8, 02104A9, 02104AC, 02104AF, 02104AW, 02104D4, 02104J3, 02104J8, 02104J9, 02104JC, 02104JF, 02104JW, 02104K3, 02104K8, 02104K9, 02104KC, 02104KF, 02104KW, 02104Z3, 02104Z8, 02104Z9, 02104ZC, 02104ZF, 0211083, 0211088, 0211089, 021108C, 021108F, 021108W, 0211093, 0211098, 0211099, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 0211344, 02113D4, 0211444, 0211483, 0211488, 0211489, 021148C, 021148F, 021148W, 0211493, 0211498, 0211499, 021149C, 021149F, 021149W, 02114A3, 02114A8, 02114A9, 02114AC, 02114AF, 02114AW, 02114D4, 02114J3, 02114J8, 02114J9, 02114JC, 02114JF, 02114JW, 02114K3, 02114K8, 02114K9, 02114KC, 02114KF, 02114KW, 02114Z3, 02114Z8, 02114Z9, 02114ZC, 02114ZF, 0212083, 0212088, 0212089, 021208C, 021208F, 021208W, 0212093, 0212098, 0212099, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 0212344, 02123D4, 0212444, 0212483, 0212488, 0212489, 021248C, 021248F, 021248W, 0212493, 0212498, 0212499, 021249C, 021249F, 021249W, 02124A3, 02124A8, 02124A9, 02124AC, 02124AF, 02124AW, 02124D4, 02124J3, 02124J8, 02124J9, 02124JC, 02124JF, 02124JW, 02124K3, 02124K8, 02124K9, 02124KC, 02124KF, 021308F, 021308W, 0213093, 0213098, 0213099, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF, 0213344, 02133D4, 0213444, 0213483, 0213488, 0213489, 021348C, 021348F, 021348W, 0213493, 0213498, 0213499, 021349C, 021349F, 021349W, 02134A3, 02134A8, 02134A9,	

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CABG (con't)	02134AC, 02134AF, 02134AW, 02134D4, 02134J3, 02134J8, 02134J9, 02134JC, 02134JF, 02134JW, 02134K3, 02134K8, 02134K9, 02134KC, 02134KF, 02134KW, 02134Z3, 02134Z8, 02134Z9, 02134ZC, 02134ZF **SNOMED:** SNOMED data set PXRM BGP ECQM CABG **CPT:** 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205, S2206, S2207, S2208, S2209	
PCI	**Procedure ICD-10:** 0270346, 027034Z, 0270356, 027035Z, 0270366, 027036Z, 0270376, 027037Z, 02703D6, 02703DZ, 02703E6, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 0270446, 027044Z, 0270456, 027045Z, 0270466, 027046Z, 0270476, 027047Z, 02704D6, 02704DZ, 02704E6, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 0271346, 027134Z, 0271356, 027135Z, 0271366, 027136Z, 0271376, 027137Z, 02713D6, 02713DZ, 02713E6, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 0271446, 027144Z, 0271456, 027145Z, 0271466, 027146Z, 0271476, 027147Z, 02714D6, 02714DZ, 02714E6, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 0272346, 027234Z, 0272356, 027235Z, 0272366, 027236Z, 0272376, 027237Z, 02723D6, 02723DZ, 02723E6, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 0272446, 027244Z, 0272456, 027245Z, 0272466, 027246Z, 0272476, 027247Z, 02724D6, 02724DZ, 02724E6, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 0273346, 027334Z, 0273356, 027335Z, 0273366, 027336Z, 0273376, 027337Z, 02733D6, 02733DZ, 02733E6, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 0273446, 027344Z, 0273456, 027345Z, 0273466, 027346Z, 0273476, 027347Z, 02734D6, 02734DZ, 02734E6, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ **SNOMED:** SNOMED data set PXRM BGP ECQM PCI **CPT:** 92920, 92924, 92928, 92933, 92937, 92941, 92943	**CPT:** 92980, 92982, 92995

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Carotid Intervention	**Procedure ICD-9:** 00.61-00.65, 38.02, 38.12, 38.22, 38.30-38.32, 38.42, 39.22, 39.28, 88.41 **Procedure ICD-10:** 03*H***, 03*J***, 03*K***, 03*L***, 03*M***, 03*N***, 0G*6***, 0G*7***, 0G*8***, B3060ZZ, B3061ZZ, B306YZZ, B3070ZZ, B3071ZZ, B307YZZ, B3080ZZ, B3081ZZ, B308YZZ, B3160ZZ, B3161ZZ, B316YZZ, B3170ZZ, B3171ZZ, B317YZZ, B3180ZZ, B3181ZZ, B318YZZ **SNOMED:** SNOMED data set PXRM BGP ECQM CAROTID INTER	

Table 5-47: Table 6B, Section H, **Denominator Definitions** eCQM-defined codes

Topic	eCQM-Specified Applicable Code(s)
Hypercholesterolemia	**ICD-10:** E78.01 **SNOMED:** SNOMED data set PXRM BGP ECQM HYPERCHOL
Diabetes	**ICD-9:** 250.00-250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04 **ICD-10:** E10- (exclude E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359), E11- (exclude E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359), E13- (exclude E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359), O24.011-O24.33, O24.8* **SNOMED:** SNOMED data set PXRM BGP IPC DIABETES

Table 5-48: Table 6B, Section H, **Denominator Exclusion/Exception Definitions** eCQM-defined and IHS-specific codes

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Breastfeeding	**ICD-10:** O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1 **SNOMED:** SNOMED data set PXRM BGP ECQM BREASTFEED	**Patient Education:** Codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED data set PXRM BGP ECQM BREASTFEED
Rhabdomyolysis	**ICD-10:** M62.82, T79.6XXA, T79.6XXD, T79.6XXS **SNOMED:** SNOMED data set PXRM BGP ECQM RHABDO	

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Statin-associated muscle symptoms or an allergy to statin medication	**ICD-10:** 359.9, 729.1 **ICD-10:** G72.0, G72.9, M60.9, M79.10 **SNOMED:** SNOMED data set PXRM BGP ECQM STATIN ADV	Any of the following occurring anytime ever: A) POV ICD-9: 995.0-995.3 AND E942.9 B) "Statin" or "Statins" entry (except "Nystatin") in ART (Patient Allergies File) C) "Statin" or "Statins" (except "Nystatin") contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8 D) Problem List entry where the status is not Deleted of SNOMED data set PXRM BGP ADR STATIN
Hospice Care	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046	
Palliative Care	**ICD-10:** Z51.5 **HCPCS:** G9054, M1017 **SNOMED:** SNOMED data sets PXRM BGP ECQM PALLIATIVE ENC	
Active liver disease, hepatic disease or insufficiency	**ICD-10:** B17.*, B18.2-B19.0, B19.20, B19.21, B19.9, K70.0-K74.69, K75.4, O98.41* **SNOMED:** SNOMED data set PXRM BGP ECQM LIVER DIS	
Hepatitis A	**ICD-10:** B15.0, B15.9 **SNOMED: SNOMED data set** PXRM BGP IPC HEP A EVID	
Hepatitis B	**ICD-10:** B16.*, B18.0, B18.1, B19.1* **SNOMED:** SNOMED data set PXRM BGP ECQM HEP B	

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
ESRD	**ICD-10:** N18.6 **SNOMED:** SNOMED data set PXRM BGP ECQM ESRD	**ICD-9 Procedure:** 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, 55.6* **V-Procedure:** V42.0, V45.1 (old code), V45.11 V45.12, V56.* **ICD-10:** Z48.22, Z49.*, Z91.15, Z94.0, Z99.2 **CPT:** 36145 (old code), 50300, 50320, 90918 through 90919 (old codes), 90939 (old code), 90951 through 90970, 90989, 90993, 90997, 90999, 99512, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, S9339
Medical Reason for Not Being Prescribed Statin Therapy	**SNOMED:** SNOMED data set PXRM BGP IPC NOT DONE MED for statin medication not ordered	

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients Prescribed or On Statin Therapy, Column (C)

This column contains the number of patients who are actively using or who receive an order (prescription) for statin therapy at any point during the report period.

> **Note**: Requires documentation that medication was prescribed or dispensed.

Statin Therapy: Statin Therapy is defined in the medication taxonomy BGP PQA STATIN MEDS [atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin, simvastatin (+/- ezetimibe, niacin, sitagliptin)]. Medications include outside meds and e-prescribed meds.

Patients must have an active prescription for statin therapy during the report period. This includes patients who receive an order during the report period, or prior to the report period with enough days' supply to take them into the report period.

5.2.6.9 Logic for Section I: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

This section (Table 6B, Line 18) reports on the number of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the report period, or who had a diagnosis of IVD during the report period and who had documentation of use of aspirin or another antiplatelet during the report period.

> **Note:** Detailed patient lists can be produced for "All IVD Pts 18+ w/ASA or Antiplatelet" (MU/LST/LST2/E-I/IVD1) and "All IVD Pts 18+ w/o ASA or Antiplatelet" (MU/LST/LST2/E-I/IVD2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients with Ischemic Vascular Disease Diagnosis, Column (A)

This column includes all patients who were age 18 and older at the beginning of the report period who, in the current or prior report year were diagnosed with IVD or diagnosed with AMI, CABG, or PCI in the 12 months prior to the report period, and who had at least one medical visit during the reporting year. See Table 5-47 for ischemic vascular disease definition.

Table 5-49: Table 6B, Section I, **Ischemic Vascular Disease** eCQM-defined codes

eCQM-Specified Applicable Code(s)
ICD-9: 411.xx, 413.0, 413.9, 414.0x, 414.2, 414.3, 414.4, 414.8, 414.9, 429.2, 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 437.0, 440.xx, 444.01, 444.09, 445.01, 445.02, 445.8, 445.81, 445.89, V45.81, V45.82 **ICD-10**: I20.0, I20.8, I20.9, I24- (exclude I24.1), I25- (excluding I25.2-, I25.4-), I63.2-, I63.5-, I65-, I66-, I67.2, I70- (exclude I70.0, I70.8, I70.90, I70.91), I75- **SNOMED**: SNOMED data set PXRM BGP ECQM IVD

Table 5-50: Table 6B, Section I, **Cardiac Surgery** eCQM-defined and IHS-specific codes

Topic	eCQM-Specified Applicable Code(s)
AMI	**ICD-10**: I21- **SNOMED**: PXRM BGP ECQM AMI
CABG	**CPT**: 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205, S2206, S2207, S2208, S2209 **SNOMED**: PXRM BGP ECQM CABG IVD
PCI	**CPT**: 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980, 92982, 92995, C9600, C9602, C9604, C9606, C9607 **SNOMED**: PXRM BGP ECQM PCI IVD

Exclusions

Patients with hospice indicator during the Report Period or with documentation of anticoagulant medications prescribed during the measurement year. Anticoagulant medications are defined in the medication taxonomies BGP PQA WARFARIN and BGP PQA NON-WARFARIN ANTICOAG.

Table 5-51: Table 6B, Section I, **Hospice Definition** eCQM-defined codes

eCQM-Specified Applicable Code(s)
SNOMED: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
POV or Problem List (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory).

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients with Aspirin or Other Antiplatelet Therapy, Column (C)

This column contains the number of patients who were prescribed or dispensed aspirin or another antiplatelet medication or have documented evidence of use by patient of aspirin or another antiplatelet medication during the report period.

Aspirin Medication: Aspirin is defined in the medication taxonomy DM AUDIT ASPIRIN DRUGS (Aspirin).

Antiplatelet Medication: Antiplatelet medication is defined in the medication taxonomy BUD ANTIPLATELET MEDS.

5.2.6.10 Logic for Section J: Colorectal Cancer Screening

This section (Table 6B Line 19) reports on the number of patients who are 46–75 years of age in the report year not diagnosed with colorectal cancer, who had an appropriate screening for colorectal cancer, which includes colonoscopy less than or equal to (≤) 10 years (includes the report year), flexible sigmoidoscopy or CT colonography less than or equal to (≤) 5 years (includes the report year), FIT-DNA less than or equal to (≤) 3 years (includes the report year), or annual fecal occult blood test (including fecal immunochemical test) during the report period.

> **Note:** Detailed patient lists can be produced for "All Patients 46-75 years of age w/CRC Scrn" (MU/LST/LST2/J-M/CRC1) and "All Patients 46-75 years of age w/CRC Scrn" (MU/LST/LST2/J-M/CRC2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients without Colorectal Cancer, Column (A)

This column includes all patients who were 46–75 years of age during the report period and had at least one medical visit during the reporting year.

Exclusions

The following patients will be excluded from the denominator:

- Patients who have or who have had colorectal cancer or colectomy as defined in Table 5-50.
- Patients with hospice indicator or patients receiving palliative care during the Report Period.
- Patients who are 66 and older and are in long-term care during the report period.
- Patients who are 66 and older with advanced illness and frailty, defined as having both of the following: 1) Frailty device, diagnosis, encounter, or symptom during the report period, and 2) two or more outpatient encounters with advanced illness diagnosis, inpatient encounter with advanced illness diagnosis, or dementia medications in the past two years.

Table 5-52: Table 6B, Section J, **Colorectal Cancer Diagnosis** codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
ICD-9: 153.*, 154.0, 154.1, 197.5 **ICD-10**: C18.*, C19, C20, C21.2, C21.8, C78.5 **CPT**: 44150, 44151, 44155-44158, 44210-44212 **SNOMED**: SNOMED data set PXRM BGP IPC COLON CANCER **Procedure ICD-9**: 45.8* **Procedure ICD-10**: 0DTE*ZZ	**ICD-10**: Z85.030, Z85.038 **CPT**: G0213-G0215, G0231

Table 5-53: Table 6B, Section J, **Exclusion Definitions** eCQM-defined codes

Topic	eCQM-Specified Applicable Code(s)
Hospice	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
Palliative Care	**ICD-10**: Z51.5 **HCPCS**: G9054, M1017 **SNOMED**: SNOMED data set PXRM BGP ECQM PALLIATIVE ENC
Long-term Care	Nursing Facility Visit • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, G9685 • **SNOMED:** 160734000
Frailty Device	**SNOMED:** data set PXRM BGP ECQM FRAILTY DEVICE

Topic	eCQM-Specified Applicable Code(s)
Frailty Diagnosis	**POV or Problem List** (active only): • **ICD-10:** L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89 • **SNOMED:** PXRM BGP ECQM FRAILTY DX
Frailty Encounter	**CPT:** 99504, 99509, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031
Frailty Symptom	**POV or Problem List** (active only): • **ICD-10:** R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64 • **SNOMED:** PXRM BGP ECQM FRAILTY SYMPTOM

Topic	eCQM-Specified Applicable Code(s)
Outpatient Encounter	Outpatient: • **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015 • **SNOMED:** PXRM BGP ECQM ECQM OUTPATIENT Observation: • **CPT:** 99217, 99218, 99219, 99220 **E**mergency **D**epartment: • **CPT:** 99281, 99282, 99283, 99284, 99285 • **SNOMED:** 4525004 Nonacute Inpatient: • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 • **SNOMED:** PXRM BGP ECQM NONACUTE IP
Inpatient Encounter	**Service Category:** I or H **CPT:** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 **SNOMED:** PXRM BGP ECQM ACUTE IP
Advanced Illness	**POV or Problem List** (active only): • **ICD-10:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6 • **SNOMED:** SNOMED data set PXRM BGP ECQM ADV ILLNESS
Dementia Medications	**Medication Taxonomy:** BGP ECQM DEMENTIA MEDS (medications must not have a comment of RETURNED TO STOCK)

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients with Colorectal Cancer Screen, Column (C)

This column contains the number of patients who had an appropriate screening for colorectal cancer, which includes colonoscopy less than or equal to (≤) 10 years (includes the report year), flexible sigmoidoscopy or CT colonography less than or equal to (≤) 5 years (includes the report year), FIT-DNA less than or equal to (≤) 3 years (includes the report year), or annual fecal occult blood test (including fecal immunochemical test) during the report period.

Colonoscopy: Colonoscopy is defined by any of the codes shown in Table 5-52 within 10 years of last visit during the report year.

Table 5-54: Table 6B, Section J, **Colonoscopy Codes** eCQM-defined specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: 44388-44394, 44401-44408, 45355, 45378-45393, 45398, G0105, G0121	**CPT**: 45388-45390, G9252, G9253 **ICD-10:** 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ

Flexible Sigmoidoscopy: Flexible Sigmoidoscopy is defined by any of the codes shown in Table 5-53 within 5 years of the end of the report period.

Table 5-55: Table 6B, Section J, **Flexible Sigmoidoscopy** eCQM-defined specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: 44397, 45330-45350, G0104	**ICD-10**: 0DJD8ZZ

CT Colonography: CT Colonography is defined by any of the codes shown in Table 5-54 within 5 years of the end of the report period.

Table 5-56: Table 6B, Section J, **CT Colonography** eCQM-defined specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3	**CPT**: 74261, 74262, 74263

FIT-DNA: FIT-DNA is defined by any of the codes shown in Table 5-55 within 3 years of the end of the report period.

Table 5-57: Table 6B, Section J, **FIT-DNA** eCQM-defined specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 77353-1, 77354-9	**V Lab**: Any lab test of FIT-DNA, site-defined taxonomy BGP FIT-DNA TESTS

Fecal Occult Blood Test: Fecal Occult Blood Test (includes Fecal Immunochemical Test) is defined by any of the codes shown in Table 5-56 during the report year.

Table 5-58: Table 6B, Section J, Fecal Occult Blood Test eCQM-defined specific codes

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6	**CPT**: 89205, G0107, G0328, G0394 **V Lab**: Any lab test of FOB, site-defined taxonomy BGP GPRA FOB TESTS

5.2.6.11 Logic for Section K: HIV Linkage to Care

This section (Table 6B, Line 20) reports on the number of patients whose first ever HIV diagnosis occurred between December 1 of the prior year and November 30 of the report year and were seen for a follow up within 30 days of that first ever diagnosis.

> **Note:** Detailed patient lists can be produced for "All Patients w/First HIV Dx & Timely Follow-up" (MU/LST/LST2/J-M/HIV1) and "All Patients w/First HIV Dx w/o Timely Follow-up" (MU/LST/LST2/J-M/HIV2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients First Diagnosed with HIV, Column (A)

This column includes all patients who diagnosed for the first time ever with HIV between December 1, 2022, and November 30, 2023 and had at least one medical visit during 2023 or 2022. Patients with an HIV are defined in Table 5-57.

> **Note**: This measure does not conform to the calendar year reporting requirement. The count of patients diagnosed with HIV for the first time in their lifetime. This is not for the first time diagnosed in your clinic or the first time by your provider, but for the first time in the patient's lifetime.

Table 5-59: Table 6B Section K HIV BPHC-defined specific codes – HIV definitions

BPHC Applicable Code(s)
ICD-10: B20, B97.35, O98.7-, Z21

> **Note:** These codes will identify ***all*** patients with HIV. There is no code for newly diagnosed HIV patients. Health centers who expect to see a very small number of such patients should develop alternative methods for tracking within the EHR or medical record.

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients with Appropriate Follow-up, Column (C)

This column contains the number of patients whose record demonstrates that, within 30 days of the visit where they were tested positive for HIV had a medical visit with a health center provider who initiates treatment for HIV, or a visit with a referral resource who initiates treatment for HIV.

> **Note:** The numerator criteria are only fulfilled when the patient attended the medical visit for HIV care within 30 days of HIV diagnosis. If the treatment is by referral to another clinician/organization (such as a Ryan White provider) the visit at the referral source must be completed and the referral loop closed during the 30-day period. That is, the referring provider receives confirmation from the provider to whom the patient was referred that the visit was completed.

Follow-up: Documentation of a follow up must be by provider or by a referral provider. An HIV follow up must be documented as a medical visit for HIV care within 30 days of first-ever HIV diagnosis. Follow-up is noted in EHR or any of the codes shown in Table 5-58, documented during the report period.

Table 5-60: Table 6B, Section K, HIV Follow-up definitions

BPHC Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
ICD-10: B20, B97.35, O98.7-, Z21	**V Lab**: LOINC taxonomy BGP HIV TEST LOINC CODES, site-defined taxonomy BGP HIV TEST TAX, BGP CD4 TAX, BGP HIV VIRAL LOAD TAX **Clinic Codes**: 59 **Other**: Evidence of HIV referral completion **CPT**: 86359-86361, 86689, 86701-86703, 87390-87391, 87534-87539, G9214, G9242, G9243 **Referral**: Completed Referral as noted in EHR (Manual lookup).

5.2.6.12 Logic for Section K: HIV Screening

This section (Table 6B, Line 20a) reports on the number of patients 15–65 years of age with no HIV diagnosis prior to the reporting period who were screened for HIV on or after their 15th birthday and before their 66th birthday, and who had at least one medical visit during the reporting year.

> **Note:** Detailed patient lists can be produced for "All Patients 15-65 w/HIV Test" (MU/LST/LST2/J-M/HVS1) and "All Patients 15-65 w/o HIV Test" (MU/LST/LST2/J-M/HVS2) to assist sites with verifying the information reported by RPMS UDS.

Total Number of Patients 15-65 Years of Age, Column (A)

This column includes all patients who are 15–65 years of age, were first seen by the health center prior to their 65th birthday and had at least one medical visit during the reporting period. Patients with a documented HIV diagnosis prior to the reporting period are *excluded* from the count.

Exclusions

Patients with a documented HIV diagnosis prior to the reporting period. Look for evidence of an HIV diagnosis as far back as possible in the patient's history, through either administrative data or medical record review. See Table 5-59 for specific HIV diagnosis definitions.

Table 5-61: Table 6B, Section K, HIV Screening exclusion eCQM-defined and IHS-specific codes – **HIV Diagnosis Definition**

Topic	eCQM-Specified Applicable Code(s)
HIV Diagnosis	**POV or Problem List** (active only): • **ICD-9:** 042, 079.53, V08 • **ICD-10:** B20, B97.35, O98.711, O98.712, O98.713, O98.719, O98.72, O98.73, Z21 • **SNOMED:** PXRM BGP ECQM HIV DX

Number of Records Reviewed, Column (B)

This column contains the number of charts to be sampled equaling the total number of patients who fit the criteria. Patients who have met the exclusion criteria will not be included in the count for this column. The number reported by RMPS UDS will match the number in Column (A).

Number of Patients Tested, Column (C)

This column contains the number of patients aged 15–65, who had at least one medical visit during the report period and was screened for HIV. See Table 5-60 for specific HIV Screen definitions.

Table 5-62: Table 6B, Section K, HIV Screen eCQM-defined codes – **HIV Screen Definitions**

eCQM-Specified Applicable Code(s)
LOINC: 49965-7, 51866-2, 10901-7, 10902-5, 11078-3, 11079-1, 11080-9, 11081-7, 11082-5, 12855-3, 12856-1, 12857-9, 12858-7, 12859-5, 12870-2, 12871-0, 12872-8, 12875-1, 12876-9, 12893-4, 12894-2, 12895-9, 13499-9, 13920-4, 14092-1, 14126-7, 16132-3, 16974-8, 16975-5, 16976-3, 16977-1, 16978-9, 16979-7, 18396-2, 19110-6, 21007-0, 21331-4, 21332-2, 21334-8, 21335-5, 21336-3, 21337-1, 21338-9, 21339-7, 21340-5, 22356-0, 22357-8, 22358-6, 24012-7, 28004-0, 28052-9, 29327-4, 29893-5, 30361-0, 31072-2, 31073-0, 31201-7, 31430-2, 32571-2, 32602-5, 32827-8, 32842-7, 33508-3, 33660-2, 33806-1, 33807-9, 33866-5, 34591-8, 34592-6, 35437-3, 35438-1, 35439-9, 35440-7, 35441-5, 35442-3, 35443-1, 35444-9, 35445-6, 35446-4, 35447-2, 35448-0, 35449-8, 35450-6, 35452-2, 35564-4, 35565-1, 40437-6, 40438-4, 40439-2, 40732-0, 40733-8, 41143-9, 41144-7, 41145-4, 41290-8, 42339-2, 42600-7, 42627-0, 42768-2, 43008-2, 43009-0, 43010-8, 43011-6, 43012-4, 43013-2, 43185-8, 43599-0, 44531-2, 44532-0, 44533-8, 44607-0, 44872-0, 44873-8, 45212-8, 47029-4, 48345-3, 48346-1, 49483-1, 49580-4, 49718-0, 49905-3, 51786-2, 5220-9, 5221-7, 5222-5, 5223-3, 5224-1, 5225-8, 53379-4, 53601-1, 54086-4, 56888-1, 57974-8, 57975-5, 57976-3, 57977-1, 57978-9, 58900-2, 62456-9, 68961-2, 69668-2, 73905-2, 73906-0, 75622-1, 75666-8, 77685-6, 7917-8, 7918-6, 7919-4, 80203-3, 80387-4, 81641-3, 83101-6, 85037-0, 85686-4, 86233-4, 86657-4, 89365-1, 89374-3, 9660-2, 9661-0, 9662-8, 9663-6, 9664-4, 9665-1, 9666-9, 9667-7, 9668-5, 9669-3, 9821-0

5.2.6.13 Logic for Section L: Preventative Care and Screening: Screening for Depression and Follow-Up Plan

This section (Table 6B, Line 21) reports on the number of patients 12 years of age and older who were screened for clinical depression using an age-appropriate standardized tool during the report period and had a follow-up plan documented 2 days or less after the date of the positive screen if screened positive.

> **Note:** Detailed patient lists can be produced for "All Patients 12+ w/DEP and Follow-up" (MU/LST/LST2/J-M/DEP1) and "All Pts 12+ w/o Dep Scrn or w/o Follow-up" (MU/LST/LST2/J-M/DEP2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients Aged 12 and Older, Column (A)

This column includes all patients aged 12 years and older who had at least one medical visit during the reporting period.

Exclusions

The following patients will be excluded from the denominator:

- Patients who have been diagnosed with Depression or Bipolar Disorder.
- Patients who are already participating in on-going treatment for depression.

> **Note:** Ongoing treatment is assumed if there is an active diagnosis of depression or bipolar diagnosis; therefore, patients with these active diagnoses are excluded from the denominator.

Table 5-63: Table 6B, Section L, eCQM-defined denominator exclusion definitions

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Depression	**ICD-9:** 290.13, 290.21, 290.43, 296.2-296.26, 296.3-296.36, 296.82, 298.0, 300.4, 301.12, 309.0, 309.1, 309.28, 311 **ICD-10:** F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1 **SNOMED:** SNOMED data set PXRM BGP IPC DEPRESSION DX	
Bipolar Disorder	**ICD-9:** 296.00-296.06, 296.40-296.46, 296.50-296.56, 296.60-296.80, 296.89 **ICD-10:** F31.- **SNOMED:** SNOMED data set PXRM BGP IPC BIPOLAR DX	

Exceptions

The following patients will be excluded from the denominator if they do not also meet the numerator criteria:

- Patients who refuse to participate, who are in urgent or emergent situations who were not screened for depression during the measurement period.

- Patients whose functional capacity or motivation to improve affects the accuracy of results

Table 5-64: Table 6B, Section L, eCQM-defined denominator exclusion definitions

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
Medical Reason Not Done	**SNOMED**: SNOMED data set PXRM BGP IPC NOT DONE MED for Depression Screen	
Patient Reason Not Done	**SNOMED**: SNOMED data set PXRM BGP IPC NOT DONE PAT for Depression Screen	
Patient Refusal	**Refusal of LOINC**: 73831-0, 73832-8	**Refusal of Exam Code**: 36 **Refusal of Measurement**: PHQ2, PHQ9 or PHQT

Number of Records Reviewed, Column (B)

This column contains the number of patients aged 12 years and older who had at least one medical visit during the report period. The number reported by RMPS UDS will match the number reported in Column (A).

Number of Patients with Appropriate Screening for Depression and Follow-up, if Appropriate, Column (C)

This column contains the number of patients with birthdate on or before November 1, 2008, who were aged 12 years and older on the date of their index event, who had at least one medical visit during the report period and was screened for depression using an age-appropriate standardized tool in which the result was negative or was positive AND had a follow-up plan documented 2 days or less after the date of the positive screen.

Note: A standardized depression screening tool is a normalized and validated depression screening tool developed for the patient population in which it is being utilized.

Table 5-65: Table 6B, Section L, eCQM-defined **Depression Screening** definitions

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
LOINC: 73831-0, 73832-8	**Exam Code**: 36 **Measurement in PCC or BH**: PHQ2, PHQ9, or PHQT

Table 5-66: Table 6B, Section L, eCQM-defined **Negative Depression** definitions

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: 428171000124102	**Exam Code:** 36 (Normal/Negative) **Measurement in PCC or BH:** PHQ2 less than (<) 3, PHQ9 less than (<) 10, or PHQT less than (<) 10

Table 5-67: Table 6B Section L eCQM-defined **Positive Depression** definitions

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: 428181000124104	**Exam Code:** 36 (Positive, Referral Needed) **Measurement in PCC or BH:** PHQ2 greater than or equal to (≥) 3, PHQ9 greater than or equal to (≥) 10, or PHQT greater than or equal to (≥) 10

- **Depression Follow-up Plan:** Documentation of a follow-up plan must be by provider or by a referral provider (successful completion of follow-up plan is not required). Follow-up plan must be documented along with the documented depression. Follow-up plan must 2 days or less after the date of the positive depression screen noted in EHR or any of the codes shown in Table 5-66 documented during the report period.

Table 5-68: Table 6B, Section L, eCQM-defined **Positive Depression Follow-Up Plan** definitions

eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
SNOMED: Diagnosis (Problem List entry where the status is not deleted) or Referral with SNOMED data set PXRM BGP IPC DEP INTER **Patient Education:** Patient education with SNOMED data sets PXRM BGP IPC DEP INTER, PXRM BGP IPC DEPRESSION DX, or PXRM BGP IPC BIPOLAR DX with a topic that ends in "-FU" **Medications:** Medications defined with medication taxonomy BGP IPC DEPRESSION MEDS. Medications must not have a comment of RETURNED TO STOCK.	**CPT:** 90791, 90792, 90832, 90834, 90837, 90839 **Depression Taxonomies:** BUD DEP MEDS, BGP HEDIS ANTIDEPRESSANT MEDS, BUD DEP INTERVENTION

5.2.6.14 Logic for Section L: Depression Remission at Twelve Months

This section (Table 6B, Line 21a) reports on the number of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

> **Note:** Detailed patient lists can be produced for "All Patients 12+ w/Depression Remission" (MU/LST/LST2/J-M/DPR1) and "All Pts 12+ w/o Depression Remission" (MU/LST/LST2/J-M/DPR2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients Aged 12 and Older, Column (A)

This column includes all patients aged 12 years and older at the time of their Depression Index visit who had at least one medical visit during the reporting period. The patient's Depression Index visit is the first visit where the patient is screened with a PHQ-9 or PHQ-9M tool that has result greater than (>) 9 during seven days or less prior to a visit during the period 14 months prior to the beginning of the reporting period to 2 months prior to the beginning of the reporting period, where the patient has a POV or active diagnosis on the Problem List for major depression including remission or dysthymia.

Table 5-69: Table 6B, Section L, **Denominator Definitions** eCQM-defined codes

Topic	eCQM-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
PHQ-9 or PHQ-9M	**LOINC:** 44261-6, 89204-2	**Measurement in PCC or BH:** PHQ9
Major depression including remission	**ICD-10:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9 **SNOMED:** PXRM BGP IPC MAJOR DEP	
Dysthymia	**ICD-10:** F34.1 **SNOMED:** PXRM BGP IPC DYSTHYMIA	

Exclusions

The following patients will be excluded from the denominator:

- Patients with hospice or palliative care during the period 14 months prior to the beginning of the Report Period through the time period of 12 months plus 60 days after the patient's Depression Index visit.
- Patients in Care Services in Long-Term Residential Facility during the period 14 months prior to the beginning of the Report Period through the time period of 12 months plus 60 days after the patient's Depression Index visit.
- Patients with diagnosis of bipolar disorder, personality disorder, schizophrenia or psychotic disorder, or pervasive developmental disorder prior to the time period of 12 months plus 60 days after the patient's Depression Index visit.
- Patients who have expired prior to the time period of 12 months plus 60 days after the patient's Depression Index visit.

Table 5-70: Table 6B, Section L, eCQM-defined denominator exclusion definitions

Topic	eCQM-Specified Applicable Code(s)
Hospice Care	• **SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). • **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). • **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
Palliative Care	**POV or Problem List** (where the status is not Deleted): • **ICD-10:** Z51.5 • **SNOMED:** PXRM BGP ECQM PALLIATIVE ENC **HCPCS:** G9054, M1017
Care Services in Long-Term Residential Facility	**CPT:** 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC LONG TERM CARE
Bipolar Disorder	**POV or Problem List** (active only): • **ICD-9:** 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.81, 296.82, 296.89 • **ICD-10:** F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9 • **SNOMED:** PXRM BGP IPC BIPOLAR DIS
Personality disorder	**POV or Problem List** (active only): • **ICD-9:** 301.13, 301.50, 301.51, 301.83 • **ICD-10:** F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13 • **SNOMED:** PXRM BGP IPC PERSONAL DIS

Topic	eCQM-Specified Applicable Code(s)
Schizophrenia or Psychotic Disorder	**POV or Problem List** (active only): • **ICD-9:** 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 298.0, 298.1, 298.4, 298.8, 298.9 • **ICD-10:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28, F29 • **SNOMED:** PXRM BGP IPC SCHIZO DIS
Pervasive Developmental Disorder	**POV or Problem List** (active only): • **ICD-9:** 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 • **ICD-10:** F84.0, F84.3, F84.8, F84.9 • **SNOMED:** PXRM BGP IPC PERVASIVE DEV

Number of Records Reviewed, Column (B)

This column contains the number of patients aged 12 years and older at the time of their Depression Index visit who had at least one medical visit during the report period. The number reported by RMPS UDS will match the number reported in Column (A).

Number of Patients who Reached Remission, Column (C)

This column contains the number of patients aged 12 years and older at the time of their Depression Index visit, who had at least one medical visit during the report period and who reached remission 12 months (+/- 60 days) after their Depression Index. Remission is defined as the most recent PHQ-9 or PHQ-9M with result less than (<) 5 during the time period of 12 months plus or minus (+/-) 60 days after the patient's Depression Index visit.

5.2.6.15 Logic for Section M: Dental Sealants for Children Between 6–9 Years

This section (Table 6B Line 22) reports on the number of children aged 6–9 years at "elevated" risk (moderate to high risk) for caries who received a dental sealant on a permanent first molar tooth during the reporting period.

> **Note:** Detailed patient lists can be produced for "All Patients 6-9 at Risk with First Molar Sealant" (MU/LST/LST2/J-M/DEN1) and "All Patients 6-9 at Risk w/o First Molar Sealant" (MU/LST/LST2/J-M/DEN2) to assist sites with verifying the information reported by RPMS UDS.

Total Patients Aged 6 through 9, Column (A)

This column includes all dental patients 6–9 years of age who had a dental visit and an oral assessment or comprehensive or periodic oral evaluation visit during the reporting year and documented as having moderate to high risk for caries during the reporting period.

> **Note:** Although not explicitly defined, a visit must meet the UDS definition of a visit.

Exclusions

The following patients will be excluded from the denominator:

- Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing).

Table 5-71: Table 6B, **Non-Sealable** definitions

eCQM-Specified Applicable Code(s)
ICD-9: 520.0, 520.3, 521.0, 521.00, 521.02, 521.03, 521.09, 522.0, 522.5, 522.7, 525.13, 525.19
ICD-10: K00.0, K00.3, K02, K02.3, K02.52, K02.53, K02.63, K02.9, K04.0, K04.6, K04.7, K08.1, K08.13, K08.131, K08.132, K08.133, K08.134, K08.139, K08.4, K08.43, K08.431, K08.432, K08.433, K08.434, K08.439

Table 5-72: Table 6B, **Dental Visit** definitions

Topic	BPHC-Specified Applicable code(s)
Dental: I. Emergency Services	**ADA**: 9110 (BPHC-defined) **V CPT**: D9110
Dental: II. Oral Exams	**ADA**: 0120, 0140, 0145, 0150, 0160, 0170, 0171, 0180 (BPHC-defined) **V CPT**: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180
Prophylaxis—adult or child	**ADA**: 1110, 1120 (BPHC-defined) **V CPT**: D1110, D1120
Sealants	**ADA**: 1351 (BPHC-defined) **V CPT**: D1351
Fluoride Treatment—adult or child	**ADA**: 1206, 1208 (BPHC-defined) **V CPT**: D1206, D1208
Dental: III. Restorative Services	**ADA**: 21xx–29xx (BPHC-defined) **V CPT**: D21xx–D29xx
Dental: IV. Oral Surgery (extractions and other surgical procedures)	**ADA**: 7xxx (BPHC-defined) **V CPT**: D7xxx

Topic	BPHC-Specified Applicable code(s)
Dental: V. Rehabilitative Services (Endo, Perio, Prostho, Ortho)	**ADA**: 3xxx, 4xxx, 5xxx, 6xxx, 8xxx (BPHC-defined) **V CPT**: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx

Table 5-73: Table 6B, **Oral Assessment Definitions**, BPHC-defined and IHS-specific codes

BPHC-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: D0191	**ADA**: 0191

Table 5-74: BPHC UDS Table 6B, **Comprehensive or Periodic Oral Evaluation** definitions, BPHC-defined and IHS-specific codes

BPHC-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: D0120, D0145, D0150, D0180	**ADA**: 0120, 0145, 0150, 0180

Table 5-75: UDS Table 6B**, Moderate or High-Risk Caries Definitions**, BPHC-defined and IHS-specific codes

BPHC-Specified Applicable Code(s)	Other Codes to Check (IHS-Specified Codes)
CPT: D0602, D0603	**ADA**: 0602, 0603

Number of Records Reviewed, Column (B)

This column contains the number of dental patients aged 6–9 years of age who had a dental visit and an oral assessment or comprehensive or periodic oral evaluation visit during the reporting year and documented as having moderate to high risk for caries during the reporting period. The number reported by RMPS UDS will match the number reported in Column (A).

Number of Patients with Sealants to First Molars, if Appropriate, Column (C)

This column contains the number of dental patients aged 6–9 years at moderate to high risk for caries who received a dental sealant on a permanent first molar tooth.

> **Note:** Because there are no applicable dental codes for identify a "first molar tooth" in RPMS, the IHS UDS software will include the number of dental patients aged 6–9 years old at moderate to high risk for caries who received a dental sealant. As a result, the counts may be slightly higher than expected.

Table 5-76: Table 6B, Section M, **Dental Sealants** definitions

eCQM-Specified Applicable Code(s)
CPT: D1351
ADA: 1350, 1351

Figure 5-21 through Figure 5-27 display sample pages of the **RPMS UDS Table 6B** report.

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                     Page 1
UDS No.  000001                                   Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                     TABLE 6B - QUALITY OF CARE MEASURES

             Section A - Age Categories for Prenatal Care 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 - Early Entry into Prenatal Care

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

Figure 5-21: Sample RPMS UDS Report for Table 6B, page 1

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  DU     UDS 2023           DEMO INDIAN HOSPITAL                     Page 2
UDS No.  WWH                                      Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                     TABLE 6B - QUALITY OF CARE MEASURES
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Section C - Childhood Immunization Status

	CHILDHOOD IMMUNIZATION STATUS	TOTAL PATIENTS WITH 2ND BIRTHDAY (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	MEASURE: Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday	8	8	0

SECTION D - CERVICAL AND BREAST CANCER SCREENING

	CERVICAL CANCER SCREENING	TOTAL FEMALE PATIENTS AGED 24 THROUGH 64 (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS TESTED (c)
11	MEASURE: Percentage of women 24-64 years of age, who were screened for cervical cancer	200	200	25

	BREAST CANCER SCREENING	TOTAL FEMALE PATIENTS AGED 52 THROUGH 74 (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS WITH MAMMOGRAM (c)
11	MEASURE: Percentage of women 52-74 years of age, who had a mammogram to screen for breast cancer	98	98	3

Figure 5-22: Sample RPMS UDS Report for Table 6B, page 2

DU UDS 2023 DEMO INDIAN HOSPITAL Page 3
UDS No. WWH Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6B - QUALITY OF CARE MEASURES

SECTION E - WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY OF CHILDREN/ADOLESCENTS

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND	TOTAL PATIENTS	NUMBER OF	NUMBER OF PATIENTS WITH COUNSELING

PHYSICAL ACTIVITY FOR CHILDREN/ ADOLESCENTS	AGED 3 THROUGH 17 (a)	RECORDS REVIEWED (b)	AND BMI DOCUMENTED (c)
12 MEASURE: Percentage of patients 3-17 years of age with a BMI percentile and counseling on nutrition and physical activity documented	90	90	4

SECTION F - PREVENTATIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN

PREVENTATIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN	TOTAL PATIENTS AGED 18 AND OLDER (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCU-MENTED AS APPROPRIATE (c)
13 MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	538	538	24

Figure 5-23: Sample RPMS UDS Report for Table 6B, page 3

DU UDS 2023 DEMO INDIAN HOSPITAL Page 4
UDS No. WWH Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6B - QUALITY OF CARE MEASURES

SECTION G - PREVENTATIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION

PREVENTATIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION	TOTAL PATIENTS AGED 18 AND OLDER	NUMBER OF RECORDS REVIEWED	NUMBER OF PATIENTS ASSESSED FOR TOBACCO USE AND PROVIDED INTERVENTION IF A TOBACCO USER
	(a)	(b)	(c)
14a MEASURE: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times during the measurement period, and (2) if identified to be a tobacco user received cessation counseling intervention	318	318	23

Figure 5-24: Sample RPMS UDS Report for Table 6B, page 4

DU UDS 2023 DEMO INDIAN HOSPITAL Page 5
UDS No. WWH Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6B - QUALITY OF CARE MEASURES

SECTION H - STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE

STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE	TOTAL PATIENTS AT HIGH RISK OF CARDIOVASCULAR EVENTS	NUMBER OF RECORDS REVIEWED	NUMBER OF PATIENTS PRESCRIBED OR ON STATIN
	(a)	(b)	(c)
17a MEASURE: Percentage of patients at high risk of cardiovascular events who were prescribed or were on statin therapy	219	219	23

SECTION I - ISCHEMIC VASCULAR DISEASE (IVD): ASPIRIN OR ANOTHER ANTIPLATELET

	ISCHEMIC VASCULAR DISEASE (IVD): USE OF ASPIRIN OR ANOTHER ANTIPLATELET	TOTAL PATIENTS AGED 18 AND OLDER WITH IVD DIAGNOSIS OR AMI, CABG, OR PCI PROCEDURE (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS WITH DOCUMENTATION OF ASPIRIN OR OTHER ANTI-PLATELET THERAPY (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	38	38	0

Figure 5-25: Sample RPMS UDS Report for Table 6B, page 5

DU UDS 2023 DEMO INDIAN HOSPITAL Page 6
UDS No. WWH Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6B - QUALITY OF CARE MEASURES

SECTION J - COLORECTAL CANCER SCREENING

	COLORECTAL CANCER SCREENING	TOTAL PATIENTS AGED 46 THROUGH 75 (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS WITH APPROPRIATE SCREENING FOR COLORECTAL CANCER (c)
19	MEASURE: Percentage of patients 46 through 75 years of age who had appropriate screening for colorectal cancer	202	202	26

SECTION K - HIV MEASURES

HIV LINKAGE TO CARE	TOTAL PATIENTS FIRST DIAGNOSED WITH HIV	NUMBER OF RECORDS REVIEWED	NUMBER OF PATIENTS SEEN WITHIN 30 DAYS OF

			FIRST DIAGNOSIS OF HIV
	(a)	(b)	(c)
20 MEASURE: Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	13	13	10

Figure 5-26: Sample RPMS UDS Report for Table 6B, page 6

DU UDS 2023 DEMO INDIAN HOSPITAL Page 7
UDS No. WWH Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6B - QUALITY OF CARE MEASURES

HIV SCREENING	TOTAL PATIENTS AGED 15 THROUGH 65 (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS TESTED FOR HIV (c)
20a MEASURE: Percentage of patients 15 through 65 years of age who have been tested for HIV within that age range	462	462	76

SECTION L - DEPRESSION MEASURES

PREVENTATIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN	TOTAL PATIENTS AGED 12 AND OLDER	NUMBER OF RECORDS REVIEWED	NUMBER OF PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE

	(a)	(b)	(c)
21 MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	481	481	23

Figure 5-27: Sample RPMS UDS Report for Table 6B, page 7

DU UDS 2023 DEMO INDIAN HOSPITAL Page 8
UDS No. WWH Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 6B - QUALITY OF CARE MEASURES

DEPRESSION REMISSION AT TWELVE MONTHS	TOTAL PATIENTS AGED 12 AND OLDER WITH MAJOR DEPRESSION OR DYSTHYMIA (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS WHO REACHED REMISSION (c)
21a MEASURE: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	11	11	4

SECTION M - DENTAL SEALANTS FOR CHILDREN BETWEEN 6-9 YEARS

DENTAL SEALANTS FOR CHILDREN BETWEEN 6-9 YEARS	TOTAL PATIENTS AGED 6 THROUGH 9 AT MODERATE TO HIGH RISH FOR CARIES (a)	NUMBER OF RECORDS REVIEWED (b)	NUMBER OF PATIENTS WITH SEALANTS TO FIRST MOLARS (c)
22 MEASURE: Percentage of children 6 through 9 years of age at moderate to			

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     high risk of      |                    |                    |
     caries who        |            4       |          4         |          1
     received a        |                    |                    |
     sealant on a      |                    |                    |
     first permanent   |                    |                    |
     molar             |                    |                    |
_____________________________________________________________________________
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Figure 5-28: Sample RPMS UDS Report for Table 6B, page 8

5.2.7 Table 7 Health Outcomes and Disparities

Table 7 reports data on selected health outcome indicators by race and Hispanic or Latino/a identity (HIV-positive pregnant women, deliveries and low birth weights, hypertension and diabetes glycemic control) to provide information on the extent to which health centers help reduce health disparities. They are "intermediate outcome measures," which means that they document measurable outcomes of clinical intervention as a proxy for good long-term health outcomes.

Table 7 gives a good description of the overall quality of primary care being provided at the BPHC Health Center Program grantee facility. It is clear that this is a subset of possible health outcome indicators and that individual health centers may be using others in addition to these.

> **Note:** Visits with a service category of Historical Event are included in all sections of this table when determining if a patient meets criterion definitions.

5.2.7.1 Logic HIV-Positive Pregnant Women

This section of the table reports the total number of pregnant women served by the facility who have had at least two positive HIV diagnosis anytime through the end of the report period, with at least two pregnancy related visits during the past 20 months with no documented miscarriage or abortion occurring after the second pregnancy related visit and during the past 20 months and with at least one medical visit during the report period. All heath centers are to report the total number of HIV-positive pregnant patients served by the health center during the calendar year on Line "0" *regardless of whether the health center provides prenatal care or HIV treatment for these patients*.[35]

> **Note:** A detailed list of "All Pregnant Patients w/HIV" from the List menu option within the Manager Utilities (MU/LST/LST3/PRG/PRGH) to assist sites with verifying the information reported by RPMS UDS.

[35] BPHC Uniform Data System Manual, 2022 Revision, p. 119.

HIV-Positive Pregnant Definitions

- **Pregnancy:** At least two visits with any of the following POV or Problem List diagnosis during the past 20 months (calculated using 30.4167 days per month), with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months (calculated using 30.4167 days per month).

Table 5-77: Pregnancy definitions

Applicable ICD-9, ICD-10, Procedure, CPT-4 Codes, and Other Codes
ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09
ICD-9 Procedure: 72.*, 73.*, 74.*
ICD-10: O09.00 through O10.02, O10.111 through O10.12, O10.211 through O10.22, O10.311 through O10.32, O10.411 through O10.42, O10.911 through O10.92, O11.1 through O15.1, O15.9 through O24.02, O24.111 through O24.12, O24.311 through O24.32, O24.41*, O24.811 through O24.82, O24.911 through O24.92, O25.10 through O25.2, O26.00 through O26.62, O26.711 through O26.72, O26.811 through O26.93, O29.011 through O30.93, O31.* through O48.*, O60.0*, O61.* through O66.*, O68, O69.*, O71.00 through O71.1, O71.89, O71.9, O74.0 through O75.81, O75.89, O75.9, O76 through O77.*, O88.011 through O88.02, O88.111 through O88.12, O88.211 through O88.22, O88.311 through O88.32, O88.811 through O88.82, O90.3, O91.011 through O91.019, O91.111 through O91.119, O91.211 through O91.219, O92.011 through O92.019, O92.20, O92.29, O98.011 through O98.02, O98.111 through O98.12, O98.211 through O98.22, O98.311 through O98.32, O98.411 through O98.42, O98.511 through O98.52, O98.611 through O98.62, O98.711 through O98.72, O98.811 through O98.82, O98.911 through O98.92, O99.011 through O99.02, O99.111 through O99.12, O99.210 through O99.214, O99.280 through O99.284, O99.310 through O99.314, O99.320 through O99.324, O99.330 through O99.334, O99.340 through O99.344, O99.350 through O99.354, O99.411 through O99.42, O99.511 through O99.52, O99.611 through O99.62, O99.711 through O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840 through O99.844, O99.89, O9A.111 through O9A.12, O9A.211 through O9A.22, O9A.311 through O9A.32, O9A.411 through O9A.42, O9A.511 through O9A.52, Z03.7*, Z32.01, Z33.1, Z34.*, Z36.
CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828

- **Miscarriage:** Occurring after the second pregnancy POV and during the past 20 months (calculated using 30.4167 days per month).

Table 5-78: **Miscarriage** definitions

Applicable ICD-9, ICD-10, Procedure, CPT-4 Codes, and Other Codes
ICD-9: 630, 631, 632, 633*, 634*
ICD-10: O03.9
CPT: 59812, 59820, 59821, 59830

- **Abortion:** occurring after the second pregnancy POV and during the past 20 months (calculated using 30.4167 days per month).

Table 5-79: **Abortion** definitions

Applicable ICD-9, ICD-10, Procedure, CPT-4 Codes, and Other Codes
ICD-9: 635*, 636* 637*
ICD-9 Procedure: 69.01, 69.51, 74.91, and 96.49
ICD-10: O00.* through O03.89, O04.*, Z33.2
ICD-10 Procedure: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z
CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267

Table 5-80: HIV definition

Applicable ICD-9, ICD-10, Procedure, CPT-4 Codes, and Other Codes
ICD-9: 042, 079.53, 795.71, V08
ICD-10: B20, B97.35, Z21, O98.7-

5.2.7.2 Logic for Section A: Deliveries and Low Birth Weight

The BPHC UDS Manual states that Section A (Table 7, Columns 1a through 1d), only health centers that provide or assume primary responsibility for some or all of a patient's prenatal care services, whether or not the health center does the delivery, are required to complete this section. All prenatal care patients who delivered during the reporting period, and all babies born to them, are to be reported.[36]

Prenatal Care Patients Who Delivered During the Year (Column 1a)

Report the total number of women who were known to have delivered during the year regardless of the outcome, even if the delivery was done by another provider.

Deliveries Performed By Health Center Provider (Line 2)

Report the total number of deliveries performed by the BPHC facility clinicians during the reporting period in Column (i). On this line *only*, health center is to include deliveries of women who were not part of the health center's prenatal care program during the calendar year.

[36] BPHC Uniform Data System Manual, 2022 Revision, p. 119.

Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year (Columns 1b–1d)

Report the total number of *live* births during the reporting period for women who received prenatal care from the health center or referral provider during the reporting period regardless of if the health center did the delivery, referred the deliver to another provider or the woman transferred to another provider on their own, according to the appropriate birth weight group.

> **Note:** The number of deliveries reported in Column 1a will normally not be the same as the total number of infants reported in Columns 1b–1d because of multiple births and still births.

Because there currently is no reliable, consistent method within RPMS for identifying pregnant patients who are receiving prenatal care at a facility, Section A (Table 7, Columns 1a–1d) will not be calculated and will be left blank. A detailed list of patients titled "All Pregnant Patients by Race & Hisp Identity" can be produced from the **List** menu option within the **Manager Utilities** (**MU** | **LST** | **LST3** | **PRG** | **PRGR**) to assist with calculating the information in this section.

> **Note:** This line is not reported by the race/Hispanic/Latino identity of the women delivered. The definition of pregnancy is defined in Section 5.2.7.1.

5.2.7.3 Logic for Section B: Controlling High Blood Pressure

This section of the table reports by race and Hispanic, Latino/a, or Spanish identity the number of patients ages 18–85 years (i.e., prior to 85th birthday), who have a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the report period and who had at least one medical visit during the reporting period and the number of those patients who have controlled blood pressure (less than 140/90—systolic 140/diastolic 90).

> **Note:** The blood pressure measurements must have been taken during the report period. If the patient has more than one blood pressure measurement during the report period, the last blood pressure measurement is used to determine if the patient meets the criteria. If there are multiple blood pressure readings on the same day, the lowest systolic and the lowest diastolic reading will be used as the most recent blood pressure reading. Blood pressure readings during inpatient encounters and ED visits (defined below) will not be included.

Total Hypertensive Patients (Column 2a)

Report the total number of patients by race and Hispanic, Latino/a, or Spanish identity who are aged 18–85 years, had at least one medical visit during the report period, and have a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the report period.

Table 5-81: **Hypertension** definition

eCQM-Specified Applicable Code(s)
ICD-9: 401.*
ICD-10: I10*
SNOMED: SNOMED data set PXRM BGP IPC HTN

Exclusions

The following patients will be excluded from the denominator:

- Patient has a pregnant diagnosis: The definition of pregnancy is defined in Section 5.2.7.1.
- Patients with hospice indicator or patients receiving palliative care during the Report Period.
- Patients with end state renal disease (ESRD) diagnosis, dialysis, or renal transplant before or during the report period.
- Patients age 66 and older who are in long-term care during the report period.
- Patients age 66–80 who have advanced illness and frailty, or age 81 and older with frailty. Frailty is defined as patients who have any of the following during the reporting period: frailty device, diagnosis, encounter, or symptom. Advanced illness is defined as patients who have any of the following in the past two years: two or more outpatient encounters with advanced illness diagnosis, inpatient encounter with advanced illness diagnosis, or dementia medications.

Table 5-82: eCQM-defined **Denominator Exclusion Definitions**

Topic	eCQM-Specified Applicable ICD-9 CM, ICD-10 CM, and CPT Codes	Applicable ICD-9, Procedure, CPT-4 Codes, and Other Codes
Hospice	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046	

Topic	eCQM-Specified Applicable ICD-9 CM, ICD-10 CM, and CPT Codes	Applicable ICD-9, Procedure, CPT-4 Codes, and Other Codes
Palliative Care	**ICD-10**: Z51.5 **HCPCS**: G9054, M1017 **SNOMED**: SNOMED data set PXRM BGP ECQM PALLIATIVE ENC	
Chronic Kidney Disease/ Kidney Transplant	**ICD-9**: V42.0 **ICD-10**: N18.5, Z94.0 **CPT**: 50360, 50365, 50380, S2065 **Procedure ICD-10:** 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2	
ESRD	**ICD-10**: N18.6, **CPT**: 90951 through 90970, 90989, 90993, 90997, 90999, 99512, **SNOMED**: 236434000, 236435004, 236436003, 46177005	**ICD-9 Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, 55.6* **V-Procedure**: V45.1 (old code), V45.11 V45.12, V56.* **ICD-10**: Z48.22, Z49.*, Z91.15, Z99.2 **CPT**: 36145 (old code), 50300, 50320, 90918 through 90919 (old codes), 90939 (old code), G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, S9339
Dialysis	**CPT**: 90935, 90937, 90945, 90947, 90997, 90999, 99512, G0257, S9339	
Long-term Care	Nursing Facility Visit • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, G9685 • **SNOMED:** 160734000	
Frailty Device	**SNOMED:** data set PXRM BGP ECQM FRAILTY DEVICE	

Topic	eCQM-Specified Applicable ICD-9 CM, ICD-10 CM, and CPT Codes	Applicable ICD-9, Procedure, CPT-4 Codes, and Other Codes
Frailty Diagnosis	**POV or Problem List** (active only): • **ICD-10:** L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89 • **SNOMED:** PXRM BGP ECQM FRAILTY DX	
Frailty Encounter	**CPT:** 99504, 99509, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031	

Topic	eCQM-Specified Applicable ICD-9 CM, ICD-10 CM, and CPT Codes	Applicable ICD-9, Procedure, CPT-4 Codes, and Other Codes
Frailty Symptom	**POV or Problem List** (active only): • **ICD-10:** R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64 • **SNOMED:** PXRM BGP ECQM FRAILTY SYMPTOM	
Outpatient Encounter	Outpatient: • **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015 • **SNOMED:** PXRM BGP ECQM ECQM OUTPATIENT Observation: • **CPT:** 99217, 99218, 99219, 99220 **E**mergency **D**epartment: • **CPT:** 99281, 99282, 99283, 99284, 99285 • **SNOMED:** 4525004 Nonacute Inpatient: • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 • **SNOMED:** PXRM BGP ECQM NONACUTE IP	
Inpatient Encounter	**Service Category:** I or H **CPT:** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 **SNOMED:** PXRM BGP ECQM ACUTE IP	

Topic	eCQM-Specified Applicable ICD-9 CM, ICD-10 CM, and CPT Codes	Applicable ICD-9, Procedure, CPT-4 Codes, and Other Codes
Advanced Illness	**POV or Problem List** (active only): • **ICD-10:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6 • **SNOMED:** SNOMED data set PXRM BGP ECQM ADV ILLNESS	
Dementia Medications	**Medication Taxonomy:** BGP ECQM DEMENTIA MEDS (medications must not have a comment of RETURNED TO STOCK)	

Number of Records Reviewed (Column 2b)

Report the total number of Hypertensive BPHC facility patients by race and Hispanic, Latino/a, or Spanish identity, regardless of whether or not they were specifically treated for hypertension.

Patients with HTN Controlled (Column 2c)

Report the total number of Hypertensive patients with a systolic blood pressure measurement of less than (<) 140 mm Hg and diastolic blood pressure of less than (<) 90 mm Hg at the time of their last measurement during the report period.

> **Note:** Under no circumstances may a health center report more hypertensive Hispanic/Latino/Spanish or individuals from any given race on Table 7 Column 2a than reported on Table 3B.
>
> Under most circumstances line h will be relatively small. Use line h only if you specifically ask a patient their race and whether or not they are Hispanic, Latino/a, or Spanish origin and they specifically choose not to answer the questions. Those who do provide their race but do not check that they are Hispanic, Latino/a, or Spanish origin on an intake form should be considered non-Hispanic, Latino/a, or Spanish origin.

Blood Pressure Definitions

- **Actual Blood Pressure Measurement:** Most recent blood pressure measurement during the report period less than (<) 140/90. If both the systolic and diastolic measurements are not less than 140/90, the values are considered not controlled and are not to be included in the count.

> **Note:** Detailed patient lists can be produced from the **List** menu option within the Manager Utilities for "All HTN Patients by Race & Hisp Identity" (MU/LST/LST3/HT/HTR), "All HTN Pts w/Contr BP by Race & Hisp Identity" (MU/LST/LST3/HT/HTCR) and "All HTN Pts w/Uncont BP by Race & Hisp Identity" (MU/LST/LST3/HT/HTUR) to assist sites with verifying the information reported by RPMS UDS.

5.2.7.4 Logic for Section C: Diabetes: Hemoglobin A1c Poor Control

This section of the table reports by race and Hispanic, Latino/a, or Spanish identity the number of patients 18–75 years old diagnosed with Type I or Type II diabetes and whose most recent hemoglobin (HbA1c) was greater than 9% and without a diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes and who had at least one medical visit during the report period.

Total Patients with Diabetes (Column 3a)

Report the total number of patients by race and Hispanic, Latino/a, or Spanish identity who are ages 18–75 years, had at least one medical visit during the report period, been diagnosed with Diabetes prior to the end of the report year. Even if the treatment of the patient's diabetes has been referred to a non-health center provider, the health center is expected to have the current lab test results in its records.[37]

Diabetes is described by eCQM as evidenced by an ICD-9 code of 250.xx, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.0, or ICD-10 codes E10- (exclude E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359), E11- (exclude E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359), E13- (exclude E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359), O24-, or SNOMED data set PXRM BGP IPC DIABETES or from pharmacy data (those who were dispensed insulin or oral hypoglycemics/antihyperglycemics). These medications will be defined with medication taxonomy BUD DIABETES MEDS TAX (see spreadsheet UDS 2023 Medication Taxonomies) and are prepopulated during the install of RPMS UDS.

Exclusions

- Patients who have been diagnosed with gestational diabetes (POV or Problem List ICD-10 code O99.81) or steroid-induced diabetes (POV or Problem List ICD-10 codes E16.4, E16.8) during the report period.
- Patients with hospice indicator or patients receiving palliative care during the Report Period.
- Patients 66 and older who are in long-term care during the Report Period.
- Patients 66 and older with advanced illness and frailty. Advanced illness and frailty is defined as patients who have both of the following: 1) Frailty device, diagnosis, encounter, or symptom during the report period, and 2) two or more outpatient encounters with advanced illness diagnosis, inpatient encounter with advanced illness diagnosis, or dementia medications in the past two years.

[37] BPHC Uniform Data System Manual, 2023 Revision, p. 131.

Table 5-83: Table 7, Section C, Denominator Exclusion eCQM-defined codes

Topic	eCQM and BPHC-Specified Applicable ICD-9-CM ICD-10 CM, and CPT-4 Code(S)
Hospice	**SNOMED**: Data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care). **POV or Problem List** (active only): SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory). **CPT**: 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
Palliative Care	**ICD-10**: Z51.5 **HCPCS**: G9054, M1017 **SNOMED**: SNOMED data set PXRM BGP ECQM PALLIATIVE ENC
Long-term Care	Nursing Facility Visit • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, G9685 • **SNOMED:** 160734000
Frailty Device	**SNOMED:** data set PXRM BGP ECQM FRAILTY DEVICE

Topic	eCQM and BPHC-Specified Applicable ICD-9-CM ICD-10 CM, and CPT-4 Code(S)
Frailty Diagnosis	**POV or Problem List** (active only): • **ICD-10:** L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89 • **SNOMED:** PXRM BGP ECQM FRAILTY DX
Frailty Encounter	**CPT:** 99504, 99509, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031
Frailty Symptom	**POV or Problem List** (active only): • **ICD-10:** R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64 • **SNOMED:** PXRM BGP ECQM FRAILTY SYMPTOM

Topic	eCQM and BPHC-Specified Applicable ICD-9-CM ICD-10 CM, and CPT-4 Code(S)
Outpatient Encounter	Outpatient: • **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015 • **SNOMED:** PXRM BGP ECQM ECQM OUTPATIENT Observation: • **CPT:** 99217, 99218, 99219, 99220 **E**mergency **D**epartment: • **CPT:** 99281, 99282, 99283, 99284, 99285 • **SNOMED:** 4525004 Nonacute Inpatient: • **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 • **SNOMED:** PXRM BGP ECQM NONACUTE IP
Inpatient Encounter	**Service Category:** I or H **CPT:** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 **SNOMED:** PXRM BGP ECQM ACUTE IP
Advanced Illness	**POV or Problem List** (active only): • **ICD-10:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6 • **SNOMED:** SNOMED data set PXRM BGP ECQM ADV ILLNESS
Dementia Medications	**Medication Taxonomy:** BGP ECQM DEMENTIA MEDS (medications must not have a comment of RETURNED TO STOCK)

Number of Records Reviewed (Column 3b)

Report the total number of diabetic BPHC facility patients by race and Hispanic, Latino/a, or Spanish identity, regardless of whether they were specifically treated for diabetes.

Total Patients with HbA1c > 9% or No Test during the Report Year (Column 3f)

Report the total number of patients by race and Hispanic, Latino/a, or Spanish identity who are aged 18–75 years, had one medical visit during the report period, have been diagnosed with diabetes any time prior to the end of the report period, whose most recent HbA1c was greater than 9%, or who did not receive a HbA1c test during the report period or whose test results were missing.

> **Note:** Under no circumstances may a health center report more diabetic Hispanic/Latino/Spanish or individuals from any given race in Column 3a than reported on Table 3B.
>
> Under most circumstances line h will be relatively small. Use line h only if you specifically ask a patient their race and whether or not they are Hispanic, Latino/a, or Spanish origin and they specifically choose not to answer the questions. Those who do provide their race but do not check that they are Hispanic, Latino/a, or Spanish origin on an intake form should be considered non-Hispanic, Latino/a, or Spanish origin.

Hemoglobin A1c Definitions

- **CPT**: 83036, 83037, 3044F-3046F:
  - CPT 83036 and 83037 indicate tests with no result and will be included in the A1c greater than (>) 9% numerator (Column 3f)
  - CPT 3044F indicates an A1c level less than (<) 7% and will be included in Column 3d1 (less than [<] 8%)
  - CPT 3046F indicates an A1c level greater than (>) 9% and will be included in Column 3f
- LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX:
  - A1cs documented by LOINC or with a lab test included in lab taxonomy DM AUDIT HGB A1C TAX will be reported in the appropriate category according to the A1c result.

> **Note:** Detailed patient lists can be produced from the List menu option within the Manager Utilities for "All DM Patients by Race & Hisp Identity" (MU/LST/LST3/DM/DMR) and "All DM Pts w/o A1c or greater than (>) 9 by Race & Hisp Identity" (MU/LST/LST3/DM/DMR1) to assist sites with verifying the information reported by RPMS UDS.

Figure 5-29 through Figure 5-51 show a sample RPMS UDS Table 7 report.

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                    Page 1
UDS No.  000001                                    Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

                   TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
                     Section A: Deliveries and Birth Weight

Line    Description                                                Patients (a)
0    HIV-Positive Pregnant Patients*********************************  3

2    Deliveries Performed by Health Center's Providers*************  0

     |                 |Prenatal Care| Live Births:| Live Births:| Live Births:
     |                 | Patients Who| <1500 grams | 1500-2499   | =>2500 grams
Line | Race and        |  Delivered  |             | grams       |
 #   | Ethnicity       | During the  |             |             |
     |                 |   Year      |             |             |
     |                 |   (1a)      |   (1b)      |   (1c)      |   (1d)
_____|_________________|_____________|_____________|_____________|_____________
       Mexican, Mexican American, Chicano/a
1a1m | Asian Indian    |             |             |             |
1a2m | Chinese         |             |             |             |
1a3m | Filipino        |             |             |             |
1a4m | Japanese        |             |             |             |
1a5m | Korean          |             |             |             |
1a6m | Vietnamese      |             |             |             |
1a7m | Other Asian     |             |             |             |
1b1m | Native Hawaiian |             |             |             |
1b2m | Other Pacific   |             |             |             |
     | Islander        |             |             |             |
1b3m | Guamanian or    |             |             |             |
     | Chamorro        |             |             |             |
1b4m | Samoan          |             |             |             |
1cm  | Black/African   |             |             |             |
     | American        |             |             |             |
```

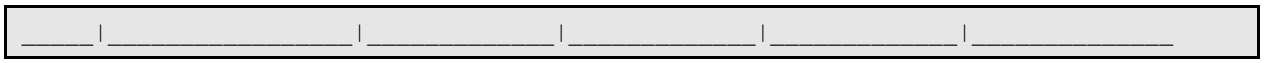
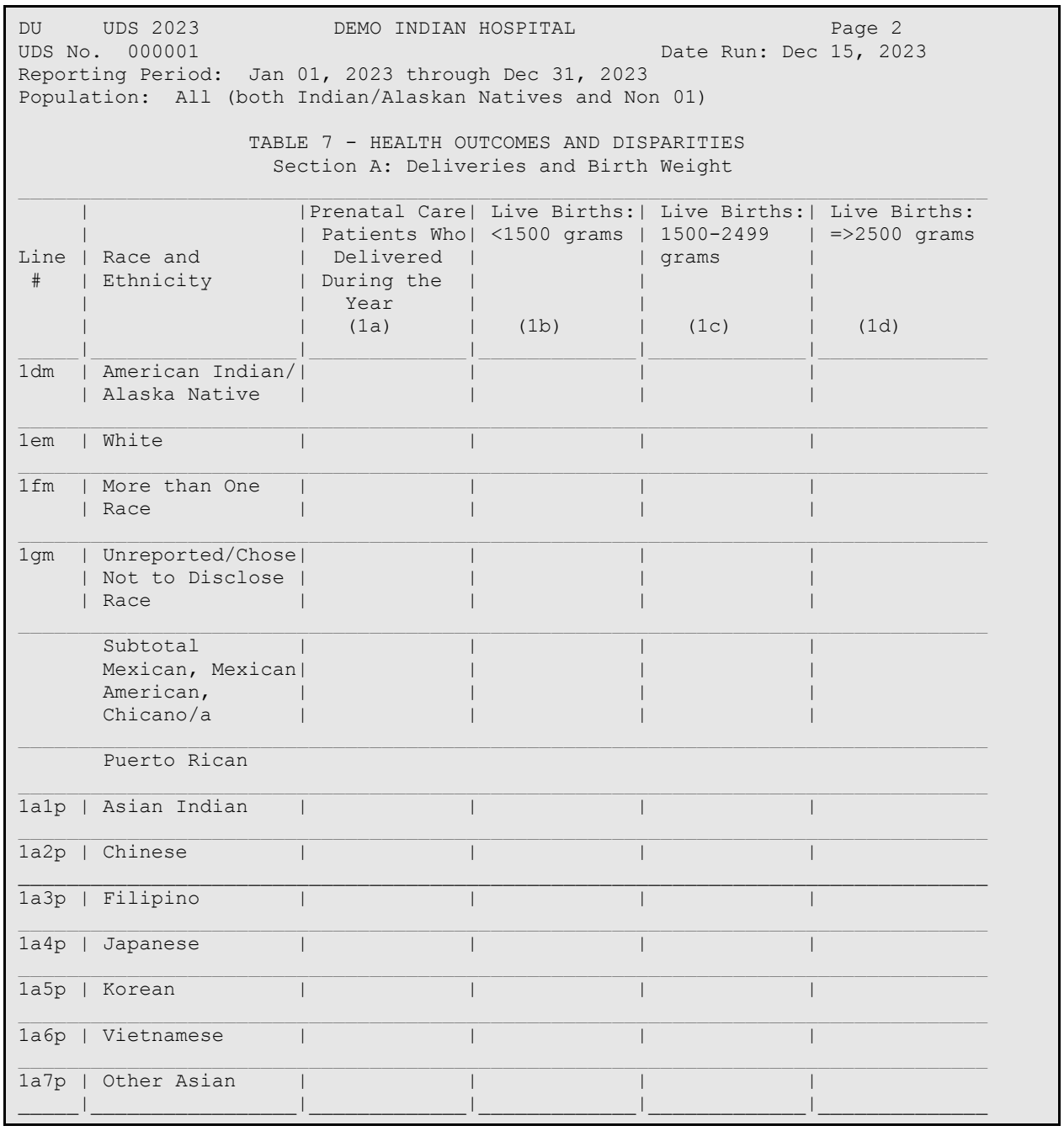


Figure 5-29: Sample RPMS UDS Report for Table 7, page 1

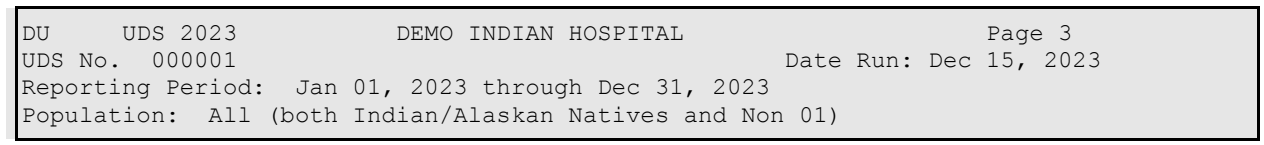


DU UDS 2023 DEMO INDIAN HOSPITAL Page 2
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
1dm	American Indian/ Alaska Native				
1em	White				
1fm	More than One Race				
1gm	Unreported/Chose Not to Disclose Race				
	Subtotal Mexican, Mexican American, Chicano/a				
	Puerto Rican				
1a1p	Asian Indian				
1a2p	Chinese				
1a3p	Filipino				
1a4p	Japanese				
1a5p	Korean				
1a6p	Vietnamese				
1a7p	Other Asian				

Figure 5-30: Sample RPMS UDS Report for Table 7, page 2



DU UDS 2023 DEMO INDIAN HOSPITAL Page 3
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
1b1p	Native Hawaiian				
1b2p	Other Pacific Islander				
1b3p	Guamanian or Chamorro				
1b4p	Samoan				
1cp	Black/African American				
1dp	American Indian/ Alaska Native				
1ep	White				
1fp	More than One Race				
1gp	Unreported/Chose Not to Disclose Race				
	Subtotal Puerto Rican				
	Cuban				
1a1c	Asian Indian				
1a2c	Chinese				

Figure 5-31: Sample RPMS UDS Report for Table 7, page 3

DU UDS 2023 DEMO INDIAN HOSPITAL Page 4
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the	Live Births: <1500 grams	Live Births: 1500-2499 grams	Live Births: =>2500 grams

		Year (1a)	(1b)	(1c)	(1d)
1a3c	Filipino				
1a4c	Japanese				
1a5c	Korean				
1a6c	Vietnamese				
1a7c	Other Asian				
1b1c	Native Hawaiian				
1b2c	Other Pacific Islander				
1b3c	Guamanian or Chamorro				
1b4c	Samoan				
1cc	Black/African American				
1dc	American Indian/ Alaska Native				
1ec	White				
1fc	More than One Race				
1gc	Unreported/Chose Not to Disclose Race				
	Subtotal Cuban				

Figure 5-32: Sample RPMS UDS Report for Table 7, page 4

DU UDS 2023 DEMO INDIAN HOSPITAL Page 5
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
	Another Hispanic, Latino/a, or Spanish Origin				

1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			
1a7a	Other Asian			
1b1a	Native Hawaiian			
1b2a	Other Pacific Islander			
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black/African American			
1da	American Indian/ Alaska Native			
1ea	White			

Figure 5-33: Sample RPMS UDS Report for Table 7, page 5

DU UDS 2023 DEMO INDIAN HOSPITAL Page 6
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
1fa	More than One Race				
1ga	Unreported/Chose Not to Disclose Race				
	Subtotal Another Hispanic, Latino/a, or Spanish Origin				
	Hispanic, Latino/a, or Spanish Origin Combined				
1a1o	Asian Indian				
1a2o	Chinese				
1a3o	Filipino				
1a4o	Japanese				
1a5o	Korean				
1a6o	Vietnamese				
1a7o	Other Asian				
1b1o	Native Hawaiian				
1b2o	Other Pacific Islander				

Figure 5-34: Sample RPMS UDS Report for Table 7, page 6

DU UDS 2023 DEMO INDIAN HOSPITAL Page 7
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
1b3o	Guamanian or Chamorro				
1b4o	Samoan				
1co	Black/African American				
1do	American Indian/ Alaska Native				
1eo	White				
1fo	More than One Race				
1go	Unreported/Chose Not to Disclose Race				
	Subtotal Hispanic, Latino/a or Spanish Origin Combined				
	Total Hispanic, Latino/a, or Spanish Origin				
	Not Hispanic, Latino/a, or Spanish Origin				
2a1	Asian Indian				

Figure 5-35: Sample RPMS UDS Report for Table 7, page 7

DU UDS 2023 DEMO INDIAN HOSPITAL Page 8
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
2a2	Chinese				

2a3	Filipino				
2a4	Japanese				
2a5	Korean				
2a6	Vietnamese				
2a7	Other Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2b3	Guamanian or Chamorro				
2b4	Samoan				
2c	Black/African American				
2d	American Indian/ Alaska Native				
2e	White				
2f	More than One Race				

Figure 5-36: Sample RPMS UDS Report for Table 7, page 8

DU UDS 2023 DEMO INDIAN HOSPITAL Page 9
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section A: Deliveries and Birth Weight

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)
2g	Unreported/Chose Not to Disclose Race				
	Total Not Hispanic, Latino/a, or Spanish Origin				
	Unreported/Chose Not to Disclose Race and Ethnicity				

h	Unreported/ Chose Not to Disclose Race and Ethnicity			
i	Total			

Figure 5-37: Sample RPMS UDS Report for Table 7, page 9

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Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Mexican, Mexican American, Chicano/a			
1a1m	Asian Indian	1	1	0
1a2m	Chinese	0	0	0
1a3m	Filipino	0	0	0
1a4m	Japanese	0	0	0
1a5m	Korean	1	1	0
1a6m	Vietnamese	0	0	0
1a7m	Other Asian	0	0	0
1b1m	Native Hawaiian	0	0	0
1b2m	Other Pacific Islander	0	0	0
1b3m	Guamanian or Chamorro	0	0	0
1b4m	Samoan	0	0	0
1cm	Black/African American	1	1	0
1dm	American Indian/ Alaska Native	0	0	0
1em	White	0	0	0
1fm	More than One Race	0	0	0

1gm	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Mexican, Mexican American, Chicano/a	3	3	0

Figure 5-38: Sample RPMS UDS Report for Table 7, page 10

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Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Puerto Rican			
1a1p	Asian Indian	0	0	0
1a2p	Chinese	1	1	0
1a3p	Filipino	0	0	0
1a4p	Japanese	0	0	0
1a5p	Korean	0	0	0
1a6p	Vietnamese	0	0	0
1a7p	Other Asian	0	0	0
1b1p	Native Hawaiian	0	0	0
1b2p	Other Pacific Islander	0	0	0
1b3p	Guamanian or Chamorro	0	0	0
1b4p	Samoan	0	0	0
1cp	Black/African American	0	0	0
1dp	American Indian/ Alaska Native	0	0	0
1ep	White	0	0	0

1fp	More than One Race	0	0	0
1gp	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Puerto Rican	1	1	0

Figure 5-39: Sample RPMS UDS Report for Table 7, page 11

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Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Cuban			
1a1c	Asian Indian	0	0	0
1a2c	Chinese	0	0	0
1a3c	Filipino	1	1	1
1a4c	Japanese	0	0	0
1a5c	Korean	0	0	0
1a6c	Vietnamese	0	0	0
1a7c	Other Asian	0	0	0
1b1c	Native Hawaiian	0	0	0
1b2c	Other Pacific Islander	0	0	0
1b3c	Guamanian or Chamorro	0	0	0
1b4c	Samoan	0	0	0
1cc	Black/African American	0	0	0
1dc	American Indian/ Alaska Native	0	0	0

1ec	White	0	0	0
1fc	More than One Race	1	1	0
1gc	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Cuban	2	2	1

Figure 5-40: Sample RPMS UDS Report for Table 7, page 12

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Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Another Hispanic, Latino/a, or Spanish Origin			
1a1a	Asian Indian	0	0	0
1a2a	Chinese	0	0	0
1a3a	Filipino	0	0	0
1a4a	Japanese	1	1	0
1a5a	Korean	0	0	0
1a6a	Vietnamese	0	0	0
1a7a	Other Asian	0	0	0
1b1a	Native Hawaiian	0	0	0
1b2a	Other Pacific Islander	0	0	0
1b3a	Guamanian or Chamorro	0	0	0
1b4a	Samoan	0	0	0
1ca	Black/African American	1	1	0
1da	American Indian/ Alaska Native	1	1	0

1ea	White	0	0	0
1fa	More than One Race	0	0	0
1ga	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Another Hispanic, Latino/a, or Spanish Origin	3	3	0

Figure 5-41: Sample RPMS UDS Report for Table 7, page 13

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Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Hispanic, Latino/a, or Spanish Origin Combined			
1a1o	Asian Indian	0	0	0
1a2o	Chinese	0	0	0
1a3o	Filipino	0	0	0
1a4o	Japanese	0	0	0
1a5o	Korean	1	1	0
1a6o	Vietnamese	1	1	0
1a7o	Other Asian	0	0	0
1b1o	Native Hawaiian	0	0	0
1b2o	Other Pacific Islander	0	0	0
1b3o	Guamanian or Chamorro	0	0	0
1b4o	Samoan	1	1	0
1co	Black/African American	0	0	0

1do	American Indian/ Alaska Native	0	0	0
1eo	White	1	1	0
1fo	More than One Race	0	0	0
1go	Unreported/Chose Not to Disclose Race	1	1	0
	Subtotal Hispanic, Latino/a or Spanish Origin Combined	5	5	0
	Total Hispanic, Latino/a, or Spanish Origin	14	14	1

Figure 5-42: Sample RPMS UDS Report for Table 7, page 14

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UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Not Hispanic, Latino/a, or Spanish Origin			
2a1	Asian Indian	0	0	0
2a2	Chinese	0	0	0
2a3	Filipino	0	0	0
2a4	Japanese	0	0	0
2a5	Korean	0	0	0
2a6	Vietnamese	0	0	0
2a7	Other Asian	1	1	0
2b1	Native Hawaiian	2	2	0
2b2	Other Pacific Islander	0	0	0

2b3	Guamanian or Chamorro	0	0	0
2b4	Samoan	0	0	0
2c	Black/African American	0	0	0
2d	American Indian/ Alaska Native	0	0	0
2e	White	0	0	0

Figure 5-43: Sample RPMS UDS Report for Table 7, page 15

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Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section B: Controlling High Blood Pressure

#	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
2f	More than One Race	0	0	0
2g	Unreported/Chose Not to Disclose Race	0	0	0
	Total Not Hispanic, Latino/a, or Spanish Origin	3	3	0
	Unreported/Chose Not to Disclose Race and Ethnicity			
h	Unreported/ Chose Not to Disclose Race and Ethnicity	2	2	0
i	Total	19	19	1

Figure 5-44: Sample RPMS UDS Report for Table 7, page 16

DU UDS 2023 DEMO INDIAN HOSPITAL Page 17
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Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Mexican, Mexican American, Chicano/a			
1a1m	Asian Indian	1	1	1
1a2m	Chinese	0	0	0
1a3m	Filipino	0	0	0
1a4m	Japanese	0	0	0
1a5m	Korean	1	1	1
1a6m	Vietnamese	0	0	0
1a7m	Other Asian	0	0	0
1b1m	Native Hawaiian	0	0	0
1b2m	Other Pacific Islander	1	1	1
1b3m	Guamanian or Chamorro	0	0	0
1b4m	Samoan	0	0	0
1cm	Black/African American	1	1	1
1dm	American Indian/ Alaska Native	0	0	0
1em	White	0	0	0
1fm	More than One Race	0	0	0
1gm	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Mexican, Mexican American, Chicano/a	4	4	4

Figure 5-45: Sample RPMS UDS Report for Table 7, page 17

DU	UDS 2023	DEMO INDIAN HOSPITAL	Page 18

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Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Puerto Rican			
1a1p	Asian Indian	0	0	0
1a2p	Chinese	1	1	1
1a3p	Filipino	0	0	0
1a4p	Japanese	0	0	0
1a5p	Korean	0	0	0
1a6p	Vietnamese	0	0	0
1a7p	Other Asian	0	0	0
1b1p	Native Hawaiian	0	0	0
1b2p	Other Pacific Islander	0	0	0
1b3p	Guamanian or Chamorro	0	0	0
1b4p	Samoan	0	0	0
1cp	Black/African American	0	0	0
1dp	American Indian/ Alaska Native	0	0	0
1ep	White	0	0	0
1fp	More than One Race	0	0	0
1gp	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Puerto Rican	1	1	1

Figure 5-46: Sample RPMS UDS Report for Table 7, page 18

DU UDS 2023 DEMO INDIAN HOSPITAL Page 19
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Cuban			
1a1c	Asian Indian	0	0	0
1a2c	Chinese	0	0	0
1a3c	Filipino	1	1	1
1a4c	Japanese	0	0	0
1a5c	Korean	0	0	0
1a6c	Vietnamese	0	0	0
1a7c	Other Asian	0	0	0
1b1c	Native Hawaiian	0	0	0
1b2c	Other Pacific Islander	0	0	0
1b3c	Guamanian or Chamorro	0	0	0
1b4c	Samoan	0	0	0
1cc	Black/African American	0	0	0
1dc	American Indian/ Alaska Native	0	0	0
1ec	White	0	0	0
1fc	More than One Race	1	1	1
1gc	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Cuban	2	2	2

Figure 5-47: Sample RPMS UDS Report for Table 7, page 19

DU UDS 2023 DEMO INDIAN HOSPITAL Page 20
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Another Hispanic, Latino/a, or Spanish Origin			
1a1a	Asian Indian	0	0	0
1a2a	Chinese	0	0	0
1a3a	Filipino	0	0	0
1a4a	Japanese	0	0	0
1a5a	Korean	0	0	0
1a6a	Vietnamese	0	0	0
1a7a	Other Asian	0	0	0
1b1a	Native Hawaiian	0	0	0
1b2a	Other Pacific Islander	0	0	0
1b3a	Guamanian or Chamorro	1	1	1
1b4a	Samoan	0	0	0
1ca	Black/African American	1	1	1
1da	American Indian/ Alaska Native	1	1	1
1ea	White	0	0	0
1fa	More than One Race	0	0	0
1ga	Unreported/Chose Not to Disclose Race	0	0	0
	Subtotal Another Hispanic, Latino/a, or Spanish Origin	3	3	3

Figure 5-48: Sample RPMS UDS Report for Table 7, page 20

DU UDS 2023 DEMO INDIAN HOSPITAL Page 21
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Hispanic, Latino/a, or Spanish Origin Combined			
1a1o	Asian Indian	0	0	0
1a2o	Chinese	0	0	0
1a3o	Filipino	0	0	0
1a4o	Japanese	0	0	0
1a5o	Korean	0	0	0
1a6o	Vietnamese	1	1	1
1a7o	Other Asian	0	0	0
1b1o	Native Hawaiian	0	0	0
1b2o	Other Pacific Islander	0	0	0
1b3o	Guamanian or Chamorro	0	0	0
1b4o	Samoan	1	1	1
1co	Black/African American	1	1	1
1do	American Indian/ Alaska Native	5	5	5
1eo	White	1	1	1
1fo	More than One Race	0	0	0
1go	Unreported/Chose Not to Disclose Race	1	1	1
	Subtotal Hispanic, Latino/a or Spanish Origin			

Combined	10	10	10
Total Hispanic, Latino/a, or Spanish Origin	20	20	20

Figure 5-49: Sample RPMS UDS Report for Table 7, page 21

DU UDS 2023 DEMO INDIAN HOSPITAL Page 22
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Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
	Not Hispanic, Latino/a, or Spanish Origin			
2a1	Asian Indian	0	0	0
2a2	Chinese	0	0	0
2a3	Filipino	0	0	0
2a4	Japanese	0	0	0
2a5	Korean	0	0	0
2a6	Vietnamese	0	0	0
2a7	Other Asian	0	0	0
2b1	Native Hawaiian	2	2	2
2b2	Other Pacific Islander	0	0	0
2b3	Guamanian or Chamorro	0	0	0
2b4	Samoan	0	0	0
2c	Black/African American	0	0	0
2d	American Indian/ Alaska Native	201	201	195
2e	White	0	0	0

Figure 5-50: Sample RPMS UDS Report for Table 7, page 22

DU UDS 2023 DEMO INDIAN HOSPITAL Page 23
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 7 - HEALTH OUTCOMES AND DISPARITIES
Section C: Diabetes: Hemoglobin A1c Poor Control

#	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c >9.0% or No Test During Year (3f)
2f	More than One Race	2	2	1
2g	Unreported/Chose Not to Disclose Race	0	0	0
	Total Not Hispanic, Latino/a, or Spanish Origin	205	205	198
	Unreported/Chose Not to Disclose Race and Ethnicity			
h	Unreported/ Chose Not to Disclose Race and Ethnicity	2	2	2
i	Total	227	227	220

Figure 5-51: Sample RPMS UDS Report for Table 7, page 23

5.2.8 Table 9D, Patient-Related Revenue

Table 9D, Patient-Related Revenue, collects information on charges, collections, supplemental payments, contractual allowances, self-pay sliding discounts, and self-pay bad debt write-off. Table 9D is included only in the Universal Report.

> **Note:** Because there is no way to distinguish between non-managed care, capitated managed care, and fee-for-service managed care in RPMS, only the totals lines (3, 6, 9, 12, and 14) and line 13 will be calculated. Table 9D: Patient-Related Revenue (Delimited Rept) can be used to help sites complete this table.

5.2.8.1 Rows – Payer Categories and Form of Payment

There are five payer categories defined by BPHC and are described in the following bullets. Except for Self-Pay, each category has three sub-groupings: non-managed care, capitated managed care, and fee-for-service managed care.

- **Medicaid (Lines 1–3).** All services billed to and paid for by Medicaid (Title XIX) regardless of whether they are paid directly or through a fiscal intermediary or an HMO. The following is included in the counts for these lines:
  - Medicaid (Title XIX)
  - CHIP paid through Medicaid.
  - Cross-over services that are reclassified to Medicaid after initial submission to Medicare are reported here.
- **Medicare (Lines 4–6).** All services billed to and paid for by Medicare (Title XVIII) regardless of whether they are paid directly or through a fiscal intermediary or an HMO.
- **Other Public (Lines 7–9).** All services billed to and paid for by State or local governments through programs other than indigent care programs. The following is included in the counts for these lines:
  - CHIP when it is paid for through commercial carriers.
  - Family planning programs such as Breast and Cervical Cancer Control Programs with various state names, other dedicated state or local programs, and state insurance plans.

  Reporting on state or local indigent care programs that subsidize services rendered to the uninsured is as follows:
  - Report all charges for these services and collections from patients as "self-pay" (line 13 columns a and b of this table);
  - Report all amounts not collected from the patients as sliding discounts or bad debt write-off, as appropriate, on line 13 columns e and f of this table; and
  - Report collections from the associated state and local indigent care programs on Table 9E and specify the program paying for the services. State/local indigent care programs are reported on line 6a on that table.

  Do not classify anything as an indigent care program without first reviewing this in a UDS Training Program or with the UDS Help line.

- **Private (Lines 10–12).** All services billed to and paid for by commercial or private insurance companies and do not include any services that fall into one of the other payer categories. The following is included in the counts for these lines:
  - Insurance purchased for public employees or retirees such as Tricare, Trigon, the Federal Employees Insurance Program, Workers Compensation, etc.

  - Contract payments from other organizations who engage the clinic on a fee-for-service or other reimbursement basis such as a Head Start program that pays for annual physical exams at a contracted rate, or a school, jail, or large company that pays for provision of medical care at a per-session or negotiated rate.

- **Self-pay (Line 13).** All services and charges where the responsible party is the patient, including charges for indigent care programs.

> **Note:** This includes the reclassified co-payments, deductibles, and charges for uncovered services for otherwise insured individuals which become the patient's personal responsibility.

5.2.8.2 Columns: Charges, Payments and Adjustments related to services delivered (Reported on a cash basis) Definitions

Because RPMS does not collect data for c–c4, and sites may use different codes for columns e and f, only columns a, b, and d will be calculated.

- **Column a: Full Charges this Period**

  This column records the total charges for each payer source. This should always reflect the full charge (per the fee schedule) for services rendered to patients in that payer category.

- **Column b: Amount Collected this Period**

  This column records the amount of net receipts for the year on a cash basis, regardless of the period in which the paid for services were rendered.

- **Column c: Retroactive Settlements, Receipts or Paybacks**

  This column gives details on cash receipts or payments for FQHC reconciliation, managed care pool distributions, payments from managed care withholds, and paybacks to FQHC or HMOs are reported in Columns c1 – c4.

- **Column c1: Collection of Reconciliation/Wrap Around, Current Year**

  This column lists details on cash receipts or payments for FQHC reconciliation, managed care pool distributions, payments from managed care withholds, and paybacks to FQHC or HMOs are reported in Columns c1 – c4.

- **Column c2: Collection of Reconciliation/Wrap Around, Previous Years**

  This column displays FQHC cash receipts from Medicare and Medicaid that cover services provided during previous reporting periods.

- **Column c3: Collection of Other Retroactive Payments Including Risk Pool/Incentive/Withhold**

This column displays other cash payments including managed care risk pool redistribution, incentives, and withholds, from any payer. These payments are only applicable to managed care plans.

- **Column c4: Penalty/Payback**

  This column lists payments made to FQHC payers because of overpayments collected earlier and payments made to managed care plans (e.g., for over-utilization of the inpatient or specialty pool funds).

- **Column d: Allowances**

  This column displays allowances that are granted as part of an agreement with a third-party payer.

- **Column e: Sliding Discounts**

  This column lists reductions to patient charges based on the patient's ability to pay, as determined by the health center's sliding discount schedule.

- **Column f: Bad Debt Write Off**

  This column lists only bad debts from patients recorded on this table.

Table 9D Logic

RPMS UDS reviews every visit (see Section 4.2.2) for patients who meet the RPMS UDS definition of a patient. This report includes A/R transactions for patients who are considered to be "UDS" patients (patients included in Table 3A) during the report period.

Figure 5-52 through Figure 5-57 show a sample RPMS UDS Table 9D report.

```
  DU     UDS 2023          DEMO INDIAN HOSPITAL                    Page 1
UDS No.  000001                                  Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

  TABLE 9D - PATIENT SERVICE REVENUE
  Calendar Year: January 1, 2023, through December 31, 2023
_____________________________________________________________________________

                                      FULL              AMOUNT
                                    CHARGES           COLLECTED
                                    THIS PERIOD       THIS PERIOD
PAYER CATEGORY                        (a)               (b)
_____________________________________________________________________________
     Medicaid Non-Managed
1.   Care
_____________________________________________________________________________
     Medicaid Managed Care
2a.  (capitated)
_____________________________________________________________________________
     Medicaid Managed Care
```

2b.	(fee-for-service)		
3.	TOTAL MEDICAID (SUM OF LINES 1+2a+2b)	10,120,940.50	7,520,297.69
4.	Medicare Non-Managed Care		
5a.	Medicare Managed Care (capitated)		
5b.	Medicare Managed Care (fee-for-service)		
6.	TOTAL MEDICARE (SUM OF LINES 4+5a+5b)	5,578,328.27	2,158,319.01
7.	Other Public including Non-Medicaid CHIP (Non-Managed Care)		
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)		
9.	(SUM OF LINES 7+8a+8b)	0.00	0.00

Figure 5-52: Sample RPMS UDS Table 9D, page 1

DU UDS 2023 DEMO INDIAN HOSPITAL Page 2
UDS No. 000001 Date Run: Dec 15, 2023
Reporting Period: Jan 01, 2023 through Dec 31, 2023
Population: All (both Indian/Alaskan Natives and Non 01)

TABLE 9D - PATIENT SERVICE REVENUE
Calendar Year: January 1, 2023, through December 31, 2023

	PAYER CATEGORY	FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)
10.	Private Non-Managed Care		
11a.	Private Managed Care (capitated)		
11b.	Private Managed Care (fee-for-service)		
12.	TOTAL PRIVATE (LINES 10+11a+11b)	12,178,983.63	1,658,168.44

```
13.
     Self-Pay                                3,084.51                0.00
_____________________________________________________________________________
14.           TOTAL
     (SUM OF LINES 3+6+9+12+13)         27,881,336.91       11,336,785.14
_____________________________________________________________________________
```

Figure 5-53: Sample RPMS UDS Table 9D, page 2

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                     Page 3
UDS No.  000001                                    Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

  TABLE 9D - PATIENT SERVICE REVENUE
  Calendar Year: January 1, 2023, through December 31, 2023
_____________________________________________________________________________
               RETROACTIVE SETTLEMENTS, RECEIPTS AND PAYPACKS (c)
                                                  COLLECTION OF
                                       COLLECTION OTHER
                            COLLECTION OF RECONCIL PAYMENTS:
                            RECONCILIA IATION/WRAP P4P,          PENALTY/
                            TION/WRAP  AROUND     RISK POOLS,    PAYBACK
                            AROUND     PREVIOUS   ETC.
                            CURRENT    YEARS
                            YEAR
PAYER CATEGORY                 (c1)       (c2)       (c3)         (c4)
_____________________________________________________________________________
     Medicaid Non-Managed
1.   Care
_____________________________________________________________________________
     Medicaid Managed Care
2a.  (capitated)
_____________________________________________________________________________
     Medicaid Managed Care
2b.  (fee-for-service)
_____________________________________________________________________________
           TOTAL MEDICAID
3.      (SUM OF LINES 1+2a+2b)
_____________________________________________________________________________
     Medicare Non-Managed
4.   Care
_____________________________________________________________________________
     Medicare Managed Care
5a.  (capitated)
_____________________________________________________________________________
     Medicare Managed Care
5b.  (fee-for-service)
_____________________________________________________________________________
           TOTAL MEDICARE
6.     (LINES 4+5a+5b)
_____________________________________________________________________________
```

Figure 5-54: Sample RPMS UDS Table 9D, page 3

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                     Page 4
UDS No.  000001                                    Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)
```

TABLE 9D - PATIENT SERVICE REVENUE
Calendar Year: January 1, 2023, through December 31, 2023

	RETROACTIVE SETTLEMENTS, RECEIPTS AND PAYPACKS (c)			
PAYER CATEGORY	COLLECTION RECONCILIATION/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER PAYMENTS: P4P, RISK POOLS, ETC. (c3)	PENALTY/ PAYBACK (c4)
7. Other Public including Non-Medicaid CHIP (Non-Managed Care)				
8a. Other Public including Non-Medicaid CHIP (Managed Care Capitated)				
8b. Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)				
9. TOTAL OTHER PUBLIC (SUM OF LINES 7+8a+8b)				
10. Private Non-Managed Care				
11a. Private Managed Care (capitated)				
11b. Private Managed Care (fee-for-service)				
12. TOTAL PRIVATE (SUM OF LINES 10+11a+11b)				
13. Self-Pay				
14. TOTAL (SUM OF LINES 3+6+9+12+13)				

Figure 5-55: Sample RPMS UDS Table 9D, page 4

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 5
UDS No.  000001                                      Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)

  TABLE 9D - PATIENT SERVICE REVENUE
  Calendar Year: January 1, 2023, through December 31, 2023
```

PAYER CATEGORY	ADJUSTMENTS (d)	SLIDING FEE DISCOUNTS (e)	BAD DEBT WRITE-OFF (f)
1. Medicaid Non-Managed Care			
2a. Medicaid Managed Care (capitated)			
2b. Medicaid Managed Care (fee-for-service)			
3. TOTAL MEDICAID (SUM OF LINES 1+2a+2b)	9,502,679.80		
4. Medicare Non-Managed Care			
5a. Medicare Managed Care (capitated)			
5b. Medicare Managed Care (fee-for-service)			
6. TOTAL MEDICARE (SUM OF LINES 4+5a+5b)	4,382,506.95		
7. Other Public including Non-Medicaid CHIP (Non-Managed Care)			
8a. Other Public including Non-Medicaid CHIP (Managed Care Capitated)			
8b. Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)			
9. TOTAL OTHER PUBLIC (SUM OF LINES 7+8a+8b)	0.00		

Figure 5-56: Sample RPMS UDS Table 9D, page 5

```
  DU     UDS 2023           DEMO INDIAN HOSPITAL                      Page 6
UDS No.  000001                                      Date Run: Dec 15, 2023
Reporting Period:  Jan 01, 2023 through Dec 31, 2023
Population:  All (both Indian/Alaskan Natives and Non 01)
```

TABLE 9D – PATIENT SERVICE REVENUE
Calendar Year: January 1, 2023, through December 31, 2023

PAYER CATEGORY	ALLOWANCES (d)	SLIDING FEE DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
10. Private Non-Managed Care			
11a. Private Managed Care (capitated)			
11b. Private Managed Care (fee-for-service)			
12. TOTAL PRIVATE (SUM OF LINES 10+11a+11b)		5,359,062.71	
13. Self-Pay		0.00	
14. TOTAL (SUM OF LINES 3+6+9+12+13)		19,244,249.46	

Figure 5-57: Sample RPMS UDS Table 9D, page 6

5.3 ES–All Electronic Submission Templates

All Electronic Submission Templates will create a delimited file (for use in Excel) for each table to correspond to the tabs in the UDS Submission Template. These delimited files are designed for the user to be able to copy and paste the data into the official HRSA UDS Submission Template for uploading to HRSA.

> **Note:** The delimited files that are created cannot be uploaded to HRSA. The data in the files will need to be copied and pasted into HRSA's official UDS Submission Template.

5.4 How to Run Reports

> **Note:** Before any reports are run, the system manager must identify all visit locations that should be counted toward your site's UDS reporting in the Site Parameters Setup. Your report will have no values if no locations are defined. (See Section 3.1.1 to identify all eligible visit locations.)

To begin:

1. From the **UDS 2023 Main Menu**, type **REP** at the "Select UDS 2023 Option" prompt.

```
                  ****************************************
                  **     RPMS UNIFORM DATA SYSTEM (UDS)     **
                  **                2023                    **
                  ****************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   REP    Reports ...
   MU     Manager Utilities ...

Select UDS 2023 Option: REP <Enter>  Reports
```

Figure 5-58: UDS 2023 Main Menu

2. The **UDS 2023 Reports** menu displays.

```
                    ************************************
                    **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                    **          2023 Reports            **
                    ************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   Z      Patient by Zip Code
   3A     Table 3A: Patients By Age & Sex Assigned at Birth
   3B     Table 3B: Demographic Characteristics
   4      Table 4: Selected Patient Characteristics
   ST     Table 5 (a): Staffing List only (column A)
   5      Table 5 (b&c): Staffing and Utilization (cols b&c)
   6A     Table 6A: Selected Diagnoses and Services Rendered
   6B     Table 6B: Quality of Care Measures
   7      Table 7: Health Outcomes and Disparities
   9D     Table 9D: Patient-Related Revenue (Totals Only)
   DR     Table 9D: Patient-Related Revenue (Delimited Rept)
   M      Multiple/ALL Tables Zip through 9D
   ES     All Electronic Submission Templates

Select Reports Option:
```

Figure 5-59: UDS 2023 Reports Menu

3. Type the number or letter corresponding to the report you want to run at the "Select Reports Option" prompt.

4. A description of the report you have requested displays.

```
                             DEMO INDIAN HOSPITAL
                                   UDS 2023

UDS searches your database to find all visits and related patients
during the time period selected. Based on the UDS definition, to be
considered a patient the patient must have had at least one visit meeting
the following
criteria:
    - must be to a location specified in your visit location setup
    - must be to Service Category Ambulatory (A), Hospitalization (H), Day
      Surgery (S), Observation (O), Telemedicine (M), Nursing home visit
      (R), or In-Hospital (I) visit
```

```
    - must NOT have an excluded clinic code (see User Manual for a list)
    - must have a primary provider and a coded purpose of visit
    - the patient must NOT have a gender (sex assigned at birth) of
      'Unknown'

TABLE 5 (b&c):  STAFFING AND UTILIZATION
This report will produce UDS Table 5 that itemizes visits and patients
(columns b and c only) by primary provider discipline.
Enter your site:
```

Figure 5-60: Running UDS Reports, selecting one report

5. If you select the **M Multiple/ALL Tables Zip through 9D** option, a second menu of report choices displays. Type the numbers of the reports you want to run at the "Include Which Tables" prompt, separated by commas or hyphens. For example, to select Tables 1, 3, and 4, type **1,3-4** with no spaces between entries.

> **Note:** Tables 6B and 7 must be run using the **Full Calendar Year** option. If these reports are run using the **Quarterly** options, the totals combined will not match the yearly totals.

```
UDS Table Selection

     1   Patient Zip Code
     2   Table 3A: Patients by Age and Sex Assigned at Birth
     3   Table 3B: Demographic Characteristics
     4   Table 4: Selected Patient Characteristics
     5   Table 5 (a): Staffing List only (column A)
     6   Table 5 (b&c): Staffing and Utilization (cols b&c)
     7   Table 6A: Selected Diagnoses and Services Rendered
     8   Table 6B: Quality of Care Measures
     9   Table 7: Health Outcomes and Disparities
     10  Table 9D: Patient-Related Revenue (Total Counts Only)
     11  Table 9D: Patient-Related Revenue (Delimited Report)
     12  Multiple/ALL Tables Zip through 9D
Include which Tables:  (1-12): 1// 1,3-4 <Enter>
```

Figure 5-61: Running UDS Reports, selecting multiple reports

6. Type your site name at the "Enter your site" prompt.
7. The system will check if all taxonomies are present and will display a message. If all taxonomies are present, press Enter to continue. If all taxonomies are not present and you want to cancel the report, type a caret (^) and follow the steps in Section 3.2.1 to edit the taxonomies.
8. Type the calendar year at the "Enter Calendar Year" prompt.
9. Type the number corresponding to the time period (quarter or full year) for the report.
10. Select the Patient Classification to be used for the report. Tables 3A, 3B, 4, 5, and 6A have the option to run the report for Homeless patients only.

11. If selecting **Table 9D: Patient-Related Revenue (Delimited Report)**, enter a filename for the delimited report at the "You have selected to create a delimited output file for Table 9D. Enter a filename for the delimited output (no more than 40 characters):" prompt.

    If Table 9D: Patient-Related Revenue (Delimited Report) is not selected, skip to Step 12.

12. Select an output type for the report:

> **Note:** If running more than one table at a time, the system will default to Print Report.

- Print Report on Printer or Screen
- Create Delimited output file (for use in Excel)

> **Note:** Output type defaults to Print Report on Printer or Screen option.

```
Enter your site:    DEMO INDIAN HOSPITAL
Checking for Taxonomies to support the UDS Report...

All taxonomies are present.
End of taxonomy check.  PRESS ENTER: <Enter>

Enter the Calendar Year.  Use a 4 digit year, e.g. 2023
Enter Calendar Year:  2023 <Enter>  (2023)

     Select one of the following:

          1         1st Quarter (January 1-March 31)
          2         2nd Quarter (April 1-June 30)
          3         3rd Quarter (July 1-September 30)
          4         4th Quarter (October 1-December 31)
          F         Full Calendar Year (January 1-December 31)

Choose the time period to report on: F// F <Enter>  Full Calendar Year
(January 1-December 31)

Your report will be run for the time period: Jan 01, 2023 to Dec 31, 2023

     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//
Indian/Alaskan Native (Classification 01)

Please choose an output type.  For an explanation of the delimited file
please see the user manual.

     Select one of the following:
```

```
          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)

Select an Output Option: P//
```

Figure 5-62: Running UDS Reports, steps 6–12

a. For Printed report output, type the name of the printer or electronic file at the "Device" prompt.

```
Select an Output Option: P// P

DEVICE: HOME//
```

Figure 5-63: Running UDS Reports, step 12a

b. For Delimited report output, select an output option:

- **SCREEN** – delimited output will display on screen for capture
- **FILE** – delimited output will be written to an output file

Note: The output option defaults to SCREEN; delimited output will display on screen for capture option.

– For Screen output option, type the name of the output device as the "Device" prompt.

```
Select an Output Option: P// D  Create Delimited output file (for use in
Excel)

You have selected to create a delimited output file.  You can have this
output file created as a text file in the pub directory, OR you can have
the delimited output display on your screen so that you can do a file
capture.  Keep in mind that if you choose to do a screen capture you CANNOT
Queue your report to run in the background!!

     Select one of the following:

          S    SCREEN - delimited output will display on screen for capture
          F    FILE - delimited output will be written to an output file

Select output type: S// SCREEN - delimited output will display on screen
for capture


DEVICE: HOME//
```

Figure 5-64: Running UDS Reports, step 12b, Screen output option

– For File output option, type a filename (no more than 40 characters), hit enter, and type **Y** or **N** at the queue prompt.

Note: The queuing prompt defaults to the Yes (**Y**) option.

```
Select output type: S// FILE - delimited output will be written to an
output file
Enter a filename for the delimited output (no more than 40
characters):[File_Name]

When the report is finished your delimited output will be found in the
X:\EXPORT directory.
Won't you queue this ? Y//
```

Figure 5-65: Running UDS Reports, step 12b, File output option

6.0 Patient Lists

For each report, RPMS UDS can also produce a corresponding list of patients and visits that are counted in the report. These lists can be used by a site to either verify data for accuracy or assist you with calculating reports where the data is not automatically calculated (e.g., Table 5, Column A (FTEs); Table 6B, Sections A and B; Table 7, Section A) and to use as report backup for an auditor. The lists include the following:

LST1–Lists for Tables Zip Code, 3A&3B, 4, 5, and 6A

- Patient List by zip code and insurance source, used with the ZIP table.
- Patient list with age and sex assigned at birth information about the patient and a list of all visits for the patient during the report period, used with Table 3A.
- Patient list with Hispanic Identity and race information about the patient and a list of all visits for the patient during the report period, used with Table 3B.
- Patient list with Sexual Orientation information about the patient and a list of all visits for the patient during the report period, used with Table 3B.
- Patient list with Gender Identity information about the patient and a list of all visits for the patient during the report period, used with Table 3B.
- Patient List used with Table 4, Income As A Percent Of Poverty Level section (Number of patients with an Income as A Percent of Poverty Level [i.e., less than or equal to (≤) 100%, 101-150%, 151-200%, greater than (>) 200%, Unknown]).
- Patient List used with Table 4, Principle Third Party Medical Insurance Source section (Number of patients with or without a Principle Third Party Medical Insurance Source).
- Patient List used with Table 4, Characteristics – Special Populations section (Number of patients with Characteristics of Special Populations [i.e. migrant workers, seasonal workers, homeless, school-based health center patient, or a veteran]).
- Staffing (Provider) List categorized by BPHC-defined categories to assist in manual calculations of Table 5 Column A (FTEs).
- Patient List categorized by UDS-defined service categories (primary provider code) used with Table 5, Columns B (Visits) and C (Patients).
- Patient List of visits for patients to whom the provider was uncategorized (i.e., did not map to the BPHC-defined categories), used with Table 5, Columns B (Visits) and C (Patients).
- Patient List categorized by UDS-defined service categories (primary provider code) with mental health and substance use disorder diagnoses used with Table 5, Selected Service Detail Addendum.

- Patient List categorized by selected diagnoses regardless of primacy and other services, used with Table 6A.

> **Note:** The Visits with Uncategorized Primary Providers list report produces a list of visits that are not counted toward Table 5 Column B (Visits), allowing sites to re-categorize the provider code, if necessary.

LST2–Lists for Table 6B

- Patient list by age that had pregnancy-related visits during the past 20 months with at least one pregnancy-related visit during the report period, used with Table 6B, Sections A and B.
- Patient list of two-year-old patients who had a medical visit during the report period, and have all required childhood immunizations, used with Table 6B, Section C.
- Patient list of two-year-old patients who had a medical visit during the report period, and list the immunizations still needed to complete all required childhood immunizations, used with Table 6B, Section C.
- Patient list of all female patients ages 24–64 years who have not had a hysterectomy, had a medical visit during the report period, and had a Pap test in the past three years or an HPV test done during the measurement year or the four years prior for women over 30 years of age, used with Table 6B Section D.
- Patient list of all female patients ages 24–64 years who have not had a hysterectomy, had a medical visit during the report period, and *did not* have a Pap test in the past three years or an HPV test done during the measurement year or the four years prior for women over 30 years of age, used with Table 6B Section D.
- Patient list of all female patients ages 52–74 who have not had a bilateral mastectomy or two separate unilateral mastectomies, had a medical visit during the report period, and had a mammogram any time on or between October 1 two years prior to the measurement period and the end of the measurement period, used with Table 6B Section D.
- Patient list of all female patients ages 52–74 who have not had a bilateral mastectomy or two separate unilateral mastectomies, had a medical visit during the report period, and did not have a mammogram any time on or between October 1 two years prior to the measurement period and the end of the measurement period, used with Table 6B Section D.
- Patient list of all children and adolescents ages 3–17 who had a medical visit during the report period and who have documented BMI percentile, counseling for nutrition, counseling for physical activity during the report period, used with Table 6B Section E.

- Patient list of all children and adolescents ages 3–17 who had a medical visit during the report period and who *do not* have documented BMI percentile, or counseling for nutrition, or counseling for physical activity during the report period, used with Table 6B Section E.
- Patient list of all adults ages 18 years and older who were ever seen after their 18th birthday and had a medical visit during the report period, who have documented BMI percentile during the report period, and if the patient is overweight or underweight also had a follow-up plan documented during the report period, used with Table 6B Section F.
- Patient list of all adults ages 18 years and older who were ever seen after their 18th birthday and had a medical visit during the report period, who *do not* have a documented BMI percentile during the report period, or if the patient is overweight or underweight *do not* have a follow-up plan documented during the report period, used with Table 6B Section F.
- Patient list of all adults ages 18 years and older who had at least two medical visits or one preventative medical visit during the report period and were ever seen after their 18th birthday, who were queried/screened about any and all forms of tobacco use *and* received documented cessation counseling intervention (counseling) or medication (smoking cessation agents) if identified as a tobacco user one or more times during the report period, used with Table 6B Section G.
- Patient list of all adults ages 18 years and older who had at least two medical visits or one preventative medical visit during the report period and were ever seen after their 18th birthday, who *were not* queried/screened about any and all forms tobacco use or *did not* receive a documented cessation counseling intervention (counseling) or medication (smoking cessation agents) if identified as a tobacco user one or more times during the report period, used with Table 6B Section G.
- Patient list of all patients with clinical atherosclerotic cardiovascular disease (ASCVD) or patients 20 years of age and older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to (≥) 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or patients age 40–75 at the beginning of the report period with a diagnosis of diabetes, who had a medical visit during the report period and who were prescribed a statin medication or have documented evidence of use by patient of statin medication during the report period, used with Table 6B Section H. ASCVD diagnosis defined as an active diagnosis of any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted), or an ASCVD procedure (CABG, PCI, or Carotid Intervention) ever.

- Patient list of all patients with clinical atherosclerotic cardiovascular disease (ASCVD) or patients 20 years of age and older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to (≥) 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or patients age 40–75 at the beginning of the report period with a diagnosis of diabetes who had a medical visit during the report period and who *were not* prescribed a statin medication or *has no* documented evidence of use by patient of statin medication during the report period, used with Table 6B Section H. ASCVD diagnosis defined as an active diagnosis of any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted), or an ASCVD procedure (CABG, PCI, or Carotid Intervention) ever.
- Patient list of patients 18 years of age and older who had a medical visit during the report period and who had an active diagnosis of Ischemic Vascular Disease (IVD) during the report period or were diagnosed with acute myocardial infarction (AMI) or cardiovascular surgery (coronary artery bypass graft [CABG] or percutaneous coronary interventions [PCI]) during the 12 months prior to the report period and were prescribed or dispensed aspirin or another antiplatelet medication or have documented evidence of use by patient of aspirin or another antiplatelet medication during the report period, used with Table 6B Section I.
- Patient list of patients 18 years of age and older who had a medical visit during the report period and who had an active diagnosis of Ischemic Vascular Disease (IVD) during the report period or were diagnosed with acute myocardial infarction (AMI) or cardiovascular surgery (coronary artery bypass graft [CABG] or percutaneous coronary interventions [PCI]) during the 12 months prior to the report period and *were not* prescribed or dispensed aspirin or another antiplatelet medication or *has no* documented evidence of use by patient of aspirin or another antiplatelet medication during the report period, used with Table 6B Section I.
- Patient list of all patients ages 46–75 years who had at least one medical visit during the reporting year and never diagnosed with colorectal cancer, who had a documented colorectal cancer screen, used with Table 6B Section J.
- Patient list of all patients ages 46–75 years who had at least one medical visit during the reporting year and never diagnosed with colorectal cancer, who *did not* have a documented colorectal cancer screen, used with Table 6B Section J.
- Patient list of all patients who had at least one medical visit during the report year whose first ever HIV diagnosis occurred between December 1 of the prior year through November 30 of the current report year, who had a medical visit for HIV care within 30 days of the first-ever HIV diagnosis, used with Table 6B Section K.

- Patient list of all patients who had at least one medical visit during the report year whose first ever HIV diagnosis occurred between December 1 of the prior year through November 30 of the current report year, who *did not* have a medical visit for HIV care within 30 days of the first-ever HIV diagnosis, used with Table 6B Section K.
- Patient list of all patients ages 15–65 who do not have an HIV diagnosis prior to the reporting period, had a medical visit during the report period, were first seen in the clinic by their 65th birthday, and had an HIV test on or after age 15, used with Table 6B Section K.
- Patient list of all patients ages 15–65 who do not have an HIV diagnosis prior to the reporting period, had a medical visit during the report period, were first seen in the clinic by their 65th birthday, and have not had an HIV test on or after age 15, used with Table 6B Section K.
- Patient list of all patients ages 12 years and older who had at least one medical visit during the report year, who were screened for depression with a using an age-appropriate standardized tool during the report year and had a follow-up plan documented 2 days or less after the date of the positive screen if screened positive, used with Table 6B Section L.
- Patient list of all patients ages 12 years and older who had at least one medical visit during the report year, who *were not* screened for depression or who were screened for depression with a standardized tool during the report year and *do not* have a follow-up plan documented 2 days or less after the date of the positive screen if screened positive, used with Table 6B Section L.
- Patient list of all patients 12 years and older with major depression or dysthymia who had at least one medical visit during the report year, who reached remission 12 months (+/- 60 days) after an index event, used with Table 6B Section L.
- Patient list of all patients 12 years and older with major depression or dysthymia who had at least one medical visit during the report year, who did not reach remission 12 months (+/- 60 days) after an index event, used with Table 6B Section L.
- Patient list of all patients 6–9 years of age who had a dental visit in the reporting period and had an oral assessment or comprehensive or periodic oral evaluation, were determined to be at moderate or high risk for caries, and had a sealant placed on a first permanent molar during the report year, used with Table 6B Section M.
- Patient list of all patients 6–9 years of age who had a dental visit in the reporting period and had an oral assessment or comprehensive or periodic oral evaluation, were determined to be at moderate or high risk for caries, and *did not* have a sealant placed on a first permanent molar during the report year, used with Table 6B Section M.

LST3–Lists for Table 7

- Patient list of patients that had pregnancy-related visits during the past 20 months, with at least one pregnancy-related visit during the report period, and who have been diagnosed with Human Immunodeficiency Virus (HIV), used with Table 7, Section A.
- Patient list by race and Hispanic/Latino/Spanish identity of patients that had pregnancy-related visits during the past 20 months, with at least one pregnancy-related visit during the report period, used with Table 7, Section A.
- Patient list by race and Hispanic/Latino/Spanish identity of patients ages 18–85 years who have had at least one medical visit during the report period and have a diagnosis of hypertension starting before and continuing into, or starting during the first six months of the report period, used with Table 7 Section B.
- Patient list by race and Hispanic/Latino/Spanish identity of patients ages 18–85 years who have had at least one medical visit during the report period, have a diagnosis of hypertension starting before and continuing into, or starting during the first six months of the report period, and who have controlled blood pressure (less than [<] 140/90 mm Hg) during the report period, used with Table 7 Section B.
- Patient list by race and Hispanic/Latino/Spanish identity of patients ages 18–85 years who have had at least one medical visit during the report period, have a diagnosis of hypertension starting before and continuing into, or starting during the first six months of the report period, and who do not have controlled blood pressure (less than [<] 140/90 mm Hg) during the report period, used with Table 7 Section B.
- Patient list by race and Hispanic/Latino/Spanish identity of patients ages 18–75 years who have had at least one medical visit during the report period, with a diagnosis of Type I or Type II diabetes anytime through the end of the report period, and without a diagnosis of secondary diabetes due to another condition (such as polycystic ovaries, gestational diabetes, or steroid-induced diabetes), used with Table 7, Section C.
- Patient a list by race and Hispanic/Latino/Spanish identity of patients ages 18–75 years who have had at least one medical visit during the report period, with a diagnosis of Type I or Type II diabetes anytime through the end of the report period, and without a diagnosis of secondary diabetes due to another condition (such as polycystic ovaries, gestational diabetes, or steroid-induced diabetes) and with a most recent hemoglobin A1c greater than 9%, or with an A1c with no result, or with no A1c test during the report period, used with Table 7, Section C.

Patient lists are run from the **Manager Utilities** menu option. Because patient lists may be hundreds or even thousands of pages long, depending on the size of a site's patient population, the menu options are hidden where casual users will not run them by accident.

> **Note:** It is strongly recommended that patient lists be printed to an electronic file since they may be hundreds or thousands of pages long.

6.1 Patient List Definitions

6.1.1 ZIP–All Patients w/Visits by Zip and Ins Source

This report lists all patients counted toward the Zip Code Table who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by patients descending, community, gender, name, and their insurance source this report lists all patients that fit the definition.

6.1.2 USVA–All Patients w/Visits, By Age and Sex Assigned at Birth (Table 3A)

This report lists all patients who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by community, age, and sex assigned at birth and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.3 USVR–All Pts w/Visits, by Hispanic or Latino Identity & Race (Table 3B)

This report lists all patients by Hispanic or Latino Identity/Race/Language who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by race/Hispanic identity, age, gender, and community and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.4 USSO–All Pts w/Visits, by Sexual Orientation (Table 3B)

This report lists all patients by Sexual Orientation who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by sexual orientation, age, gender, and community and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.5 USGI–All Pts w/Visits, by Gender Identity (Table 3B)

This report lists all patients by Gender Identity who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by gender identity, age, gender, and community and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.6 IPPL–Income Percent of Poverty Level (Table 4)

This report lists all patients with an income percent of poverty level (less than or equal to [≤] 100%, 101-150%, 151-200%, greater than [>] 200%, Unknown) who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by Income as Percent of Poverty Level, community, age, and gender and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.7 PMIS–Principle Third Party Medical Insurance (Table 4)

This report lists all patients and the type of medical insurance the patient had as of the patient's last visit, if any, during the report period and who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by Principle Third Party Medical Insurance, community, age, and gender and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.8 CHAR–Characteristics of Special Populations (Table 4)

This report lists all patients who are migrant workers, seasonal workers, homeless, school-based health center patient, or a veteran during the report period and who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by Special Characteristics, community, age, and gender and lists all visits that fit the definition. Age on the patient list is calculated as of December 31 of the report year.

6.1.9 PROV–Provider/Staff List (Table 5, Column A)

This report provides a list of all providers and other facility staff who are documented in RPMS and with whom patients had visits during the report period where the provider was the primary provider, categorized by BPHC-UDS-defined service categories. You should use this list to manually calculate FTEs for each staff category to document in Table 5 Column A (FTEs).

6.1.10 SER–All Patients By Service Category (Table 5, Columns B & C)

This report lists all patients and related eligible visits, categorized by BPHC UDS-defined service categories (primary provider code) and sorted by community, age, and gender. See Appendix C for how UDS disciplines are mapped to RPMS provider codes. Age on the patient list is calculated as of December 31 of the report year.

6.1.11 UCP–Visits w/Uncategorized Primary Provider (Table 5, Columns B & C)

This report provides a list of patients who had visits during the specified calendar year to providers who were not mapped to any BPHC major service category and sorted by community, age, and gender. (See Appendix C for details of how RPMS provider codes are mapped to UDS service categories.) Age on the patient list is calculated as of December 31 of the report year.

6.1.12 SSD– All Patients by Selected Service Detail (Table 5, Selected Service Detail)

This report lists all patients and related eligible visits that have mental health or substance use disorder diagnoses, categorized by BPHC UDS-defined service categories (primary provider code) and sorted by community, age, and gender. See Appendix C for how UDS disciplines are mapped to RPMS provider codes. Age on the patient list is calculated as of December 31 of the report year.

6.1.13 DIAG–All Patients by Selected Diagnosis (Table 6A)

This report provides a list of patients who had visits during the report period, had a specified diagnosis, had a specified diagnostic test or screening performed, or who had a specified dental service performed and sorted by community, age, and gender.

6.1.14 M–Multiple/ALL Lists Zip through 6A

This report enables the user to run all lists or to select multiple lists to run for the Zip Code, 3A, 3B, 5, and 6A tables.

6.1.15 PRGA–All Pregnant Patients by Age (Table 6B, Sections A & B)

This report provides a list of patients by age that had pregnancy-related visits during the past 20 months, with at least one pregnancy-related visit during the report period, sorted in age brackets by age. You should use this list to manually calculate Sections A & B (Lines 1–9).

6.1.16 CIM1–All Patients Age 2 w/All Child Immunizations (Table 6B, Section C)

This report provides a list of two-year-old patients who had a medical visit during the report period and have all required childhood immunizations (4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal, 1 Hepatitis A, 2 or 3 rotavirus, 2 influenza), sorted by last name. Age on the patient list is calculated as of December 31.

6.1.17 CIM2–All Patients Age 2 w/o All Child Immunizations (Table 6B, Section C)

This report provides a list of two-year-old patients who had a medical visit during the report period, and list the immunizations still needed to complete all required childhood immunizations (4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal, 1 Hepatitis A, 2 or 3 rotavirus, and 2 influenza), sorted by last name. Age on the patient list is calculated as of December 31.

6.1.18 PAP1–All Female Patients 24-64 w/Pap Test (Table 6B, Section D)

This report provides a list of all female patients ages 24–64 years who have not had a hysterectomy, had a medical visit during the report period, and had a Pap test in the past 3 years or an HPV test done during the measurement year or the 4 years prior for women over 30 years of age, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.19 PAP2–All Female Patients 24-64 w/o Pap Test (Table 6B, Section D)

This report provides a list of all female patients ages 24–64 years who have not had a hysterectomy, had a medical visit during the report period, and did not have a Pap test in the past 3 years or an HPV test done during the measurement year or the 4 years prior for women over 30 years of age, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.20 MAM1–All Female Patients 52-74 w/Mammogram (Table 6B, Section D)

This report provides a list of all female patients ages 52–74 who have not had a bilateral mastectomy or two separate unilateral mastectomies, had a medical visit during the report period, and had a mammogram any time on or between October 1 two years prior to the measurement period and the end of the measurement period, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.21 MAM2–All Female Patients 52-74 w/o Mammogram (Table 6B, Section D)

This report provides a list of all female patients ages 52–74 who have not had a bilateral mastectomy or two separate unilateral mastectomies, had a medical visit during the report period, and did not have a mammogram any time on or between October 1 two years prior to the measurement period and the end of the measurement period, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.22 WAC1–All Patients 3-17 w/WT Assessment & Counseling (Table 6B, Section E)

This report provides a list of all patients ages 3–17 years who had a medical visit during the report period and who have documented BMI percentile, counseling for nutrition, counseling for physical activity, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.23 WAC2–All Patients 3–17 w/o WT Assessment & Counseling (Table 6B, Section E)

This report provides a list of all patients ages 3–17 years who had a medical visit during the report period and who do not have documented BMI percentile, or counseling for nutrition, or counseling for physical activity, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.24 AWS1–All Patients 18+ w/BMI & over/underweight w/plan (Table 6B, Section F)

This report provides a list of all patients ages 18 years and older who were ever seen after their 18th birthday and had a medical visit during the report period, who have documented BMI percentile during the report period, and if the patient is overweight or underweight also had a follow-up plan documented during the report period, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.25 AWS2–All Patients 18+ w/o BMI or w/o follow-up plan (Table 6B, Section F)

This report provides a list of all patients 18 years and older who were ever seen after their 18th birthday and had a medical visit during the report period, who do not have a documented BMI percentile during the report period, or if the patient is overweight or underweight do not have a follow-up plan documented during the report period, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.26 TUA1–All Patients 18+ w/tobacco use scrn & cessation (Table 6B, Section G)

This report provides a list of all patients ages 18 years and older who had at least two medical visits or one preventative medical visit during the report period and were ever seen after their 18th birthday, who were queried/screened about any and all forms of tobacco use *and* received documented cessation counseling intervention (counseling) or medication (smoking cessation agents) if identified as a tobacco user one or more times during the report period. Age on the patient list is calculated as of December 31.

6.1.27 TUA2–All Patients 18+ w/o tobacco use scrn or cessation (Table 6B, Section G)

This report provides a list of all patients 18 years and older who had at least two medical visits or one preventative medical visit during the report period and were ever seen after their 18th birthday, who were not queried/screened about any and all forms tobacco use or did not receive a documented cessation counseling intervention (counseling) or medication (smoking cessation agents) if identified as a tobacco user one or more times during the report period. Age on the patient list is calculated as of December 31.

6.1.28 STN1–All ASCVD High-Risk Patients w/Statin Therapy (Table 6B, Section H)

This report provides a list of all patients with clinical atherosclerotic cardiovascular disease (ASCVD) or patients 20 years of age and older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to (≥) 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or patients age 40-75 at the beginning of the report period with a diagnosis of diabetes, who had a medical visit during the report period and who were prescribed a statin medication or have documented evidence of use by patient of statin medication during the report period. ASCVD diagnosis defined as an active diagnosis of any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted), or an ASCVD procedure (CABG, PCI, or Carotid Intervention) ever. Age on the patient list is calculated as of December 31.

6.1.29 STN2– All ASCVD High-Risk Patients w/o Statin Therapy (Table 6B, Section H)

This report provides a list of all patients with clinical atherosclerotic cardiovascular disease (ASCVD) or patients 20 years of age and older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to (≥) 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or patients age 40–75 at the beginning of the report period with a diagnosis of diabetes, who had a medical visit during the report period and who were not prescribed a statin medication or has no documented evidence of use by patient of statin medication during the report period. ASCVD diagnosis defined as an active diagnosis of any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted), or an ASCVD procedure (CABG, PCI, or Carotid Intervention) ever. Age on the patient list is calculated as of December 31.

6.1.30 IVD1–All IVD Pts 18+ w/ASA or Antiplatelet (Table 6B, Section I)

This report provides a list of patients 18 years of age and older who had a medical visit during the report period and who had an active diagnosis of Ischemic Vascular Disease (IVD) during the report period or were diagnosed with acute myocardial infarction (AMI) or cardiovascular surgery (coronary artery bypass graft [CABG] or percutaneous coronary interventions [PCI]) during the 12 months prior to the report period and were prescribed or dispensed aspirin or another antiplatelet medication or have documented evidence of use by patient of aspirin or another antiplatelet medication during the report period. Age on the patient list is calculated as of December 31.

6.1.31 IVD2–All IVD Pts 18+ w/o ASA or Antiplatelet (Table 6B, Section I)

This report provides a list of patients 18 years of age and older who had a medical visit during the report period and who had an active diagnosis of Ischemic Vascular Disease (IVD) during the report period or were diagnosed with acute myocardial infarction (AMI) or cardiovascular surgery (coronary artery bypass graft [CABG] or percutaneous coronary interventions [PCI]) during the 12 months prior to the report period and were not prescribed or dispensed aspirin or another antiplatelet medication or has no documented evidence of use by patient of aspirin or another antiplatelet medication during the report period. Age on the patient list is calculated as of December 31.

6.1.32 CRC1–All Patients 46–75 years of age w/CRC Scrn (Table 6B, Section J)

This report provides a list of all patients age 46–75 who had at least one medical visit during the reporting year and never diagnosed with colorectal cancer, who had a documented colorectal cancer screen. Age on the patient list is calculated as of December 31.

6.1.33 CRC2–All Patients 46–75 years of age w/o CRC Scrn (Table 6B, Section J)

This report provides a list of all patients age 46–75 who had at least one medical visit during the reporting year and never diagnosed with colorectal cancer, who did not have a documented colorectal cancer screen. Age on the patient list is calculated as of December 31.

6.1.34 HIV1- All Patients w/First HIV Dx & Timely Follow-up (Table 6B, Section K)

This report provides a list of all patients who had at least one medical visit during the report year whose first ever HIV diagnosis occurred between December 1 of the prior year through November 30 of the current report year, who had a medical visit for HIV care within 30 days of the first-ever HIV diagnosis. Age on the patient list is calculated as of December 31.

6.1.35 HIV2- All Patients w/First HIV Dx w/o Timely Follow-up (Table 6B, Section K)

This report provides a list of all patients who had at least one medical visit during the report year whose first ever HIV diagnosis occurred between December 1 of the prior year through November 30 of the current report year, who did not have a medical visit for HIV care within 30 days of the first-ever HIV diagnosis. Age on the patient list is calculated as of December 31.

6.1.36 HVS1- All Patients 15-65 w/HIV Test (Table 6B, Section K)

This report provides a list of all patients ages 15–65 who do not have an HIV diagnosis prior to the reporting period, had a medical visit during the report period, were first seen in the clinic by their 65th birthday, and had an HIV test on or after age 15. Age on the patient list is calculated as of December 31.

6.1.37 HVS2- All Patients 15-65 w/o HIV Test (Table 6B, Section K)

This report provides a list of all patients ages 15–65 who do not have an HIV diagnosis prior to the reporting period, had a medical visit during the report period, were first seen in the clinic by their 65th birthday, and have not had an HIV test on or after age 15. Age on the patient list is calculated as of December 31.

6.1.38 DEP1- All Patients 12+ w/DEP and Follow-up (Table 6B, Section L)

This report provides a list of all patients 12 years and older who had at least one medical visit during the report year, who were screened for depression with a using an age-appropriate standardized tool during the report year and had a follow-up plan documented 2 days or less after the date of the positive screen if screened positive. Age on the patient list is calculated as of December 31.

6.1.39 DEP2- All Pts 12+ w/o Dep Scrn or w/o Follow-up (Table 6B, Section L)

This report provides a list of all patients 12 years of age and older who had at least one medical visit during the report year, who were not screened for depression or who were screened for depression with a standardized tool during the report year and do not have a follow-up plan documented 2 days or less after the date of the positive screen if screened positive. Age on the patient list is calculated as of December 31.

6.1.40 DPR1- All Patients 12+ w/Depression Remission (Table 6B, Section L)

This report provides a list of all patients 12 years and older with major depression or dysthymia who had at least one medical visit during the report year, who reached remission 12 months (+/- 60 days) after an index event. Age on the patient list is calculated as of December 31.

6.1.41 DPR2- All Pts 12+ w/o Depression Remission (Table 6B, Section L)

This report provides a list of all patients 12 years and older with major depression or dysthymia who had at least one medical visit during the report year, who did not reach remission 12 months (+/- 60 days) after an index event. Age on the patient list is calculated as of December 31.

6.1.42 DEN1- All Patients 6–9 at Risk with First Molar Sealant (Table 6B, Section M)

This report provides a list of all patients 6–9 years of age who had a dental visit in the reporting period and had an oral assessment, were determined to be at moderate or high risk for caries and had a sealant placed on a first molar during the reporting period. Age on the patient list is calculated as of December 31.

6.1.43 DEN2- All Patients 6–9 at Risk w/o First Molar Sealant (Table 6B, Section M)

This report provides a list of all patients 6–9 years of age who had a dental visit in the reporting period and had an oral assessment, were determined to be at moderate or high risk for caries and did not have a sealant placed on a first molar during the reporting period. Age on the patient list is calculated as of December 31.

6.1.44 M6B–Multiple/ALL Lists for Table 6B

This report enables the user to run all lists or to select multiple lists to run for Table 6B.

6.1.45 PRGH–All Pregnant Patients w/HIV (Table 7 HIV Positive Pregnant Women)

This report provides a list of patients that had pregnancy-related visits during the past 20 months, with at least one pregnancy-related visit during the report period, and who have been diagnosed with HIV, sorted by age and last name. Age on the patient list is calculated as of December 31.

6.1.46 PRGR–All Pregnant Patients by Race & Hisp Identity (Table 7, Section A)

This report provides a list of all pregnant patients by race and Hispanic/Latino/Spanish identity, with most recent pregnancy related visits during the past 20 months, with at least one pregnancy-related visit during the report period, sorted by race/Hispanic identity, community, age and last name. Age on the patient list is calculated as of December 31. You should use this list to manually calculate Sections A (Lines 1–5).

6.1.47 MPRG–Multiple/ALL Lists for Pregnant Patients (Table 7, HIV Positive Pregnant Women & Section A)

This report enables the user to run all lists or to select multiple lists to run for Table 7 HIV Positive Pregnant Women Line and Section A (Deliveries and Birth Weight By Race and Hispanic/Latino Identity, Lines 1–5).

6.1.48 HTR–All HTN Patients by Race & Hisp Identity (Table 7, Section B)

This report provides a list by race and Hispanic/Latino/Spanish identity of all patients ages 18–85 years who have had at least one medical visit during the report period and have a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of report period. The list displays the patient's most recent hypertension diagnosis, sorted by race/Hispanic identity, community, age and last name. Age on the patient list is calculated as of December 31.

6.1.49 HTCR–All HTN Pts w/Contr BP by Race & Hisp Identity (Table 7, Section B)

This report provides a list by race and Hispanic/Latino/Spanish identity of all patients ages 18–85 years who have had at least one medical visit during the report period and have a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of report period and who have controlled blood pressure (less than [<] 140/90 mm Hg) during the report period. The list displays the patient's last blood pressure (less than [<] 140/90 mm Hg), sorted by race/Hispanic identity, community, age and last name. Age on the patient list is calculated as of December 31.

6.1.50 HTUR–All HTN Pts w/Uncont BP by Race & Hisp Identity (Table 7, Section B)

This report provides a list by race and Hispanic/Latino/Spanish identity of all patients ages 18–85 years who have had at least one medical visit during the report period and have a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of report period and who do not have controlled blood pressure (less than [<] 140/90 mm Hg) during the report period. The list displays the patient's last blood pressure results, or no blood pressure taken, sorted by race/Hispanic identity, community, age and last name. Age on the patient list is calculated as of December 31.

6.1.51 MHT–Multiple/ALL Lists for HTN Patients (Table 7, Section B)

This report enables the user to run all lists or to select multiple lists to run for Table 7, Section B (Hypertension By Race and Hispanic/Latino/Spanish Identity, Lines 6–8).

6.1.52 DMR–All DM Patients by Race & Hisp Identity (Table 7, Section C)

This report provides a list by race and Hispanic/Latino/Spanish identity of all patients ages 18–75 years who have had at least one medical visit during the report period and were diagnosed with Type I or Type II diabetes anytime through the end of the report period, and without a diagnosis of secondary diabetes due to another condition (such as polycystic ovaries, gestational diabetes, or steroid-induced diabetes), sorted by race/Hispanic identity, community, age and last name. Age on the patient list is calculated as of December 31.

6.1.53 DMR1–All DM Patients w/o A1c or >9 by Race & Hisp Identity (Table 7, Section C)

This report provides a list by race and Hispanic/Latino/Spanish identity of all patients ages 18–75 years who have had at least one medical visit during the report period, and were diagnosed with Type I or Type II diabetes anytime through the end of the report period, and without a diagnosis of secondary diabetes due to another condition (such as polycystic ovaries, gestational diabetes, or steroid-induced diabetes) and whose most recent hemoglobin A1c is greater than (>) 9%, or did not have a result, or the patient did not have an A1c test during the report period, sorted by race/Hispanic identity, community, age and last name. Age on the patient list is calculated as of December 31.

6.1.54 MDM–Multiple/ALL Lists for DM Patients (Table 7, Section C)

This report enables the user to run all lists or to select multiple lists to run for Table 7, Section C (Diabetes by Race and Hispanic/Latino Identity, Lines 9–13).

6.2 How to Run Patient and Provider Lists

RPMS UDS will produce both the summary table report and the corresponding patient list. This will enable you to directly compare summary results with the RPMS data that is current at the time the report is run.

1. From the **RPMS UDS 2023** main menu, type **MU** (Manager Utilities).
2. From the **Manager Utilities** menu, type **LST** at the "Select Manager Utilities Option" prompt.

```
                    ************************************
                    **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                    **      2023 Manager Utilities      **
                    ************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   SET    Update/Review Site Parameters
   LST    Patient and Provider Lists Main Menu ...
   STP    Create Search Template of Patients on Table 3A
   TAX    Update Taxonomies for Use with UDS 2023
   VTX    View All UDS Taxonomies

Select Manager Utilities Option:  LST <Enter>  Patient and Provider Lists
Main Menu
```

Figure 6-1: Manager Utilities menu

3. The **2023 Patient and Provider Lists** menu displays. Type **LST1** to view the available lists for Tables Zip Code, 3A, 3B, 4, 5 and 6A.

```
                    ************************************
```

```
                    **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                    ** 2023 Patient and Provider Lists  **
                    ************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   LST1   Lists for Tables Zip Code, 3A&3B, 4, 5, and 6A ...
   LST2   Lists for Table 6B ...
   LST3   Lists for Table 7 ...

Select Patient and Provider Lists Main Menu Option: LST1 <Enter>
```

Figure 6-2: Patient and Provider Lists menu

4. The list options display. Type the letter corresponding to the individual patient list you want to produce, or type **M** to select more than one list.

```
             ************************************************
             **          RPMS UNIFORM DATA SYSTEM (UDS)        **
             **         2023 Patient and Provider List         **
             **  Lists for Tables Zip Code, 3A&3B, 4, 5, and 6A**
             ************************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0


   ZIP    All Patients w/Visits by Zip and Ins Source
   USVA   All Pts w/Visits, by Age&Sex Assigned/Birth (3A)
   USVR   All Pts w/Visits, by Hispanic Identity & Race (3B)
   IPPL   Income Percent of Poverty Level (Table 4)
   PMIS   Principal Third Party Medical Insurance (Table 4)
   CHAR   Characteristics of Special Populations (Table 4)
   PROV   Provider/Staff List (Table 5 col A)
   SER    All Patients by Service Category (Table 5 col B&C)
   UCP    Visits w/Uncategorized Primary Prov (Table 5 B&C)
   SSD    All Patients by Selected Service Detail (T5-SSD)
   DIAG   All Patients by Diagnosis (Table 6A)
   M      Multiple/ALL Lists Zip through 6A

Select Lists for Tables Zip Code, 3A&3B, 5, and 6A Option:
```

Figure 6-3: Lists for Tables Zip Code, 3A&3B, 4, 5 and 6A menu

5. A message displays advising you that the list may be very long and that it is best to print the list to a file. Press Enter to continue.

6. A patient list description and definition displays.

```
Select Lists for Tables Zip Code, 3A&3B, 4, 5, and 6A Option: USVA <Enter>
All Pts w/Visit, by Age & Gender (3A)

                               DEMO INDIAN HOSPITAL
                                     UDS 2023
NOTE: Patient lists may be hundreds of pages long, depending on the size of
your patient population.  It is recommended that you run these reports at
night and print to an electronic file, not directly to a printer.

Press Enter to Continue: <Enter>
```

```
The Patient List option documents the individual patients and visits that
are counted and summarized on each Table report (main menu option REP).
The summary Table report is included at the beginning of each List report.
UDS searches your database to find all visits and related patients during
the time period selected. Based on the UDS definition, to be counted as a
patient, the patient must have had at least one visit meeting the following
criteria:
   -must be to a location specified in your visit location setup
   -must be to Service Category Ambulatory (A), Hospitalization (H), Day
    Surgery (S), Observation (O), Telemedicine (M), Nursing home visit
    (R), or In-Hospital (I) visit
   -must NOT have an excluded clinic code (see User Manual for a list)
   -must have a primary provider and a coded purpose of visit
   -the patient must NOT have a gender of 'Unknown'


ALL PATIENTS BY AGE & SEX ASSIGNED AT BIRTH (Tables 3A)
This report lists all patients who have at least one visit for the
specified time period that meets the visit definition criteria. Sorted by
community, age, and sex assigned at birth and lists all visits that fit the
definition.
Age is calculated as of December 31st of the report year.
```

Figure 6-4: Running a Patient List, steps 3–6

7. If you selected **M Multiple/All Lists Zip through 6A**, another list will display. Type the numbers corresponding to the patient lists you want to produce, using commas or hyphens to separate the entries. For example, to select Lists 1, 2, 3, and 5, type **1-3,5**.

> **Note:** Do *not* use spaces between entries.

```
UDS Patient and Provider List Selection

     1   All Patients w/Visits by ZIP Code and Insurance Source
     2   All Patients w/Visits, by Age & Sex Assigned at Birth (Tables 3A)
     3   All Patients w/Visits, by Hispanic or Latino Identity & Race
(Table 3B)
     4   All Patients w/Visits, by Sexual Orientation (Table 3B)
     5   All Patients w/Visits, by Gender Identity (Table 3B)
     6   Income Percent of Poverty Level (Table 4)
     7   Principal Third Party Medical Insurance Source (Table 4)
     8   Characteristics of Special Populations (Table 4)
     9   Provider/Staff List (Table 5 col A)
     10  All patients by Service Category (Table 5 col B&C)
     11  All Visits w/Uncategorized Primary Prov (Table 5 col B&C)
     12  All Patients by Selected Service Detail (Table 5- Selected Service
Detail)
     13   All Patients by Diagnosis (Table 6A)
     14   ALL Patient Lists for LST1 -Sub Menu
Include which Lists:  (1-14): 1// 1-3,5 <Enter>
```

Figure 6-5: Selecting multiple lists

8. Enter your site name at the "Enter your site" prompt.

9. The system will check if all taxonomies are present and will display a message. If all taxonomies are present, press Enter to continue. If all taxonomies are not present and you want to cancel the report, type a caret (^) and then follow the steps in Section 3.2.1 to edit the taxonomies.

10. Type the calendar year at the "Enter Calendar Year" prompt.

11. Type the number or letter corresponding to the time period for the report (quarters or full calendar year) at the "Choose the time period to report on" prompt.

12. Select the Patient Classification to be used for the report. Patient lists for Tables 3A, 3B, 4, 5, and 6A have the option to run the report for Homeless patients only.

13. RPMS UDS will provide a final reminder that the reports may take time to run and include several hundred pages. To exit from the menu now, type **Y** (Yes) at the "Do You Want to Exit This Program Now?" prompt. To proceed with the report, type **N** (No).

14. Select an output type for the report:

    - Print Report on Printer or Screen
    - Create Delimited output file (for use in Excel)

Note: Output type defaults to Print Report on Printer or Screen option.

```
Enter your site:    DEMO INDIAN HOSPITAL
Checking for Taxonomies to support the UDS Report...

All taxonomies are present.
End of taxonomy check.  PRESS ENTER: <Enter>

Enter the Calendar Year.  Use a 4 digit year, e.g. 2023
Enter Calendar Year:  2023 <Enter>  (2023)

     Select one of the following:

          1         1st Quarter (January 1-March 31)
          2         2nd Quarter (April 1-June 30)
          3         3rd Quarter (July 1-September 30)
          4         4th Quarter (October 1-December 31)
          F         Full Calendar Year (January 1-December 31)

Choose the time period to report on: F// F <Enter>  Full Calendar Year
(January 1-December 31)

Your report will be run for the time period: Jan 01, 2023 to Dec 31, 2023

     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)
```

```
Select Beneficiary Population to include in this report: 1// 3  All (both
Indian
/Alaskan Natives and Non 01)

Depending on the size of your database, this report may take 2-4 hours to
run and produce patient reports that are hundreds of pages long.  It is
recommended that these reports be run at night and printed to an electronic
file, rather than directly to a printer.
Do you want to exit this program now? N// NO <Enter>

Please choose an output type.  For an explanation of the delimited file
please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)

Select an Output Option: P//
```

Figure 6-6: Running a Patient List, steps 8–14

a. For Printed report output, type the name of the printer or electronic file at the "Device" prompt.

> **Note:** It is recommended that patient lists be printed to electronic files, as they may be several hundred or thousands of pages long, depending on the size of the facility's patient population. The patient list report will display below the appropriate RPMS UDS table for the selected patient list.

```
Select an Output Option: P// P

DEVICE: HOME//
```

Figure 6-7: Running a Patient List, step 14a

b. For Delimited report output, select an output option:

- **SCREEN** – delimited output will display on screen for capture
- **FILE** – delimited output will be written to an output file

> **Note:** The output option defaults to SCREEN; delimited output will display on screen for capture option.

– For Screen output option, type the name of the output device as the "Device" prompt.

```
Select an Output Option: P// D  Create Delimited output file (for use in
Excel)
```

```
You have selected to create a delimited output file.  You can have this
output file created as a text file in the pub directory, OR you can have
the delimited output display on your screen so that you can do a file
capture.  Keep in mind that if you choose to do a screen capture you CANNOT
Queue your report to run in the background!!

     Select one of the following:

          S    SCREEN - delimited output will display on screen for capture
          F    FILE - delimited output will be written to an output file

Select output type: S// SCREEN - delimited output will display on screen
for capture


DEVICE: HOME//
```

Figure 6-8: Running a Patient List, Step 14b, Screen output option

– For File output option, type a filename (no more than 40 characters), hit enter, and type **Y** or **N** at the queue prompt.

Note: The queuing prompt defaults to the Yes (**Y**) option.

```
Select output type: S// FILE - delimited output will be written to an
output file
Enter a filename for the delimited output (no more than 40
characters):[File_Name]

When the report is finished your delimited output will be found in the
X:\EXPORT directory.
Won't you queue this ? Y//
```

Figure 6-9: Running a Patient List, Step 14b, File output option

Note: It is recommended to select the file output option for the delimited patient lists report, as they may be several hundred or thousands of pages long, depending on the size of the facility's patient population. The delimited patient list report will not contain the RPMS UDS table for the selected patient list.

6.3 Create Search Template of Patients on Table 3A

This option will be used to create a search template of patients the RPMS UDS has identified as meeting the BPHC definition of a patient and who are included in Table 3A. This search template may be used in other RPMS applications such as QMan and PGen in order to assist the user with completing other tables required by BPHC for annual reporting and which are not currently included in the RPMS UDS application.

1. From the **RPMS UDS 2023** main menu, type **MU** (Manager Utilities).

2. From the **Manager Utilities** menu, type **STP** at the "Select Manager Utilities Option" prompt.

```
                    ************************************
                    **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                    **      2023 Manager Utilities      **
                    ************************************
                             DEMO INDIAN HOSPITAL
                                 Version 18.0

   SET    Update/Review Site Parameters
   LST    Patient and Provider Lists Main Menu ...
   STP    Create Search Template of Patients on Table 3A
   TAX    Update Taxonomies for Use with UDS 2023
   VTX    View All UDS Taxonomies

Select Manager Utilities Option:  STP <Enter>  Create Search Template of
Patients on Table 3A
```

Figure 6-10: Manager Utilities menu

3. The information screen displays.

```
                              DEMO INDIAN HOSPITAL
                                   UDS 2023

UDS searches your database to find all visits and related patients during
the time period selected. Based on the UDS definition, to be considered a
patient the patient must have had at least one visit meeting the following
criteria:
   -must be to a location specified in your visit location setup
   -must be to Service Category Ambulatory (A), Hospitalization (H), Day
    Surgery (S), Observation (O), Telemedicine (M), Nursing home visit (R),
    or In-Hospital (I) visit
   -must NOT have an excluded clinic code (see User Manual for a list)
   -must have a primary provider and a coded purpose of visit
   -the patient must NOT have a gender of 'Unknown'

PRESS ENTER: <Enter>
TABLE 3A: PATIENTS BY AGE & SEX ASSIGNED AT BIRTH W/ SEARCH TEMPLATE
CREATION

This option will create a search template of all patients who meet
the definition of a patient above and who are included in UDS Table 3A.
You may use this search template in other applications (QMAN, PGEN)
to assist you in completing UDS tables not produced by the IHS/RPMS UDS
application.

Patients must have at least one visit during the selected time period,
as defined above.  Age is calculated as of December 31st of the year you
select.

This option will also produce UDS Table 3A, an itemization of users
(patients) by age and sex assigned at birth.

Enter your site:
```

Figure 6-11: Creating a Search Template

4. Type your site name at the “Enter your site” prompt.
5. The system will check if all taxonomies are present and will display a message. If all taxonomies are present, press Enter to continue. If all taxonomies are not present and you want to cancel the report, type a caret (^) and then follow the steps in Section 3.2.1 to edit the taxonomies.
6. Type the calendar year at the “Enter Calendar Year” prompt.
7. Type the number corresponding to the time period (quarter or full year) for the report.
8. Select the Patient Classification to be used for the report.
9. Enter the name of an existing search template that will be overwritten or the name of a new search template that will be created.
10. Type the name of the output device for the report.

```
Enter your site: DEMO INDIAN HOSPITAL
Checking for Taxonomies to support the 2023 UDS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER: <Enter>

Enter the Calendar Year.  Use a 4 digit year, e.g. 2023
Enter Calendar Year:  2023 <Enter> (2023)

     Select one of the following:

          1         1st Quarter (January 1-March 31)
          2         2nd Quarter (April 1-June 30)
          3         3rd Quarter (July 1-September 30)
          4         4th Quarter (October 1-December 31)
          F         Full Calendar Year (January 1-December 31)

Choose the time period to report on: F// ull Calendar Year (January 1 -
December 31)

Your report will be run for the time period: Jan 01, 2023 to Dec 31, 2023

     Select one of the following:

          1         Indian/Alaskan Native (Classification 01)
          2         Not Indian Alaskan/Native (Not Classification 01)
          3         All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 3  All (both
Indian/Alaskan Natives and Non 01)

* You may enter an existing Template Name or Save results in a New Template
*
Patient Search Template: MYSEARCHTEMPLATE
  Are you adding 'MYSEARCHTEMPLATE' as a new SORT TEMPLATE? No// Y  (Yes)
```

```
An unduplicated PATIENT list resulting from this report will be stored in
the MYSEARCHTEMPLATE Search Template.


DEVICE: HOME//
```

Figure 6-12: Creating a Search Template, Steps 4–9

Appendix A Quick Reference Guide

Follow these steps to implement the RPMS UDS Reporting System. The section numbers listed in parentheses refer to appropriate sections in the RPMS UDS User Manual:

1. Load software on your RPMS server.
2. To open the software on the computer, type **UDS** at the **RPMS** main menu prompt.
3. Review the BPHC definitions of "visit" and determine which RPMS location codes should be included in your UDS reporting. Most locations probably should be included; examples of locations *not* to include are "Ambulance" and "Other" (see Sections 4.1.2 and 3.1.1).
4. Consult with laboratory staff to identify lab tests that need to be included in the HIV Test, the Pap Smear, the DM Audit HGB A1C Tax, the Hepatitis B test, the Hepatitis C test taxonomies, and the FOB test (Section 3.2).
5. Set your site parameters: Enter site name, UDS identification number, if known, and associated location codes (**MU/SET** menu options) (Section 3.1).

> **Note:** Use the **S Add All SU locations** option to add all locations associated with the site, and then delete those few that you do not need.

6. Set up lab taxonomies for HIV Test, Pap Smear, DM Audit HGB A1C Tax, Hepatitis B test, Hepatitis C test, and FOB test (**MU/TAX** menu options) (Section 3.2.1).
7. Run the Staff List (Table 5) first (REP/ ST menu option). Review the list of providers and ensure that all staff is coded correctly (Section 6.2).
8. Update the Provider file in RPMS if necessary. Rerun the Staff List (Table 5) report again to ensure correct coding.
9. Run the nine Reports (**REP** menu option) (Section 5.0).
10. Review the results to identify any RPMS data issues. If you think the summary reports are substantially inaccurate (e.g., total patients or visits are too low or too high), run and review associated patient lists (**MU/LST/** menu options) to verify that the correct site is selected, and that all appropriate locations have been identified in the Site Parameters file (**MU/SET** menu options).

> **Note:** Depending on the size of your RPMS database, patient lists may take two to four hours to run and may print out hundreds or thousands of pages. It is recommended to print the reports to an electronic file or use the file option for delimited patient lists to run the report overnight. (Section 6.0)

11. Update RPMS as needed.
12. Ensure that data entry has completed entering all visit data through December 31, prior to running final reports.
13. For final reports, run the reports only (not the patient lists) (**REP** menu option) (Section 5.0).
14. To complete Column A on Table 5, run the Staff List report from the **MU/LST/LST1/** menu and manually calculate your FTEs by BPHC-defined provider categories (Section 6.2).
15. Manually enter your summary data from the RPMS UDS reports into your BPHC UDS software.
16. To complete Section A and B of Table 6B, run the PRGA report from the **MU/LST/LST2/A-D/** menu and manually calculate your prenatal care patients (Section 6.2).
17. To complete Section A of Table 7, run the PRGR report from the **MU/LST/LST3/PRG/** menu and manually calculate your deliveries and birth weight patients by race and Hispanic/Latino identity (Section 6.2).

Appendix B BPHC Service Category Definitions for Table 5

B.1 Personnel by Major Service Category

Staff is distributed into categories that reflect the types of services they provide. Major service categories include medical care services, dental services, mental health services, substance use disorder services, other professional health services, vision services, pharmacy services, enabling services, other program related services staff, and administration and facility. Whenever possible, the contents of major service categories have been defined to be consistent with definitions used by Medicare.[xxxviii] The following summarizes the personnel categories; a detailed list is in Appendix B.

- Medical Care Services (Lines 1–15)
  - Physicians: M.D.s and D.O.s, except psychiatrists, pathologists, and radiologists. Naturopaths, acupuncturists, community health aides/practitioners, and chiropractors are *not* reported here.
  - Nurse Practitioners.
  - Physician Assistants.
  - Certified Nurse Midwives.
  - Nurses: Registered nurses, licensed practical and vocational nurses, home health and visiting nurses, clinical nurse specialists, and public health nurses.
  - Laboratory Personnel: Pathologists, medical technologists, laboratory technicians and assistants, phlebotomists.
  - X-ray Personnel: Radiologists, X-ray technologists, and X-ray technicians.
  - Other Medical Personnel: Medical assistants, nurse's aides, and all other personnel providing services in conjunction with services provided by a physician, nurse practitioner, physician assistant, certified nurse midwife, or nurse. Staff who support the quality assurance/Electronic Health Records (EHR) program, medical records, and patient support staff are *not* reported here.

Note:	Quality Assurance Personnel–Individuals in any or all of the above positions may be involved in Quality Assurance and EHR activities. They will be classified on the line that describes their main responsibility.

[xxxviii] BPHC Uniform Data System Manual, 2022 Revision, p. 53.

- Dental Services (Lines 16–19)
  - Dentists: General practitioners, oral surgeons, periodontists, and endodontists. Dental health technicians are *not* reported here.
  - Dental Hygienists
  - Dental Therapists
  - Denturist
  - Other Dental Personnel: Dental assistants, aides, and technicians.
- **Mental Health Services (Lines 20a, a1, a2, b, c and 20)**

> **Note**: Behavioral health services include both mental health and substance use disorder services. Centers using the "Behavioral Health" designation need to divide their staff between Lines 20 and 21 as appropriate.

  - Psychiatrists (Line 20a)
  - Licensed Clinical Psychologists (Line 20a1)
  - Licensed Clinical Social Workers (line 20a2)
  - Other Licensed Mental Health Providers (Line 20b): Psychiatric social workers, psychiatric nurse practitioners, family therapists, and other licensed Master's Degree prepared clinicians.
  - Other Mental Health Staff (Line 20c): Unlicensed individuals, including "certified" individuals, who provide counseling, treatment, or support to mental health providers.
- **Substance Use Disorder Services (Line 21):** Substance use disorder specialists, psychiatric nurses, psychiatric social workers, mental health nurses, clinical psychologists, clinical social workers, family therapists, and other individuals providing counseling and/or treatment services related to substance use disorders.

> **Note**: Behavioral health services include both mental health and substance use disorder services. Centers using the "Behavioral Health" designation need to divide their staff between Lines 20 and 21 as appropriate.

- **All Other Professional Health Services (Line 22):** Occupational and physical therapists, dieticians, nutritionists, podiatrists, naturopaths, chiropractors, acupuncturists, and other staff professionals providing health services.

> **Note**: WIC nutritionists and others working in WIC programs are reported on Line 29a, Other Programs and Services Staff.

- **Vision Services (Line 22a–22d)**
  - Ophthalmologist (Line 22a)

- Optometrist (Line 22b): Optometrists (O.D.), non-physicians who largely perform vision correction exams and prescribe glasses for patients.
- Other Vision Care Staff (Line 22c): Contract Optometrist, Ophthalmologist/Optometric assistants, aides, technicians, and optometry students providing vision services.

- **Pharmacy Personnel (Line 23a-23d):**
  - Pharmacists (Line 23a)
  - Clinical Pharmacists (Line 23b)
  - Pharmacist Technicians (Line 23c)
  - Other Pharmacy Personnel (Line 23d)

> **Note**: Time (and cost) of individuals spending all or part of their time in assisting patients to apply for free drugs from pharmaceutical companies are to be classified as "Eligibility Assistance Workers" on Line 27a.

- **Enabling Services (Lines 24–29):**
  - Case Managers (Line 24): Staff who assist patients in the management of their health and social needs, including assessment of patient medical and/or social service needs, and maintenance of referral, tracking, and follow-up systems. Case managers may, at times, provide health education and/or eligibility assistance during the course of their case management functions. Staff includes individuals who are trained as, and specifically called, Case Managers, as well as individuals called Care Coordinators, Referral Coordinators, and other local titles. Nurses, social workers, and other professional staff who are specifically allocated to this task during assigned hours, may be included here, but not when these services are an integral part of their other function.
  - Patient and Community Education Specialists (Line 25): Health educators, with or without specific degrees in this area; family planning specialists, HIV specialists, and others who provide information about health conditions and guidance about appropriate use of health services that are not otherwise classified under outreach.
  - Outreach Workers (Line 26): Individuals conducting case finding, education, or other services to identify potential patients or clients, and/or facilitate access or referral of potential health center patients to available health center services.
  - Transportation Workers (Line 27): Individuals who provide transportation for patients (van drivers) or arrange for transportation, including persons who provide for long distance transportation to major cities in some extremely remote clinic locations; no visits are recorded for these workers.

- Eligibility Assistance Workers (Line 27a): All staff providing assistance in securing access to available health, social service, pharmacy and other assistance programs, including Medicaid, Women, Infants, and Children (WIC), Supplemental Security Income (SSI), food stamps, Temporary Assistance for Needy Families (TANF), and related assistance programs.
- Interpretation Staff (Line 27b): Staff whose *full time or dedicated time* is devoted to translation and/or interpretation services. *Do not include* that portion of the time of a nurse, medical assistant or other support staff who provides interpretation or translation during the course of their other activities.
- Community Health Workers (Line 27c): Lay members of communities who work in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve; no visits are recorded for these workers. Staff may be called community health workers, community health advisors, lay health advocates, promotors, community health representatives, peer health promoters, or peer health educators.
- Personnel Performing Other Enabling Service Activities (Line 28): All other staff performing services as enabling services, not described here. There is a "specify" field that must be used to describe what these staff are doing.

- **Other Programs and Related Services Staff (Line 29a):** Some health centers, especially "umbrella agencies," operate programs which, while within their scope of service, are not directly a part of the listed medical, dental, behavioral or other health services. These include WIC programs, job training programs, head start or early head start programs, shelters, housing programs, child care, frail elderly support programs, Adult Day Health Care programs, fitness or exercise programs, public/retail pharmacies, etc. The staff for these programs are reported under Other Programs and Related Services. There is a **Specify** field that must be used to describe what these staff are doing.
- **Quality Improvement Staff (Line 29b):** Although quality improvement (QI) is a part of virtually all clinical and administrative roles, some individuals have specific responsibility for the design and oversight of quality improvement systems. All or a substantial portion of their time is dedicated to these activities. They may have clinical, IT, or research backgrounds, and may include QI nurses, data specialists, statisticians, and health information technologies (HIT), including electronic health records (EHR) and electronic medical records (EMR), designers; no visits are recorded for these workers.
- **Non-Clinical Support Services (Lines 30a–32)**
  - Management and Support Staff (Line 30a): Management team including Chief Executive Officer, Chief Financial Officer, Chief Information Officer, and Chief Medical Officer; other non-clinical staff and office support (secretaries, administrative assistants, file clerks, etc.) for health center operations within the scope of the program. Report only that portion of the management team's full-time equivalent corresponding to the management function.

- Fiscal and Billing Staff (Line 30b): Staff performing accounting and billing functions in support of health center operations for services performed within the scope of the grant, *excluding the Chief Financial Officer*.
- IT Staff (Line 30c): Technical information technology and information systems staff supporting the maintenance and operation of the computing systems that support clinical and administrative functions performed within the scope of the grant. Staff managing an EHR/EMR system are reported on Line 30c, but design of medical forms, data entry and analysis of EHR data, as well as helpdesk, training and technical assistance functions are included as part of the other medical personnel functions reported on Line 12.
- Facility (Line 31): Staff with facility support and maintenance responsibilities, including custodians, housekeeping staff, security staff, and other maintenance staff.
- Patient Services Support Staff (Line 32): Intake staff, front desk staff, and medical/patient records; eligibility assistance workers are reported on Line 27a, not here.

Note: The Non-Clinical category for this report is more comprehensive than that used in some other program definitions and includes all personnel working in a BPHC supported program, whether or not that individual's salary was supported by the BPHC grant or other funds included in the scope of the project.

Appendix C RPMS Provider Codes Mapping to UDS Service Category for Table 5

Table C-1: RPMS Provider Codes Mapping to UDS Service Category for Table 5

Line	Personnel by Major Service Category	IHS Provider Code	Column B
1	Family Physicians	80 Family Practice	Y
2	General Practitioners	00 MD 18 Contract Physician 44 Tribal Physician 45 Osteopathic Medicine 15 Other AND must have Location Name beginning with “CHS” (e.g. CHS Office)	Y
3	Internists	71 Internal Medicine	Y
4	Obstetrician/ Gynecologists	72 OB/GYN 41 Contract OB/GYN	Y
5	Pediatricians	75 Pediatrician	Y
7	Other Specialty Physicians	82 Anesthesiologist 70 Cardiologist 86 Dermatologist 68 Emergency Room Physician B2 Endocrinologist B1 Gastroenterologist A9 Hepatologist 64 Nephrologist 85 Neurologist B6 Neurosurgeon B4 Oncologist–Hematologist E5 Allergist/Immunologist E6 Reconstructive Surgeon 73 Orthopedist 74 Otolaryngologist B5 Pulmonologist B3 Rheumatologist A1 Sports Medicine Physician 77 Surgeon 78 Urologist	Y
9a	Nurse Practitioners	21 Nurse Practitioner 16 Pediatric Nurse Practitioner	Y
9b	Physician Assistants	11 Physician Assistant	Y
10	Certified Nurse Midwives	17 Nurse Midwife	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
11	Nurses	01 Clinic RN 32 Contract Public Health Nurse 05 Licensed Practical Nurse 13 Public Health Nurse 14 School Nurse	Y
12	Other Medical Personnel (providing services in conjunction with services provided by physician, nurse practitioner, PC, nurse, nurse midwife)	47 CRNA 38 EMT/Paramedic 03 Health Aide C3 Medical Assistant 20 Medical Student 22 Nurse Assistant 27 Student Nurse B8 Surgical Technician D9 Cardiovascular Technologist E1 Cardiovascular Technician E2 Echocardiographer E3 Emergency Room Technician	
13	Laboratory Personnel	A2 Medical Technologist 23 Laboratory Technician 83 Pathologist	
14	X-ray Personnel	76 Radiologist 59 X-ray Technician 87 Ultrasound Technician	
16	Dentists	52 Dentist	Y
17	Dental Hygienists	46 Dental Hygienist	Y
17a	Dental Therapists	B7 Dental Health Aide Therapist	Y
18	Other Dental Personnel	60 Dental Assistant 61 Dental Lab 54 Dental Assistant (prenatal) F2 Denturist	
20a	Psychiatrists	49 Contract Psychiatrist 81 Psychiatrist	Y
20a1	Licensed Clinical Psychologists	50 Contract Psychologist 12 Psychologist	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
20a2	Licensed Clinical Social Worker **Note:** For Table 5, Columns B and C, count only visits and associated patients for listed Provider Codes that have V POV F01*-F09*, F20*-F29*, F30*-F39*, F40*-F42*, F43*-F48*, F50*-F99* (exclude F55*, F84.2, F98*), O99.34*, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 (i.e. must have mental health diagnosis to be counted here; otherwise, count in Line 21 (if applicable) or else Line 24)	63 Contract Social Worker 62 Licensed Clinical Social Worker D5 Licensed Clinical Social Worker	Y
20b	Other Licensed Mental Health Providers **Note:** For 96 (Family Therapist) and A6 (In School Therapist) in Table 5, Columns B and C, count only visits and associated patients for the following Provider Codes that either have V POV F01*-F09*, F20*-F29*, F30*-F39*, F40*-F42*, F43*-F48*, F50*-F99* (exclude F55*, F84.2, F98*), O99.34*, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 *or do not have* V POV F10.*, F11.*-F19.*, G62.0, G62.1, O99.31*, O99.32*, O99.33* (i.e., include any visits/patients who are *not* included in Line 21 definition below; for any given visit, patient must either have a mental health diagnosis *or* no mental health or substance use disorder dx)	D1 Behavioral Health Nurse Practitioner D2 Behavior Analyst D4 Licensed Professional Counselor D6 APRN Psychiatric Nursing Specialty 96 Family Therapist A6 In School Therapist 95 Mental Health (Master only) 92 Psychotherapist	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
20c	Other Mental Health Staff **Note:** For 06 (Medical Social Worker) in Table 5, Columns B and C, count only visits and associated patients for listed Provider Codes that have V POV F01*-F09*, F20*-F29*, F30*-F39*, F40*-F42*, F43*-F48*, F50*-F99* (exclude F55*, F84.2, F98*), O99.34*, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 (i.e. must have mental health diagnosis to be counted here; otherwise, count in Line 21 (if applicable) or else Line 24)	C5 Behavioral Health Student C9 Behavioral Health Aide/Practitioner A7 Domestic Violence Counselor 06 Medical Social Worker 94 Mental Health (BA/BS only) 19 Mental Health Technician	Y
21	Substance Use Disorder Services **Note:** Except for *Provider Code 48 Alcoholism/Sub Abuse Counselor and D7 Tobacco Treatment Specialist*, for Table 5, Columns B and C, count only visits and associated patients for listed Provider Codes that have F10.*, F11.*-F19.*, G62.0, G62.1, O99.31*, O99.32*, O99.33* AND do NOT have V POV F01*-F09*, F20*-F29*, F30*-F39*, F40*-F42*, F43*-F48*, F50*-F99* (exclude F55*, F84.2, F98*), O99.34*, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 (i.e., any visits/patients who are *not* included in Line 20a-20c definition above; if a patient has both mental health and substance use disorder diagnosis on the same visit, the patient should be counted in mental health lines above) *Provider Codes 48 and D7 do not require a specific POV*.	D7 Tobacco Treatment Specialist 48 Alcoholism/Sub Abuse Counselor 63 Contract Social Worker A7 Domestic Violence Counselor 96 Family Therapist A6 In School Therapist 62 Licensed Medical Social Worker 06 Medical Social Worker D5 Licensed Clinical Social Worker	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
22	Other Professional Services	A3 Naturopath Doctor A4 Naturopath Physician A5 Acupuncturist 28 Audiologist 89 Audiology Health Technician 43 Audiometric Technician 69 Chiropractor C8 Community Health Aide/Practitioner 24 Contract Optometrist 25 Contract Podiatrist 84 Pedorthist 99 Dietetic Technician 29 Dietitian 55 Disease Control Program 02 Environmental Health 36 Eye Care Specialist C7 Fitness Specialist E8 Health Promotion Disease Prevention Worker C6 Massage Therapist 97 Nutrition Technician 07 Nutritionist 90 Occupational Therapist 51 Papago Nutrition Program 10 Physical Therapist C2 Physical Therapy Technician 33 Podiatrist 26 Respiratory Therapist C4 Respiratory Therapy Technician 39 Speech Therapist 58 Speech Ther-Discontinue 42 Speech/Language Path 93 Traditional Medicine Practitioner 34 Tribal/Contract Nutritionist B9 Chaplain D3 Early Childhood Intervention Specialist E4 Physical Therapy Student	Y
22a	Ophthalmologists	79 Ophthalmologist	Y
22b	Optometrists	08 Optometrist 24 Contract Optometrist	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
22c	Other Vision Care Staff	31 Optometric Assistant 36 Eye Care Specialist 65 Optometry Student D8 Ocularist	
23a	Pharmacists	09 Pharmacist	
23b	Clinical Pharmacists	67 Clinical Pharmacy Specialist 30 Pharmacy Practitioners	
23c	Pharmacy Technicians	A8 Pharmacy Tech	
23d	Other Pharmacy Personnel	C1 Pharmacy Student	
24	Case Managers **Note:** For Table 5, Columns B and C, count only visits and associated patients for the following Provider Codes *that do not have* V POV V POV F01*- F29*, F30*-F39*, F40*-F42*, F43*-F48*, F50*-F99* (exclude F55*, F84.2, F98*), G62.0, G62.1, O99.31*-O99.34*, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0 (i.e., any visits/patients who are *not* included in Lines 20-21 definition above): • 63 Contract Social Worker • 62 Licensed Medical Social Worker • D5 Licensed Clinical Social Worker • 06 Medical Social Worker	66 Case Managers 63 Contract Social Worker 62 Licensed Clinical Social Worker 06 Medical Social Worker D5 Licensed Clinical Social Worker	Y
25	Patient/Community Education Specialists	04 Health Educator 37 Family Planning Counselor	Y
26	Outreach workers	35 Outreach Workers	
27	Transportation staff	40 Ambulance Driver	
27a	Eligibility Assistance Workers	None	
27b	Interpretation Staff	None	
27c	Community Health Workers	53 Community Health Representative	
28	Other Enabling Services	91 PHN Driver/Interpreter	

Line	Personnel by Major Service Category	IHS Provider Code	Column B
29a	Other Programs and Services	None	
29b	Quality Improvement Staff	None	
30a	Management and Support Staff	57 Administrative	
30b	Fiscal and Billing Staff	None	
30c	IT Staff	None	
31	Facility Staff	98 Food Service Supervisor	
32	Patient Support Staff (e.g., medical records, intake)	88 Coding/Data Entry 56 Health Records E9 Medical Scribe	
35	Unassigned	15 Other (if Location Name does not begin with “CHS”) Any qualifying visit where the primary provider code is not included in the previous lines.	

Appendix D RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/manager's rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS website:
https://home.ihs.gov/security/index.cfm.

> **Note**: Users must be logged on to the IHS D1 Intranet to access these documents.

The ROB listed in the following sections are specific to RPMS.

D.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

D.1.1 Access

RPMS users shall:

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not:

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

D.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall:

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

D.1.3 Accountability

RPMS users shall:

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

D.1.4 Confidentiality

RPMS users shall:

- Be aware of the sensitivity of electronic and hard copy information and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not:

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

D.1.5 Integrity

RPMS users shall:

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.

- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

D.1.6 System Logon

RPMS users shall:

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

D.1.7 Passwords

RPMS users shall:

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not:

- Use common words found in any dictionary as a password.

- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

D.1.8 Backups

RPMS users shall:

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

D.1.9 Reporting

RPMS users shall:

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

D.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than five minutes of inactivity.

RPMS users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

D.1.11 Hardware

RPMS users shall:

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not:

- Eat or drink near system equipment.

D.1.12 Awareness

RPMS users shall:

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

D.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.

- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall:

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not:

- Disable any encryption established for network, internet, and Web browser communications.

D.2 RPMS Developers

RPMS developers shall:

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not:

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.

- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

D.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall:

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.

- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords and delete or reassign related active and backup files.
- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

ASUFAC Number

Area Service Unit Facility; unique identifier for each facility within IHS. is comprised of a six-digit number where the first two digits identify the Area, the next two digits identify the Service Unit, and the last two digits identify the Facility.

CPT Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. UDS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS

CRS is a component of the RPMS software suite. CRS provides sites with the ability to report on GPRA and developmental clinical performance measures from local RPMS databases.

CY

The abbreviation for calendar year, January through December.

Device

A device that either displays or prints information.

Enter Key

This term is used interchangeably with the Return key. Press Enter to show the end of an entry such as a number or a word. Press Enter each time you respond to a computer prompt. If you want to return to the previous screen, simply press Enter without entering a response. This will take you back to the previous menu screen. Enter on some keyboards is shown as the Return Key. Whenever you see [ENT] or Enter, press the Enter or Return Key.

File

A set of related records or entries treated as a single unit.

FileMan

The database management system for RPMS.

FY

Abbreviation for fiscal year. The fiscal year for the federal government is October 1 through September 30.

Health Record Number

Each facility assigns a unique number within that facility to each patient. Each Health Record Number with its facility ASUFAC identification make a unique identifier within all of IHS.

ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. UDS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

IHS Direct, Tribal, and Urban

In general, all components of the Indian health care system.

Logic

The detailed definition, including specific RPMS fields and codes, of how the software defines for the UDS a patient and a patient's visits and denominators and numerators.

LOINC

Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

Mandatory

Required. A mandatory field is a field that must be completed before the system will allow you to continue.

Menu

A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option" as in Select Menu Management option: (the menu's select prompt).

Mnemonic

A short cut that designated to access a particular party, name, or facility.

Namespace

A unique set of alpha characters assigned by the Database Administrator, which uniquely identifies package components; for example, BUD is the namespace for the RPMS Unified Data System (UDS).

Option

As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Performance Measure

Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in the strategic and/or performance plans of an organization. An example of a performance measure is: Maintain at the previous year's level the proportion of eligible women who have had a pap smear documented within the past three years.

Queuing

Requesting that a job be processed at a later time rather than within the current session.

Receipt Dates

The date that the party received the information.

Receiving Party

The person or organization that is receiving the information.

Sequential

Arranged in a particular order.

Site Specific

Particular to a specific site.

STAT

Immediately.

Tagged

Marked with a specific identifier.

Taxonomy

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in the PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much UDS logic as possible is based on standard national codes, such as CPTs or ICD-10. For terminology that is not standardized across each facility, such as lab tests or medications, UDS uses taxonomies that can be populated by each individual facility with its own codes.

Acronym List

Acronym	Term Meaning
ADA	American Dental Association
AMI	Acute Myocardial Infarction
ASCVD	Atherosclerotic Cardiovascular Disease
ASUFAC	Area Service Unit Facility
BMI	Body Mass Index
BPHC	Bureau of Primary Health Care
CABG	Coronary Artery Bypass Graft
CAD	Coronary Artery Disease
CHIP	Children's Health Insurance Program
CMS	Center for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CRS	Clinical Reporting System
CY	Calendar Year
DMS	Diabetes Management System
eCQM	Electronic Clinical Quality Measure
FTE	Full Time Equivalent
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
I/T/U	IHS direct, Tribal, and Urban
ICD	International Classification of Diseases
IHS	Indian Health Service
IVD	Ischemic Vascular Disease
LDL	Low-Density Lipoprotein
LOINC	Logical Observations, Identifiers, Names, and Codes
MI	Myocardial Infarction
OMB	Office of Management and Budget
PCC	Patient Care Component
POV	Purpose of Visit
PCI	Percutaneous Coronary Interventions
ROB	Rules of Behavior
RPMS	Resource and Patient Management System
SNOMED	Systemized Nomenclature of Medicine
UDS	Uniform Data System

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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