

# Look-Alike (LAL) UDS Reporting

Data will be reported by LALs using the definitions and rules outlined in the BPHC UDS Reporting Manual. General exceptions to the reporting for designees are:

- LAL designees complete all UDS tables, except for table 6A.
- Only a Universal report is completed by designees. Discussion of grant tables is not applicable.
- Since the intent is to maintain consistency with the BPHC Grantee reporting, instead of new tables with only applicable fields, designees will see greyed out fields for elements that do not apply to them. The following tables are only those with greyed out fields. A full set of LAL tables will be displayed in the EHB.

Tables reported by the LAL designees are summarized in the table below.

TABLE		Modification (if any)
<b>SERVICE AREA</b>		
Grantee Profile	Patients by zip code	<none>
<b>PATIENT PROFILE</b>		
Table 3A	Patients by Age and Gender	<none>
Table 3B	Patients by Hispanic/Latino Ethnicity and Race; Patients best served in a language other than English	<none>
Table 4	Selected Patient Characteristics	Lines 13a-c: Managed care member months are not reported. Lines 14 – 15 and 17 – 22: No details are reported on farmworkers or homeless patients
<b>STAFFING AND UTILIZATION</b>		
Table 5	Staffing and Utilization	<none>
<b>CLINICAL</b>		
Table 6A	Selected Diagnoses and Services	Table not reported
Table 6B	Quality of Care Indicators	<none>
Table 7	Health Outcomes and Disparities	Disparities data are not reported
<b>FINANCIAL</b>		
Table 8A	Costs	<none>
Table 9D	Patient Related Revenue	Managed care detail and details of retroactive payments have all been deleted.
Table 9E	Other Revenue	Data on BPHC 330 and ARRA grants are deleted
<b>OTHER FORMS</b>		
Appendix D	EHR Capabilities	<none>

## TABLE 4 – SELECTED PATIENT CHARACTERISTICS

CHARACTERISTIC		NUMBER OF PATIENTS ( a )				
<b>INCOME AS PERCENT OF POVERTY LEVEL</b>						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	<b>TOTAL (SUM LINES 1 – 5)</b>					
<b>PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE</b>		<b>0-19 YEARS OLD ( a )</b>		<b>20 AND OLDER ( b )</b>		
7.	<b>None/ Uninsured</b>					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	<b>TOTAL MEDICAID (LINE 8A + 8B)</b>					
9.	<b>MEDICARE (TITLE XVIII)</b>					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	<b>TOTAL PUBLIC INSURANCE (LINE 10a + 10b)</b>					
11.	<b>PRIVATE INSURANCE</b>					
12.	<b>TOTAL (SUM LINES 7 + 8 + 9 +10 +11)</b>					
<b>MANAGED CARE UTILIZATION</b>						
<b>Payor Category</b>		<b>MEDICAID ( a )</b>	<b>MEDICARE ( b )</b>	<b>OTHER PUBLIC INCLUDING NON- MEDICAID CHIP ( c )</b>	<b>PRIVATE ( d )</b>	<b>TOTAL ( e )</b>
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	<b>TOTAL MEMBER MONTHS ( 13a + 13b)</b>					
<b>CHARACTERISTICS – SPECIAL POPULATIONS</b>				<b>NUMBER OF PATIENTS -- (a)</b>		
14.	Migrant	(330g grantees only)				
15.	Seasonal	(330g grantees only)				
16.	<b>TOTAL MIGRANT/SEASONAL AGRICULTURAL WORKER OR DEPENDENT (ALL LOOK-ALIKES REPORT THIS LINE)</b>					
17.	Homeless Shelter	(330h grantees only)				
18.	Transitional	(330h grantees only)				
19.	Doubling Up	(330h grantees only)				
20.	Street	(330h grantees only)				
21.	Other	(330h grantees only)				
22.	Unknown	(330h grantees only)				
23.	<b>TOTAL HOMELESS (ALL LOOK-ALIKES REPORT THIS LINE)</b>					
24.	<b>TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL LOOK-ALIKES REPORT THIS LINE)</b>					
25.	<b>TOTAL VETERANS (ALL LOOK-ALIKES REPORT THIS LINE)</b>					

Reporting Period: January 1, 2011 through December 31, 2011

**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**  
Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

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

**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**  
 Section B: Hypertension By Race and Hispanic/Latino Ethnicity

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

**TABLE 7 – HEALTH OUTCOMES AND DISPARITIES**  
 Section C: Diabetes by Race and Hispanic/Latino Ethnicity

	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c <7% (3c)	Patients with 7%<= Hba1c <8% (3d)	Patients with 8%<= Hba1c <=9% (3e)	Patients with Hba1c >9% Or No Test During Year (3f)
<b>Hispanic/Latino</b>							
1a	Asian						
1b1	Native Hawaiian						
1b2	Pacific Islander						
1c	Black/African American						
1d	American Indian/Alaska Native						
1e	White						
1f	More than One Race						
1g	Unreported/Refused to Report Race						
	<i>Subtotal Hispanic/Latino</i>						
<b>Non-Hispanic/Latino</b>							
2a	Asian						
2b1	Native Hawaiian						
2b2	Pacific Islander						
2c	Black/African American						
2d	American Indian/Alaska Native						
2e	White						
2f	More than One Race						
2g	Unreported/Refused to Report Race						
	<i>Subtotal Non-Hispanic/Latino</i>						
<b>Unreported/Refused to Report Ethnicity</b>							
h	Unreported/Refused to Report Race and Ethnicity						
i	<b>Total</b>						

**TABLE 9D (Part I of II) –PATIENT RELATED REVENUE (Scope of Project Only)**

PAYOR CATEGORY	FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)				ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
			COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)	PENALTY/ PAYBACK (c4)			
1. Medicaid Non-Managed Care									
2a. Medicaid Managed Care (capitated)									
2b. Medicaid Managed Care (fee-for-service)									
3. <b>TOTAL MEDICAID</b> (LINES 1+ 2A + 2B)									
4. Medicare Non-Managed Care									
5a. Medicare Managed Care (capitated)									
5b. Medicare Managed Care (fee-for-service)									
6. <b>TOTAL MEDICARE</b> (LINES 4 + 5A+ 5B)									
7. Other Public including Non-Medicaid CHIP (Non Managed Care)									
8a. Other Public including Non-Medicaid CHIP (Managed Care Capitated)									

**TABLE 9D (Part II of II) –PATIENT RELATED REVENUE (Scope of Project Only)**

PAYOR CATEGORY		Full Charges This Period	AMOUNT COLLECTED THIS PERIOD	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)			ALLOWANCES	SLIDING DISCOUNTS	BAD DEBT WRITE OFF	
				COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD				PENALTY/ PAYBACK
		(a)	(b)	(c1)	(c2)	(c3)	(c4)	(d)	(e)	(f)
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)									
9.	<b>TOTAL OTHER PUBLIC</b> (LINES 7+ 8A +8B)									
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	<b>TOTAL PRIVATE</b> (LINES 10 + 11A + 11B)									
13.	Self Pay									
14.	<b>TOTAL</b> (LINES 3 + 6 + 9 + 12 + 13)									

**TABLE 9E –OTHER REVENUES**

<b>SOURCE</b>		<b>AMOUNT (a)</b>
<b>BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272)</b>		
1a.	Migrant Health Center	
1b.	Community Health Center	
1c.	Health Care for the Homeless	
1e.	Public Housing Primary Care	
1g.	<b>TOTAL HEALTH CENTER CLUSTER (SUM LINES 1A THROUGH 1E)</b>	
1j.	Capital Improvement Program Grants (excluding ARRA and ACA)	
1k.	Capital Development Grants	
<b>1.</b>	<b>TOTAL BPHC GRANTS (SUM LINES 1G + 1J + 1K)</b>	
<b>OTHER FEDERAL GRANTS</b>		
2.	Ryan White Part C HIV Early Intervention	
3.	Federal Grants (specify:_____)	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
4.	American Recovery and Reinvestment Act (ARRA) New Access Point (NAP) and Increased Demand for Services (IDS)	
4a	American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	
5.	<b>TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 – 4A)</b>	
<b>NON-FEDERAL GRANTS OR CONTRACTS</b>		
6.	State Government Grants and Contracts (specify:_____)	
6a.	State/Local Indigent Care Programs (specify:_____)	
7.	Local Government Grants and Contracts (specify:_____)	
8.	Foundation/Private Grants and Contracts(specify:_____)	
9.	<b>TOTAL NON-FEDERAL GRANTS AND CONTRACTS (SUM LINES 6 + 6A+7+8)</b>	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify:_____)	
11.	<b>TOTAL REVENUE (LINES 5+9+10)</b>	