

## Introduction:

This Reference Guide is a companion document to the CY 2010 BPHC UDS data reports that are available to grantees through the EHB. The reports available provide analysis of the UDS data at the individual grantee level, as well as at the State and National levels. Because the reports contain an extensive amount of information, presented in a variety of formats, the Reference Guide is meant to provide the user with information about the structure and content of each report and information about how the statistics are calculated, and how the information might be used.

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

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

## Available Reports:

***UDS Health Center Trend Report*** – This report compares the health center's performance for 16 key performance measures with national and state averages over a 3 year period. The measures describe health center performance in three categories: Access, Quality of Care/Health Outcomes, and Financial Cost/Viability and provide an overall picture of the health center's performance in each of these areas. This report is available at the Grantee, State and National levels.

**UDS Grantee, State and National Summary Report** – This report is a 'dashboard' report intended to describe each grantee in a statistical manner. Calculations of key measures are derived from data reported by grantees. The measures are broken out into two main categories: 1) Demographic and Clinical Data (Patients, Visits, Staffing and Clinical Information) and 2) Fiscal Information (Costs and Revenues) and provide an overall picture of the health center's performance in each of these areas. This report is available at the Grantee, State, and National levels.

**Exhibit A** – This report provides a summary of revenue data reported by BPHC grantees. This report is available at the National level.

**UDS Rollup Report** – This report compiles annual data reported by Health Center Program (HCP) grantees. Aggregate HCP data are provided for each of the UDS tables to include data on patient demographics, socioeconomic characteristics, staffing, patient diagnoses and services rendered, quality of care, health outcomes and disparities, financial costs, and revenues. This report provides the values in raw and percentage format. This report is available at the National level (universal and grant specific) and at the State level (universal only). The formula guide for this report has not been included, but can be accessed through the EHB.

**UDS Grantee Health Center Performance Comparison Report** – This report provides calculations of key measures at different levels including Grantee, State, National, Urban, Rural, and National Percentiles (25th, 50th and 75th) for each of the following categories: Patients, Visits, Staffing, Clinical Information, Clinical Performance, Costs, and Revenues. It is anticipated that the CY 2010 Health Center Performance Comparison Report and corresponding formula guide will be released in early 2012.

## **Calculation Formulae:**

The remaining pages of this guide list the formula that is used to calculate the statistics for each line of the report. The formulae references specific cells of the 2007 UDS report by table, line and column. In some instances, the reference has been abbreviated with T=Table, L=Line, and C=Column. For example, a formula containing T3B\_L8\_CA is referring to Table 3B, Line 8, Column A. The standard mathematical notations are used as follows:

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

UDS Health Center Trend Report			
Measure Name	2008	2009	2010
<b>Access</b>			
Total Number of Patients Served	T4_L6_CA	T4_L6_CA	T4_L6_CA
Dental Patients Served	T5_L19_Cc	T5_L19_Cc	T5_L19_Cc
Migrant / Seasonal Farmworker Patients Served	T4_L16_CA	T4_L16_CA	T4_L16_CA
Homeless Patients Served	T4_L23_CA	T4_L23_CA	T4_L23_CA
Public Housing Patients Served	T4_L6_CA (Universal + PHPC funding stream)	T4_L6_CA (Universal + PHPC funding stream)	T4_L6_CA (Universal + PHPC funding stream)
<b>Quality of Care/Health Outcomes</b>			
Percent of Prenatal Patients Served in the 1st Trimester	$(T6B\_L7\_CA+T6B\_L7\_CB)/T6B\_L6\_CA$	$(T6B\_L7\_CA+T6B\_L7\_CB)/T6B\_L6\_CA$	$(T6B\_L7\_CA+T6B\_L7\_CB)/T6B\_L6\_CA$
Percent of Women with Pap Test	$[Sum\ at\ each\ Grantee\ level\ \{T6B\_L11\_CA * (T6B\_L11\_CC / T6B\_L11\_CB)\}] / [Sum\ at\ National\ or\ State\ level\ (T6B\_L11\_CA)]$	$[Sum\ at\ each\ Grantee\ level\ \{T6B\_L11\_CA * (T6B\_L11\_CC / T6B\_L11\_CB)\}] / [Sum\ at\ National\ or\ State\ level\ (T6B\_L11\_CA)]$	$[Sum\ at\ each\ Grantee\ level\ \{T6B\_L11\_CA * (T6B\_L11\_CC / T6B\_L11\_CB)\}] / [Sum\ at\ National\ or\ State\ level\ (T6B\_L11\_CA)]$
Percent of Children Age 2 Immunized	$[Sum\ at\ each\ Grantee\ level\ \{T6B\_L10\_CA * (T6B\_L10\_CC / T6B\_L10\_CB)\}] / [Sum\ at\ National\ or\ State\ level\ (T6B\_L10\_CA)]$	$[Sum\ at\ each\ Grantee\ level\ \{T6B\_L10\_CA * (T6B\_L10\_CC / T6B\_L10\_CB)\}] / [Sum\ at\ National\ or\ State\ level\ (T6B\_L10\_CA)]$	$[Sum\ at\ each\ Grantee\ level\ \{T6B\_L10\_CA * (T6B\_L10\_CC / T6B\_L10\_CB)\}] / [Sum\ at\ National\ or\ State\ level\ (T6B\_L10\_CA)]$
Percent Low and Very Low Birthweight Newborns	$(T7\_L3\_CH + T7\_L4\_CH) / (T7\_L3\_CH+T7\_L4\_CH+T7\_L5\_CH)$	$(T7\_L3\_CI + T7\_L4\_CI) / (T7\_L3\_CI+T7\_L4\_CI+T7\_L5\_CI)$	$(T7\_L3\_CI + T7\_L4\_CI) / (T7\_L3\_CI+T7\_L4\_CI+T7\_L5\_CI)$
Percent Diabetic Patients with Hba1c <=9%	$[Sum\ at\ each\ Grantee\ level\ \{T7\_L9\_CH * ((T7\_L11\_CH + T7\_L12\_CH) / T7\_L10\_CH)\}] / [Sum\ at\ National\ or\ State\ level\ (T7\_L9\_CH)]$	$[Sum\ at\ each\ Grantee\ level\ \{T7\_L9\_CI * ((T7\_L11\_CI + T7\_L12\_CI) / T7\_L10\_CI)\}] / [Sum\ at\ National\ or\ State\ level\ (T7\_L9\_CI)]$	$[Sum\ at\ each\ Grantee\ level\ \{T7\_L9\_CI * ((T7\_L11\_CI + T7\_L12\_CI) / T7\_L10\_CI)\}] / [Sum\ at\ National\ or\ State\ level\ (T7\_L9\_CI)]$
Percent Hypertensive Patients with Blood Pressure < 140/90	$[Sum\ at\ each\ Grantee\ level\ \{T7\_L6\_CH * (T7\_L8\_CH / T7\_L7\_CH)\}] / [Sum\ at\ National\ or\ State\ level\ (T7\_L6\_CH)]$	$[Sum\ at\ each\ Grantee\ level\ \{T7\_L6\_CI * (T7\_L8\_CI / T7\_L7\_CI)\}] / [Sum\ at\ National\ or\ State\ level\ (T7\_L6\_CI)]$	$[Sum\ at\ each\ Grantee\ level\ \{T7\_L6\_CI * (T7\_L8\_CI / T7\_L7\_CI)\}] / [Sum\ at\ National\ or\ State\ level\ (T7\_L6\_CI)]$
<b>Financial Cost/Viability</b>			
Total Cost per Total Patient	$T8A\_L17\_CC/(T3A\_L39\_CA+T3A\_L39\_CB)$	$T8A\_L17\_CC/(T3A\_L39\_CA+T3A\_L39\_CB)$	$T8A\_L17\_CC/(T3A\_L39\_CA+T3A\_L39\_CB)$
Medical Cost per Medical visit	$(T8A\_L4\_CC-T8A\_L2\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$	$(T8A\_L4\_CC-T8A\_L2\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$	$(T8A\_L4\_CC-T8A\_L2\_CC)/(T5\_L15\_CB-T5\_L11\_CB)$
Change in Net Assets as a Percent of Expense	$(Ending\ Net\ Assets - Beginning\ Net\ Assets)/Total\ Expenses$	$(Ending\ Net\ Assets - Beginning\ Net\ Assets)/Total\ Expenses$	$(Ending\ Net\ Assets - Beginning\ Net\ Assets)/Total\ Expenses$
Working Capital to Monthly Expense Ratio	$(Current\ Assets - Current\ Liabilities)/(Total\ Expenses / Number\ of\ Months\ in\ Audit)$	$(Current\ Assets - Current\ Liabilities)/(Total\ Expenses / Number\ of\ Months\ in\ Audit)$	$(Current\ Assets - Current\ Liabilities)/(Total\ Expenses / Number\ of\ Months\ in\ Audit)$
Long Term Debt to Equity Ratio	Long Term Liabilities/Net Assets	Long Term Liabilities/Net Assets	Long Term Liabilities/Net Assets

Change: Difference in values between the base and prior reporting years, i.e. CY – PY.

% Change: Percentage change between the base and prior reporting years, i.e. (CY – PY) / PY.

UDS Summary Report

UDS Summary Report	
<b>Patients</b>	
Total Patients	T3A_L39_CA + T3A_L39_CB
<b>Number/Percent of Patients who used</b>	
Medical	#,% : T5_L15_CC , T5_L15_CC/(T3A_L39_CA+T3A_L39_CB)
Dental	#,% : T5_L19_CC ,T5_L19_CC/(T3A_L39_CA+T3A_L39_CB)
Mental Health	#,% : T5_L20_CC , T5_L20_CC/(T3A_L39_CA+T3A_L39_CB)
Substance Abuse	#,% : T5_L21_CC,T5_L21_CC/(T3A_L39_CA+T3A_L39_CB)
Other Professional Services	#,% : T5_L22_CC,T5_L22_CC/(T3A_L39_CA+T3A_L39_CB)
Vision	#,% : T5_L22d_CC, T5_L22d_CC/(T3A_L39_CA+T3A_L39_CB)
Enabling	#,% : T5_L29_CC,T5_L29_CC/(T3A_L39_CA+T3A_L39_CB)
<b>Number/Percent of Patients by Special Populations</b>	
Migrant/Seasonal Farmworker Patients	#,% : T4_L16_CA,T4_L16_CA/T4_L6_CA
Homeless Patients	#,% : T4_L23_CA,T4_L23_CA/T4_L6_CA
School Based Health Patients	#,% : T4_L24_CA,T4_L24_CA/T4_L6_CA
Veteran Patients	#,% : T4_L25_CA, T4_L25_CA/T4_L6_CA
<b>Number/Percent of Patients by Age</b>	
Children (<18 years old)	#,% : T3A Lines 1 to 18 CA+CB, (T3A Lines 1 to 18 CA+CB)/(T3A_L39_CA+T3A_L39_CB)
Adult (18 - 64)	#,% : T3A Lines 19 to 33 CA+CB , (T3A Lines 19 to 33 CA+CB)/(T3A_L39_CA+T3A_L39_CB)
Geriatric (age 65 and over)	#,% : T3A Lines 34 to 38 CA+CB , (T3A Lines 34 to 38 CA+CB)/(T3a_L39_CA+T3A_L39_CB)
<b>Number/Percent of Patients by Insurance Status</b>	
Uninsured	#,% : T4_L7_CA+T4_L7_CB , (T4_L7_CA+T4_L7_CB)/(T4_L12_CA+T4_L12_CB)
Children Uninsured (age 0-19 years of age)	#,% : T4_L7_CA , T4_L7_CA/T4_L12_CA
Medicaid / CHIP	#,% : (T4_L8_CA+T4_L8_CB+T4_L10B_CA+T4_L10B_CB) , (T4_L8_CA+T4_L8_CB+T4_L10B_CA+T4_L10B_CB)/(T4_L12_CA+T4_L12_CB)
Medicare	#,% : T4_L9_CA+CB , T4_L9_CA+CB/( T4_L12_CA + T4_L12_CB)
Other Third Party	#,% : (T4_L10A_CA+T4_L10A_CB+T4_L11_CB+T4_L11_CA) , (T4_L10A_CA+T4_L10A_CB+T4_L11_CB+T4_L11_CA)/(T4_L12_CA+T4_L12_CB)
<b>Patients by Income Status (% Known)</b>	
Patients at or below 200% of poverty	% : (T4_LINES 1+2+3, COL A)/(T4_L6_CA - T4_L5_CA)
Patients at or below 100% of poverty	% : (T4_L1_CA)/(T4_L6_CA - T4_L5_CA)
<b>Patients by Race &amp; Ethnicity (% Known)</b>	
% Racial and/or Ethnic Minority	% : (T3B_L8_CA+T3B_L8_CB-T3B_L7_CB-T3B_L5_CB)/(T3B_L8_CD-T3B_L7_CB-T3B_L7_CD)
% Hispanic/Latino Identity	% : T3B_L8_CA/(T3B_L8_CD - T3B_L8_CC)
% African American	% : T3B_L3_CD/(T3B_L8_CD - T3B_L7_CD)
% Asian	% : T3B_L1_CD/(T3B_L8_CD - T3B_L7_CD)
% American Indian / Alaska Native	% : T3B_L4_CD/(T3B_L8_CD - T3B_L7_CD)
% Native Hawaiian / Other Pacific Islander	% : (T3B_L2A_CD + T3B_L2B_CD) / (T3B_L8_CD - T3B_L7_CD)
% More than one race	% : T3B_L6_CD/(T3B_L8_CD - T3B_L7_CD)
% Best Served in another language	% : T3B_L12_CA/T3B_L8_CD
<b>Percent of medical Patients with Specific diagnoses</b>	
Hypertension	% : T7_L6_CI/(T5_L15_CC*((T3A_L19-37_CA+T3A_L19-37_CB)/(T3A_L39_CA+T3A_L39_CB)))
Diabetes	% : T7_L9_CI/(T5_L15_CC*((T3A_L19-35_CA+T3A_L19-35_CB)/(T3A_L39_CA+T3A_L39_CB)))
Asthma	% : T6A_L5_CB/T5_L15_CC
HIV	% : T6A_L1-2_CB /T5_L15_CC
<b>Prenatal</b>	
Number of Prenatal Patients	#:T6B_L6_CA
Number of Prenatal Patients who delivered	#:T7_L1_CI
<b>Number / Percent Visits</b>	
Total Visits	# : T5_L34_CB
Medical	#,% : T5_L15_CB , T5_L15_CB/T5_L34_CB
Dental	#,% : T5_L19_CB , T5_L19_CB/T5_L34_CB
Mental Health	#,% : T5_L20_CB, T5_L20_CB/ T5_L34_CB
Substance Abuse	#,% : T5_L21_CB , T5_L21_CB/ T5_L34_CB

UDS Summary Report	
Other professional Services	#: T5_L22_CB , T5_L22_CB/T5_L34_CB
Vision	#: T5_L22d_CB , T5_L22d_CB/T5_L34_CB
Enabling	#: T5_L29_CB , T5_L29_CB/T5_L34_CB
Medical Visits per Medical Patient (excludes nurses)	# : (T5_L15_CB-T5_L11_CB)/T5_L15_CC
Dental Visits per Dental Patient	# : T5_L19_CB/T5_L19_CC
Mental Health Visits per Mental Health Patient	# : T5_L20_CB/T5_L20_CC
Substance Abuse Visits per Substance Abuse Patient	# : T5_L21_CB/T5_L21_CC
Vision Visits per Vision Patient	#: T5_L22d_CB/T5_L22d_CC
Enabling Visits per Enabling Patient	#: T5_L29_CB/T5_L29_CC
<b>Staffing</b>	
Total Staff	# : T5_L34_CA
Primary care Physician FTE's	# : T5_L1_CA+T5_L2_CA+T5_L3_CA+T5_L4_CA+T5_L5_CA
Family/General Physicians	# : T5_L1_CA+T5_L2_CA
Internal Medicine	# : T5_L3_CA
Pediatrics	# : T5_L5_CA
Obstetrician/Gynecologists	# : T5_L4_CA
Other Specialty Physicians	# : T5_L7_CA
Nurse Practitioners	# : T5_L9A_CA
Physician Assistants	# : T5_L9b_CA
Certified Nurse Midwives	# : T5_L10_CA
Nurses	# : T5_L11_CA
Other Medical staff	# : T5_L12_CA
Lab and X-Ray	# : T5_L13_CA+T5_L14_CA
Dental	# : T5_L19_CA
Dentists	# : T5_L16_CA
Hygienists	# : T5_L17_CA
Assistants, Aides, and Techs	# : T5_L18_CA
Mental Health	# : T5_L20_CA
Licensed Clinical Psychologists	# : T5_L20a1_CA
Licensed Clinical Social Workers	# : T5_L20a2_CA
Other Licensed Mental Health Providers	# : T5_L20b_CA
Other Mental Health Staff	# : T5_L20c_CA
Psychiatrists	# : T5_L20a_CA
Substance Abuse	# : T5_L21_CA
Pharmacy	# : T5_L23_CA
Other Professional	# : T5_L22_CA
Vision Services	# : T5_L22d_CA
Enabling Services	# : T5_L29_CA
Other Programs/ Services Staff	# : T5_L29a_CA
Administrative/Facility Staff	# : T5_L30a_CA+ T5_L30b_CA
Facility Staff	# : T5_L31_CA
IT Staff	# : T5_L30c_CA
Patient Support Staff	# : T5_L32_CA
<b>Quality of Care/Health Outcomes</b>	
<b>Prenatal</b>	
% Having First Prenatal Visit in 1st Trimester	#: (T6B_L7_CA + T6B_L7_CB)/T6B_L6_CA
% Low and Very Low Birthweight	#: (T7_L3_CI+T7_L4_CI) / (T7_L3_CI+T7_L4_CI+T7_L5_CI)
<b>Preventive Screening &amp; Immunizations</b>	
% of Two year olds immunized	#: [Sum of ALL Grantees (T6B_L10_CA * (T6B_L10_CC / T6B_L10_CB) ) ] / [Sum of ALL Grantees (T6B_L10_CA)]
% of Women with PAP Tests	#: [Sum of ALL Grantees (T6B_L11_CA * (T6B_L11_CC / T6B_L11_CB) ) ] / [Sum of ALL Grantees (T6B_L11_CA)]
<b>Chronic Disease Management</b>	
% Hypertensive Patients with Blood Pressure less than 140/90	#: [Sum of ALL Grantees (T7_L6_CI * (T7_L8_CI/T7_L7_CI) ) ] / [Sum of ALL Grantees (T7_L6_CI)]

UDS Summary Report	
% Diabetic Patients with HbA1c <= 9	% : [Sum of ALL Grantees (T7_L9_CI * (T7_L11_CI+T7_L12_CI)/T7_L10_CI) ] / [Sum of ALL Grantees (T7_L9_CI)]
% Diabetic Patients with HbA1c < 7	% : [Sum of ALL Grantees (T7_L9_CI * T7_L11_CI/T7_L10_CI) ] / [Sum of ALL Grantees (T7_L9_CI)]
<b>Costs</b>	
Total Cost (excluding donations)	\$ : T8A_L17_CC
Medical	\$ : T8A_L1_CC+T8A_L3_CC
Dental	\$ : T8A_L5_CC
Mental Health	\$ : T8A_L6_CC
Substance Abuse	\$ : T8A_L7_CC
Pharmacy	\$ : T8A_L8A_CC+T8A_L8B_CC
Lab and X-Ray	\$ : T8A_L2_CC
Enabling Services	\$ : T8A_L11_CC
Other Related Services	\$ : T8A_L12_CC
Administration	\$ : T8A_L15_CA
Facility	\$ : T8A_L14_CA
<b>Costs per patient</b>	
Total Cost per Total Patient	\$ T8A_L17_CC/(T3A_L39_CA+T3A_L39_CB)
Medical Cost per Medical Patients	\$: (T8A_L1_CC+T8A_L3_CC)/T5_L15_CC
Dental Cost per Dental Patients	\$ T8A_L5_CC/T5_L19_CC
Mental Health Cost per Mental Health Patients	\$ T8A_L6_CC/T5_L20_CC
Substance Abuse Cost per Substance abuse Patients	\$ T8A_L7_CC/T5_L21_CC
Enabling Services Cost per Enabling Patients	\$ T8A_L11_CC / T5_L29_CC
<b>Costs per visits</b>	
Total Cost per Total Visits	\$ T8A_L17_CC/(T5_L34_CB)
Medical Cost per Medical Visits	\$ (T8A_L1_CC+T8A_L3_CC)/ (T5_L15_CB-T5_L11_CB)
Dental Cost per Dental Visits	\$ T8A_L5_CC/T5_L19_CB
Mental Health Cost per Mental Health Visits	\$ T8A_L6_CC/T5_L20_CB
Substance Abuse Cost per Substance abuse Visits	\$ T8A_L7_CC/T5_L21_CB
Enabling Services Cost per Enabling Visits	\$ T8A_L11_CC / T5_L29_CB
<b>Revenue and Adjustments</b>	
Total Revenue	\$: (T9D_L14_CB + T9E_L11_CA)
Grant Revenue	\$: (T9E_L1_CA + T9E_L5_CA + T9E_L6_CA + T9E_L7_CA + T9E_L8_CA)
Federal	\$: (T9E_L1_Ca + T9E_L5_Ca)
BPHC Grants	\$: T9E_L1_Ca
ARRA Grants	\$: T9E_L4_Ca + T9E_L4a_Ca
Other Federal Grants	\$: T9E_L2_Ca + T9E_L3_Ca
Non-Federal Grants	\$: (T9E_L6_CA + T9E_L7_CA + T9E_L8_CA)
State and Local Grants/Contracts	\$: (T9E_L6_CA + T9E_L7_CA )
Foundation/Private Grants/Contracts	\$: T9E_L8_CA
Revenue from service to patients	\$: T9D_L14_CB
Patients Self-Pay	\$: T9D_L13_CB
Third-Party Payers	\$: T9D_L3_CB + T9D_L6_CB + T9D_L9_CB+T9D_L12_CB
Medicaid	\$: T9D_L3_CB
Medicare	\$: T9D_L6_CB
Other Public	\$: T9D_L9_CB
Total Private (Third Party)	\$: T9D_L12_CB
Revenue from Indigent Care Programs	\$: T9E_L6A_CA
Other Revenue	\$: T9E_L10_CA
<b>Total Revenue minus Total Cost</b>	<b>\$:(T9D_L14_CB+T9E_L11_CA)-T8A_L17_CC</b>
Sliding Fee Discounts	\$: T9D_L14_CE
Bad Debt	\$: T9D_L14_CF

**EXHIBIT A: Total Revenue Received By BPHC Health Centers**

Measure name	Amount	Percent of Total
<b>Grant Revenue</b>	T9E_L1_Ca + T9E_L5_Ca + T9E_L6_Ca + T9E_L7_Ca + T9E_L8_Ca	$(T9E\_L1\_Ca + T9E\_L5\_Ca + T9E\_L6\_Ca + T9E\_L7\_Ca + T9E\_L8\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Federal	T9E_L1_Ca + T9E_L5_Ca	$(T9E\_L1\_Ca + T9E\_L5\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
BPHC Grants	T9E_L1_Ca	$T9E\_L1\_Ca / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
ARRA Grants	T9E_L4_Ca + T9E_L4a_Ca	$(T9E\_L4\_Ca + T9E\_L4a\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Other Federal Grants	T9E_L2_Ca + T9E_L3_Ca	$(T9E\_L2\_Ca + T9E\_L3\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Non Federal	T9E_L6_Ca + T9E_L7_Ca + T9E_L8_Ca	$(T9E\_L6\_Ca + T9E\_L7\_Ca + T9E\_L8\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
State and Local Grants/Contracts	T9E_L6_Ca + T9E_L7_Ca	$(T9E\_L6\_Ca + T9E\_L7\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Foundation/Private Grants/Contracts	T9E_L8_Ca	$T9E\_L8\_Ca / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
<b>Revenue from Sevice to Patients</b>	T9D_L14_Cb	$T9D\_L14\_Cb / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Patient Self Pay	T9D_L13_Cb	$T9D\_L13\_Cb / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Third Party Payers	T9D_L3_Cb + T9D_L6_Cb + T9D_L9_Cb + T9D_L12_Cb	$(T9D\_L3\_Cb + T9D\_L6\_Cb + T9D\_L9\_Cb + T9D\_L12\_Cb) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Medicaid	T9D_L3_Cb	$T9D\_L3\_Cb / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Medicare	T9D_L6_Cb	$T9D\_L6\_Cb / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Other Public	T9D_L9_Cb	$T9D\_L9\_Cb / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
Other (Private) Third Party	T9D_L12_Cb	$T9D\_L12\_Cb / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
<b>Revenue from Indigent Care Programs</b>	T9E_L6a_Ca	$T9E\_L6a\_Ca / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
<b>Other Revenue</b>	T9E_L10_Ca	$T9E\_L10\_Ca / (T9D\_L14\_Cb + T9E\_L11\_Ca)$
<b>Total Revenue</b>	T9D_L14_Cb + T9E_L11_Ca	$(T9D\_L14\_Cb + T9E\_L11\_Ca) / (T9D\_L14\_Cb + T9E\_L11\_Ca)$