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UDS: General Terms

Countable Visits

Operational Definition: Countable visits are documented encounters between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services. These visits can be in-person or virtual and must meet the following criteria:

- **Documented:** The service and associated patient information are recorded in the patient's health record.
- **Individual:** Visits are typically one-on-one, with exceptions for behavioral health group visits.
- **In-Person or Virtual:** Visits can occur face-to-face or via interactive, synchronous telecommunication systems.

Key Criteria for Countable Visits:

- Providers must be classified as “providers” for UDS reporting purposes.
 - Only certain personnel qualify as providers (details provided in Appendix A of UDS manual).
- Visits must be documented in the patient’s health record, even if summarized.
- Includes visits by contractors paid for by or billed through the health center.

Documentation

Operational Definition: Documentation involves recording the service and associated patient information within a system that allows ready retrieval of current data for the patient. The health record does not need to be complete but must meet the following minimum standards:

- Procedure and diagnosis codes included.
- Can be in print or electronic form.

Independent Professional Judgment

Operational Definition: Providers must act independently, not assisting another provider, and use their professional skills gained through formal training and experience unique to their profession. This judgment is critical in providing the services.



Countable Behavioral Health Group Visits

Operational Definition: Behavioral health visits conducted in a group setting can be counted if the services are documented in each patient's health record. This includes:

- Family therapy or counseling sessions.
- Group mental health counseling.
- Group substance use disorder counseling.

Additional Considerations:

- Charges are recorded for each patient, even if covered by another grant or contract.
- Count the visit for only one patient if only one is billed.
- Telemedicine services must be documented in the patient's health record.

Location of Services Provided

Operational Definition: A visit must occur at approved service delivery sites or other locations within the health center's scope of project, including virtual visits.

Considerations for Inpatient Visit Considerations:

- Count only one inpatient visit per patient per day.
- Include encounters with existing patients hospitalized if health center personnel follow or provide care.

Counting Multiple Visits by Category of Service

Operational Definition: Multiple visits can be counted when a patient has more than one visit with the health center in a day. Only one visit per patient per service category per provider per location in a single day is counted.

Key Considerations:

- If multiple medical providers of the same category deliver services in a day, count only one visit.
- Count two visits if services are provided by different providers at distinct locations on the same day.
- Virtual visits may count as separate visits if different providers at distinct locations are involved.



Patients

Operational Definition: Patients are individuals who have had at least one countable visit during the calendar year. They include anyone receiving in-person or virtual visits.

Reporting Reminders:

- Include all patients with at least one visit during the calendar year (Jan-Dec).
- When reporting patients and their visits within the designated table, count each patient once per table. This is regardless of the number of services received.

Services and Individuals NOT Reported on the UDS Report

Operational Definition: Certain services do not count as visits for UDS reporting, even if they are critical to care provision. The following services are not considered countable or “patients” for UDS purposes unless there are additional services requiring independent professional judgment.

Non-Countable Services:

- Health screenings or outreach services.
- Group visits (except behavioral health group visits).
- Tests and other ancillary services (e.g., laboratory tests, imaging).
- Dispensing or administering medications.
- Health status checks.
- Services under the Women, Infants, and Children (WIC) program.

Provider

Operational Definition: A provider exercises independent professional judgment, assumes primary responsibility for assessing/treating the patient, and documents the services in the patient’s health record.

Provider Criteria:

- Only one provider gets credit per visit.
- Residents under supervision get credit as the provider.
- Personnel should be allocated by function and time dedicated to different service categories.
- Only designated personnel (refer to Appendix A of UDS manual) can generate countable visits.
- Providers may be employees, contractors, or volunteers.
- Report providers’ activities if paid by the health center for time or specific visits/services.