



# Primary Care Association (PCA) and Health Center Controlled Network (HCCN) Uniform Data System (UDS) Training

*December 11, 2023, 1:00–2:30 p.m. ET*

**Nicole Giron, M.S.**

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**Bureau of Primary Health Care (BPHC)**

**Vision: Healthy Communities, Healthy People**



# Opening Remarks

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**Lorraine Burton**

**Data and Evaluation**

**Office of Quality Improvement**

**Bureau of Primary Health Care**

**Health Resources and Services Administration**



# Agenda



- Welcome and logistics
- Overview of the Uniform Data System (UDS)
- Opportunities to support health centers with UDS
- UDS Modernization updates
- Primary Care Association (PCA) and Health Center Controlled Network (HCCN) peer sharing
- Questions and answers

# Objectives of the Webinar

1

Provide an overview of the UDS and the reporting process.

2

Review resources and technical assistance (TA) activities to support UDS reporting.

3

Hear about UDS activities from peer PCAs and HCCNs.



# Poll #1

**How long have you been working with health centers to support their UDS reporting?**

- a) I'm new to this work! (<1 year)
- b) I've got a few years under my belt. (1–3 years)
- c) I've worked on this for a while now. (4–6 years)
- d) I've lost count! (6+ years)



# UDS Overview



# Value of the UDS

The UDS demonstrates **the scope of the Health Center Program**, including type, volume, and outcomes, for each calendar year.



Because it captures this data each year, it allows stakeholders to **understand how each health center and health centers in aggregate have changed year over year.**



The UDS captures and conveys to the Health Resources and Services Administration (HRSA) the work that health centers have been doing and, all together, conveys to Congress and other stakeholders the **important work that the entire Health Center Program is doing.**





# Overview of UDS Report

## Four Primary Sections



### Patient Demographic Profile

- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special population



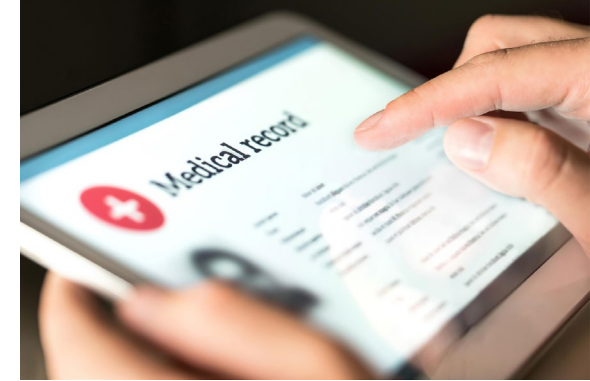
### Clinical Services and Outcomes

- **Table 5:** Staff, visits, patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race and ethnicity



### Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
- **Table 9E:** Other revenue



### Other Forms

- **Appendix D:** Health Information Technology (HIT) Capabilities
- **Appendix E:** Other Data Elements (ODE)
- **Appendix F:** Workforce



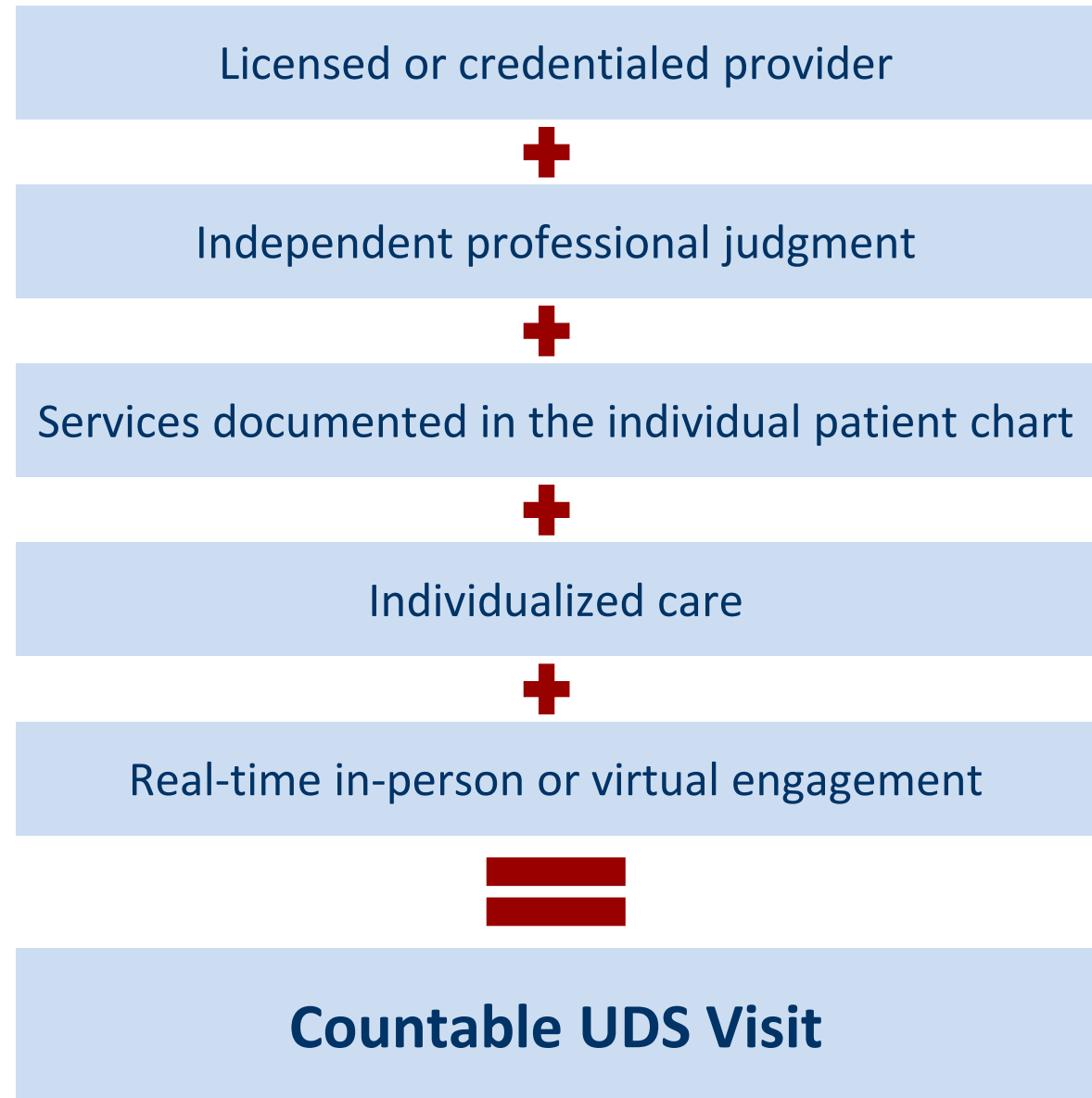
Image source: Adobe Stock, iStock



**A *patient* on the UDS is someone who has a *countable visit* in any service category on Table 5.**

A patient with a countable visit on Table 5 should be reported on demographics, clinical care, and financials tables.

Remember, this definition and its relationship across tables are **central** to accurate reporting.



# Reporting Timeline

January 1:  
UDS Report is available through HRSA's Electronic Handbooks (EHBs)

Report in EHBs

February 15:  
UDS Report is due in EHBs

Work with reviewer to revise report, as needed

March 31:  
Last day for data changes; final, revised reports are due

Data finalization by HRSA

Summer:  
Reports are available to health centers in EHBs

Preliminary Reporting Environment (PRE) available (Oct.–Dec.)

UDS support available (all year)

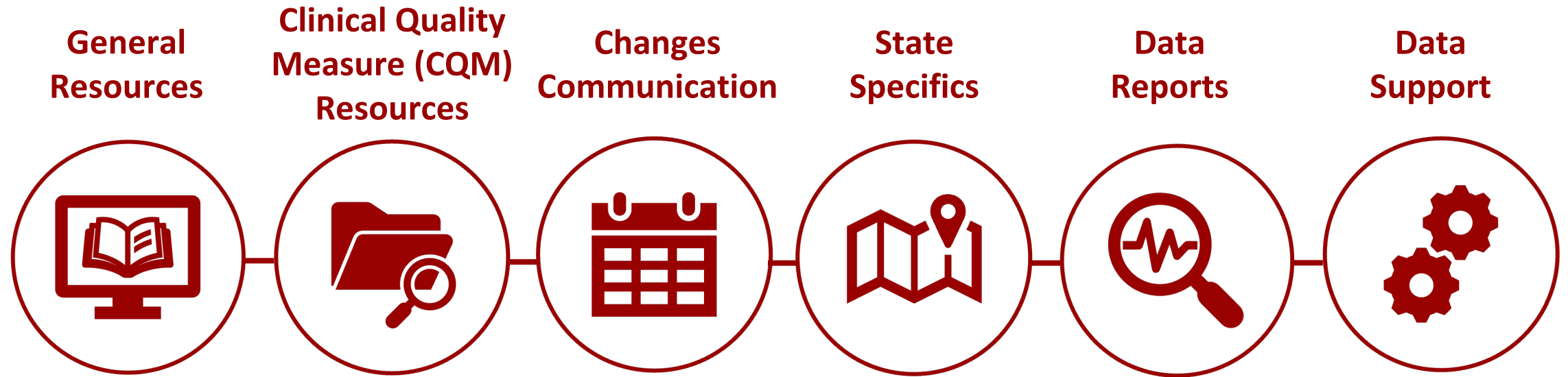
*In addition to submitting UDS Reports in the EHBs, health centers may voluntarily submit certain de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the [UDS Modernization FAQ](#) for more on that process.*



# Supporting Health Centers



# Many Ways to Support UDS Efforts



# UDS Training and Technical Assistance (TTA) Resources



- Now available: [UDS reporting resources on the BPHC website](#)

- Introduction
- Reporting Training Schedule
- Reporting Guidance
- Patient Characteristics
- Staffing and Utilization
- Clinical Care
- Financials
- Appendices
- Additional Reporting Topics
- Technical Assistance Contacts
- UDS Data
- Archived Resources

## Uniform Data System (UDS) Training and Technical Assistance

Last updated: July 11, 2023

### Announcement

#### Calendar year 2023 UDS reporting submission

All health centers are required to submit a full, aggregated UDS Report through HRSA's [Electronic Handbooks \(EHBs\)](#) by February 15, 2024. Additionally, beginning with 2023 UDS reporting, health centers may also voluntarily submit de-identified patient-level data (UDS+) using Health Level Seven International (HL7®) developed Fast Healthcare Interoperability Resources (FHIR®) version release 4 (R4) standards. View updates about UDS patient-level submission (UDS+) on the UDS Modernization Overview and [UDS Modernization FAQ](#) webpages.

#### UDS test cooperative stakeholder group

Health centers, Primary Care Associations (PCAs), Health Center-Controlled Networks (HCCNs), and health information technology (IT) vendors are welcome to join the [UDS Test Cooperative](#) (UTC) stakeholder group. To join, contact us through the [BPHC Contact Form](#) and select Uniform Data System (UDS), UDS Modernization, then How to Join the UDS Test Cooperative.

### Featured Resources

- [2022 UDS Trends Webinar Registration](#) <sup>📄</sup>  
A detailed overview of 2022 UDS data trends
- [2023 UDS Final Program Assistance Letter \(PAL\)](#) (PDF - 553 KB)  
An overview of final updates to the CY 2023 UDS reporting
- [2023 UDS Manual](#) (PDF - 2 MB)  
Provides health centers with detailed reporting instructions and example data tables that support calendar year 2023 UDS reporting, including information about voluntary UDS patient-level submission (UDS+)
- [2023 UDS Tables PDF](#) (PDF - 1 MB) and [Excel](#) (XLSX - 386 KB)  
Resources to help health centers prepare UDS submissions in advance with an organized, standard structure
- [2023 UDS Reporting Changes TA Webinar Recording](#) <sup>📄</sup> and [Presentation](#) (PDF - 2 MB)



# Resources to Learn About the UDS



- [2023 UDS Manual](#): **Key resource** outlining tables, forms, reporting instructions, submission instructions, and FAQs.
  - [2023 UDS Tables](#): Available in PDF or Excel format.
- [Reporting Guidance TTA page](#)
  - UDS Beginner Resources: Suggested UDS trainings and resources for staff participating in UDS for the first time.
  - UDS Advanced Resources: Suggested UDS trainings and resources for staff familiar with UDS data and reporting.
  - EHBs Overview Video: Explains the permissions required to access the UDS Report through the grant management systems that health centers use to report UDS data annually.
  - Content Modules throughout TTA Site
    - [UDS Overview](#), [Patient Characteristics](#), [Clinical Care](#), [Financials](#), and [Submission](#) Self-Paced Learning Modules: Review UDS content and reporting requirements.
- [2023 UDS Reporting Webinar Series](#): All webinars are archived on the HRSA website to watch anytime!





# Ongoing Support



Description	Contact	E-mail or Web Form	Phone
UDS reporting questions	UDS Support Center	<a href="mailto:udshelp330@bphcdata.net">udshelp330@bphcdata.net</a> or <a href="#">BPHC Contact Form</a> Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: Technical Support, EHBs Tasks/Technical Issues, EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: Technical Support, EHBs Tasks/Technical Issues, Other EHBs Submission Types	877-464-4772
UDS+ FHIR R4 IG and API (UDS Modernization) technical support	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: UDS Modernization	877-464-4772



# Change to Tables 6B and 7 Measure Reporting for Calendar Year 2023



Patients who have had a UDS-countable visit of any type and who have had a qualifying visit **as defined by the measure steward for each measure** are to be considered for the denominator.

## 2022 UDS Guidance:

Include and evaluate patients for the denominator who had **at least one medical visit** during the measurement period as specified in the measure (dental visits are used for the dental sealant measure), even though some electronic-specified clinical quality measures (eCQMs) may specify a broader range of service codes.

## NEW 2023 UDS Guidance:

Include and evaluate patients for the denominator who had **at least one eligible countable visit (as defined by the measure steward for the selected eCQM)** during the measurement period as specified in the measure.



# CQMs: Keys to Remember



To be reported *anywhere* on the UDS, a patient must have a **countable visit on Table 5 during the year.**

Countable visits can be in multiple service areas (medical, dental, mental health, substance use disorder, etc.) if they meet the countable visit definition.



For CQM reporting on Tables 6B and 7, patients must meet the **criteria detailed in the individual measure specifications.**

Eligible visit types depend on the specification defined by the measure steward and must be assessed for each measure individually.



It is essential to review and use the codes **listed in each eCQM.**

Many eCQM denominators are still limited to patients who have had at least a medical visit during the year; for other measures, patients with other visit types might also be included.



# Getting Started with CQMs: Electronic Clinical Quality Improvement (eCQI) Resource Center

The screenshot shows the eCQI Resource Center website. At the top, there is a navigation menu with links for eCQMs, dQMs, Resources, About, and Log in. Below the menu is a search bar with the placeholder text "Enter keywords". The main content area features the title "eCQM Implementation Checklist" and a link to "Receive updates on this topic". Below this, there is a paragraph of text explaining that CMS requires an eligible clinician, eligible hospital, or critical access hospital to use the most current version of the eCQMs for quality reporting programs. Another paragraph mentions that the Preparation and Implementation Checklists (PDF) assume that a health care practice/organization has determined which measures to report on. At the bottom of the screenshot, there is a link to "Preparation Checklist".

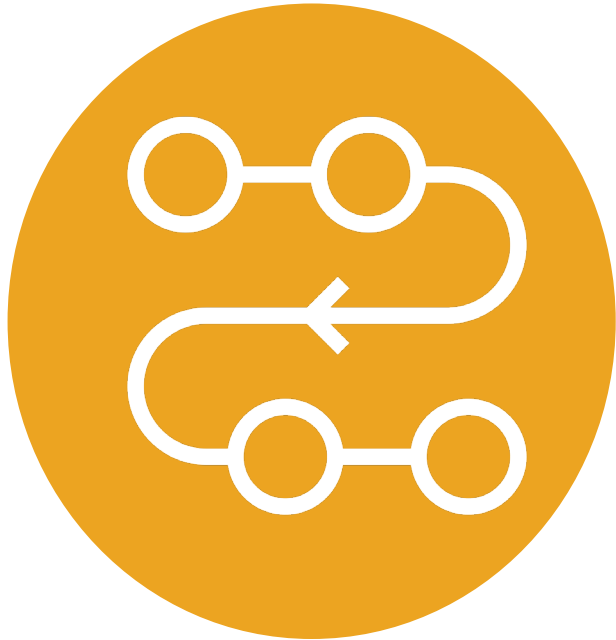
- [eCQM Implementation Checklist](#)
  - Five preparation steps
  - Seven implementation steps
- eCQM supports include:
  - [eCQI Resource Center](#): On the page for each measure, in the “Measure Information” tab, there is the option to “compare”—e.g., 2022 to 2023. **This highlights changes year over year.**
  - [eCQM Flows](#): Workflows for each eCQM, updated annually; downloads as a ZIP file.
  - [Technical Release Notes: 2023 Performance Period Electronic Clinical Quality Measures \(eCQMs\)](#)
  - [eCQM value sets](#): The Value Set Authority Center (VSAC) site, where you can search value sets.
  - Additional resources are on the [eCQM Resources page](#).
- [Video: Accessing Full eCQM Specifications](#)



# Key References for Measure FAQs



## Office of the National Coordinator (ONC) Project Tracking Jira



## eCQM Known Issues Tracker (part of ONC tracking)



## UDS Helplines



Access each with these links: <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>;  
<https://oncprojecttracking.healthit.gov/support/projects/EKI/summary>; and  
<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts>



# Communication of UDS Reporting Changes



- Each spring (typically in May), the Centers for Medicare & Medicaid Services (CMS) communicates updates about eCQM specifications for the next reporting/performance period.
  - Changes to eCQM specifications, such as logic statements, are governed and vetted by the respective measure steward.
  - Most (13 of 18) of UDS CQMs align with CMS' eCQMs for clinical quality measure reporting.
  - Appendix H of the UDS Manual provides information on eCQM stewards.
- 2023 UDS changes were first announced via “Proposed Uniform Data System Changes for Calendar Year 2023” in [Program Assistance Letter \(PAL\) 2023-03](#), dated August 12, 2022.
  - Proposed 2024 UDS changes are expected to be announced this fall.
- Federal Register Notices published October 21, 2022, and January 4, 2023, communicated proposed UDS updates and burden estimates.
  - The notices provided opportunity for public comment.

Changes described in further detail in the [2023 UDS Manual](#), during technical assistance webinars (each fall), and during the annual UDS trainings co-hosted with PCAs.

Training information is announced each fall in the [Primary Care Digest](#) and on the [UDS Training and Technical Assistance site](#).

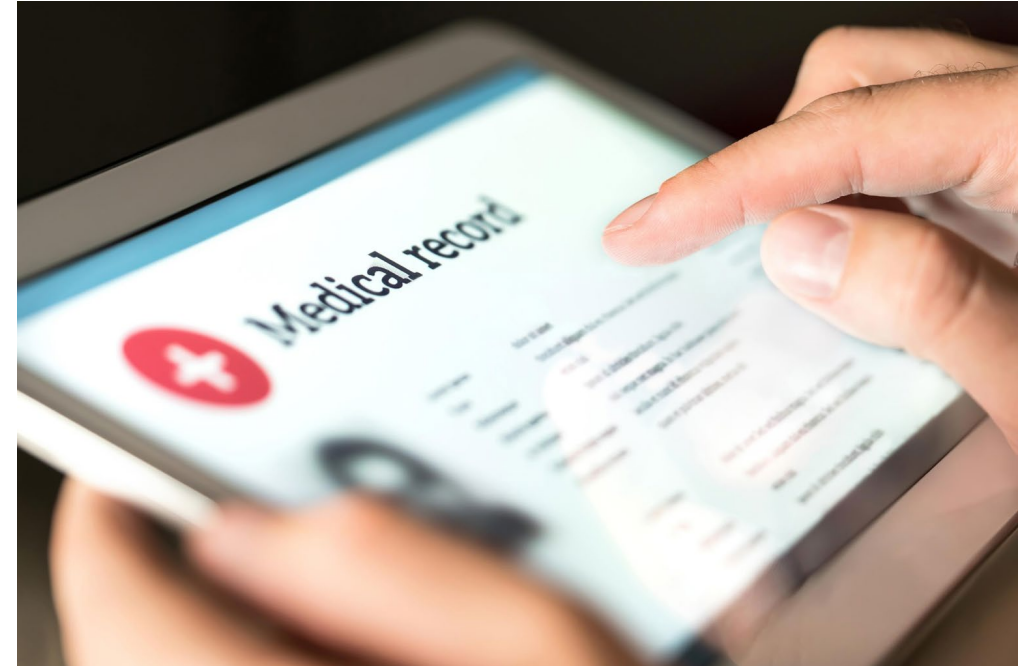




# Specific State and Local Information



- Gather information on specific state and local programs available to cover the care of patients (in whole or in part).
- UDS tables that are often influenced by state-specific programs:
  - Selected Patient Characteristics (Table 4)
  - Patient Service Revenue (Table 9D)
  - Other Revenue (Table 9E)
- Be familiar with how/if managed care is delivered in your state. Remind health centers to access attribution lists early.
  - [Resource: UDS Managed Care Reporting and Relationship across Tables 4 and 9D](#)



Fact sheets for each UDS table are available at <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>.



# UDS Data Reports for TTA



UDS Report	Timing	Available To*	Level Available*	Source
Finalized Health Center Tables and eXtensible Markup Language (XML) Data Files	June	HC	Awardee: HC Look-Alike: HC	EHBs
<b>PCA Data Files (“Data Dump”)</b>	<b>June</b>	<b>PCAs, HCCNs</b>	<b>Awardee: HC Look-Alike: HC</b>	<b>EHBs</b>
UDS Health Center Trend Report	August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS Summary Report	August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS State and National Rollup Reports	June	HC, Public	Awardee: S, N Look-Alike: N	EHBs, <a href="#">HRSA website</a>
Awardee and Look-Alike Profiles	August	Public	Awardee: HC, S, N Look-Alike: HC, N	<a href="#">HRSA website</a>
Awardee Comparison Data Views	August	Public	Awardee: HC, S, N Look-Alike: HC, N	<a href="#">HRSA website</a>
UDS Health Center Performance Comparison Report	August	HC	Includes all levels	EHBs



\*HC = Health Center; PCA = Primary Care Association; HCCN = Health Center Controlled Network; S = State; N = Nation



# How to Access UDS Data Reports in EHBs



There are several resources to help you access and understand the contents of the UDS Reports available in the EHBs.



## [Accessing Standard UDS Reports: A quick reference sheet for PCA](#)

**Uniform Data System (UDS) Reports in the HRSA EHBs**

**Accessing Standard UDS Reports**  
A quick reference sheet for Primary Care Associations  
Last Updated April 2023

The Uniform Data System (UDS) is a system through which organizations funded under the Health Center Program (Activity Code H80) or are considered Health Center Program look-alikes (LALs) submit annual performance reports. Health centers report patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. The HRSA Electronic Handbooks (EHBs) includes reports based on data collected through UDS which are accessed through the UDS reports.

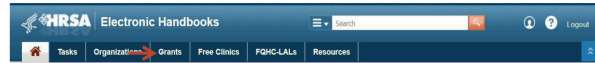
Primary Care Associations (PCA) were established to create economies of scale for health centers, maximize the federal Section 330 investments in states, assess and monitor the policy and regulatory environments, and assist health centers in adapting to changing demands from an evolving health care environment. PCAs facilitate collaboration between health centers and Governors, Medicaid Directors, and state health departments to educate them on the Health Center Program and its value to patients, and to work with health centers on the best approaches to meet the needs of their constituents.

This quick reference guide provides instructions for how to access your state UDS reports.

**Accessing UDS Reports and Health Center Data File in the HRSA EHBs**  
Perform the following steps to access your UDS reports:

1. Log in to the EHBs.
2. In the Top Navigation panel, click the **Grants** tab (Figure 1).

**Figure 1: Grants Tab in Top Navigation Panel**



3. The My Grant Portfolio – List page opens, where your grants are displayed in a list (Figure 2). Find the grant (grant number begins with "U58") and click **Grant Folder**.

## [Reference Guide for UDS Data Reports Available to Health Centers](#)

**HRSA Health Center Program** **UNIFORM DATA SYSTEM**

**Reference Guide for UDS Data Reports Available to Health Centers CY 2022**

**Introduction**

This Reference Guide is a companion document to the CY 2022 BPHC UDS data reports that are available to health centers through the EHB. The reports available provide analysis of the UDS data at the individual health center level, as well as at the State and National levels. All reports described in this document are available to Health Center Program health centers. A limited number of reports, including the Rollup Report, the Summary Report (at the Health Center and National levels), and the Health Center Performance Comparison Report are available to Look-Alikes and Bureau of Health Workforce health centers.

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 health center 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 health center'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 the hope that members of the health center's management and governance structure will take the time to review these reports and 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. *For reference guides for UDS data reports from prior years, please reach out to the UDS Support Center (udshelp330@bphcdata.net).*

**Available Reports**

**UDS Health Center Trend Report** – This report compares the health center's performance for the



All available on <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/reporting-guidance> and <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/uds-data>



# How to Access UDS Data Reports on data.HRSA.gov



Health center, state, and national profiles



## Health Center Program UDS Data

View national, state/territory, and health center UDS data profiles for Health Center Program awardees and look-alikes.

National view of demographics and services by special population grant



## Special Populations Funded Programs

View UDS data from health centers that receive grant funding to serve special populations through the Health Care for the Homeless, Migrant Health Centers and Public Housing Primary Care programs.

National view of patient demographics



## Patient Characteristics Snapshot

View a national summary of UDS data on poverty level, insurance status, and race and ethnicity of patients served by Health Center Program awardees and look-alikes.

Comparison between states and territories on key statistics



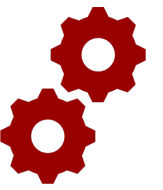
## Data Comparisons

View how one state/territory compares to the national average or to another state/territory on key UDS data points: total number of patients served by service category, target populations, and other patient characteristics.

Screenshot from <https://data.hrsa.gov/tools/data-reporting>



# Data Alignment and Support



Measure Requirements

Each quality measure has eCQM specifications and national standards across many reporting programs.

Electronic Health Record (EHR) Requirements

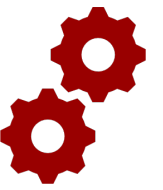
Each EHR vendor provides detailed guidance about how data must be captured in their specific EHR to meet the specifications.

Internal Workflow + Mapping

Each health center has internal processes and mapping, which must align with both measure and EHR requirements.



# EHR Requirements



## Annual Changes

Each EHR generally puts out a user guide or quality measure guidance annually (e.g., with updated eCQM specifications and UDS Manual). Each vendor makes this available on their intranet or community site.

## Structured Data

All measure components require structured data. Most eCQMs look at orders (labs, diagnostic imaging, procedures, etc.) and/or Current Procedural Terminology (CPT) codes. Data must be complete (such as complete results and closed encounters with appropriate CPT codes).

## Type and Location of Data

Each EHR has report mapping that pulls data from specific codes, types of data, and the location of that data (such as history of illness, social history, etc.). Knowing the details of this is essential to ensuring accurate reports.



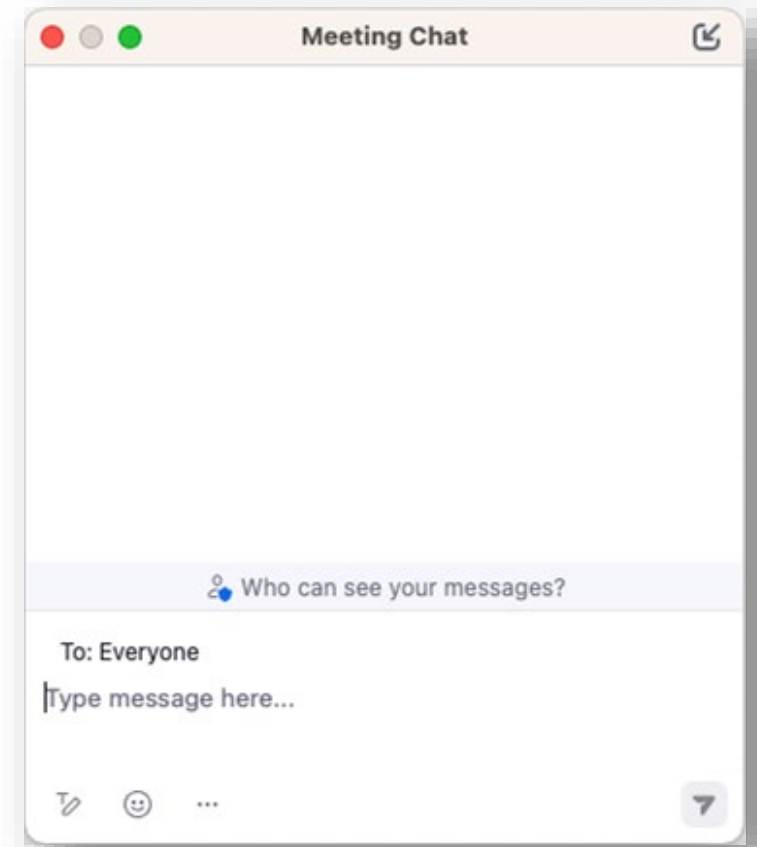
**Support health centers with EHR vendor selection, management, and engagement where possible.**





# What are some other ways your organization has supported health centers with the UDS?

Tell us about one activity in the chat!



# UDS Modernization Updates



# UDS Modernization Initiative



## Reduce Reporting Burden

Automate data submission, provide enhanced UDS reporting capabilities, promote transparency, and integrate stakeholder feedback.



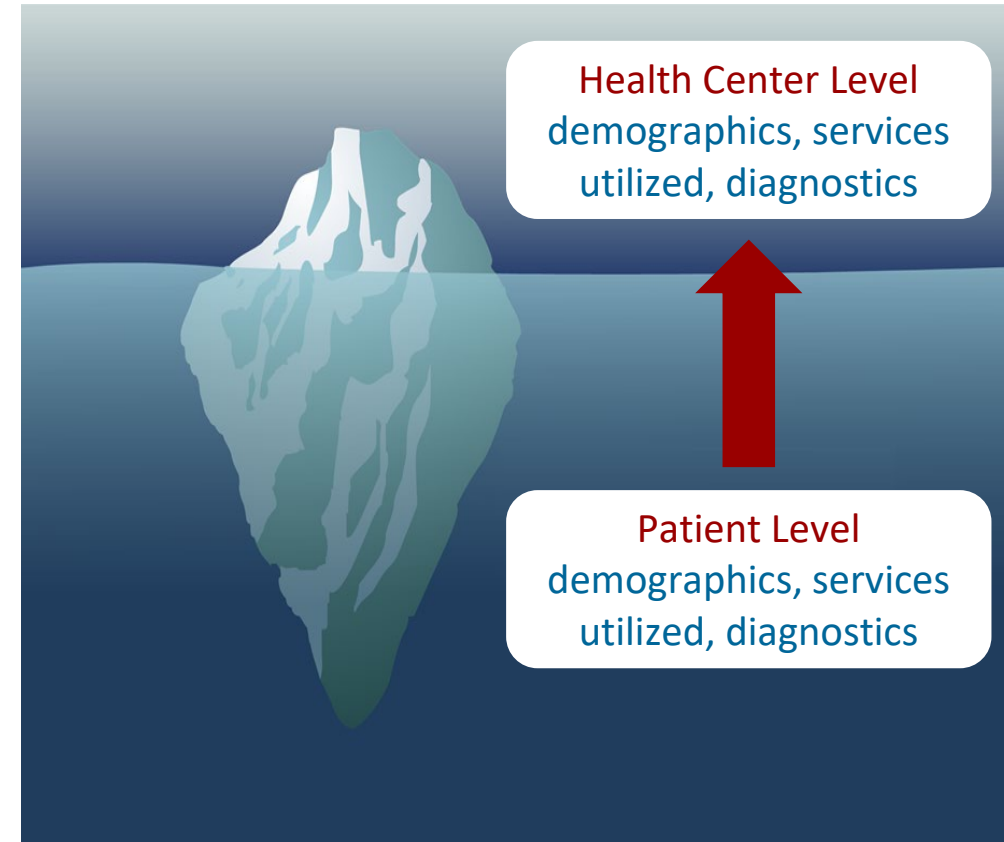
## Better Measure Impact

Improve the quality of UDS data to reflect improvements in patient-centered care and an evolving primary health care setting.



## Promote Transparency

Provide an open, transparent decision-making process on UDS changes such as measure selection, information technology, and reporting improvements.



UDS Modernization Initiative



# Benefits of UDS+

Patient-level data collection will enable HRSA to better:

- Articulate the **unique characteristics** and **needs** of health center patients
- Illustrate the **breadth and depth** of health center **services** and their impact on **health outcomes**
- Inform **TTA, research and evaluation**, and **health equity** work
- Improve **preparedness** for public health emergencies
- Improve ability to communicate the **complexity of the patient populations** health centers serve and provide **evidence for aligned reimbursements** for care provided
- Inform **investments and interventions** based on trends identified in patient-level data (e.g., targeted needs of specific communities/patients, social determinants of health)



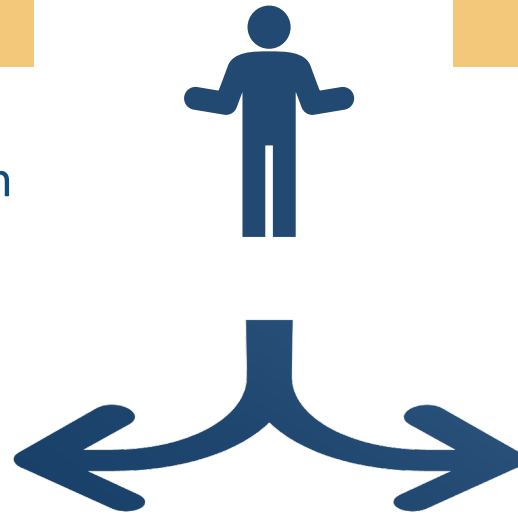
# 2023 Calendar Year: UDS Reporting

All health centers are **required** to submit **aggregated** UDS data.

- Submit aggregated UDS data through EHBs, using the traditional submission method.
- Include all UDS tables and appendices.
- This will be the official submission of record.

Health centers also have the **option** to submit **patient-level data (UDS+)**.

- UDS+ FHIR Implementation Guide provides architectural details and technical reporting specifications for submission.



# 2023 Calendar Year: Optional UDS+ Submission

1. Submit data for your entire universe of patients (not a subset)
2. Submit **all** the demographic tables data
  - **Table:** Patients by ZIP Code
  - **Table 3A:** Patients by Age and by Sex Assigned at Birth
  - **Table 3B:** Demographic Characteristics
  - **Table 4:** Selected Patient Characteristics
3. Submit **all or part of** the clinical tables data
  - **Table 6A:** Selected Diagnoses and Services Rendered – optional
  - **Table 6B:** Quality of Care Measures – submit 2 or more eCQMs from this table
  - **Table 7:** Health Outcomes and Disparities – submit 2 or more eCQMs from this table



# 2023 Calendar Year: Optional UDS+ Submission cont'd

- The UDS Test Cooperative (UTC) suggests health centers may be the most ready to submit these eCQMs:
  - **Table 6B: Quality of Care Measures**
    - ✓ Cervical Cancer Screening
    - ✓ Colorectal Cancer Screening
  - **Table 7: Health Outcomes and Disparities**
    - ✓ Controlling High Blood Pressure
    - ✓ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Health centers may choose any eCQM from these tables as long as they submit at least two measures from each table

## REMEMBER:

Submit both demographic and clinical data for the entire patient population, not a subset of patients





# Resources

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For the latest UDS Test Cooperative (UTC) and UDS+ information, please subscribe to the [Primary Health Care Digest](#) and visit the UDS+ technical assistance webpages:

- [UTC](#)
- [UDS Modernization Initiative](#)
- [UDS Modernization FAQ](#)

Submit a ticket via the [BPHC Contact Form](#) to:

- Join the UTC
- Access the UDS+ Health Center Program Community
- Participate in a readiness assessment to discuss UDS+ submissions use cases
- Learn more about the UDS+ FHIR Implementation Guide



# PCA and HCCN Peer Sharing



# Mississippi Health Safe Net

Michael T. Edwards, Director of Training and Quality



# Using Azara DRVS for UDS Reporting

**Michael T. Edwards**

Director of Training and Quality

Mississippi Health Safe Net



# Performance Tracking

- Report frequency
- Target achievement
- Comparisons
  - Provider to provider
  - Center to center





# Data Validation

- Errors
- Mappings
- Workflows

# Massachusetts League of Community Health Centers

Marlene Abreu, Senior Manager, Health Informatics

Mary Ellen McIntyre, Senior Vice President, Compliance





# Massachusetts League of Community Health Centers

## Uniform Data System Training: Massachusetts T/TA Strategy

**By:**

**Marlene Abreu, Lynette Mascioli (HCCN staff)  
Mary Ellen McIntyre (PCA CA staff)**

**Date:**

**Dec. 11, 2023**

# Tips for a Successful PCA & HCCN Collaboration

1. Robust webinar series – session and follow-up:
  - MA-specific slides to complement JSI presentation
  - Dedicated webpage
  - Q&A Document
  - Session Recordings
  - DRVS Office Hours
2. MA-specific clarification memo
3. Higher Logic Communities - EHR User Groups & Forums
4. Internal team support
  - PCA & HCCN partnership re: CHC questions
5. UDS Clinical Trends Report

# MA-Specific Slides: Agenda for the Trainings Days

## Day 1: Wednesday, Nov. 30, 2023 – Operations

- League as PCA & HCCN – *Mary Ellen McIntyre*
- Patient & Visit Trends – *Mary Ellen*
- UDS Higher Logic – *Marlene Abreu*
- Documenting Your UDS Process/Data and EHR Transitions – *Lynette*

## Day 2: Friday, Dec. 2, 2023 – Clinical

- HRSA Funding Growth – *Mary Ellen*
- Overview of the HCCN, User Groups, Documentation and EHR Transitions, U – *Susan Adams, Lynette*

## Day 3: Tuesday, Dec. 6, 2023 – Financial

- Website Resources – *Mary Ellen*
- Evaluation – *Mollie Cronin*

## Day 4 + 5: Thursday, Dec. 8, 2023 + Tuesday, Jan. 23, 2024 – Q&As

- Evaluation – *Mollie*



# Webpage

- Website Resources available; linked on League website
- <https://massleague.org/Calendar/LeagueEvents/UDS.php>
  - Manual
  - Training slides
  - Training recordings
  - "JSI" memo
  - MA-specific webinar series Q&A
- UDS Higher Logic Community
  - 147 members

The screenshot displays the website for the Massachusetts League of Community Health Centers. The header includes the organization's name and logo, along with the tagline "Good health. Right around the corner." and a navigation menu with links for Home, About Us, Programs & Initiatives, Community Health Centers, For Patients, Careers, and Calendar. A search bar is located below the navigation menu.

The main content area is titled "Uniform Data System Training" and is organized into several sections:

- Uniform Data System Training**
  - UDS Trainer:** Alec McKinney
  - Location:** Virtual
  - Webinar 5-Part Series Dates:**
    - Nov. 30, 2022, 8:30-11:00am - Operational Tables
    - Dec. 2, 2022, 8:30-11:00am - Clinical Tables
    - Dec. 6, 2022, 8:30-10:30am - Finance Tables
    - Dec. 8, 2022, 9-10am - #1 Questions & Answers
    - Jan. 17, 2023, 9-10:30am - #2 Questions & Answers
  - Registration:**

Registration is now closed. If you have questions about registration, please contact Mollie Cronin. If you have questions about the training content, please contact Mary Ellen McIntyre. If you do not have an account in our Member Portal, you will need to create one at [my.massleague.org](http://my.massleague.org)
  - Training Materials**
    - UDS 2022 Manual (205 pages)
    - UDS 2022 Tables (41 pages)
    - UDS 2022 Agenda
    - 2022 UDS Annual Training, Alec McKinney
    - 2022 UDS Annual Training Presentation - League Staff
    - 2022 Annual Uniform Data System Training Slides for Notetaking
    - Checklist for UDS Submission
    - CY 2021 UDS State Performance Indicators
    - Overview of UDS Annual Training Supplemental Materials
- Recordings**
  - Day 1 recording  
Password: \*.hR%\$.1
  - Day 2 recording  
Passcode: \*2%M=33=
  - Day 3 recording  
Passcode: #x\*@3p5H
  - Day 4 recording  
Passcode: eyg@37Vx
- Additional Resources**

To be updated on an ongoing basis:

  - Massachusetts Health Centers JSI 2022 Memo - added 12/27/2022
  - UDS 2021 Webinar Series Q & A Documentation - added 12/27/2022
  - PAL 2022-23: Proposed Uniform Data System Changes for Calendar Year 2023 (Released Aug.12, 2022)
  - PAL 2021-05: Approved Uniform Data System Changes for Calendar Year 2023 (Released Nov. 19, 2021)
  - UDS Quick Guide - The Importance of Tracking Housing Status in UDS, updated May 2021
  - UDS Mapper

On the right side of the page, there are several sidebar sections:

- QUICK LINKS**
  - Find a Health Center
  - Member Portal
  - League Career Opportunities
  - Health Center Staff: COVID-19 Vaccine & Other Resources
  - 2022 Voter Registration Information
  - [Donate](#)
- SPOTLIGHT**
  - All the right notes  
2023 Annual Awards Gala
  - 2023 Annual Awards Gala
  - GLOBAL SUMMIT  
Improving Equity and Access in Healthcare
  - Improving Equity and Access in Healthcare
- Reimagining Primary Care INNOVATION AFTER DISRUPTION**
  - Reimagining Primary Care Podcast
- NEWSROOM**
  - The state's 'front door' to behavioral health care set to open as demand for services soars »  
[Jan 03, bostonglobe.com](http://Jan 03, bostonglobe.com)
  - Michael Curry on BPR |  
Jan. 2, 2023 »  
[Jan 03, gbh.org](http://Jan 03, gbh.org)

# Q&A Document

## 2022 UDS Training Q & A

**DISCLAIMER:** This FAQ document is our best attempt to capture all the Questions and Answers that were discussed during the 5 Massachusetts 2022 UDS sessions. Please view the 2022 UDS Manual and other complementary HRSA materials as the ultimate source of truth.

### DAY 1:

#### **Q: IS THERE A CROSSWALK AVAILABLE OF THOSE TABLE RELATIONSHIPS?**

A: Alec to ask about [this](#), but could possibly come up with one. [Table 4 – 9D. Zip code table to insurance section of table 4. Managed care section of Table 4 and 9D. Table 5 staffing costs and staffing categories. In the manual, Appendix B has a crosswalk.]

- Zip code with Insurance
- Table 5 and table 8 a - cross walk for staffing and cost
- Table 4 with 9D - Specific relationship. No. of people to be uninsured in table 4 is often higher than table 9D. Table for only looking for full coverage but also other public coverage.
- 

There's not really a report-wide list of [cross walk](#) and table relationships. Appendix B. covers most problematic issues on the UDS. Includes unique and often complicated situations.

<https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf>

**Q: LAST YEAR WE (NUMBER OF FQHCs) HAD MAJOR ISSUES WITH MANAGED CARE (13a-13c). WE WERE NOT ABLE TO OBTAIN DATA FROM SOME PAYERS, AS THEY DIDNT HAVE THIS DATA AVAILABLE. WE ALSO DONT HAVE SYSTEMS THAT KEEP COUNT OF MEMBERS MONTHS.**

# Session Recordings

## Recordings

- Day 1 recording
  - Password: \*.hR%\$.1
- Day 2 recording
  - Passcode: ^z%M=33=
- Day 3 recording
  - Passcode: #x\*@3p5H
- Day 4 recording
  - Passcode: eyg@37Vx
- Day 5 recording
  - Passcode: QdWTM4^C

# DRVS Office Hours

## DRVS Office Hours

**What?**

- Q&A – “I just have a quick question or two.”
- Center specific TA – using *your* data
- Working session – telehealth, UDS, MAT, etc.

**When?**

- Thursdays afternoon from 1:30 pm – 4:30 pm

**How?**

- E-mail for a time slot or
- Just join the session that day!

To join the meeting please visit: <https://massleague.zoom.us/j/2260857909>

For questions, please email Zabin Munshi at [mmunshi@massleague.org](mailto:mmunshi@massleague.org)



# MA-Specific Clarification Memo

## Massachusetts Health Centers – Insurance and Other Clarification Memo: 2022

Updated as of 12/27/2022; 2/9/2023



### Table of Contents

- Dental Only Only Patients ..... 2
- Health Safety Net ..... 2
- CHIP ..... 3
- MassHealth Limited ..... 3
- CarePlus ..... 3
- Qualified Health Plans purchased through the Health Connector (including ConnectorCare) .... 3
- Children’s Medical Security Plan (CMSP) ..... 3
- Medicaid Managed Care, including Accountable Care Organizations ..... 3
- DSRIP ..... 4
- Senior Care Options (SCOs) ..... 5
- Program of All-inclusive Care for the Elderly (PACE) ..... 5
- Reclassification of the Self-Pay Portion of Third Party Charges ..... 6
- Self-pay Sliding Discounts ..... 6
- Boston Public Health Commission ..... 7
- Community Health Workers ..... 7
- Counting Nurse Triage Visits ..... 7
- COVID-19 Funding – 8a Financial Costs, 9d Patient-related Revenue, 9e Other Revenues ..... 7

# Higher Logic Communities

## Forums

UDS Forum  
(includes UDS+)

IT Forum

## EHR User Groups

Epic

eCW

NextGen

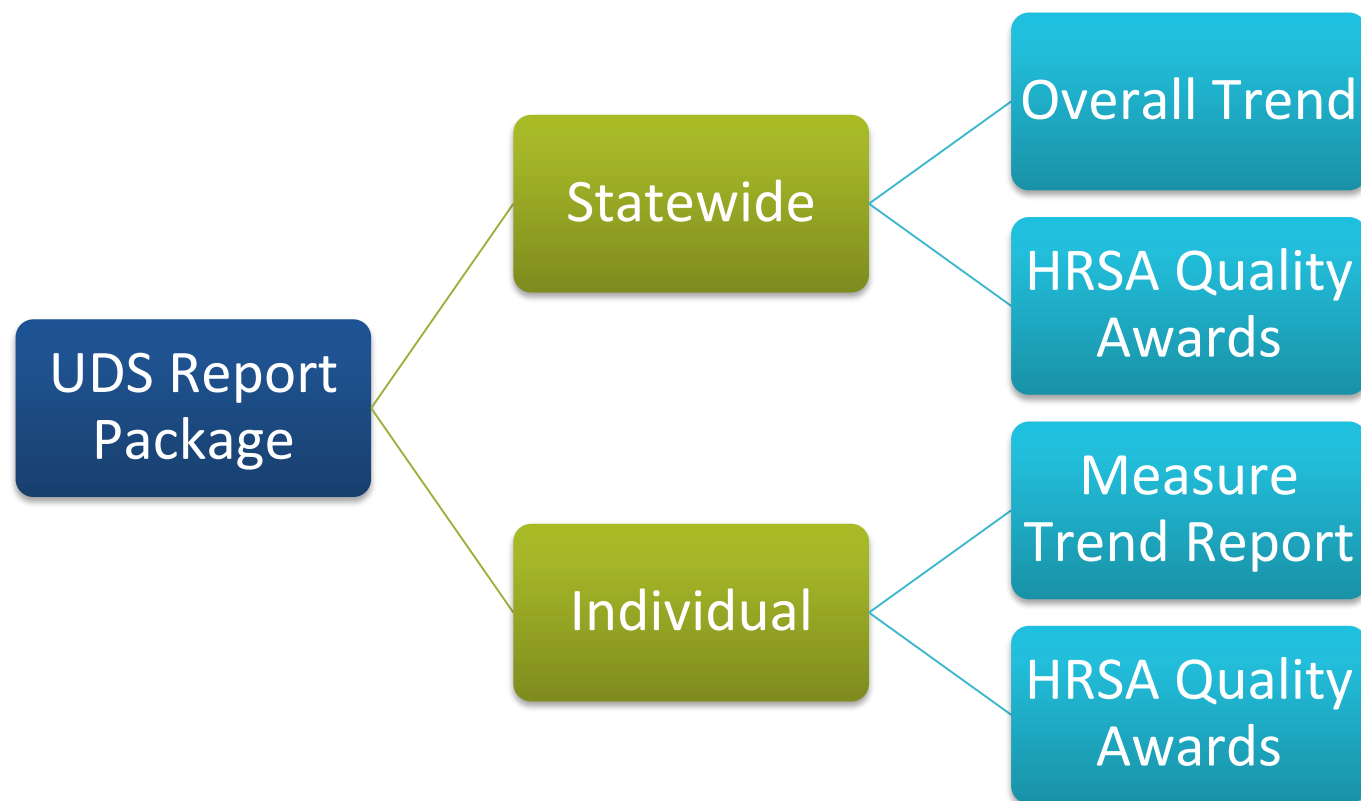
# Collaborative Internal Team Approach

- Key staff are "on deck" during UDS Season.
- We communicate on an ad hoc basis to triage and/or discuss health center questions.
- We are very responsive and provide information as soon as possible.
  - Send new communications out to all FQHCs via our Higher Logic platform.
  - Update FAQs on our website.

# Annual UDS Clinical Trends Report

The HCCN prepares a detailed UDS trend report with the eighteen (18) clinical quality measures (CQMs) for each of the federally qualified health centers (FQHCs) in Massachusetts.

## Report Structure



# Annual UDS Clinical Trends Report (cont.)

## UDS Analysis - Statewide

Summary Table											
		Early Entry into Prenatal Care					Low Birth Weight (a low rate is better)				
Health Center Name	CHC	2020	2021	2022	% change ('20-'21)	% change ('21-'22)	2020	2021	2022	% change ('20-'21)	% change ('21-'22)
\$Healthy People 2030				80.5%							
\$Mass Average		85.2%	77.5%	77.5%			7.5%	6.9%	6.7%		
\$National Average		73.5%	74.1%	72.0%			8.2%	8.6%	8.4%		
	S	60.0%	53.3%	66.7%	-6.7%	13.3%	0.0%	20.0%	0.0%	-20.0%	20.0%
	L	71.6%	64.9%	62.0%	-6.6%	-2.9%	8.1%	8.8%	6.3%	-0.8%	2.5%
	M	55.2%	64.7%	69.9%	9.5%	5.2%	14.6%	5.3%	4.5%	9.4%	0.7%
	M	70.8%	72.9%	63.1%	2.1%	-9.8%	7.5%	8.5%	5.7%	-1.0%	2.8%
	S	0.0%	-	-	-	-	-	-	-	-	-
	M	78.4%	62.3%	57.0%	-16.1%	-5.3%	9.6%	8.5%	9.1%	1.0%	-0.6%
	S	92.6%	96.6%	96.7%	4.0%	0.1%	4.3%	0.0%	17.6%	4.3%	-17.6%
	M	66.7%	75.6%	89.8%	8.9%	14.2%	0.0%	0.0%	11.1%	0.0%	-11.1%
	M	92.3%	86.0%	87.8%	-6.3%	1.8%	11.7%	3.7%	13.0%	8.0%	-9.3%
	L	76.5%	88.5%	90.1%	11.9%	1.7%	9.9%	8.1%	8.2%	1.8%	-0.1%
	M	93.1%	88.1%	59.2%	-5.0%	-28.9%	6.1%	7.1%	8.5%	-1.0%	-1.4%
	S	65.2%	80.0%	85.3%	14.8%	5.3%	20.7%	13.0%	17.4%	7.6%	-4.3%
	L	91.5%	89.4%	88.8%	-2.1%	-0.6%	6.6%	5.9%	4.1%	0.8%	1.8%
	L	82.1%	76.4%	70.2%	-5.7%	-6.3%	6.5%	6.1%	7.1%	0.4%	-1.0%
	L	93.6%	91.7%	90.4%	-2.0%	-1.3%	8.4%	5.9%	8.6%	2.5%	-2.7%
	L	95.5%	95.4%	97.0%	-0.1%	1.6%	7.6%	9.4%	3.6%	-1.9%	5.8%
	L	94.1%	88.2%	92.5%	-5.8%	4.3%	5.5%	5.7%	5.2%	-0.2%	0.5%
	M	94.0%	91.5%	83.3%	-2.5%	-8.3%	5.3%	6.9%	5.8%	-1.7%	1.2%
	L	86.1%	76.0%	81.7%	-10.0%	5.7%	4.4%	0.0%	5.8%	4.4%	-5.8%
	S	62.3%	75.0%	67.6%	12.7%	-7.4%	13.6%	0.0%	27.3%	13.6%	-27.3%
	M	80.8%	89.7%	82.1%	8.9%	-7.6%	12.0%	6.4%	7.1%	5.7%	-0.8%
	S	100.0%	82.6%	88.9%	-17.4%	6.3%	33.3%	5.0%	0.0%	28.3%	5.0%
	M	88.1%	79.4%	69.6%	-8.7%	-9.7%	-	12.9%	9.7%	-	3.2%
	S	77.6%	77.6%	78.8%	0.0%	1.2%	8.3%	5.6%	0.0%	2.8%	5.6%
	L	56.7%	53.3%	56.3%	-3.4%	3.0%	8.1%	8.8%	6.3%	-0.7%	2.5%
	L	79.4%	67.2%	69.5%	-12.2%	2.2%	8.5%	6.4%	6.2%	2.1%	0.2%
	S	65.7%	56.0%	66.0%	-9.7%	10.0%	6.3%	10.7%	0.0%	-4.5%	10.7%
	M	92.4%	89.4%	77.8%	-3.0%	-11.6%	22.9%	17.9%	7.7%	5.0%	10.3%
	S	80.4%	56.2%	59.4%	-24.3%	3.2%	5.9%	3.8%	18.0%	2.1%	-14.3%
	M	89.6%	88.4%	86.9%	-1.2%	-1.5%	10.9%	9.1%	8.5%	1.8%	0.6%

# Annual UDS Clinical Trends Report (cont.)

## UDS Analysis – Statewide

<i>Low Rate is Better</i>		Diabetes: HbA1c Poor Control (>9%)								
Health Center Name	CHC Size	2020	2021	2022	% change ('20-'21)	% change ('21-'22)	HRSA Adj Quartile	Rank		
Healthy People 2030		11.6%								
L		18.1%	17.3%	14.9%	0.9%	2.4%	1			
M		23.1%	20.5%	16.8%	2.6%	3.6%	1			
M		16.2%	16.5%	17.7%	-0.3%	-1.2%	1			
S		30.8%	20.9%	19.4%	9.9%	1.5%	1			
M		25.4%	20.2%	20.3%	5.2%	-0.1%	1			
S		37.4%	27.5%	22.6%	9.9%	4.8%	1			
M		36.5%	22.4%	22.7%	14.1%	-0.3%	2			
L		35.4%	47.8%	23.1%	-12.4%	24.7%	1			
M		33.3%	26.7%	23.9%	6.7%	2.8%	2			
M		39.3%	29.1%	24.1%	10.2%	5.0%	1			
S		32.8%	31.4%	24.2%	1.3%	7.2%	2			
L		35.2%	26.1%	25.4%	9.1%	0.7%	1			
L		32.7%	29.1%	25.8%	3.6%	3.4%	1			
M		34.1%	29.6%	26.8%	4.5%	2.8%	1			
S		40.0%	28.7%	26.9%	11.3%	1.8%	2			
M		30.4%	25.5%	27.3%	5.0%	-1.8%	3			
L		38.1%	32.2%	27.3%	5.9%	4.9%	2			
M		28.8%	22.7%	27.4%	6.2%	-4.8%	2			
		35.9%	30.3%	27.7%						
L		34.0%	29.0%	27.8%	5.0%	1.2%	3			
M		32.0%	31.6%	28.1%	0.4%	3.5%	2			
M		30.4%	26.3%	28.3%	4.1%	-2.0%	2			
M		37.2%	30.0%	29.0%	7.2%	1.0%	2			
S		32.8%	27.8%	29.7%	5.0%	-1.8%	2			
M		34.8%	28.1%	29.8%	6.8%	-1.7%	3			
L		39.5%	32.2%	30.3%	7.3%	1.9%	2			
		35.6%	32.3%	30.4%						
M		44.0%	36.2%	30.5%	7.8%	5.7%	2			
M		39.7%	40.6%	30.5%	-0.9%	10.2%	2			
S		45.2%	38.3%	30.7%	6.8%	7.6%	2			
S		34.9%	34.5%	32.4%	0.5%	2.1%	4			
L		42.4%	32.6%	33.0%	9.8%	-0.3%	3			
S		55.1%	41.8%	32.1%	13.3%	8.9%	2			

Diabetes: HbA1c Poor Control (>9%)		
Healthy People 2030	Count	Percent
Mass Average	27.7%	
National Average	30.4%	
Health Center Data		
Above HP 2030	0	0.0%
Above Mass Avg	18	48.6%
Above Nat'l Avg	25	67.6%
Percent change 2021-2022		
>5%	6	16.2%
5%/-1%	23	62.2%
<-1%	8	21.6%
Insufficient Data	0	0.0%
Total	37	100%
2022 Quartile Ranking		
1st Quartile	12	32.4%
2nd Quartile	15	40.5%
3rd Quartile	5	13.5%
4th Quartile	5	13.5%
Insufficient Data	0	0.0%
Total	37	100%

Legend	
Green	>5% improvement
Blue	+5%/-1% improvement
Red	<-1% improvement
"-"	Insufficient data



# Annual UDS Clinical Trends Report (cont.)

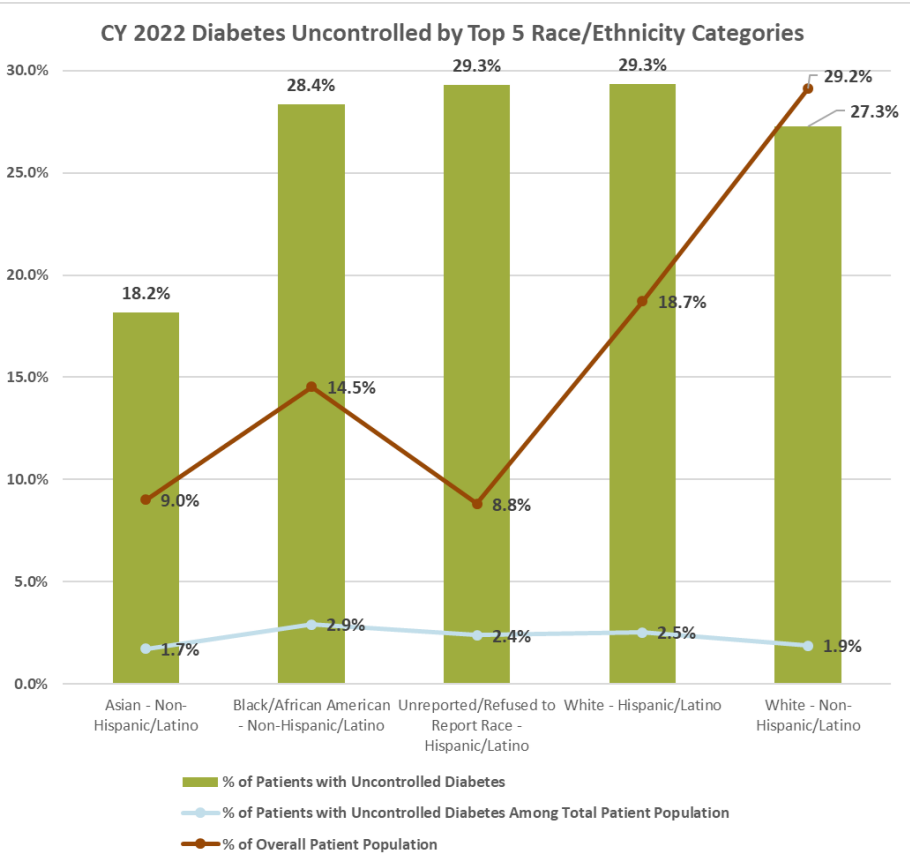
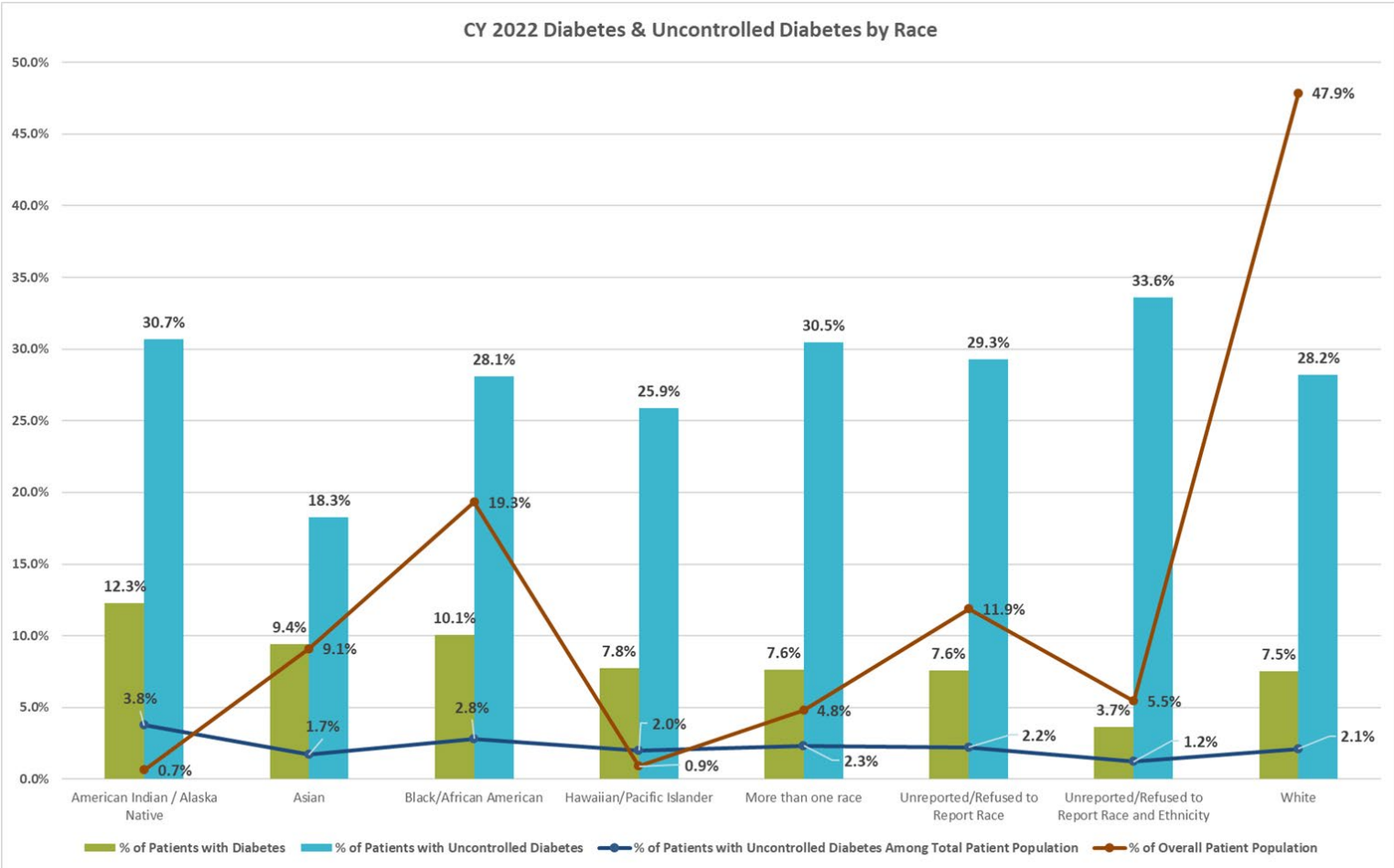
## UDS Analysis – Individual

Clinical Quality Measure	2022 UDS Denominator	UDS Data (Tables 6B & 7)			Year-to-Year Change		Benchmarks		
		CY2020	CY2021	CY2022	2020 - 2021	2021 - 2022	State Avg '22	Nat'l Avg '22	HP 2030
Early Entry into Prenatal Care		71.6%	64.9%	62.0%	-6.6%	-2.9%	77.5%	72.0%	80.5%
Low Birth Weight*		8.1%	8.8%	6.3%	-0.8%	2.5%	6.7%	8.4%	-
Childhood Immunization Status		48.0%	46.4%	41.4%	-1.6%	-5.0%	49.6%	33.2%	-
Cervical Cancer Screening		59.4%	53.7%	52.2%	-5.7%	-1.4%	61.2%	54.0%	84.3%
Breast Cancer Screening		46.2%	35.2%	35.7%	-11.1%	35.7%	60.0%	50.3%	80.5%
Youth Weight Assessment		64.4%	78.3%	79.9%	13.9%	1.6%	63.9%	69.8%	-
Adult Weight Assessment		63.0%	44.0%	46.9%	-19.0%	2.9%	47.6%	61.0%	-
Tobacco Use Screening		86.0%	84.8%	88.5%	-1.2%	3.7%	77.2%	84.6%	-
Colorectal Cancer Screening		39.0%	37.0%	33.5%	-2.0%	-3.5%	53.0%	42.8%	74.4%
Screening for Depression		50.1%	58.2%	70.7%	8.1%	12.6%	55.8%	70.0%	13.5%
Depression Remission		0.7%	3.2%	3.0%	2.5%	-0.2%	13.4%	13.6%	-
Dental Sealants for Children		61.1%	43.3%	60.0%	-17.8%	16.7%	62.4%	58.4%	42.5%
Statin Therapy for CVD		65.8%	65.9%	76.5%	0.1%	10.6%	77.1%	76.1%	-
Ischemic Vascular Disease (IVD)		84.1%	83.7%	84.7%	-0.4%	1.1%	77.4%	76.8%	-
Controlling High Blood Pressure		43.0%	41.3%	48.9%	-1.7%	7.7%	62.3%	63.4%	-
Diabetes Poor Control (A1c>9%)*		39.5%	32.2%	30.3%	7.3%	1.9%	27.7%	30.4%	11.6%
HIV Linkage to Care		100.0%	75.0%	85.2%	-25.0%	10.2%	77.4%	82.2%	95.0%
HIV Screening		53.0%	56.8%	66.4%	3.8%	9.5%	58.3%	43.8%	-
<i>*Lower score indicates better quality</i>									
<b>Percentage Change Key</b>									
Green: > 5%									
Blue: -1 to 5%									
Red: < -1%									
"-": N/A									



# Annual UDS Clinical Trends Report: Coming Soon!

## UDS Analysis – Statewide: Uncontrolled Diabetes by Race/Ethnicity



# Community Health Center Quality Recognition (CHQR) Badges



8.11 %



2.70 %



18.92 %



8.11 %



32.43 %



32.43 %



94.59 %



35.14 %



37.84 %



91.89 %

Massachusetts  
Health Center Program Awardees  
UDS 2022 Data

# Thank you!

## Contact Information:

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### PCA

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# Questions and Answers



# Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

 [udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net) *or* [Health Center Program Support](#)

 **1-866-837-4357**

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[bphc.hrsa.gov](http://bphc.hrsa.gov)



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