



Calendar Year 2021 Uniform Data System (UDS) Reporting Changes Webinar

May 6, 2021

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Vision: Healthy Communities, Healthy People



Opening Remarks

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Agenda

- Reporting Clarifications
- Changes to Calendar Year 2021 UDS Reporting
- Resources and Updates
- Strategies for Successful Reporting
- Questions and Answers



Objectives of the Webinar

- Understand the major changes for Calendar Year (CY) 2021 UDS data collection and reporting (due February 15, 2022).
- Understand the resources available to support CY 2021 UDS reporting.



Calendar Year 2021 UDS Changes

For UDS Reports due February 15, 2022



Communication of UDS Reporting Changes



- 2021 UDS changes were first announced as “Uniform Data System Changes for Calendar Year 2021” in [Program Assistance Letter \(PAL\) 2020-07](#) issued October 21, 2020.
- Changes discussed today will be described in further detail in the:
 - [2021 UDS Manual](#)
 - Technical assistance webinars (Fall 2021)
 - Annual UDS trainings co-hosted with primary care associations (PCAs) (October-December 2021)
- Training information will be announced this fall in the [Primary Care Digest](#) and the [UDS webpages](#).

Effective Dates

- Changes impact UDS reports for in-scope activities for 2021:
 - Effective **January 1, 2021** (and must be reflected in data reported for the entire year).
 - To be reported by **February 15, 2022** (and submitted through the Electronic Handbooks [[EHBs](#)]).
- In order to ensure data are collected correctly, health centers should:
 - Configure systems to capture and report new data elements.
 - Work with electronic health record (EHR) vendors to ensure systems are updated with required specifications.
 - Validate data to ensure that workflows are successfully capturing data.
 - Educate health center staff involved with UDS reporting on 2021 UDS changes, as appropriate.



Reporting Clarifications



Alignment with eCQMs

Tables 6B and 7 were updated to align with the latest Centers for Medicare & Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs).

Table	Line/Columns	Quality Care Measure	Updated eCQM
6B	10	Childhood Immunization Status	CMS117v9
6B	11	Cervical Cancer Screening	CMS124v9
6B	11a	Breast Cancer Screening	CMS125v9
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v9
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v9
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v9
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v4
6B	19	Colorectal Cancer Screening	CMS130v9
6B	20a	HIV Screening	CMS349v3
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v10
6B	21a	Depression Remission at Twelve Months	CMS159v9
7	2a–2c	Controlling High Blood Pressure	CMS165v9
7	3a–3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v9

Note: Dental Sealants for Children measure is in draft form ([CMS277v0](#)) and ischemic vascular disease (IVD) specifications are no longer updated by the measure stewards ([CMS164v7](#)). These versions should continue to be used for 2021 reporting.



2021 Performance Period Eligible Professional/Eligible Clinician (EP/EC) Resources

- [eCQM Flows](#): Workflows for each eCQM that is updated annually and downloads as a ZIP file.
- [Guide for Reading eCQMs v5.0](#): A guide for stakeholders to understand eCQMs including advice on how to read the various eCQM components.
- [eCQM value sets](#): Brings you to the VSAC site where you can search value sets.
- Additional resources available on the [EP/EC Resources Page](#).



The eCQM Flows are flowcharts designed to assist in interpretation of the eCQM logic to support reporting. These flows provide a visual overview of the data components used to define denominators, numerators, exclusions, and exceptions. They can be used as measure planning or training tools.

Clinical Measures: Definitions

- eCQMs follow the workflow as defined in the CMS specifications.
 - **Denominator (universe):** Patients who fit the detailed criteria described for inclusion in the specified measure to be evaluated.
 - **Numerator:** Records (from the denominator) that meet the measurement standard for the specified measure.
- Most clinical measures reported in the UDS have documented exclusions **and** exceptions.
 - **Denominator Exclusions:** Patients not considered for the measure and who should be removed from the denominator before determining if numerator criteria is met.
 - **Denominator Exceptions:** Patients removed from the denominator because numerator criteria are not met.
 - [2021 Exclusions and Exceptions Resource](#) developed to assist with clinical measure reporting.



Novel Coronavirus Disease (COVID-19): Implications on UDS Reporting



Health centers serve lots of people in lots of different ways. Not all of those people will count as a “patient” for the purposes of the UDS.

- **Patient:** A person who has at least one *countable* visit in one or more service category during the reporting year.
- In the patient profile tables (ZIP Code Table and Tables 3A, 3B, and 4), *each person counts once* regardless of the number of visits or services received.
- These will be same patients that are also reported on Tables 5, 6A, 6B and 7.

COVID-19: Implications on UDS Reporting

- Visits where an individual only receive(s/d) the COVID-19 screening test or vaccination are not considered a UDS countable visit.
- For UDS reporting purposes:
 - Do not report individuals who receive(d) a COVID-19 screening test or vaccination only.
 - Report individuals (and their services) only when:
 - ✓ They require(d) **independent professional judgement** from a licensed or credentialed provider, and
 - ✓ The visit is **documented**, and
 - ✓ Provided **in-person or virtually** to the individual patient.
- Report virtual visits that are conducted during the COVID-19 pandemic only if they are provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between the provider and a patient.



COVID-19: Additional Reporting Information

- CMS-expanded telehealth services for Medicare beneficiaries (beyond UDS reporting). [Learn more.](#)
- New patient nurse visit Evaluation and Management (E/M) Current Procedural Terminology (CPT 99201) code eliminated as of 1/1/2021.
 - CPT code 99201 does not meet the documentation and decision-making criteria for a countable UDS visit.
 - See [E/M updates](#) for more information.



Details of Major 2021 UDS Changes



Table 6A: New Data Collected

Selected Diagnoses and Services Rendered

- New line 24b: Coronavirus (SARS-CoV-2) vaccine
 - Column a = Number of visits at which the SARS-CoV-2 vaccine was administered to health center patients.
 - Column b = Number of patients who have had one or more visits where SARS-CoV-2 vaccine was administered.
 - Removed from Appendix E: Other Data Elements (ODE) form (reported here in 2020).

Table 6A: Updated Codes

Selected Diagnoses and Services Rendered

Table 6A: Selected Diagnoses and Services Rendered

**Indicates change from 2020*

Line	Diagnosis/Service	2020 Codes	2021 Codes
	Selected Infectious and Parasitic Diseases	Selected Infectious and Parasitic Diseases	Selected Infectious and Parasitic Diseases
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	B20, B97.35, O98.7-, Z21
3	Tuberculosis	A15- through A19-, O98.0-	A15- through A19-, O98.0-
4	Sexually transmitted infections	A50- through A64-	A50- through A64-
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-
4b	Hepatitis C	B17.1-, B18.2, B19.2	B17.1-, B18.2, B19.2-
4c	Novel coronavirus (SARS-CoV-2) Disease	U07.1	U07.1
	Selected Diseases of the Respiratory System	Selected Diseases of the Respiratory System	Selected Diseases of the Respiratory System
5	Asthma	J45-	J45-
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-	J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 is present)	J12.89, J20.8, J40 (count J40 only when code U07.1 is present), J22, J98.8, J80*

- Applicable ICD-10-CM, CPT4/I/II/PLA, and HCPCS codes updated for 2021.
- 2021 Table 6A code changes [available for download](#).
- Codes are updated as of March 2021.
- If necessary, codes may be updated later in the year to capture critical updates made after this date.



Table 6B: Existing Measure Modified

Tobacco Use: Screening and Cessation Intervention ([CMS138v9](#))

- Revised timeframes for **numerator** from **24** to **12** months.
- Revised timing associated with performing a tobacco cessation intervention in the numerator. Removes constraint that the intervention occur after the most recent tobacco use screening during which the patient was identified as a tobacco user and ties these actions to the measurement period.

2020	2021
<ul style="list-style-type: none">• Patients who were screened for tobacco use at least once within 24 months.• Patients who received tobacco cessation intervention.• Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.	<ul style="list-style-type: none">• Patients who were screened for tobacco use at least once within 12 months.• Patients who received tobacco cessation intervention.• Patients who were screened for tobacco use at least once within 12 months AND who received tobacco cessation intervention if identified as a tobacco user.

Table 6B: Existing Measure Modified

Cervical Cancer Screening ([CMS124v9](#))

- **Numerator** revised to align with updated clinical recommendations.
 - For patients age 30 years and older, permits human papillomavirus (HPV) testing alone every 5 years.
 - Updated description removes cytology and co-testing for women age 30–64 and replaces “every” with “within the last.”

2020	2021
Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:
<ul style="list-style-type: none">• Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test.• Cervical cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.	<ul style="list-style-type: none">• Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test.• Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test.

Table 9E: Line Change

Other Revenue

Line	2020 Source	Amount (a)
	BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES)/Health, Economic Assistance, Liability Protection and Schools Act (HEALS)	
1p	Other COVID-19-Related Funding from BPHC (specify_____)	
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	

Line	2021 Source	Amount (a)
	BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	American Rescue Plan	
1p	Other COVID-19-Related Funding from BPHC (specify_____)	
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	



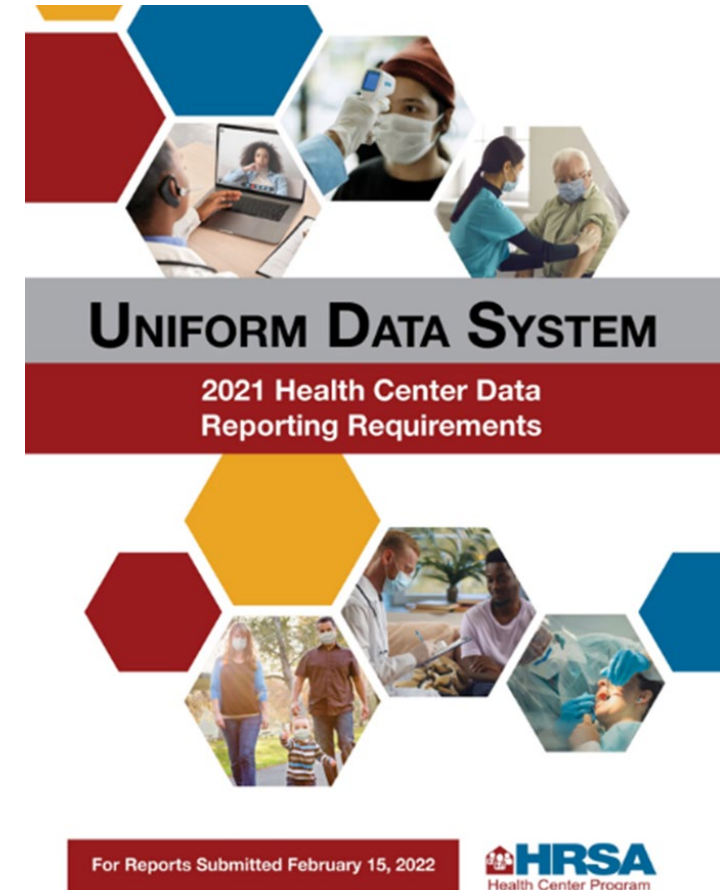
Resources and Updates



2021 UDS Manual Stylistic Changes

Updates to the [2021 UDS Manual](#) include:

- Single column layout format.
- Consistent terminology.
- Updates to text style and content presentation.
- Frequently Asked Questions (FAQs) moved to their respective chapters.



2021 eCQM Website Updated

1. Clear description of measure
2. Easier to access the specifications
3. Changes described



General eCQM Information

CMS Measure ID	CMS2v10
NQF Number	0418e
Measure Description	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter
	All patients aged 12 years and older at the beginning of

Note: The [Electronic Clinical Quality Improvement \(eCQI\)](#) Resource Center website is sponsored and maintained by CMS.



Strategies for Successful Reporting



Follow UDS Guidance

- Thoroughly read definitions and instructions in the [2021 UDS Manual](#).
- Other available guidance:
 - [eCQI Resource Center](#)
 - [PAL](#)
- Other supports include:
 - Value Set Authority Center ([VSAC](#))
 - ✓ Same username and password as USHIK.
 - [UDS training website](#) (webinars, e-learning modules, Table 6A code changes, clinical measures handout, and more)
- [Contact UDS Support](#) by email (udshelp330@bphcdata.net) or by calling 866-837-4357 if you have questions.
 - The help line is available year-round from 8:30 a.m. to 5:00 p.m. (ET).



Work as a Team

- Tables are interrelated.
 - Communicate with your UDS data preparation team.
 - Review data across tables to ensure data are consistent and reasonable.
 - Review changes in performance to validate accuracy and to identify potential quality improvement initiatives.
- Use available tools.
 - Preliminary Reporting Environment (PRE) will be available Fall 2021.
 - The modernized reporting features—Excel file, offline HTML file, comparison tool, and the Excel mapping document—are all available in the PRE to help prepare you for UDS data reporting.
- Check data for accuracy.
 - Work with your EHR vendor to understand data output and to verify that calendar year updates have been programmed.
 - Check data trends and relationships across tables: are the data reasonable? Previous year UDS data can be compared in the EHBs with the Data Comparison tool.



Begin Your Report on January 1, 2022

January 1: UDS Report available in the EHBs

February 15: UDS Report due date

February 15 - March 31: Review period

- Work with your assigned UDS reviewer

March 31: All corrected submissions must be finalized

- No further changes made after this date

Health centers must demonstrate compliance with these requirements:

- The health center has a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet HHS reporting requirements, including those data elements for UDS reporting.
- The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.

Complete, accurate, and on time!



Available Assistance

- Technical assistance materials, including local trainings, are available online:
 - [HRSA Health Center Program website](#) and [UDS training website](#)
- UDS Support Center for assistance with UDS reporting questions:
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
- [Health Center Program support](#)
- EHBs Support
 - UDS Report and preliminary reporting environment access (in [EHBs](#))
 - EHBs system issues: 877-464-4772, Option 1
 - EHBs account access and roles: 877-464-4772, Option 3
- ONC Issue Tracking System (OITS) JIRA project [eCQM Issue Tracker](#)
 - [OITS account sign up](#)
- [National Training and Technical Assistance Partners](#)



UDS Webinars



- Additional technical assistance webinars will occur in the fall.
- Past webinar presentations are archived on [HRSA's UDS Resources](#) page.

Questions and Answers



Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



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



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