Uniform Data System (UDS) Basics: Orientation to Terms and Resources

September 13, 2023, 1:00–2:30 p.m. ET

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Vision: Healthy Communities, Healthy People

Opening Remarks

Jonjelyn Gamble

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Agenda

- Welcome and logistics

- Key terms and resources

- Overview of the UDS tables and forms

  - Relationship between the UDS tables and forms

- Definition of visits and patients

- Next steps and additional resources

- UDS Modernization updates

- Questions and answers

Objectives of the Webinar

1 Understand key terms and resources used in UDS reporting.

2 Describe the key areas that are used to describe program performance.

3 Define visits for the purposes of the UDS Report.

4 Understand a patient experience through an example scenario.

5 Outline expectations and next steps for continued learning.

HRSA Health Center Program

Communication of UDS Reporting Changes

- Each Spring (typically in May), CMS communicates updates about electronic clinical quality measures (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 clinical quality measures (CQMs) align with CMS' eCQMs for clinical quality measure reporting
  - Appendix H of the UDS Manual provides information on eCQM stewards
- 2023 UDS changes first announced via "Proposed Uniform Data System Changes for Calendar Year 2023" in Program Assistance Letter (PAL) 2022-03 dated August 12, 2022
  - Proposed 2024 UDS changes are expected to be announced this fall.
- Federal Register Notice, published October 21, 2022 and January 4, 2023, communicated proposed UDS updates and burden estimates
  - Provided opportunity for public comment

Changes described in further detail in the 2023 UDS Manual, during technical assistance webinars (fall 2023), and during annual UDS trainings co-hosted with Primary Care Associations (PCAs) (October–December 2023).

Training information will be announced this fall in the Primary Care Digest and on the UDS Training and Technical Assistance site.

Key Terms and Resources

Key Terms in the UDS

Key Terms	Definitions
Uniform Data System (UDS)	Annual Health Center Program reporting requirement that is defined in section 330 of the Public Health Act that results in a standardized data set. It comprises 11 tables and 3 forms that are reported by health centers.
Electronic Handbooks (EHBs)	The grant management system that health centers use to report UDS data annually and for managing the overall grant lifecycle.
Preliminary Reporting Environment (PRE)	Part of the EHBs UDS reporting environment that allows health centers to enter UDS data early, before the official reporting season starts in January.
Calendar Year (CY) reporting	Report on approved in-scope activities from January 1, 2023, through December 31, 2023.
Review period	The period of time after UDS submission when the data are reviewed and feedback is provided. Each health center is assigned a UDS Reviewer.
In-scope activities	All activities in the HRSA health center project, as defined in approved applications and reflected in the official Notice of Award/Designation.
UDS+	In addition to the annual UDS submission through EHBs, health centers may voluntarily submit de-identified patient-level data for certain UDS tables using HL7® Fast Healthcare Interoperability Resources (FHIR)® R4 application programming interface (API).

Health Center Program

Orientation of Resources

- BPHC UDS Training and Technical Assistance (TTA) Microsite: User-friendly hub for health centers to access UDS reporting TTA organized by UDS topic area.

- General Information Fact Sheet: Introduction to UDS reporting, including the overall structure and data elements captured.

- Training Schedule: Upcoming and recent UDS TTA webinars and annual state/territory-based trainings.

- For assistance with UDS reporting:

  - Contact the UDS Support Center by email (udshelp330@bphcdata.net), phone (866-837-4357), or through the BPHC Contact Form.

  - The help line is available year-round from 8:30 a.m. to 5:00 p.m. ET.

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Resources to Begin With

- **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.

  - Self-Paced Learning Module: UDS Overview: Explains the purpose and value of UDS data.

  - 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.

Uniform Data System

2023 MANUAL
Health Center Data Reporting Requirements

HRSA Health Center Program

For Reports Due February 15, 2024

Key Areas of Program Performance

The Who, What, Where, When, and Why of the UDS

Key Facts About Reporting the UDS

WHO	WHAT	WHERE	WHEN	WHY
CHCs, HCHs, MHCs, PHPCs, LALs, and BHW primary care clinics funded or designated before Oct. 2023 all complete a UDS Report.	The UDS includes 11 tables and 3 forms that provide an annual snapshot of all in-scope activities; Universal and, if applicable, Grant Reports.	The UDS Report is completed in the Performance Report in the EHBs.	All health centers complete their UDS Report between Jan. 1 and Feb. 15, 2024; reporting covers health center services in the calendar year from Jan. 1 to Dec. 31, 2023.	The UDS is legislatively mandated as part of the Health Center Program; used for program monitoring and improvement.

For a full list of acronyms, refer to Appendix J of the UDS Manual.

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Health Center Program Grants and Designations

Some health centers have a single 330 grant: CHC, HCH, MHC, PHPC—any one of these.

Some health centers have more than one 330 grant: These health centers have two or more 330 grants, in any combination of CHC, HCH, MHC, and/or PHPC 330 grants.

Some health centers have a Health Center Program look-alike (LAL) designation or are Bureau of Health Workforce (BHW) primary care clinics: These health centers do not have a 330 grant.

Additional definitions that may be helpful

HRSA
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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 HRSA the work that you 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
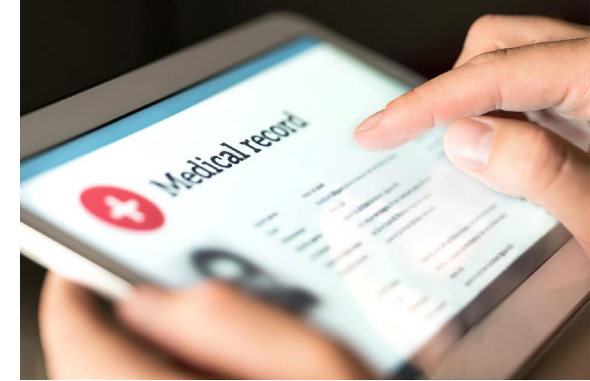
Other Forms

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

Image source: Adobe Stock, iStock

Reporting Timeline

January 1: UDS Report is available through EHBs

→ Report into 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 →

August: Reports are available to health centers in EHBs

PRE available (Oct.-Dec.) | UDS support available (all year)

Knowledge Check #1

Who submits the UDS Report?

A. HRSA-supported health centers

B. Section 330 awardees, including Health Care for the Homeless (HCH), Migrant Health Center (MCH), and Public Housing Primary Care (PHPC) programs

C. Health center program look-alikes (LALs)

D. Bureau of Health Workforce (BHW) awardees

E. All of the above

Knowledge Check #1 (Answer)

Who submits the UDS Report?

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C. Health center program look-alikes (LALs)

D. Bureau of Health Workforce (BHW) awardees

E. **All of the above**

The Big Picture

Report Patient Characteristics

Demographic information must be captured and reported for all unduplicated health center patients (Tables ZIP, 3A, 3B, 4).

Identify Patients Served in Your Health Center Scope

A "health center patient" is a patient with a UDS countable visit (on Table 5) in the calendar year.

Report Services Patients Received

Services and clinical tables (Tables 5, 6A, 6B, 7) reflect ONLY and ALL services provided to health center patients.

Health Center Scope

Determine what sites and services are within your health center scope of project.

Report Financials

Financial tables (Tables 8A, 9D, 9E) include ONLY and ALL services reflected in all other tables and the UDS as a whole.

Report Forms!

ZIP Code Table, Tables 3A, 3B, and 4

Understanding Who You Are Serving

Patient Demographic Profile

Clinical Services and Outcomes

Financial Tables

Other Forms

Overview of Patient Demographic Tables

	ZIP Code Table	Table 3A	Table 3B	Table 4
Captures	Patients by **ZIP code** and **primary medical insurance**.	Patients by **age** and **sex assigned at birth**.	• Patients by **race** and **ethnicity**. • Patients **best served in a language other than English**.* • Patients by **sexual orientation** and **gender identity**.	• Patients by **income as percent of poverty guideline**. • Patients by **primary medical insurance**. • Patients by **managed care**.* • **Special population status**.*
Purpose	To understand the distribution of your health center patients by geography and medical insurance.	To understand the age and sex distribution of patients and offer comparative information for services (such as pediatrics and OB/GYN).	To understand the reach and distribution of health center services to patients and understand/support equity of access.	To understand efficacy of the health center program mission of reaching underserved patients, including special populations.

- *All sections of these tables (except those that are *starred) equal each other because they describe the same group of patients, just by different characteristics.*
- *In addition to submitting these tables within the EHBs, health centers may voluntarily submit de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the UDS Modernization FAQ for more on that process.*

Patient Profile Resources

- [BPHC Uniform Data System (UDS) Patient Demographics TTA Page](#)

  - Patients by ZIP Code Table Fact Sheet

  - Table 3A Fact Sheet

  - Table 3B Fact Sheet

  - Table 4 Fact Sheet

  - Self-Paced Learning Module: Patient Characteristics

  - UDS Managed Care Reporting and Relationship Across Tables 4 and 9D (new!)

Tables 5, 6A, 6B, and 7

Understanding Services Provided and Their Outcomes

Patient Demographic Profile

Clinical Services and Outcomes

Financial Tables

Other Forms

Overview of Clinical Services and Quality Indicators

	Table 5	Table 6A	Table 6B	Table 7
Captures	**FTEs, visits, and patients** across seven service areas. Integrated **mental health (MH) and substance use disorder (SUD)**.	Visits and patients who received **selected diagnoses and selected services** in the calendar year.	Fifteen **clinical quality measures**, each with a denominator, number of charts reviewed, and numerator.	Three **clinical quality outcome measures**, each reported by **race and ethnicity of patients**.
Purpose	Provides a **profile of health center personnel, visits providers render**, and the **number of patients served** in each of seven service areas and ancillary categories. The addendum illustrates what **portion of care includes integrated behavioral health**.	Provides a picture of the frequency and, when compared with other years, trends for selected diagnoses and services.	Measures selected health center processes that, through national standards, are correlated with quality of care for health center patients.	Measures selected **outcomes for health center patients with certain characteristics or conditions** as a proxy for quality of care, as established by national standards.

- *A countable visit on Table 5 is what makes someone a health center patient, and a countable visit on Table 5 is what makes someone eligible for **most** quality measures, as specified in the denominator criteria.*
- *In addition to submitting these tables within the EHBs, health centers may voluntarily submit de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the UDS Modernization FAQ for more on that process.*

Patients

- **Patient:** A patient is any person who has at least one *countable* visit during the reporting year. This includes medical, dental, behavioral health, other professional, vision, and enabling visits.

- Each of the tables of the Patient Profile represents an **unduplicated** count of health center patients—meaning *each person counts once*, regardless of the number of visits or services received.

- The Patient Profile Tables give us an idea of how successful health centers are at achieving the Health Center Program mission of providing health care to underserved and vulnerable populations.

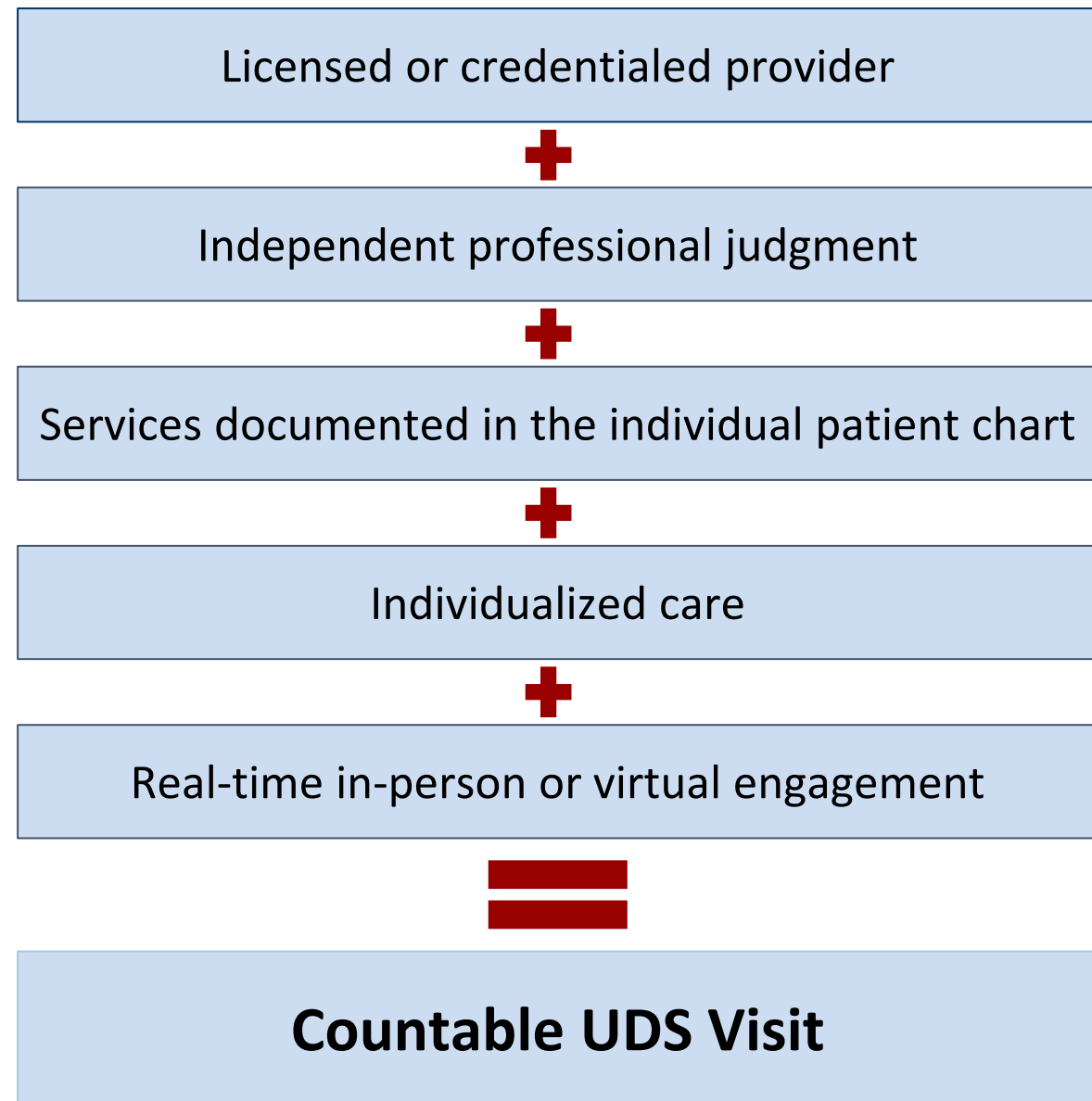Source: Shutterstock

Countable Visits

Countable visits: Documented, in-person or virtual encounters between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services.

Source: iStock

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

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

Licensed or credentialed provider

+

Independent professional judgment

+

Services documented in the individual patient chart

+

Individualized care

+

Real-time in-person or virtual engagement

=

Countable UDS Visit

Resource: UDS Countable Visit Guidance and FAQ

HRSA Health Center Program

Contacts That Do Not, ALONE, Count as Visits

Screenings or Outreach

- Information sessions for prospective patients
- Health presentations to community groups
- Immunization drives

Group Visits

- Patient education classes
- Health education classes

Exception: behavioral health group visits

Tests/Ancillary Services

- Drawing blood
- Laboratory or diagnostic tests
- COVID-19 tests

Dispensing/ Administering Medications

- Dispensing medications from a pharmacy
- Giving injections
- Providing narcotic agonists or antagonists or a mix

Health Status Checks

- Follow-up tests or checks (e.g., patients returning for HbA1c tests)
- Wound care
- Taking health histories

Page 22 of the 2023 UDS Manual further describes which services are not included as UDS countable visits.

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Examples: Are These Countable Visits on Table 5?

1. Sasha has not been seen at the health center before. She comes to the health center to get a flu shot. Sasha signs in, fills out a brief form, and then a nurse administers the vaccine. Sasha leaves and is not seen at the health center again.

2. Chuck sees his primary care provider at the health center for a regular physical. In that visit, his primary care provider conducts an HIV test.

3. A nurse at the health center calls a patient to complete several screenings, including social need screening and a PHQ-9, in advance of a scheduled appointment the patient has the following day.

Examples: Are These Countable Visits on Table 5? (Answers)

1. Sasha has not been seen at the health center before. She comes to the health center to get a flu shot. Sasha signs in, fills out a brief form, and then a nurse administers the vaccine. Sasha leaves and is not seen at the health center again. **No, this is not a countable visit.**

2. Chuck sees his primary care provider at the health center for a regular physical. In that visit, his primary care provider conducts an HIV test. **Yes, this is a countable visit.**

3. A nurse at the health center calls a patient to complete several screenings, including social need screening and a PHQ-9, in advance of a scheduled appointment the patient has the following day. **No, this is not a countable visit. The encounter the following day *is* a countable visit.**

Resources to Support Table 5 Reporting

- BPHC UDS Staffing and Utilization TTA Page

  - Table 5 Fact Sheet

  - Mental Health/Substance Use Disorder Selected Service Detail Addendum Guidance

  - Virtual Visit Reporting Guide

  - Nurse Visit Guide

  - UDS Countable Visit Guidance and FAQ

  - UDS Reporting Instructions Appendix A: Listing of Personnel (page 177)

- Centers for Medicare & Medicaid Services: Telehealth: Provides Medicare telehealth services definitions

Clinical Quality Measures Resources

- BPHC UDS Clinical Care Reporting Resources
  - Fact Sheets: Table 6A, Table 6B, Table 7, Tables 6B and 7: Prenatal Care
  - Table 6A Code Changes Handout
  - Clinical Measures Exclusions and Exceptions
  - Helpful Codes for HIV and PrEP
  - Clinical Quality Measures Criteria
  - Dental Sealants Value Sets
  - Telehealth Impact on Clinical Measure Reporting
  - Self-Paced Learning Module: Clinical Services and Performance

- eCQI Resource Center: Eligible Professional/Eligible Clinician eCQMs
- Health Information Technology, Evaluation, and Quality (HITEQ) Center
  - A HRSA-funded National Training and Technical Assistance Partner (NTTAP)

Reminder: Upcoming four-part clinical measures webinar series
- Clinical Measures Deep Dive (Sept. 21)
- Screening and Preventive Care (Oct. 3)
- Maternal Care and Children's Health (Oct. 11)
- Chronic Disease Management (Oct. 26)

Tables 8A, 9D, and 9E

Understanding Costs and Revenues for Health Center Scope

Patient Demographic Profile → Clinical Services and Outcomes → **Financial Tables** → Other Forms

Overview of Financial Tables

	Table 8A	Table 9D	Table 9E
Captures	Costs, both **direct and overhead**, incurred in the year for the health center scope of project.	Patient-related **charges and adjustments** from the calendar year; patient-related revenue received in the year.	**Other revenue** (non-patient-service generated) by the entity from which the revenue was received in the year.
Purpose	Describes how the health center's **resources are expended** both overall and by service area.	Provides a picture of health center **patient service revenue by payer and type of payment**. Combined with Table 9E, it provides information on how health center costs are covered.	Provides an overview of **grant and other funding by source**, which, along with Table 9D, illustrates how health center operations are funded.

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Financial Tables Resources

- BPHC UDS Financials TTA Page
  - Table 8A Fact Sheet
  - Table 9D Fact Sheet
  - Table 9E Fact Sheet
  - Financial Tables Guidance Handout (common error checks)
  - Reporting Donations Guide
  - Operational Costs and Revenues Training Module

Reminder: Upcoming webinar series
  - Reporting UDS Financial and Operational Tables (Nov. 7)

Overview of Other Forms

	Appendix D: Health Information Technology (HIT) Capabilities	Appendix E: Other Data Elements (ODE)	Appendix F: Workforce
Captures	• **EHR** interoperability • **Social risk factor** screening • **Prescription Drug Monitoring Program** (PDMP)	• **Medications** for opioid use disorder • **Telemedicine** services • **Outreach and enrollment** assistance	Provision and scope of **health professional education and training**
Purpose	Understand health center HIT capabilities, including EHR adoption and use throughout the health center and among its providers	Capture information on changing landscape of health center expanded services and delivery systems	Understand current state of health center workforce training, in order to support recruitment and retention of health center professionals

Forms Resources

- [BPHC UDS Appendices TTA Page](#)

    - Crosswalk of Standardized Social Risk Factor Screeners and Appendix D

    - HIT, ODE, and Workforce Forms Fact Sheet

    - Outreach and Enrollment Assist Reporting

Example Scenario

Molly is a patient at ABC Health Center. She arrives for her appointment and is greeted by the front desk personnel and asked to fill out some patient registration forms.

Let's take a look at what information is collected about Molly and where that would be reported on the UDS.

ZIP Code Table

Molly's primary medical insurance is Medicare, and her address is listed in ZIP code 02128.

On the ZIP Code Table, the health center would report Molly's ZIP code in Column A, by her primary medical insurance in Column D.

Note: The total patients reported on this table must equal the number of patients on Table 4.

ZIP Code (a)	None/ Uninsured (b)	Medicaid/ CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
02128					
<Patients' ZIP codes will be entered here>					
Other ZIP Codes					
Unknown Residence					
Total					

Molly is 40 years old and assigned female at birth.

On Table 3A, report Molly by her **age and sex at birth** on Line 29, Column B.

- Use age as of December 31, 2023.

Reminder: Patients by age on this table must equal Table 4 insurance by age groups (0–17 years old and 18 and older).

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
…	…		
26	Ages 25–29		
27	Ages 30–34		
28	Ages 35–39		
29	Ages 40–44		
30	Ages 45–49		
31	Ages 50–54		
32	Ages 55–59		
33	Ages 60–64		
34	Ages 65–69		
35	Ages 70–74		
36	Ages 75–79		
37	Ages 80–84		
38	Age 85 and over		
39	**Total Patients** (Sum of Lines 1–38)		

Ethnicity, Race, and Language
Table 3B

Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+a2+a3 +a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1a	Asian Indian									
1b	Chinese									
1c	Filipino									
1d	Japanese									
1e	Korean									
1f	Vietnamese									
1g	Other Asian									
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)									
…	…									
7	Unreported/Chose not to disclose race									
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**									

Molly identifies as Korean, Not Hispanic, Latino/a, or Spanish Origin.

On Table 3B, report Molly by her race and ethnicity on Line 1e, Column B.

Reminder: The total patients reported on this table must equal the number of patients on Table 4.

Sexual Orientation and Gender Identity (SOGI)
Table 3B

At registration, Molly selects Lesbian or Gay in the sexual orientation section. The health center did not collect any information for gender identity.

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	🟧
14	Heterosexual (or straight)	
15	Bisexual	
16	Other	
17	Don't know	
18	Chose not to disclose	
18a	Unknown	
19	**Total Patients** (Sum of Lines 13 to 18a)	

Line	Patients by Gender Identity	Number (a)
20	Male	
21	Female	
22	Transgender Man/Transgender Male/Transmasculine	
23	Transgender Woman/Transgender Female/Transfeminine	
24	Other	
25	Chose not to disclose	
25a	Unknown	🟧
26	**Total Patients** (Sum of Lines 20 to 25a)	

Knowledge Check #2

Where is Molly reported on Table 3B? (Check all that apply.)

A. Race/ethnicity section, Line 1e, Column B

B. Sexual orientation section, Line 13, Lesbian or Gay

C. Gender identity section, Line 21, Female

D. Gender identity section, Line 25a, Unknown

E. All of the above

Knowledge Check #2 (Answer)

Where is Molly reported on Table 3B? (Check all that apply.)

A.   Race/ethnicity section, Line 1e, Column B

B.   Sexual orientation section, Line 13, Lesbian or Gay

C.   Gender identity section, Line 21, Female

D.   Gender identity section, Line 25a, Unknown

E.   All of the above

Income and Insurance
Table 4

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	
2	101–150%	
3	151–200%	
4	Over 200%	
5	Unknown	
6	**TOTAL** (Sum of Lines 1–5)	

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	**None/Uninsured**		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	**Total Medicaid** (Line 8a + 8b)		
9a	Dually Eligible (Medicare and Medicaid)		
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)		
10a	Other Public Insurance (Non-CHIP) (specify___)		
10b	Other Public Insurance CHIP		
10	**Total Public Insurance** (Line 10a + 10b)		
11	**Private Insurance**		
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)		

Molly's income based on federal poverty guidelines falls within the Over 200% category. On Table 4, the health center would report her on Line 4, Column A.

Molly's primary medical insurance is Medicare, and she is 40 years old. On Table 4, report her on Line 9, Column B.

Reminder: The total patients reported on this table must equal the number of patients on ZIP Code Table and Table 3A.

Special Populations
Table 4

If Molly indicated in registration that she is a member of any special populations, the health center would report her on the appropriate line:

- Total Agricultural Workers or Dependents (Lines 16)
- Total Homeless (Line 23)
- Total School-Based Service Site Patients (Line 24)
- Total Veterans (Line 25)
- Total Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site (Line 26)

Health centers with special population funding report further detail about special populations on those specific lines (330g or 330h).

Special Populations Resources: HRSA-funded NTTAPs

Staffing and Utilization
Table 5

Molly is here today to see Dr. Lu, a general practitioner who works full time at ABC Health Center.

On Table 5, report Dr. Lu's FTE on Line 2, Column A. Report the clinic visit today with Molly on Line 2, Column B.

Molly would be reported as a medical patient on Line 15, Column C.

Reminder: A patient is any person who has at least one countable visit during the reporting year.

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical Care Services** (Lines 8 + 10a through)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services** (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				

Integrated Primary Care and Behavioral Health
Table 5 Selected Service Detail Addendum

During his medical visit with Molly, Dr. Lu also provides counseling for an existing diagnosis of tobacco use disorder.

Report this integrated behavioral health visit on Line 21a. Dr. Lu would be reported in Column A1, the visit would be reported in Column B, and Molly would be reported in Column C.

Medical FTEs, visits, and patients that are reported in Lines 1–15 of the main part of Table 5 may *also* be reported on the MH/SUD addendum *if/when* MH or SUD services were provided.

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				
Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

HRSA Health Center Program

Selected Diagnoses and Services Rendered
Table 6A, Lines 18–20f

As mentioned on the last slide, during his medical visit with Molly, Dr. Lu also provides counseling for an existing diagnosis of tobacco use disorder.

Report this care on Table 6A, Line 19a. The visit would be reported in Column A, and Molly would be reported in Column B.

Report any additional diagnoses and services Molly received during the calendar year on Table 6A.

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Mental Health Conditions, Substance Use Disorders, and Exploitations			
18	Alcohol-related disorders	F10-, G62.1, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-, Z72.0		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11		

HRSA Health Center Program

Knowledge Check #3

To recap, Molly sees Dr. Lu, a general practitioner, for a general check-up. He addresses her tobacco use disorder at the visit. Where is Molly reported on Table 5? (Check all that apply.)

A. Medical section in the main part of Table 5 as a medical patient

B. MH section in the main part of Table 5 as an MH patient

C. SUD section in the main part of Table 5 as an SUD patient

D. In both the medical section in the main part of Table 5 and the SUD section of the addendum

Knowledge Check #3 (Answer)

To recap, Molly sees Dr. Lu, a general practitioner, for a general check-up. He addresses her tobacco use disorder at the visit. Where is Molly reported on Table 5? (Check all that apply.)

A.   Medical section in the main part of Table 5 as a medical patient

B.   MH section in the main part of Table 5 as an MH patient

C.   SUD section in the main part of Table 5 as an SUD patient

D.   **In both the medical section in the main part of Table 5 and the SUD section of the addendum**

Clinical Process and Outcome Measures
Table 6B

Example

Line	Cervical Cancer Screening	Total Female Patients Aged 24 through 64 (a)	Number of Records Reviewed (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 24–64 years of age who were screened for cervical cancer			

Format

Line	Measure Name	Denominator (a)	Number of Records Reviewed (b) (	Numerator (c)
#	Measure Description	All **eligible** patients (N)	=N, or ≥80%(N)	# in (b) that meet measure requirements

During the visit, Dr. Lu notes that Molly is due for a cervical cancer screening. He refers her and she schedules an appointment for the following week. She comes back to the health center the following week and has a pap test.

On Table 6B, for the Cervical Cancer Screening measure on Line 11, report Molly in Columns A, B, and C.

Molly is evaluated for all relevant measures on Table 6B where she has a qualifying encounter.

Clinical Process and Outcome Measures
Table 7

For high blood pressure and diabetes measures, report patients by **race and ethnicity**.
Molly has hypertension. During the visit, her BP is 132/85, which is considered adequately controlled for the UDS Controlling High Blood Pressure measure. On Table 7, report Molly on Line 2a5, in Columns 2A, 2B, and C.

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
	Not Hispanic, Latino/a, or Spanish Origin			
2a1	Asian Indian			
2a2	Chinese			
2a3	Filipino			
2a4	Japanese			
2a5	Korean			
2a6	Vietnamese			
2a7	Other Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2b3	Guamanian or Chamorro			
2b4	Samoan			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Chose Not to Disclose Race			
	Total Not Hispanic, Latino/a, or Spanish Origin			

Financial Tables

Molly has Medicaid Non-Managed Care as her primary insurance. Her visit will be reflected on Line 1, including:

- Full charges (Column A)
- Amount collected (Column B)
- Adjustments (Column D)

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Collection of Reconciliation/ Wraparound Current Year (c1)	Settlements, Receipts, Collection of Reconciliation/ Wraparound Previous Years (c2)	Paybacks (c) Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
1	Medicaid Non-Managed Care									
2a	Medicaid Managed Care (capitated)									
2b	Medicaid Managed Care (fee-for-service)									
3	**Total Medicaid** (Sum of Lines 1 + 2a + 2b)									
4	Medicare Non-Managed Care									
5a	Medicare Managed Care (capitated)									
5b	Medicare Managed Care (fee-for-service)									
6	**Total Medicare** (Sum of Lines 4 + 5a + 5b)									
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care									
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)									
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)									
9	**Total Other Public** (Sum of Lines 7 + 8a + 8b)									

Other Forms: Appendix D

- ABC Health Center screens all patients for social risk factors using a standardized screening. Molly screens positive for lack of transportation/access to public transportation.

- Molly is reported as a patient on Appendix D, Health Information Technology (HIT) Capabilities:

  - Line 11a, total patients screened for social risk factors

  - Question 12a, Line d, lack of transportation/access to public transportation

- 11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is "a. Yes.") _____

- 12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple social risks and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.)
  a. Food insecurity   _____
  b. Housing insecurity   _____
  c. Financial strain   _____
  d. Lack of transportation/access to public transportation
      _____

UDS Modernization Updates

UDS Modernization Initiative

Reduce Reporting Burden

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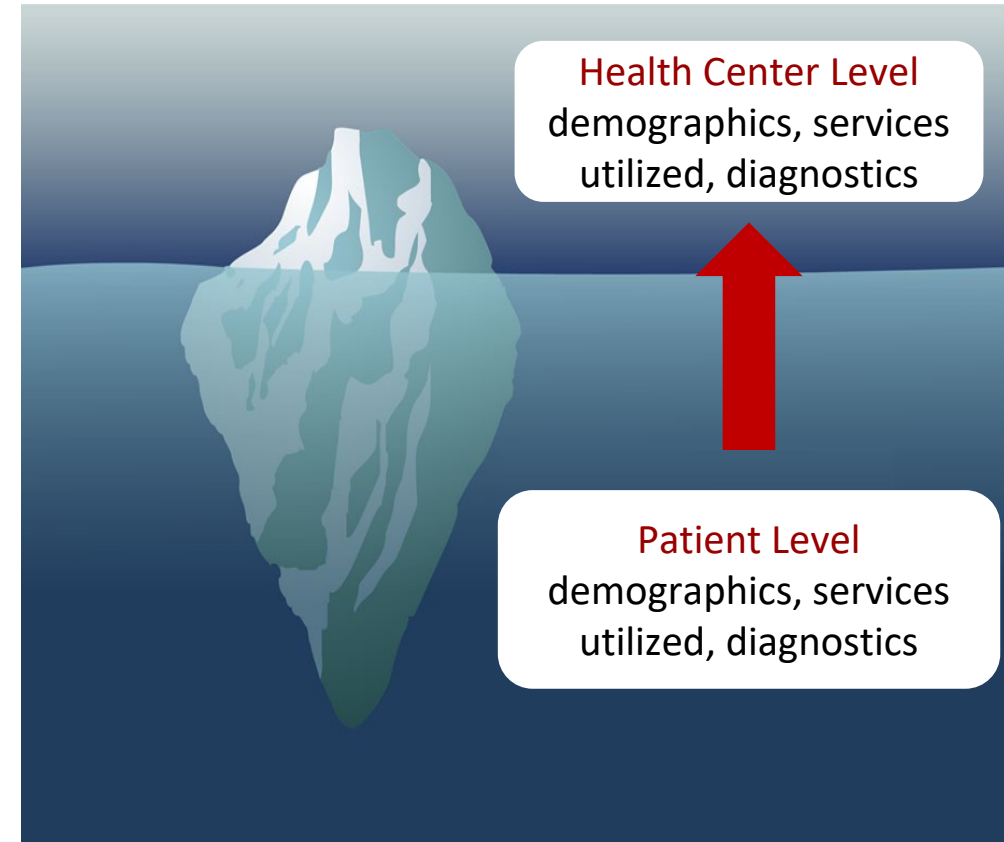
Better Measure Impact

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.

Health Center Level
demographics, services utilized, diagnostics

Patient Level
demographics, services utilized, diagnostics

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)

HRSA Health Center Program

2023 Calendar Year UDS Reporting

All health centers are required to submit aggregated UDS data

- Submit aggregated UDS data via EHBs, using the traditional submission method
- This will be the official submission of record
- Includes all UDS tables and appendices
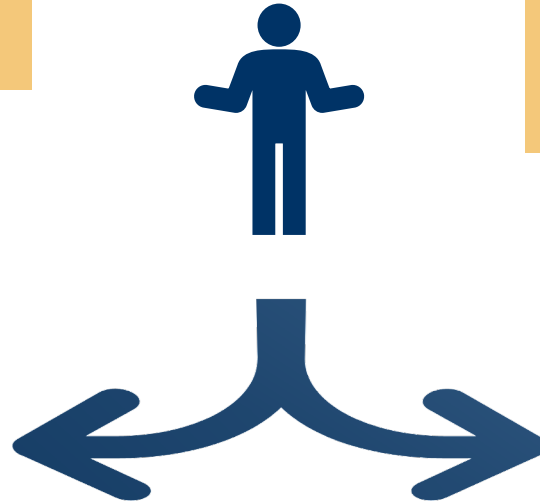
In addition to the required aggregated UDS data submission, health centers have the option to submit patient-level data (UDS+)

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

2023 Calendar Year: Optional UDS+ Submission

Instructions for CY 2023 Optional UDS+ Submission

1. Submit data for your entire universe of patients (not a subset)

2. Submit <u>all of </u>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 <u>all or part of </u>the clinical tables data, as described below:
   - Table 6A: Selected Diagnoses and Services Rendered: may be omitted
   - 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)

- Based on feedback from the UDS Test Cooperative (UTC), health centers may be most readily able to submit the following 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%)

- However, health centers may choose any eCQMs from these tables so 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

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

Support Is Available

A Host of Resources Are Available to Support Your UDS Reporting!

Next Steps

Immediate

- Bookmark UDS TTA microsite
- Bookmark or print the 2023 UDS Manual
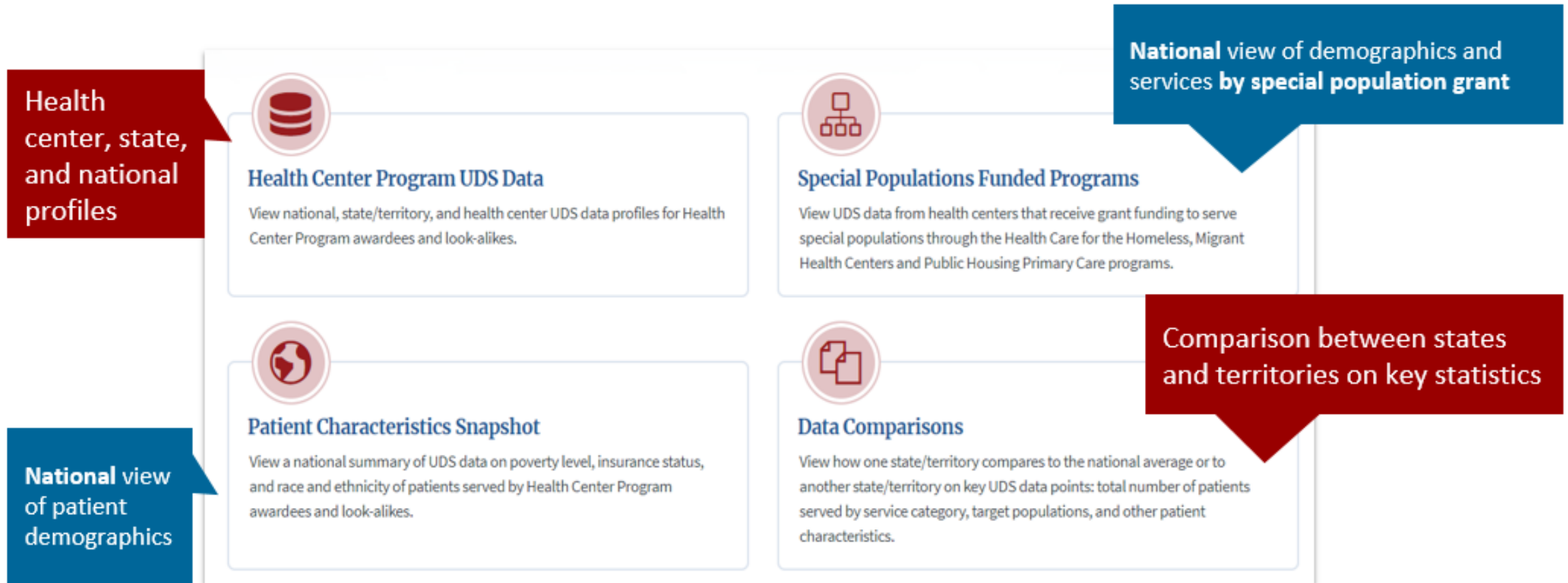- Sign up for UDS technical assistance webinars

Short term

- Review 2023 UDS Manual and UDS training modules
- Register for and attend annual state/territory-based training
- Review and familiarize yourself with publicly available data, including rollups and comparison data
- Confirm EHR/systems are programmed to capture all UDS data elements

Prior to February 15

- Review prior-year UDS Report
- Connect with your team to understand your role in UDS reporting and submission
- Review prior-year UDS Reviewer comments
- Obtain EHBs access

Key Resource: data.HRSA.gov

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

Support Available

Description	Contact	E-mail or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form 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	BPHC Contact Form Select: UDS Modernization	877-464-4772

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

☎ **1-866-837-4357**

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