HRSA
Health Resources & Services Administration

Calendar Year 2023 Uniform Data System (UDS) Reporting Changes Webinar

June 6, 2023, 1:00–2:30 p.m. ET

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Training and Technical Assistance Specialist, John Snow, Inc. (JSI)
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Housekeeping

This event is being recorded: Audio is now broadcasting	01
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Live Captioning is Available: Click the CC Live Transcription button to show and hide captions during today's event.	04
Chat Box: The chat will be disabled for attendees but used for dropping links and files today.	05
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Opening Remarks

Judy Van Alstyne, MPH

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Objectives of the Webinar

By the end of the webinar, participants will be able to:

- Understand the major changes for calendar year (CY) 2023 UDS data reporting (due February 15, 2024).
- Understand the resources available to support CY 2023 UDS reporting.

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Agenda

- CY 2023 UDS Changes Announcements
- Details of Major 2023 UDS Changes
  - Reporting Updates
  - Existing Data Modified
  - New Data Reported
- Strategies for Successful Reporting
- UDS Modernization Updates
- Questions and Answers

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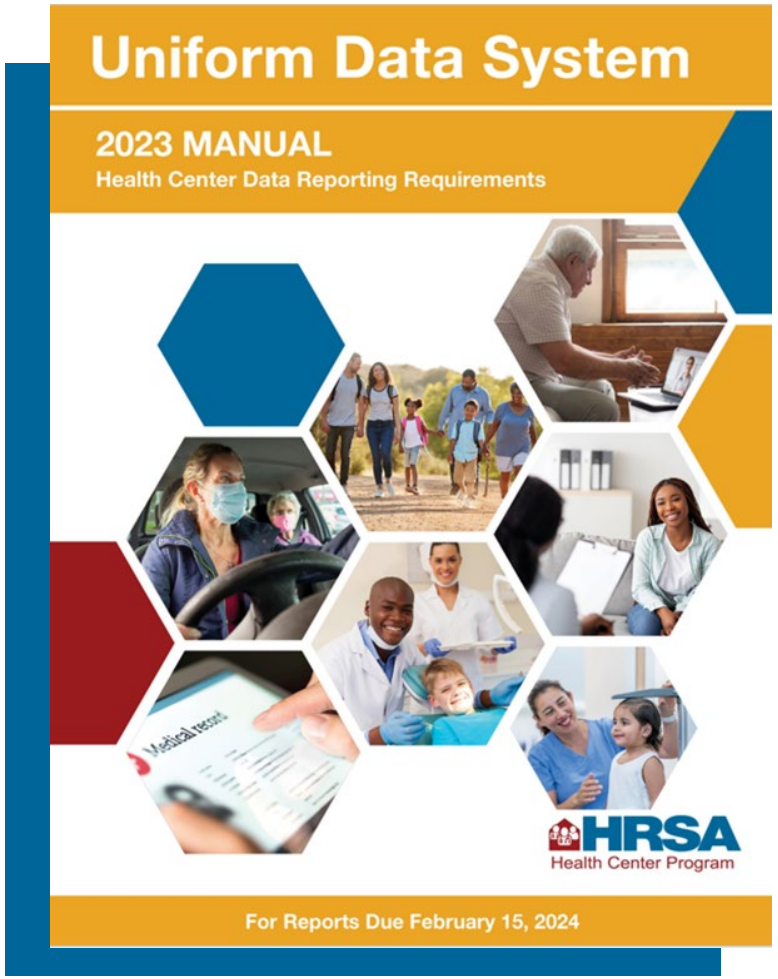
CY 2023 UDS Changes Announcements

For UDS Reports due February 15, 2024

Communication of UDS Reporting Changes



- 2023 UDS changes were first announced as "Proposed Uniform Data System Changes for Calendar Year 2023" in Program Assistance Letter (PAL) 2022-03 dated August 12, 2022.
- Changes discussed today will be described in further detail:
  - 2023 UDS Manual
  - Technical assistance webinars (fall 2023)
  - 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.

Important Dates

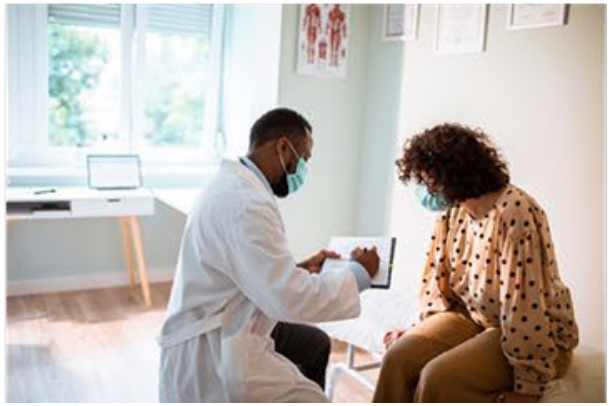
- Changes impact UDS Reports for in-scope activities for 2023:
  - Effective **January 1, 2023** (and must be reflected in data reported for the entire year).
  - To be reported by **February 15, 2024** (and submitted through the Electronic Handbooks (EHBs)).
    - Health centers may choose to voluntarily submit patient-level data (UDS+), in addition to aggregated data using the traditional submission method.
- To ensure data are captured correctly, health centers should:
  - Configure data systems to capture and report changed data elements.
  - Work with electronic health record (EHR) vendors to ensure systems are updated with required specifications.
  - Validate data to ensure workflows are successfully capturing data.
  - Educate health center staff involved with UDS reporting on 2023 UDS changes.

Overview of UDS Report

Four Primary Sections

Patient Demographic Profile

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

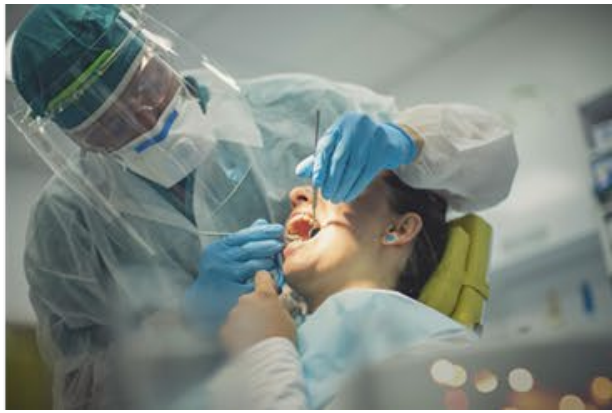


Clinical Services and Outcomes

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

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Calendar Year 2023 Reporting

Updates

- There are updates to how some data on Table 6A are defined.
- Electronic-specified clinical quality measures (eCQMs) are updated on an annual basis.

Changes

- There is an overall change to how eCQM denominators are defined.
- Seven eCQMs have changes to their specifications.
- There is a change to reporting of opioid use disorder treatment in Appendix E: Other Data Elements.

New

- There are four areas of new data reporting.

Details of Major 2023 UDS Changes

Reporting Updates

In this section, we will discuss general reporting updates for CY 2023 UDS reporting.

Table 6A: Updated Codes

Selected Diagnoses and Services Rendered

UDS Table 6A Code Changes (See resource for the full list)

**Indicates change from 2022*

Line	Diagnosis/Service	2022 Codes	2023 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 OID: 2.16.840.1.113883.3.464.1003.120.12.1003
3	Tuberculosis	A15- through A19-, O98.0-	A15- through A19-, O98.0-, Z86.15, Z22.7 OID: 2.16.840.1.113762.1.4.1151.56 (O98.0- is not in value set)
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-	A50- through A64-, Z22.4 OID: 2.16.840.1.113883.3.464.1003.112.11.1003
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- OID: 2.16.840.1.113883.3.464.1003.110.12.1025 (B19.1- and O98.4- are not in value set)
4b	Hepatitis C	B17.1-, B18.2, B19.2	B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1222.30

- Applicable ICD-10-CM Codes, Value Set Object Identifiers (OID), CPT-4/I/PLA, and HCPCS Codes have been updated for 2023.
- 2023 Table 6A code changes will be available for download.
- Codes are updated as of April 2023.
- Codes may be updated later in the year to capture critical updates made after this date.

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Table 6A: Value Sets Added

Selected Diagnoses and Services Rendered

- Value sets from the Value Set Authority Center (VSAC) have been added to the diagnosis and service codes on Table 6A, where available.

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 Infectious and Parasitic Diseases			
1–2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21 **OID:** 2.16.840.1.113883.3.464.1003.120.12.1003		
3	Tuberculosis	A15- through A19-, O98.0-, Z86.15, Z22.7 **OID:** 2.16.840.1.113762.1.4.1151.56 (O98.0- is not in value set)		
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-, Z22.4 **OID:** 2.16.840.1.113883.3.464.1003.112.11.1003		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4- **OID:** 2.16.840.1.113883.3.464.1003.110.12.1025 (B19.1- and O98.4- are not in value set)		
4b	Hepatitis C	B17.1-, B18.2, B19.2- **OID:** 2.16.840.1.113762.1.4.1222.30		
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1 **OID**: 2.16.840.1.113762.1.4.1248.139, 2.16.840.1.113762.1.4.1200.151		

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Knowledge Check #1

Why is the addition of value sets important?

A. Makes use of federal standards, to ensure consistency across federal reporting.

B. Makes reporting on Table 6A more consistent with similar information used elsewhere on the UDS (such as on clinical quality measures on Tables 6B and 7).

C. Value sets are centrally available, which increases transparency.

D. All of the above.

E. None of the above.

Knowledge Check #1 Answer

Why is the addition of value sets important?

A. Makes use of federal standards, to ensure consistency across federal reporting.

B. Makes reporting on Table 6A more consistent with similar information used elsewhere on the UDS (such as on clinical quality measures on Tables 6B and 7).

C. Value sets are centrally available, which increases transparency.

D. All of the above (This is the correct answer!)

E. None of the above.

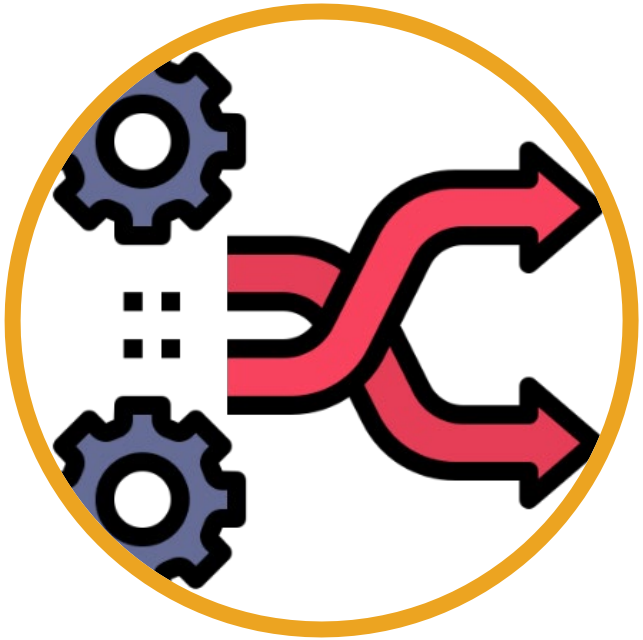
Changes to Align with eCQMs

Tables 6B and 7 were updated to align with the latest Centers for Medicare & Medicaid Services (CMS) eCQMs. The Clinical Measures Exclusions and Exceptions handout will be available to review for 2023 updates.

Table	Line/Columns	Quality Care Measure	Updated eCQM
6B	10	Childhood Immunization Status	CMS117v11
6B	11	Cervical Cancer Screening	CMS124v11
6B	11a	Breast Cancer Screening	CMS125v11
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v11
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v11
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v11
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v6
6B	19	Colorectal Cancer Screening	CMS130v11
6B	20a	HIV Screening	CMS349v5
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v12
6B	21a	Depression Remission at Twelve Months	CMS159v11
7	2a–2c	Controlling High Blood Pressure	CMS165v11
7	3a–3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v11

Details of Major 2023 UDS Changes

Existing Data Modified



In this section, we will discuss existing reporting that has been changed, modified, or updated for CY 2023 UDS reporting.

Modifications to Tables 6B and 7 Measures

- Age “as of” for several clinical quality measures has been revised to align with Clinical Quality Language (CQL) criteria:
  - Cervical Cancer Screening, Breast Cancer Screening, Colorectal Cancer Screening, Controlling High Blood Pressure, Diabetes
- Patients **with eligible visits, as defined by the measure steward for each selected measure**, are to be considered for the denominator:

2022 UDS Guidance	NEW 2023 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 eCQMs may specify a broader range of service codes.	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.

Table 6B: Existing Measure Modified

BMI Screening and Follow-Up Plan (CMS69v11)

- The Body Mass Index (BMI) Screening and Follow-Up Plan measure numerator changed:
  - From 12-month requirement for the documented BMI to a requirement during the measurement period
  - To allow for follow-up plan to be documented **during the measurement period**, rather than on or after the most recent documented BMI.

2022 Numerator	2023 Numerator
Patients with a documented BMI **during the most recent visit or during the 12 months preceding that visit**, and when the BMI is outside of normal parameters, a **follow-up plan is documented on or after the most recent documented BMI**	Patients with a documented BMI **during the most recent visit or during the measurement period**, and when the BMI is outside of normal parameters, a **follow-up plan is documented during the measurement period**

Table 6B: Existing Measure Modified

Tobacco Use: Screening and Cessation Intervention (CMS138v11)

- The Tobacco Screening measure numerator changed to allow for tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if the patient is identified as a tobacco user.
- Use of e-cigarettes and other electronic nicotine delivery systems is now considered to be tobacco use.
- Hospice care has been added as a denominator exclusion.
- Denominator exceptions (i.e., documented medical reasons for not screening or providing cessation intervention) have been removed.

2022 Measure	2023 Measure
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period and **who received tobacco cessation intervention if identified as a tobacco user**	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period and **who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user**

Table 6B: Existing Measure Modified

Colorectal Cancer Screening (CMS130v11)

- The Colorectal Cancer Screening measure changed the denominator age from 50–75 to 45–75.

2022 Measure	2023 Measure
Percentage of adults **50–75 years of age** who had appropriate screening for colorectal cancer	Percentage of adults **45*–75 years of age** who had appropriate screening for colorectal cancer

*Use 46 on or after December 31 as the initial age to include in assessment.

Table 6B: Existing Measure Modified

Screening for Depression and Follow-Up Plan (CMS2v12)

- The Depression Screening measure changed from follow-up, if needed, on the date of the visit to follow-up on the date of or up to two days after the date of the visit.
- The denominator exclusion for patients diagnosed with depression or bipolar disorder has been updated to include diagnosis of depression or bipolar disorder *at any time prior to the qualifying visit, regardless of whether the diagnosis is active or not.*

2022 Measure	2023 Measure
Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented **on the date of the visit**	Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if screening was positive, a follow-up plan is documented **on the date of or up to two days after the date of the qualifying visit**

Table 6B: Existing Measure Modified

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v6)

2022 Denominator	2023 Denominator
• All patients **who were previously diagnosed with or currently have an active diagnosis of ASCVD**, including an ASCVD procedure, or	• All patients **with an active diagnosis of ASCVD**, or who ever had an ASCVD procedure, or
• Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or	• Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or
• Patients 40 through 75 years of age with a diagnosis of diabetes	• Patients 40 through 75 years of age with a diagnosis of diabetes

- The Statin Therapy measure denominator changed from current *or prior* diagnosis of ASCVD to now requiring *active* diagnosis of ASCVD.
- Patients with diagnosis of pregnancy are no longer excluded from the denominator.
- Added the following denominator exception:
  - Patients with a documented medical reason for not being prescribed statin therapy.

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Table 6B: Existing Measure Modified

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (CMS155v11)

- The final age to include in assessment for the Weight Assessment and Counseling measure has been changed from age 16 to 17.

2022 Denominator	2023 Denominator
• **Patients 3 through 16 years of age** with at least one outpatient medical visit during the measurement period	• **Patients 3 through 17 years of age** with at least one outpatient medical visit by the end of the measurement period, as specified in the measure criteria

Table 7: Existing Measure Modified

Controlling High Blood Pressure (CMS165v11)

- The following denominator exclusion has been added to the hypertension measure:
  - Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.

2023 Measure
• Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period

Appendix E: Other Data Elements

Question 1, Medications for Opioid Use Disorder (MOUD)

- Medication Assisted Treatment (MAT) is now referred to as Medications for Opioid Use Disorder (MOUD).
- The Drug Addiction Treatment Act of 2000 (DATA) waiver is no longer required to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine).

2022	2023
• **Question 1a:** How many **physicians, certified nurse practitioners, physician assistants, and certified nurse midwives**, on-site or with whom the health center has contracts, **have a Drug Addiction Treatment Act of 2000 (DATA) waiver** to treat opioid use disorder with medications specifically approved by the U.S. FDA (i.e., buprenorphine) for that indication during the calendar year? • **Question 1b:** During the calendar year, how many patients received **MAT** for opioid use disorder from a **physician, certified nurse practitioner, physician assistant, or certified nurse midwife**, with a DATA waiver working on behalf of the health center?	• **Question 1a:** How many **providers**, on-site or with whom the health center has contracts, treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine) for that indication during the calendar year? • **Question 1b:** During the calendar year, how many patients received **MOUD** for opioid use disorder from a **provider** accounted for in Question 1a?

Knowledge Check #2

Many clinical quality measures refer to "active diagnosis." What is an active diagnosis for the purposes of clinical quality measure reporting?

A. An active diagnosis is any diagnosis that is on the patient's problem list or list of active diagnoses at any point in the calendar year.

B. An active diagnosis refers only to a diagnosis treated at the health center (addressed during a countable visit) in the calendar year.

C. An active diagnosis is any diagnosis the patient has ever had, throughout their life.

D. None of the above.

Knowledge Check #2 Answer

Many clinical quality measures refer to "active diagnosis." What is an active diagnosis for the purposes of clinical quality measure reporting?

A. **An active diagnosis is any diagnosis that is on the patient's problem list or list of active diagnoses at any point in the calendar year.**

B. An active diagnosis refers only to a diagnosis treated at the health center (addressed during a countable visit) in the calendar year.

C. An active diagnosis is any diagnosis the patient has ever had, throughout their life.

D. None of the above.

Details of Major 2023 UDS Changes

New Data Reported

In this section, we will discuss reporting that is new for CY 2023 UDS.

Tables 3B and 7: New Data Reported

Race and Hispanic, Latino/a, or Spanish Ethnicity

- **Tables 3B and 7 have been updated:**
  - **Race:** To capture sub-categories for Asian and Other Pacific Islander:
    - **Asian:** Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
    - **Native Hawaiian/Other Pacific Islander:** Native Hawaiian, Other Pacific Islander, Guamanian or Chamorro, Samoan
  - **Ethnicity:** To capture sub-categories for Hispanic, Latino/a, or Spanish origin:
    - Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish Origin
    - Hispanic, Latino/a, Spanish Origin, Combined
      - *Report patients who are of Hispanic, Latino/a, or Spanish origin but granularity of ethnicity is not known, and patients who select more than one listed ethnicity (e.g., Mexican and Puerto Rican), in Column A5: "Hispanic, Latino/a, Spanish Origin, Combined"*

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
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)									
2a	Native Hawaiian									
2b	Other Pacific Islander									
2c	Guamanian or Chamorro									
2d	Samoan									
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)									
3	Black/African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported/Chose not to disclose race									
8	**Total Patients** (Sum of Lines 1 + 2 + 3 to 7)									

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Table 5: New Data Reported

Staffing and Utilization

- **Lines 23a–23d** have been added to capture more detailed data on pharmacy personnel:
  - **23a:** Pharmacists
  - **23b:** Clinical Pharmacists
  - **23c:** Pharmacy Technicians
  - **23d**: Other Pharmacy Personnel

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists				
22b	Optometrists				
22c	Other Vision Care Personnel				
22d	**Total Vision Services** (Lines 22a–c)				
23a	Pharmacists				
23b	Clinical Pharmacists				
23c	Pharmacist Technicians				
23d	Other Pharmacy Personnel				
23	**Pharmacy Personnel** (Lines 23a-d)				

Note that pharmacy personnel are still not providers on the UDS and therefore cannot generate UDS countable visits.

Table 6A: New Data Reported

Selected Diagnoses and Services Rendered

- **Line 26e:** Childhood Development Screenings and Evaluations
  (CPT-4: 96110, 96112, 96113, 96217, ICD-10: Z13.4-)
  - Column A = Number of visits at which the above childhood development services were provided
  - Column B = Number of patients who have had one or more visits where the above childhood development services were provided

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Table 9E: New Data Reported

Other Revenue

- **Line 1p:** Expanding COVID-19 Vaccination (ECV)
  - Other COVID-19-Related Funding from BPHC, previously reported on Line 1p, is now reported on Line 1p2.

Line	Source	Amount (a)
	BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)	
1a	Migrant Health Center	
1b	Community Health Center	
1c	Health Care for the Homeless	
1e	Public Housing Primary Care	
1g	**Total Health Center** (Sum of Lines 1a through 1e)	
1k	**Capital Development Grants**, including School-Based Service Site Capital Grants	
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 (ARP) (H8F, L2C, C8E)	
1p	Expanding COVID-19 Vaccination (ECV)	
1p2	Other COVID-19-Related Funding from BPHC (specify_____)	
1q	**Total COVID-19 Supplemental** (Sum of Lines 1l through 1p)	
1	**Total BPHC Grants** (Sum of Lines 1g + 1k + 1q)	

Strategies for Successful Reporting

UDS Training and Technical Assistance

- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance
- Organized by UDS topic areas, such as:
  - Patient characteristics
  - Staffing and utilization
  - Clinical care
  - Financials

Visit

UDS Training and Technical Assistance

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Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2023 UDS Manual.
- See other available guidance:
  - PAL 2022-03
  - eCQI Resource Center
  - Value Set Authority Center (VSAC)
- UDS Support Center offers assistance with UDS measures and requirements. Call 866-UDS-HELP, email udshelp330@bphcdata.net, or submit a ticket via the BPHC Contact Form (select Uniform Data System/UDS Reporting).
  - The phone line is available year-round from 8:30 a.m. to 5:00 p.m. (ET).

Work as a Team

- **Tables are interrelated.**
  - Communicate early and throughout the process with your internal 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 2023.
  - The modernized reporting features—Excel file, offline HTML file, comparison tool, and the Excel mapping document—are all available in the PRE and throughout the submission process to help prepare you for UDS data reporting.

Check Data for Accuracy

- Vendor-developed reports and other reporting advancements will not replace the need for data governance and validation in your health center!
- 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: Previous-year UDS data can be compared in the EHBs with the Data Comparison tool.
- Review last year's letter from your reviewer to ensure all issues are addressed in this year's report.

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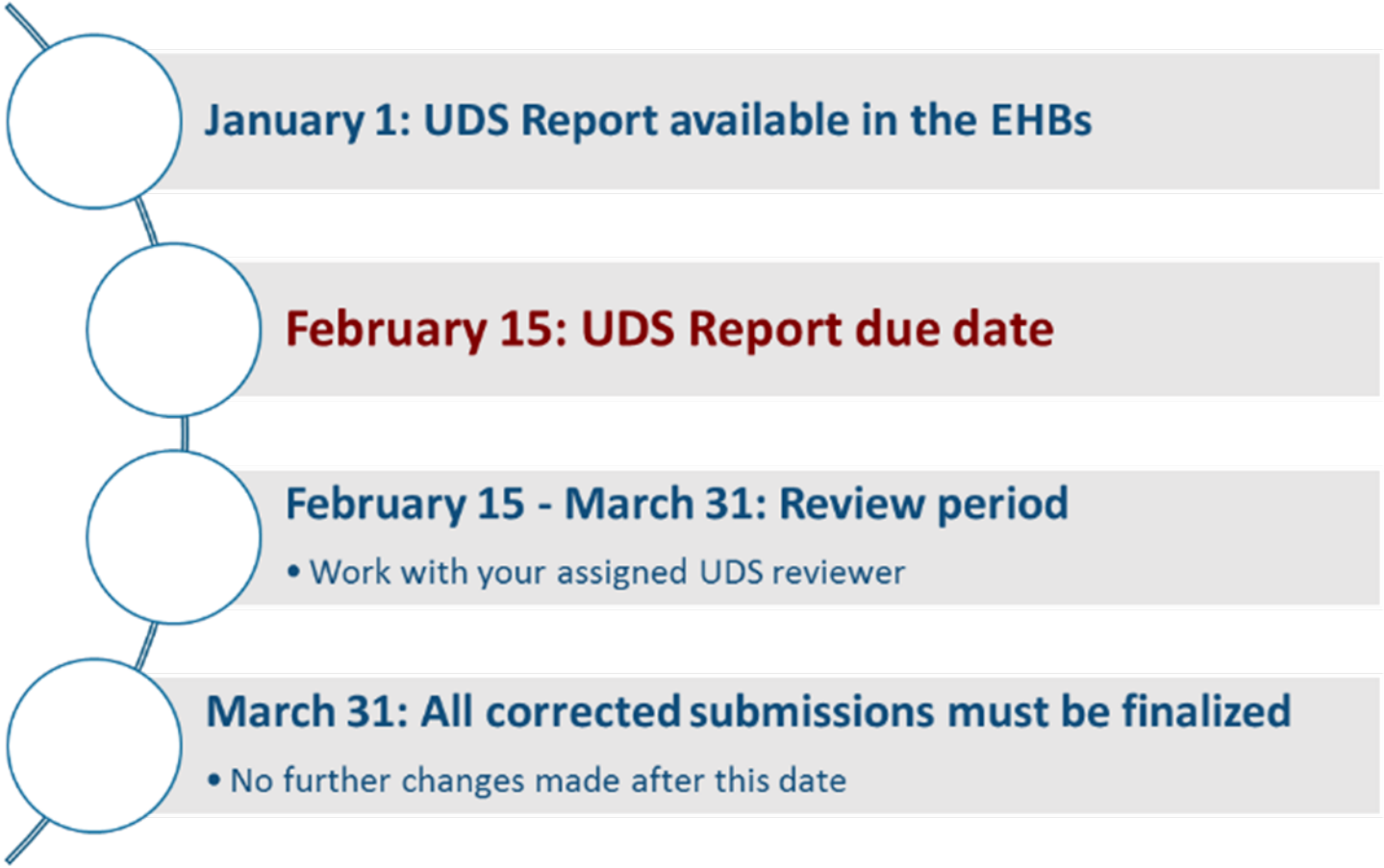
You Can Begin Your Report on January 1, 2024

Complete, accurate, and on time!



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.

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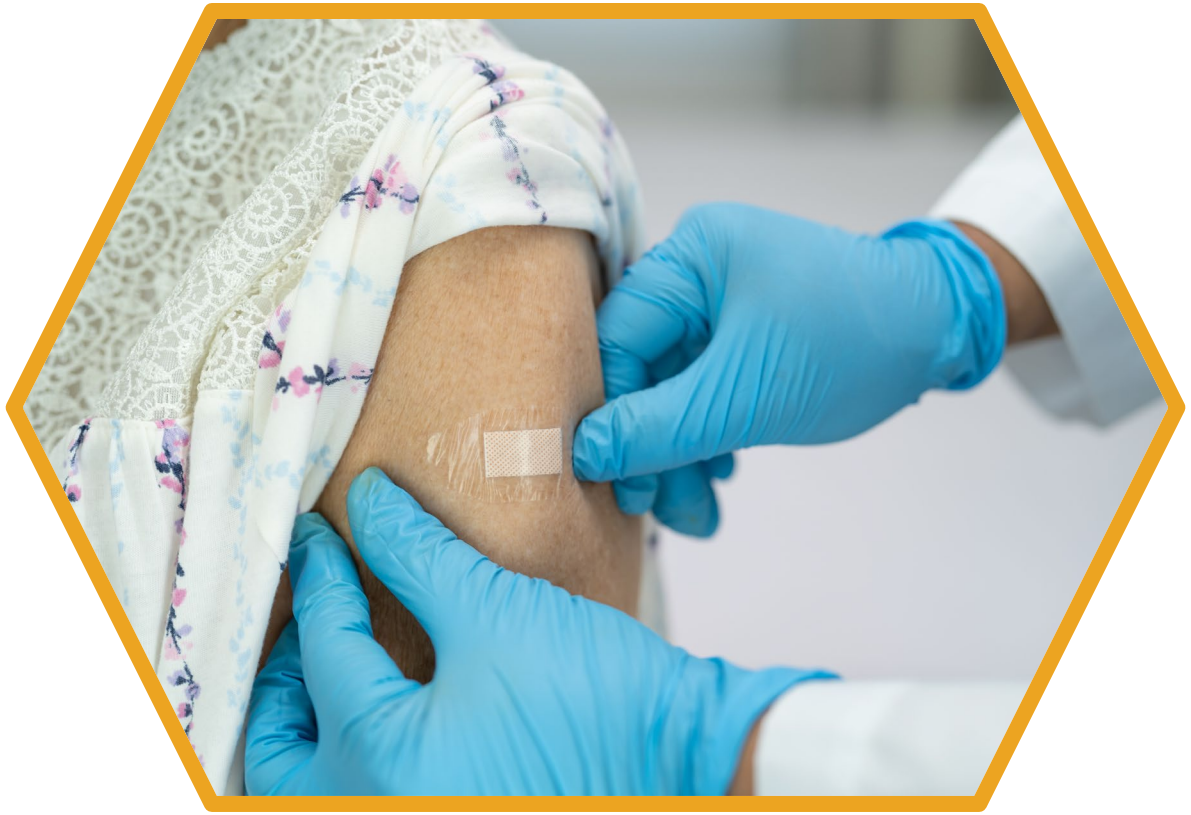
Available Assistance

- Technical assistance materials, including local trainings, are available online:
  - UDS Training and Technical Assistance
- UDS Support Center for assistance with UDS reporting questions:
  - udshelp330@bphcdata.net
  - 866-UDS-HELP (866-837-4357)
  - BPHC Contact Form, select Uniform Data System/UDS Reporting.
- For EHBs help and account access/roles questions:
  - 877-464-4772
  - BPHC Contact Form, select Technical Support/EHBs Tasks/EHBs Technical Issues.
- Office of the National Coordinator for Health Information Technology (ONC) Issue Tracking System (OITS) JIRA project eCQM Issue Tracker:
  - Sign up for an OITS account
  - Post questions in the eCQM Issue Tracker
- National Training and Technical Assistance Partners (NTTAPs)

For more information, visit the Technical Assistance Contacts webpage.

HRSA Health Center Program

UDS Webinars



- Additional technical assistance webinars will occur in the Fall, covering topics such as:
  - Counting visits and patients on the UDS
  - UDS clinical tables
  - UDS financial and operational tables
- Past webinar presentations are archived on the UDS Training and Technical Assistance site.

UDS Modernization Updates

UDS Modernization Initiative

Reduce Reporting Burden

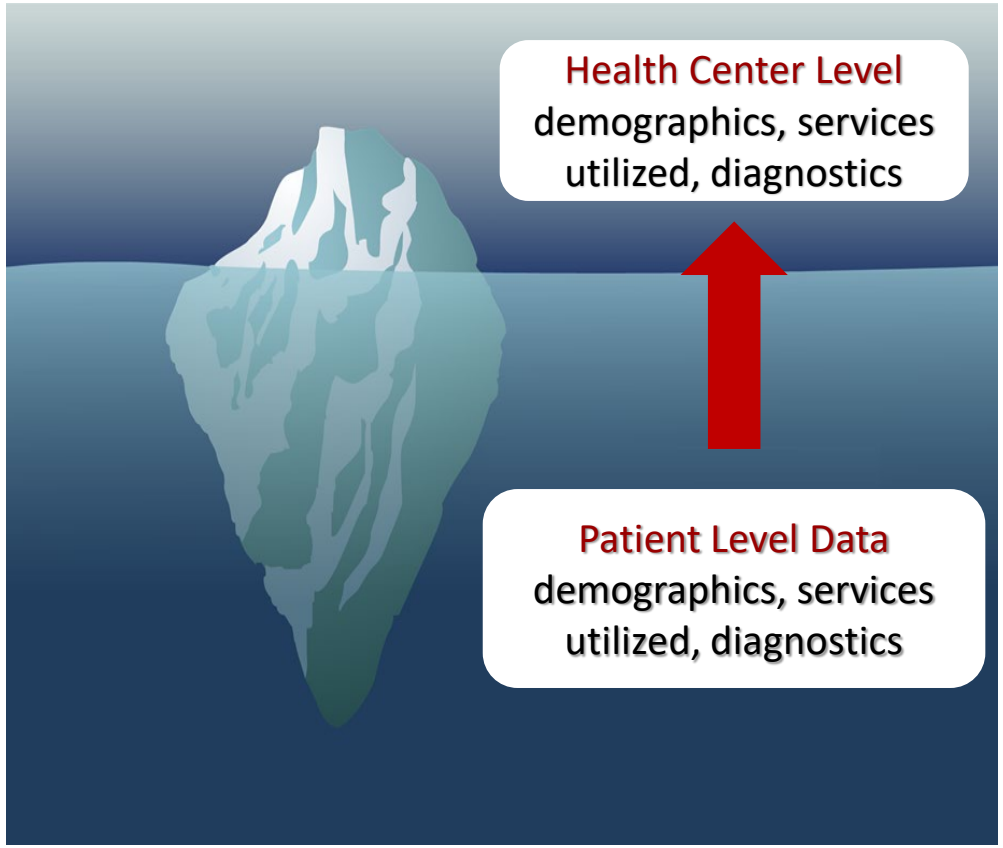
Automate data submission, provide enhanced UDS reporting capabilities, promote transparency and integrate stakeholder feedback.

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.



Benefits of UDS+

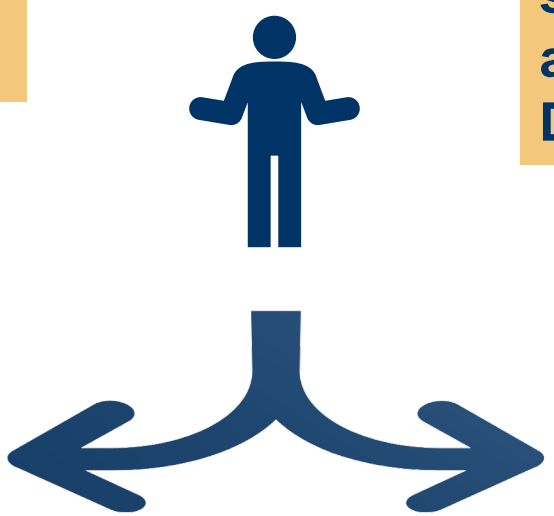
Patient-level data collection will enable HRSA to better:

- 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 **training, technical assistance, 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 via EHBs, using the traditional submission method
- This will be the official submission of record
- Includes all UDS tables and appendices



Health centers have the option to submit both aggregated UDS Data and De-identified Patient Level UDS Data (UDS+)

- In addition to traditional aggregated data
- Submission via FHIR
- Further details on this submission process to be provided at a later date

HRSA Health Center Program

Resources

For the latest UTC and UDS+ information, please subscribe to the Primary 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 UDS Test Cooperative
- 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

Questions and Answers

Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

udshelp330@bphcdata.net ***or*** BPHC Contact Form

1-866-837-4357

bphc.hrsa.gov

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