General

Table	Data Reported	Universal Report	Grant Reports
SERVICE AREA			
ZIP Code Table	**Patients by ZIP Code** — Patients served reported by ZIP code and by primary third-party medical insurance source, if any	X	
PATIENT PROFILE			
Table 3A	**Patients by Age and by Sex Assigned at Birth**	X	X
Table 3B	**Demographic Characteristics** — Patients by race, Hispanic or Latino/a ethnicity; language barriers; sexual orientation; and gender identity	X	X
Table 4	**Selected Patient Characteristics** — Patients by income (as measured by percentage of the federal poverty guidelines [FPG]) and primary third-party medical insurance; the number of "special population' patients receiving services; and managed care enrollment, if any	X	X
STAFFING AND UTILIZATION			
Table 5	**Staffing and Utilization** — The annualized full-time equivalent (FTE) of program personnel by position category, in-person and virtual visits by provider type, and patients by service type	X	Partial (excludes FTE)
Table 5 Addendum	**Selected Service Detail Addendum** — Mental health services provided by medical providers; and substance use disorder services provided by medical and mental health providers	X	
CLINICAL			
Table 6A	**Selected Diagnoses and Services Rendered** — Visits and patients for selected medical, mental health, substance use disorder, vision, and dental diagnoses and services	X	X
Table 6B	**Quality of Care Measures** — Clinical quality-of-care measures	X	
Table 7	**Health Outcomes and Disparities** — Health outcome measures by race and ethnicity	X	
FINANCIAL			
Table 8A	**Financial Costs** — Direct and indirect expenses by service categories	X	
Table 9D	**Patient Service Revenue** — Full charges, collections, and adjustments by payer type; sliding fee discounts; and patient bad debt write-offs	X	
Table 9E	**Other Revenue** — Other, non-patient service revenue	X	
OTHER			
Appendix D: HIT Form	**Health Information Technology (HIT) Capabilities** — HIT capabilities, including the use of electronic health record (EHR) information and social risk factors	X	
Appendix E: ODE Form	**Other Data Elements** — Medications for Opioid Use Disorder (MOUD), telehealth, and outreach and enrollment assists	X	
Appendix F: Workforce Form	**Workforce** — Health center workforce training and use of provider and personnel satisfaction surveys	X	

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, pages 12 – 16.

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LOOK-ALIKE AND BHW PRIMARY CARE CLINICS REPORTING:

To maintain consistency with BPHC reporting, the look-alikes and BHW primary care clinics report the UDS using the tables and definitions outlined in the BPHC UDS Reporting Manual. General exceptions specific to look-alikes include:

- Fields are greyed out for elements that do not apply to look-alike reporting (*modifications are listed on the next page*).

- Look-alikes are required to complete the Universal Report only.

RESOURCES FOR ASSISTANCE:

Help and information is available year-round — not just at submission time!

Available resources include:

- For further information, see the ***PAL 2023***

- An annually revised ***UDS Manual***

- COVID-19 Uniform Data System (UDS) Reporting ***Frequently Asked Questions (FAQs)***

- 2023 UDS Annual State-Based Trainings (Sponsored by PCAs October – December 2023)

- Recorded, online training ***webinars***

- The ***HRSA UDS Training and Technical Assistance Website***. This website hosts training resources as well as guidance to identify the appropriate training and resources based on level of experience with the UDS.

- Technical support to review submission (January – March)

- A telephone helpline (866-UDS-HELP)

- E-mail help: ***udshelp330@bphcdata.net***

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, pages 12 – 16.

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Table	Modification to Tables for 2023
Grantee Profile: Patients by ZIP Code	<none>
Table 3A: Patients by Age and Sex Assigned at Birth	<none>
Table 3B: Demographic Characteristics	This table has been updated to include sub-categories for Asian and Other Pacific Islander, as well as broader selection for ethnicity by including further Hispanic, Latino/a, or Spanish origin sub-categories.
Table 4: Selected Patient Characteristics	<none>
Table 5: Staffing and Utilization	Four lines have been added to provide more detailed data on pharmacy personnel.
Table 6A: Selected Diagnoses and Services Rendered	Some diagnosis and service codes have been updated. All changes are included in the table and outlined in the "Table 6A Code Changes" file found on the UDS Clinical Care Resources webpage. • A new line (26e) has been added to report childhood developmental screenings and evaluation services. • Value sets from the Value Set Authority Center (VSAC) have been added to diagnosis and service codes, where available.
Table 6B: Quality of Care Measures	The specifications for the clinical quality measures reported have been revised to align with the CMS eCQMs. The clinical quality measures are aligned with the most current eCQMs for Eligible Professionals for the 2023 version number referenced in the UDS Manual for the measurement period. (Other updates are available, but they should not be used for the 2023 reporting.) Patients with eligible visits, as defined by the measure steward for the selected measure, are to be considered for the denominator. Age "as of" for several clinical quality measures has been changed and revised to align with CQL criteria. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Line 12a): Final age to include in assessment has changed from age 16 to 17. The Body Mass Index (BMI) Screening and Follow-Up Plan (Line 13) measure numerator changed from a 12-month requirement to a requirement during the measurement period. The Tobacco Screening (Line 14a) measure now considers e-cigarette use as tobacco use, hospice care is now a denominator exclusion, denominator exceptions have all been removed (documented medical reasons for not screening or providing cessation intervention), and tobacco cessation intervention must now occur during the measurement period or during the 6 months prior to the measurement period if identified as a tobacco user. The Colorectal Cancer (Line 19) Screening measure changed the denominator age from 50–75 to 45–75.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, pages 12 – 16.

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	The Screening for Depression and Follow-Up Plan changed from follow-up, if needed, on the date of the visit to follow-up up to two days after the date of the visit.
	The Statin Therapy measure (Line 17a) changed from current or prior diagnosis of atherosclerotic cardiovascular disease (ASCVD) to now requiring active diagnosis of ASCVD. Patients who have diagnosis of pregnancy are no longer excluded from the denominator, and patients with a documented reason for not being prescribed statin therapy have been added as a denominator exception.
Table 7: Health Outcomes and Disparities	The specifications for the clinical quality measures reported have been revised to align with the CMS eCQMs. The clinical quality care measures are aligned with the most current eCQMs for Eligible Professionals for the 2023 version number referenced in the UDS Manual for the measurement period. (Other updates are available, but they should not be used for the 2023 reporting.)
	Patients with eligible visits, as defined by the measure steward for the selected measure, are to be considered for the denominator.
	Age "as of" for several clinical quality measures have changed and revised to align with CQL criteria.
	Patients 81 years of age and older by the end of the measurement period with an indication of frailty for any part of the measurement period has been added as a denominator exclusion for the Hypertension measure (Section B).
	The Diabetes measure (Section C) no longer indicates in the Specification Guidance that patients with a diagnosis of secondary diabetes due to another condition (such as gestational diabetes) are to be excluded from the denominator.
	This table has been updated to include sub-categories for Asian and Other Pacific Islander, as well as broader selection for ethnicity by including additional Hispanic, Latino/a, or Spanish origin sub-categories. .
Table 8A: Financial Costs	\<none\>
Table 9D: Patient Service Revenue	Line 8c for the COVID-19 Uninsured Program has been removed because the deadlines for COVID-19 testing and treatment claims submissions ended on March 22, 2022, and vaccine administration claims ended on April 5, 2022.
Table 9E: Other Revenue	Supplemental funding for Expanding COVID-19 Vaccination (ECV) has been added as Line 1p.
Appendix D: Health Center Health Information Technology (HIT) Capabilities	\<none\>
Appendix E: Other Data Elements	The UDS has transitioned from using the term "Medication-Assisted Treatments (MAT)" to "Medications for Opioid Use Disorder (MOUD)."
Appendix F: Workforce	\<none\>