



Uniform Data System (UDS): Clinical Tables Part 2: Maternal Care and Children's Health Measures

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Vision: Healthy Communities, Healthy People



Opening Remarks

Lorraine Burton

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration



Agenda

- Review 2023 Uniform Data System (UDS) clinical quality measures (CQMs) webinar training series
- Review reporting requirements for maternal, child, and adolescent health measures
- Identify strategies and tips for checking data accuracy
- Review 2023 UDS training resources
- Questions and answers



Objectives of the Webinar

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

- Understand reporting requirements and the impact of telehealth on maternal, child, and adolescent care on UDS CQMs.
- Understand how to evaluate data for accuracy and cross-table relationships.
- Identify strategies for assessing CQMs.
- Access additional reporting supports.

Maternal Care and Children's Health Clinical Process and Outcome Measures

CQMs are reported
on Tables 6B and 7.

Maternal Care and Children's Health

Childhood Immunization Status

Weight Assessment and Counseling for Nutrition
and Physical Activity for Children and Adolescents

Dental Sealants for Children between 6–9 Years

Early Entry into Prenatal Care

Deliveries

Low Birth Weight

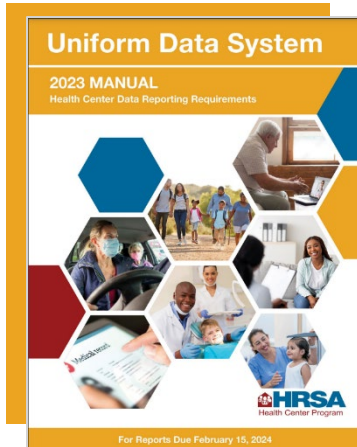


Tables 6B and 7: Clinical Quality Measures

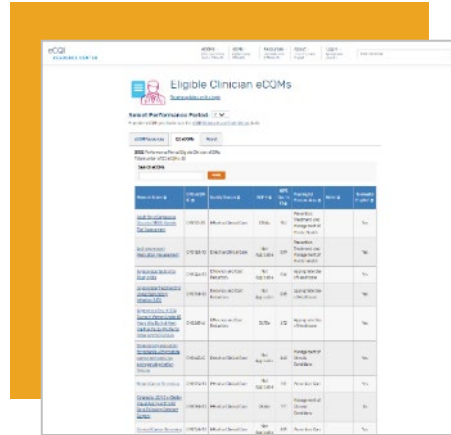
In addition to submitting this table within the Electronic Handbooks (EHBs), health centers may voluntarily submit de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the [UDS Modernization FAQ](#) for more on that process.



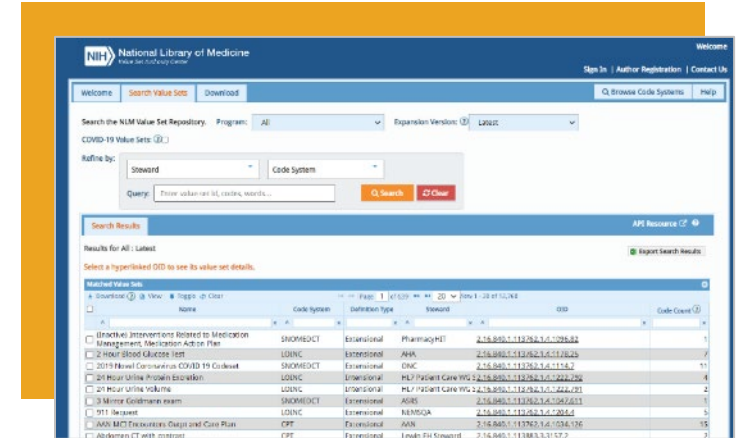
CQM Specifications



The [UDS Manual](#) provides an overview, UDS-specific considerations, and links to measure specifications.



The manual links to the Electronic Clinical Quality Improvement ([eCQI](#)) Resource Center, where measure information, specifications, data elements, and value sets are found (for those that are electronically specified).



The codes that make up each value set are available from the [Value Set Authority Center \(VSAC\)](#) site.



Remember, HRSA is not the measure steward and therefore does not design specific measures. Measures are nationally defined.



Components of a Clinical Measure

Denominator

- Identifies the group of patients that the measure is looking at to determine compliance.
- Equal to the initial population identified in the CQM.
- Reported in Column A.

Numerator

- Measures whether the service, event, or outcome requirements were met.
- Each patient in the denominator is assessed to determine whether they meet the numerator criteria.
- Reported in Column C.

Exclusions and Exceptions

- **EXCLUSIONS:** Patients who meet exclusion criteria are not to be considered for the measure. They are removed from the denominator before determining whether numerator criteria are met.
- **EXCEPTIONS:** Patients who meet denominator criteria but do not meet numerator criteria and meet any of the exceptions criteria are removed from the denominator.

Change to Tables 6B and 7 Reporting Criteria

UDS-Specific Medical Visit Requirement Has Been Removed

Beginning with 2023 reporting, patients **with qualifying visits, as defined by the measure steward for each selected measure**, are to be considered for the denominator:



Now, to be eligible for clinical measure denominator reporting on the UDS:

- The person must be a health center patient on the UDS (i.e., included in the demographic tables and have a countable visit *anywhere on Table 5*) **and**
- Have a visit or visits that meet the individual eCQM's specified qualifying encounters.

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.

CQM Eligibility is Now Defined by eCQM Specifications.

In the specifications for **each measure**, the initial population and denominator are defined, and qualifying visits for that measure are defined therein. Remember, these specifications are **defined by the measure steward**, not by HRSA.

Qualifying visits for each measure are defined by measure specifications and value sets.

A value set is a list of specific values, terms, and their codes, used to describe clinical and administrative concepts in quality measures. These include CPT, ICD-10, SNOMED, LOINC, and RxNorm.

For example, the value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001) is used as part of the qualifying visit definition for many measures, including:

- CMS117v11, Childhood Immunization Status
- CMS155v11, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Other value sets are also specified in the qualifying encounters for each measure. It's not just this value set, and it's *not the same for all measures!*





Children's Health Measures

Table 6B

Updated specifications have led to an age update for one measure.

In addition to submitting this table 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.



Table 6B:

Childhood Immunization Status ([CMS117v11](#))



Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Denominator

Children who turn 2 years of age during the measurement period and who had an eligible countable visit during the measurement period

Numerator

Children who have evidence showing they received recommended vaccines; had documented history of the illness; had evidence of antigen, anaphylaxis, or encephalitis; or for whom there is a contraindication for the vaccine, as specified by the measure steward

Exclusions

- Patients who were in hospice care for any part of the measurement period
- Children with any of the following on or before their second birthday:
 - Severe combined immunodeficiency
 - Immunodeficiency
 - HIV
 - Lymphoreticular cancer, multiple myeloma, or leukemia
 - Intussusception



It's important to refer to the specifications and value sets for all the needed details: [CMS117v11](#)



Clarifications and FAQs:

Childhood Immunization Status (CMS117v11)

- Do not include children here or anywhere on the UDS if they only received a vaccination and did not receive any other services.
 - 💡 Remember: An individual must have a countable visit on Table 5 to be included anywhere on the UDS.
- Use immunization registries to ensure patient health records are up to date and complete.
- Assess patient health records for evidence of vaccinations per specifications.
 - 💡 Vaccinations need not be limited to those administered at a well-child visit or at a countable health center visit. The only requirement is that the patient received the immunizations!
- If a patient was seen via telehealth, determine whether the record shows evidence of vaccine completion or the patient will need to be seen in person to complete the immunization series.

It's important to refer to the specifications and value sets for all the needed details: [CMS117v11](#)



Table 6B: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents ([CMS155v11](#))



Percentage of patients 3–17 years of age who had an outpatient medical visit; evidence of height, weight, and body mass index (BMI) percentile documentation; documentation of counseling for nutrition; and documentation of counseling for physical activity during the measurement period

Denominator

Patients 3 through 17 years of age with at least one outpatient medical visit by the end of the measurement period

Numerator

Children and adolescents who have had

1. Their height, weight, and BMI percentile recorded during the measurement period *and*
2. Counseling for nutrition during the measurement period *and*
3. Counseling for physical activity during the measurement period

Exclusions

- Patients who have a diagnosis of pregnancy during the measurement period
- Patients who were in hospice care for any part of the measurement period

It's important to refer to the specifications and value sets for all the needed details: [CMS155v11](#)



Change to This Measure

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 16 to 17.

Remember, eligible patients are defined by the measure specifications and value sets.

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



Clarifications and FAQs: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents ([CMS155v11](#))

- The patient must have **all three numerator components** completed and documented to meet the measurement standard.
- This measure requires that the height and weight measurements and counseling for physical activity and nutrition be **performed by health center staff or paid for by the health center** (e.g., by another provider that the health center is paying).
- Height and weight are to be captured using a standardized, set process for consistency.
 - 💡 Height and weight must be done in person.
 - 💡 Counseling for physical activity and nutrition may be provided via telehealth.
- As with all measures, patients with visit(s) that meet the measure specifications for qualifying encounters are **included in this measure**, unless they meet one of the specified exclusions.

It's important to refer to the specifications and value sets for all the needed details: [CMS155v11](#)



Table 6B: Dental Sealants for Children between 6–9 Years (CMS277v0)



Percentage of children age 6–9 years at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period

Denominator

Children 6 through 9 years of age with an eligible oral assessment or comprehensive or periodic oral evaluation countable visit who are at moderate to high risk for caries in the measurement period

Numerator

Children who received a sealant on a permanent first molar tooth during the measurement period

Exception


Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing)



This measure is no longer electronically specified, so you will not find the specifications in the eCQI Resource Center.

Table 6B: Dental Sealants

- Dental Sealants (CMS277v0) electronic specifications have not been updated and are no longer readily accessible from eCQI Resource Center or VSAC.
- Find the value sets used in the specifications on the [BPHC UDS Resources Clinical Care Page](#).

		UNIFORM DATA SYSTEM
Dental Sealants for Children between 6–9 Years (CMS277v0) Value Sets		
<p>Dental Sealants for Children between 6-9 Years, CMS277v0, is a draft clinical quality measure stewarded by the Dental Quality Alliance-American Dental Association. For the purposes of Uniform Data System (UDS) reporting, the Dental Sealants for Children between 6–9 Years measure continues to align with CMS277v0, but electronic specifications for this measure have not been updated and are no longer readily accessible online. To assist health centers with UDS reporting of this measure, the CMS277v0 value set codes used in the specifications (exported from the United States Health Information Knowledgebase (USHIK) website in 2020) are provided below.</p>		
Category	Data Element	Value Set ¹
attribute	attribute: Permanent mandibular left first molar tooth	Permanent mandibular left first molar tooth 2.16.840.1.113762.1.4.1065.29 SNOMEDCT (2014-03) 245604007
attribute	attribute: Permanent mandibular right first molar tooth	Permanent mandibular right first molar tooth 2.16.840.1.113762.1.4.1065.27 SNOMEDCT (2014-03) 245592005
attribute	attribute: Permanent maxillary left first molar tooth	Permanent maxillary left first molar tooth 2.16.840.1.113762.1.4.1065.28 SNOMEDCT (2014-03) 245579007
attribute	attribute: Permanent maxillary right First Molar Tooth	Permanent maxillary right First Molar Tooth 2.16.840.1.113762.1.4.1065.26 SNOMEDCT (2014-03) 245568002



Prenatal and Maternal Measures

Tables 6B and 7

In addition to submitting this table 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.



Tables 6B and 7: Prenatal and Birth Outcome Measures

Portions beginning on pages 93 and 126 of the [2023 UDS Manual](#) detail the health center UDS reporting requirements for prenatal care and related delivery and birth outcomes.



Health center patients who *initiate prenatal care with the health center or its referral network* are counted in the **Prenatal section of Table 6B** and are tracked through delivery and reported in the **Delivery and Birth Outcomes section of Table 7**.

Health center patients who initiate prenatal care with the health center or its referral network are counted in the Prenatal section of Table 6B and are tracked through delivery and reported in the Delivery and Birth Outcomes section of Table 7.



Prenatal care initiated with “the health center or its referral network” refers to:

- Prenatal care initiated with the health center directly *or*
- Prenatal care initiated with a provider/entity with which the health center has *formal referral contractual agreements* (as indicated in Column II of [Form 5A](#)) *or*
- Prenatal care initiated with a provider/entity with which the health center has *formal written referral arrangements* (as indicated in Column III of [Form 5A](#)).

Prenatal care and related delivery and birth weight outcomes are reported on the UDS regardless of how or by whom the care was provided, therefore *tracking systems must be in place for all that apply.*

Maternal Care: Prenatal and Birth Outcome Measures

Table 6B Prenatal Care Patients

- Report ALL prenatal care patients who received prenatal care services (either from the health center directly or by referral from the health center) during the calendar year.
- Report prenatal patients **by age as of Dec. 31** and **by trimester of entry**.

Table 7: Deliveries

- Report all **prenatal care patients who delivered** during the calendar year by **race and ethnicity of the patient delivering**.
- Include stillbirths and multiple births, each as one delivery.
- Miscarriages are not considered deliveries.

Table 7: Birth Outcomes

- Report **babies** according to their birth weight in grams by **race and ethnicity of baby**.
- If multiple births, report each baby separately by birth weight as well as race and ethnicity.
- If stillbirth, do not report the baby in the birth outcome section.

 The numbers in these three sections will *not* equal each other.

Prenatal Patients by Age and Entry into Prenatal Care

Table 6B

- **Line 0:** Mark the check box if your health center provides prenatal care through direct *referral only*.
- Lines 1–6: Report all prenatal care patients by their age *as of Dec. 31*.
- Lines 7–9: Report all prenatal care patients by the trimester they began prenatal care.
 - **Prenatal care begins with a comprehensive prenatal care physical exam.**
 - Report in Column A if care *began at your health center* (including any patient you may have referred out for care).
 - Report in Column B if care *began with another provider* and was then transferred into your health center’s care.

Line 0, Section A (Lines 1–6), and Section B (Lines 7–9)

0	Prenatal Care Provided by Referral Only (Check if Yes)
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Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15–19	
3	Ages 20–24	
4	Ages 25–44	
5	Ages 45 and over	
6	Total Patients (Sum of Lines 1–5)	

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		



Table 7: Additional Race and Ethnicity Sub-Categories

Race/ethnicity categories on Table 7 (along with updates to Table 3B, as Table 7 is a subset of Table 3B).

Updates to Race: 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

Updates to Ethnicity: 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

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
1ep	White			
1fp	More than One Race			
1gp	Unreported/Chose Not to Disclose Race			
	<i>Subtotal Puerto Rican</i>			
Cuban				
1a1c	Asian Indian			
1a2c	Chinese			
1a3c	Filipino			
1a4c	Japanese			
1a5c	Korean			
1a6c	Vietnamese			
1a7c	Other Asian			
1b1c	Native Hawaiian			
1b2c	Other Pacific Islander			
1b3c	Guamanian or Chamorro			
1b4c	Samoan			
1cc	Black/African American			
1dc	American Indian/Alaska Native			
1ec	White			
1fc	More than One Race			
1gc	Unreported/Chose Not to Disclose Race			
	<i>Subtotal Cuban</i>			
Another Hispanic, Latino/a, or Spanish Origin				
1a1a	Asian Indian			
1a2a	Chinese			
1a3a	Filipino			
1a4a	Japanese			
1a5a	Korean			
1a6a	Vietnamese			
1a7a	Other Asian			
1b1a	Native Hawaiian			
1b2a	Other Pacific Islander			
1b3a	Guamanian or Chamorro			
1b4a	Samoan			
1ca	Black/African American			



Deliveries and Birth Outcomes

Table 7, Lines 0 and 2

Section A

- **Line 0:** Number of health center patients who are pregnant and HIV positive, regardless of whether they received prenatal care from the health center.
- **Line 2:** Number of deliveries performed by health center clinicians, including deliveries to non–health center patients.



Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
2	Deliveries Performed by Health Center’s Providers	

View the [Table 6B and Table 7: Prenatal Care Fact Sheet](#) for more information.



Deliveries

Table 7

- **Column 1A:** Report prenatal care *patients who delivered* during the year (*exclude miscarriages*) *by their race and ethnicity*.
 - For multiple birth (e.g., twins), report only one patient as having delivered.
 - Report on patients who were successfully referred out for care.

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
<i>Mexican, Mexican American, Chicano/a</i>					
1a1m	Asian Indian				
1a2m	Chinese				
1a3m	Filipino				
1a4m	Japanese				
1a5m	Korean				
1a6m	Vietnamese				
1a7m	Other Asian				
1b1m	Native Hawaiian				
1b2m	Other Pacific Islander				
1b3m	Guamanian or Chamorro				
1b4m	Samoan				
1cm	Black/African American				
1dm	American Indian/Alaska Native				
1em	White				
1fm	More than One Race				
1gm	Unreported/Chose Not to Disclose Race				
	<i>Subtotal Mexican, Mexican American, Chicano/a</i>				

Excerpt of Table 7.



Birth Outcomes

Table 7

- **Columns 1B–1D:** Report each live birth by *birth weight* (exclude stillbirths) and by *race and ethnicity of baby*.
 - Count twins as two births, triplets as three, etc.
 - Column 1D ($\geq 2,500$ grams) is normal birth weight.
 - Column 1C (1,500–2,499 grams) is low birth weight.
 - Column 1B ($< 1,500$ grams) is very low birth weight.

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥ 2500 grams (1d)
Mexican, Mexican American, Chicano/a					
1a1m	Asian Indian				
1a2m	Chinese				
1a3m	Filipino				
1a4m	Japanese				
1a5m	Korean				
1a6m	Vietnamese				
1a7m	Other Asian				
1b1m	Native Hawaiian				
1b2m	Other Pacific Islander				
1b3m	Guamanian or Chamorro				
1b4m	Samoan				
1cm	Black/African American				
1dm	American Indian/Alaska Native				
1em	White				
1fm	More than One Race				
1gm	Unreported/Chose Not to Disclose Race				
	<i>Subtotal Mexican, Mexican American, Chicano/a</i>				

Excerpt of Table 7.





How Are These Scenarios Reported in Prenatal, Delivery, and Birth Weight Sections?

The health center provides prenatal care for some patients and transfers others (depending on patient preference or medical need). Some of their babies become our patients.

- Is the health center obligated to find out the delivery and birth weight data for women who transfer out and are not delivered by us?
- If yes, for all babies, or just the ones that come to the health center for pediatric care?

How Are These Scenarios Reported in Prenatal, Delivery, and Birth Weight Sections of Tables 6B and 7?



The health center provides prenatal care for some patients and transfers others (depending on patient preference or medical need). Some of their babies become our patients.

- Is the health center obligated to find out the delivery and birth weight data for women who transfer out and are not delivered by us?
- If yes, for all babies, or just the ones that come to the health center for pediatric care

Yes, the health center is expected to find out delivery and birth weight data and report it for all prenatal patients, including those who transfer care.

It does not matter whether the babies come to the health center for pediatric care; all babies delivered to prenatal patients are reported by their birth weight on Table 7.

Report prenatal care patient (Table 6B), delivery (Table 7), and birth weight if a delivery has occurred (Table 7).



How Are These Scenarios Reported in Prenatal, Delivery, and Birth Weight Sections? *(cont.)*

If the health center does delivery only for prenatal patients of other health centers (depending on the labor and delivery call schedule), does the health center report those deliveries and birth weights?

How Are These Scenarios Reported in Prenatal, Delivery, and Birth Weight Sections of Tables 6B and 7? *(cont.)*



If the health center does delivery only for prenatal patients of other health centers (depending on the labor and delivery call schedule), does the health center report those deliveries and birth weights?

Delivery is considered a visit, *if the delivery occurred within the health center's scope of project.*

- If a person is first encountered at a location NOT listed on Form 5B as part of your health center scope of project or Form 5C: Other Activities/Locations, **then it's not a countable visit.** Meaning, in this case, if the hospital is not part of the health center's scope, then this single contact isn't a countable visit and therefore the person doesn't become a patient.
- If the delivery is a visit, report the patient as a prenatal care patient, and report the delivery and birth weight on Table 7.

Change in Clinical Measure Eligibility

How does the removal of the medical visit requirement impact prenatal, delivery, and birth outcome reporting?



Prenatal patients on Table 6B must have established prenatal care with the health center or its referral network and therefore have a countable medical visit. (The prenatal visit is a medical visit and therefore is reported on Table 5.)



Deliveries reported on Table 7 are those deliveries of the *health center's prenatal patients*. As such, the deliveries reported are limited to those with a prenatal visit, which is a medical visit.



The babies reported in the birth outcome section of Table 7 do not need to have their own separate visits nor necessarily be health center patients; they just need to be delivered to a health center prenatal patient who delivered in the year.



Wrapping Up

Setting Up for Success

Tips for
Success

Available
Resources

UDS
Modernization

Parting
References



Tips for Success



Tips for Success *(cont.)*

Tables are interrelated and **specific to your health center**, so get together with a team to ensure accurate reporting across

- Sites
- Personnel, full-time equivalents (FTEs), and roles
- Patients and services
- Expenses
- Revenues

Key Examples

- The health center's scope of project, including sites and services, is important to understand, for accurately reporting prenatal patients.
- Only those who are prenatal patients on Table 6B are reported on Table 7 once they deliver.
- Birthweights on Table 7 are only reported for those deliveries to prenatal patients.

Tips for Success *(cont.)*

- Adhere to **definitions and instructions**.
 - ✓ Review measure specifications to ensure alignment and support quality improvement and accurate reporting.
- **Check your data** before submitting.
 - ✓ Refer to the questions and comments you received from your reviewer last year. This document is emailed to the UDS contact each year.
 - ✓ Compare with benchmarks/trends.
 - ✓ Review the Comparison Tool available in the EHBs.
 - ✓ Understand and communicate system or program changes that explain the data.
- Address **edits** in the EHBs by correcting or providing explanations that demonstrate your understanding.
- Work with your **UDS Reviewer**.



Responding to System Edits

Related Measure	Edit Explanation	What Does This Mean?	Explain the Data
Prenatal care vs. deliveries	High delivery rate	Large % of patients in prenatal program delivered during the year	<ol style="list-style-type: none"> 1. Compare Tables 6B and 7. Did you add patients to the prenatal count who began care last year but delivered this year? 2. Was there a change or interruption in the prenatal program? 3. Did you include more than one patient delivering for twins (when the mother should only be counted once)?
Childhood immunization	Low denominator in question	Fewer children included in immunization denominator than expected	<ol style="list-style-type: none"> 1. Are larger numbers of children in this age group seen for dental care (and therefore may not have a qualifying visit according to the measure specifications)? 2. Have you applied the age criteria differently on Tables 3A and 6B? 3. Did you only include patients for whom you performed a well-child visit or provided primary care?

Available Resources

Resources are available to support your UDS reporting!

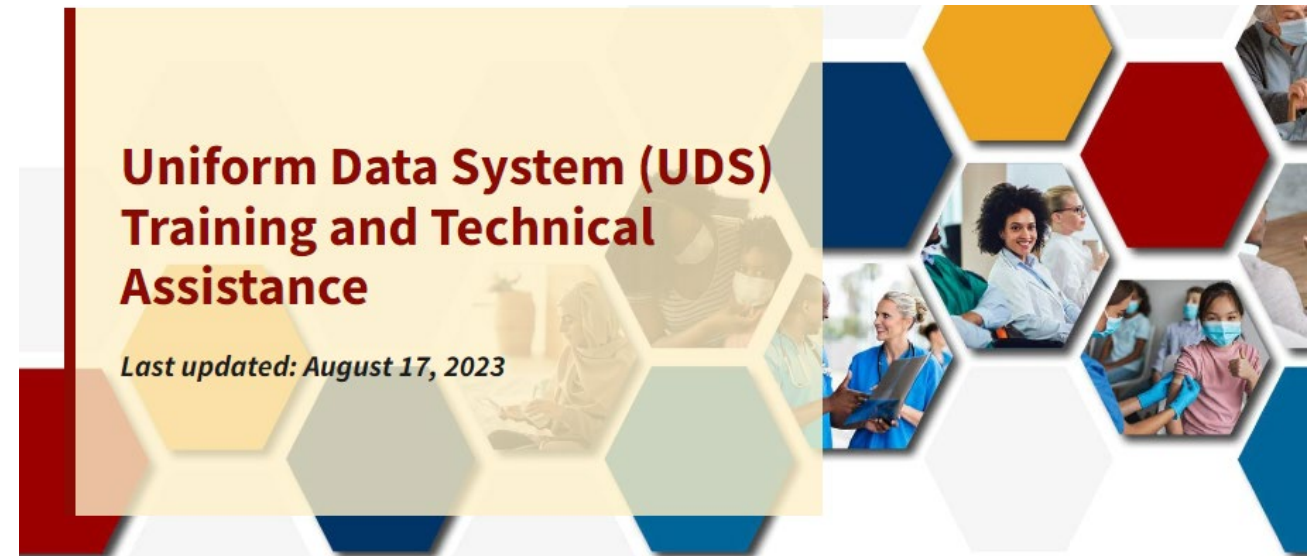


Find Resources to Help: Clinical Care

The HRSA BPHC UDS Resources site [Clinical Care section](#) includes the following resources:

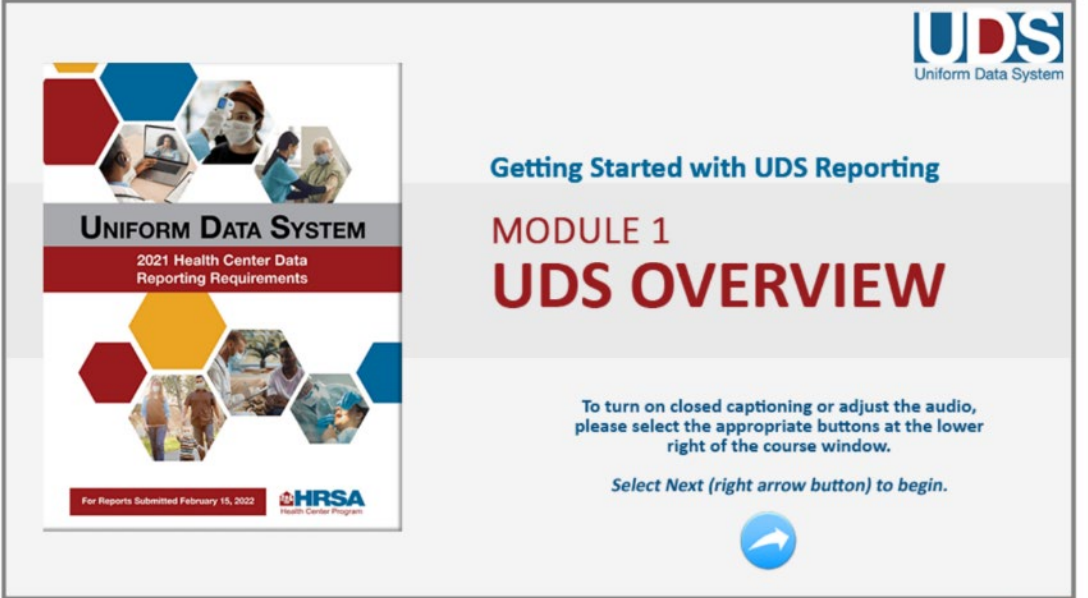
- UDS Clinical Quality Measures (CQM) Criteria
- Dental Sealants for Children between 6–9 Years (CMS277v0) Value Sets
- UDS Clinical Measures Exclusions and Exceptions
- Telehealth Impact on UDS Clinical Measure Reporting

And much more!



Recorded Training Modules

1. UDS Overview
2. Patient Characteristics
3. **Clinical Services and Performance**
4. Operational Costs and Revenues
5. Submission Success



UDS
Uniform Data System

Getting Started with UDS Reporting

MODULE 1
UDS OVERVIEW

To turn on closed captioning or adjust the audio, please select the appropriate buttons at the lower right of the course window.

Select Next (right arrow button) to begin.

For Reports Submitted February 15, 2022

HRSA
Health Center Program

Slide 1 / 60

CC

Find the modules on [HRSA BPHC's UDS Resource site](#).

Training Webinar Series for 2023 UDS Reporting

The webinar series includes:

- UDS Basics: Orientation to Terms and Resources
- Clinical Quality Measures Deep Dive
- UDS Clinical Tables Part 1: Screening and Preventive Care Measures
- UDS Clinical Tables Part 2: Maternal Care and Children's Health Measures
- UDS Clinical Tables Part 3: Chronic Disease Management Measures
- Reporting UDS Financial and Operational Tables
- Preliminary Reporting Environment
- Successful Submission Strategies



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



UDS Modernization Updates



UDS Modernization Initiative

Reduce Reporting Burden

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



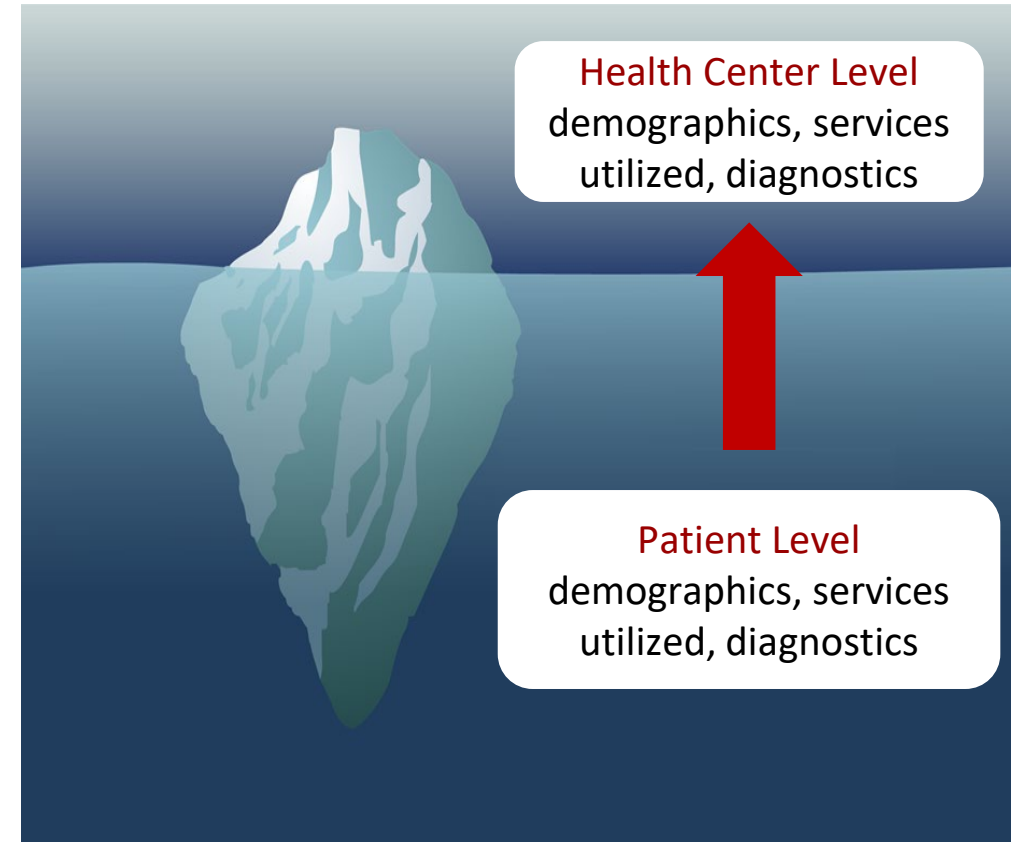
Better Measure Impact

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

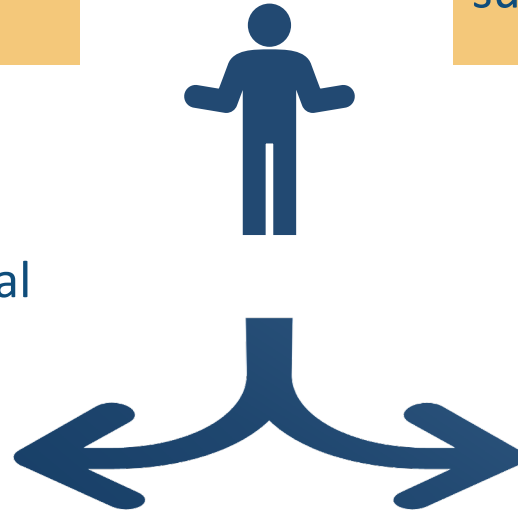


2023 Calendar Year: UDS Reporting

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

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

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



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

2023 Calendar Year: Optional UDS+ Submission

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



2023 Calendar Year: Optional UDS+ Submission cont'd

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

REMEMBER:

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



Resources

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



Parting References



Resources for Clinical Measures



National Resources

- [Healthy People 2030](#)
- [U.S. Preventive Services Task Force](#)
- [CDC National Center for Health Statistics State and Territorial Data](#)
- [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#)



HRSA Priority Areas

- [Oral Health and Primary Care Integration](#)
- [Maternal Health](#)



Health Center Data and Resources

- [Community Health Quality Recognition](#)
- [Quality Payment Program](#)



Available Assistance

- Technical assistance materials, including local trainings, are available online:
 - [HRSA Health Center Program website](#)
- UDS Support Center for assistance with UDS reporting questions:
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
- [Health Center Program support](#) for questions about the Health Center Program
- 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
- [National Training and Technical Assistance Partners](#)



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

bphc.hrsa.gov



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