The Foundation of the Uniform Data System (UDS): Counting Visits and Patients

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Opening Remarks

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Agenda

- Importance of visits in the UDS
- Definition of visits
- Definition of patients
- Where patients and visits are reported
- Completing the Selected Service Detail Addendum
- Completing Table 6A
- Completing three UDS forms
- Resources and references
- Questions and answers

Source: iStock

Objectives of the Webinar

1 Define visits for the purposes of the UDS.

2 Accurately report a variety of visit types, including clinic (in-person) and virtual visits.

3 Understand the relationship between countable visits on Table 5 and on other tables in the UDS Report.

4 Understand what visits or services are to be reported in the Table 5 Selected Service Detail Addendum.

5 Understand what is to be reported on the three UDS forms.

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Defining and Reporting Clinic and Virtual Visits

Visits: The Foundation of the UDS Report

- **Visits** determine who will be reported as a **patient** throughout the UDS Report.

  - Visits must meet the UDS definition to be counted.

  - Visits that meet the UDS definition must be reported in Table 5.

- **Patients** with countable visits in Table 5 are included in:

  - Patient demographic profile Tables 3A, 3B, 4, and the ZIP Code Table.

  - Services and clinical care reporting on Tables 6A, 6B, and 7 for which they meet the inclusion criteria.

Visits and Patients: UDS Table Relationships to Keep in Mind

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 14)				
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				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a–c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** (specify___)				

Excerpt from Table 5.

Visits (Table 5, Columns B and B2) determine who is counted as a **patient** (Column C).

Someone counted as a **patient** on Table 5 is included in the **patient demographic profile** tables (ZIP Code Table and Tables 3A, 3B, and 4).

Table 6A is limited to the **services and diagnoses** provided to health center **patients**.

Patient: Who Is Included in the UDS Report

- A **patient** is someone who has had at least one countable visit in one or more service categories during the calendar year.

- Within **each service category** on Table 5, count in Column C as **one** patient:
  - A person who had one or more countable clinic visits in that service category.
  - A person who had one or more countable virtual visits in that service category.
  - A person who had one or more countable clinic visits *and* one or more virtual visits.

- Patients reported on Table 5 must be included as patients on the patient demographic tables.

For the UDS: the term "patient" applies to someone who had a **countable *clinic or virtual* visit during the calendar year**.

- Some services do not qualify as a countable visit for the purposes of the UDS Report.
- Do not count as a patient any individual who only receives services that are not countable visits.

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Definition: Visit

A **UDS countable visit** is a documented contact between a patient and a licensed or credentialed provider who exercises independent professional judgment that is unique to their training and education in the provision of services to the patient.

A licensed or credentialed provider *See Appendix A* → Exercising independent professional judgment → Services documented in the patient's health record → Individualized patient care → Real-time, either in-person or virtual → **A UDS Countable Visit**

Definition: Clinic and Virtual Visits

A **clinic visit** is a documented *in-person contact* between a patient and a licensed or credentialed provider who exercises independent professional judgment that is unique to their training in the provision of services to the patient.

A **virtual visit** is a documented *virtual (telemedicine/telehealth) contact* between a patient and a licensed or credentialed provider who exercises independent professional judgment in the provision of services to the patient.

Purpose of Table 5: Staffing and Utilization

Table 5 captures health center staff FTEs, the number of visits, and the number of patients served in each service category:

- Medical

- Dental

- Mental health

- Substance use disorder

- Vision

- Other professional

- Enabling

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 14)				
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				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a–c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** (specify___)				

Excerpt from Table 5

Examples of Services That *Alone* Are Not Counted in the UDS

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

Refer to page 20 of the UDS Manual for additional examples and detail.

Key Resource: UDS Countable Visit Guidance and Frequently Asked Questions (FAQs)

- **UDS Countable Visit Guidance and FAQ** on [Staffing and Utilization TTA Page](#) includes:
  - Key definitions
  - Components of a UDS countable visit
  - Examples of services that are **NOT** countable visits
  - Directions to report visit activity in the UDS Report
  - FAQs
  - Supporting visit definition resources

Visits: Keys to Remember

Count all paid referrals and visits provided by staff regardless of whether they are salaried, contracted, or volunteers.

Visits (that meet the definition) done by any of these personnel are reported on Table 5.

Visits must always be reported on the line of the provider with whom the patient had the countable visit.

Personnel who are providers, and therefore can generate visits, are spelled out in Appendix A of the UDS Manual.

In order for services to be visits, they must be in your health center scope of project (e.g., in-scope site or location and in-scope service).

Refer to Form 5B and Form 5C for your health center program grant for your scope of project.

Determining Where a Visit Is Counted

Countable visits are reported in two columns in Table 5: **Clinic Visits (B)** and **Virtual Visits (B2)**.

Both clinic (in-person) and virtual countable visits include visits that are…
- Rendered by salaried, contracted, *or* volunteer providers reported in terms of annualized full-time equivalents (FTEs) in Column A.
- Purchased from contracted providers on a fee-for-service basis.

Each visit is only counted in one of the two columns, based on the modality of the visit. And remember, any countable visit means the person is a patient and needs to be included in patient demographic tables.

Further Definition: Virtual Visits

Key considerations for virtual visits:
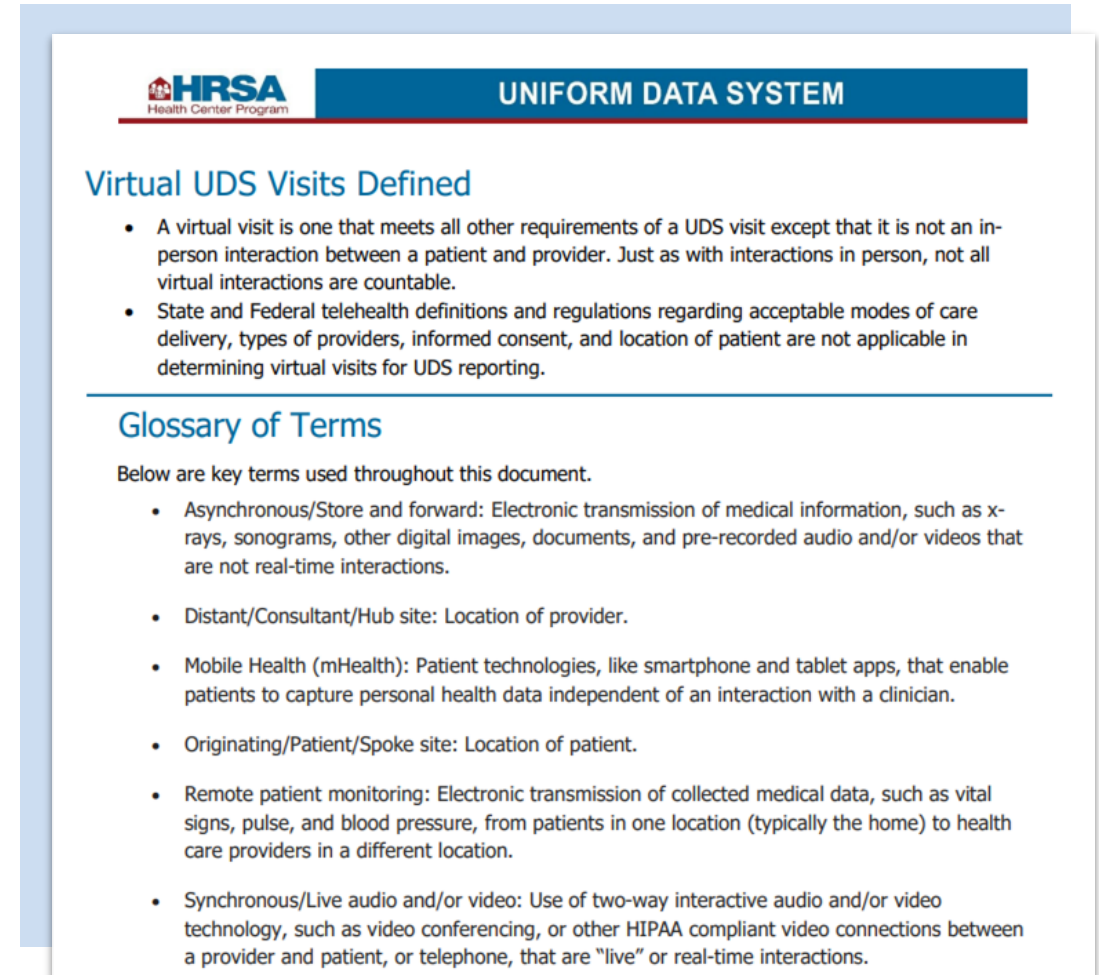
- Must meet the countable visit definition.

- Reporting should be consistent with the health center's scope of project.

- Must be provided using interactive, synchronous audio and/or video telecommunication systems permitting real-time communication between the provider and patient.

- Services are to be documented/coded as telehealth services, even if a third-party payer does not recognize or pay for such services.

Source: iStock

Key Resource: UDS Virtual Visit Reporting Guidance

- **UDS Virtual Visit Reporting Guide** on [Staffing and Utilization TTA Page](#) includes:
  - Key definitions and glossary of terms
  - Guidance for topic areas for UDS reporting instructions
    - ✓ Reporting guidance
    - ✓ Provision of care
    - ✓ Modes
    - ✓ Coding
    - ✓ Multiple visits
  - Virtual visit updates during COVID-19
  - Telehealth resources for health centers

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Virtual UDS Visits Defined

- A virtual visit is one that meets all other requirements of a UDS visit except that it is not an in-person interaction between a patient and provider. Just as with interactions in person, not all virtual interactions are countable.
- State and Federal telehealth definitions and regulations regarding acceptable modes of care delivery, types of providers, informed consent, and location of patient are not applicable in determining virtual visits for UDS reporting.

Glossary of Terms

Below are key terms used throughout this document.

- Asynchronous/Store and forward: Electronic transmission of medical information, such as x-rays, sonograms, other digital images, documents, and pre-recorded audio and/or videos that are not real-time interactions.

- Distant/Consultant/Hub site: Location of provider.

- Mobile Health (mHealth): Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.

- Originating/Patient/Spoke site: Location of patient.

- Remote patient monitoring: Electronic transmission of collected medical data, such as vital signs, pulse, and blood pressure, from patients in one location (typically the home) to health care providers in a different location.

- Synchronous/Live audio and/or video: Use of two-way interactive audio and/or video technology, such as video conferencing, or other HIPAA compliant video connections between a provider and patient, or telephone, that are "live" or real-time interactions.

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Visit Criteria Knowledge Check

Which of the following criteria is necessary for a visit to be counted in the UDS Report?

A. The service must be documented in the patient's health record.

B. The service must include clinic or virtual contact between a patient and a licensed or credentialed provider.

C. The provider must use independent professional judgment in the provision of the service.

D. All the criteria listed above must be met for a service to be counted as a visit in the UDS Report.

Visit Criteria Knowledge Check *(answer)*

Which of the following criteria is necessary for a visit to be counted in the UDS Report?

A. The service must be documented in the patient's health record.

B. The service must include clinic or virtual contact between a patient and a licensed or credentialed provider.

C. The provider must use independent professional judgment in the provision of the service.

D. All the criteria listed above must be met for a service to be counted as a visit in the UDS Report.

Virtual Visit Knowledge Check

Which of the following is an example of a countable virtual visit in the UDS Report?

A. A provider sends a patient lab results via secure email through the EHR.

B. A provider at your health center confers with a provider at a different health center via video chat to discuss a patient.

C. A provider at the health center provides in-scope services in real-time via a secure video platform to a patient who is at home.

D. A health center sends a patient medication reminders via SMS text.

Virtual Visit Knowledge Check *(answer)*

Which of the following is an example of a countable virtual visit in the UDS Report?

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B. A provider at your health center confers with a provider at a different health center via video chat to discuss a patient.

C. A provider at the health center provides in-scope services in real-time via a secure video platform to a patient who is at home.

D. A health center sends a patient medication reminders via SMS text.

Counting Multiple Visits

On any given day, a patient may have only **one visit** *per service category* per provider counted on the UDS. If multiple providers in a single category deliver multiple services at the **same** location on a single day, count only one visit.

- If services are provided by two different providers at **two different sites** on the same day, report two visits.

- A virtual visit and a clinic visit are **considered two different sites** and therefore are each reported as a visit (each in the appropriate column), even when they occur on the same day.

- Refer to Page 19 of the UDS Manual for examples.

Reporting Nursing, Dental Hygienist, and Enabling Visits

All visits, including nursing visits, dental hygienist visits, and enabling visits, **must meet the criteria of a countable visit** to be counted in the UDS Report.

It is important that, in order to be counted, these visits:

- Are occurring only when the provider personnel saw the patient independently.

- Are providing care that is personalized to the patient and documented in the patient health record.

- Are not on the same day as another provider visit in the same service category.

- Are not a continuation of a previous visit or a follow-up service to a previous service.

- Are not a service that is never countable in the UDS (e.g., immunization).

Table 5: Selected Service Detail Addendum

Purpose of Addendum

- The Table 5 Selected Service Detail Addendum reflects **integrated behavioral health (BH) services** provided by the health center.
- Integrated BH reported on the addendum includes:
  - Mental health (MH) services provided by medical providers *during medical visits*.
  - Substance use disorder (SUD) services provided by medical providers *during medical visits*.
  - SUD services provided by MH providers *in mental health visits*.
- The **patients** and **visits** reported in the Selected Service Detail Addendum are a subset of activity already reported in the medical and/or MH visits of the main part of Table 5.

Source: iStock

Reporting Personnel in Addendum

- In Column A1, report the *number* of providers who provided integrated care.
  - Medical providers can be reported once in each section (MH and SUD) if they provide both MH and SUD services in the context of medical visits.

The addendum documents *number* of personnel. Do not report FTEs in the addendum.

Providers contracted on a fee-for-service basis should be reported in the addendum (but not in the main part of Table 5).

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				

Table 5 Selected Service Detail Addendum

Reporting MH Treatment Provided as Part of Medical Visits in the Addendum

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 14)				

Excerpt from Table 5

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				

Excerpt from Table 5 Selected Service Detail Addendum

Medical FTEs, visits, and patients are reported in Lines 1–15 of the main part of Table 5.

Corresponding providers, visits, and patients may *also* be reported on the Mental Health Service Detail addendum (Lines 20a01 through 20a04) *if/when* MH services were provided.

Reporting SUD Treatment Provided as Part of Medical and MH Visits in the Addendum

Medical FTEs, visits, and patients are reported in Lines 1–15 of the main part of Table 5.

- Corresponding providers, visits, and patients may *also* be reported on the Substance Use Disorder Detail addendum (Lines 21a–21d) *if/when* SUD services were provided.

MH FTEs, visits, and patients are reported on Lines 20a–20 of the main part of Table 5.

- These MH staff, visits, and patients may **also** be reported on the addendum (Lines 21–21h) *if/when* SUD treatment was provided.

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				

Excerpt from Table 5 Selected Service Detail Addendum

Line 21 in the main part of Table 5 fully captures **SUD providers and SUD services provided to SUD patients** (do not report in addendum).

Determining Visits to Include in Addendum

Include, at minimum, all countable services with providers included in **Table 5 Selected Service Detail Addendum (Column A1)** with ICD-10-CM codes noted in Table 6A on the following lines:

- SUD: Table 6A, Lines 18–19a
- MH: Table 6A, Lines 20a–20d

Line	Diagnostic Category	Applicable ICD-10-CM Code	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-, 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		

Determining MH Visits to Include in Addendum

Table 6A

Line	Diagnostic Category	Applicable ICD-10-CM Code	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-, 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		

> Visits reported here that were with <u>medical providers</u> are reported on the MH detail section of Table 5 Selected Service Detail Addendum.

Addendum: Mental Health Service Detail

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				

Table 6A, Lines 20a–20d, describe the MH treatment and services provided to health center patients.

Table 5, Addendum Lines 20a01–20a04, reflect when MH treatment and services are provided to medical patients.

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Determining SUD Visits to Include in Addendum

Table 6A

Line	Diagnostic Category	Applicable ICD-10-CM Code	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		

> Visits reported here that were with <u>medical</u> or <u>mental health</u> providers are reported on the SUD detail section of the T5 addendum.

Addendum: Substance Use Disorder Detail

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				

Table 6A, Lines 18–19a, describe the SUD treatment and services provided to health center patients.

Table 5 Addendum, Lines 21a–21d, reflect when SUD treatment and services are provided to medical patients.

Table 5 Addendum, Lines 21e–21h, reflect when SUD treatment and services are provided to MH patients.

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Example: Reporting Visits in the Addendum

A family physician who works part-time sees a patient for an annual check-up, and during that visit the provider also treats the patient for depression and opioid use disorder (OUD).

- The **provider** is reported in **three** places on Table 5:
    - FTE on Line 1 (0.5 FTE Family Physician)
    - 1 person on Addendum Column a1 Line 20a01: physician providing MH services
    - 1 person on Addendum Column a1 Line 21a: physician providing SUD services
- The **visit** is reported in **three** places on Table 5:
    - Report the medical treatment (annual check-up) provided by the family physician in the main part of Table 5, on Line 1, and include the patient in the total on Line 15.
    - Report the depression treatment (MH) provided by the physician in the Addendum, Line 20a01.
    - Report the treatment provided for OUD (SUD) in the Addendum on the Physician line, Line 21a.

Addendum Knowledge Check

Which of the following visits *would not* be reported in the Addendum?

A. A family physician provides treatment for depression to a patient during an annual check-up.

B. An SUD specialist provides counseling to a patient with an SUD.

C. A psychiatrist provides substance use treatment to a patient.

D. A physician assistant provides medication-assisted treatment (MAT) services to a patient with an OUD.

Addendum Knowledge Check *(Cont.)*

Which of the following visits *would not* be reported in the Addendum?

A. A family physician provides treatment for depression to a patient during an annual check-up.

B. An SUD specialist provides counseling to a patient with an SUD.

C. A psychiatrist provides substance use treatment to a patient.

D. A physician assistant provides medication-assisted treatment (MAT) services to a patient with an OUD.

Table 6A: Selected Diagnoses and Services Rendered

Key Notes for Table 6A

- **Column A** describes the total number of visits at which the service/test/diagnosis was present and coded to the patients in **Column B**.
- Only report tests or procedures that are
  - **performed by the health center**, *or*
  - not performed by the health center, but **paid for by the health center**, *or*
  - not performed by the health center or paid for by the health center, **but whose results are returned to the health center provider to evaluate and provide results to the patient**.

Note that all reporting on Table 6A is only for health center patients.

- This does not include mass testing/screening, tests done for the community, etc.
- A patient must have a *countable* visit on Table 5 and be included in unduplicated patients on the demographic tables in order to be counted on Table 6A.

Reporting Table 6A Diagnoses and Services

- Report all visits meeting the specified criteria for a health center patient.
- **Column A:** Report the number of **visits** with the selected service or diagnosis.
  - If a patient has *more than one countable service or diagnosis during a visit* (meaning services on different rows of Table 6A), count each in its respective row.
  - Do not count *multiple services of the same type* at one visit (e.g., two immunizations, two fillings).
- **Column B:** Report the number of unduplicated patients receiving the service.

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/Screening/Preventive Services			
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4:** 80074, 86704 through 86707, 87340, 87341, 87350, 87912		
21b	Hepatitis C test	**CPT-4:** 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4:** 87426, 87428, 87635, 87636, 87637 **HCPCS:** U0001, U0002, U0003, U0004 **CPT PLA:** 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4:** 86318, 86328, 86408, 86409, 86413, 86769 **CPT PLA:** 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP	**Possible codes to explore for PrEP management:** **CPT-4:** 99401 through 99404 **ICD-10:** Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limited to prescribed PrEP based on a patient's risk for HIV exposure **AND** limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) emtricitabine/tenofovir alafenamide (FTC/TAF) or cabotegravir for PrEP		
22	Mammogram	**CPT-4:** 77063, 77065, 77066, 77067 **ICD-10:** Z12.31 **HCPCS:** G0279		
23	Pap test	**CPT-4:** 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10:** Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) **HCPCS:** G0144, G0145, G0147, G0148		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4:** 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		

Excerpt from Table 6A

HRSA Health Center Program

Reporting Table 6A Diagnoses and Services (Cont.)

Table 6A captures services provided **to health center patients** (people who had a countable UDS visit during the calendar year).

A test or vaccine does not need to have been administered to the patient *on the same day* as a UDS countable visit to be counted on Table 6A.

If someone had a countable UDS visit during the year (and is therefore a health center patient) and…

Came back to the health center later to receive one dose of the COVID-19 vaccine, and that is documented in their record, report that as one COVID vaccination visit and one patient on Table 6A.

Received a pap test, after which the test and results were returned to the health center and evaluated, documented in the patient's health record and provided to the patient, count as one visit and one patient on the Pap Test line of Table 6A.

Changes to Reporting on Table 6A

- **One New Row: Line 4d: Post COVID-19 Condition**
  - Health center patients with diagnosis of Post COVID-19 Condition (U09.9)

- Report patients diagnosed by the health center or diagnosed at a visit with a referral provider paid for by the health center.
- Report only those health center patients who had this diagnosis within the calendar year.

Table 6A Changes Handout outlines all changes from the prior year.
- There are 10 rows with changes to coding guidance from 2021 reporting.
- Examples: additional COVID vaccine codes, additional COVID test codes, and some clarifications throughout.

Three Forms:

Appendix D: Health Center Health Information Technology (HIT) Capabilities

Appendix E: Other Data Elements

Appendix F: Workforce

Three UDS Forms Encompass the Following

Health Center HIT Capabilities Form

Appendix D captures HIT capabilities, including electronic health record (EHR) information use, and social risk screening.

Other Data Elements Form

Appendix E covers medication-assisted treatment (MAT), telehealth, and outreach and enrollment assists.

Workforce Form

Appendix F encompasses workforce training and collects information on educating/training of staff and frequency of staff satisfaction surveys.

Health Center Health Information Technology (HIT) Capabilities
Appendix D

A series of approximately 15 questions that assess:

- **EHR adoption and use in your health center**
  - How widely is the EHR used in the organization?
  - What EHR? Is it certified? Did you switch?
  - Do you use more than one system?
- **Data exchange**
  - What other healthcare entities do you exchange information with?
- **What else do you use HIT/EHR for?**
- **Social risk screening**
- **Integration of Prescription Drug Monitoring Program (PDMP)**

Source: IStock

Screening for Selected Social Risks

Appendix D

- In addition to asking about what, if any, social risk screener the health center uses, the HIT form also collects the following:
  - **New this year: Total number of patients screened for social risks**
  - **Number of health center patients who screened positive** in each of four social risks:
    - ❑ Food insecurity
    - ❑ Housing insecurity
    - ❑ Financial strain
    - ❑ Lack of transportation/access to public transportation

- Crosswalk available on <u>HRSA UDS Resources</u> site identifies relevant questions on each standardized screener and what constitutes a positive screen in each of the selected areas.
  - Do not use proxies (such as insurance or income) to report social risks.
  - Only count the number of patients who screened positive, *of the total number of patients screened*.

Source: IStock

Other Data Elements

Appendix E

- **Telemedicine**

- **Medication-assisted treatment (MAT)**
  - Number of *providers* who have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to provide MAT.
  - Number of *patients* who received MAT from a provider with a DATA waiver working on behalf of the health center.
    - ✓ Count only MAT (buprenorphine) provided by providers with a DATA waiver.
    - ✓ Check information with reporting on Table 5.

- **Outreach and enrollment assistance**
  - Report number of assists.
  - Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options and any other assistance provided by a trained assister from the health center to facilitate enrollment.
    - ✓ Assists reported here do not count as visits on the UDS tables, only on this form.

Source: IStock

Telemedicine Reporting
Appendix E

- **Did your organization use telemedicine to provide remote (virtual) clinical care services?**
  - Meaning, do you provide clinical services via remote technology?
  - This might be a YES, even if you don't have virtual visits on Table 5, if you do eConsults, for example.
- **Who did you use telemedicine to communicate with?**
  - Patients? Specialists?
- **What telehealth technologies did you use?**
  - Real time, store-and-forward, remote patient monitoring, mobile health?
- **What primary telemedicine services were used at your organization?**
  - Primary care, oral health, mental health, SUD, dermatology, etc.?
- **If you do not have telemedicine services, why not?**
  - Policy barriers, inadequate broadband, funding, training, etc.?

Key to Remember

This form uses the term "telemedicine": Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

Limit your responses to clinical services.

Workforce Form

Appendix F

- Helps clarify current state of health center workforce training and staffing models.

- Topics include:
  - Professional education/training
    - ✓ Report health professional training/education provided by category and whether that training is pre-graduate/certificate or post-graduate.
    - ✓ Note that this is **NOT** staff training like continuing education, CMEs, or first aid training, but training of the health professional workforce.
  - Satisfaction surveys
    - ✓ Note that this is STAFF satisfaction, **NOT** patient satisfaction surveys.

Source: iStock

Knowledge Check

Which health center should respond, on the HIT form, that YES, they do collect data on individual patients' social risk factors, outside of the data countable elsewhere in the UDS?
(Select all that apply)

- ☐ Health Center A uses the PRAPARE tool to screen patients who come in for a well visit and those who are receiving chronic disease management.

- ☐ Health Center B uses Hunger Vital Sign and Medical-Legal Partnership screening tools to screen their patients annually.

- ☐ Health Center C has all patients complete demographic forms that include ZIP code, income, insurance, and special population status upon intake.

- ☐ Health Center D screens their Medicaid patients with the Accountable Health Communities Screening Tool, as spelled out by their ACO.

Knowledge Check *(answer)*

❑ Health Center A uses the PRAPARE tool to screen patients who come in for a well visit and those who are receiving chronic disease management.

    ❑ **<u>Yes</u>! This health center should respond Yes to Question 11, and then select e. PRAPARE in Question 12.**

❑ Health Center B uses Hunger Vital Sign and Medical-Legal Partnership screening tools to screen their patients annually.

    ❑ **<u>Yes</u>! This health center should respond Yes to Question 11, and then select i. Other in Question 12.**

❑ Health Center C has all patients complete demographic forms that include ZIP code, income, insurance, and special population status upon intake.

    ❑ **This health center is not collecting social risk information outside of data counted elsewhere in the UDS, so they should respond No to Question 11.**

❑ Health Center D screens their Medicaid patients with the Accountable Health Communities Screening Tool, as spelled out by their ACO.

    ❑ **<u>Yes</u>! This health center should respond Yes to Question 11, and then select a. Accountable Health Communities Screening Tool in Question 12.**

Resources and Updates

Follow UDS Guidance

Guidance available on UDS Training and Technical Assistance Microsite

- **Staffing and Utilization**
  - UDS Countable Visit Guidance and FAQ
  - UDS Virtual Visits Reporting Guide
  - Mental Health/Substance Use Disorder Services Detail Guide
- **Clinical Care**
  - Table 6A Fact Sheet
  - Table 6A Code Changes Handout
- **Additional Reporting Topics**
  - Crosswalk of Standardized Social Risk Factor Screeners and UDS Appendix D
  - HIT, ODE, and Workforce Forms Fact Sheet
  - Outreach and Enrollment Assists Reporting

Uniform Data System (UDS) Training and Technical Assistance

Last updated: July 20, 2022

Review definitions and instructions in 2022 UDS Manual:
- Table 5: Page 51
  - Appendix A: Listing of Personnel, page 160
- Table 5 Selected Service Detail Addendum: Page 64
- Table 6A: Page 72
- Appendix D, E, F: Beginning on Page 181

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 (NTTAPs)

Join Us!

There are several more UDS webinars this fall. Please register for those and access any past webinars that you have missed.

- [Upcoming UDS Webinars](#) (all 1:00–2:30 p.m. ET)
  - **The Foundation of the UDS: Counting Visits and Patients** Today!
  - **UDS Clinical Tables Part 1: Screening and Preventive Care Measures** Wed. Sept. 21
  - **UDS Clinical Tables Part 2: Maternal Care and Children's Health** Wed. Oct. 5
  - **UDS Clinical Tables Part 3: Chronic Disease Management** Thurs. Oct. 13
  - **Reporting UDS Financial and Operational Tables** Thurs. Oct. 20
  - **Successful Submission Strategies** Thurs. Nov. 3
- Past webinars are archived on [HRSA's UDS TTA](#) page.
  - **UDS Basics: Orientation to Terms and Resources**

Community Health Quality Recognition and UDS+

Community Health Quality Recognition (CHQR) Badge Eligibility Criteria

- **CHQR badge eligibility criteria have been established for clinical quality measures (CQMs) that do not have established benchmarks.**
    - Criteria will be used to award CHQR badges for the 2021–2023 UDS reporting periods
    - Provides health centers with clear targets to shape quality improvement strategies

- **Benchmarks, new badges, and criteria changes will take effect for the 2021 UDS reporting period, including:**
    - Incorporating Look-Alikes (LALs) into Adjusted Quartile Rankings. As a result, LALs will be eligible for Health Center Quality Leader badges.
    - Adding new CHQR badge categories: HIV, maternal and child health, and addressing social risk factors to health.
    - Awarding one COVID-19 response badge using UDS-reported data on COVID-19 testing and vaccinations.
    - Adopting updated criteria for the Health Disparities Reducer badge.

Access [CHQR Overview](#) and [CHQR FAQ](#)

Community Health Quality Recognition 2021-2023 Criteria

CHQR Badge	CQM	2021–2023 CHQR CQM Criteria	Determination Method
National Quality Leader - Behavioral Health* (Criterion 1)	Depression remission at 12 months	18.2%	Top Quartile of 2020 UDS Data
National Quality Leader - Behavioral Health* (Criterion 2)	Depression screening and follow-up plan	80.5%	Top Quartile of 2020 UDS Data
National Quality Leader Heart Health (Criterion 1)	Tobacco use screening and cessation intervention	80%	Million Hearts goal
National Quality Leader Heart Health (Criterion 2)	Use of aspirin or antiplatelet for ischemic vascular disease	80%	Million Hearts goal
National Quality Leader Heart Health (Criterion 3)	Statin therapy	**NEW** → 80%	Million Hearts goal
National Quality Leader Heart Health (Criterion 4)	Hypertension control	80%	Million Hearts goal

*The NQL Behavioral Health badge has two additional criteria: proportion of all patients receiving Screening, Brief Intervention and Referral to Treatment (SBIRT) is at least 5%, and patients receiving medication-assisted treatment increases by at least 10% between consecutive UDS reporting years.

Access CHQR Overview

Community Health Quality Recognition 2021-2023 Criteria cont.

CHQR Badge	CQM	2021–2023 CHQR CQM Criteria	Determination Method
National Quality Leader Diabetes (Criterion 1)	Adult BMI screening and follow-up plan	83.1%	Top Quartile of 2020 UDS Data
National Quality Leader Diabetes (Criterion 2)	Child/adolescent BMI screening and counseling on nutrition and physical activity	77.4%	Top Quartile of 2020 UDS Data
National Quality Leader Diabetes (Criterion 3)	Uncontrolled diabetes	**NEW** → 11.6%	Healthy People 2030 Goal
Health Disparities Reducer (Criterion 1)	Low birth weight	7.7%	Adjusted National Vital Statistics System low birth weight average
Health Disparities Reducer (Criterion 2)	Uncontrolled diabetes	11.6%	Healthy People 2030 Goal
Health Disparities Reducer (Criterion 3)	Hypertension control	60.8%	Healthy People 2030 Goal

Access CHQR Overview

HRSA
Health Center Program

Access Community Health Quality Recognition Data

Community Health Quality Recognition (CHQR) Dashboard

- Dashboard available publicly on the data.hrsa.gov website.

- Provides visualization, national-level summary, state-level summaries of CHQR badges awarded.

- Identifies program awardees and look-alikes that have made notable quality improvement achievements.

- Updated annually with UDS data release.
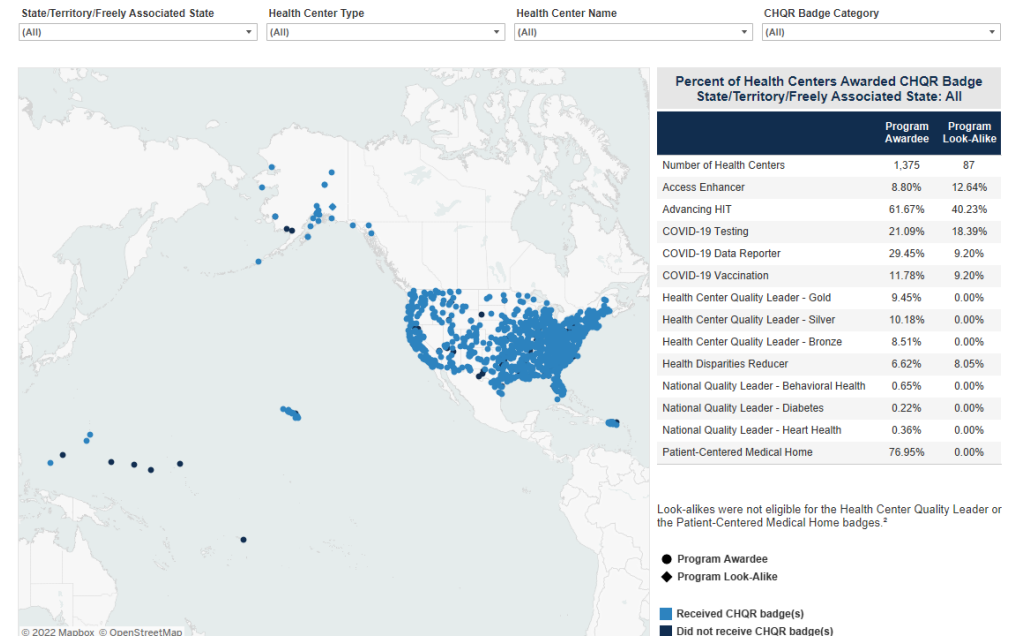
[Access CHQR Dashboard](#)

UDS Patient Level Submission (UDS+)

UDS+ is...

- Beginning with the 2023 UDS, BPHC will accept patient-level report data.
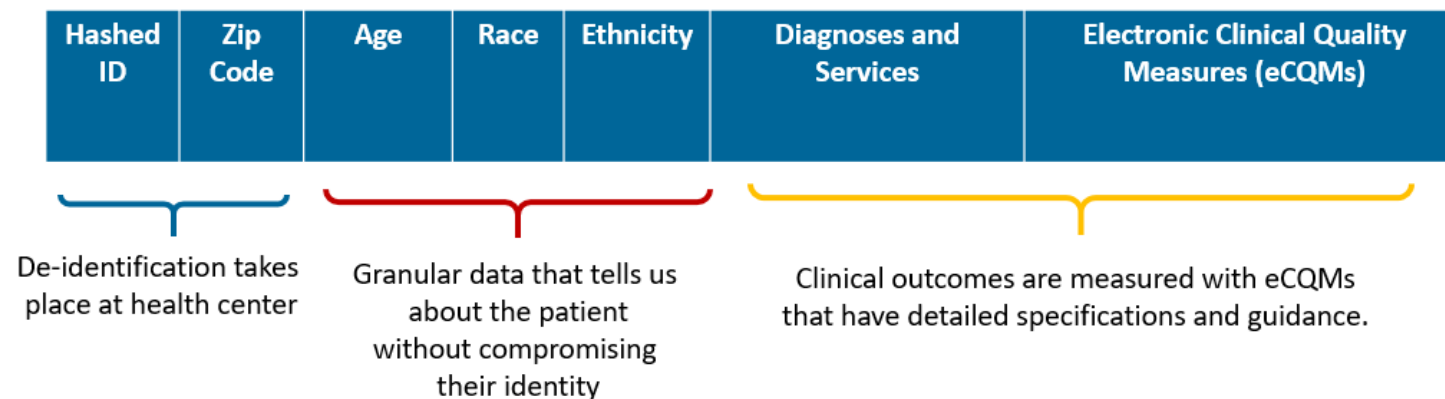 - UDS Tables PBZC, 3A, 3B, 4, 6A, 6B, and 7

BPHC plans to accept UDS+ data in two ways:

- Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)

UDS+ does not...

- Collect full copies of data directly from patients' electronic medical records
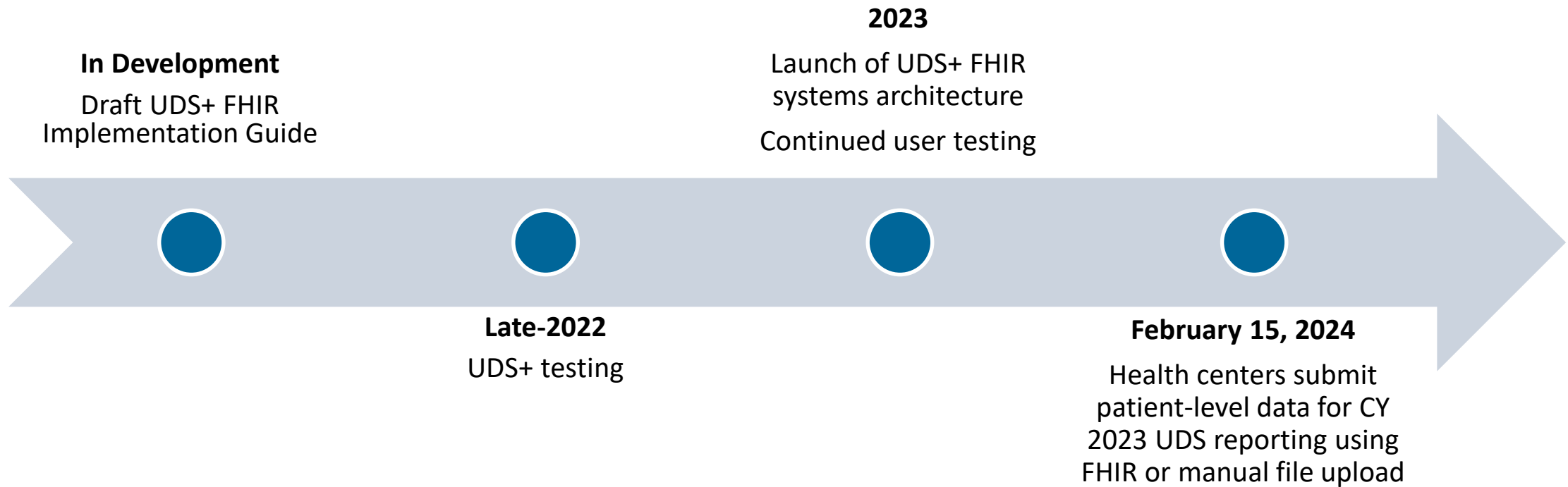- Collect patient identifiers

For more information, visit: Uniform Data System (UDS) Modernization Initiative

Hashed ID	Zip Code	Age	Race	Ethnicity	Diagnoses and Services	Electronic Clinical Quality Measures (eCQMs)

De-identification takes place at health center

Granular data that tells us about the patient without compromising their identity

Clinical outcomes are measured with eCQMs that have detailed specifications and guidance.

HRSA Health Center Program

UDS+ Implementation Timeline

In Development

Draft UDS+ FHIR
Implementation Guide

Late-2022

UDS+ testing

2023

Launch of UDS+ FHIR
systems architecture

Continued user testing

February 15, 2024

Health centers submit
patient-level data for CY
2023 UDS reporting using
FHIR or manual file upload

UDS Modernization FAQs

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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https://bphc.hrsa.gov

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