



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

September 7, 2022, 1:00–2:30 p.m. ET

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Vision: Healthy Communities, Healthy People



Opening Remarks

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Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration



Agenda



- Welcome and logistics
- Key terms and resources
- Overview of the UDS tables and forms
- Next steps and additional resources
- Questions and answers

Objectives of the Webinar

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

- Understand key terms and resources commonly used in UDS reporting.
- Describe the three key areas that are used to describe program performance.
- Detail the relationships between the UDS tables and forms.
- Outline expectations and next steps for continued learning.



Key Terms and Resources



Key Terms in the UDS

Key Terms	Definitions
Uniform Data System (UDS)	Annual health center program reporting requirement that is defined in section 330 of the Public Health Act that results in a standardized data set. It comprises 11 tables and 3 forms that are reported by health centers.
Electronic Handbooks (EHBs)	The grant management system that health centers use to report UDS data annually and for managing the overall grant lifecycle.
Preliminary Reporting Environment (PRE)	Part of the EHBs UDS reporting environment that allows health centers to enter UDS data early, before the official reporting season starts in January.
Review Period	The period of time after UDS submission when the data are reviewed and feedback is provided. Each health center is assigned a UDS reviewer.
Calendar year reporting	Report on approved in scope activities from January 1, 2022 through December 31, 2022.
In-scope activities	All activities in the HRSA health center project, as defined in approved applications and reflected in the official Notice of Award/Designation.



Resources to Begin With

- The [BPHC Uniform Data System \(UDS\) Training and Technical Assistance Page Central](#), user-friendly hub for health centers to access UDS reporting training and technical assistance organized by UDS topic area.
- Thoroughly read definitions and instructions in the [2022 UDS Manual](#).
- The [2022 UDS Tables](#) are available in PDF or Excel format.
- For system related questions (EHBs), contact Health Center Program Support by calling 877-464-4772, Option 1
- For content or reporting requirement questions, contact UDS Support by email (udshelp330@bphcdata.net) or by calling 866-837-4357
 - The help line is available year-round from 8:30 a.m. to 5:00 p.m. (ET).



The screenshot shows the HRSA Health Center Program website. The main heading is "Uniform Data System (UDS) Training and Technical Assistance" with a sub-heading "Last updated: July 25, 2022". Below this, there is a "Featured Resources" section with a list of links to various documents and webinars. A "Search Book:" section with a search bar is also visible. At the bottom, there is a "Contents" section with a list of links to different parts of the manual, such as "Introduction", "Financials", "Special Topics", "Additional Reporting Topics", "Reporting Guidance", "Technical Assistance Contacts", "Patient Characteristics", "UDS Data", "Staffing and Utilization", and "Archived Resources". The date "Date Last Reviewed: July 2022" is also present.

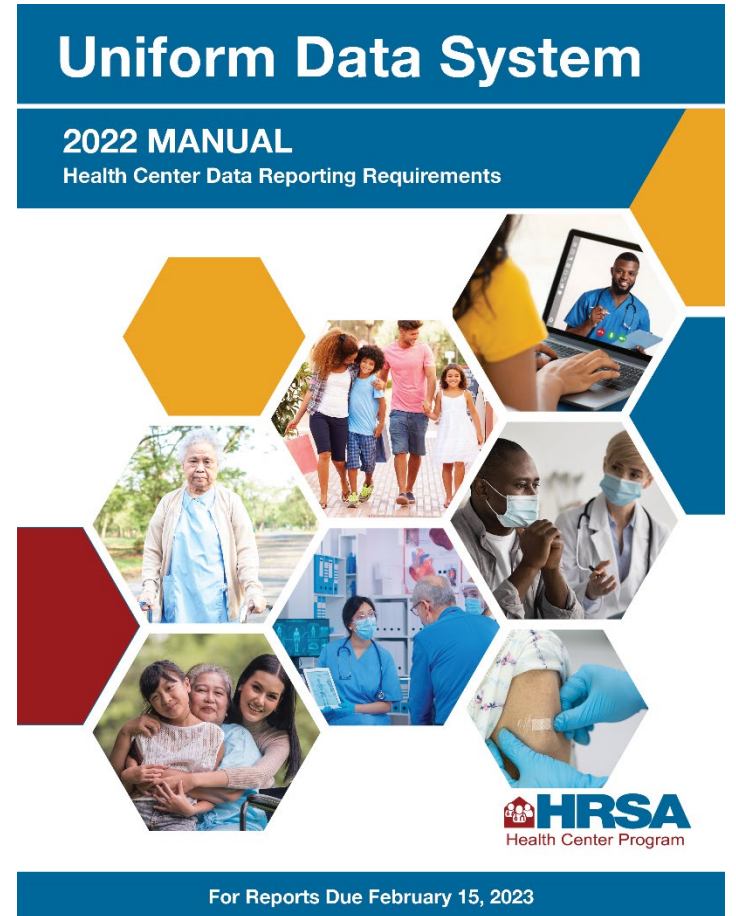


Key Resource: UDS Manual

Becoming familiar with the UDS manual is a crucial step to understanding UDS reporting.

Some key features include:

- Changes to reporting requirements
- General instructions - including due dates, definitions, how and where to submit data
- Table specific instructions, including FAQs
- Detailed specifications for clinical quality measures
- Appendices on specific reporting details, glossary (Appendix H), and acronyms (Appendix I)

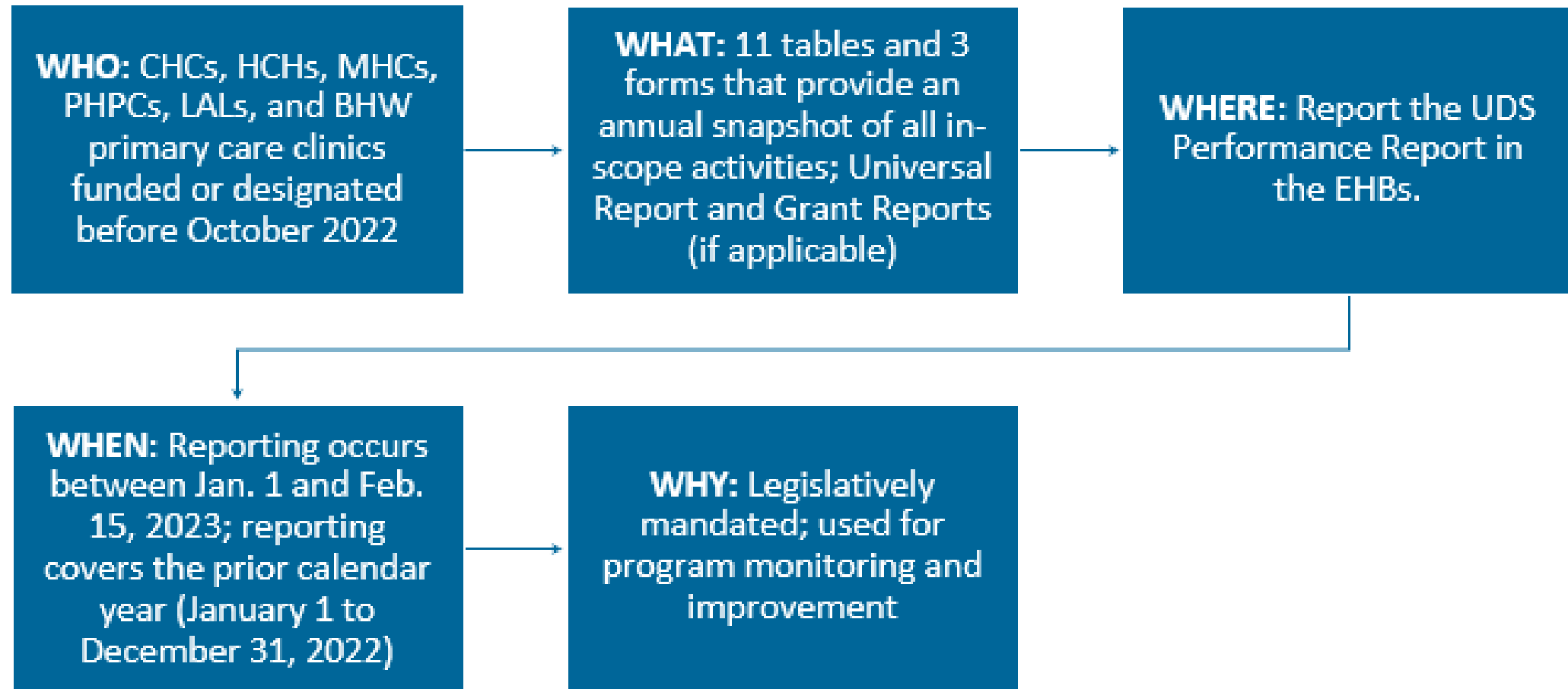


Overview of the UDS

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



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

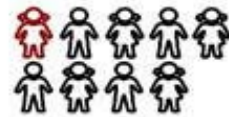


Value of the UDS

Health centers provide affordable, high-quality primary health care to **more than 30 MILLION** people in the U.S. each year. That includes:

1 in 9

children & adolescents



1 in 5

rural residents



1 in 3

living in poverty



63%

identify as racial and/or ethnic minorities



Nearly **1.3M** experiencing homelessness

1M+ agricultural workers

Nearly **770K** school-based health center patients

Nearly **390K** Veterans

HRSA
Health Resources & Services Administration

HRSA
Health Center Program



Overview of UDS Report

Four Primary Sections



Patient Demographic Profile

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



Clinical Services and Outcomes

- **Table 5:** Staff, visits, and patients, integrated behavioral health
- **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



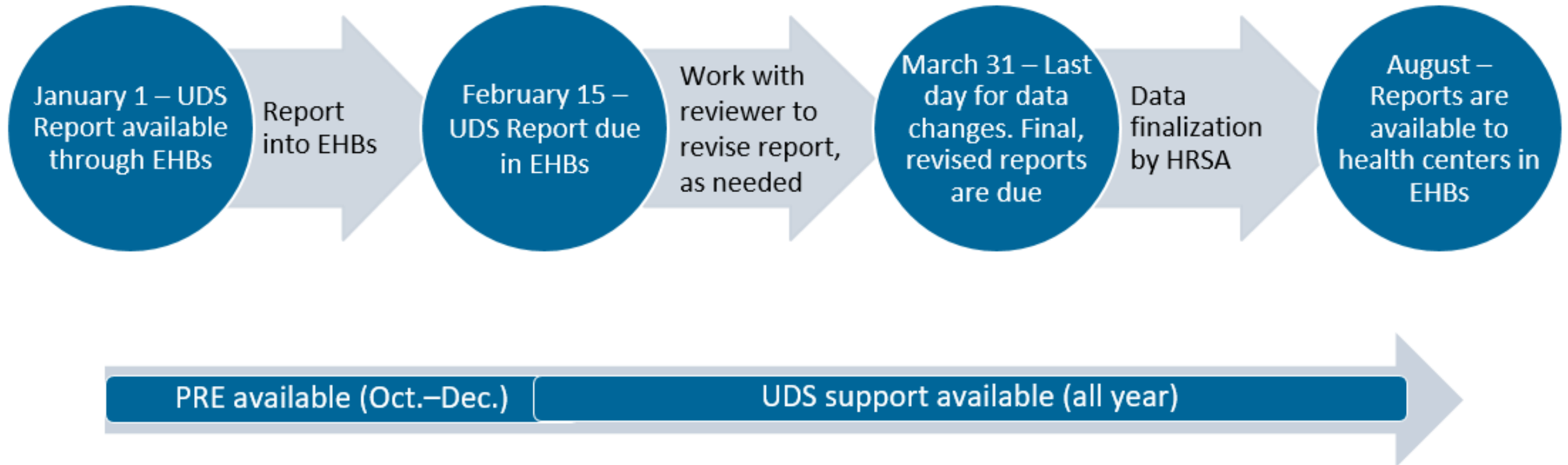
Other Forms

- **Appendix D:** Health information technology (HIT) Capabilities
- **Appendix E:** Other data elements (ODE)
- **Appendix F:** Workforce



Source: Adobe Stock, iStock

Reporting Timeline



Knowledge Check #1

What are the three key performance areas on the UDS?

- A. Patient demographics
- B. Clinical services and outcomes
- C. Financial tables
- D. A, B, and C



Knowledge Check #1 (Answer)

What are the three key performance areas on the UDS?

- A. Patient demographics
- B. Clinical services and outcomes
- C. Financial tables
- D. **A, B, and C**



Accessing UDS Data

- Reports and information accessible only to health centers: Through [EHBs](#) using a secure log-in
- Publicly available UDS data: On [HRSA website](#)
 - [National data](#)
 - [State rollups and profiles](#)
 - ✓ Remember, you can access your health center data by selecting your state then scrolling down to find your health center and clicking “View Data.”
 - [Comparison data views](#)
- Service area data: Through [UDS Mapper](#)



Key Resource: [data.HRSA.gov](https://data.hrsa.gov)

Health center, state, and national profiles



Health Center Program UDS Data

View national, state/territory, and health center UDS data profiles for Health Center Program awardees and look-alikes.



Patient Characteristics Snapshot

View a national summary of UDS data on poverty level, insurance status, and race and ethnicity of patients served by Health Center Program awardees and look-alikes.

National view of demographics and services by special population grant



Special Populations Funded Programs

View UDS data from health centers that receive grant funding to serve special populations through the Health Care for the Homeless, Migrant Health Centers and Public Housing Primary Care programs.

Comparison between states and territories on key statistics



Data Comparisons

View how one state/territory compares to the national average or to another state/territory on key UDS data points: total number of patients served by service category, target populations, and other patient characteristics.

National view of patient demographics

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



The value of reporting and monitoring UDS data



Look at the bigger picture. Looking at the actual information that HRSA has helps situate the health center's experience/outcomes. Also assists with seeing your own larger trends.



Goal setting relies on context. What progress or rate is likely achievable? May be monitoring monthly, but are benchmarks used? Are comparisons made?



Data is the currency of change. Standardized, reputable, reliable data is essential for communicating the importance and value of the work being done.

ZIP Table
Table 3A
Table 3B
Table 4
Table 5
Table 6A
Table 6B
Table 7
Table 8A
Table 9D
Table 9E
Forms

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

The Patient Profile, Understanding Who You Are Serving



Patients

- **Patient:** A patient is any person who has at least one *countable* visit during the reporting year. This includes medical, dental, behavioral health, other professional, vision, and enabling visits.
- Each of the tables of the Patient Profile represents an **unduplicated** count of health center patients—meaning *each person counts once*, regardless of the number of visits or services received.
- The Patient Profile Tables give us an idea of how successful we are at achieving the health center program mission of providing health care to underserved and vulnerable populations.



Source: Shutterstock



Scenario: Jane comes in for a visit

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

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



Source: iStock



ZIP Code Table

Jane's primary medical insurance is Medicare and her address is listed in zip code 02128.

On the Zip Code table, we will report Jane's zip code in Column a, by her primary medical insurance in Column d.

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

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



Patients by Age and Sex at Birth

Table 3A

Jane is 68 years old and female

On Table 3A, we will report Jane by her **age and sex at birth** on Line 34, Column b.

- Use age as of January 1, 2022.

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

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



Ethnicity, Race, and Language

Table 3B

Line	Patients by Race	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b)	Unreported/Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1	Asian				
2a	Native Hawaiian				
2b	Other Pacific Islander				
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)				
3	Black/African American				
4	American Indian/Alaska Native				
5	White				
6	More than one race				
7	Unreported/Refused to report race				
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)				

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	

Jane identifies as Black/African American, Non-Hispanic or Latino/a.

On Table 3B, we will report Jane by her race and ethnicity on Line 3, Column b.

Report patients **best served in a language other than English** on Line 12.

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



Sexual Orientation and Gender Identity (SOGI)

Table 3B

At registration, Jane selects lesbian or gay in the sexual orientation section and chooses female when asked about gender identity.

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

On Table 3B, we will report her by sexual orientation on Line 13, in Column a

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

On Table 3B, we will report her by gender identity on Line 21, in Column a



Income and Insurance

Table 4

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

Jane’s income based on federal poverty guidelines falls within the 151-200% category. On Table 4, we will report her on Line 3, column a.

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

We know Jane’s primary medical insurance is Medicare and that she is 68 years old. On Table 4, we will report her on Line 9, column b

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



Special Populations

Table 4

If Jane indicates that she is a member of any special populations, we would report her on the appropriate line:

- Total Agricultural Workers or Dependents (Lines 16)
 - Total Homeless (Line 23)
 - Total School-Based Health Center Patients (Line 24)
 - Total Veterans (Line 25)
 - Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (Line 26)
- **Health centers with special population funding report further detail about special populations on those specific lines (330g or 330h).**



Patient Profile Resources

- [BPHC Uniform Data System \(UDS\) Training and Technical Assistance Page](#)
 - [Patients by ZIP Code Table Fact Sheet](#)
 - [Table 3A Fact Sheet](#)
 - [Table 3B Fact Sheet](#)
 - [Table 4 Fact Sheet](#)

Reminder: Upcoming [webinar series](#)

- The Foundation of the UDS: Counting Visits and Patients
September 14, 2022, 1:00 – 2:30 p.m. (ET)



Tables 5, 6A, 6B, and 7 Reporting Services and Quality of Care Indicators

ZIP Table

Table 3A

Table 3B

Table 4

Table 5

Table 6A

Table 6B

Table 7

Table 8A

Table 9D

Table 9E

Forms



Countable Visits

- **Countable visits:** documented, face-to face or virtual encounters, between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services



Source: iStock

Staffing and Utilization

Table 5

Jane is here today to see Dr. Lu, a general practitioner who works full time at ABC health center.

On Table 5, we would report Dr. Lu’s FTE on Line 2, column a. We would report his clinic visit today with Jane on Line 3, column b.

Jane would be reported as a medical patient on line 15, Column c.

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

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



Integrated Primary Care and Behavioral Health

Table 5 Selected Service Detail Addendum

During his medical visit with Jane, Dr. Lu also manages her medication for an existing diagnosis of depression.

We would report this integrated behavioral health on Line 20a01. Dr. Lu would be reported in Column a1, the visit would be reported in Column b, and Jane would be reported in Column c.

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

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



Resources to Support Table 5 Reporting

- [BPHC UDS Reporting Resources](#)
 - [Table 5 Fact Sheet](#)
 - [UDS Countable Visit Guidance and FAQ](#)
 - [Virtual Visit Reporting Guide](#)
 - [Mental Health/Substance Use Disorder Services Detail Handout](#)
 - [Nurse Visit Guidance Handout](#)
 - [UDS Reporting Instructions Appendix A: Listing of Personnel \(page 160\)](#)
- [Telehealth Resource Centers](#): 12 HRSA-supported regional and 2 national centers (including the Center for Connected Health Policy) provide expert and customizable technical assistance and advice on telehealth technology and state-specific regulations and policies such as Medicaid or private payers as well as Medicare
- HRSA BPHC COVID-19 Frequently Asked Questions (FAQs): [UDS Reporting and Telehealth](#)
- [Centers for Medicare & Medicaid Services: Telehealth](#): Provides Medicare telehealth services definitions



ZIP Table

Table 3A

Table 3B

Table 4

Table 5

Table 6A

Table 6B

Table 7

Table 8A

Table 9D

Table 9E

Forms

Table 6A: Selected Diagnoses and Services Rendered



Selected Diagnoses and Services

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 Infectious and Parasitic Diseases				
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.0-		
4	Sexually transmitted infections	A50- through A64-		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-		
4b	Hepatitis C	B17.1-, B18.2, B19.2-		
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1		
Selected Diseases of the Respiratory System				
5	Asthma	J45-		
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-		
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40 (count only when code U07.1 is present), J22, J98.8, J80		

During the visit, Jane and Dr. Lu discuss Jane's asthma and he prescribes her a new kind of inhaler. Dr. Lu notes the diagnosis of asthma as part of Jane's visit in the EHR.

On Table 6A, we would report the visit on Line 5, column a. We would report Jane on Line 5, column b. We would do the same with the depression diagnosis on Line 20a.

Reminder: Table 6A only includes those patients reported on the patient demographic tables/who had a countable visit on Table 5.



ZIP Table

Table 3A

Table 3B

Table 4

Table 5

Table 6A

Table 6B

Table 7

Table 8A

Table 9D

Table 9E

Forms

Tables 6B & 7: Clinical Quality Measures (CQMs)



Clinical Process and Outcome Measures

Tables 6B and 7

Screening and Preventive Care
Cervical Cancer Screening
Breast Cancer Screening
Body Mass Index (BMI) Screening and Follow-Up Plan
Tobacco Use: Screening and Cessation Intervention
Colorectal Cancer Screening
HIV Screening
Screening for Depression and Follow-Up Plan

Maternal Care and Children's Health
Early Entry into Prenatal Care
Low Birth Weight
Childhood Immunization Status
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Dental Sealants for Children between 6-9 Years

Chronic Disease Management
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
HIV Linkage to Care
Depression Remission at Twelve Months
Controlling High Blood Pressure
Diabetes: Hemoglobin A1c (HbA1c) Poor Control



Clinical Process and Outcome Measures

Table 6B

Example

Line	Breast Cancer Screening	Total Female Patients Aged 51 through 73(a)	Number of Records Reviewed (b)	Number of Patients with Mammograms (c)
11a	MEASURE: Percentage of women 51–73 years of age who had a mammogram to screen for breast cancer			

During the visit, Dr. Lu notes that Jane is due for a mammogram. He refers her and she schedules an appointment for the following week. She comes back to the health center the following week and has a mammogram.

On Table 6B, for the Breast Cancer Screening measure on line 11a, we would report Jane in Column a, Column b, and Column c.

Format

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



Clinical Process and Outcome Measures

Table 7 Format

For high blood pressure and diabetes measures, report patients by **race and ethnicity**.

Jane has hypertension. During the visit, her BP is 132/85, which is considered adequately controlled for the UDS Controlling High BP measure.

On Table 7, we would report Jane on Line 2c, in Column 2a, Column 2b, and Column c

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)
Hispanic or Latino/a				
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic or Latino/a</i>			
Non-Hispanic or Latino/a				
2a	Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic or Latino/a</i>			
Unreported/Refused to Report Race and Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			



Clinical Quality Measures Resources

- [BPHC UDS Reporting Resources](#)
 - [Telehealth Impact on Clinical Measure Reporting](#)
 - [Clinical Quality Measures Handout](#)
 - [Clinical Quality Measure Exclusions and Exceptions](#)
 - [Helpful Codes for HIV and PrEP](#)
 - [Table 6A Code Changes Handout](#)
- [eCQI Resource Center: Eligible Professional/ Eligible Clinician eCQMs](#)
- [Health Information Technology, Evaluation, and Quality \(HITEQ\) Center](#)
 - A HRSA-funded National Training/TA Partner

Reminder: Upcoming three-part clinical measures [webinar series](#)

- Screening and Preventive Care (Sept. 21)
- Maternal Care and Children's Health (Oct. 5)
- Chronic Disease Management (Oct. 13)



Knowledge Check #2

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

- A. The service must be documented.
- 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 judgement in the provision of the service.
- D. All the criteria listed above must be met for a service to be counted in the UDS Report.



Knowledge Check #2 (Answer)

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

- A. The service must be documented.
- 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 judgement in the provision of the service.
- D. **All the criteria listed above must be met for a service to be counted in the UDS Report.**



ZIP Table

Table 3A

Table 3B

Table 4

Table 5

Table 6A

Table 6B

Table 7

Table 8A

Table 9D

Table 9E

Forms

Tables 8A, 9D, & 9E: Financial Tables

Describe the Costs and Revenues Generated by In-Scope Health Center Services



Financial Costs

Table 8A

- **Reports accrued direct costs by cost center.** Includes staff and contracted personnel, fringe benefits, supplies, equipment, depreciation, and travel for all cost centers/service areas.
- **Allocates overhead** for non-clinical support services/admin and facilities across cost centers.
- Includes reporting on the value of donated facilities, services, and supplies.

Line	Cost Center	Accrued Cost (a)
Financial Costs of Medical Care		
1	Medical Personnel	
2	Lab and X-ray	
3	Medical/Other Direct	
4	Total Medical Care Services (Sum of Lines 1 through 3)	
Financial Costs of Other Clinical Services		
5	Dental	
6	Mental Health	
7	Substance Use Disorder	
8a	Pharmacy (not including pharmaceuticals)	
8b	Pharmaceuticals	
9	Other Professional (specify)	
9a	Vision	
10	Total Other Clinical Services (Sum of Lines 5 through 9a)	
Financial Costs of Enabling and Other Services		
11a	Case Management	
11b	Transportation	
11c	Outreach	
11d	Patient and Community Education	
11e	Eligibility Assistance	
11f	Interpretation Services	
11g	Other Enabling Services (specify)	
11h	Community Health Workers	
11	Total Enabling Services (Sum of Lines 11a through 11h)	
12	Other Program-Related Services (specify)	
12a	Quality Improvement	
13	Total Enabling and Other Services (Sum of Lines 11, 12, and 12a)	



Tables 5 and 8A Crosswalk

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)				

Line	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
Financial Costs of Medical Care				
1	Medical Personnel			
2	Lab and X-ray			
3	Medical/Other Direct			
4	Total Medical Care Services (Sum of Lines 1 through 3)			
Financial Costs of Other Clinical Services				
5	Dental			
6	Mental Health			
7	Substance Use Disorder			
8a	Pharmacy (not including pharmaceuticals)			
8b	Pharmaceuticals			
9	Other Professional (specify ___)			
9a	Vision			
10	Total Other Clinical Services (Sum of Lines 5 through 9a)			

Left: Excerpt of Table 5; Above: Excerpt of Table 8A.

Key Takeaway: If a service line on Table 5 has FTEs, visits, and/or patients, then the corresponding cost center on Table 8A should have corresponding costs.



Patient Service Revenue

Table 9D

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, Paybacks (c) Collection of Reconciliation/ Wraparound Current Year (c1)	Collection of Reconciliation/ Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
4	Medicare Non-Managed Care	80% of full charges	Medicare reimbursement							
5a	Medicare Managed Care (capitated)									
5b	Medicare Managed Care (fee-for-service)									
6	Total Medicare (Sum of Lines 1 + 2a + 2b)									
13	Self Pay	20% copay								

Report charges, collections, supplemental payments, and contractual adjustments **by payer** and **by form of payment**.

Jane's visit was billed to Medicare, with the exception of the 20% copay, so 80% of the charge is reported on Medicare line 4, in Column a. Then reimbursement received from Medicare is reported in Column b, with any adjustments in Column d. The remaining 20% of the charge is reallocated down to the self-pay line, Column A, indicating that Jane is responsible for that portion. If Jane qualifies for sliding fee, then some portion is reported in Column e.



Other Revenue

Table 9E

- Report **non-patient-service receipts** or funds drawn down in 2022 by category.
 - **Cash basis**—amount drawn down (not award).
 - Tip: Do not exceed the amount awarded on any given line.
 - Include income that supported activities described in your scope of services.
 - Report funds by the entity from which you received them.
 - Complete “specify” fields.
- The total amount reported on Tables 9E and 9D represents total revenue supporting the health center’s scope of services.

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 Health Center 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	
1p	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)	
	Other Federal Grants	
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants (specify _____)	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
3b	Provider Relief Fund (specify _____)	
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	
	Non-Federal Grants or Contracts	
6	State Government Grants and Contracts (specify _____)	
6a	State/Local Indigent Care Programs (specify _____)	
7	Local Government Grants and Contracts (specify _____)	
8	Foundation/Private Grants and Contracts (specify _____)	
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	
10	Other Revenue (non-patient service revenue not reported elsewhere) (specify _____)	
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	



Financial Tables Resources

- [BPHC UDS Reporting Resources](#)
 - [Operational Costs and Revenues Training Module](#)
 - [Reporting Donations Guide](#)
 - [Financial Tables Guidance Handout \(common error checks\)](#)
 - [COVID-19 Funding UDS Reporting Guidance](#)
 - [Table 8A Fact Sheet](#)
 - [Table 9D Fact Sheet](#)
 - [Table 9E Fact Sheet](#)

Reminder: Upcoming [webinar series](#)

- Reporting UDS Financial and Operational Tables (Oct. 20)



ZIP Table

Table 3A

Table 3B

Table 4

Table 5

Table 6A

Table 6B

Table 7

Table 8A

Table 9D

Table 9E

Forms

Other Forms to Complete

Health Information Technology Form

Other Data Elements Form

Workforce Form



Other Forms

Appendix D: Health Center Health Information Technology (HIT) Capabilities Assesses EHR adoption and use, data exchange, social risk screening, and integration of Prescription Drug Monitoring Program (PDMP)

Appendix E: Other Data Elements Collects information on telemedicine, medication-assisted treatment (MAT), and outreach and enrollment activities

Appendix F: Workforce Form Collects information professional education/training and staff satisfaction surveys



Forms Resources

- [BPHC UDS Reporting Resources](#)
 - [Crosswalk of Standardized Social Risk Factor Screeners](#)
 - [HIT, ODE, Workforce Forms Fact Sheet](#)
 - [Outreach and Enrollment Assists Reporting](#)



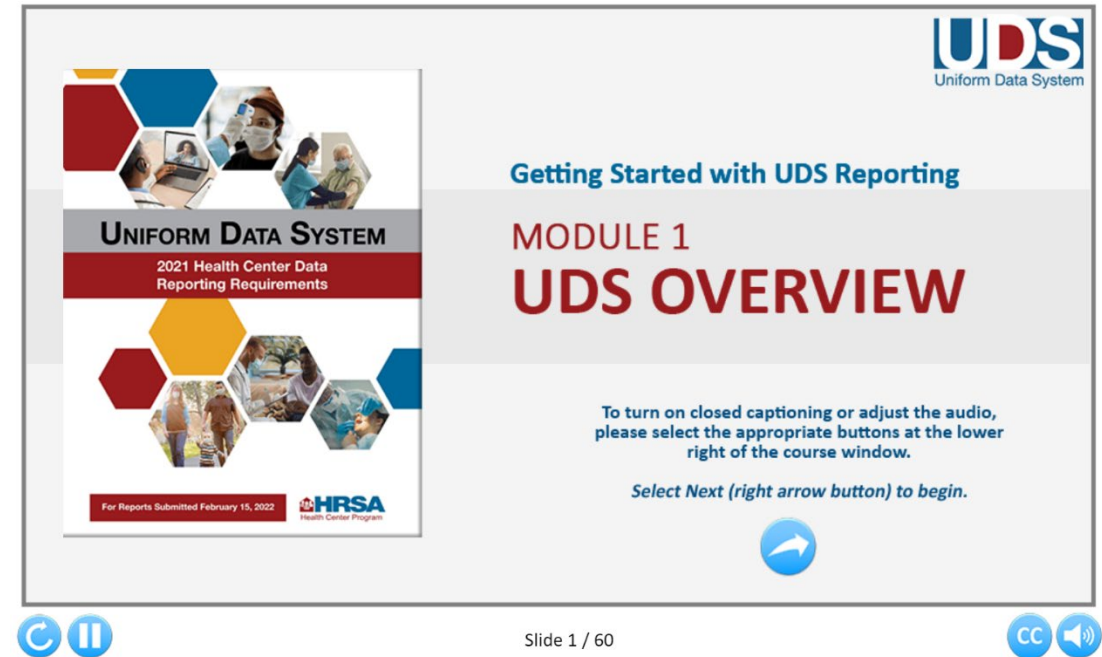
Support is Available

There are a Host of Resources Available to Support Your UDS Reporting!



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.

Slide 1 / 60

CC

Find the modules on HRSA BPHC's UDS [resource page](#).



Training Webinar Series for 2022 UDS Reporting

- The Foundation of the UDS: Counting Visits and Patients
- UDS Clinical Tables Part 1: Screening and Preventive Care
- UDS Clinical Tables Part 2: Maternal Care and Children's Health
- UDS Clinical Tables Part 3: Chronic Disease Management
- Reporting UDS Financial and Operational Tables
- Successful Submission Strategies

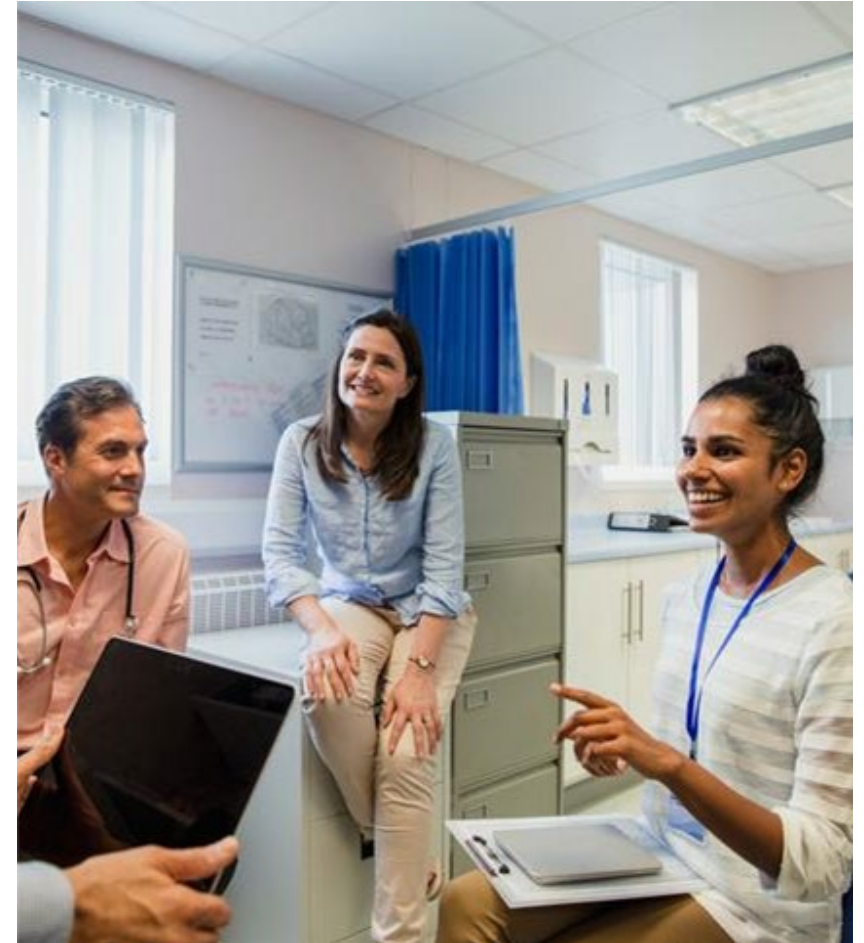


All webinars are archived on the [HRSA website](#).



Annual State-Based Training

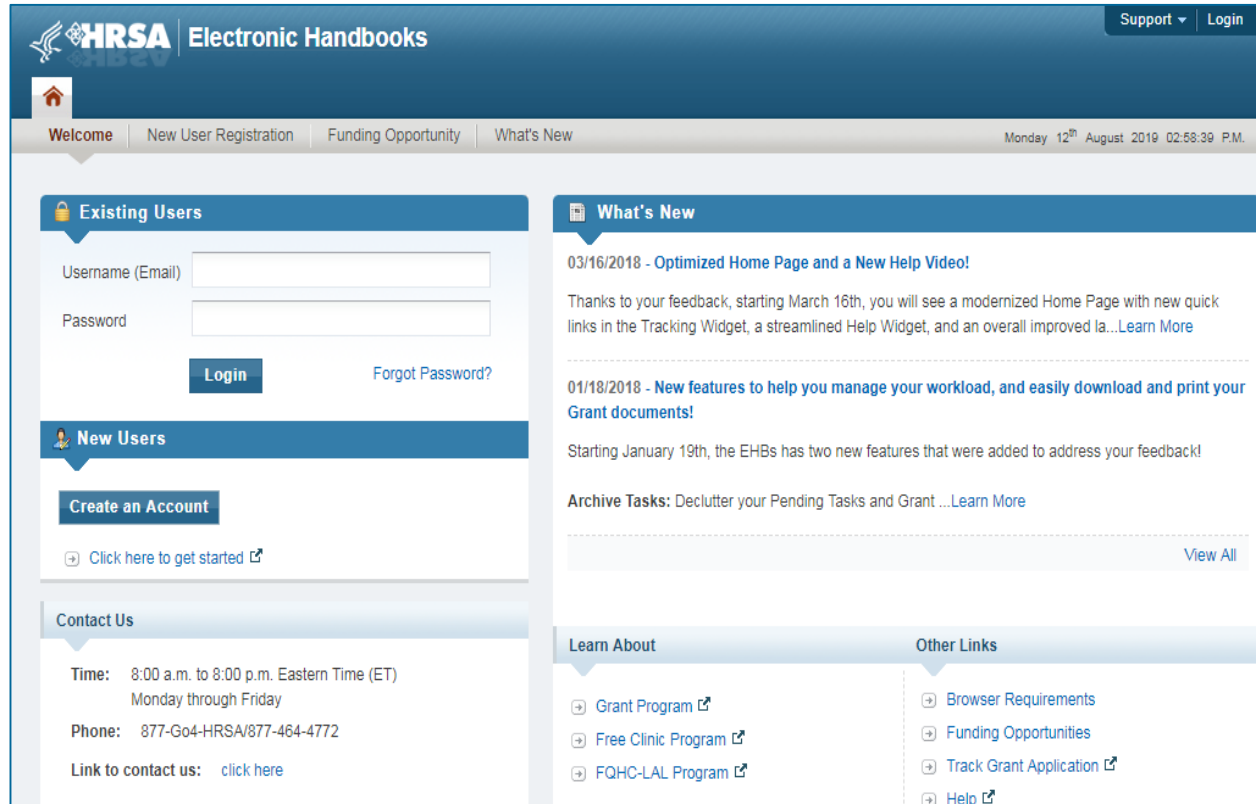
- Annual training provided to each state through your state's [Primary Care Association \(PCA\)](#).
- More information will be available on the UDS Training and Technical Assistance website this fall.



Source: Shutterstock



Where to Report: The EHBs



- All people who will be tasked with data entry or review need a login to the [EHBs](#).
- **EHBs Helplines**
 - **For account or login issues:** HRSA Call Center (877-464-4772, Option 3)
 - **For functionality issues:** Health Center Program Support (877-464-4772, Option 1)

Check with the UDS contact at your health center to ensure that you have the needed permissions and access to the UDS performance report.



Support Available

Description	UDS Support Center	Health Center Program Support	HRSA Call Center
Purpose	Assistance with content and reporting requirements of the UDS Report or about the use of UDS data (e.g., defining patients or visits, questions about clinical measures, questions on how to complete various tables, how to make use of finalized UDS data)	Assistance for health centers when completing the UDS Report in the EHBs (e.g., report access/submission, diagnosing system issues, technical assistance materials, triage)	Assistance with getting an EHBs account, password assistance, setting up the roles and privileges associated with your EHBs account, and determining whether a competing application is with Grants.gov or HRSA
Contact	866-837-4357/866-UDS-HELP udshelp330@bphcdata.net	877-464-4772, Option 1	877-464-4772, Option 3
Website	http://bphcdata.net	http://www.hrsa.gov/about/contact/bphc.aspx	http://www.hrsa.gov/about/contact/ehbhelp.aspx
Hours of Operation	8:30 a.m. to 5:00 p.m. ET, M–F Extended hours during UDS reporting period	7:00 a.m. to 8:00 p.m. ET, M–F Extended hours during UDS reporting period	8:00 a.m. to 8:00 p.m. ET, M–F



Next Steps



Next Steps Instructions

Immediate next steps:

- **Bookmark [BPHC's UDS Resources Page](#)**
- **Bookmark or print the [2022 UDS Manual](#)**

Short term steps:

- **Review UDS Manual**
- **Review UDS modules**
- **Connect with your UDS team**—understand your role in UDS data and reporting
- **Sign up for UDS webinar series**
- **Register and attend the annual state-based training**

Prior to February 15th:

- **Review prior years' data**
- **Review UDS reviewer feedback**
- **View the [EHBs Overview Video](#)**
- **Obtain EHB access (if necessary)**

Ongoing:

- **Reach out to supports and get your questions answered!**



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 Quintile 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	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	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](#)

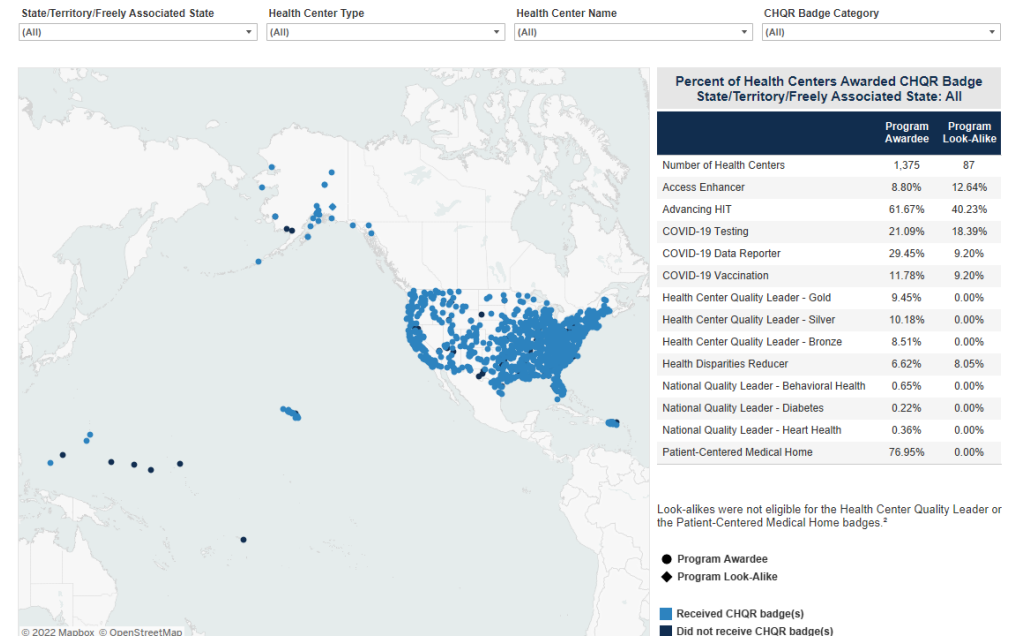


Access Community Health Quality Recognition Data

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.

Explore Community Health Quality Recognition Badges



[Access CHQR Dashboard](#)



Webinar: Sharing BPHC National Program Performance Analysis Contract Findings

- Learn about recently published peer-reviewed research findings that:
 - Demonstrate the impact of the Health Center Program
 - Describe how health centers have responded to emerging health priorities and advanced health equity
 - Identify opportunities for improvement

Thursday September 15, 2022

1–2 pm ET

[Register Here](#)



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

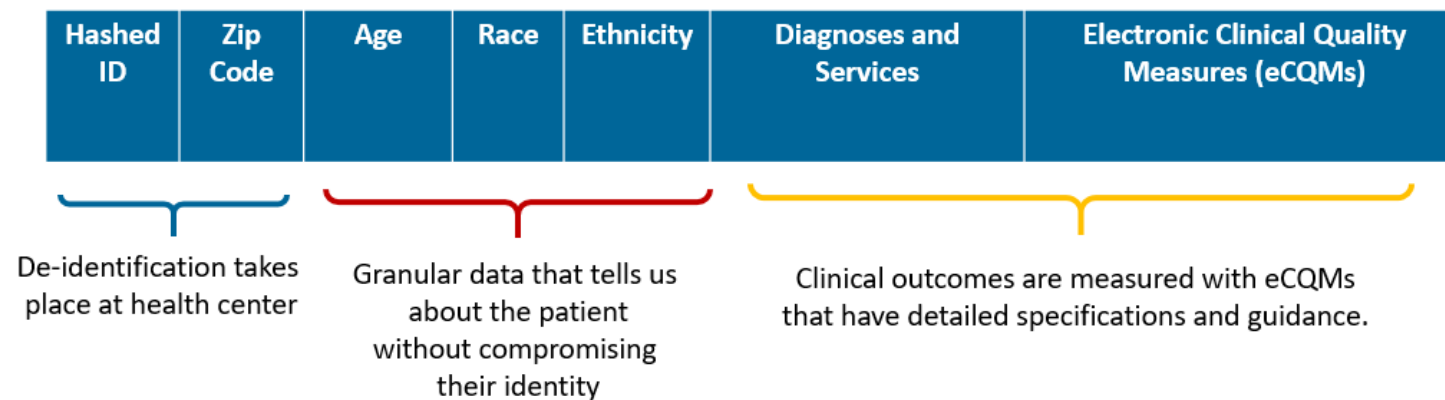
UDS+ does not...

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

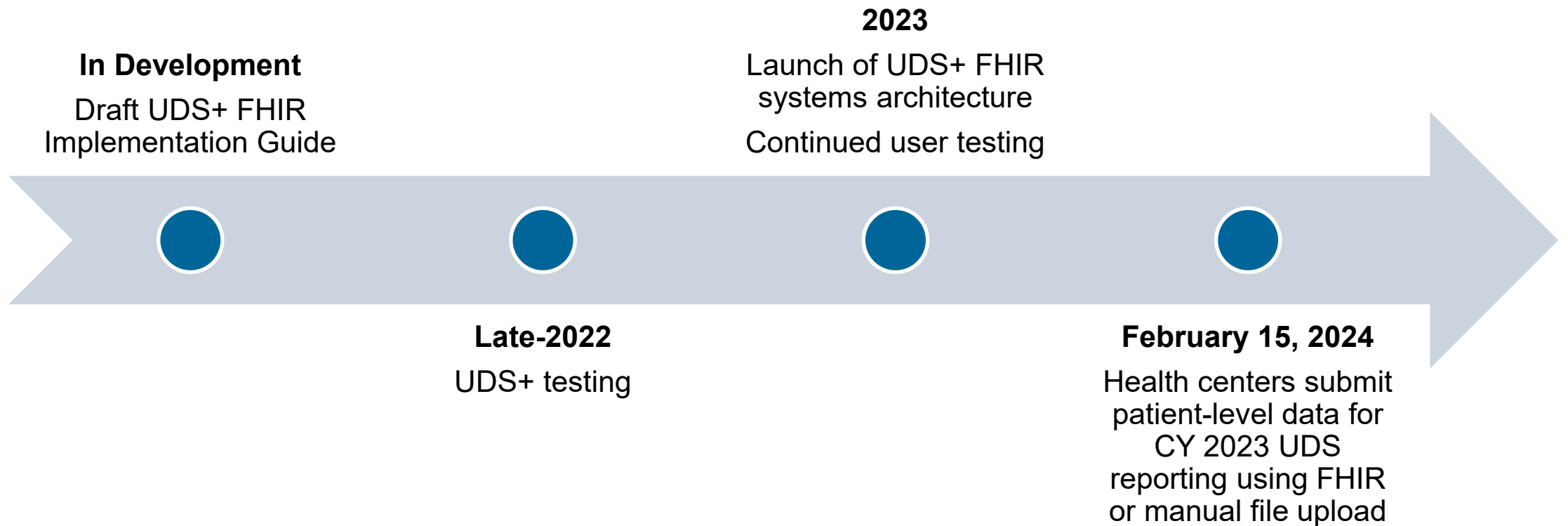
BPHC plans to accept UDS+ data in two ways:

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

For more information, visit: [Uniform Data System \(UDS\) Modernization Initiative](#)



UDS+ Implementation Timeline



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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