

**Health Resources and Services Administration**  
**Bureau of Primary Health Care**  
**2015 Uniform Data System (UDS) Changes**  
**May 6, 2015, 2:30 to 4:30 p.m. ET**

Coordinator: Good afternoon and thank you all for holding. Your lines have been placed on a listen-only mode until the question and answer portion of today's conference. I would now like to turn the call over to Heather Ngai. Thank you. You may begin.

Heather Ngai: Hi and welcome to all the health centers here and all of our wonderful constituents listening on the phone today and on the Web. Thank you for joining us today. My name is Heather Ngai. I am a Public Health Analyst with the Office of Quality Improvement at the Bureau of Primary Health Care at HRSA.

In a few minutes I'm also going to be handing the presentation over to my colleague, our Senior Clinical Advisor, Laura Makaroff, as well. We just want to thank you again for a successful 2014 UDS reporting year. We're thrilled to have made it through this last year's reporting and now looking forward ahead to the new year of 2015.

And so just some logistical things before we get started. There is a chat box, a question and answer box on the left, which a lot of you have already been utilizing. Feel free to put your questions there. And then we will answer questions at the end of the presentation through the chat box as well as through the phone lines.

We're also going to have a few evaluation questions at the end. We'd love to get your feedback on today's presentation. And if you haven't done so already, feel free to download the presentation. There is a center box on the left hand side of you screen. You should be able to download today's presentation by clicking on that file and downloading it to your computer.

So if you happen to miss today's presentation or your colleagues have missed today's presentation, the recording will be posted in a couple weeks. And you can see the URL is on the upper left hand box. If you scroll down you'll see the link to where we will post the presentation and the recording in a couple weeks.

So thank you again for joining us. Let's get started and see what we'll be talking about today. Our agenda today will be talking about the background and overview of changes to the 2015 UDS. A little information about how the UDS change process works.

We'll be talking about the individual table changes and any other changes we'd like you to be aware of. And I do want to point you to any of the available assistance and references that might assist you in 2015 reportings.

So I'm just going to do a brief overview about how the UDS change process occurs. So many of you probably have already seen but if you have not there is a URL to our 2015 UDS changes PAL, which stands for Program Assistance Letter, Number 2015-01, that was posted to the BPHC Website on November 25, 2014. And that listed all of our proposed UDS changes that we'll be talking about today.

The changes were submitted to OMB, Office of Management and Budget. They were announced in the Federal Register where we solicited comments from you, health centers, (CC Aid), HCCN, CPOs and anyone really from the general public who wanted to make a comment about it.

We heard the comments and we made adjustments before they were sent back through the Office of Management and Budget. And here we are today making an announcement to you about what these changes will be.

We also introduced these changes to you through the 2014/2015 calendar year UDS change PAL across the country in over 40 locations. We hope that you'll continue to attend those. Those are very important training for the UDS reporting season.

We'll be having them again this fall. So please look out for those trainings. We'll be posting an announcement about those on the website where you'll find this reporting as well. So look out for those and make sure you attend those, at least a few of your staff attend those so that we can really get into the nitty-gritty of what the changes are.

Today's presentation will be going into the nitty-gritty where you'll be able to get into that and those trainings across the country. So the objective for today's presentation we really want to help you understand the changes to the 2015 UDS.

That includes the new patient characteristics that will be reported; the revised or new clinical measures; the upcoming transition to ICD-10. And we want to continue to encourage all centers to use EHR to report on the full universe of patients. And we want to give you any sort of advice and instructions on submitting data.

The first change that we're going to review today is in Table 4, outpatient characteristics table. You may have seen this in the PAL, the Program Assistance Letter.

The first change is an additional line to Table 4 called the duly eligible. This is for Medicaid and Medicare patients often referred to as duly eligible on medication.

These are new - these are not new patients but they will be reported separately now on a new line called 9A. This will be a subset of Line 9, which already exists, which is our Medicare line.

So this new - this population, dually eligible patients, will now be reported on both Line 9 and 9A. It is a subset of Line 9. And as before, medical insurance is reported even if the patient is not receiving medical care.

Now there are a number of clinical changes that we're going to be reviewing next. And I want to pass this over to Laura Makaroff, our Senior Clinical Advisor in the Office of Quality Improvement to take that on. Laura.

Laura Makaroff: Great. Thanks so much Heather. Welcome everyone. Thanks for joining us today. And as Heather mentioned, my name is Laura Makaroff. I am the Senior Clinical Advisor in our Office of Quality Improvement in the Bureau of Primary Health Care.

I'm a family physician by training and I work pretty closely with our UDS team on all the clinical sections and the clinical performance measures in the UDS. And so I'm happy to be with you today. We're just going to spend a

little bit of time talking through the changes to Tables 6A, 6B and 7 for UDS 2015.

So we'll start here with Table 6B. And so as you probably know, Table 6B and 7 include the clinical quality measures. So the UDS measure set has grown over the years, as you know and are familiar with, and includes 15 measures in 2014.

So our priority has really been on developing a measure set that's comprehensive and inclusive without being overly burdensome. And so one big priority area for the health center program overall has been about increasing access to oral health care. And so it only made sense to add a quality measure related to oral health on to the UDS.

So for UDS 2015 we are adding this measure about dental sealants. And the measure title is this; percentage of children age 6 to 9-years-old at moderate to high risk for (carries) who received this sealant on the first permanent molar during the reporting period.

So that's kind of a mouthful. That's not really - I didn't really intend to make that pun but it's kind of funny when we're thinking about oral health care. So let's look a little closer at the definition and think about what we're really looking for here.

But before we dig in too deep, I really wanted to mention that this (studious) measure is similar to the NQF endorsed measure about dental sealants, which is numbered NQF 2508. It's also similar and has the same care goal as the draft e-specifications of CMS 277.

So those numbers probably make sense to all of you measure people out there. And if you have specific questions, we can talk about that when we get to the Q&A.

So it's important to mention this because of measure alignment and data standardization and both because it's hard when you are trying to report in different measures different people and also because measure alignment really remains a top priority for us.

So I will mention one thing about those two different measures, the NQF version, is - versus the e-specification version. So the NQF version, NQF 2508, is a claims based measure whereas the draft e-specification for CMS 277 are based on clinical EDR or EHR data. So again, from HIT and measures people that will make sense. And I'll make sense here as we go through some of the details of this measure.

So I'll move on here to the next slide. So now that I've share some of the background and the high level definition of this oral health measure, let's look a little closer at the definition.

So I really like to think through measures in simplest fashion. So let's start with the initial patient population. And so for the dental sealants measure, the initial patient population is children aged six to nine who had a dental visit in the measurement period.

So I think it makes sense to look at the denominator next. So in this case the denominator is the subset of children from the initial patient population. So i.e., those who had a dental visit who also had an oral assessment or comprehensive or periodic oral evaluation visit and are at moderate to high risk for (carries) in the measure year.

So then moving on to think through the numerator. So the numerator is the subset of children in the denominator. So i.e., that's those children who had an oral assessment or a comprehensive or periodic oral evaluation visit and were identified as moderate to high risk who also received the sealant on a permanent first molar tooth in the measurement year.

So it's really kind of a mouthful when we think about this in human readable text. The good news that I can share about this measure is that the e-specifications are available. It should be fairly easy to use these specifications for your EHR and help that - have the EHR give you all this information back.

So we'll move on here to the next slide to talk a little bit more about this oral health measure. So of course there are some exceptions to who is included in the measure and that's listed here.

So children for whom all first permanent molars are non-sealable are excepted from the measure. So for example, kids whose molars are uninterrupted, their molars are decayed or already filled or they already have sealants are excluded or accepted from the measure because of course they're not eligible for sealants.

So you may have some questions about how to determine moderate or high risk. So the UDS manual that we'll release later this year and the UDS trainings in the fall will include some more specific details on this.

In the meantime I'd really like to point you to the draft e-specifications for this definition of moderate to high risk. The - this can be defined by the CDT codes, those billing codes you use on the dental side. So those codes are D0602 and D0603.

That's not necessarily something you have to write down right now. You can find that on the website for the e-specifications. The important thing is to know that there are CPT codes that go along with this oral evaluation or the risk assessments and that will identify your moderate to high-risk patients. There are also some (snow-med) codes to define this that are included in the e-specifications for those HIT people who are interested in that.

So we really understand that this is a new focus for a lot of health centers; a new focus in measurements in the dental side. And the goal is really to support and encourage ongoing efforts towards building the QI infrastructure throughout the health center including in your oral health program.

So we really see this measure as a first step in oral health measures and in improving quality and are closely following along with measure development in the oral health world so that we can continue to build out this part of the UDS.

I think I see a question over here in the chat about which health centers are going to be expected to report on this measure. And so I'll just mention here briefly, and again there'll be more specifics in the UDS manual.

But to answer that question - so we expect that health centers who provide dental services directly - so onsite. That would be - or Column 1 on your Form 5A. If you're providing dental services directly, then we expect that you'd report on this measure.

We also expect that you would report on this measure if you're providing dental services via some kind of paid contract mechanism. That would be through Column 2 on your Form 5A.

So if you're paying for the service, either you're providing it directly or through a paid contract or referral process, then we'd expect that you would be able to keep track of which of your patients have had dental sealants.

If you're providing dental services only through a Column 3 referral only, non-paid way, then we do not expect that you would report on this measure. So I hope that helps answer the question. Again, if there's further questions on this, we can get to them in the Q&A.

So that is the oral health measure in Table 6B. So there's a lot of detail there. The good news I can say is that's the only change for Table 6B. So we'll move on now to Table 7.

So Table 7, as you know, is where we capture all of the health outcomes, which includes low birth weights, diabetes control and hypertension control. So the revisions to this table are largely a result of our efforts aimed at measure alignment and data standardization.

So beginning for UDS 2015 health centers will now report only on diabetes control as either poor control, so like hemoglobin A1C greater than nine or the test was not done or good control, a hemoglobin A1C less than eight. So these two measure align more closely with the NQF endorsed measures and meaningful use and also the healthy people 2020 objectives.

So now let's talk a little bit about ICD-10. So as I'm sure you're aware CMS has mandated the change in billing to ICD - from ICD-9, ICD-10 the beginning of October 1 of this year.

So the UDS reporting requirements will follow the revised ICD-10 implementation schedule. And we'll have more information about ICD-10 in the UDS manual.

The biggest thing to know is that we are working on it, that we understand that ICD-10 affects your billing but it also affects a good portion of the UDS clinical data. So we're working on revisions to Tables 6A, 6B and 7 that will include the ICD-10 codes.

We also understand and anticipate that the UDS 2015 in your data and reporting will include a combination of both ICD-9 and ICD-10 codes. So the manual will have more specific instructions about this and we'll also include all of that in the in person trainings offered this fall about how to handle the ICD-10 transition within your UDS reports.

And one more important change that I wanted to mention today that's really about the use of the EHR for full universe reporting. So the UDS continues to allow for both full universe reporting and a 70 chart sample.

However, health centers that fully utilize their EHR and HIT systems really remains an important priority for us. So you can anticipate some minor revisions in the reporting instructions in the UDS manual to help streamline and encourage you to use you EHR to report on the full universe patients.

So again, we'll have more details later this year. And then we'll include that in the in person trainings. I think in the meantime the important point that we wanted to communicate was just to continue to encourage you to build and increase your capacity of your QI systems and your HIT and to fully utilize your EHRs and use your data for improvement.

So with that, I will turn it back to Heather who will just share a few resources with you all.

Heather Ngai: Thanks Laura. So we just wanted to share with you some assistance and the resources and references for you to look at in this process of preparing for your 2015 UDS report.

Some of these links here I think will be helpful to you as you look into clinical measures. You can see we have links to NQF, meaningful use, healthy people 2020, national HIV strategy. And you can obviously utilize those links after you download our presentation. You don't need to copy them down here from our presentation, but.

Also here - you've seen this before but we want to remind you again about our various help lines and sort of UDS related questions can be sent to our UDS help line, which is the first bullet listed there above.

All of our technical assistance materials are posted there in the second bullet. You can see our 2015 PAL is also listed there if you'd like the written version of what we talked about today.

And then if you're having problems simply with the EHB and hopefully you're not since you've already submitted 2014 data but there's the EHB support help line information on the bottom.

And here's information for Laura and myself at the Office of Quality Improvement. We want to take this opportunity to open up the line for questions. I'm also going to open up the presentation for the two evaluation questions at the very end.

And as you are completing that - the evaluation questions, we're going to be answering questions on the phone as well as any that we see on the chat box. So operator, is there any questions for us via phone?

Coordinator: On the audio portion if you would like to ask a question, please press star 1 on your touchtone phone. You will be prompted to record your name and please un-mute your phone and record your name clearly when prompted.

Heather Ngai: I did see a few questions on the chat box about the dental codes. And just to reassure you again, from what Laura has said, we're going to definitely be putting those codes into the UDS manual, which will be released later this year. And that is also included in the e-specifications as well if you wanted to look that up. Laura, do you have anything else you want to add?

Laura Makaroff: Yes. That's great. Those are great questions everyone. So I'm going to put the link here to the draft e-specifications. Those are available on the USHIK Website site. So USHIK base is the United States Health Information Knowledgebase. And that's hosted by AHRQ, the Agency for Health Care Research and Quality.

So I'll put the link here. If it somehow doesn't work, I would just Google USHIK and you can get there. It's available freely to everyone to get down to the details of what your HIT people will need. So you have to sign up for a login. So you just have to go through that process to do that. But it's all available there.

And I'll also put those CDT codes that I mentioned just in the chat here just so people have those numbers. And I also encourage you - the measure developer for the sealant measure is a dental quality alliance.

So they have spent a lot of time working through the measure and doing the measure testing and have a lot of great information available on their website also. So it's not official BPHC items but we're trying to closely follow what they've already done in the measure development side of things.

Heather Ngai: Do we have any questions on the phone?

Coordinator: I do. Our first question today is from (Lori Baird).

(Lori Baird): Hi. My question's regarding Table 4 where we're being asked to break out our dual eligible Medicare Medicaid patients. Last year we had to start breaking out our zip codes by payer. Will this happen to break out our dual eligible carry forward to the zip?

Heather Ngai: We don't anticipate that.

((Crosstalk))

(Lori Baird): Okay. Thank you.

Heather Ngai: Okay. Any other questions on the phone?

Coordinator: I do. Our next question is from Kendra Baldrige.

Kendra Baldrige: Hi. Good afternoon. I have more of a technical question. I wasn't able to get on the Webinar portion because it was full. And I understand that the presentation will be posted I think you said in a couple weeks. But then there were some other - there were some other links and websites that you were talking about. So will those be included in the presentation...

Heather Ngai: Absolutely.

Kendra Baldrige: when it's posted? Okay.

Heather Ngai: Yes.

Kendra Baldrige: And then will we just go to the HRSA website? Will that - is that where it will be posted in...

Heather Ngai: Yes.

Kendra Baldrige: ...a couple weeks? Okay. Perfect.

Heather Ngai: Actually I would try logging in now if you can because I think some folks did have some trouble. If you logged in too early you might not have been able to come in. But try doing it now. You should be able to get in with no problem. Try a different browser or close your browser and open it back up and you should be able to get in now.

Kendra Baldrige: Yes. It still says it's full.

Heather Ngai: Okay. Sorry about that.

Kendra Baldrige: Thank you.

Heather Ngai: It is a technical issue I think we heard some folks having although it's technically not full. Let me just announce what the URL is in case for some of you that can't get into our Adobe Connect. The URL where we'll be posting this recording and these slides it is <http://bphc.hrsa.gov/datareporting/reporting/index.html>.

I apologize. This is a long URL but I can read that out to you. It's basically <http://bphc.hrsa.gov/datareporting/reporting/index.html>. You can also email the UDS help line. They can connect you to the right place if you weren't able to get that information on the call today.

Any other questions by phone?

Coordinator: I do. Our next question is from Mary Leonard.

Mary Leonard: Hi. Actually I had the same question. I could not get on the Webinar either. And I wanted to know and you read that so fast I couldn't get it.

((Crosstalk))

Mary Leonard: ...URL you just gave us.

Heather Ngai: Sure. I can - do you want me to read that again?

Mary Leonard: Please.

Heather Ngai: Sure. It's <http://bphc.hrsa.gov/datareporting/reporting/index.html>.

Mary Leonard: Okay. Thank you. I got that.

Heather Ngai: Sure. Sure. You can also navigate to that page if you go to [bphc.hrsa.gov](http://bphc.hrsa.gov). There's a tab called health center data under that page. You can navigate to our page through there.

Mary Leonard: Okay. Thank you.

Heather Ngai: Sure.

Coordinator: Our next question is from (Abby Vedo).

(Abby Vedo): Hi. I just had a question about which providers able to be reported (dental) measure. Would it only be dentists, which are (Line 6) of Table 5 or would hygienists and dental assistants, aids and techs be able to be - their patients be able to be reported as well? And they're in Line 17 and 18 of Table 5.

Art Stickgold: Let me jump in on this one Laura. For the dental we're talking - for patients to be counted as a dental patient, they need to have been served by a dentist or a dental hygienist. So things done by a physician or somebody in the medical side don't count nor do individuals who have been seen only by a dental technician or a dental therapist.

(Abby Vedo): So a dental health aid therapist then wouldn't count. Okay.

Art Stickgold: Correct.

Laura Makaroff: There's a question. This is Laura. Let me just jump in here. There's a couple questions in the chat that I'm seeing about the diabetes measures and the change there.

So the takeaway is that we are only going to ask you to report on hemoglobin A1C less than eight and hemoglobin A1C greater than nine or not done. So you don't have - you won't - you don't have to report on hemoglobin with A1C between eight and nine any longer.

I hope that helps. If that didn't help answer the question, then please just go ahead and retype in the question box or star 0 to ask a question.

Coordinator: Our next question is from Michelle.

(Michelle): Hi. This is (Michelle) from (Sumter). I initially also had trouble getting into the Webinar via the link that came with the email reminder letting us know that event was today. But when I just went to your website - to the UDS reporting website and followed your directions for the reporting.html thing. I clicked on a link there and it took me straight in. So maybe the link that was in the email was bad.

As far as my question, it's back to the dental sealants thing. (Sumter) Family Health Center we're expanding services to dental, we've got a grant for that. And we're wanting to provide dental sealant to our pediatric patients.

But essentially you're saying that we don't report on those until we actually provide full dental services with a dental hygienist and a dentist at the point when those providers are doing the sealant is when you want us to report them.

Art Stickgold: That's correct. And the sealants are sealants applied by the dental team, not by somebody outside the dental team.

(Michelle): Okay.

Laura Makaroff: And that's I think an important clarification. So dental sealants are a dental procedure. Fluoride varnish is different. So this is not - this is not a measure of fluoride varnish. It's a measure of dental sealants.

(Michelle): Thank you Laura.

Laura Makaroff: Fluoride varnish can be applied by medical providers also. Dental sealants are a dental procedure provided by a dentist or in some states a dental hygienist where licensing laws allow for it.

(Michelle): Thank you. I didn't realize that.

Laura Makaroff: Yeah. That's okay. It's a little confusing. They're similar but different.

There was also a question in the chat on something here about whether or not I think the EHR vendors are aware of the UDS changes. So a couple of things. They can always see the PAL that's available on our website.

And then the other piece of that is that yes, we are in touch with the - like probably the top EHR vendors that help you all at health centers. So a lot of those vendors are aware and we have conversations with them pretty regularly.

Heather Ngai: Operator, I wonder if we can reiterate how to submit a question via phone for those of - those folks that didn't hear the instructions.

Coordinator: As a reminder to ask a question, please press star 1. Please un-mute your phone and record your name clearly when prompted.

Heather Ngai: Thank you.

Coordinator: (There's some) more questions. Would you like to take another audio question?

Heather Ngai: Yes, please.

Coordinator: Our next question is from (Yvonne).

(Yvonne): Hi there. I had a - just a couple of questions. On the new - the change in the diabetes measure, which is our actual performance measure that we will be kind of evaluated on? Is it the less than eight or the greater than nine or the one in between?

Laura Makaroff: That's a great question. This is Laura. I'll just jump in on that one. So the plan is that we will report out like what's on the website and what will likely be a part of any ongoing QI awards will be the hemoglobin A1C greater than nine.

(Yvonne): Okay. So that's the performance measure. Okay. And I had a - another question.

Laura Makaroff: Yes.

(Yvonne): Okay. Thank you. I am wondering if there is any chance that we can get the manual released this year; if we are going to be able to see the 2015 manual this year. Normally when it's released its maybe a month or two before the UDS submission. But given the ICD-10 changes and we don't do - yes. I'm hoping - are there any plans, goals in releasing it earlier than usual?

Heather Ngai: We absolutely plan to have it released as early as we possibly can. Apologize for the times that we have had it a little bit later than we've wanted to. But we fully see the need for it to be released as soon as possible. We're definitely working towards that goal.

We have - we are working towards also releasing information on the ICD-10 codes earlier as well as - hopefully as a separate appendix so that you can view that even before the manual is released. But anything that we do have released will be available on that website that's listed up there in that chat area.

(Yvonne): Okay. Thank you.

Coordinator: Our next question is from (Scott Doubleday).

(Scott Doubleday): Hi. The - I wanted to follow up on the diabetes question. You said that you're not asking us to report on A1Cs between eight and nine. I wasn't able to determine from just a quick glance that that is - is an exactly 8% A1C fall into the less than eight? And similarly for exactly nine, does that fall into the nine and greater or is it anything above nine?

Art Stickgold: The measure is above nine and less than eight. And what is not reported is hemoglobin A1Cs between 8.0 and I guess 9.0.

(Scott Doubleday): Thank you.

Coordinator: Our next question is from (Katie).

(Katie): Yes. This is (Katie). My question is about the dental measure and it is how do you define moderate to high risk for (carriers)?

Laura Makaroff: Yes. This is Laura. I'll jump in on that one. That's a good question. So moderate to high risk can be defined in a couple different ways. But the - probably the easiest way is by using the CDT codes, the dental billing codes, that go along with that.

So as part of doing an oral health risk assessment you can then define whether or not the child is moderate to high risk. And there are CDT codes that go with that.

(Katie): Okay. Thank you.

Coordinator: Our next question is from Dr. (Sundaman).

Dr. (Sundaman): Yes. Thank you for the time. We appreciate it. But we didn't write all the references you have. We have some questions to ask you. One is the in the reporting system we're obligated to do on how we can improve with any guidelines, which we need to monitor in our clinics on a day-to-day basis with regard to hypertension, hyperlipidemia, obesity, asthma?

Anything at all that's going to help us to improve the documentation or reporting our measurable outcomes, which we can do to improve the efficiency in dealing with more patient or (what intake) quality care?

Laura Makaroff: So this is Laura. I would, you know, really encourage you - I'm not sure where you're located. But I'd encourage a couple places to go for some training and technical assistance around QI in general.

First there's your state primary care association. And then second is a Health Center Controlled Network. I'm not sure if you're a part of a Health Center Controlled Network yet. But those are two places that we encourage our health centers to utilize.

They're places that we are funding to help support your efforts. And so feel free to reach out to them and they may have some resources for you kind of on the ground to help with your QI efforts.

Dr. (Sundaman): What is the process in applying for the funding?

Laura Makaroff: Yes. So the services available through your primary care association are free to you. So you can reach out to them. Whatever training and technical assistance they have available there's no cost, there's no application process.

The Health Center Controlled Networks all run a little differently. But you can find the list of who they are on our website and see if one of them might be a good place for you to connect with.

So we'll take just a couple - maybe two more questions here. There is a question here in the chat box that I'll address around who are like the biggest EHR vendors in the health center world.

From what we get out of the UDS, and (Art), you can help me where I'm going to probably not have them all on the top of my head. But the majority of health centers are using a few of the top vendors, which would include eClinicalWorks, Epic; I think - (Art), is GE Centricity or NextGen in there? NextGen I think is in that list and maybe Greenway.

Is any of that on the top of your head (Art) that you can share with the audience? (Art) may not - may have - maybe on mute. So those are the top ones.

If you're interested in that, all of the UDS data is actually available on our website also. That - I think the top - I'm missing the top - the fifth one. But

that's all available on the Bureau of Primary Health Care website. If you go to health center data, you can look at those - that information.

Heather Ngai: Any other questions on the phone?

Coordinator: I do. Our next question is from (Tina).

(Tina): Oh yes. I think my answers - when would the manual be released?

Heather Ngai: We're definitely looking forward to releasing it as soon as we possibly can this year.

Coordinator: Would you like the next question?

Heather Ngai: Yes, please.

Coordinator: Our next question is from (Mary).

(Mary): This is (Mary Jane) or is there a (Mary) - a (Mary Jane).

Coordinator: Ma'am, your line is open.

(Mary): Okay. Thank you. My question is for the denominator in the oral health. Can the moderate to high-risk children in the denominator be identified in medical as long as the application of the sealant is in dental? Because we have integrated oral health with like an algorithm for identifying those children and sending them to dental. So I don't know if it would be documented separately in dental.

Laura Makaroff: Yes. That's a great question. That seems like it, you know, off the top of my head and not sort of getting in the details with you that seems like it would make sense. If you have a way to identify moderate to high risk that meets sort of the measure definition and you do that on the medical side and the sealants are placed on the dental side, I think that would probably meet the measure criteria.

(Mary): Thank you.

Laura Makaroff: No, that's great. Thanks for all your work on the oral health integration. So I think that we have taken more than two extra questions. So we will wrap up here. I don't know, Heather, do you have any closing comments?

Heather Ngai: Want to thank everyone for your great work in 2014 reporting and thank you again for helping us to anticipate this 2015 reporting season. We know we've had some quirks and kinks in the past but we appreciate all your feedback that you give us through the help line and elsewhere.

We're working to get you the manual as soon as we possibly can. This is a promise. I know that you've heard this from us but we're definitely working to give you this manual as soon as we possibly can. We're working to get you those ICD-10 codes as soon as we possibly can. And we really appreciate your patience with us.

There is a couple evaluation questions here we'd love for you to help us out with. If you have any further questions after this presentation, feel free to send them directly to Laura or I or myself. Or you can also send them to the UDS help line.

Thank you so much again for joining us today.

Coordinator: Thank you. And this does conclude today's conference. You may disconnect at this time.

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