HRSA
Health Center Program

PROGRAM ASSISTANCE LETTER

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DATE: June 3, 2025

TO: Health Centers
Health Center Controlled Networks
Primary Care Associations
Primary Care Offices
National Training and Technical Assistance Partners

I. BACKGROUND

This Program Assistance Letter provides an overview of approved changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2025 Uniform Data System (UDS) to be reported by Health Center Program awardees and look-alikes in February 2026. Additional details regarding these updates will be provided in the forthcoming 2025 UDS Manual and reporting guidance.

II. FINAL CHANGES AND UPDATES FOR CY 2025 UDS REPORTING

A. UPDATES TO TABLE 3B: DEMOGRAPHIC CHARACTERISTICS

Two measures are being removed from Table 3B: Demographic Characteristics:

Sexual Orientation and Gender Identity – Sexual orientation and gender identity measures are being removed from the UDS.

Rationale: Sexual orientation and gender identity measures are being removed from the UDS to align with Administration priorities.

ADDITIONS TO TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED
Three new measures are being added to Table 6A: Selected Diagnoses and Services Rendered:

1) **Tobacco Use Cessation Pharmacotherapies –** A new measure is being added as line 26c2 to identify the number of visits where patients received tobacco cessation pharmacotherapies as an intervention and the number of patients who received this pharmacologic treatment.

Rationale: Cigarette smoking remains the leading cause of preventable disease and death in the United States, accounting for about one in five deaths each year.[1] According to the 2022 Health Center Patient Survey, the prevalence of smoking among health center patients (21.3 percent) is nearly double the national prevalence (11.5 percent). [2] Health centers currently report on tobacco use disorder diagnoses and smoke and tobacco use cessation counseling in Table 6A. Adding a measure for reporting tobacco use cessation pharmacotherapies will promote a greater understanding of the breadth of tobacco cessation interventions provided at health centers, specifically allowing HRSA to observe differences in tobacco use cessation approaches.

2) **Medications for Opioid Use Disorder (MOUD) –** A new measure for MOUD services will be reported on line 26c3 for the number of visits where MOUD was administered and/or prescribed and the number of patients who received this medication-based intervention. This new measure will enhance the existing MOUD-related measures that health centers currently report in Appendix E: Other Data Elements (e.g., number of providers who treat opioid use disorder with MOUD).

   Rationale: Opioid use disorder continues to be a significant health crisis in the United States, with opioid overdoses being one of the leading causes of injury-related deaths.[3] HRSA's Health Center Program plays a pivotal role in providing access to evidence-based treatment, including MOUD, a comprehensive method of helping patients overcome opioid misuse through medication, counseling, and other behavioral health services. The inclusion of this measure is critical for supporting public health efforts to address the ongoing opioid epidemic. A greater understanding of the use of MOUD in health centers is necessary both to understand existing services and to identify health care gaps.

3) **Alzheimer's Disease and Related Dementias (ADRD) Screening –** A new measure is being added as line 26f to capture the number of visits where patients received ADRD screenings and the number of patients who received the screenings. This measure will encompass assessments representing standardized tools used for the evaluation of cognition and mental status of older adults.

   Rationale: The addition of a measure to capture ADRD screenings will be valuable in understanding the level of need and resources required to continue to support the growing aging population served by the Health Center Program. Integrating this measure will enhance the UDS' alignment with other national initiatives. Screening for ADRD is increasingly recognized as a critical component of comprehensive primary care, particularly in health centers serving older populations. Adding this measure to the UDS will foster early detection for those at risk for ADRD.

   See Attachment 1 for an excerpt of the updated table.

B. ADDITION TO TABLE 6B: QUALITY OF CARE MEASURES

One new measure is being added to Table 6B: Quality of Care Measures:

[1] CDC Tobacco-Related Mortality Data Statistics and Fact Sheet
[2] CDC Burden of Cigarette Use in the U.S.
[3] CDC Drug Overdose Deaths

Initiation and Engagement of Substance Use Disorder Treatment – A new measure with two distinct rates is being added as lines 23a and b to capture the initiation and engagement of substance use disorder (SUD) treatment, in alignment with electronic-specified clinical quality measure CMS137v13. This measure will report on the percentage of patients 13 years and older with a new SUD episode who received treatment, including (a) those who initiated treatment within 14 days, and (b) those who engaged in ongoing treatment within 34 days.

Rationale: In 2022, more than one in six Americans aged 12 and older reported experiencing SUD. SUD is a treatable, chronic disease, and treatment of SUD continues to be a national priority.[4] This measure is aligned with national quality initiatives, such as those of the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance, which also prioritize treatment initiation and engagement as indicators of high-quality SUD care. By measuring, HRSA strengthens its alignment with national performance standards and gains greater insight into health centers' effectiveness in initiating and engaging patients in SUD treatment.

See Attachment 2 for an excerpt of the updated table.

C. UPDATES TO TABLES 6B AND 7: QUALITY OF CARE MEASURES ECQM ALIGNMENT:

The following UDS clinical quality measures will be updated to align with the versions of the CMS Electronic-clinical quality measures (eCQM) designated for the 2025 reporting period, which were announced on May 2, 2024.

Rationale: Aligning clinical performance measures across national programs decreases reporting burden, improves data quality, and ensures consistency and comparability across various health care settings. Measure alignment and harmonization with other national quality programs, such as CMS' Measures Inventory, Medicaid Core Sets, and Quality Payment Program, remains a Health Center Program priority. Hyperlinks to the Electronic Clinical Quality Improvement Resource Center[5] have been included to provide additional details of the eCQM reporting requirements.

2025 UDS eCQMs Updates

1. Childhood Immunization Status has been revised to align with CMS117v13.
2. Cervical Cancer Screening has been revised to align with CMS124v13.
3. Breast Cancer Screening has been revised to align with CMS125v13.
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v13.
5. Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan has been revised to align with CMS69v13.
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with CMS138v13.
7. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease has been revised to align with CMS347v8.
8. Colorectal Cancer Screening has been revised to align with CMS130v13.
9. HIV Screening has been revised to align with CMS349v7.
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan has been

[4] CDC Treatment of Substance Use Disorders
[5] Electronic Clinical Quality Improvement (eCQI) Resource Center

revised to align with CMS2v14.

11. Depression Remission at 12 months has been revised to align with CMS159v13.
12. Controlling High Blood Pressure has been revised to align with CMS165v13.
13. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) has been revised to align with CMS122v13, and is now referred to as "Diabetes: Glycemic Status Assessment Greater than 9%."

See Attachment 3 for highlights of major changes to these eCQMs.

CONTACTS

For questions or comments regarding the updates to the CY 2025 UDS, contact the Office of Quality Improvement via the BPHC Contact Form by selecting Uniform Data System (UDS)/UDS Reporting.

Sincerely,
Jim Macrae
Associate Administrator

Attachments:

1. Excerpt of Table 6A: Selected Diagnoses and Services Rendered
2. Excerpt of Table 6B: Quality of Care Measures
3. 2025 UDS eCQM Changes Comparison Chart

ATTACHMENT 1. EXCERPT OF TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2025, through December 31, 2025

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/PLA, HCPCS, or Value Set Object Identifier (OID)	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/ Screening/Preventive Services			
26c	Smoke and tobacco use cessation counseling	**CPT-4**: 99406, 99407 **HCPCS**: S9075		
26c2	Tobacco use cessation pharmacotherapies	**OID:** 2.16.840.1.113883.3.526.3.1190		
26c3	Medications for opioid use disorder (MOUD)	**OID:** 2.16.840.1.113762.1.4.1046.269		
26d	Comprehensive and intermediate eye exams	**CPT-4**: 92002, 92004, 92012, 92014		
26e	Childhood development screenings and evaluations	**CPT-4:** 96110, 96112, 96113, 96127 **ICD-10:** Z13.4-		
26f	Alzheimer's disease and related dementias (ADRD) screening	**OID**: 2.16.840.1.113883.3.526.3.1006		

ATTACHMENT 2. EXCERPT OF TABLE 6B: QUALITY OF CARE MEASURES

TABLE 6B: QUALITY OF CARE MEASURES

Calendar Year: January 1, 2025, through December 31, 2025

Section N—Substance Use Disorder (SUD) Measures

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)	Number of Records Reviewed (b)	Number of Patients who Received SUD Treatment (c)
23a	MEASURE: Percentage of patients with a new SUD episode who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation			

ATTACHMENT 3. 2025 UDS ECQM CHANGES COMPARISON CHART

2025 UDS eCQM	2025 eCQI Version	2024 to 2025 Performance Period Major Changes
Childhood Immunization Status	CMS117v13	• v12 updated to v13
Cervical Cancer Screening	CMS124v13	• v12 updated to v13
Breast Cancer Screening	CMS125v13	• v12 updated to v13 • Updated the denominator exclusion to reflect an advanced illness diagnosis during the measurement period or the year prior, while removing the previously required two outpatient encounters/one inpatient encounter as qualifiers for the advanced illness.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v13	• v12 updated to v13
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v13	• v12 updated to v13 • Additional guidance added regarding clinician documentation on the same day as the qualifying encounter when a patient meets exception criteria for the denominator.
Preventative Care Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v13	• v12 updated to v13
Statin Therapy for Prevention and Treatment of Cardiovascular Disease	CMS347v8	• v7 updated to v8
Colorectal Cancer Screening	CMS130v13	• v12 updated to v13 • Updated the denominator exclusion to reflect an advanced illness diagnosis during the measurement period or the year prior, while removing the previously required two outpatient encounters/one inpatient encounter as qualifiers for the advanced illness.
HIV Screening	CMS349v7	• v6 updated to v7 • Additional qualifier “day of” added to the measurement period for the initial population, denominator exclusion, and denominator exception.
Preventative Care and Screenings: Screening for Depression and Follow-up Plan	CMS2v14	• v13 updated to v14
Depression Remission at 12 Months	CMS159v13	• v12 updated to v13
Controlling High Blood Pressure	CMS165v13	• v12 updated to v13 • Added additional guidance to the clinical recommendation statement on treatment of hypertension. • Updated the denominator exclusion to reflect an advanced illness diagnosis during the measurement period or the year prior, while removing the previously required two outpatient encounters/one inpatient encounter as qualifiers for the advanced illness.

2025 UDS eCQM	2025 eCQI Version	2024 to 2025 Performance Period Major Changes
Diabetes: Glycemic Status Assessment Greater Than 9%	CMS122v13	• v12 updated to v13 • Measure name changed, formerly Diabetes Hemoglobin A1c (HbA1c) Poor Control (> 9%). • Measure description now captures patients who had a glycemic status assessment (HbA1c or glucose management indicator [GMI]) greater than 9% or is missing or not performed during the measurement period. • Guidance added on reporting glycemic status assessment (HbA1c or GMI): required to be reported as a percentage and use of the lowest result if multiple assessments were recorded on a single date. • Updated the denominator exclusion to reflect an advanced illness diagnosis during the measurement period or the year prior, while removing the previously required two outpatient encounters/one inpatient encounter as qualifiers for the advanced illness.