HRSA
Health Center Program

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2025-05

DOCUMENT TITLE: Proposed Uniform Data System Changes for Calendar Year 2026

DATE: December 8, 2025

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

I. BACKGROUND

This Program Assistance Letter provides an overview of proposed changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2026 Uniform Data System (UDS) to be reported by Health Center Program awardees and look-alikes in February 2027. The UDS is HRSA's required standardized annual reporting system that collects consistent, comparable data from health centers nationwide and is used to monitor health center performance and inform program decisions. Additional details regarding proposed updates will be provided in the forthcoming 2026 UDS Manual and reporting guidance.

II. PROPOSED CHANGES AND UPDATES FOR CY 2026 UDS REPORTING

The proposed changes better align UDS measures in support of the Administration and HRSA's priorities, and aim to reduce the administrative burden associated with reporting UDS for Health Center Program awardees and look-alikes. The details that follow are organized by table or form with noted field/content changes (i.e., removal, addition, and/or revision). Revisions and additions are presented in table format in the subsequent attachments.

A. TABLE 4: SELECTED PATIENT CHARACTERISTICS

Removals

Managed Care Utilization – Table 4 managed care member months (Lines 13a—13c) will be removed.

Rationale: The member months measures are being removed to reduce the reporting burden, given variations in payer structures and payment arrangements across health centers.

Additions

No proposed additions to Table 4 for 2026 UDS reporting.

Revisions

No proposed revisions to Table 4 for 2026 UDS reporting.

B. TABLE 5: SELECTED SERVICE DETAIL ADDENDUM

Removals

Selected Service Detail Addendum – Table 5 Selected Service Detail Addendum (Lines 20a01—21h) will be removed.

Rationale*:* The Selected Services Detail Addendum is being removed to support efforts to reduce reporting burden on health centers.

Additions

No proposed additions to Table 5 for 2026 UDS reporting.

Revisions

Enabling Services – Table 5, Line 29, *Enabling Services*, will be renamed to *Patient Support Services,* and the personnel detail lines for this service category (Lines 26—29) will be reordered and renamed.

Total Facility and Non-Clinical Support Services – Table 5, Line 33, *Total Facility and Non-Clinical Support Personnel*, will be renamed to *Total Facility and Support Services Personne*l (Lines 30a–32).

Quality Improvement – Table 5, Line 29b, *Quality Improvement Personnel*, will be removed, and QI personnel will be reported on Line 30c, *Information Technology Personnel*.

Rationale: These revisions are being made to align with HRSA's Service Descriptors language and revisions to Table 8A.

See Attachment 1 for an excerpt of the updated Table 5.

C. TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Removals

1) **Selected Diagnoses –** The following Table 6A diagnoses measures will be removed:
    a. Novel coronavirus (SARS-CoV-2) disease (Line 4c)
    b. Long COVID (Line 4d)
    c. Respiratory conditions related to COVID-19 (Line 6a)
    d. Abnormal breast cancer findings, female (Line 7)
    e. Abnormal cervical findings (Line 8)
    f. Contact dermatitis and other eczema (Line 12)
2) **Selected Services Rendered –** The following Table 6A selected services measures will be removed:
    a. Novel coronavirus (SARS-CoV-2) diagnostic test (Line 21c)
    b. Novel coronavirus (SARS-COV-2) antibody test (Line 21d)
    c. Mammogram (Line 22)
    d. Pap test (Line 23)
    e. Sealants (Line 30)
    f. Oral surgery (extractions and other surgical procedures) (Line 33)
    g. Rehabilitative services (Endo, Perio, Prostho, Ortho) (Line 34)

Rationale: Thirteen measures are being removed from Table 6A to streamline reporting, reduce burden, and eliminate potential redundancies where similar information is captured elsewhere in the UDS. These updates align with Administration and HRSA priorities to simplify data collection and focus reporting on measures that provide the greatest programmatic value.

Additions

Selected Diagnoses and Services Rendered – New measures will be added to Table 6A:

a. **Diabetes Mellitus Type 1**- A new measure is added as line 9a to identify the number of patients with Type 1 Diabetes.

   Rationale: This measure is designed to complement the existing UDS diabetes mellitus indicator, which currently aggregates all forms of diabetes under a single reporting line. This addition will help address key data gaps and improve HRSA's understanding of the distinct care and resource needs of patients with Type 1 Diabetes.

b. **Intellectual and Developmental Disabilities**- A new measure is being added as Line 20g to capture the number of patients with intellectual and developmental disabilities (IDD).

   Rationale: To address gaps in data representing individuals with IDD, HRSA is adding a new data element to identify patients with IDD. Available data indicate that this population may experience lower rates of access to preventive and chronic care, including fewer screenings, lower dental care utilization, and higher rates of undiagnosed or unmanaged conditions.[1] Capturing this information will improve understanding of the prevalence of persons with IDD in the Health Center Program and support efforts to enhance healthcare access and quality of care for individuals requiring complex coordinated services.

c. **Autism Spectrum Disorder Screening-** A new measure is being added as Line 26g to capture the proportion of patients screened for autism spectrum disorder (ASD).

   Rationale: To strengthen data on early childhood development and in support of Administration priorities, HRSA is introducing a new measure to capture ASD screening. This measure will help assess the extent to which health centers are implementing recommended developmental screening practices and connecting children and families to needed support services.

d. **Patient Support Services**- Four new measures are being added as Lines 35-38 to capture the number of patients receiving case management services, eligibility assistance, transportation, and language assistance services.

   Rationale: Four new measures focused on *patient support services* are being introduced to better capture the range of non-clinical services that facilitate access to care and contribute to improved patient outcomes. These measures also aim to strengthen the connection between personnel types reported in *Table 5: Staffing and Utilization,* and the extent of services provided by those staff members. This addition will allow HRSA to more clearly identify and assess the contributions of patient support personnel, such as care coordinators, in advancing access, coordination, and continuity of care.

[1] Interdisciplinary oral and primary health care for patients with disabilities - PMC

e. **Health-Related Needs Services-** Four new measures are being added as Lines 39-42 to identify the number of patients who are screened for and receive services addressing health-related needs.

   Rationale: HRSA is transitioning four health-related needs measures into the UDS' core tables. These or similar measures were previously included in the UDS Appendix D and are now being elevated to the core reporting set to support standardized data collection. Integrating these measures within the core tables will enhance the ability to monitor how health centers identify and address patients' access to and utilization of services.

Revisions

Selected Services Rendered – Table 6A, Line 26, *Health supervision of infant or child (ages 0 through 11)* will be renamed to *Well Child Visit (ages 0 through 11)*.

Rationale: This measure label update is being made to clarify the intended services to be reported on Line 26. This revision improves alignment with current clinical terminology and ensures clearer interpretation and more consistent reporting across health centers.

See Attachment 2 for an excerpt of the updated Table 6A.

D. TABLE 6B: QUALITY OF CARE MEASURES

Removals

No proposed removals to Table 6B for 2026 UDS reporting.

Additions

No proposed additions to Table 6B for 2026 UDS reporting.

Revisions

Dental Sealants – Table 6B, Dental Sealants for Children between 6—9 Years measure (Line 22) will be replaced with *Sealant Receipt on Permanent First Molars (SFM-CH)*.

Rationale*:* This update aligns with the measure specifications included in the Centers for Medicare & Medicaid Services Core Set of Children's Health Care Quality Measures, ensuring consistency with other federal quality reporting programs. Incorporating this updated measure strengthens HRSA's ability to monitor oral health prevention activities, enhances comparability across programs, and supports continued alignment with pediatric care standards.

See Attachment 3 for an excerpt of the updated Table 6B.

E. TABLES 6B AND 7: QUALITY OF CARE MEASURES ECQM ALIGNMENT

Removals

No proposed removals to Tables 6B and 7 for 2026 UDS reporting.

Additions

No proposed additions to Tables 6B and 7 for 2026 UDS reporting.

Revisions

The following UDS-reported clinical quality measures will be updated to align with the versions of the CMS electronic clinical quality measures (eCQM) designated for the 2026 reporting period, which were announced on May 8, 2025.

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' Measure Inventory, Medicaid Core Sets, and Quality Payment Program, remains a Health Center Program priority. Hyperlinks to the Electronic Clinical Quality Improvement Resource Center[2] have been included to provide additional details of the eCQM reporting requirements.

2026 UDS eCQMs Updates

1. Childhood Immunization Status has been revised to align with CMS117v14.
2. Cervical Cancer Screening has been revised to align with CMS124v14.
3. Breast Cancer Screening has been revised to align with CMS125v14.
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents has been revised to align with CMS155v14
5. Preventive Care and Body Mass Index (BMI) Screening and Follow-Up Plan has been revised to align with CMS69v14.
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with CMS138v14.
7. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease has been revised to align with CMS347v9.
8. Colorectal Cancer Screening has been revised to align with CMS130v14.
9. HIV Screening has been revised to align with CMS349v8.
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan has been revised to align with CMS2v15.
11. Depression Remission at Twelve Months has been revised to align with CMS159v15.
12. Initiation and Engagement of Substance Use Disorder Treatment has been revised to align with CMS137v14.
13. Controlling High Blood Pressure has been revised to align with CMS165v14.
14. Diabetes: Glycemic Status Assessment Greater Than 9% has been revised to align with CMS122v14.

See Attachment 4 for highlights of major changes to these eCQMs.

F. TABLE 8A: FINANCIAL COSTS

Removals

Allocation of Facility and Non-Clinical Support Services, Column b – Column b and the requirement to report overhead costs on Table 8A will be removed. Column b will be changed to "Other Costs" (a2), which will include other direct costs corresponding with the cost center not associated with Column a. The previous line 3, *Medical/Other Direct,* will be removed. Those data will now be reported as part of the new Column a2.

[2] Electronic Clinical Quality Improvement (eCQI) Resource Center

Enabling Services Costs – Detail lines for Cost of Enabling Services (Lines 11a-11h) will be removed. These costs will be consolidated into a single line to reflect all *Patient Support Services* costs (previously known as Enabling Services).

Quality Improvement – Table 8A, Line 12a, *Quality Improvement*, will be removed. Quality Improvement costs will be reported on Line 14a, *Information Technology*.

Donations – Table 8A, Line 18, *Value of Donated Facilities, Services, and Supplies (specify___)*, will be removed.

Rationale: These updates are being made to reduce the reporting burden in alignment with the Administration and HRSA's priorities and stakeholder feedback.

Additions

Information Technology – Table 8A, Line 14a: *Information Technology* will be added, resulting in a shift of where this content was reported in the prior year (line 12a).

Rationale: These updates are being made to provide increased understanding of the financial burden on health centers associated with federal/state information technology requirements.

Revisions

Accrued Costs, Column a – Table 8A, Accrued Cost (a) column will be renamed to *Personnel (Salary + Fringe Benefits)* (a1).

Total Cost After Allocation of Facility and Non-Clinical Support Services, Column c – Table 8A, *Total Cost After Allocation of Facility and Non-Clinical Support Services* (c) will be renamed to *Total Accrued Costs* (a) and will include a total of columns a1 (*Personnel Costs*) + a2 (*Other Costs*).

Total Enabling Services – Table 8A, Line 11, will be renamed to *Patient Support Services* and will align with the measure label changes on Table 5.

Total Enabling and Other Services – Table 8A, Line 13, *Total Enabling and Other Services* will be renamed to *Total Patient Support Services and Other Programs (Sum of Lines 11 and 12).*

Non-Clinical Support Services – Table 8A, Line 15, *Non-Clinical Support Services* will be renamed to *Other Support Costs*.

Rationale: These updates are being made to reduce reporting burden in alignment with the Administration and HRSA's priorities and stakeholder feedback.

See Attachment 5 for an excerpt of the updated Table 8A.

G. TABLE 9D: PATIENT SERVICE REVENUE

Removals

Retroactive Settlements, Receipts, and Paybacks: Columns c1—c4 for classification of collections will be removed:

- 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)

The values previously reported in the collection Columns c1-c3 will continue to be included as part of collections in Column b.

Payer Category – Table 9D, managed care payer categories for Medicaid (Lines 1-2b) and Medicare (lines 4-5b) will be removed and will be reported as part of *Total Medicaid* (Line 3), *Total Medicare* (Line 6), *Total Other Public (specify)* (Line 9), and *Total Private* (Line 12), respectively.

Rationale: These updates are being made to reduce reporting burden in alignment with the Administration and HRSA's priorities and stakeholder feedback.

Additions

Net Patient Services Revenue – Table 9D, new column *Net Patient Services Revenue (Charges less Adjustments) (g)* and new *Net Patient Service Revenue before Other Patient Service Revenue (Line 16, column g)* will be added.

Pharmacy Net Patient Service Revenue – Table 9D, a new line will be added to reflect all *Pharmacy Net Patient Service Revenue* (Line 17, Column g).

Third-Party Incentive Revenue – Table 9D, a new line will be added for *Third-Party Incentive Revenue* (Line 18, Column g).

Rationale: These updates are being made to reduce reporting burden and to better assess financials in alignment with generally accepted accounting principles.

Revisions

Table 9D Reporting – Will be shifted from reporting on a cash basis to an accrual basis.

Self-Pay – Table 9D *Sliding Fee Discounts*, Column e, will be removed and reported as *Sliding Fee* on Line 13a. The Sliding Fee (Line 13a), along with other out-of-pocket responsibilities of patients as *Other Self-Pay* (Line 13b), will sum to *Total Self-Pay* (Line 13).

Bad Debt Expense – Table 9D *Bad Debt Write-Off*, Column f, will be removed. A new line will be added for Bad Debt Expense (Line 15), which accounts for claims that have timed-out, visits by non-credentialed providers, insufficient claims data, and similar issues.

Rationale: These updates are being made to align with how health centers prepare financial statements to reduce reporting burden and improve comparability of delivered services with expected revenue.

See Attachment 6 for an excerpt of the updated Table 9D.

H. TABLE 9E: OTHER REVENUE

Removals

HRSA's BPHC Grants – Table 9E Health Center Program grant funding sources (formerly Lines 1a—1e) and other BPHC funding detail lines (formerly Lines 1o—1q) will be removed. These grants will be aggregated and reported on the *Total Health Center BPHC Grants* line (Line 1).

Other Federal Grants –Formerly Lines 2 and 3a will be removed. Other federal, non-BPHC grants will be reported on *Total Other Federal Grants (specify___)* (Line 5).

Rationale*:* These updates are being made to align with supplemental funding being rolled into base Health Center Program funding, as well as removing outdated supplemental funding lines and reducing reporting burden.

Additions

No proposed additions to Table 9E for 2026 UDS reporting.

Revisions

Table 9E Reporting – Will be shifted from reporting on a cash basis to an accrual basis.

Indigent Care Programs – *State/Local Indigent Care Programs* will be moved to Line 7a.

Rationale: These updates are being made to align all UDS financial tables to a consistent accounting basis and to restructure the reporting format so that related data collection points are grouped together.

See Attachment 7 for an excerpt of the updated Table 9E.

I. APPENDIX D: HEALTH CENTER INFORMATION TECHNOLOGY (HEALTH IT) CAPABILITIES AND APPENDIX E: OTHER DATA ELEMENTS

Removals

Appendix D: Health IT Capabilities – Several questions specific to electronic health record (EHR) implementation (Questions 1a, 1a2, 1a3, 1c, 1c1, and 10) will be removed from Appendix D.

Appendix D: Health IT Capabilities – Health-related needs screening questions (Questions 11, 11a, 12, 12a, and 12b) will be removed from Appendix D (aspects will be incorporated in the Table 6A Health-Related Needs addition).

Appendix E: Other Data Elements – Appendix E will be removed.

- Medications for Opioid Use Disorder (MOUD) (formerly Appendix E, Questions 1a and 1b) have been added to Appendix D as Questions 14a and 14b.
- Telemedicine (formerly Appendix E, Questions 2a, 2a1, 2a2, and 2a3) have been added to Appendix D as Question 15a, 15a1, 15a2, and 15a3).
- Outreach and enrollment assists (formerly Appendix E, Question 3) will be removed (aspects will be incorporated in the Table 6A Patient Support Services addition).

- Voluntary family planning question (formerly Appendix E, Question 4) has been added to Appendix D as Question 16.

Rationale: These updates are being made to reduce the reporting burden in alignment with the Administration and HRSA's priorities and stakeholder feedback.

Additions

Appendix D: Health IT Capabilities – Three questions on Alternative Payment Models (APM) will be added to Appendix D (Questions 17—19).

Rationale: HRSA is adding new data elements to capture health centers' participation in APMs to improve understanding of the evolving payment landscape within the Health Center Program. As health centers increasingly engage in payment arrangements that emphasize value, care coordination, and outcomes rather than volume of services, collecting information on APM participation will provide valuable insight into the range and scope of these models.

Revisions

Appendix D, *Health Center Health Information Technology (Health IT)* and Appendix E, *Other Data Elements Form* will be consolidated into a single appendix. The combined appendix will be renamed to *Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements.*

See Attachment 8 for an excerpt of the updated Appendix D.

CONTACTS

For questions or comments regarding the updates to the CY 2026 UDS, contact the Data and Evaluation Division via the BPHC Contact Form by selecting Uniform Data System (UDS)/UDS Reporting.

Sincerely,
Jim Macrae
Associate Administrator

Attachments:

1. Excerpt of Table 5: Staffing and Utilization
2. Excerpt of Table 6A: Selected Diagnoses and Services Rendered
3. Excerpt of Table 6B: Quality of Care Measures
4. 2026 UDS eCQM Changes Comparison Chart
5. Excerpt of Table 8A: Financial Costs
6. Excerpt of Table 9D: Patient Service Revenue
7. Excerpt of Table 9E: Other Revenues
8. Excerpt of Appendix D: Health Center Health IT Capabilities and Other Data Elements

ATTACHMENT 1. EXCERPT OF TABLE 5: STAFFING AND UTILIZATION

TABLE 5: STAFFING AND UTILIZATION (CONTINUED)

Calendar Year: January 1, 2026, through December 31, 2026

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22a	Ophthalmologists				
22b	Optometrists				
22c	Other Vision Care Personnel				
22d	**Total Vision Services** (Lines 22a–c)				
23a	Pharmacists				
23b	Clinical Pharmacists				
23c	Pharmacy Technicians				
23d	Other Pharmacy Personnel				
23	**Pharmacy Personnel** (Lines 23a–d)				
24	Case Managers				
25	Health Education Specialists				
26a	Eligibility Assistance Services Personnel				
27a	Outreach Services Personnel				
27b	Transportation Services Personnel				
27c	Language Assistance Services Personnel				
28a	Community Health Workers				
28b	Other Patient Support Services Personnel (specify___)				
29	**Total Patient Support Services** (Lines 24–28b)				
29a	**Other Programs and Services**				
30a	Management and Support Personnel				
30b	Fiscal and Billing Personnel				
30c	Information Technology Personnel				
31	Facility Personnel				
32	Patient Registration and Health Records Personnel				
33	**Total Facility and Support Services Personnel** (Lines 30a–32)				
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+33)				

ATTACHMENT 2. EXCERPT OF TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2026, through December 31, 2026

SELECTED DIAGNOSES

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 Other Medical Conditions			
…				
9	Diabetes mellitus	**ICD-10:** E08- through E13-, O24- (exclude O24.4-) **OID:** 2.16.840.1.113762.1.4.1219.35	<blank for demonstration>	<blank for demonstration>
9a	Diabetes mellitus type 1	**ICD-10:** E10-		
…				
	Selected Mental Health Conditions, Substance Use Disorders, and Exploitations			
20g	Intellectual and developmental disabilities	**ICD-10:** F70- through F89-		

SELECTED SERVICES RENDERED

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, HCPCS Code, SNOMED, or OID	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/ Screening/Preventive Services			
26	Well Child Visits (ages 0 through 11)	**ICD-10:** Z00.1-, Z76.1. Z76.2 **CPT-4:** 99381 through 99383, 99391 through 99393		
26g	Autism Spectrum Disorder (ASD) screening	**ICD-10:** Z13.41		
…				
	Selected Patient Support Services			
35	Case management	**CPT-4:** 99366-99368, 99490-99491, 99437, 99439, 99495, 99496 **HCPCS:** G0019, G0022		

Line	Service Category	Applicable ICD-10-CM, CPT-4/PLA, HCPCS Code, SNOMED, or OID	Number of Visits (a)	Number of Patients (b)
36	Eligibility assistance	**SNOMED:** 661901000124106, 662111000124100, 662091000124109, 662231000124100, 661871000124106, 472321000124103, 661781000124104, 581041000124102, 662211000124106, 671291000124100		
37	Transportation	**SNOMED:** 228615008		
38	Language assistance services	**SNOMED:** 423785008		
	Selected Health-Related Needs Services			
39	Health-related needs screening	**ICD-10:** Z59.0-, Z59.41, Z59.48, Z59.81-, Z59.86 **HCPCS:** G0136		
40	Food insecurity	**OID:** 2.16.840.1.113762.1.4.1247.15, 2.16.840.1.113762.1.4.1247.9, 2.16.840.1.113762.1.4.1247.6		
41	Housing instability	**OID**: 2.16.840.1.113762.1.4.1247.19, 2.16.840.1.113762.1.4.1247.43		
42	Financial insecurity	**OID:** 2.16.840.1.113762.1.4.1247.109		

ATTACHMENT 3. EXCERPT OF TABLE 6B: QUALITY OF CARE MEASURES

TABLE 6B: QUALITY OF CARE MEASURES

Calendar Year: January 1, 2026, through December 31, 2026

Section M—Sealant Receipt on Permanent First Molars

Line	Sealant Receipt on Permanent First Molars	Total Patients with 10th Birthday (a)	Number of Records Reviewed (b)	Number of Patients with Sealants to First Molars (c)
22a	MEASURE: Percentage of children who have ever **received at least one sealant on a permanent first molar tooth**			
22b	MEASURE: Percentage of children who have **received sealants on all four molar teeth**			

ATTACHMENT 4. 2026 UDS ECQM CHANGES COMPARISON CHART

2026 UDS eCQM	2026 eCQI Version	2025 to 2026 Performance Period Major Changes
Childhood Immunization Status	CMS117v14	• v13 updated to v14
Cervical Cancer Screening	CMS124v14	• v13 updated to v14
Breast Cancer Screening	CMS125v14	• v13 updated to v14 • Change in denominator age at the end of the measurement period from 52-74 years to 42-74 years.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v14	• v13 updated to v14
Preventive Care and Screening Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v14	• v13 updated to v14
Preventive Care Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v14	• v13 updated to v14
Statin Therapy for Prevention and Treatment of Cardiovascular Disease	CMS347v9	• v8 updated to v9 • Additional guidance added for Population 4 that any documentation of a 10-year ASCVD risk score >= 20 percent will qualify the patient for the denominator population, even if the risk score changes later in the measurement period
Colorectal Cancer Screening	CMS130v14	• v13 updated to v14
HIV Screening	CMS349v8	• v7 updated to v8 • HIV diagnosis prior to measurement period remains a denominator exclusion, but denominator has also been updated to note patients 15 to 65 years of age at the start of the measurement period **without an HIV diagnosis** prior to the start of the measurement period, AND who had at least one outpatient visit during the measurement period • Additional guidance added that documentation of administration of laboratory **or point of care (POC)** test present in the patient's medical record will meet numerator criteria
Preventive Care and Screenings: Screening for Depression and Follow-up Plan	CMS2v15	• v14 updated to v15 • Change to the numerator to indicate that if there is a positive depression screen, follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter **or an active depression medication overlaps the date of the qualifying encounter** • Additional guidance added that the measure is not prescriptive in the specific screening tool being used • Additional guidance added that in cases where two screenings are documented on the same date/time with different results, the patient will be captured in the numerator if the positive

2026 UDS eCQM	2026 eCQI Version	2025 to 2026 Performance Period Major Changes
		screening result includes documentation of an intervention following the positive screen. • Additional guidance added that screening tools are not necessarily diagnostic tools and patients with elevated depression screening scores should be followed by a clinician to evaluate whether a depression diagnosis is appropriate, but a medication and/or referral are not always indicated for a positive score. In these cases, a follow-up plan is appropriate. • Additional example intervention added to guidance: exercise regimens, education, counseling, coping support, and completion of a mental health crisis plan
Depression Remission at 12 Months	CMS159v15	• v14 updated to v15 • Update to denominator exclusion: patients with a diagnosis of pervasive developmental disorder **(e.g., autism spectrum disorder),** any time prior to the end of the measure assessment period
Initiation and Engagement of Substance Use Disorder Treatment	CMS137v14	• v13 updated to v14
Controlling High Blood Pressure	CMS165v14	• v13 updated to v14
Diabetes: Glycemic Status Assessment Greater Than 9%	CMS122v14	• v13 updated to v14

ATTACHMENT 5. EXCERPT OF TABLE 8A

TABLE 8A: FINANCIAL COSTS

Calendar Year: January 1, 2026, through December 31, 2026

Line	Cost Center	Personnel Costs (Salary + Fringe Benefits) (a1)	Other Costs (a2)	Total Accrued Costs (a)
	Medical Care			
1	Medical Personnel and Contracts			
2	Medical Lab and X-ray			
4	**Total Medical Care Services** (Sum of Lines 1 through 2)			
	Other Clinical Services			
5	Dental			
6	Mental Health			
7	Substance Use Disorder			
8a	Pharmacy (not including pharmaceuticals)			
8b	Pharmaceuticals	[Cell not reported]		
9	Other Professional (specify___)			
9a	Vision			
10	**Total Other Clinical Services** (Sum of Lines 5 through 9a)			
	Patient Support Services and Other Programs			
11	Patient Support Services			
12	Other Programs and Services (specify___)			
13	**Total Patient Support and Other Programs Services** (Sum of Lines 11 and 12)			
	Facility and Support Services			
14	Facility			
14a	Information Technology			
15	Other Support Costs			
16	**Total Facility and Support Services Costs** (Sum of Lines 14, 14a, and 15)			
17	**Total FQHC Costs** (Sum of Lines 4 + 10 + 13 + 16)			

ATTACHMENT 6. EXCERPT OF TABLE 9D

TABLE 9D: PATIENT SERVICE REVENUE

Calendar Year: January 1, 2026, through December 31, 2026

Line	Payer Category	Charges (a)	Collections (b)	Adjustments (d)	Net Patient Service Revenue (Charges less Adjustments) (g)
3	**Total Medicaid**				
6	**Total Medicare**				
9	**Total Other Public (specify _____)**				
12	**Total Private**				
13a	Sliding Fee				
13b	Other Self-Pay				
13	**Total Self-Pay** (Sum of Lines 13a + 13b)				
14	**Total** (Sum of Lines 3 + 6 + 9 + 12 + 13)				
15	**Bad Debt Expense**				
16	**Net Patient Service Revenue before Other Patient Service Revenue** (Sum of Line 14, Column g less Line 15, Column g)				
	Other Patient Service Revenue				
17	**Pharmacy Net Patient Service Revenue**				
18	**Third-Party Incentive Revenue**				
19	**Total Net Patient Service Revenue** (Sum of Lines 16 + 17 + 18)				

ATTACHMENT 7. EXCERPT OF TABLE 9E

TABLE 9E: OTHER REVENUES

Calendar Year: January 1, 2026, through December 31, 2026

Line	Source	Revenue (a)
	HRSA's BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)	
1	**Total Health Center BPHC Grants**	
	Other Federal Grants	
5	**Total Other Federal Grants (specify _____)**	
	Non-Federal Grants or Contracts	
6	State Government Grants and Contracts (specify_____)	
7	Local Government Grants and Contracts (specify_____)	
7a	State/Local Indigent Care Programs (specify_____)	
8	Foundation/Private Grants and Contracts (specify_____)	
9	**Total Non-Federal Grants and Contracts** (Sum of Lines 6 + 7 + 7a + 8)	
10	**Other Revenue** (non–patient service revenue not reported elsewhere) (specify _____)	
11	**Total Net Revenue** (Sum of Lines 1 + 5 + 9 + 10)	

ATTACHMENT 8. EXCERPT OF APPENDIX D

APPENDIX D: HEALTH CENTER HEALTH INFORMATION TECHNOLOGY (HEALTH IT) CAPABILITIES AND OTHER DATA ELEMENTS

- Questions 1a, 1a2, 1a3, 1c, 1c1, 10, 11, 11a, 12, 12a, and 12b removed.

1. Does your health center currently have an electronic health record (EHR) system installed and in use, at a minimum, for medical care, by December 31st?

1a. Question removed.

1a1. List the vendor's name for your health center's primary EHR system.

1a2. Question removed.

1a3. Question removed.

1a4. List the CHPL product ID number for your health center's primary EHR system.

1b. Did you switch to your current EHR from a previous system during the calendar year?

1c. Question removed.

1c1. Question removed.

2. Question removed.

3. Question removed.

4. Which of the following key providers/health care settings does your health center electronically exchange clinical or patient information with? (Select all that apply.)
    a. Hospitals/Emergency rooms
    b. Specialty providers
    c. Other primary care providers
    d. Labs or imaging
    e. Health information exchange (HIE)[3]
    f. Community-based organizations/social service partners
    g. None of the above *(Please select "None of the above" only if none of the other options apply.)*
    h. Other (please describe _____)

5. Does your health center engage patients through health IT in any of the following ways? (Select all that apply.)
    a. Patient portals
    b. Kiosks

[3] HIEs are typically state or regional data exchanges that support information sharing between different organizations, provider types, and technology vendors. More information on HIEs can be found on the Health Information Exchange webpage.

c. Secure messaging between patient and provider

d. Online or virtual scheduling

e. Automated electronic outreach for care gap closure or preventive care reminders

f. Application programming interface (API) provides patient access to their health record through mHealth apps[4]

g. Other (please describe _____)

h. No, we DO NOT engage patients using health IT *(Please select "No, we DO NOT engage patients using health IT" only if none of the other options apply.)*

6. Question removed.
7. Question removed.
8. Question removed.
9. Question removed.
10. Question removed.
11. Question removed.

    11a. Question removed.

12. Question removed.

    12a. Question removed.

    12b. Question removed

13. Does your health center integrate a statewide Prescription Drug Monitoring Program (PDMP) database into the health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to controlled substance prescriptions?

    a. Yes

    b. No

    c. Not sure

14. Medications for Opioid Use Disorder (MOUD)

    a. How many providers, on-site or with whom the health center has contracts, are eligible to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine, methadone, naltrexone) for that indication during the calendar year?

    b. During the calendar year, how many patients received MOUD from a provider accounted for in Question 14a?

15. Did your organization use telemedicine to provide remote (virtual) clinical care services?

Note: Telemedicine services refer to remote clinical services for patients.

a. Yes

If "Yes" is selected, proceed to questions 15a1–15a3.

[4] More information on How APIs in Health Care can Support Access to Health Information: Learning Module

15a1. Who did you use telemedicine to communicate with? (Select all that apply.)

a. Patients at remote locations from your organization (e.g., home telehealth, satellite locations)
b. Specialists outside your organization (e.g., specialists at referral centers)

15a2. What telehealth technology(s) did you use? (Select all that apply.)

a. Real-time telehealth (e.g., live videoconferencing)
b. Store-and-forward telehealth (e.g., secure email with photos or videos of patient examinations)
c. Remote patient monitoring (e.g., electronic transmission of data from patients to health care providers, such as vital signs, pulse, blood pressure)
d. Mobile Health (mHealth) (e.g., patient technologies, like smartphones and tablet apps)

15a3. What primary telemedicine services were used at your organization? (Select all that apply.)

a. Primary care
b. Oral health
c. Mental health
d. Substance use disorder
e. Dermatology
f. Chronic conditions
g. Disaster management
h. Consumer health education
i. Provider-to-provider consultation
j. Radiology
k. Nutrition and dietary counseling
l. Other (Please describe _____)

b. No.

If you did not use telemedicine services, please comment on why. (Select all that apply.)

a. Have not considered/unfamiliar with telehealth service options
b. Policy barriers (Select all that apply.)
    i. Lack of or limited reimbursement
    ii. Credentialing, licensing, or privileging
    iii. Privacy and security
    iv. Other (Please describe _____)
c. Inadequate broadband/telecommunication service (Select all that apply.)
    i. Cost of service
    ii. Lack of infrastructure
    iii. Other (Please describe _____)

d. Lack of funding for telehealth equipment
e. Lack of training for telehealth services
f. Not needed
g. Other (Please describe _____)

16. How many health center patients were screened for voluntary family planning, including contraceptive methods, using a standardized screener during the calendar year? _____
17. What payor arrangements do you have for value-based purchasing (VBP) contracts? (Select all that apply.)
    a. Medicare (Original/FFS)
    b. Medicare Advantage
    c. Medicaid (FFS)
    d. Medicaid Managed Care
    e. Commercial health insurers
    f. Marketplace health insurers
    g. Our health center DOES NOT have VBP contracts (If selected, the following two questions do not require a response.)
    h. Other (Please describe _____)
18. Please list the types of Alternative Payment Models your health center is involved in. (Select all that apply.)
    a. Medicaid managed care shared savings
    b. Pay-for-performance
    c. Shared savings
    d. Shared risk
    e. Capitation
    f. Don't know
    g. Other (Please describe _____)
19. What percentage of your health center's revenue during the year is tied to value-based payment contracts? _____
    a. 0%
    b. 1-5%
    c. 6-10%
    d. 11-15%
    e. 16-20%
    f. >20%