HRSA
Health Center Program

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2026-05

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

DATE: September 8, 2026

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 approved 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 these final updates will be provided in the forthcoming 2026 UDS Manual and reporting guidance.

II. FINAL CHANGES AND UPDATES FOR CY 2026 UDS REPORTING

The final changes are designed to simplify data collection and reduce 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 the 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: STAFFING AND UTILIZATION AND 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 reduce reporting burden on health centers.

Additions

Other Licensed Mental Health Providers – Table 5, Line 20b will have additional provider options included as drop-down options. These include *Family Therapists*, *Psychiatric Mental Health Nurse Practitioners*, *Psychiatric Mental Health Registered Nurses*, and *Other Licensed Mental Health Providers (specify____)*.

Rationale: Additional mental health personnel types allow for more accurate classification of licensed mental health providers and better reflect the composition of the behavioral health workforce.

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—28) will be reordered and renamed (see Attachment 1 for an excerpt of the updated Table 5):

- Line 26, *Outreach Workers*; Line 27, *Transportation Personnel*; and Line 27a, *Eligibility Assistance Workers* will be renamed and reordered to:
    - Line 26a, *Eligibility Assistance Services Personnel*
    - Line 26b, *Outreach Services Personnel*
    - Line 26c, *Transportation Services Personnel*
- Line 27b, *Interpretation Personnel* will be renamed *Language Assistance Services Personnel*
- Line 27c, *Community Health Workers* will be reordered to Line 28a, *Community Health Workers*
- Line 28, *Other Enabling Services (specify ___)* will be renamed and reordered as Line 28b, *Other Patient Support Services Personnel (specify___)*

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 Personnel* (Lines 30a–32).

Quality Improvement – Table 5, Line 29b, *Quality Improvement Personnel*, will be removed, and quality improvement (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 selected diagnoses measures will be removed:
    a. Respiratory conditions related to COVID-19 (Line 6a)
    b. Abnormal breast findings, female (Line 7)
    c. Abnormal cervical findings (Line 8)
    d. 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: Eleven measures are being removed from Table 6A to streamline reporting, reduce burden, and eliminate redundancies where similar information is captured elsewhere in the UDS.

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 utilization of dental care, 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 who require 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, HRSA is introducing a new measure to capture ASD screening. This measure will help assess the extent to which health centers are

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

implementing recommended developmental screening practices and connecting children and families to 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 the 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.

e. **Upstream Drivers of Health 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 upstream drivers of health.

   Rationale: HRSA is transitioning four upstream drivers of health 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, ensuring 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

Fall Risk Screenings – A new measure is being added as line 24 to capture the number of patients 65 years of age and older who were screened for future fall risk, in alignment with the electronic clinical quality measure CMS139v14.

Rationale: Incorporating a fall risk screening measure aligns the UDS with national quality and preventive care efforts, including routine fall risk assessments conducted during Medicare Initial and Annual Wellness Visits. This alignment supports harmonization across federal programs, enables

HRSA to better understand the needs and resources required to support the growing aging population served by the Health Center Program, and informs technical assistance for health centers.

Revisions
Dental Sealants – Table 6B, Line 22, *Dental Sealants for Children between 6-9 Years* will be replaced with *Sealant Receipt on Permanent First Molars (SFM-CH-A) (Lines 22a and 22b)*.

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
Not applicable.

Additions
Not applicable.

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.

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

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 CMS159v14.
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 new Column A2, *Other Costs*, which will include other direct costs corresponding to the cost center not associated with Column A.

Medical/Other Direct – Table 8A, Line 3, *Medical/Other Direct,* will be removed. This data will now be reported on Line 1, as part of the new Column A2.

Enabling Services Costs – Detail lines for *Financial Costs of Enabling and Other Services* (Lines 11a-11h) will be removed. These costs will be consolidated into a single line to reflect all *Patient Support Services* costs (existing Line 11, previously *Total Enabling Services*).

Quality Improvement – Table 8A, Line 12a, *Quality Improvement*, will be removed. Quality improvement costs will be reported on the new 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 and address stakeholder feedback.

Additions

Other Costs – A new column, *Other Costs* (Column A2), will be added to Table 8A to include other direct costs corresponding with the cost center not associated with accrued personnel costs.

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 reduce the reporting burden and address stakeholder feedback.

Revisions

Accrued Costs – Table 8A, *Accrued Cost* (A) column will be placed with *Personnel Costs* (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*.

Total Accrued Costs – Table 8A, Line 17, *Total Accrued Costs* will be renamed to *Total Health Center Costs (Sum of Lines 4 + 10 + 13 + 16).*

Rationale: These updates are being made to reduce reporting burden and address stakeholder feedback.

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

G. TABLE 9D: ACCRUED 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-c4 will continue to be included as part of collections in Column B, *Amount Collected This Period*. The values previously reported in the collection Column c3 by payer will now be reported as a single value on new Line 18, Column G.

Payer Category – Table 9D, managed care and payer category details for Medicaid (Lines 1-2b), Medicare (Lines 4-5b), Other Public (Lines 7-8b), and Private (Lines 10-11b) 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.

Sliding Fee Discounts – Column e, previously associated with Line 13 for classification of *Sliding Fee Discounts* provided to patients, has been removed. These sliding fees will be reported as Adjustments (Column D) on existing Line 13, *Self-Pay.*

Bad Debt Write-Off – Column f, previously associated with Line 13 reporting on bad debts from patients, has been removed and will be reported on *Bad Debt Write-Offs and Allowances* (new Line 15), in new Column G, *Net Patient Service Revenue*.

Rationale: These updates are being made to reduce reporting burden and address stakeholder feedback.

Additions

Net Patient Service Revenue:

- A new column will be added for *Net Patient Service Revenue (Charges Less Adjustments),* Column G.
- A new line will be added for *Net Patient Service Revenue Before Other Patient Service Revenue,* Line 16 (reported in Column G).

Bad Debt Write-Offs and Allowances – A new line will be added to Table 9D: *Bad Debt Write-Offs and Allowances,* Line 15 (reported in Column G).

Pharmacy Net Patient Service Revenue – A new line will be added to reflect all *Pharmacy Net Patient Service Revenue,* Line 17 (reported in Column G).

Third-Party Incentive Revenue – A new line will be added for *Third-Party Incentive Revenue,* Line 18 (reported in Column G).

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

Revisions

Table 9D Reporting – Will be shifted from reporting on a cash basis to an accrual basis and the title of Table 9D will be renamed from *Patient Service Revenue* to *Accrued Patient Service Revenue* to emphasize the change in reporting method.

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 ACCRUED 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 1k—1q) will be removed. These grants will be aggregated and reported on *Total Health Center BPHC Grants* (Line 1).

Other Federal Grants – Formerly Lines 2, 3, 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, to remove outdated supplemental funding lines, reduce the reporting burden, and to better assess financials in alignment with generally accepted accounting principles and health centers' financial statements.

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 and the title of Table 9E will be renamed from *Other Revenue* to *Other Accrued Revenue* to emphasize the change in reporting method.

Rationale: This update is 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 C (formerly D): HEALTH CENTER INFORMATION TECHNOLOGY (HEALTH IT) CAPABILITIES AND APPENDIX C (formerly 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 the former Appendix D.

Appendix D: Health IT Capabilities – Upstream drivers of health screening questions (Questions 11, 11a, 12, 12a, and 12b) will be removed from the former Appendix D (aspects will be incorporated in the Table 6A *Upstream Drivers of Health* addition).

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

- Medications for Opioid Use Disorder (MOUD) (formerly Appendix E, Questions 1a and 1b) have been added to Appendix C as Questions 14a and 14b.
- Telehealth (formerly Appendix E, Questions 2, 2a1, 2a2, and 2a3) have been added to Appendix C 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 C as Question 16.

Rationale: These updates are being made to reduce the reporting burden and address stakeholder feedback.

Additions

Appendix C: Health IT Capabilities and Other Data Elements– Three questions on Alternative Payment Models (APM) will be added to Appendix C (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, collecting information on APM participation will provide valuable insight into the range and scope of these models and inform technical assistance to support health centers' adoption of APMs.

Appendix C: Health IT Capabilities and Other Data Elements – One question addressing the provision of sex rejecting services and procedures in health centers will be added to Appendix C (Question 20).

Rationale: HRSA is adding this update to capture the breadth of integrated primary care services offered by health centers.

Revisions

The former 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 Appendix C: *Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements.*

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

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,
Tonya Bowers
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: Accrued Patient Service Revenue
7. Excerpt of Table 9E: Other Accrued Revenue
8. Excerpt of Appendix C: 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)
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers • Family Therapists • Psychiatric Mental Health Nurse Practitioners • Psychiatric Mental Health Registered Nurses • Other Licensed Mental Health Providers (specify___)				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a—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				
26b	Outreach Services Personnel				
26c	Transportation Services Personnel				
27b	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:** 2.16.840.1.113762.1.4.1219.33	<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-, G80 through G80.9		

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 visit (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, 99487, 99424, 99426, 99484, 99490, 99491, 99492, 99493, 99437, 99439, 99495, 99496 **HCPCS:** G0019, G0022, G0323, G0556, G0557, G0558, G2214, T1016, T1017		

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, 662501000124105, 671291000124100, 661871000124106, 662401000124109, 662111000124100, 662731000124107, 662091000124109, 662551000124109, 662231000124100, 662671000124100, 472321000124103, 472301000124108, 661781000124104, 662431000124101, 581041000124102, 662211000124106, 662571000124104		
37	Transportation	**ICD-10:** Z59.82 **OID:** 2.16.840.1.113762.1.4.1247.106		
38	Language assistance services	**OID:** 2.16.840.1.113762.1.4.1247.267		
	Selected Upstream Drivers of Health Services			
39	Upstream drivers of health screening	**OID:** 2.16.840.1.113762.1.4.1247.126		
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**			

Section O—Screening for Future Falls Risk

Line	Falls: Screening for Future Fall Risk	Total Patients Aged 65 and Older (A)	Number of Records Reviewed (B)	Number of Patients Screened for Future Fall Risk (C)
24	MEASURE: Percentage of patients 65 years of age and older who were screened for future fall risk			

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	CMS159v14	• 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 (A1)	Other Costs (A2)	Total Accrued Costs (A)
	Medical Care			
1	Medical Care			
2	Medical Laboratory and X-ray			
4	**Total Medical Care Services** (Sum of Lines 1 + 2)			
	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)			
	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 + 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 + 15)			
17	**Total Health Center Costs** (Sum of Lines 4 + 10 + 13 + 16)			

ATTACHMENT 6. EXCERPT OF TABLE 9D

TABLE 9D: ACCRUED 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**				
13	**Total Self-Pay**				
14	**Total** (Sum of Lines 3 + 6 + 9 + 12 + 13)				
15	**Bad Debt Write-Offs and Allowances**				
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 ACCRUED REVENUE

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

Line	Source	Revenue (A)
	HRSA's BPHC Grants	
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_____)	
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 Net Revenue** (Sum of Lines 1 + 5 + 9 + 10)	

ATTACHMENT 8. EXCERPT OF APPENDIX C

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

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

1. Did your health center have an electronic health record (EHR) system installed and in use, at least for medical care, by December 31?

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.

1d. Question removed.

1e. 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. Laboratory tests or imaging studies
   e. Health information exchange (HIE)[3]
   f. Community-based organizations
   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.)

[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.

a. Patient portals

b. Kiosks

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 Mobile Health (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 health information systems, such as health information exchanges, EHRs, and/or pharmacy dispensing software (PDS) to streamline provider access to information on patients' 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 agreements, 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?

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

Note: The number of patients on Question 14b must be the same as the number of patients reported on Table 6A, Line 26c3.

15. Did your organization use telehealth to provide services remotely (virtually)?

a. Yes

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

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

a. Patients at different locations than the provider (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 services were delivered remotely? (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 deliver services remotely, please comment on why. (Select all that apply.)

a. Have not considered/unfamiliar with telehealth
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 in using telehealth to deliver 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/fee-for-service [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, skip Questions 18 and 19.)
    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%

20. For individuals under 19 years of age, does your health center provide services that use puberty blockers, sex hormones, or surgical procedures* for the purpose of transforming their physical appearance to align with an identity that differs from sex?

    a. Yes

    b. No

    c. Not applicable

    *Puberty blockers may include GnRH agonists and other interventions, to delay the onset or progression of normally timed puberty in an individual. Sex hormones may include androgen blockers, estrogen, progesterone, or testosterone. Surgical procedures may include alteration or removal of an individual's sex organs.