Uniform Data System (UDS) Clinical Tables Part 1: Screening and Preventive Care Measures

September 23, 2021, 1:00–2:30 p.m. ET

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Vision: Healthy Communities, Healthy People

Opening Remarks

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Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)
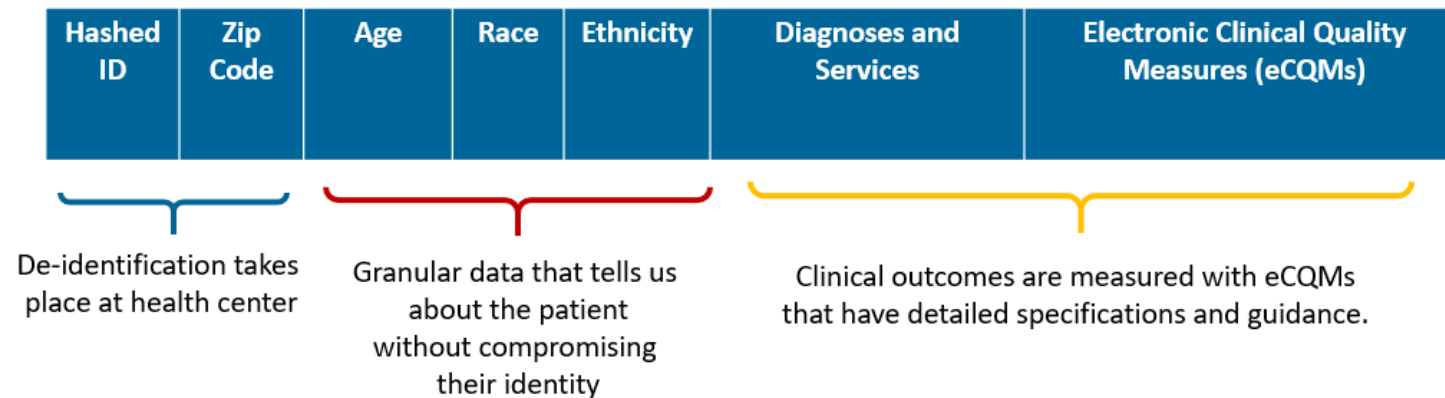
UDS Patient Level Submission (UDS+)

UDS+ is...

- Beginning with the 2023 UDS, BPHC will accept patient-level report data.
  - UDS Tables PBZC, 3A, 3B, 4, 6A, 6B, and 7
- HRSA plans to accept UDS+ data in two ways:
  - Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)

UDS+ does not...

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

For more information, visit: Uniform Data System (UDS) Modernization Initiative

Hashed ID	Zip Code	Age	Race	Ethnicity	Diagnoses and Services	Electronic Clinical Quality Measures (eCQMs)

De-identification takes place at health center

Granular data that tells us about the patient without compromising their identity

Clinical outcomes are measured with eCQMs that have detailed specifications and guidance.

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Agenda

- Discuss clinical quality measures (CQMs) UDS reporting instructions

- Review UDS screening and preventive care measures reporting requirements

- Identify reporting strategies and tips for data reporting quality improvement

- Discuss the impact of COVID-19 on the UDS

- Review 2021 UDS training resources

Objectives of the Webinar

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

- Understand reporting requirements for screening and preventive care measures.

- Identify strategies to check data for accuracy.

- Identify the impact of COVID-19 on UDS reporting.

- Access additional reporting support.

Poll

**How familiar are you with the UDS Clinical Quality Measures?**

a. I am not familiar. The basics will be helpful to learn.

b. I am not very familiar. Gaining a better understanding will be helpful.

c. I am somewhat familiar. Learning about the measures in more detail will be helpful.

d. I am very familiar with these measures. I would like to learn about any changes this year that impact UDS reporting.

Table 6B Reporting Instructions

- **Key UDS Terminology in Clinical Quality Reporting**

- **Electronic Clinical Quality Improvement (eCQI) Resource Center**

- **Value Set Authority Center (VSAC) Specifications**

Getting Started with Clinical Quality Measures
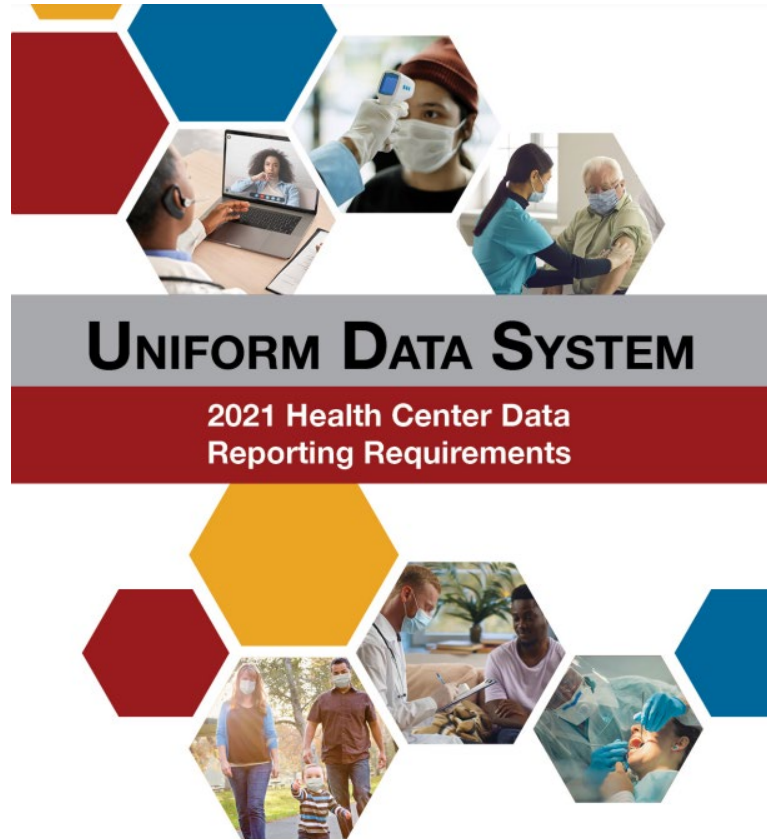
➤ Follow the definitions and instructions in the 2021 UDS Manual.

➤ Quantify care provided during the measurement period.

➤ Report on all UDS-listed clinical quality measures (CQMs) if denominator criteria are met.

➤ Evaluate patients who had at least one countable medical visit during the year (dental visits for dental sealant measure).

Key Terms in UDS Clinical Quality Measurement

UDS Clinical Quality Measures (CQM)	The process and outcome measures tracked and reported by health centers as required by the Health Center Program. They include the 15 quality of care measures reported on Table 6B and 3 health outcome and disparities measures reported on Table 7.
Electronic-Specified Clinical Quality Measure (eCQM)	Standardized tools that help measure and track the quality of health care services that eligible professionals (EPs) and other health organizations provide, as generated by a provider's electronic health record (EHR).
Measure Steward	An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward.
Measurement Period	Represents Calendar Year (CY) 2021 unless another timeframe is specifically noted.
Look Back Period	A measurement period that requires data for some length of time prior to the reporting period.

The UDS Clinical Quality Measures Handout outlines clinical quality measure reporting instructions and major changes from the prior year.

Key Terms in UDS Clinical Quality Measurement (cont.)

Measure Description	The quantifiable indicator to be evaluated.
Denominator	Patients who fit the detailed criteria described for inclusion in the specified measure to be evaluated.
Numerator	Records (from the denominator) that meet the criteria for the specified measure.
Exclusions	Patients not to be considered for the measure or included in the denominator.
Exceptions	Patients removed from the denominator because numerator criteria are not met.
Specification Guidance	Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs.
UDS Reporting Considerations	Additional BPHC requirements and guidance that must be applied to the specific measure and that may differ from or expand on the eCQM specifications.

Refer to the UDS Clinical Measures Exclusion and Exceptions resource for more detail on accurately applying exclusions and exceptions for Tables 6B and 7.

eCQM Specifications

Create an account (preferable).

Most of the information you will need is in this section.

The eCQI Resource Center is the "one-stop shop" for eCQM resources.

eCQM Specifications *(cont.)*

| Preventive Care and Screening: Screening for Depression and Follow-Up Plan | CMS2v9 | Community/Population Health | 0418e | 134 | Prevention, Treatment, and Management of Mental Health | Yes |

Depression and Follow-Up Plan

eCQMs for 2020 Performance Period

	Specifications	
	Attachment	Size
	CMS2v9.html	95.05 KB
	CMS2v9.zip (ZIP)	86.61 KB
	CMS2v9-TRN.xlsx (Excel)	22.34 KB

CMS eCQM ID or Title [ ] Apply

CMS2v9

CMS22v8
CMS50v8
CMS56v8
CMS66v8
CMS68v9
CMS69v8
CMS74v9
CMS75v8
CMS90v9
CMS117v8
CMS122v8

Data Element Repository

General eCQM Information

CMS Measure ID	CMS2v9
NQF Number	0418e

Specifications
- Link to detailed specifications
- Use .html link

Data Element Repository
- Link to summary of Data Elements associated with the measure

General Information
- Measure Description, Numerator, Denominator, Exclusions and Exceptions
- Guidance for measure implementation, release notes

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eCQM Detailed Specifications

There are two sections in the eCQM Detailed Specifications:

- Detailed narrative specifications
  - Measure Steward, Developer, Endorser, Traceability
  - **Measure Description, Denominator, Numerator, Exclusions, and Exceptions**
  - Measure Rationale and Clinical Recommendations
  - Measure Definitions and References
- Detailed technical criteria (including logic and quality data model elements)
  - **Logic Statement using CQL (Clinical Quality Language)**
  - **Value Sets (groups of codes and corresponding terms, such as Systemized Nomenclature of Medicine Clinical Terms (SNOMED CT), RxNorm, Logical Observation Identifiers, Names, and Codes (LOINC) and others, that define clinical concepts**

Specifications

Attachment

- CMS2v9.html
- CMS2v9.zip (ZIP)
- CMS2v9-TRN.xlsx (Excel)
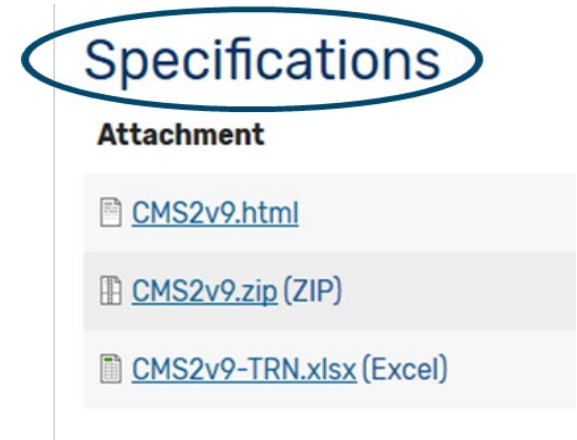
eCQM Specifications: Data Element Repository

Data elements are the value sets or "building blocks" that make up the measure. Data elements for the measure include:

- Measure exclusions/exceptions.

- Eligible visit encounter Current Procedural Terminology (CPT) codes.

- Eligible interventions, including orders, referrals, evaluations, medications, and follow-up visits.

Data Elements Contained within the eCQM

- Assessment, Performed: Adult depression screening assessment
- Assessment, Performed: Suicide Risk Assessment
- Diagnosis: Bipolar diagnosis
- Diagnosis: Depression diagnosis
- Encounter, Performed: Depression screening encounter codes
- Intervention, Order: Referral for depression adolescent
- Intervention, Order: Referral for Depression Adult

Value Set Authority Center (VSAC)

["Encounter, Performed": "Encounter to Screen for Depression"]

eCQM ⓘ Data Element

Performance/Reporting Period
2021

Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts in which a depression screen could be assessed and documented through an exam, assessment interview or evaluation.

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category or attribute related to Encounter.

INCLUSION CRITERIA: Includes only relevant concepts associated with wellness visits, annual visits, therapy evaluations, or primary or specialist physician office visits where a depression screen could be conducted.

EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Encounter, Performed: Encounter to Screen for Depression value set (2.16.840.1.113883.3.600.1916) ⬈

QDM Datatype and Definition (QDM Version 5.5 Guidance Update)

"Encounter, Performed"

2021 Performance Period Eligible Professional/Eligible Clinician (EP/EC) Resources

- eCQM Flows: Workflows for each eCQM, updated annually and downloads as a ZIP file

- Guide for Reading eCQMs v6.0: A guide for stakeholders to understand eCQMs, including advice on how to read the various eCQM components

- eCQM value sets: Brings you to the VSAC site, where you can search value sets

- Additional resources available on the EP/EC Resources page

Telehealth Resources on 2021 UDS Clinical Measures

- Telehealth as it relates to UDS CQM reporting
- CMS telehealth guidance for eCQMs

Visit the Center for Connected Health Policy for important telehealth policy issues and key telehealth policy resources.

Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator)?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	• OB/GYN routine check up • Physical with primary care provider (PCP)	No. Prenatal care patients are defined based on a comprehensive in-person prenatal physical exam. Prenatal care patients established in the prior year (through a comprehensive in-person exam) and only seen through telehealth in the current year **should** be included.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v9, Table 6B, Line 10	• Well-child visits for newborns • Acute pain or illness	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v9, Table 6B, Line 11	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Cervical cytology/HPV testing are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Breast Cancer Screening, CMS125v9, Table 6B, Line 11a	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.	Yes

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Table 6B Clinical Quality Measures

- **Reporting Format**

- **UDS Clinical Quality Measures**

Table 6B Reporting Format

Denominator (a)	Number Charts Sampled or Electronic Health Record (EHR) Total [Denominator] (b)	Number That Meet Measurement Standard [Numerator] (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Number of records from Column A that were reviewed	Number of records from Column B that meet the numerator criteria for the measure

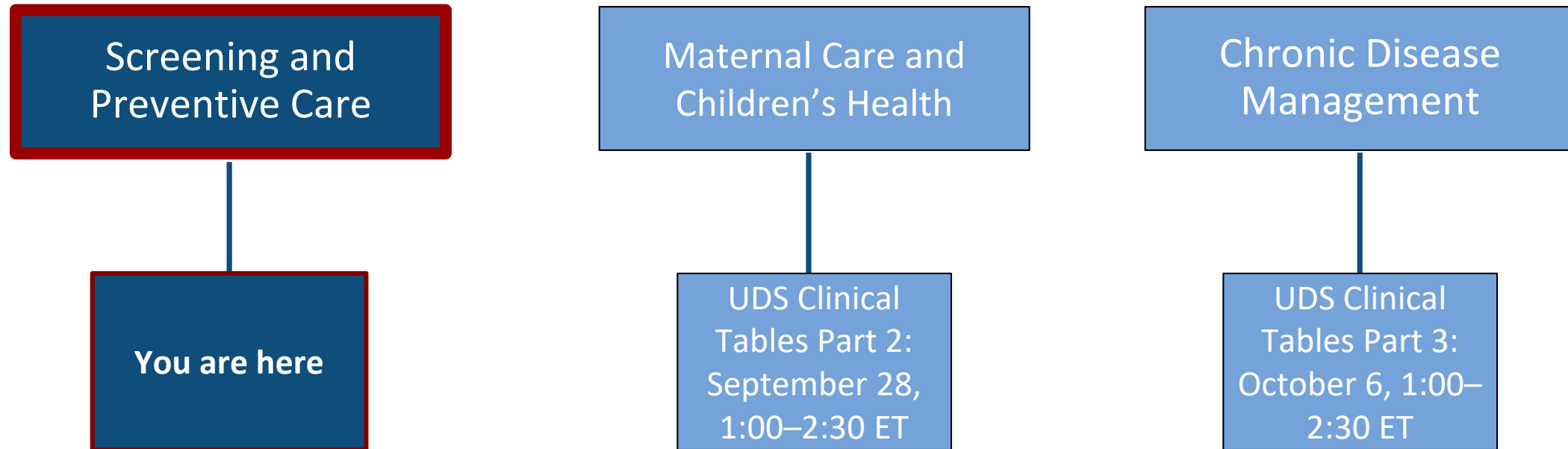| Exclusions and Exceptions |
|---|
| Exclusions: Patients not to be considered for the measure or included in the denominator
Exceptions: Patients removed from the denominator because numerator criteria are not met |

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Table 6B Reporting Format: Column B

Denominator (a)	Number Charts Sampled or EHR Total [Denominator] (b)	Number That Meet Measurement Standard [Numerator] (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Number of records from Column A that were reviewed Column B will be one of the following: • Equal to denominator • ≥80% of the denominator • Random sample of 70 records	Number of records from Column B that meet the performance standard for the measure

Exclusions and Exceptions
Exclusions: Patients not to be considered for the measure or included in the denominator Exceptions: Patients removed from the denominator because numerator criteria are not met

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UDS Clinical Quality Measures

Screening and Preventive Care	Maternal Care and Children's Health	Chronic Disease Management
You are here	UDS Clinical Tables Part 2: September 28, 1:00–2:30 ET	UDS Clinical Tables Part 3: October 6, 1:00–2:30 ET

Register for the future UDS webinars.

Poll: Telehealth and Clinical Quality Measures

If a patient only had a telehealth medical visit during the year, how should they be reported on Table 6B's clinical quality measures?

a. If the only visit is a virtual visit, the patient will be excluded from Table 6B.

b. If the only visit is a virtual visit, the patient should still be included in all Table 6B measures.

c. Each measure should be considered individually, per instruction for inclusion in Table 6B.

Answer: Telehealth and Clinical Quality Measures

If a patient only had a telehealth medical visit during the year, how should they be reported on Table 6B's clinical quality measures?

a. If the only visit is a virtual visit, the patient will be excluded from Table 6B.

b. If the only visit is a virtual visit, the patient should still be included in all Table 6B measures.

c. **Each measure should be considered individually, per instruction for inclusion in Table 6B.**

Table 6B Clinical Quality Measures: Screening and Preventive Care Measures

Table 6B: Screening and Preventive Care Measures

UDS Table	Measure	CMS Link
Table 6B, Line 11	Cervical Cancer Screening*	CMS124v9
Table 6B, Line 11a	Breast Cancer Screening	CMS125v9
Table 6B, Line 13	(Adult) Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v9
Table 6B, Line 14a	Tobacco Use: Screening and Cessation Intervention*	CMS138v9
Table 6B, Line 19	Colorectal Cancer Screening	CMS130v9
Table 6B, Line 20a	HIV Screening	CMS349v3
Table 6B, Line 21	Screening for Depression and Follow-Up Plan	CMS2v10

*Changes made to measure in the 2021 UDS

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General Reporting Instructions

✓ Compliance is determined by screening results and follow-up actions.

  ○ Screening and tests alone **do not** count as UDS countable visits.

  ○ Include negative screens **and** positive screens with follow-up in numerator.

✓ Certain procedures cannot be completed through telehealth.

✓ Screenings and tests performed elsewhere may count for some measures toward compliance if they are documented in the medical record at the health center with 1) the date it was performed, 2) who performed it, and 3) the result of the finding or copy of the lab test.

✓ Do not count as compliant charts that note the refusal of the patient to have the test or screening.

Cervical Cancer Screening: CMS124v9

Denominator	Exclusions	Exceptions	Numerator
Women 23 through 63 years of age with a medical visit during the measurement period	Women who had a hysterectomy with no residual cervix or congenital absence of cervix Women who were in hospice care during the measurement period	Not applicable	Women with one or more screenings for cervical cancer. Appropriate screenings are defined **by any one** of the following criteria: • Cervical cytology performed during the measurement period or 2 years prior to the measurement period for women who are at least 21 years old at the time of the test • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test

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Cervical Cancer Screening: CMS124v9 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Numerator revised to align with updated clinical recommendations.
    - For patients age 30 years and older, permits human papillomavirus (HPV) testing alone every 5 years.
    - Updated description removes cytology and co-testing for women age 30–63 and replaces "every" with "within the last."

- Include patients of all genders who have a cervix for measure assessment.

- Cervical cytology/HPV testing are not acceptable via telehealth. These services cannot be conducted via telehealth.

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Breast Cancer Screening: CMS125v9

Denominator	Exclusions	Exceptions	Numerator
Women 51 through 73 years of age with a medical visit during the measurement period	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and left unilateral mastectomy Patients who were in hospice care during the measurement period Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period Patients aged 66 and older with advanced illness and frailty	Not applicable	Women with one or more mammograms during the 27 months prior to the end of the measurement period

Breast Cancer Screening: CMS125v9 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Include patients according to sex assigned at birth.

- **Do not** count biopsies, breast ultrasounds, or magnetic resonance imaging, because they are not appropriate methods for *primary breast cancer screening*.

- Mammograms are not acceptable through telehealth. These services cannot be conducted via telehealth.

(Adult) Body Mass Index (BMI) Screening and Follow-Up Plan: CMS69v9

Denominator	Exclusions	Exceptions	Numerator
Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period	Patients who are pregnant during the measurement period Patients receiving palliative or hospice care during or prior to the visit	Patients who refuse measurement of height and/or weight Patients with a documented medical reason Patients in urgent or emergent medical situations	A documented BMI (not just height and weight) during their most recent visit in the measurement year or during the previous 12 months of that visit, **and** when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit

Conditions linked with **"and"** mean that each of the conditions must be met.

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Clarifications, Tips, and Frequently Asked Questions

- Include in the numerator patients within normal parameters who had their BMI documented **and** patients with a BMI outside normal parameters with a follow-up plan.

- If more than one BMI is recorded during the year, use the most recent BMI to determine if numerator requirements have been met.

- Height and weight are not acceptable to be self-reported, reported via a telehealth visit, or taken by an external provider who is not paid by the health center.

- If the only visit a patient had during the year was telehealth, the patient should be excluded from the measure assessment. However, development of a follow-up plan for a BMI out of range is acceptable via telehealth.

Tobacco Use: Screening and Cessation Intervention: CMS138v9

Denominator	Exclusions	Exceptions	Numerator
Patients 18 years of age or older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period	Not applicable	Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	Patients who were screened for tobacco use at least once within 12 months and before the end of the measurement period, and who received tobacco cessation intervention if identified as a tobacco user

Tobacco Use: Screening and Cessation Intervention: CMS138v9 *(cont.)*

Clarifications, Tips and Frequently Asked Questions

- 2021 UDS changed the numerator from a 24-month to a 12-month requirement.

- Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason) must be documented **by the provider at the visit**.

- Include in the numerator patients with a negative screening **and** patients with a positive screening who had cessation intervention if a tobacco user.

- If tobacco use status of a patient is unknown, the patient **does not** meet the screening component and has not met the criteria to be counted in the numerator.

  - "Unknown" includes patients who were not screened or patients with indefinite answers.

- Electronic nicotine delivery systems (ENDS), including electronic cigarettes for tobacco cessation, are not currently classified as tobacco and are not included in this measure.

- Cessation counseling intervention for a tobacco user must occur at or following the most recent screening and before the end of the calendar year.

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Colorectal Cancer Screening: CMS130v9

Denominator	Exclusions	Exceptions	Numerator
Patients 50 through 74 years of age with a medical visit during the measurement period	Patients with a diagnosis of colorectal cancer or a history of total colectomy Patients who were in hospice care during the measurement period Patients aged 66 or older who were living long-term in an institution for more than 90 days during measurement period Patients aged 66 and older with advanced illness and frailty	Not applicable	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined **by any one** of the following: • Fecal occult blood test (FOBT) during measurement period • Fecal immunochemical test-deoxyribonucleic acid (FIT-DNA) test during measurement period or 2 years prior to measurement period • Flexible sigmoidoscopy during measurement period or the 4 years prior • Computerized tomography (CT) during measurement period or 4 years prior • Colonoscopy during measurement period or 9 years prior

Colorectal Cancer Screening: CMS130v9 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Do not count the following when performed in an office setting: digital rectal exams (DRE), FOBT at the time of DRE, sample collected via DRE.

- Screening methods performed elsewhere must be confirmed by documentation in the chart: either a copy of the test results or correspondence between the health center staff and the performing lab/clinician showing the results. Do not use self-reported test results.

- Procedures and diagnostic studies are not acceptable via telehealth.

- FOBT and FIT-DNA test kits can be mailed to patients, but receipt, processing, and documentation of the test sample is required.

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HIV Screening: CMS349v3

Denominator	Exclusions	Exceptions	Numerator
Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period	Patients with a diagnosis of human immunodeficiency virus (HIV) prior to the start of the measurement period	Not applicable	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday

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HIV Screening: CMS349v3 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Documentation of the administration of the laboratory test must be present in the patient's health record.

- Patient attestation or self-report to meet the measure requirements is not permitted.

- HIV self-tests may be acceptable; the provider must receive documentation of the lab test result.

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Screening for Depression and Follow-Up Plan: CMS2v10

Denominator	Exclusions	Exceptions	Numerator
Patients aged 12 years and older with at least one medical visit during the measurement period	Patients with an active diagnosis for depression or a diagnosis of bipolar disorder	Patients: • Who refuse to participate • Who are in urgent or emergent situations • Whose cognitive or functional capacity or motivation to improve may impact the accuracy of results or standardized assessment tools	Patients who: • Were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, **and** • If screened positive for depression, had a follow-up plan documented on the date of the visit

Screening for Depression and Follow-Up Plan: CMS2v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- The depression screening must be completed on the date of the visit **or** up to 14 days prior to the date of the visit (but does not have to be a medical visit).

- Screenings must be reviewed on the date of the visit, and if positive, follow-up must be addressed in the office of a health center provider or a provider paid by the health center, virtually or in-person, on the date of the visit.

- Standardized depression screening tools are normalized and validated for the age-appropriate patient population; they must be used and documented in the patient health record.

- Do not exclude patients seen for routine care in urgent care centers or emergency rooms from the denominator.

- A Patient Health Questionnaire (PHQ)-9 following a PHQ-2 does not meet the numerator requirements for a follow-up plan to a positive depression screening.

Poll #2

A health center patient with a countable medical visit during the reporting period *can* count toward meeting the measurement standard for the HIV screening measure through:

a. Patient self-report

b. Virtual visit consultation

c. Self-test where the health center provider received documentation of the lab test result

d. None of the above

Poll #2 - Answer

A health center patient with a countable medical visit during the reporting period *can* count toward meeting the measurement standard for the HIV screening measure through:

a. Patient self-report

b. Virtual visit consultation

c. **Self-test where the health center provider received documentation of the lab test result**

d. None of the above

Understanding Reported UDS Data

Tables are interrelated: Comparing data on Tables 6A and 6B

Related Measure	Measurement Period		Age	
	Table 6A	**Table 6B**	**Table 6A**	**Table 6B**
Cervical Cancer Screening Table 6A: Line 23, Pap test Table 6B: Line 11	Current Year	Includes a look-back period	Considers a more comprehensive age range	Includes specific age range
Breast Cancer Screening Table 6A: Line 22, Mammograms Table 6B: Line 11a	Current Year	Includes a look-back period	Considers a more comprehensive age range	Includes specific age range
HIV Screening Table 6A: Line 21, HIV Test Table 6B: Line 20a	Current Year	Includes a look-back period	Considers a more comprehensive age range	Includes specific age range

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Understanding Reported UDS Data *(cont.)*

- Check data trends and relationships across tables.

  - Communicate with UDS data preparation and review team.

  - Ask if the numbers look reasonable.

- Review issues raised during last year's review, found in your previous reviewer's letters.

- Review guidance from your EHR/health IT vendor to ensure that both health center workflows and EHR configuration align with UDS reporting requirements. Communicate with your vendor early if you believe you identified any issues.

- Address edits in the Electronic Handbooks (EHBs) by correcting or providing meaningful explanations that demonstrate your understanding of the reported data and explain why data are unusual.

- Research and address questions and issues raised during current year review.

Responding to System Edits

Related Measure	Edit Explanation	What Does This Mean?	Explain Your Data
Depression Screening	Low denominator in question	Large % of patients are excluded from measure.	1. Compared to Table 6A, did your health center see a high number of patients with an active diagnosis of depression? 2. Does your health center have a large non-medical population?
Various	Denominators higher or lower than expected	Number of patients you are assessing for the measure is higher or lower than expected considering your medical population on Table 5.	1. Determine exclusion criteria. 2. Compare the patient population being measured to your health center patients of the specific age range who received medical care. 3. Check programming with vendor.
BMI Screening and Follow-Up Plan	Higher/lower than expected compliance rate	Compliance rate is higher or lower than expected compared to national averages (health center program average).	1. Double check your data—are you including both negative screens and positive screens with a follow-up plan in the numerator? 2. Review prior year reports and national averages to understand outlined goals. 3. Is there a change in the care plan that results in more or fewer patients meeting the measurement standard?

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Using Available UDS Data and Reports

- Standard UDS reports in EHBs and publicly available UDS data:
  - Health Center Trend Report (sample below), Summary Report, Health Center Performance Comparison Report, Rollup Reports

Health Center Program Data (rollup data, comparison data, health center profile data)

UDS Health Center Trend Report - 2020
1375 Health Centers - Universal

	2018	2019	2020	2019 - 2020		2018 - 2020	
				Change	%	Change	%
Quality of Care Indicators/Health Outcomes							
Preventive Health Screenings and Services							
Colorectal Cancer Screening	44.11%	45.56%	40.09%	-5.47%	-12.00%	-4.02%	-9.11%
Screening for Depression and Follow-up Plan	70.57%	71.61%	64.21%	-7.40%	-10.34%	-6.36%	-9.01%
Depression Remission at Twelve Months	-	-	13.69%	-	-	-	-
Cervical Cancer Screening	55.95%	56.53%	51.00%	-5.54%	-9.79%	-4.95%	-8.85%
Childhood Immunization Status	39.44%	39.75%	40.42%	0.67%	1.68%	0.98%	2.49%
Dental Sealants for Children between 6-9 Years	52.80%	56.80%	48.68%	-8.11%	-14.29%	-4.12%	-7.80%
Breast Cancer Screening	-	-	45.34%	-	-	-	-
HIV Screening	-	-	32.29%	-	-	-	-

Additional Resources

BPHC UDS Reporting Resources

- **Now available: UDS Reporting Resources on the BPHC website**
- Resources now regrouped by topic to better align with UDS tables:
  - Special/Current Topics
  - Reporting Guidance
  - Staffing and Utilization
  - Clinical Care
  - Financials
  - Additional Reporting Topics
  - UDS Data

UDS Reporting Resources

Resources to assist health centers in collecting and submitting their data include UDS manuals, webinars, trainings, validations, crosswalks, and other technical assistance resources. Access the resources for each UDS reporting year below.

2022 UDS Resources

2021 UDS Resources

Special/Current Topics

- Health Center Changes and UDS Reporting: Frequently Asked Questions (PDF - 225 KB)
- COVID-19 UDS Funding Guidance (PDF - 226 KB)
- 2021 UDS Reporting Technical Assistance Webinar Series Schedule
  Webinar Presentation Flyer (PDF - 125 KB)
  Register in advance for 2021 UDS reporting webinars, which will be held this Fall. The webinars will provide detailed information for beginner and advanced audiences on 2021 UDS reporting requirements, strategies for successful UDS report submissions, opportunities for quality improvement, and COVID-19 impacts across measures.
- 2021 Uniform Data System (UDS) Reporting Changes TA Webinar
  May 6, 2021
  Presentation (PDF - 2.5 MB) | On Demand Recording | UDS Webinar: List of Links (PDF - 240 KB)
  This webinar provides a detailed overview of required changes for the calendar year 2021 UDS reporting cycle. Changes, as outlined in the 2021 UDS Program Assistance Letter, include an update on the latest testing and diagnostic codes for COVID-19, the addition of a COVID-19 vaccination line, and updates to UDS clinical quality measures to align with current Centers for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs).

Reporting Guidance

- UPDATED 2021 UDS Manual (PDF - 4 MB) (includes additional COVID-19 vaccine Current Procedural Terminology (CPT®) codes for Table 6A: Selected Diagnoses and Services Rendered)
- 2021 UDS Tables (PDF - 759 KB)
- 2021 UDS Tables (XLS - 976 KB)
- Approved Changes to 2021 UDS Program Assistance Letter (PAL)

Staffing and Utilization

- UDS Nurse Visits (PDF - 183 KB)
- UDS Selected Service Detail Addendum Guidance (PDF - 366 KB)
- UDS Virtual Visit Reporting Guide (PDF - 164 KB)
- UDS Countable Visit Guidance and FAQ (PDF - 258 KB)

Clinical Care

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2021 UDS Manual.
- Other available guidance:
  - eCQI Resource Center
  - Telehealth Impacts on Clinical Measures
  - Clinical Measures Handout
  - UDS Clinical Measures Exclusion and Exceptions Resource
  - BPHC COVID-19 Frequently Asked Questions (FAQs)
  - 2021 Program Assistance Letter, 2022 Program Assistance Letter

UNIFORM DATA SYSTEM

2021 Health Center Data Reporting Requirements
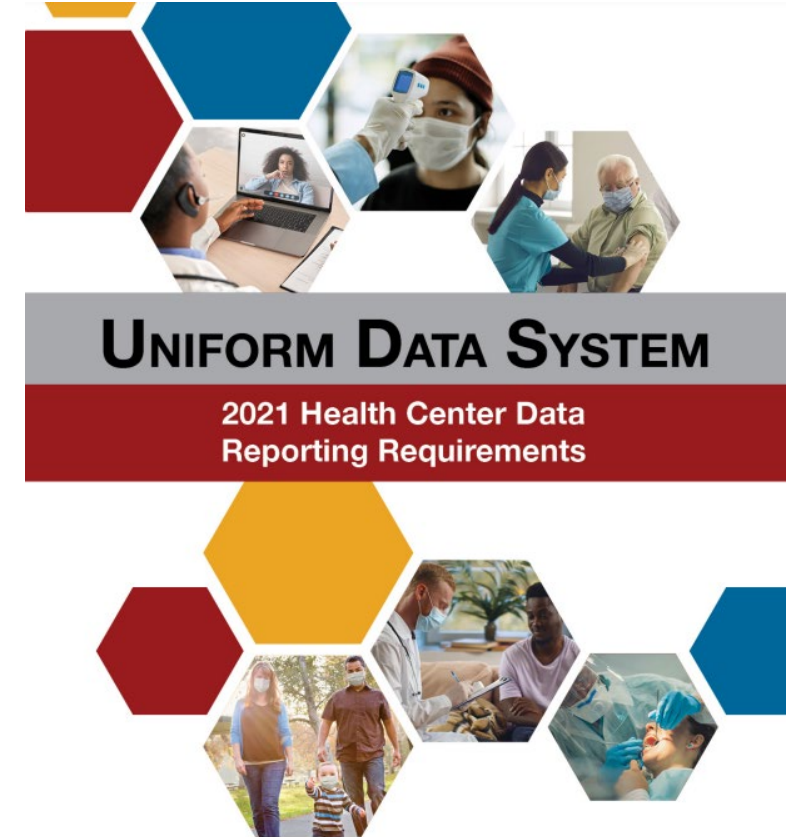
For Reports Submitted February 15, 2022
HRSA Health Center Program

Updated on August 16, 2021

HRSA Health Center Program

Available Assistance

- Technical assistance materials, including local trainings, are available online:
  - HRSA Health Center Program website
- UDS Support Center for assistance with UDS reporting questions:
  - udshelp330@bphcdata.net
  - 866-UDS-HELP (866-837-4357)
- Health Center Program support for questions about the Health Center Program

- EHBs support
  - UDS Report and preliminary reporting environment access (in EHBs)
  - EHBs system issues: 877-464-4772, Option 1
  - EHBs account access and roles: 877-464-4772, Option 3
- National Training and Technical Assistance Partners

Resources for Clinical Measures

National Resources

- National Quality Forum
- U.S. Preventive Services Task Force
- Healthy People 2030
- CDC National Center for Health Statistics State Facts
- Health Information Technology, Evaluation, and Quality Center (HITEQ)
- Healthcare Effectiveness Data and Information Set (HEDIS)

HRSA priority areas

- Healthy Weight, Healthy People, Health Communities
- Behavioral Health and Primary Care Integration
- Ending the HIV Epidemic

Health Center Data and Resources

- Adjusted Quartile Ranking
- Community Health Quality Recognition Award (CHQR)
- CMS Quality Measures

Upcoming Webinars

- Upcoming Webinars
  - UDS Clinical Tables Part 2: Maternal Care and Children's Health (09/28/21, 1:00–2:30 p.m. ET)
  - UDS Clinical Tables Part 3: Chronic Disease Management (10/06/21, 1:00–2:30 p.m. ET)
  - Reporting UDS Financial and Operational Tables (10/14/21, 1:00–2:30 p.m. ET)
  - Successful Submission Strategies (10/20/21, 1:00–2:30 p.m. ET)
- Past webinar presentations are archived on HRSA's UDS Resources page.
  - Counting Visits in the UDS

Questions and Answers

Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

✉ udshelp330@bphcdata.net or Health Center Program Support

📞 1-866-837-4357

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