



Uniform Data System (UDS) Clinical Tables Part 2: Maternal Care and Children's Health

September 28, 2021, 1:00–2:30 p.m. ET

Elise George, MPH

Training and Technical Assistance Specialist, John Snow, Inc. (JSI)

Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Opening Remarks

Judy Van Alstyne, MPH

Team Lead, Data Production, Data and Evaluation Division

Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



Working Towards UDS Patient Level Submission (UDS+) for 2023

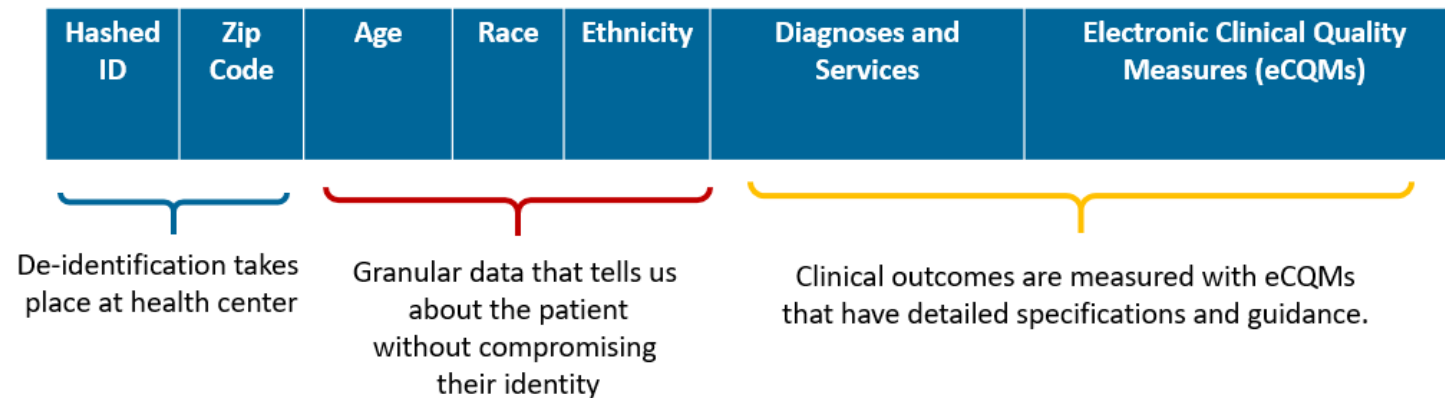
UDS+ is...

- 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](#)



Agenda

- Review 2021 UDS clinical quality measures webinar training series
- Review reporting requirements for maternal, child, and adolescent health measures
- Identify strategies and tips for checking data accuracy
- Review 2021 UDS training resources
- Questions and answers



Objectives of the Webinar

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

- Understand reporting requirements and the impact of telehealth on maternal, child, and adolescent care on UDS clinical quality measures.
- Understand how to evaluate data for accuracy and cross-table relationships.
- Identify strategies for assessing quality of care.
- Access additional reporting supports.



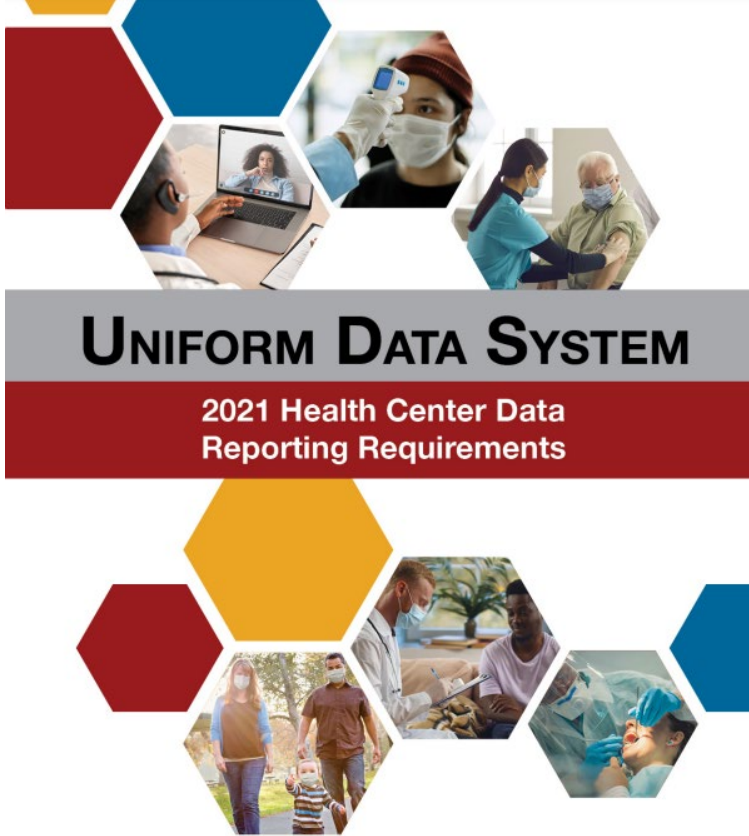
Tables 6B and 7 Reporting Instructions

- **Electronic Clinical Quality Improvement (eCQI) Resource Center**
 - **Value Set Authority Center (VSAC) Specifications**



Getting Started with Clinical Quality Measures

- Adhere to definitions and instructions in the [2021 UDS Manual](#).
- Other supports include:
 - [eCQI Resource Center](#).
 - Annual state-based trainings.
- Quantify care provided during the calendar year.
- Report on all UDS clinical quality measures (CQMs), if denominator criteria is met.
- Evaluate patients who had at least one medical visit during the year (dental visits for dental sealant measure).




UNIFORM DATA SYSTEM

2021 Health Center Data Reporting Requirements

For Reports Submitted February 15, 2022

Updated on August 16, 2021

 **HRSA**
Health Center Program

Key Terms in UDS Clinical Quality Measurement

Key Terms	Definitions
UDS Clinical Quality Measures (CQMs)	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 Measures Handout](#) outlines clinical quality measure reporting instructions and major changes from the prior year.



Key Terms in UDS Clinical Quality Measurement, cont.

Key Terms	Definition
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.

The [UDS Clinical Measures Exclusions and Exceptions resource](#) was developed to support accurate CQM reporting on Tables 6B and 7 for the 2021 UDS Report.



Understanding eCQM Specifications



[eCQI Resource Center](#) is the “one-stop shop” for eCQM resources. Please see specific instructions for use here.

eCQI
RESOURCE CENTER

eCQMs ▾
Electronic Clinical
Quality Measures

Resources ▾
Standards, Tools, &
Resources

About ▾
eCQI, CDS, FAQs
Engage

Sign In
Manage Your
Account

Create an
account
(preferable)

Updated eCQMs, Implementation Resources, and Data Elements for 2021 Reporting Now Available

[Eligible Professional/Clinician >](#)

[Eligible Hospital/CAH >](#)

[eCQM Telehealth Guidance Now Available >](#)

Electronic Clinical Quality Improvement (eCQI) Resource Center: The eCQM one-stop shop.



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](#)



The [Clinical Tables Part 1: Screening and Preventive Care webinar](#) provides additional detail on eCQM/eCQI resources.



Telehealth Impacts on 2021 UDS Clinical Measures

- [Telehealth as it relates to UDS clinical quality measure 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



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



Table 6B: Only the denominator is reported for the prenatal care measure (no sample is permitted).



Table 6B Reporting Format, cont.

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 Column B will be one of the following: <ul style="list-style-type: none"> • 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



UDS Clinical Quality Measures

Screening and Preventive Care

UDS Clinical Tables Part 1:
September 23,
1:00–2:30 ET

Maternal Care and Children's Health

You are here

Chronic Disease Management

UDS Clinical Tables Part 3:
October 6, 1:00–
2:30 ET



[Register](#) for the future UDS webinars.



Tables 6B and 7—Maternal Care and Children’s Health

Category	UDS Table	Measure	CMS Link
Maternal Care	6B, Line 0	Prenatal Care Provided by Referral Only	none
	6B, Lines 1–6	Age of Prenatal Care Patients	none
	6B, Lines 7–9	Early Entry into Prenatal Care	none
	7, Line 0	HIV-Positive Pregnant Patients	none
	7, Line 2	Deliveries Performed by Health Center’s Providers	none
	7, Column 1a	Prenatal Care Patients Who Delivered During the Year	none
	7, Columns 1b–1d	Low Birth Weight	none
Children’s Health	6B, Line 10	Childhood Immunization Status	CMS117v9
	6B, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v9
	6B, Line 22	Dental Sealants for Children between 6–9 Years	CMS277v0



Tables 6B and 7

Maternal Care



Maternal Care Requirements

- **Prenatal Care**—The provision of prenatal care provided to patients directly or by referral
- **Deliveries**—The birth outcomes of prenatal care patients

UDS Captures	Prenatal Care Patients	Delivery Outcomes of Prenatal Patients
WHO	Care provided in whole or in part by: <ul style="list-style-type: none"> • Health center • Another provider 	Care provided by: <ul style="list-style-type: none"> • Health center • Another provider
WHAT	Report: <ul style="list-style-type: none"> • Age of prenatal care patient • Trimester of entry 	Report: <ul style="list-style-type: none"> • Patients who delivered • Babies born by birth weight
WHEN	Include patients who began prenatal care: <ul style="list-style-type: none"> • In the prior year, but did not deliver until the current year • In the current year (regardless if delivered in the current year or will deliver next year) 	Include patients who began prenatal care: <ul style="list-style-type: none"> • In the prior year and delivered in the current year • In the current year and delivered in the current year

Tables 6B and 7: Prenatal Care and Birth Outcome Measures

- Health center patients who **initiate prenatal care with the health center or its referral network** are counted in the Prenatal section of Table 6B and tracked and reported in the Delivery and Birth Outcomes section of Table 7.
 - Pages 86–89 and 117–119 of the [2021 UDS Manual](#) detail the health center UDS reporting requirements for prenatal care and related delivery and birth outcomes.
- **Prenatal care initiated with “the health center or its referral network” refers to:**
 - Prenatal care initiated with the health center directly *OR*
 - Prenatal care initiated with a provider/entity with which the health center has formal referral **contractual** agreements (as recorded on Column II of [Form 5A](#)) *OR*
 - Prenatal care initiated with a provider/entity with which the health center has formal written **referral** arrangements (as recorded on Column III of Form 5A).
- Prenatal care and related delivery and birth weight outcomes are reported on the UDS from all three of the scenarios listed above, therefore **tracking systems must be in place for all three.**



“Initiated with the health center or its referral network,” for UDS reporting purposes, does NOT include other forms of referral, such as those that are **less formal** or those where the patient self-referred.

Table 6B: Prenatal Care

0 Prenatal Care Provided by Referral Only (Check if Yes)

Section A—Age Categories for Prenatal Care Patients: Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15–19	
3	Ages 20–24	
4	Ages 25–44	
5	Ages 45 and over	
6	Total Patients (Sum of Lines 1–5)	

- Health centers are expected to provide prenatal care directly or by referral.
- If this care is provided by referral *only*, indicate this on Line 0.
 - Tracking of prenatal care and birth outcomes is still required if prenatal care is provided by referral only.



Table 6B: Early Entry into Prenatal Care

Section B—Early Entry into Prenatal Care

Denominator

- Patients seen for prenatal care during the calendar year

Numerator

- Patients beginning prenatal care at the health center or with a referral provider (Column A), or with another prenatal provider (Column B), during their first trimester

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		



Trimester Definitions

1st trimester: 0–13 weeks

2nd trimester: 14–27 weeks

3rd trimester: 28+ weeks

Entry into Prenatal Care

Clarifications, Tips, and Frequently Asked Questions

- If the health center referred the patient out for prenatal care, report the patient as having had their first visit with the health center. Be sure to obtain and report based on the trimester in which the patient was first seen by a provider who initiated prenatal care with a complete prenatal exam.
- Do not include patients in the UDS prenatal or delivery reporting who selected their own provider for prenatal care.
- Determine trimester based on last menstrual period, not conception.
- Prenatal 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 for their prenatal care through telehealth in the current year **should be** included.
- Create tracking mechanisms to account for prenatal care and delivery activity that crosses years.



Let's hear from you!

How does your health center provide prenatal care?

- a) Through the health center directly.
- b) With a provider/entity with which the health center has formal referral **contractual** agreements (as recorded on Column II of Form 5A).
- c) With a provider/entity with which the health center has formal written **referral** arrangements (as recorded on Column III of Form 5A).
- d) None of the above/not sure.

Table 7: Deliveries and Birth Outcomes

- Provide the count of pregnant patients who are HIV positive on Line 0.
- Include the number of deliveries performed by the health center’s clinicians on Line 2.
 - Include regardless of birth outcome.
 - Include health center prenatal care patients and patients not part of the health center’s prenatal program.

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
2	Deliveries Performed by Health Center’s Providers	

Table 7: Low Birth Weight

- Report prenatal patients who delivered during the current year in Column 1A.
- Report birth weight for each baby born in Columns 1B–1D.

Denominator

- Babies born during the measurement period to prenatal care patients

Exclusions

- Miscarriages (Columns 1a–1d)
- Stillbirths (Columns 1b–1d)

Section A: Deliveries and Birth Weight

Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
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Numerator

- Babies with a birth weight below normal (under 2,500 grams)



This is a “negative” measure: The higher the number of infants born below normal birth weight, the worse the performance on the measure.

Deliveries and Birth Outcomes

Clarifications, Tips, and Frequently Asked Questions

- Prenatal Patients \neq Deliveries \neq Birth Outcomes
 - For example, a patient gives birth to twins during the year. You would count the mother on Table 6B, Line 6, and on Table 7, Column 1A. The babies would be separately reported by birth weight on Table 7, Columns 1B–1D.
- In a typical prenatal program, about half of the patients will have delivered during the reporting year (calculated by dividing Table 7, Line i, Column 1A by Table 6B, Line 6, Column A).
- The health center is responsible for tracking delivery outcomes of patients who transferred out of the health center's prenatal program or had their delivery performed elsewhere.
- Establish relationships with area prenatal and delivery providers to receive delivery outcomes of prenatal care patients who transferred to other providers.
- Review birth outcomes with overall patient population demographics (i.e., race/ethnicity).



Knowledge Check: Prenatal Care

A 32-year-old patient is seen in the health center in early 2021, has a pregnancy test, and is found to be pregnant. The nurse gives the patient a list of nearby prenatal care providers who are accepting new patients. The patient is seen again in late 2021 for allergies and a COVID test. At that visit, the patient has their new baby in tow.

Where is this individual reported in the prenatal section of the UDS Report?

- a) Table 6B only—in the prenatal care section
- b) Table 7 only—delivery and birth outcomes
- c) Both Table 6B (prenatal care) and Table 7 (delivery and birth outcomes)
- d) This patient is not considered a prenatal care patient and not reported in either section



Knowledge Check: Prenatal Care, cont.

A 32-year-old patient is seen in the health center in early 2021, has a pregnancy test, and is found to be pregnant. The nurse gives the patient a list of nearby prenatal care providers who are accepting new patients. The patient is seen again in late 2021 for allergies and a COVID test. At that visit, the patient has their new baby in tow.

Where is this individual reported in the prenatal section of the UDS Report?

- a) Table 6B only—in the prenatal care section
- b) Table 7 only—delivery and birth outcomes
- c) Both Table 6B (prenatal care) and Table 7 (delivery and birth outcomes)
- d) This patient is not considered a prenatal care patient and not reported in either section**



Table 6B

Children's Health



Childhood Immunization Status: CMS117v9

Denominator

- Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period

Exclusions

- Patients who were in hospice care during the measurement period

Numerator

- Children who have evidence showing they received recommended vaccines, had documented history of the illness, seropositive test result, or had an allergic reaction to the vaccine by their second birthday

Childhood Immunization Status: CMS117v9, cont.

Clarifications, Tips, and Frequently Asked Questions

- Include children who turned 2 during the measurement period in the assessment regardless of when they were seen for medical care. Specifically, include them if the medical visit occurred before or after they turned 2.
- Do not include children here or anywhere on the UDS if they only received a vaccination and did not receive any other services.
- Use immunization registries to fill out patient health records.
- Assess patient health records for evidence of vaccinations; vaccinations do not need to be those administered at a well-child visit only.
- If a patient was seen via telehealth, determine if the record shows evidence of vaccine completion or if the patient will need to be seen in person in order to complete the immunization series.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: CMS155v9

Denominator

- Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period

Exclusions

- Patients who had a diagnosis of pregnancy during the measurement period
- Patients who were in hospice care during the measurement period

Numerator

- Children and adolescents who have had:
 - ✓ Their BMI percentile (not just BMI or height and weight) recorded during the measurement period *and*
 - ✓ Counseling for nutrition during the measurement period *and*
 - ✓ Counseling for physical activity during the measurement period



Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: CMS155v9, cont.

Clarifications, Tips, and Frequently Asked Questions

- The patient must have all three numerator components completed in order to meet the measurement standard.
- Height and weight are to be captured using a standardized, set process for consistency. **This component of the service must be done in person.** Counseling for physical activity and nutrition may be provided via telehealth.
- This measure requires that the height, weight, and counseling for physical activity and nutrition be performed by health center staff or paid for by the health center.
- Table 3A includes patients' age as of June 30 and patients seen for any reportable visit; Table 6B includes age as of the start of the measurement period and patients seen for medical care, while factoring out exclusions.



Dental Sealants for Children between 6–9 Years: CMS277v0

Denominator

- Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation *dental* visit who are at moderate to high risk for caries in the measurement period

Exceptions

- Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing)

Numerator

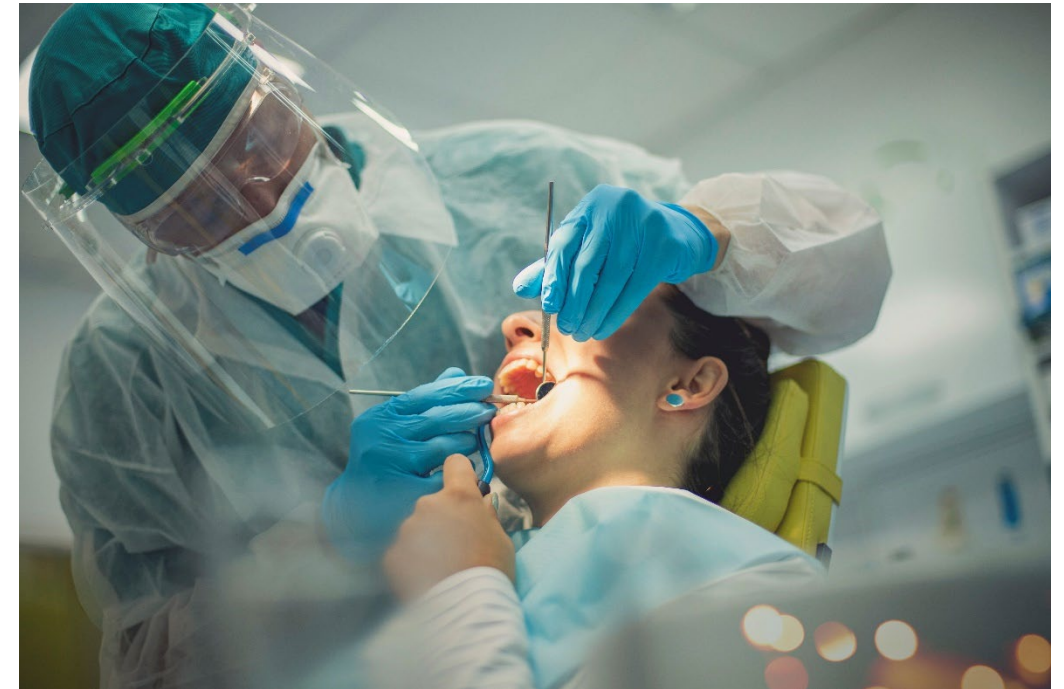
- Children who received a sealant on a permanent first molar tooth during the measurement period



Dental Sealants for Children between 6–9 Years: [CMS277v0](#), cont.

Clarifications, Tips, and Frequently Asked Questions

- The intent is to measure whether a child received a sealant on at least one of the four sealable permanent first molars during the calendar year.
 - Measure is intended to assess patients age 6 through 9 years of age at the **start** of the calendar year. A patient who is 9 at the start of the year may turn 10 during the year and should still be included.
- Use American Dental Association codes to document caries risk level determined through an assessment.



Knowledge Check: Weight Assessment and Counseling

A 15-year-old patient is seen in the health center in April 2021 for an annual physical exam. At the visit, the patient has their height, weight, and BMI recorded and receives counseling for nutrition. The nurse schedules next year's physical exam at the end of the appointment.

How is this patient reported in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents measure?

- a) Included in both the denominator and numerator—measurement standard has been met
- b) Included in the denominator but not the numerator—measurement standard has not been met
- c) Excluded from the measure
- d) The individual is not a patient and not included in the UDS Report



Knowledge Check: Weight Assessment and Counseling, cont.

A 15-year-old patient is seen in the health center in April 2021 for an annual physical exam. At the visit, the patient has their height, weight, and BMI recorded and receives counseling for nutrition. The nurse schedules next year's physical exam at the end of the appointment.

How is this patient reported in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents measure?

- a) Included in both the denominator and numerator—measurement standard has been met
- b) Included in the denominator but not the numerator—measurement standard has not been met**
- c) Excluded from the measure
- d) The individual is not a patient and not included in the UDS Report



Strategies for Successful Reporting



Understanding Reported UDS Data

- Tables are interrelated:
 - Check data trends and relationships across tables.
 - Communicate with UDS data preparation and review team.
- Review issues raised during last year's and current year's review.
- Communicate with your EHR vendor to verify that the system is reporting and capturing data elements according to reporting instructions.
 - Collect trimester of entry and delivery outcome data from referral providers.
 - Maintain tracking logs to follow through on patient outcomes from start of prenatal care through delivery.
- Address edits in the Electronic Handbooks (EHBs) by correcting the data or explaining data flags or discrepancies.
 - Remember the look-back period for both maternal care and children's health measures when reporting and explaining measurement standard.



Responding to System Edits

Related Measure	Edit Explanation	What Does This Mean?	Explain the Data
Prenatal care vs. deliveries	High delivery rate	Large % of patients in prenatal program delivered during the year	<ol style="list-style-type: none"> 1. Compare Tables 6B and 7. Did you add patients to the prenatal count who began care last year but delivered this year? 2. Was there a change or interruption in the prenatal program? 3. Did you include more than one patient delivering for twins (when she should only be counted once)?
Childhood immunization	Low denominator in question	Fewer children included in immunization denominator than expected	<ol style="list-style-type: none"> 1. Are larger numbers of children in this age group seen for care other than medical? 2. Have you applied the age criteria differently on Tables 3A and 6B? 3. Did you only include patients for whom you performed a well-child visit or provided primary care?

Using Available UDS Data and Reports

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

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

	2018	2019	2020	2019 - 2020		2018 - 2020	
				Change	%	Change	%
Access							
Total Number of Patients Served	28,379,680	29,836,613	28,590,897	-1,245,716	-4.18%	211,217	0.74%
Medical Patients Served	23,827,122	25,029,835	24,529,374	-500,461	-2.00%	702,252	2.95%
Dental Patients Served	6,406,667	6,712,204	5,155,619	-1,556,585	-23.19%	-1,251,048	-19.53%
Total Visits ¹	115,816,238	122,303,749	114,209,146	-8,572,936	-6.98%	-1,607,092	-1.39%
Agricultural Worker Patients Served	995,232	1,031,049	977,744	-53,305	-5.17%	-17,488	-1.76%
Homeless Patients Served	1,413,256	1,459,446	1,287,854	-171,592	-11.76%	-125,402	-8.87%
Public Housing Patients Served	4,415,160	5,165,074	5,187,617	22,543	0.44%	772,457	17.50%
Quality of Care Indicators/Health Outcomes							
Perinatal Health							
Access to Prenatal Care (first prenatal visit in 1st trimester)	73.82%	73.81%	73.48%	-0.33%	-0.44%	-0.33%	-0.45%
Low Birth Weight (Live birth < 2500 grams)	8.00%	8.05%	8.18%	0.13%	1.66%	0.19%	2.33%



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

Resources and Updates



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



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.
- Office of the National Coordinator for Health Information Technology (ONC) Issue Tracking System (OITS) JIRA project eCQM Issue Tracker:
 - Sign up for an [OITS account](#)
 - Post questions in the [eCQM Issue Tracker](#)
- 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](#)
- [Healthy People 2030](#)
- [U.S. Preventive Services Task Force](#)
- [CDC National Center for Health Statistics State Facts](#)
- [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#)
- [CMS Quality Measures](#)



HRSA priority areas

- [Oral Health and Primary Care](#)
- [Healthy Weight, Healthy People, Health Communities](#)
- [Maternal Health](#)



Health Center Data and Resources

- [Adjusted Quartile Ranking](#)
- [Clinical Quality Measures](#)
- [Community Health Quality Recognitions](#)
- [Quality Payment Program](#)



Upcoming Webinars

- Upcoming Webinars
 - 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
 - UDS Clinical Tables Part 1: Screening and Preventive Care Measures



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

<http://bphc.hrsa.gov>



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