Calendar Year 2024 Uniform Data System (UDS) Reporting Changes Webinar

June 5, 2024, 2:00–3:30 p.m. ET

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Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Housekeeping

This event is being recorded: Audio is now broadcasting.

01

Audio is provided through your computer speakers or headphones: Your line is automatically muted.

02

If you have issues with your speakers: Close out of Zoom; when you reconnect, check your audio options before joining.

03

Live captioning is available: Click the CC Live Transcription button to show and hide captions during today's event.

04

Chat box: The chat will be disabled for attendees but used for dropping links and files today.

05

Need tech support or have questions for our presenters? Please type in the Q&A box!

06

Opening Remarks

Jonjelyn Gamble

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Objectives of the Webinar

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

- Understand the changes to calendar year (CY) 2024 Uniform Data System (UDS) data reporting (due February 15, 2025).

- Understand the resources available to support CY 2024 UDS reporting.

Agenda

- CY 2024 UDS Changes Announcements

- Details of 2024 UDS Changes

    - Reporting Updates

    - Clarifications to Existing Data

    - Major Modifications to Existing Data

    - New Data Reported

- Strategies for Successful Reporting

- UDS Modernization Updates

- Questions and Answers

CY 2024 UDS Changes Announcements

For UDS Reports due February 15, 2025

Communication of UDS Reporting Changes

- Each Spring (typically in May), CMS communicates updates about electronic clinical quality measures (eCQM) specifications for the next reporting/performance period
    - Changes to eCQM specifications, such as logic statements, are governed and vetted by the respective measure steward
    - Allows health centers the opportunity to begin working early with their EHR vendors to make programming updates to their systems
- 2024 UDS changes first announced via "Proposed Uniform Data System Changes for Calendar Year 2024" in Program Assistance Letter (PAL) 2023-05 dated December 11, 2023; Final UDS PAL with approved updates was released on April 15[th.]
    - Proposed Changes and Final Changes PALs announced in the Primary Care Digest and Today with Macrae
    - Both releases provided opportunity for public comment
    - Proposed 2025 UDS changes are expected to be announced this fall

Changes described in further detail in the 2024 UDS Manual, during technical assistance webinars (Fall 2024), and during annual UDS trainings co-hosted with Primary Care Associations (PCAs) (October–December 2024).

Training information will be announced this fall in the Primary Care Digest and on the UDS Training and Technical Assistance site.

HRSA Health Center Program

Important Dates and Reminders

- Changes impact UDS Reports for in-scope activities for 2024:

  - Effective **January 1, 2024,** and must be reflected in data reported for the entire year.

  - To be reported by **February 15, 2025,** and submitted through the Electronic Handbooks (EHBs).

Overview of UDS Report

Four Primary Sections

Patient Demographic Profile

- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special populations

Clinical Services and Outcomes

- **Table 5:** Staff, visits, patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race and ethnicity

Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
- **Table 9E:** Other revenue

Other Forms

- **Appendix D:** Health IT Capabilities Form
- **Appendix E:** Other Data Elements (ODE)
- **Appendix F:** Workforce

Details of 2024 Reporting Changes

Summary of CY 2024 Reporting Changes

Updates

Major Changes

Clarifications

New Data

Reporting Updates

Table 6A: Updated Codes
Selected Diagnoses and Services Rendered

UDS Table 6A Code Changes (See resource for the full list.)

Indicates change from 2023

Line	Diagnosis/Service	2023 Codes	2024 Codes
	Selected Infectious and Parasitic Diseases	Selected Infectious and Parasitic Diseases	Selected Infectious and Parasitic Diseases
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21 OID: 2.16.840.1.113883.3.464.1003.120.12.1003	B20, B97.35, O98.7-, Z21 OID: 2.16.840.1.113883.3.464.1003.120.12.1003
3	Tuberculosis	A15- through A19-, O98.0-, Z86.15, Z22.7 OID: 2.16.840.1.113762.1.4.1151.56 (O98.0- is not in value set)	A15- through A19-, O98.0-, Z86.15, Z22.7 OID: 2.16.840.1.113762.1.4.1146.451
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-, Z22.4 OID: 2.16.840.1.113883.3.464.1003.112.11.1003	A50- through A64-, A69.0, A69.1, A69.8, A69.9 OID: 2.16.840.1.113883.3.464.1003.112.11.1003
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4- OID: 2.16.840.1.113883.3.464.1003.110.12.1025 (B19.1- and O98.4- are not in value set)	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1- OID: 2.16.840.1.113883.3.464.1003.110.12.1025
4b	Hepatitis C	B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1222.30	B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1146.153

- Applicable ICD-10-CM Codes, Value Set Object Identifiers (OIDs), CPT-4/I/PLA, and HCPCS codes have been updated for 2024.

- 2024 Table 6A code changes will be available for download.

- Codes are updated as of May 2024.

- Line 21e, PrEP: New ICD-10-CM code Z29.81 for identifying PrEP management patients added.

- Line 26e, Childhood Development Screenings and Evaluations: Reporting is limited to patients less than 18 years of age.

- COVID Immunization codes have been consolidated.

- Codes may be updated later in the year to capture critical updates made after this date.

Changes to Align with Electronic Clinical Quality Measures (eCQMs)

Tables 6B and 7 were updated to align with the latest CMS eCQMs. The Clinical Measures Exclusions and Exceptions handout will be available to review for 2024 updates.

Table	Line/Columns	Quality Care Measure	Updated eCQM
6B	10	Childhood Immunization Status	CMS117v12
6B	11	Cervical Cancer Screening	CMS124v12
6B	11a	Breast Cancer Screening	CMS125v12
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v12
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v12
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v12
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v7
6B	19	Colorectal Cancer Screening	CMS130v12
6B	20a	HIV Screening	CMS349v6
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v13
6B	21a	Depression Remission at Twelve Months	CMS159v12
7	2a–2c	Controlling High Blood Pressure	CMS165v12
7	3a–3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v12

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Reviewing Changes to eCQM Specifications

- Changes to eCQM specifications, such as logic statements, are governed and vetted by the respective measure steward.
  - Most (13 of 18) of UDS clinical quality measures (CQMs) align with the Centers for Medicare & Medicaid Services (CMS) eCQMs for clinical quality measure reporting.
  - Appendix H of the UDS Manual provides information on eCQM stewards.

- Review changes to eCQM specifications on the Electronic Clinical Quality Improvement (eCQI) Resource Center.
  - Also access eCQM value sets from the Value Set Authority Center (VSAC) and eCQM workflows.

Knowledge Check #1

What resources do *you* use to learn about new UDS reporting guidance? (Select all that apply.)

    A. The UDS Manual

    B. UDS Training and Technical Assistance website

    C. The latest PAL

    D. eCQI Resource Center

    E. UDS training webinar slides

    F. UDS Support Center or BHPC Contact Form

    G. Other (Please share in the chat!)

Clarifications to Existing Data

Demographic Tables

Table and Item	Clarification
Table 3B, Race & Ethnicity (Line 5)	Additional guidance added for reporting patients of Middle Eastern or North African Ancestry *"Report patients who trace their ancestry to any of the original peoples of Europe, the Middle East, or North Africa on Line 5, White."*
Table 4, Veteran Status (Line 25)	New FAQ and resource added to support screening for veteran status ⭐ Review the National Association of Community Health Center (NACHC) Recommended Language for Veteran Status Screening Question in Health Centers tool
Table 4, Managed Care (Lines 13a-13c)	Revised definition of managed care plans *The determination of managed care reporting in the UDS is that the health center has a contractual agreement with a managed care organization or managed care plan through which the health center is assigned and responsible for managing the comprehensive care of patients.*

Table 9D: Revenue Timing

- New FAQ added to clarify the timing for revenue reporting (charges, collections, adjustments) on Table 9D, Patient Service Revenue

  - Charges should be reported based on the date of service and limited to dates of service that occurred in 2024

  - Collections and adjustments are reported based on posting date and limited to transactions posted in 2024

Appendix Forms

Form	Clarification
Appendix A, Listing of Personnel	Removed clerk typists Added orthotists, occupational therapy assistants, physical therapy assistants, orthodontists
Appendix D, Health IT Capabilities Form	References to HIT have been changed to Health IT
Appendix E, ODE	New family planning screening measure
Appendix F, Workforce	New note clarifying how to report physicians on Line 1 for health professional education/training at the health center *Note: Line 1, below, is the count of individuals, regardless of their specialty. Lines 1a–1f are to account for the multiple specialties that an individual has received or may be receiving training for during the calendar year (e.g., an Internist + other specialty).*
Appendix G, De-Identified Patient-Level Reporting	Added link to UDS+ Implementation Guide and guidance for finding out more about UDS+ reporting
Appendix H, UDS Publicly Available Data	Added a brief summary of publicly available data
Appendix I, Glossary	New terms added: drawdown, health center scope, new start, patients' use of services, provider, revenue, services provided

Clarifications to Existing eCQMs

Denominators: Qualifying Encounters

- Clinical measure guidance clarifies that to be included in a CQM denominator, patients must have:

  - Had a **countable UDS visit** during the calendar year reported on Table 5, *and*

  - had a visit that meets the **qualifying encounter** definitions for a CQM's measure criteria

Table 6B: Existing Measure Modified
Childhood Immunization Status (CMS117v12)

- The Childhood Immunization Status measure numerator expands criteria for anaphylaxis due to vaccine.

2023 Numerator Criteria	2024 Numerator Criteria
Demonstrated vaccinations for Diphtheria, tetanus, and pertussis (DTaP), Poliovirus vaccination (IPV), Measles, mumps, and rubella vaccination (MMR), Haemophilus influenzae type b vaccination (Hib), Hepatitis B, Varicella vaccination (VZV), Pneumococcal conjugate, Hepatitis A, Rotavirus, Influenza Or anaphylaxis due to DTaP, HiB, Hepatitis B, Rotavirus	Demonstrated vaccinations for Diphtheria, tetanus, and pertussis (DTaP), Poliovirus vaccination (IPV), Measles, mumps, and rubella vaccination (MMR), Haemophilus influenzae type b vaccination (Hib), Hepatitis B, Varicella vaccination (VZV), Pneumococcal conjugate, Hepatitis A, Rotavirus, Influenza Or anaphylaxis due to DTaP, **IPV, MMR,** HiB, Hepatitis B, **VZV, Pneumococcal conjugate, Hepatitis A,** Rotavirus, **Influenza**

Table 6B: Existing Measure Modified
Cervical Cancer Screening (CMS124v12)

- The Cervical Cancer Screening measure includes language to capture screenings performed outside of the measurement period.

2023 Guidance	2024 Guidance
Not applicable	**Please note the measure may include screenings performed outside the age range of patients referenced in the initial population. Screenings that occur prior to the measurement period are valid to meet measure criteria.**

Table 6B: Existing Measure Modified
Breast Cancer Screening (CMS125v12)

- The Breast Cancer Screening measure includes additional denominator exclusion language added to confirm timing for bilateral mastectomy "on or before the end of the measurement period."
- Includes added guidance to capture screenings performed outside of the measurement period.

2023 Denominator Exclusions	2024 Denominator Exclusions
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 a left unilateral mastectomy.	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 a left unilateral mastectomy **on or before the end of the measurement period.**
2023 Guidance	**2024 Guidance**
Not applicable	**Please note the measure may include screenings performed outside the age range of patients referenced in the initial population. Screenings that occur prior to the measurement period are valid to meet measure criteria.**

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Table 6B: Existing Measure Modified
Colorectal Cancer Screening (CMS130v12)

- The Colorectal Cancer Screening measure's numerator terminology has changed to refer to "Stool DNA (sDNA) with FIT test" in place of "FIT-DNA."

- Includes language to capture screenings performed outside of the measurement period.

2023 Numerator Terminology	2024 Numerator Terminology
FIT-DNA during the measurement period or the two years prior to the measurement period.	**Stool DNA (sDNA) with FIT test** during the measurement period or the two years prior to the measurement period.
2023 Guidance	**2024 Guidance**
Not applicable	**Please note the measure may include screenings performed outside the age range of patients referenced in the initial population. Screenings that occur prior to the measurement period are valid to meet measure criteria.**

Table 7: Existing Measure Modified
Controlling High Blood Pressure (CMS165v12)

- The Controlling High Blood Pressure measure guidance language changed from "remote monitoring device" to "automated blood pressure monitor or device."

2023 Guidance (Example)	2024 Guidance (Example)
In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure.	In reference to the numerator element, only blood pressure readings performed by a clinician or **an automated blood pressure monitor or** device are acceptable for numerator compliance with this measure.

Major
Modifications
to Existing Data

De-Identified Patient-Level (UDS+) Reporting

- In addition to aggregate UDS reporting within EHBs, de-identified patient-level data (UDS+) submission using Fast Healthcare Interoperability Resources (FHIR) will be required for certain UDS tables.

- The minimum submission requirements for 2024 will be announced on the UDS Modernization Overview and the Health Center Program community websites this fall.

- Sign up for the Primary Health Care Digest and join the UDS Test Cooperative (UTC) to receive timely updates.

Major Changes to Existing eCQMs

Table 6B: Existing Measure Modified
Tobacco Use: Screening and Cessation Intervention (CMS138v12)

- The Tobacco Screening measure denominator age has changed from patients aged 18 and older to those aged 12 and older.

2023 Measure Description	2024 Measure Description
Percentage of patients aged **18 years and older** who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user	Percentage of patients aged **12 years and older** who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user

Known Issue: The "Preventive Care Services, Initial Office Visit, 0 to 17" and "Preventive Care, Established Office Visit, 0 to 17" value sets are not currently included in the measure. (The ONC JIRA tickets on this issue can be reviewed here and here.)

Table 6B: Existing Measure Modified
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v7)

- The Statin Therapy measure now includes:

  - Patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD)

  - Patients 40 through 75 years of age with a 10-year ASCVD risk score >= 20 percent

2023 Denominator	2024 Denominator
• All patients **who have an active diagnosis of ASCVD**, or have ever had an ASCVD procedure, +	• All patients **who were previously diagnosed with or currently have a diagnosis of ASCVD**, including an ASCVD procedure, +
• Patients who were **20 years of age and older** who ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, +	• Patients who were **20 through 75** years of age who ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, +
• Patients 40 through 75 years of age with type 1 or type 2 diabetes	• Patients 40 through 75 years of age with type 1 or type 2 diabetes, +
	• **Patients 40 through 75 years of age with a 10-year ASCVD risk score of greater than or equal to 20 percent during the measurement period**

Table 6B: Existing Measure Modified
HIV Screening (CMS349v6)

- The HIV Screening measure has added a denominator exception for patients who died on or before the end of the measurement period.

2023 Denominator Exceptions	2024 Denominator Exceptions
Not applicable	**Patients who died on or before the end of the measurement period**

Table 6B: Existing Measure Modified
Screening for Depression and Follow-Up Plan (CMS2v13)

- The Depression Screening measure has removed diagnosis of depression as a denominator exclusion. This change is based on updated clinical guidance.

- Denominator exception language has been updated to include patient refusal to participate in or complete screening.

2023 Denominator Exclusions	2024 Denominator Exclusions
Patients who have been **diagnosed with depression or bipolar disorder** at any time prior to the qualifying encounter, regardless of whether the diagnosis is active or not	Patients who have been **diagnosed with bipolar disorder** at any time prior to the qualifying encounter, regardless of whether the diagnosis is active or not
2023 Denominator Exceptions	**2024 Denominator Exceptions**
Patient Reasons: Patient refuses to participate	Patient Reasons: Patient refuses to participate in **or complete the depression screening**

Known Issue: Patients with an active depression diagnosis who are currently receiving treatment might not meet numerator criteria. (See eCQM Known Issue details here.)

Table 6B: Existing Measure Modified
Depression Remission at Twelve Months (CMS159v12)

- The Depression Remission measure no longer excludes permanent nursing home residents from the denominator.

2023 Denominator Exclusions	2024 Denominator Exclusions
• Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder	• Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder
• Patients who died or who received hospice or palliative care services	• Patients who died or who received hospice or palliative care services
• Patients who were permanent nursing home residents	• ~~Patients who were permanent nursing home residents~~

Knowledge Check #2

What should be considered in order to accurately report on eCQMs?

A. Measure considerations outlined in the UDS Manual

B. Detailed eCQM specifications

C. Value sets for each eCQM

D. All of the above

Knowledge Check #2 Answer

What should be considered in order to accurately report on eCQMs?

    A.   Measure considerations outlined in the UDS Manual

    B.   Detailed eCQM specifications

    C.   Value sets for each eCQM

    D.   All of the above

New Data Reporting

Appendix E (Other Data Elements): New Data Reported
Family Planning Screening

- A **new question** has been added to Appendix E: Other Data Elements to capture the total number of patients screened for family planning needs.

"How many health center patients were screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year?"

★ *NEW: See the FAQs added to Appendix E for answers to questions around this new data reporting element.*

★ *NEW: See the new* <u>crosswalk</u> *resource for reporting Family Planning Screening.*

Strategies for Successful Reporting

UDS Training and Technical Assistance

Uniform Data System (UDS) Training and Technical Assistance
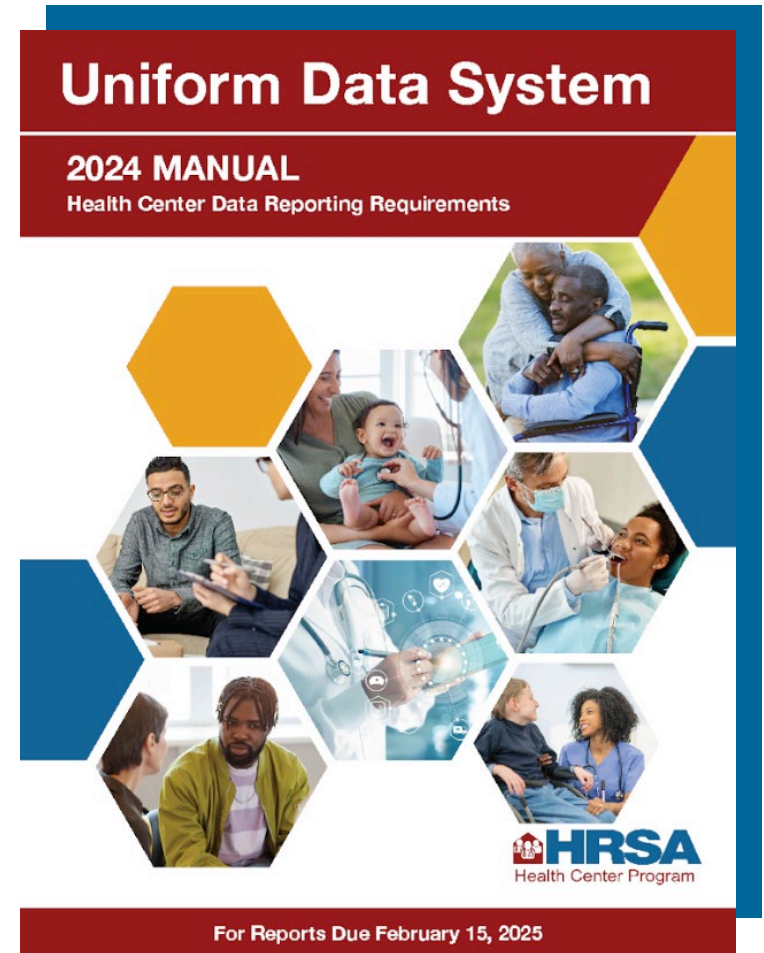
Last updated: December 18, 2023

**Visit
UDS Training and Technical Assistance**

- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance.
- Organized by UDS topic areas, such as:
  - Patient Characteristics
  - Staffing and Utilization
  - Clinical Care
  - Financials
  - Appendices
  - Additional Reporting Topics

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2024 UDS Manual.

- See other available guidance:

  - PAL 2024-06

  - eCQI Resource Center

  - Value Set Authority Center (VSAC)

- UDS Support Center offers assistance with UDS measures and requirements.

  - Call 866-UDS-HELP (available year-round from 8:30 a.m. to 5:00 p.m. ET)

  - Email udshelp330@bphcdata.net

  - Submit a ticket via the BPHC Contact Form (select Uniform Data System/UDS Reporting)

Uniform Data System

2024 MANUAL
Health Center Data Reporting Requirements

HRSA Health Center Program

For Reports Due February 15, 2025

HRSA Health Center Program

Work as a Team

- **Tables are interrelated.**
  - Communicate early and throughout the process with your internal UDS data preparation team.
    - Identify appropriate team members responsible for submitting UDS data, including contingency/succession planning.
  - Review data across tables to ensure data are consistent and reasonable.
  - Review changes in performance to validate accuracy and to identify potential quality improvement initiatives.

- **Use available tools.**
  - Preliminary Reporting Environment (PRE) will be available fall 2024.
  - The modernized reporting features— Excel file, offline HTML file, comparison tool, and the Excel mapping document—are all available in the PRE and throughout the submission process to help you prepare for UDS data reporting.

Check Data for Accuracy

- Vendor-developed reports and other reporting advancements will not replace the need for data governance and validation in your health center!

- Educate health center staff involved with UDS reporting on 2024 UDS changes.

- Work with your electronic health record (EHR) and/or population health system vendor to validate data workflows and output and to verify that calendar year updates have been programmed.

- Check data trends and relationships across tables: Previous-year UDS data can be compared in the EHBs with the Data Comparison tool.

- Review performance year 2023 UDS Report letter from your reviewer to ensure all issues are addressed in the 2024 UDS Report.

★ **Reporting Guidance resources are available on the UDS TTA site.**

You Can Begin Your Report on January 1, 2025
Complete, accurate, and on time!

- **October 1: Preliminary Reporting Environment (PRE) opens**

- **January 1: UDS Report available in the EHBs**

- **February 15: UDS Report due date**

- **February 15 - March 31: Review period**
  - Work with your assigned UDS reviewer

- **March 31: All corrected submissions must be finalized**
  - No further changes made after this date

Health centers must demonstrate compliance with these requirements:

- The health center must have a system in place to collect and organize data related to the HRSA-approved scope of project, including those data elements for UDS reporting.

- The health center submits timely, accurate, and complete UDS Reports in accordance with HRSA instructions and submits any other required Health and Human Services (HHS) and Health Center Program reports.

HRSA Health Center Program

Available Assistance

- Technical assistance materials, including local trainings, are available online:
  - UDS Training and Technical Assistance
- UDS Support Center for assistance with UDS reporting questions:
  - udshelp330@bphcdata.net
  - 866-UDS-HELP (866-837-4357)
  - BPHC Contact Form, select Uniform Data System/UDS Reporting.
- For EHBs help and account access/roles questions:
  - 877-464-4772
  - BPHC Contact Form, select Technical Support/EHBs Tasks/EHBs Technical Issues.

- 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
- National Training and Technical Assistance Partners (NTTAPs)

For more information, visit the Technical Assistance Contacts webpage.

UDS Webinars

- Additional technical assistance webinars will occur in the fall, covering topics such as:
  - Counting visits and patients on the UDS
  - UDS clinical tables
  - UDS financial and operational tables

- Past webinar presentations are archived on the UDS Training and Technical Assistance site.

UDS Modernization Updates

UDS Modernization Initiative

Reduce Reporting Burden
Automate data submission, provide enhanced UDS reporting capabilities, promote transparency, and integrate stakeholder feedback.
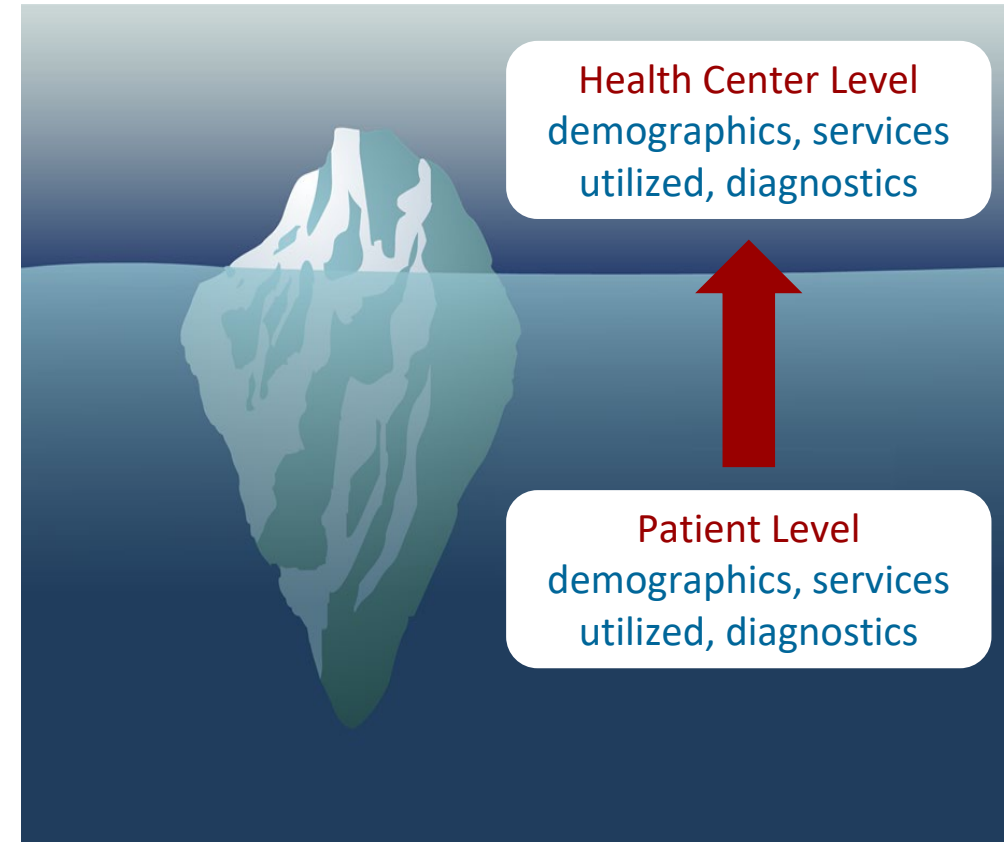
Better Measure Impact
Improve the quality of UDS data to reflect improvements in patient-centered care and an evolving primary health care setting.

Promote Transparency
Provide an open, transparent decision-making process on UDS changes such as measure selection, information technology, and reporting improvements.

Health Center Level
demographics, services utilized, diagnostics

Patient Level
demographics, services utilized, diagnostics

UDS Modernization Initiative

Why are we modernizing UDS?

- Advance the use of interoperable data sets being adopted across the U.S. Department of Health and Human Services and the healthcare industry to reduce reporting burden

- Standardize data collection using FHIR resources to automate and reduce the technical burden for health centers

- Improve the fidelity and integrity of data and enable more robust analyses to improve equitable access to high quality, cost-effective care for our patients

- Drive quality improvement for vulnerable and historically underserved population groups

- Allow HRSA to better administer the Health Center Program and better serve its patients

UDS+ Cohort Descriptions and Benefits

Cohort 1 – March Submission and Full Data Review

Description: Submit live data during the voluntary UDS+ submission period **before March 31st**.

Submission: February through March 2024.

Benefits:
- Dedicated submission support.
- Detailed submission review.
- Full Data Review – Detailed review and analysis with UDS and UDS+ comparison reports.
- Heavily influence future data and reporting needs.
- Heavily influence future IG changes.

Cohort 2 - Extended Testing, June Submission, Partial Data Review

Description: Continue Synthetic Testing and submit live data during the voluntary UDS+ submission period **before June 30th**.

Submission: May through June 2024.

Benefits:
- Allow continued synthetic testing through Spring 2024.
- Allow voluntary 2023 data submissions through mid-2024.
- Allow testing and submission for unique scenarios (multi-system for example).
- Partial data review and analysis.
- Influence future UDS+ needs.

Cohort 3 – Focus on Testing

Description: Vendors and Health Centers interested in participating but have not participated in testing and still monitoring UDS+ participation and readiness.

No Voluntary 2023 Submission

Benefits:
- Continued engagement in public forums and outreach efforts to navigate any looming questions or plans for UDS+.
- Continued support and encouragement to participate in Synthetic Testing in 2023.

Note: Vendors (submitting on behalf of a Health Center) and Health Centers using in-house systems must successfully complete testing <u>before</u> submitting UDS+ data.

UDS+ Cohort 2: Submission Dates

Cohort 2

- **Description**: Submit live data during the voluntary UDS+ submission period **from May 1 to June 30**.

- **UDS+ Onboarding:**

  - New and Existing Vendors must complete testing to support Cohort 2: **Friday, June 7**

  - Health Centers must submit the UDS+ onboarding forms for Cohort 2: **Friday, June 21**

2024 Calendar Year: UDS/ UDS+ Reporting

All health centers are **required** to submit **aggregated** UDS data.

Health centers will be required to submit a **TBD** amount of **patient-level data (UDS+)**.
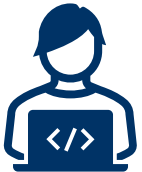
- Submit aggregated UDS data through EHBs, using the traditional submission method.
- Include all UDS tables and appendices.
- This will be the official submission of record.

- UDS+ FHIR Implementation Guide provides architectural details and technical reporting specifications for submission.

- http://fhir.org/guides/hrsa/uds-plus/

EHBs will remain the report of record.

How can health centers prepare for UDS+?

UDS TEST COOPERATIVE

Join the UTC and consider volunteering to submit UDS+ data for CY 2023.

HL7® FHIR®

Review:
   HL7.org
   HL7® FHIR® resources page
   UDS+ FHIR IG

OUTREACH

Begin discussions with UDS stakeholders (e.g., health IT staff and vendors) to understand UDS+ requirements.

Encourage your health IT vendors to join the UTC and participate in the UDS+ proof of concept and testing activities.

? Submit questions through the BPHC Contact Form by selecting **Uniform Data System (UDS)** > **UDS Modernization** > **Patient-Level Submission (UDS+).**

Visit the
UDS Modernization
Initiative webpage
to learn more!

HRSA Health Center Program

Resources

For the latest UTC and UDS+ information, please visit HRSA webpages:

- UTC
- UDS Modernization Initiative
- UDS Modernization FAQ
- UDS+ FHIR IG
- Health Center Program Community

For questions, comments, or suggestions:

- BPHC Contact Form

Questions and Answers

Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

✉ udshelp330@bphcdata.net *or* BPHC Contact Form

☎ **1-866-837-4357**

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