Calendar Year 2025 Uniform Data System (UDS) Reporting Changes Webinar

June 26, 2025, 2–3:30 p.m. ET

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Opening Remarks

Jonjelyn Gamble

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Objectives

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

1 Understand the changes to calendar year (CY) 2025 Uniform Data System (UDS) legacy data reporting (due February 15, 2026).

2 Understand the resources available to support CY 2025 UDS reporting.

Agenda

1 CY 2025 UDS Changes Announcements

3 Strategies for Successful Reporting

2 Details of 2025 UDS Changes
- Reporting Updates
- Changes to Existing CQMs
- Key Modifications to Existing Data
- New Data Reported

4 Questions and Answers

CY 2025 UDS Changes Announcements

For UDS Reports due February 15, 2026

Communication of UDS Reporting Changes

- Each spring (typically in May), the Centers for Medicare & Medicaid Services (CMS) communicates updates about CQMs and electronic clinical quality measure (eCQMs), including electronic specifications, for the next reporting/performance period. The CMS Annual Update includes regulatory, programmatic, and technical changes that could affect CQMs and eCQMs.
  - Changes to eCQM specifications, such as updates to measure logic, are governed and by the respective measure steward
  - This communication enables health centers to begin working with their electronic health record (EHR) vendors to make programming updates to their systems.
- 2025 UDS changes were first announced via "Proposed Uniform Data System Changes for Calendar Year 2025" in Program Assistance Letter (PAL) 2024-09, dated October 31, 2024; the Final UDS Changes PAL with approved updates was released on April 15.
  - Proposed Changes and Final Changes PALs were announced in the BPHC Primary Health Care Digest and BPHC Program Updates.
  - Both releases provided opportunity for public comment.
  - Proposed 2026 UDS changes are expected to be announced this fall.

Changes are described in further detail in the 2025 UDS Manual, during technical assistance (TA) webinars (fall 2025), and during annual UDS trainings co-hosted with primary care associations (October–December 2025).

Training information will be announced this summer in the Primary Health Care Digest and on the UDS Training and Technical Assistance (TTA) site.

Important Dates and Reminders

- Changes impact reporting of in-scope activities for the 2025 UDS Report:

  - Effective **January 1, 2025,** and must be reflected in data reported for the entire year.

  - To be reported by **February 15, 2026,** and submitted through the Electronic Handbooks (EHBs).
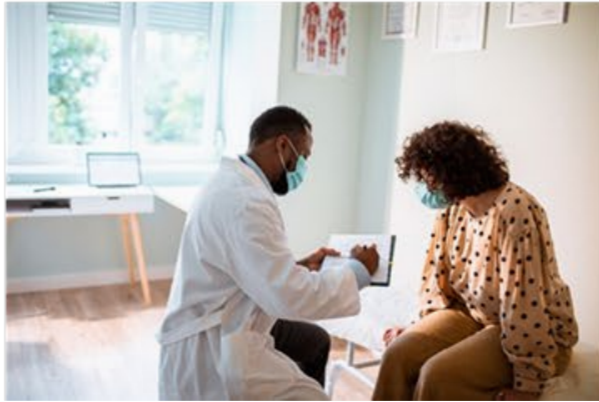
Overview of UDS Report

Four Primary Sections

Patient Demographic Profile

- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex
- **Table 3B:** Race, ethnicity, language
- **Table 4:** Income, medical insurance, special medically underserved populations

Clinical Services and Outcomes

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

Financial Tables

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

Other Forms

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

Details of 2025 Reporting Changes

Summary of CY 2025 Reporting Changes

Updates

Clarifications to Existing Data

Changes to Existing CQMS

New Data

Overview of Updates

Table 3B: Updated Table
Demographic Characteristics

TABLE 3B: DEMOGRAPHIC CHARACTERISTICS
Calendar Year: January 1, 2025, through December 31, 2025

Line	Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity — Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1 + a2 + a3 + a4 + a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1a	Asian Indian									
1b	Chinese									
1c	Filipino									
1d	Japanese									
1e	Korean									
1f	Vietnamese									
1g	Other Asian									
1	Total Asian (Sum Lines 1a+1b+1c+1d+1e+1f+1g)									
2a	Native Hawaiian									
2b	Other Pacific Islander									
2c	Guamanian or Chamorro									
2d	Samoan									
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a+2b+2c+2d)									
3	Black or African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported/Chose not to disclose race									
8	Total Patients (Sum of Lines 1 + 2 + 3 to 7)									

Previous Table 3B, Lines 13–26 are no longer to be reported.

Reporting on Table 3B includes:
- Patients by race and ethnicity
- Patients best served in a language other than English

Table 6A: Updated Codes
Selected Diagnoses and Services Rendered

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

*Indicates change from 2025

HRSA Health Center Program

UNIFORM DATA SYSTEM

2025 UDS Table 6A Code Changes

Table 6A: Selected Diagnoses and Services Rendered

* Indicates change from 2024

Line	Diagnosis/Service	2024 Codes	2025 Codes
	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	ICD-10: 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: 2.16.840.1.113762.1.4.1146.451	ICD-10: A15- through A19-, B90-, J65, O98.0-, P37.0 OID: 2.16.840.1.113762.1.4.1146.451
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-, A69.0, A69.1, A69.8, A69.9 OID: 2.16.840.1.113883.3.464.1003.112.11.1003	ICD-10: 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- OID: 2.16.840.1.113883.3.464.1003.110.12.1025	ICD-10: B16.0 through B16.2, B16.9, B18.0, B18.1, B19.1- OID: 2.16.840.1.113883.3.67.1.101.1.271
4b	Hepatitis C	B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1146.153	ICD-10: B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1222.30
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1 OID: 2.16.840.1.113762.1.4.1248.139, 2.16.840.1.113762.1.4.1200.151	ICD-10: U07.1 OID: 2.16.840.1.113762.1.4.1248.139
4d	Long COVID	U09.9 OID: 2.16.840.1.113762.1.4.1222.1391	ICD-10: U09, U09.9 OID: 2.16.840.1.113762.1.4.1178.98

- Applicable ICD-10-CM Codes, Value Set Object Identifiers (OIDs), CPT-4, and HCPCS codes have been updated for 2025.

- 2025 Table 6A code changes will be available for download.

- Codes are updated as of May 2025.

- Codes may be updated later in the year to capture critical updates made after this date. These updates will be communicated through the Primary Health Care Digest and on the UDS Training and Technical Assistance (TTA) site.

Table 9E: Removed Lines

Other Revenues

TABLE 9E: OTHER REVENUES

Calendar Year: January 1, 2025, through December 31, 2025

Line	Source	Amount (a)
	HRSA's BPHC Grants (Enter Amount Drawn Down—Consistent with FFR)	
1a	Migratory and Seasonal Agricultural Workers	
1b	Community Health Center	
1c	Homeless Population	
1e	Residents of Public Housing	
1g	**Total Health Center** (Sum of Lines 1a through 1e)	
1k	**Capital Development Grants**	
1o	American Rescue Plan (ARP) (H8F, L2C, C8E)	
1p2	Other COVID-19-Related Funding from HRSA's BPHC (specify _____)	
1q	**Total COVID-19 Supplemental** (Sum of Lines 1o + 1p2)	
1	**Total HRSA's BPHC Grants** (Sum of Lines 1g + 1k + 1q)	
	Other Federal Grants	
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants (specify _____)	
3a	Promoting Interoperability Program	
5	**Total Other Federal Grants** (Sum of Lines 2 through 3a)	
	Non-Federal Grants or Contracts	
6	State Government Grants and Contracts (specify_____)	
6a	State/Local Indigent Care Programs (specify_____)	
7	Local Government Grants and Contracts (specify_____)	
8	Foundation/Private Grants and Contracts (specify_____)	
9	**Total Non-Federal Grants and Contracts** (Sum of Lines 6 + 6a + 7 + 8)	
10	**Other Revenue** (non–patient service revenue not reported elsewhere) (specify _____)	
11	**Total Revenue** (Sum of Lines 1 + 5 + 9 + 10)	

- Removed several COVID-19 grant lines, including Lines 1l, 1m, 1n, and 1p.

- Removed Line 3b Provider Relief Fund.

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Changes to Align with eCQMs

Tables 6B and 7 were updated to align with the latest CMS eCQMs. The UDS CQM Criteria handout will be available to review for 2025 updates.

Table	Line/Columns	Quality Care Measure	Updated eCQM
6B	10	Childhood Immunization Status	CMS117v13
6B	11	Cervical Cancer Screening	CMS124v13
6B	11a	Breast Cancer Screening	CMS125v13
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	CMS155v13
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v13
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v13
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v8
6B	19	Colorectal Cancer Screening	CMS130v13
6B	20a	HIV Screening	CMS349v7
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v14
6B	21a	Depression Remission at Twelve Months	CMS159v13
7	2a–2c	Controlling High Blood Pressure	CMS165v13
7	3a–3f	Diabetes: Glycemic Status Assessment Greater Than 9%	CMS122v13

Reviewing Changes to eCQM Specifications

- Changes to CQM specifications, such as to measure logic, are governed by the respective measure steward.
  - Most (14 of 19) UDS CQMs align with the 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.
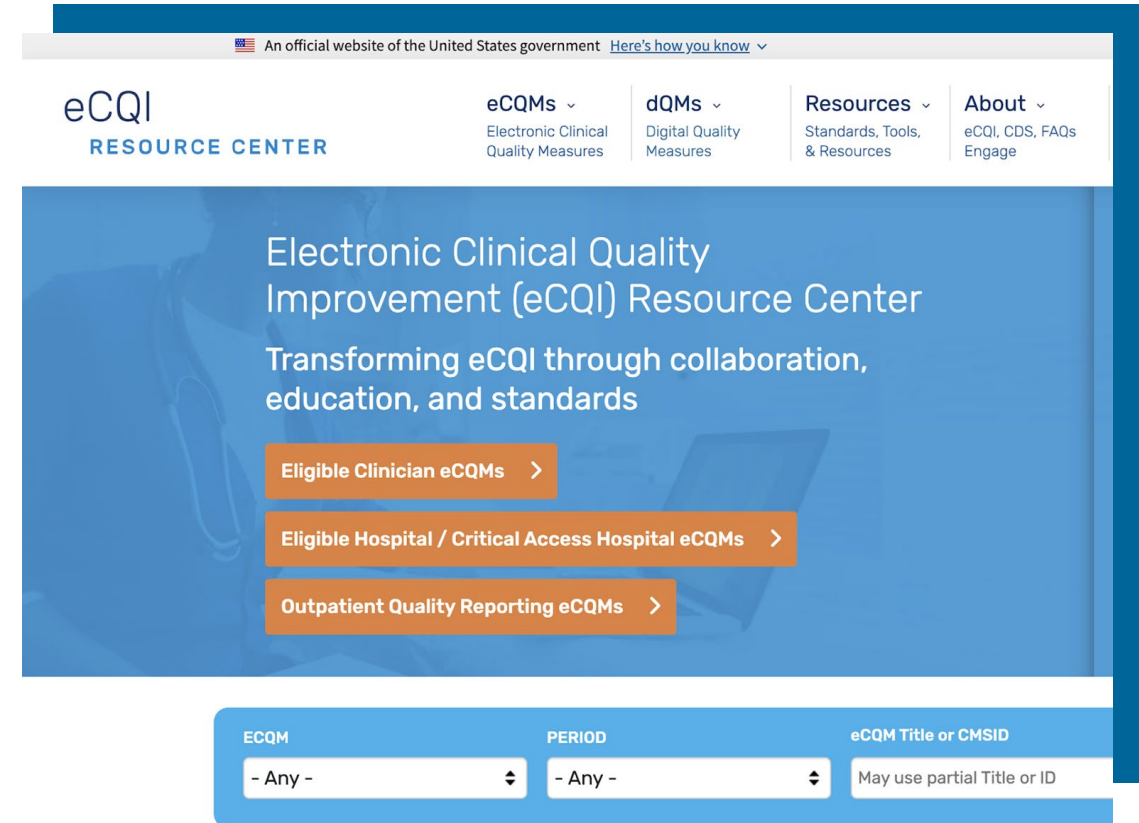
Knowledge Check #1

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

   A. The UDS Manual

   B. UDS TTA 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

General and Demographic Tables

Table and Item	Clarification
General Instructions	New frequently asked question (FAQ) #6 added to clarify what to do in case of a data breach.
Throughout (including 9E and grant tables)	Terminology related to grant programs is updated to align with statutory language: 1) now refers to funding, not program—-so, for example, "CHC funding," not "CHC program." 2) Migrant Health Center (MHC) is now Migratory and Seasonal Agricultural Workers (MSAW), Homeless Population (HP), and Residents of Public Housing (RPH).
Table 4, School-Based Service Site Patients (Line 24)	New FAQs (#13 and #14) added to clarify reporting requirements on school-based patients.
Table 4, Managed Care (Lines 13a–13c)	Guidance has been updated around reporting managed care, acknowledging that interpretation of managed care is evolving to reflect current practices and homing in on whether the health center has responsibility for assigned patients' medical care (even if they go elsewhere for some of their care).

Clinical Services and Outcomes Tables – Table 5

Table and Item	Clarification
Table 5, Staffing and Utilization	Refined instructions on how to report personnel with multiple roles.
Table 5, Staffing and Utilization	Updated FAQ #8 to clarify how to report behavioral health providers who provide both mental health and substance use disorder (SUD) services.
Table 5, Staffing and Utilization	Added note clarifying that if a medical provider (for example, physician assistant [PA]) **exclusively** provides another service (e.g., SUD or mental health treatment), does not provide medical care as part of their position, and has board certification or certification of added qualification in the specific service area, report them in the respective category of service they provide.
Table 5, Staffing and Utilization	Outlined common roles for Other Professional (Line 22) and Other Programs and Services (Line 29a) in more detail in the instructions and on the table.
Table 5, Staffing and Utilization	Added example CPT codes for identifying virtual visits.
Table 5, Staffing and Utilization	Added a note clarifying that "A visit does not need to be billable to be counted on the UDS Report. Countable visits can include services for which there is no charge or that are funded by grants, as long as they meet the countable visit definition."

Clinical Services and Outcomes Tables

Table and Item	Clarification
Table 6A, FAQs	New FAQ for Line 26e: Health centers are to report on patients in the age range specified in the Early Childhood Development Notice of Funding Opportunity who had childhood development screenings and evaluations using the listed ICD-10 or CPT-4 codes.
Tables 6B and 7, Instructions	Added definition for "Qualifying Encounter" and outlined the steps to determine whether an individual is included in the measure denominator under "Detailed Instructions for Clinical Quality Measures."
Tables 6B and 7, Instructions	Clarified definition of eCQM "Denominator Exceptions."
Table 6B, Early Entry into Prenatal Care (Lines 7–9)	Revised how trimester is defined to align with maternity practices' use of estimated date of delivery.

Clinical Services and Outcomes Tables Continued

Table and Item	Clarification
Table 6B, Statin Therapy, Reporting Considerations	Added line to clarify that atherosclerotic cardiovascular disease (ASCVD) risk assessments are encouraged, but not required for this measure. If the health center did not use ASCVD risk assessments, none of its cases would be eligible for the measure's fourth population, but the measure would still be reported using the preceding initial populations.
Table 6B, HIV Linkage to Care	Added further clarification on identifying newly diagnosed HIV patients and what "linkage to care" includes. Also clarified that the patient had at least one visit during the measurement period.
Table 6B, Depression Remission	Added to Reporting Considerations additional clarifications on screening requirements, including timing and which providers can perform screenings.
Table 6B, Dental Sealants	Added line to Reporting Considerations to clarify that if sealant isn't placed due to lack of cooperation or behavior, the patient is included in the denominator but will not meet numerator criteria.

Financial Tables

Table and Item	Clarification
Table 8A, FAQs	New FAQ #12 added on reporting pass-through funds.
Table 9D, Total Other Public, Line 9	Added "specify" field to this line for health centers to write in programs included in "Total Other Public."
Table 9E	Added clarification that Capital Assistance for Hurricane Response and Recovery Efforts (CARE) is included on Line 1k.
Table 9E	Added clarification that Funding for Expanding COVID-19 Vaccination (ECV) (activity code H8G) previously reported on Line 1p is to now be reported on Line 1p2.
Table 9E	Provider Relief Fund previously reported on line 3b is now to be reported on line 3, other federal. Line 3b has been removed.
Table 9E	Further clarified that supplemental funds from BPHC are to be reported as part of the 330 grant, not as other federal grants.

Appendices

Form	Clarification
Appendix A, Listing of Personnel	Added personnel, including prior authorization specialist, doula, and others.
Appendix B, Interns and Residents	Clarified reporting expectations of licensed vs. unlicensed interns and residents.
Appendix D, Health IT Capabilities, Question 1	Added reference to the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program and regulatory requirements in support of certified EHR technology use by Health Centers participating in the Health Center Program.
Appendix D, Health IT Capabilities, Question 10	Added new response option "d1. Financial monitoring (e.g., value-based incentives, reimbursements)."
Appendix G, UDS Production Timeline and Report Availability	Specified available formats for the UDS standard reports and outputs.

Clarifications to Existing CQMs

Table 6B: Existing Measure Modified
Breast Cancer Screening (CMS125v13)

- The Breast Cancer Screening measure includes revised denominator exclusion language for the advanced illness criteria.

2024 Denominator Exclusions	2025 Denominator Exclusions
Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness with two outpatient encounters during the measurement period or the year prior - OR advanced illness with one inpatient encounter during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior	Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness **diagnosis** during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior

Table 6B: Existing Measure Modified
Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69v13)

- Updates clarify the timing of documentation of exception criteria.

2024 Guidance	2025 Guidance
This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided at the time of the qualifying encounter and the measure-specific denominator coding.	This measure may be reported by eligible **clinicians** who perform the quality actions described in the measure based on the services provided at the time of the qualifying encounter **or during the measurement period** and the measure-specific denominator coding.
Not applicable	**If a patient meets exception criteria for the denominator (i.e., the patient refuses height or weight measurement or has a documented medical reason for not documenting BMI or a follow-up plan), an eligible clinician must document those criteria on the same day as the qualifying encounter.**

Table 6B: Existing Measure Modified
Colorectal Cancer Screening (CMS130v13)

- The Colorectal Cancer Screening measure includes revised denominator exclusion language for the advanced illness criteria.

2024 Denominator Exclusions	2025 Denominator Exclusions
Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness with two outpatient encounters during the measurement period or the year prior - OR advanced illness with one inpatient encounter during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior	Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness **diagnosis** during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior

Table 6B: Existing Measure Modified
Screening for Depression and Follow-Up Plan (CMS2v14)

- The guidance statement has been updated to reflect the CY 2024 removal of the denominator exclusion for prior diagnosis of depression.

2024 Guidance	2025 Guidance
The intent of the measure is to screen for new cases of depression in patients who have never had a diagnosis of bipolar disorder. Patients who have ever been diagnosed with bipolar disorder prior to the qualifying encounter used to evaluate the numerator will be excluded from the measure regardless of whether the diagnosis is active or not.	The intent of the measure is to **screen all patients for depression** except those with a diagnosis of bipolar disorder. Patients who have ever been diagnosed with bipolar disorder prior to the qualifying encounter will be excluded from the measure regardless of whether the diagnosis is active or not.

Table 7: Existing Measure Modified
Controlling High Blood Pressure (CMS165v13)

- The Controlling High Blood Pressure measure includes revised denominator exclusion language for the advanced illness criteria.

2024 Denominator Exclusions	2025 Denominator Exclusions
Exclude patients 66–80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness with two outpatient encounters during the measurement period or the year prior - OR advanced illness with one inpatient encounter during the measurement period or the year prior	Exclude patients 66–80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness **diagnosis** during the measurement period or the year prior

Table 7: Existing Measure Modified
Diabetes: Glycemic Status Assessment Greater Than 9% (CMS122v13)

- The Diabetes Glycemic Status Assessment measure includes revised denominator exclusion language for the advanced illness criteria.

2024 Denominator Exclusions	2025 Denominator Exclusions
Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness with two outpatient encounters during the measurement period or the year prior - OR advanced illness with one inpatient encounter during the measurement period or the year prior	Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness **diagnosis** during the measurement period or the year prior

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 Reported

Table 6A: New Data Reported
Selected Diagnoses and Services Rendered

① Line 26c2: Tobacco use cessation pharmacotherapies	② Line 26c3: Medications for opioid use disorder (MOUD)	③ Line 26f: Alzheimer's disease and related dementias (ADRD) screening
OID: 2.16.840.1.113883.3.526.3.1190	OID: 2.16.840.1.113762.1.4.1046.269	CPT-4: 99483 OID: 2.16.840.1.113883.3.526.3.1006
Column A = Number of visits at which the above tobacco use cessation services were provided Column B = Number of patients who had one or more visits where the above tobacco use cessation services were provided	Column A = Number of visits at which the above MOUD services were provided Column B = Number of patients who had one or more visits where the above MOUD services were provided	Column A = Number of visits at which the above ADRD screenings were provided Column B = Number of patients who had one or more visits where the above ADRD screenings were provided

Table 6A: New Data Reported
Clarifications and Resources

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
23	Pap test	**ICD-10**: R87.619, R87.629, Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) **CPT**-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **HCPCS**: G0123, G0143, G0144, G0145, G0147, G0148, P3000		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT**-4: 90371, 90389, 90396, 90665, 90669, 90670, 90671, 90677, 90682, 90684, 90696, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90720, 90721, 90723, 90725, 90730, 90731, 90732, 90737, 90739, 90740, 90743, 90744, 90745, 90746, 90747, 90748, 90759		
24a	Seasonal flu vaccine	**CPT**-4: 90630, 90632, 90633, 90634, 90636, 90644, 90645, 90646, 90647, 90648, 90653, 90654, 90656, 90657, 90658, 90659, 90660, 90661, 90662, 90663, 90664, 90666, 90668, 90672, 90673, 90674, 90685, 90686, 90687, 90688, 90694, 90724, 90756		
24b	Coronavirus (SARS-CoV-2) vaccine	**CPT**-4: 91300 through 91322		
25	Contraceptive management	**ICD-10**: Z30-		
26	Health supervision of infant or child (ages 0 through 11)	**ICD-10**: Z00.1-, Z76.1, Z76.2 **CPT**-4: 99381 through 99383, 99391 through 99393		
26a	Childhood lead test screening (9 to 72 months)	**ICD-10**: Z13.88 **CPT**-4: 83655		
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	**CPT**-4: 99408, 99409 **HCPCS**: G0396, G0397, G0443, H0050		
26c	Smoke and tobacco use cessation counseling	**ICD-10**: Z71.6 **CPT**-4: 99406, 99407 **HCPCS**: G9906		
26c2	Tobacco use cessation pharmacotherapies	**OID**: 2.16.840.1.113883.3.526.3.1190		
26c3	Medications for opioid use disorder (MOUD)	**OID**: 2.16.840.1.113762.1.4.1046.269		
26d	Comprehensive and intermediate eye exams	**CPT**-4: 92002, 92004, 92012, 92014		
26e	Childhood development screenings and evaluations (limited to patients who are less than 18 years of age)	**ICD-10**: Z13.4- **CPT-4**: 96110, 96112, 96113, 96127		
26f	Alzheimer's disease and related dementias (ADRD) screening	**CPT**-4: 99483 **OID**: 2.16.840.1.113883.3.526.3.1006		

- Patients reported on Line 26c2, Tobacco use cessation pharmacotherapies, are a subset of those reported on Line 26c, Smoke and tobacco use cessation counseling.

- The number of patients reported on Table 6A, Line 26c3, Medications for opioid use disorder (MOUD), **should equal** the number of patients reported as receiving MOUD on Question 1b on Appendix E: Other Data Elements.

- Resources for Line 26f, Alzheimer's disease and related dementias (ADRD) screening:
  - Best Practices for When to Assess Cognitive Function and Which Tools to Use
  - Alzheimer's Association Education Center
  - Alzheimer's Association Cognitive Screening and Assessment Tools
  - American Geriatrics Society Cognitive Screening Toolkit
  - National Institutes of Health resources for professionals
  - HRSA Bureau of Health Workforce training modules

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Table 6B: New Measure
Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)

This measure will be reported across two new lines on Table 6B, Lines 23a and 23b:

- Patients with a new SUD episode who **initiated treatment** will be reported on Line 23a.
- Patients with a new SUD episode who **engaged in ongoing treatment** will be reported on Line 23b.

Section N—Substance Use Disorder (SUD) Measures

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)	Number of Records Reviewed (b)	Number of Patients who Received SUD Treatment (c)
23a	MEASURE: Percentage of patients with a new SUD episode who **initiated treatment**, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode who **engaged in ongoing treatment**, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation			

Table 6B: New Measure Cont.

Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)

Denominator:

Patients 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period

Numerator 1: Initiation of Treatment

Includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode.

A patient <u>must</u> first meet the criteria for Numerator 1 (Initiation) to be considered for Numerator 2 (Engagement).

Numerator 2: Engagement in ongoing SUD treatment within 34 days of initiation:

1. A long-acting SUD medication on the day after the initiation through 34 days after the initiation of treatment.

2. One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment:
   a) two engagement visits
   b) two engagement medication treatment events
   c) one engagement visit and one engagement medication treatment event.

Exclusions: Patients who are in hospice care for any part of the measurement period
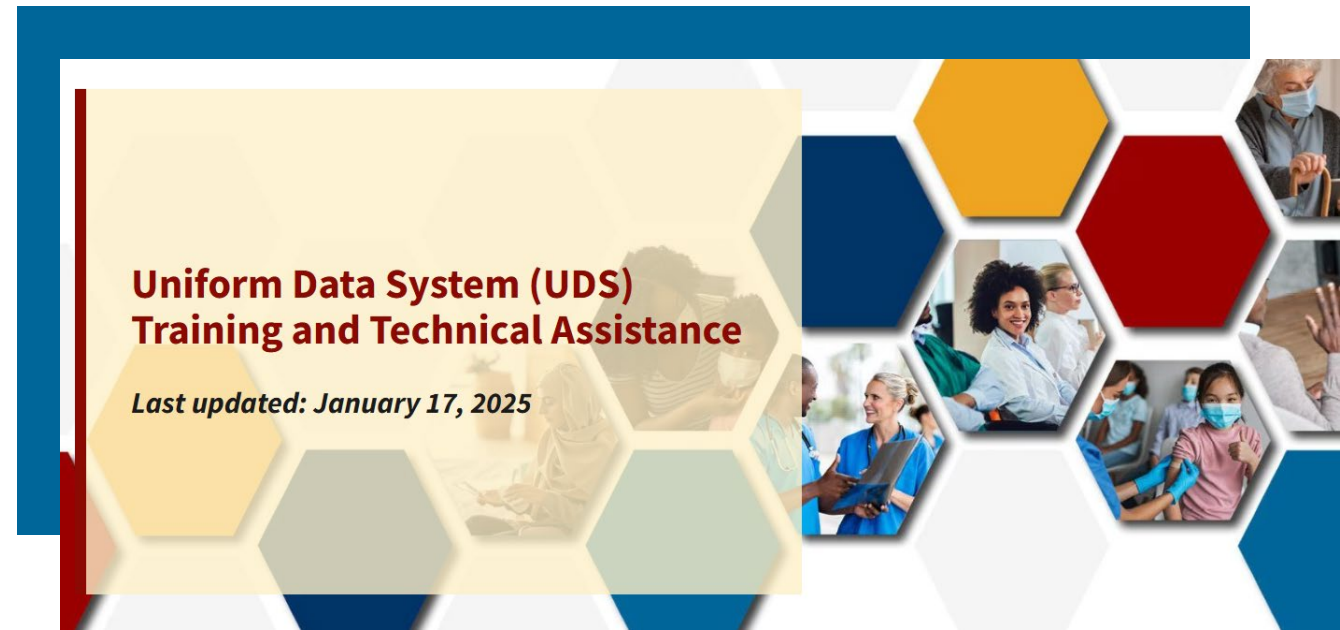
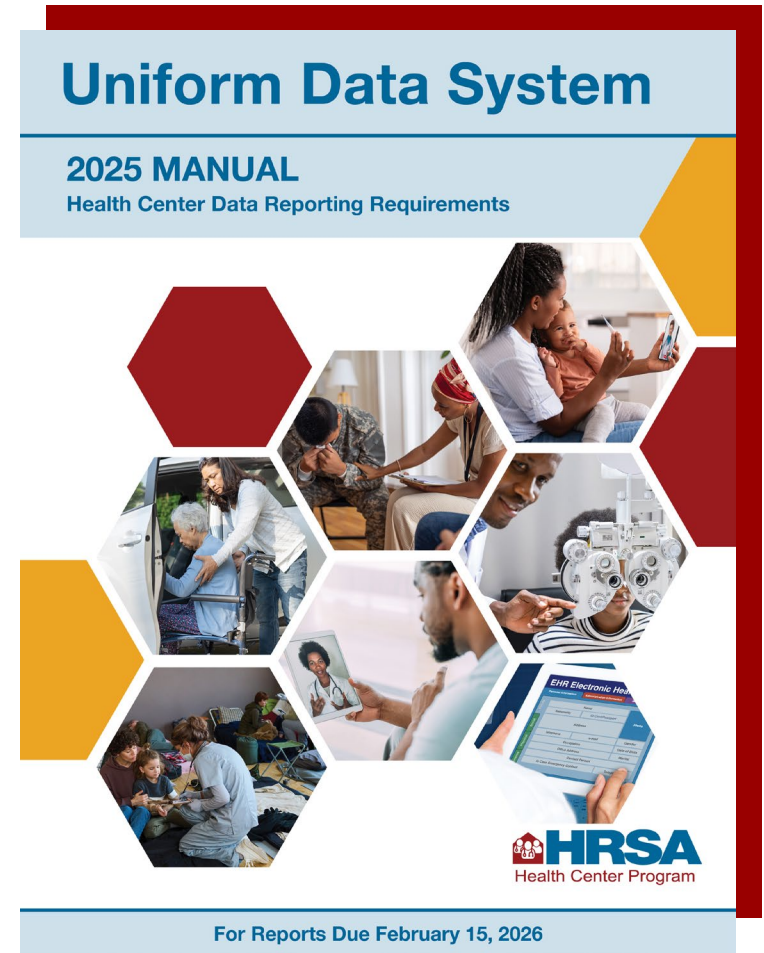# Strategies for Successful Reporting

UDS TTA

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

Uniform Data System (UDS) Training and Technical Assistance

Last updated: January 17, 2025

Visit
UDS TTA

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2025 UDS Manual.
- See other available guidance:
  PAL
  eCQI Resource Center
  VSAC
- The UDS Support Center offers assistance with UDS measures and requirements.
  Call 866-UDS-HELP (available year-round from 8:30 a.m. to 5 p.m. ET).
  Email udshelp330@bphcdata.net.
  Submit a ticket via the BPHC Contact Form (select Uniform Data System/UDS Reporting).

Uniform Data System

2025 MANUAL
Health Center Data Reporting Requirements

HRSA Health Center Program

For Reports Due February 15, 2026

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.

Look ahead.

- Identify UDS training needs for any new staff.
- Review changes in performance to validate accuracy and to identify potential quality improvement initiatives.
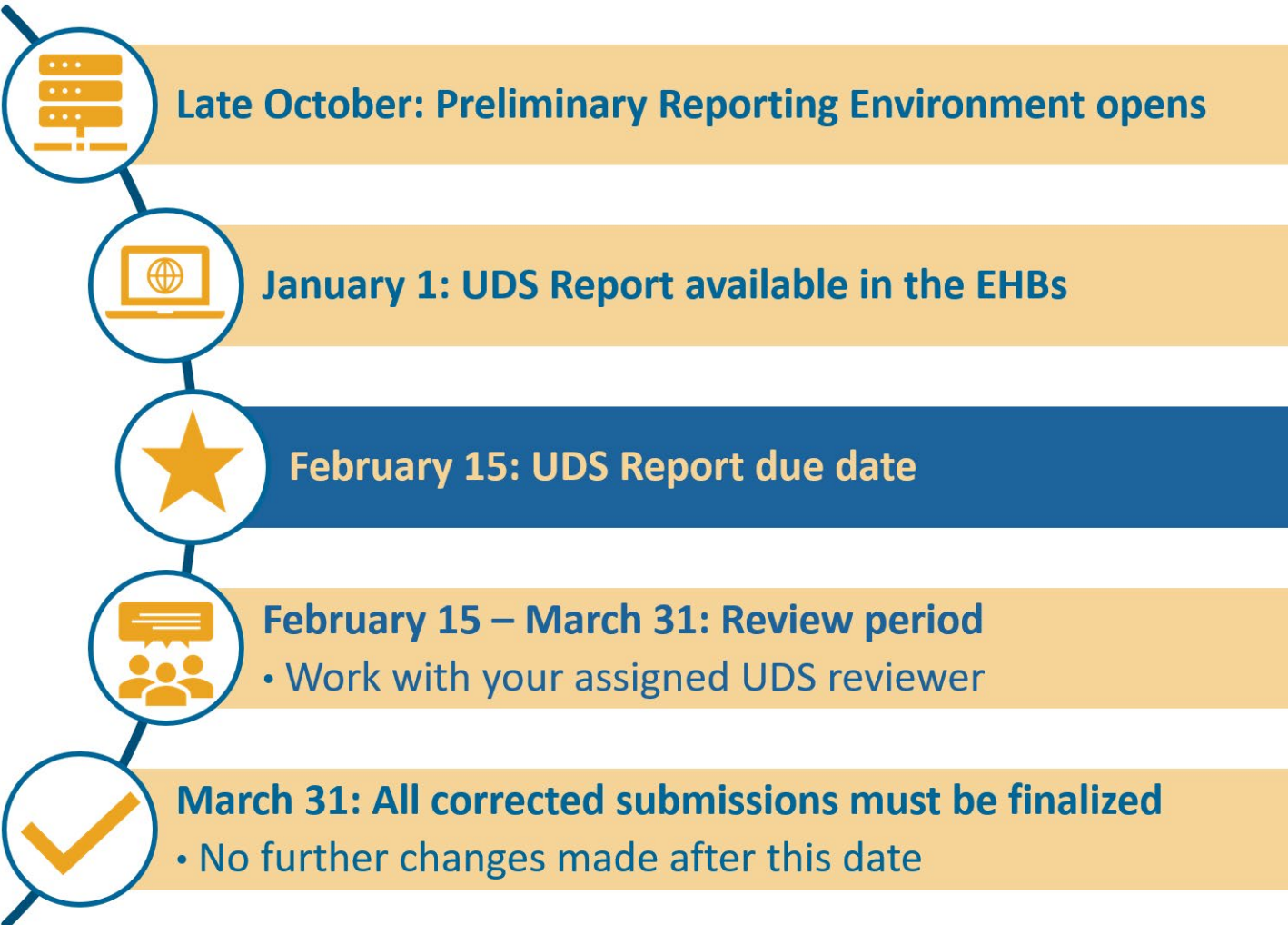
Check Data for Accuracy

- 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 2025 UDS changes.

- Work with your EHR and/or population health system vendor to validate data workflows and output and to verify that CY updates have been programmed.

⭐ **[Reporting Guidance](#) resources are available on the UDS TTA site**

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You Can Begin Your Report on January 1, 2026
Complete, Accurate, and on Time!

Late October: Preliminary Reporting Environment 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 must submit timely, accurate, and complete UDS Reports in accordance with HRSA instructions and submit any other required Health and Human Services and Health Center Program reports.

Available Assistance

- TA materials, including local trainings, available online:
  - [UDS TTA](#)
- 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.

For more information, visit the [Technical Assistance Contacts](#) webpage.

- ONC Issue Tracking System (OITS) Jira project eCQM Issue Tracker:
  - Sign up for an [OITS account](#)
  - Post questions in the [eCQM Issue Tracker](#)

UDS Webinars

- Additional TA webinars will occur in the fall. These webinars will cover **advanced** topics, with an understanding that attendees have a baseline knowledge of the UDS. Webinars will cover topics such as:
    - Counting visits on the UDS
    - Using patient demographics for quality improvement
    - Clinical tables parts 1, 2, and 3
    - UDS financial and operational tables
    - Strategies for successful submission

- Past webinar presentations are archived on the **UDS TTA** site.

Q&A

What questions do you have for us?

Thank You!

Call the UDS Support Line at 1-866-837-4357.

Email at udshelp330@bphcdata.net

Contact the BPHC Contact Form.

Please fill out the evaluation form after the webinar!