Bureau of Health Workforce
Uniform Data System Reporting Considerations

BACKGROUND

The Health Resources and Services Administration (HRSA)'s Bureau of Health Workforce (BHW)'s mission is to strengthen the health workforce and connect skilled health care providers to communities in need. As part of this, the BHW awards grants to organizations such as schools, hospitals, and health centers to improve health workforce training, increase diversity, and advance health equity. Depending on project scope, some awardees are required to report data to the Uniform Data System (UDS) on a yearly basis. The UDS captures patient characteristics, staffing and utilization, clinical care, and financial data specific to in-scope activities. For calendar year 2024 reporting, BHWs reporting the UDS are awardees working under the scope of the Nurse Education, Practice, Quality and Retention (NEPQR) Interprofessional Collaborative Practice (IPCP): Behavioral Health Integration (BHI) Program, the NEPQR Mobile Health Training Program (MHTP), and/or the Advanced Nursing Education Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program.

The structure of the UDS is designed to capture comprehensive information and data from health centers, which typically have a broader set of services, staffing, patients, and structural capabilities compared to the reporting BHW programs. The scope of BHW programs is often a limited set of services in accordance with the scope of the grant, and often involves trainees. Because of this, the number of patients, visits, costs, staffing, and revenues, are much smaller than that of a small health center. In addition, BHW programs are typically within health centers or academic institutions, making it challenging to pull relevant data from electronic health records (EHRs) and identify specific services provided to patients by the BHW program.

FREQUENTLY ASKED QUESTIONS

The below frequently asked questions and reporting tips are organized by UDS reporting content areas and provide considerations and guidance specific to BHW programs for their UDS reporting. Additional guidance for UDS table and form reporting is available at the Uniform Data System (UDS) Training and Technical Assistance website.

Note: Patients are people who had at least one countable visit during the calendar year. All questions and responses are intended to be clarifications based on individuals seen through the program who have fully met the UDS countable visits definition. A countable visit must be with a licensed or credentialed provider, and the provider must use independent professional judgment, document the services, and provide individualized care. In addition, the visit must be direct with the patient, in-person or virtual. Virtual visits are a two-way synchronous audio and/or video interaction between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services to the patient that are documented, live, real-time interactions.

Content Area	Frequently Asked Questions	Reporting Tips
Patient Characteristics: ZIP Code Table, and Tables 3A, 3B, and 4	**Q: Do we have to collect all the demographic characteristics included in the UDS? We are a mobile program focused on outreach activities, and we have limited EHR capacity.** A: Yes, all demographic information in the ZIP Code Table and Tables 3A, 3B, and 4 must be reported for all patients. Programs whose data systems do not support such reporting must enhance their systems to permit the required level of reporting. **Q: We work in rural areas where patients are hesitant to share their income, sexual orientation, gender identity, etc. Are we required to collect this information?** A: All programs are required to include these data elements in registration or intake forms or during a visit. Effort must be made to capture and report all demographic data accurately. **Q: We offer services for free and don't collect insurance information from our patients. Is this acceptable?** A: No, efforts must be made to collect medical insurance information from all patients, regardless if services are offered for free.	Ensure patient registration and intake forms align with UDS Tables 3A, 3B, and 4, and the ZIP Code Table. Include expanded racial and ethnic groups described in the Table 3B Demographic Characteristics Fact Sheet. Resources: ● Fact Sheet for the Patients by Zip Code Table ● Fact Sheet for Table 3A ● Fact Sheet for Table 4

| Staffing and Utilization: Table 5 | **Q: Nurse practitioner trainees provide services to patients as part of our BHW award. Can trainees be counted as personnel on Table 5?**

A: According to the UDS, unlicensed trainees do not count as providers and therefore cannot be counted on Table 5. Even if a nurse practitioner trainee has a registered nurse license, they are still unable to be counted on Table 5 since they are providing care as a nurse practitioner trainee, not as a registered nurse. However, the preceptor of the nurse practitioner may be counted on Table 5.

Q: What is a UDS countable visit?

A: A countable visit must be with a licensed or credentialed provider, and the provider must use independent professional judgment, document the services, and provide individualized care. In addition, the visit must be direct with the patient, in-person or virtual. A patient may have one countable visit on Table 5, and many services that were provided throughout the year on Table 6A. All services provided to an individual who had at least one countable visit during the calendar year are to be reflected on Table 6A.

Q: How does the UDS define virtual visits?

A: A virtual UDS visit is a two-way synchronous audio and/or video interaction between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services to the patient that are documented, live, real-time interactions. Store and forward, remote patient monitoring, mobile health (mHealth), and other asynchronous technologies are not to be counted as virtual visits.

Q: Can we count patient visits with medical trainees on Table 5?

A: Patient visits with an unlicensed trainee may be counted on Table 5 under a preceptor's license. For example, if a licensed nurse practitioner was precepting a nurse practitioner student, the patient and visit would be counted on Table 5, Line 9a, Nurse Practitioners. However, please keep in mind that although it can be challenging to separately track visits specific to | When deciding if a visit is countable, revisit the components of a countable visit:

● Licensed or credentialed provider (*see Appendix A of the* [*2024 UDS Manual*](#) *for a list of health center personnel and the status of each as a provider or non-provider*)
● Independent professional judgment
● Documented services
● Individualized care
● In-person or virtual

For further guidance on counting visits, please see the [UDS Countable Visit Guidance and FAQ](#)

Resources:
● [Table 5 Fact Sheet](#)
● [Nurse Visit Guide](#)
● [Virtual Visit Reporting Guide](#)
● [Table 5: Mental Health/Substance Use Disorder Selected Service Detail Addendum Guidance](#) |

	preceptors while supporting trainees in the BHW program, especially when they also treat patients outside the program's scope, it is critical to implement procedures to track and report only the in-scope activity of the grant in the UDS Report. **Q: Are activities like outreach, education, and screening for social determinants of health countable visits on the UDS?** A: Screenings and most enabling services do not fit the definition for countable visits and cannot be counted on the UDS. Note: Only case management and patient health education may have qualifying enabling visits, and only if the full visit definition is met. The UDS Manual, page 21, provides additional information on services and individuals not reported on the UDS. **Q: Registered nurses in our program provide direct care to patients as well as outreach and education. Where should they be counted on Table 5?** A: That depends on if their time is distinctly allocated by function among the major service categories**.** If, for example, a full-time nurse provides direct medical services and provides some patient education while seeing the patient for medical care, they would be counted as 1.00 FTE on Line 11, Nurses. Alternatively, if for example, a nurse dedicates 20 hours to medical care and 20 hours to providing health education each week, split their 1.00 FTE across the medical and enabling service categories, with 0.50 FTE on Line 11 as a medical nurse and 0.50 FTE on Line 25 as a health educator.	
Clinical Care: Tables 6A, 6B, and 7	**Q: Our program focuses mostly on outreach to the pediatric population. Because of this, there are a lot of blanks on Tables 6A, 6B, and 7. Is this acceptable?** A: Yes, it is acceptable to **not report** age-specific clinical measures when they do not apply to the population served. For example, the number of patients eligible to receive mammograms will most likely not be reported by a program that solely focuses on pediatric outreach.	If clinical measures are left blank, please include a table-level comment in the EHBs explaining why. Only report tests, screenings, or procedures that are: ● performed by the BHW program; or

	Q: **We hold outreach events, like vaccine clinics. Can we count these vaccines on Table 6A?** A: On Table 6A, report on treatment, and all listed services, tests, screenings, or procedures that are provided to a patient anytime during the year. These services can ONLY be counted if they were provided to patients who had one or more countable visits (therefore reported on Table 5) during the year.	• not performed by the BHW program, but paid for by the health center; or • not performed by the BHW program or paid for by them, but for which results are returned to a provider at the BHW program provider to follow up with the patient based on the results. Resources • Table 6A Fact Sheet • Table 6B Fact Sheet • Table 7 Fact Sheet • More topic-specific resources can be found in the Clinical Care section of the UDS Training and Technical Assistance Webpage
Financials: Tables 8A, 9D, and 9E	**Q**: **We share space with a health center. On Table 8A, where do we report the cost of this space?** A: All facility costs, including the cost of shared space, are included and reported on Table 8A, Line 14, Facility, in Column A, Accrued Costs. **Q: We offer many of our services for free. Because of this, insurance and/or patients are not charged for services. Where do we report free services on Table 9D?** A: Many BHW programs rely heavily on their BHW award and often report little-to-no patient service revenue. • When the BHW awardee charges for patient services, report the set fee schedule charges, any amounts collected, and any adjustments on Table 9D, Patient Service Revenue, by payer.	If there is little-to-no patient service revenue, please include a table-level comment on Table 9D in the EHBs explaining why. Additionally, clearly specify the source of BHW-specific federal funding on Table 9E, Line 3. Resources • Table 8A Fact Sheet • Table 9D Fact Sheet • Table 9E Fact Sheet • UDS Financial Table Guidance • Reporting Donations on the UDS

	• If services are provided for free and no attempt is made to bill or collect payment, Table 9D, will be blank and a table explanation is required. • The BHW grant amount (activity codes UD, UK, and T59) received in cash (not the full award amount) during the calendar year is to be reported on Table 9E, Line 3, Other Federal Funding.	• More topic-specific resource can be found in the [Financials section of the UDS Training and Technical Assistance Webpage](#)
Appendices (D: Health Center Health Information Technology, E: Other Data Elements, F: Workforce)	**Q: On the Appendix D: Health Center Health IT Capabilities Form, do patients reported on Line 11a (count of those screened for social risk factors) need to have a countable visit on Table 5?** A: Yes, this count should only include program patients who were screened for social risk. The number reported on Line 11a cannot exceed total patients and is generally a subset of that count. **Q: On the Appendix F: Workforce Form, what is the difference between a sponsor and a training site partner?** A: A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program). A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students). It is possible for your program to be both a sponsor and a training site partner.	As a reminder, in order to count patients in the appendices/forms, the patients are expected to be reported as having had at least one countable visit on Table 5 and are included in the total patient count on the patient demographics tables (ZIP Code Table and Tables 3A, 3B, and 4). Resources • [HIT, ODE, and Workforce Forms Fact Sheet](#) • [UDS Family Planning Needs Screening Resource](#) • [Crosswalk of Standardized Social Risk Factors Screeners and UDS Appendix D](#) • [Outreach and Enrollment Assists Reporting](#)