


HRSA
Health Resources & Services Administration

Calendar Year 2026 Uniform Data System (UDS) Reporting Changes Webinar

September 15, 2026, 1:00 p.m.–2:30 p.m. ET

Sarah Cruthirds, MS | Technical Assistance Specialist
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Some slides contain URLs in the notes.

Vision: Healthy Communities, Healthy People

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HRSA Health Center Program

Opening Remarks

Asad Bandealy, MD

Chief Medical Officer, Bureau of Primary Health Care

Director, Office of Quality improvement

Objectives

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

- Understand the changes to calendar year (CY) 2026 Uniform Data System (UDS) data reporting (due February 15, 2027)
- Understand the resources available to support CY 2026 UDS reporting

Agenda

- CY 2026 UDS changes announcements
- Details of 2026 UDS changes
  - Removed lines
  - Updates and clarifications to existing lines
  - Updates and clarifications to electronic clinical quality measures (eCQMs)
  - New data reported
- Strategies for successful reporting
- Questions and answers

CY 2026 UDS Changes Announcements

For UDS Reports due February 15, 2027

Communication of UDS Reporting Changes

- 2026 UDS changes were first announced via "Proposed Uniform Data System Changes for Calendar Year 2026" in Program Assistance Letter (PAL) 2025-05, dated December 8, 2025; the Final UDS Changes PAL with approved updates was released on September 8, 2026
  - Proposed Changes and Final Changes PALs were announced in the BPHC Primary Health Care Digest and BPHC Program Updates.
- Each spring (typically in May), the Centers for Medicare & Medicaid Services (CMS) communicates updates about clinical quality measures (CQMs), 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 by the respective measure steward.

Communication of UDS Reporting Changes, continued

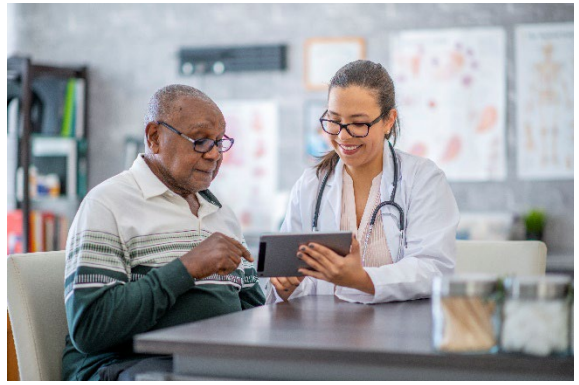
- Changes are described in further detail in the 2026 UDS Manual, technical assistance (TA) webinars (fall 2026), and annual UDS trainings co-hosted with primary care associations (October 2026–January 2027).
- Training information has been announced in the Primary Health Care Digest and on the UDS Technical Assistance site.

Important Dates and Reminders

- Changes impact reporting of in-scope activities for the 2026 UDS Report:
  - Effective **January 1, 2026,** and must be reflected in data reported for January 1 – December 31, 2026
  - To be reported by **February 15, 2027,** and submitted through the Electronic Handbooks (EHBs)

Overview of UDS Report

Four Primary Sections

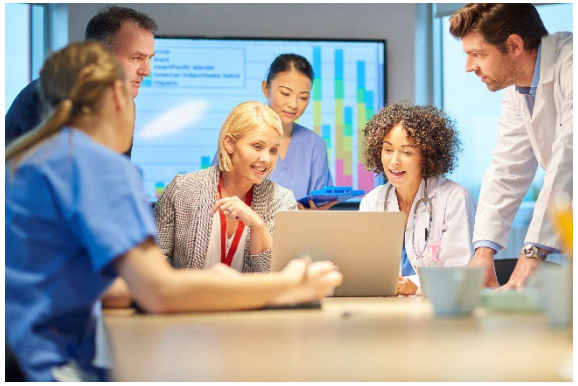


Patient Demographic Profile

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

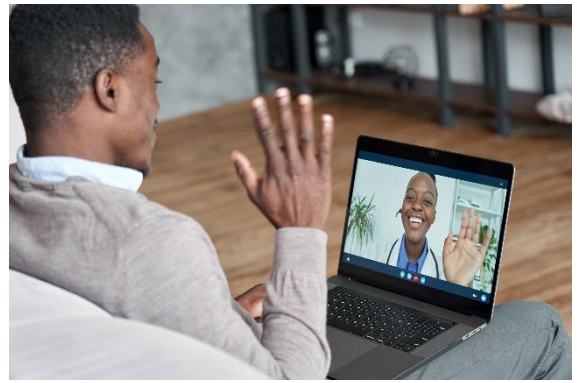
Clinical Services and Outcomes

- **Table 5:** Personnel, visits, and patients
- **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:** Accrued patient service revenue
- **Table 9E:** Other accrued revenue



Other Forms

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

Details of 2026 Reporting Changes

Summary of CY 2026 Reporting Changes

1. Removed Lines
2. Updates and Clarifications to **Existing Lines** (not CQMs)
3. Updates and Clarifications to **Existing CQMs**
4. New Data Reported

Removed Lines

Table 4: Selected Patient Characteristics

Managed Care Utilization

Removed: Managed Care Member Months

- The following lines on Table 4 have been removed:
  - Capitated Member Months (Line 13a)
  - Fee-for-service Member Months (Line 13b)
  - Total Member Months (Sum of Lines 13a + 13b) (13c)

Line	Income as Percent of Poverty Guideline
1	100% and below
2	101–150%
3	151–200%
4	Over 200%
5	Unknown
6	**TOTAL** (Sum of Lines 1–5)

Line	Primary Third-Party Medical Insurance
7	**None/Uninsured**
8a	Medicaid (Title XIX)
8b	CHIP Medicaid
8	**Total Medicaid** (Line 8a + 8b)
9a	Dually Eligible (Medicare and Medicaid)
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)
10a	Other Public Insurance (Non-CHIP) (specify___)
10b	Other Public Insurance CHIP
10	**Total Public Insurance** (Line 10a + 10b)
11	**Private Insurance**
12	**TOTAL** (Sum of Lines 7 + 8 + 9 +10 +11)

Table 5: Staffing and Utilization

Selected Service Detail Addendum

Removed: Table 5: Selected Service Detail Addendum

- Table 5 Selected Service Detail Addendum for reporting integrated mental health and Substance Use Disorder (SUD) services has been removed. This includes:
  - Lines 20a01–20a04, Personnel by Major Service Category: Mental Health Service Detail
  - Lines 21a–21h, Personnel by Major Service Category: Substance Use Disorder Detail

Line	Personnel by Major Service Category
1	Family Physicians
2	General Practitioners
3	Internists
4	Obstetrician/Gynecologists
5	Pediatricians
7	Other Specialty Physicians
8	**Total Physicians** (Lines 1–7)
9a	Nurse Practitioners
9b	Physician Assistants
10	Certified Nurse Midwives
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)
11	Nurses
12	Other Medical Personnel
13	Laboratory Personnel
14	X-ray Personnel
15	**Total Medical Care Services** (Lines 8 + 10a through 14)
16	Dentists
17	Dental Hygienists
17a	Dental Therapists
18	Other Dental Personnel
19	**Total Dental Services** (Lines 16–18)
20a	Psychiatrists
20a1	Licensed Clinical Psychologists
20a2	Licensed Clinical Social Workers
20b	Other Licensed Mental Health Providers • Family Therapists • Psychiatric Mental Health Nurse Practitioners • Psychiatric Mental Health Registered Nurses • Other Licensed Mental Health Providers (specify___)
20c	Other Mental Health Personnel
20	**Total Mental Health Services** (Lines 20a–c)
21	**Substance Use Disorder Services**

HRSA Health Center Program

Table 6A: Selected Diagnoses and Services Rendered

Selected Diagnoses

Removed: Lines 6a–8 and Line 12

- The following Table 6A Selected Diagnoses measures have been removed:
  - Respiratory conditions related to COVID-19 (Line 6a)
  - Abnormal breast findings, female (Line 7)
  - Abnormal cervical findings (Line 8)
  - Contact dermatitis and other eczema (Line 12)

Selected Services

Removed: Lines 21c–21d, 22–23, 30, and 33–34

- The following Table 6A Selected Services Rendered measures have been removed:
  - Novel coronavirus (SARS-CoV-2) diagnostic test (Line 21c)
  - Novel coronavirus (SARS-CoV-2) antibody test (Line 21d)
  - Mammogram (Line 22)
  - Pap Test (Line 23)
  - Sealants (Line 30)
  - Oral surgery (extractions and other surgical procedures (Line 33)
  - Rehabilitative Services (End, Perio, Prostho, Ortho) (Line 34)

Table 8A: Financial Costs

Facility and Non-Clinical Support Services

Removed: Allocation of Facility and Non-Clinical Support Services (Column B)

- Column B and the requirement to report overhead costs on Table 8A has been removed.
- Column B has been changed to new Column A2, *Other Costs* (which includes other direct costs corresponding with the cost center not associated with Column A, *Personnel Costs*).

Other Direct Medical Costs

Removed: Medical/Other Direct (Line 3)

- Other non-personnel medical costs will now be reported on Line 1 in the new Column A2, *Other Costs*.
- Costs associated with Medical/Other Direct will now be reported as part of the new Column A2, *Other Costs*.

Table 8A: Financial Costs

Patient Support Service Subcategories

Removed: Separately-reported detailed costs for each Patient Support Service type (Lines 11a–11h)

- The following Table 8A detail lines of Patient Support Services costs have been removed:
  - *Case Management* (Line 11a)
  - *Transportation* (Line 11b)
  - *Outreach* (Line 11c)
  - *Health Education* (Line 11d)
  - *Eligibility Assistance* (Line 11e)
  - *Interpretation Services* (Line 11f)
  - *Other Enabling Services (specify___)* (Line 11g)
  - *Community Health Workers* (Line 11h)

- These costs have been **consolidated into a single line to reflect all Patient Support Services costs (existing Line 11, previously named Total Enabling Services).**

Line	Cost Center
	Medical Care
1	Medical Care
2	Medical Laboratory and X-ray
4	**Total Medical Care Services** (Sum of Lines 1 + 2)
	Other Clinical Services
5	Dental
6	Mental Health
7	Substance Use Disorder
8a	Pharmacy (not including pharmaceuticals)
8b	Pharmaceuticals
9	Other Professional (specify___)
9a	Vision
10	**Total Other Clinical Services** (Sum of Lines 5 through 9a)
	Patient Support Services and Other Programs
11	Patient Support Services
12	Other Programs and Services (specify ___)
13	**Total Patient Support and Other Program Services** (Sum of Lines 11 + 12)
	Facility and Support Services
14	Facility
14a	Information Technology
15	Other Support Costs
16	**Total Facility and Support Services Costs** (Sum of Lines 14 + 14a + 15)
17	**Total Health Center Costs** (Sum of Lines 4 + 10 + 13 + 16)

HRSA Health Center Program

Table 8A: Financial Costs, continued

Quality Improvement

Removed: Quality Improvement (Line 12a)

- Quality improvement costs will no longer be reported on Line 12a, as this line has been removed.
- A new line, Information Technology (Line 14a), has been added. This is where quality improvement costs will be reported.
  - More information will be shared about this in a later section.

Donations

Removed: Value of Donated Facilities, Services, and Supplies (specify___) (Line 18)

- Donated facilities, services, and supplies are no longer reported in the UDS.

Table 9D: Accrued Patient Service Revenue

Retroactive Settlements, Receipts, and Paybacks

Removed: Retroactive Settlements, Receipts, and Paybacks (Columns c1–c4)

- The following columns in Table 9D have been removed:
  - Collection of Reconciliation/Wraparound Current Year (c1)
  - Collection of Reconciliation/Wraparound Previous Years (c2)
  - Collection of Other Payments: P4P, Risk Pools, etc. (c3)
  - Penalty/Payback (c4)

- With the exception of third-party incentives, these revenue will continue to be accounted for in existing **Column B, Collections,** with any necessary adjustments in existing **Column D, Adjustments**, in a way that conforms to the health centers' recognition of these data.

Line	Payer Category	Charges (A)	Collections (B)	Adjustments (D)	Net Patient Service Revenue (Charges Less Adjustments) (G)
3	**Total Medicaid**				
6	**Total Medicare**				
9	**Total Other Public** (specify__)				
12	**Total Private**				
13	**Total Self-Pay**				
14	**Total** (Sum of Lines 3 + 6 + 9 + 12 + 13)				
15	**Bad Debt Write-Offs and Allowances**				
16	**Net Patient Service Revenue Before Other Patient Service Revenue** (Sum of Line 14, Column G less Line 15, Column G)				
	Other Patient Service Revenue				
17	**Pharmacy Net Patient Service Revenue**				
18	**Third-Party Incentive Revenue**				
19	**Total Net Patient Service Revenue** (Sum of Lines 16 + 17 + 18)				

Table 9D: Accrued Patient Service Revenue

All Payer Categories

Removed: Payer Category details related to third-party payers (Lines 1, 2a, 2b, 4, 5a, 5b, 7, 8a, 8b, 10, 11a, and 11b)

- The following lines in Table 9D have been removed:
  - Medicaid Non-Managed Care (Line 1)
  - Medicaid Managed Care (capitated) (Line 2a)
  - Medicaid Managed Care (fee-for-service) (Line 2b)
  - Medicare Non-Managed Care (Line 4)
  - Medicare Managed Care (capitated) (Line 5a)
  - Medicare Managed Care (fee-for-service) (Line 5b)
  - Other Public, including Non-Medicaid CHIP, Non-Managed Care (Line 7)
  - Other Public, including Non-Medicaid CHIP, Managed Care (capitated) (Line 8a)
  - Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service) (Line 8b)
  - Private Non-Managed Care (Line 10)
  - Private Managed Care (capitated) (Line 11a)
  - Private Managed Care (fee-for-service) (Line 11b)
- **These data have been reported across various respective lines, including *Total Medicaid* (Line 3); *Total Medicare* (Line 6); *Total Other Public (specify___)* (Line 9); and *Total Private* (Line 12), respectively.**

Table 9D: Accrued Patient Service Revenue

Sliding Fee Discounts

Removed: Sliding Fee Discounts (Column E)

- Table 9D, Line 13 (Self-Pay) sliding fee discounts provided to patients, Column E, has been removed.
  - These sliding fees will be **reported as Adjustments (Column D) and remain on Line 13 (Self-Pay).**

Bad Debt Write-Off

Removed: Bad Debt Write-Off (Column F)

- Table 9D, Line 13 (Self-Pay) bad debt from patients, Column F, has been removed.
  - These will be reported in a **new column and on a new line in Table 9D** that captures uncollected payments owed by third-party payers or patients:
    - ✓ **Net Patient Service Revenue (Column G)**
    - ✓ **Bad Debt Write-Offs and Allowances (Line 15)**

Table 9E: Other Accrued Revenue

Federal Grants

Removed: Health Center funding grant sources (Lines 1a–1e); other BPHC funding detail lines (Lines 1k–1q)

The following lines have been removed from Table 9E:

Will now be reported as an aggregate on Total Health Center BPHC Grants (Line 1)

- Migratory and Seasonal Agricultural Workers (Line 1a)
- Community Health Center (Line 1b)
- Homeless Population (Line 1c)
- Residents of Public Housing (Line 1e)
- Capital Development Grants (Line 1k)
- American Rescue Plan (ARP) (H8F, L2C, C8E) (Line 1o)
- Other COVID-19-Related Funding from HRSA's BPHC (specify____) (Line 1p2)
- Total COVID-19 Supplemental (Sum of Lines 1o + 1p2) (Line 1q)

Appendix D: Health Center Information Technology (Health IT) Capabilities

Removed: Questions 1a, 1a2, 1a3, 1c, 1c1, and 10

- 1a. Is your system certified by the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program?
  - 1a2. Product Name reporting
  - 1a3. Version Number reporting
- 1c. Do you use more than one EHR, data collection, and/or data analytics system across your organization? Select "Yes" if the health center has more than one EHR that flows into one central health IT/EHR or practice management system.
  - 1c1. If yes, what is the reason?
- 10. How does your health center utilize health IT and EHR data beyond direct patient care?

Appendix D: Health Center Information Technology (Health IT) Capabilities, continued

Removed: Questions 11, 11a, 12, 12a, and 12b (aspects of these questions have been incorporated into Table 6A)

- 11. Does your health center collect data on individual patients' health-related needs, outside of the data countable in the UDS?
  - 11a. How many health center patients were screened for health-related needs using a standardized screener during the calendar year?
- 12. Which standardized screener(s) for health-related needs, if any, did you use during the calendar year?
  - 12a. Of the total patients screened for health-related needs (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year.
  - 12b. If you DO NOT use a standardized screener to collect this information, please indicate why.

Appendix E: Other Data Elements

Removed: Appendix E: Other Data Elements

- Various questions previously under Appendix E have been moved to the new Appendix C: Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements.

- Questions that were removed or relocated include:
  - Medications for Opioid Use Disorder (MOUD) (Questions 1a and 1b) have been added to Appendix C as Questions 14a and 14b.
  - Telehealth (Questions 2, 2a1, 2a2, and 2a3) have been added to Appendix C as Question 15a, 15a1, 15a2, and 15a3.
  - Outreach and enrollment assists (Question 3) has been removed (aspects has been incorporated in the Table 6A's Patient Support Services addition).
  - Voluntary family planning question (Question 4) has been added to Appendix C as Question 16.

Updates and Clarifications to Existing Lines

Staffing and Utilization

Table 5

Item and Line	Clarification or Update
Other Licensed Mental Health Providers (Line 20b)	Additional mental health personnel types, including Psychiatric Mental Health Nurse Practitioners (PMHNPs), have been added as drop-down options.
Enabling Services (Line 29)	This line has been renamed to Total Patient Support Services, and personnel detail lines for this service category (Lines 26–29) have been reordered and renamed to align with HRSA's Service Descriptors language and revisions to Table 8A.
Total Facility and Non-Clinical Support Services (Line 33)	This line has been renamed to Total Facility and Support Services Personnel to align with HRSA's Service Descriptors language and revisions to Table 8A.

Clinical Services and Outcomes

Table, Item, and Line	Clarification or Update
Table 6A, Selected Services Rendered: Line 26, Health supervision of infant or child (ages 0 through 11)	Line 26, Health supervision of infant or child (ages 0 through 11) has been renamed Well Child Visit (ages 0 through 11). This measure label update is being made to clarify the intended services to be reported on Line 26 of Table 6A. This revision improves alignment with current clinical terminology and ensures clearer interpretation and more consistent reporting across health centers.

Table 6A: Updated Codes

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)
	Selected Infectious and Parasitic Diseases	
1–2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	**ICD-10:** B20, B97.35, Z21 **OID:** 2.16.840.1.113883.3.464.1003.120.11.1007, 2.16.840.1.113883.3.464.1003.120.11.1010
3	Tuberculosis	**ICD-10:** A15- through A19-, B90-, J65 **OID:** 2.16.840.1.113762.1.4.1222.44
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	**ICD-10:** A50- through A64-
4a	Hepatitis B	**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	**ICD-10:** B17.1-, B18.2, B19.2-
4c	Novel coronavirus (SARS-CoV-2) disease	**ICD-10:** U07.1 **OID**: 2.16.840.1.113762.1.4.1248.139
4d	Long COVID	**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 2026.
- 2026 Table 6A code changes are available for download.
- Codes are updated as of May 2026.
- Codes may be updated later in the year to capture critical updates made after this date. These updates have been communicated through the Primary Health Care Digest and on the UDS Technical Assistance site.

Financial Reporting

Tables 8A, 9D, and 9E

Table and Item	Clarification or Update
Table 8A, Accrued Costs (Column A)	Column A, titled Accrued Costs, has been replaced with Personnel Costs (Column A1).
Table 8A, Total Cost After Allocation of Facility and Non-Clinical Support Services (Column C)	This column has been renamed to Total Accrued Costs (Column A), and will include the combined total of Column A1, Personnel Costs, and Column A2, Other Costs.
Table 8A, Total Enabling Services (Line 11)	This line has been renamed Patient Support Services and will align with the measure label changes on Table 5 (Line 29).
Table 8A, Total Enabling and Other Services (Line 13)	This line has been renamed Total Patient Support Services and Other Programs (Sum of Lines 11 + 12).
Table 8A, Non-Clinical Support Services (Line 15)	This line has been renamed Other Support Costs.

Financial Reporting

Tables 8A, 9D, and 9E, continued

Table and Item	Clarification or Update
Table 8A, Total Accrued Costs (Line 17)	This line has been renamed Total Health Center Costs (Sum of Lines 4 + 10 + 13 + 16).
Table 9D: Patient Service Revenue	Reporting on Table 9D has shifted from reporting on a cash basis to an accrual basis. The title of Table 9D will also be renamed to Accrued Patient Service Revenue. • These updates align with how health centers prepare financial statements to reduce reporting burden and improve comparability of delivered services with expected revenue.
Table 9E: Other Revenue	Reporting on Table 9E has shifted from reporting on a cash basis to an accrual basis. The title of Table 9E will also be renamed Other Accrued Revenue. • These updates align all UDS financial tables to a consistent accounting basis and restructure the reporting format so that related data collection points are grouped together.
Table 9E, State/Local Indigent Care Programs (Line 6a)	Indigent care grant programs that do not reimburse on a service-specific basis have been moved from Line 6a to Line 7a.

Appendices

Appendix D and Appendix E

Appendix and Item	Clarification or Update
Appendix D: Health Center Health Information Form Technology and Appendix E: Other Data Elements Form	The former Appendix D and Appendix E have been consolidated into a single appendix. The combined appendix has been renamed to Appendix C: Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements Form.

Updates and Clarifications to Existing CQMs

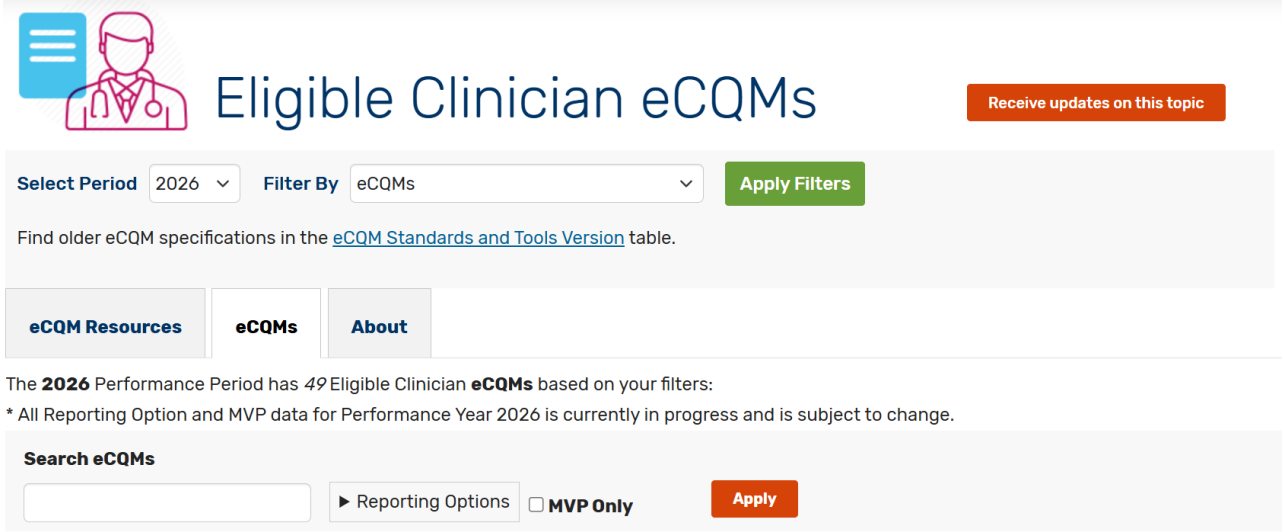
Updates to Align with eCQMs

Tables 6B and 7 were updated to align with the latest CMS eCQMs. The UDS CQM Criteria handout is available to review for 2026 updates.

Screening and Preventive Care	Maternal Care and Children's Health	Disease Management
• Cervical Cancer Screening • Breast Cancer Screening • Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan • Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention • Colorectal Cancer Screening • HIV Screening • Preventive Care and Screening: Screening for Depression and Follow-Up Plan • **NEW Falls: Screening for Future Fall Risk**	• Early Entry into Prenatal Care • Childhood Immunization Status • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents • Sealant Receipt on Permanent First Molars • Deliveries and Birth Weight	• Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Ischemic Vascular Disease (IVD): use of Aspirin or Another Antiplatelet • HIV Linkage to Care • Depression Remission at Twelve Months • Initiation and Engagement of SUD Treatment • Controlling High Blood Pressure • Diabetes: Glycemic Status Assessment Greater Than 9%

Reviewing Updates to eCQM Specifications

- Changes to eCQM specifications, such as to measure logic, are governed by the respective measure steward.
  - Most UDS CQMs align with the CMS eCQMs for clinical quality measure reporting.
  - Appendix E 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.



Child Immunization Status (CMS117v14)

- The child immunization status measure reporting is voluntary for 2026.
- Health centers that choose not to report these data will be required to provide an explanation to the system edit that will flag when Line 10 is left blank.

Section C—Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (A)	Number of Records Reviewed (B)	Number of Patients Immunized (C)
10	MEASURE: Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday			

Breast Cancer Screening (CMS125v14)

- The breast cancer screening measure denominator age range changed from 52–74 years of age to 42–74 years of age.

2025 Initial Population	2026 Initial Population
Women **52–74** years of age by the end of the measurement period with a visit during the measurement period.	Women **42–74** years of age by the end of the measurement period with a visit during the measurement period.

HIV Screening (CMS349v8)

- The HIV screening measure denominator has been updated to include patients 15–65 years of age at the start of the measurement period without an HIV diagnosis prior to the start of the measurement period.

2025 Initial Population	2026 Initial Population
Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the day of the measurement period	Patients 15 to 65 years of age at the start of the measurement period **without an HIV diagnosis prior to the start of the measurement period AND** who had at least one outpatient qualifying encounter during the measurement period

Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CMS2v15)

- The depression screening measure numerator has been revised to include an active depression medication overlaps the date of the qualifying encounter.

2025 Numerator	2026 Numerator
Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter **or an active depression medication overlaps the date of the qualifying encounter.**

Sealant Receipt on Permanent First Molars (SFM-CH-A)

- The dental sealants for children between 6–9 years measure has been replaced with **a new measure with two rates** for sealant receipt on permanent first molars.
- **Measure:** Sealant Receipt on Permanent First Molars
- **Denominator:** Unduplicated number of enrolled children with their 10th birthday in the reporting year
- **Numerators:** Unduplicated number of enrolled children who ever received sealants on permanent first molar teeth:
  - Rate 1: At least one sealant
  - Rate 2: All four molars sealed

New Data Reported

Table 6A: Selected Diagnoses and Services Rendered

Line	Measure	ICD-10-CM Code
9a*	Diabetes mellitus type 1	**ICD-10:** E10-
20g	Intellectual and developmental disabilities	**ICD-10:** F70- through F89-
26g	Autism spectrum disorder (ASD) screening	**ICD-10:** Z13.41

*Note: patients with type 1 diabetes will be reported on Line 9 and on Line 9a.

Table 6A: Selected Diagnoses and Services Rendered

Selected Patient Support Services

Line	Measure	ICD-10-CM, CPT-4/PLA, HCPCS, SNOMED CT, or OID Code
35	Case management	**CPT-4:** 99366, 99490, 99491, 99437, 99439, 99495, 99496 **HCPCS:** G0019, G0022, G0556, G0557, G0558, T1016
36	Eligibility assistance	**SNOMED:** 661901000124106, 662501000124105, 671291000124100, 661871000124106, 662401000124109, 662111000124100, 662731000124107, 662091000124109, 662551000124109, 662231000124100, 662671000124100, 472321000124103, 472301000124108, 661781000124104, 662431000124101, 581041000124102, 662211000124106, 662571000124104
37	Transportation	**ICD-10:** Z59.82 **OID:** 2.16.840.1.113762.1.4.1247.106
38	Language assistance services	**OID:** 2.16.840.1.113762.1.4.1247.267

Table 6A: Selected Diagnoses and Services Rendered

Selected Upstream Drivers of Health Services

Line	Measure	OID
39	Upstream drivers of health screening	**OID:** 2.16.840.1.113762.1.4.1247.126
40	Food insecurity	**OID:** 2.16.840.1.113762.1.4.1247.15, 2.16.840.1.113762.1.4.1247.9, 2.16.840.1.113762.1.4.1247.6
41	Housing instability	**OID**: 2.16.840.1.113762.1.4.1247.19, 2.16.840.1.113762.1.4.1247.43
42	Financial insecurity	**OID:** 2.16.840.1.113762.1.4.1247.109

Table 6B: Quality of Care Measures

Falls: Screening for Future Fall Risk (CMS139v14)

- **Measure**: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period
- **Denominator**: Patients aged 65 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period
  - Exclusions: Patients who are in hospice care for any part of the measurement period
- **Numerator**: Patients who were screened for future fall risk at least once within the measurement period
- **Tips**: A specific screening tool is not required for this measure; however, CDC's STEADI Resources discuss potential screening tools such as the Timed Up and Go (TUG) Test.

Line	Falls: Screening for Future Fall Risk	Total Patients Aged 65 and Older (A)	Number of Records Reviewed (B)	Number of Patients Screened for Future Fall Risk (C)
24	MEASURE: Percentage of patients 65 years of age and older who were screened for future fall risk			

Table 9D: Accrued Patient Service Revenue

- **Net Patient Service Revenue**:
  - A new column has been added for Net Patient Service Revenue (Charges Less Adjustments), Column G.
  - A new line has been added for Net Patient Service Revenue Before Other Patient Service Revenue, Line 16 (reported in Column G).
- **Bad Debt Write-Offs and Allowances**–A new line has been added to Table 9D: Bad Debt Write-Offs and Allowances, Line 15 (reported in Column G) for patient and third-party payer bad debt write-offs.
- **Pharmacy Net Patient Service Revenue**–A new line has been added to reflect all Pharmacy Net Patient Service Revenue, Line 17, (reported in Column G).
- **Third-Party Incentive Revenue**–A new line has been added for Third-Party Incentive Revenue, Line 18, (reported in Column G).

Table 9D: Accrued Patient Service Revenue

Line	Payer Category	Charges (A)	Collections (B)	Adjustments (D)	Net Patient Service Revenue (Charges Less Adjustments) (G)
3	**Total Medicaid**				
6	**Total Medicare**				
9	**Total Other Public** (specify__)				
12	**Total Private**				
13	**Total Self-Pay**				
14	**Total** (Sum of Lines 3 + 6 + 9 + 12 + 13)				
15	**Bad Debt Write-Offs and Allowances**				
16	**Net Patient Service Revenue Before Other Patient Service Revenue** (Sum of Line 14, Column G less Line 15, Column G)				
	Other Patient Service Revenue				
17	**Pharmacy Net Patient Service Revenue**				
18	**Third-Party Incentive Revenue**				
19	**Total Net Patient Service Revenue** (Sum of Lines 16 + 17 + 18)				

Appendix C: Health IT Capabilities and Other Data Elements

Two New Elements

- Three questions on **Alternative Payment Models (APM)** have been added as Questions 17—19.

- One question **addressing the provision of sex rejecting services and procedures** in health centers has been added as Question 20.

Supports and Resources

UDS Technical Assistance

Visit
UDS Technical Assistance Website

- Central, user-friendly hub for health centers to access UDS reporting 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 2026 UDS Manual.
- See other available guidance:
  - PAL
  - eCQI Resource Center
  - Value Set Authority Center (VSAC)

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 in fall 2026.
- 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.

Plan for Changes

- 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 2026 UDS changes.
- Work with your EHR and/or population health system vendor to validate data workflows and output and to verify that calendar year updates have been programmed.

Reporting Guidance resources are available on the UDS Technical Assistance site.

HRSA Health Center Program

You Can Begin Your Report on January 1, 2027

Complete, accurate, and on time!

Fall 2026: 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 HHS and Health Center Program reports.

HRSA Health Center Program

Available Assistance

- Technical assistance materials, including local trainings, are available online:
  - UDS 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

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

HRSA Health Center Program

Q&A

What questions do you have for us?

Thank You!

Sarah Cruthirds, MS, Technical Assistance Specialist

Asad Bandealy, MD, Chief Medical Officer, Bureau of Primary Health Care

Director, Office of Quality improvement

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

1-866-837-4357

bphc.hrsa.gov

Sign up for the *Primary Health Care Digest*