



Uniform Data System (UDS) Clinical Tables Part 2: Maternal and Child Health

October 9, 2024, 2:00–3:30 p.m. ET

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Vision: Healthy Communities, Healthy People



Opening Remarks

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Management Analyst

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Bureau of Primary Health Care

Health Resources and Services Administration



Today's Objectives

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

- Understand reporting requirements for maternal and child health clinical quality measures (CQMs).
- Identify opportunities for quality improvement.
- Access additional reporting support.



Agenda

- Discuss Uniform Data System (UDS) reporting instructions on CQMs
- Review UDS maternal and child health measures reporting requirements
- Identify reporting strategies and tips for data reporting
- Review 2024 UDS training resources
- Questions and answers



UDS CQMs

Screening and Preventive Care

- 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

**Webinar recorded on
October 2, 2024**

Maternal and Child Health

- **Prenatal Care Provided by Referral Only**
- **Age of Prenatal Care Patients**
- **Early Entry into Prenatal Care**
- **HIV-Positive Pregnant Patients**
- **Deliveries Performed by Health Center's Providers**
- **Prenatal Care Patients Who Delivered During the Year**
- **Low Birth Weight**
- **Childhood Immunization Status**
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents**
- **Dental Sealants for Children between 6–9 Years**

Chronic Disease Management

- 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
- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

**Webinar on October 23,
2:00–3:30 p.m. ET**



Tables 6B and 7: CQMs

2024 Changes:

- Measures updated to align with updated electronically-specified clinical quality measures (eCQMs), wherever available.
- In this alignment with those updated eCQMs, one existing maternal and child health measure has a modification.



In addition to submitting these tables in the Electronic Handbooks (EHBs), health centers will submit de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the [UDS Modernization FAQ](#) for more on that process.



Understanding CQM Reporting in the UDS

Key considerations and structures to accurately report CQMs in the UDS

UDS CQM Reporting

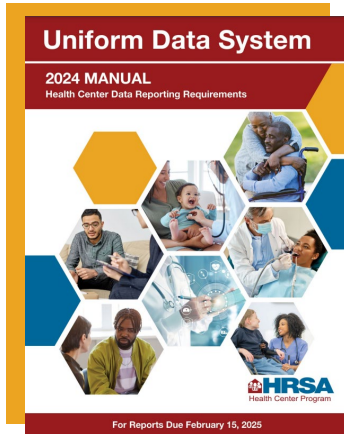
Acronyms and Definitions

General Acronyms and Definitions

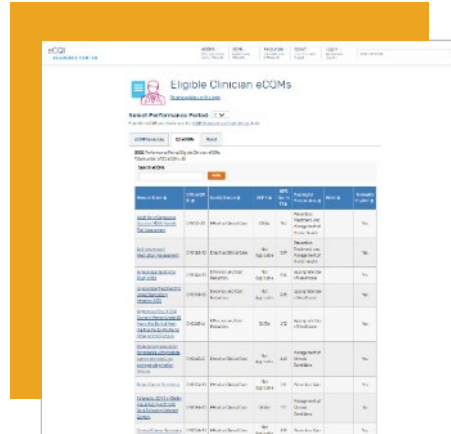
- **CMS:** Centers for Medicare & Medicaid Services
- **eCQI:** electronic clinical quality improvement
- **eCQMs:** electronically-specified clinical quality measures
- **EHBs:** Electronic Handbooks
- **EHR:** electronic health record
- **Countable visit:** A visit that meets UDS requirements and is therefore reported on Table 5 of the current-year UDS Report.
- **Qualifying encounter:** A visit that meets the specified qualifying encounter criteria for a given eCQM; these vary by eCQM.
- **Provider:** Exercises independent professional judgment in the provision of services rendered to the patient within the scope of project, assumes primary responsibility for assessing and/or treating the patient for the care provided at the visit, and documents services in the patient's health record. See Appendix A of the 2024 UDS Manual.



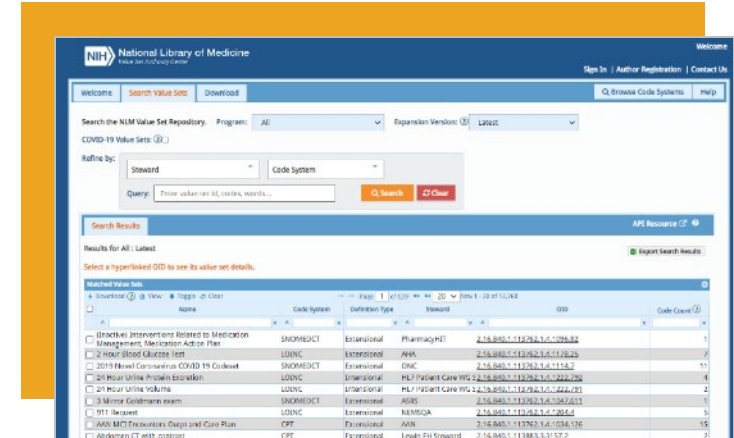
CQM Specifications



The [UDS Manual](#) provides an overview of the UDS, covers UDS-specific considerations, and links to measure specifications.



The manual links to the [eCQI Resource Center](#), where measure information, specifications, data elements, and value sets are found.



The codes that make up each value set within the measure specifications are available from the [Value Set Authority Center \(VSAC\) site](#).



Remember, HRSA is not the measure steward and therefore does not design specific measures. Measures are nationally defined.



Components of Clinical Measures

Denominator	Numerator	Exclusions and Exceptions
<ul style="list-style-type: none">• Identifies the group of patients that the measure examines to see whether they have received the service/test or met the outcome.• Equal to the initial population identified in the CQM.• Reported in Column A.	<ul style="list-style-type: none">• Measures whether the service, event, or outcome requirements were met.• Each patient in the denominator is assessed to determine if they meet the numerator.• Reported in Column C.	<ul style="list-style-type: none">• EXCLUSIONS: Patients who meet exclusion criteria are not to be considered for the measure. They are removed from the denominator before determining if numerator criteria are met.• EXCEPTIONS: Patients who do meet denominator criteria but do not meet numerator criteria and meet any of the exceptions criteria are removed from the denominator.

Denominators: Qualifying Encounters



Clinical measure guidance for the UDS specifies that, in order to be included in any given CQM denominator, patients must have:

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

a **visit that meets the qualifying encounter definitions** for that particular eCQM's measure criteria and specifications, if applicable. (Each measure has its own qualifying encounters definition in its specifications.)

Understanding Qualifying Encounters for CQMs



Does this mean that *all* patients with UDS countable visits are included in the denominator for CQMs?

No! It means that those patients who meet the measure specifications are included in each measure's denominator. For some measures, this is A LOT of visit types; in others, it's fairly narrow. Each measure steward identifies the population or denominator for the measures that they develop.



Does this mean we need to be doing childhood immunizations for our pediatric dental patients?

Dental visit types are not specified in the denominator for the childhood immunization measure. If the patient had other visits, they could be eligible. Again, the visit types/codes are specified for each measure and can be seen in the measure specifications in the eCQI Resource Center.

- [Accessing and Reading eCQMs for UDS](#)
- [Accessing Value Set Codes for CQMs](#)

Children's Health Measures



UDS Table	Measure	eCQM
Table 6B, Line 10	Childhood Immunization Status	CMS117v12
Table 6B, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	CMS155v12
Table 6B, Line 22	Dental Sealants for Children between 6–9 Years	CMS277v0*

*Access measure value set details on the [Clinical Care](#) page of the UDS Training and Technical Assistance site.

Childhood Immunization Status

Table 6B, Line 10 ([CMS117v12](#))

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Denominator	Exclusions	Numerator
<p>Children who turn 2 years of age during the measurement period and who had a qualifying encounter during the measurement period, as specified in the measure criteria</p>	<p>Patients who were in hospice care for any part of the measurement period</p> <p>Children with any of the following on or before their second birthday:</p> <ul style="list-style-type: none"> • Severe combined immunodeficiency • Immunodeficiency • HIV • Lymphoreticular cancer, multiple myeloma, or leukemia • Intussusception 	<p>Demonstrated vaccinations for DTaP, IPV, MMR, Hib, Hep B, VZV, PCV, Hep A, RV, and flu</p> <p>Or anaphylaxis due to DTaP, IPV, MMR, Hib, Hep B, VZV, PCV, Hep A, RV, or flu vaccinations</p>

Childhood Immunization Status

CMS117v12

Change in 2024 UDS reporting: the Childhood Immunization Status measure numerator expands criteria for anaphylaxis due to vaccine.

2023 Numerator Criteria	2024 Numerator Criteria
Demonstrated vaccinations for DTaP, IPV, MMR, Hib, Hep B, VZV, PCV, Hep A, RV, and flu	Demonstrated vaccinations for DTaP, IPV, MMR, Hib, Hep B, VZV, PCV, Hep A, RV, and flu
Or anaphylaxis due to DTaP, Hib, Hep B, RV	Or anaphylaxis due to DTaP, IPV, MMR , Hib, Hep B, VZV, PCV, Hep A , RV, or flu vaccinations



Childhood Immunization Status

CMS117v12



- Do not include children here or anywhere on the UDS if they only received a vaccination and did not receive any countable visit during the calendar year.
- Use immunization registries to ensure patient health records are up to date and complete.
 - Registries can be used to fill any voids in the immunization record prior to or immediately after a visit and before the end of the measurement period, as long as the health information technology (health IT)/EHR is updated with the immunization details and coded correctly.
- Assess patient health records for evidence of vaccinations per specifications.
- If a patient was seen via telehealth, determine whether the record shows evidence of vaccine completion or whether the patient will need to be seen in person to complete the immunization series.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents **Table 6B, Line 12 (CMS155v12)**

Percentage of patients 3–17 years of age who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN); evidence of height, weight, and BMI percentile documentation; documentation of counseling for nutrition; and documentation of counseling for physical activity during the measurement period.

Denominator	Exclusions	Numerator
Patients 3 through 17 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria	<p>Patients who have a diagnosis of pregnancy during the measurement period</p> <p>Patients who were in hospice care for any part of the measurement period</p>	<p>Children and adolescents who have had:</p> <ul style="list-style-type: none"> • Their height, weight, and BMI percentile recorded during the measurement period and • Counseling for nutrition during the measurement period and • Counseling for physical activity during the measurement period

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents CMS155v12



- The patient must have all three numerator components completed and documented to meet the measurement standard.
- This measure requires that the height and weight measurements and counseling for physical activity and nutrition be performed by health center staff or paid for by the health center.
 - Include qualifying encounters performed by any provider, as included in the specification criteria. Note that this is different from the eCQM description, which states that the visit must be performed by a PCP or an OB/GYN.
- Height and weight are to be captured using a standardized, set process for consistency.
 - Patient-reported height and weight are allowed, provided the information is recorded in the EHR and is sufficiently accurate for use in clinical care. Determining the acceptability, reliability, and validity of patient-reported information is left to the discretion of the clinician.
 - Counseling for physical activity and nutrition may also be provided via telehealth.
 - Refer to the [Jira ticket](#) on this measure for more information.

Dental Sealants for Children between 6–9 Years

Table 6B, Line 22 (CMS277v0*)

Percentage of children age 6–9 years at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period.

Denominator	Exceptions	Numerator
Children 6 through 9 years of age at the start of the measurement period with an oral assessment or comprehensive or periodic oral evaluation qualifying encounter who are at moderate to high risk for caries in the measurement period, as specified in the measure criteria	Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing)	Children who received a sealant on a permanent first molar tooth during the measurement period

*Access measure value set details on the [Clinical Care](#) page of the UDS Training and Technical Assistance site.



Dental Sealant Measure eCQM



Dental Sealants (CMS277v0) electronic specifications have not been updated and are no longer readily accessible from the eCQI Resource Center or VSAC.

Find the value sets used in the specifications on the [BPHC UDS Resources Clinical Care Page](#).

HRSA Health Center Program		UNIFORM DATA SYSTEM
Dental Sealants for Children between 6–9 Years (CMS277v0) Value Sets		
Dental Sealants for Children between 6-9 Years, CMS277v0, is a draft clinical quality measure stewarded by the Dental Quality Alliance-American Dental Association. For the purposes of Uniform Data System (UDS) reporting, the Dental Sealants for Children between 6–9 Years measure continues to align with CMS277v0, but electronic specifications for this measure have not been updated and are no longer readily accessible online. To assist health centers with UDS reporting of this measure, the CMS277v0 value set codes used in the specifications (exported from the United States Health Information Knowledgebase (USHIK) website in 2020) are provided below.		
Category	Data Element	Value Set ¹
attribute	attribute: Permanent mandibular left first molar tooth	Permanent mandibular left first molar tooth 2.16.840.1.113762.1.4.1065.29 SNOMEDCT (2014-03) 245604007
attribute	attribute: Permanent mandibular right first molar tooth	Permanent mandibular right first molar tooth 2.16.840.1.113762.1.4.1065.27 SNOMEDCT (2014-03) 245592005
attribute	attribute: Permanent maxillary left first molar tooth	Permanent maxillary left first molar tooth 2.16.840.1.113762.1.4.1065.28 SNOMEDCT (2014-03) 245579007
attribute	attribute: Permanent maxillary right First Molar Tooth	Permanent maxillary right First Molar Tooth 2.16.840.1.113762.1.4.1065.26 SNOMEDCT (2014-03) 245568002

Maternal Health: Prenatal and Birth Outcome Measures

Table 6B: Prenatal Care Patients

- Report ALL prenatal care patients who received prenatal care services (either from the health center directly or its referral network) during the calendar year.
- Report prenatal patients **by age as of Dec. 31** and **by trimester of entry**.

Table 7: Deliveries

- Report all **prenatal care patients who delivered** during the calendar year by **race and ethnicity of the patient delivering**.
- Include stillbirths and multiple births, each as one delivery.
- Miscarriages are not considered deliveries.

Table 7: Birth Outcomes

- Report **babies** according to their birth weight in grams by **race and ethnicity of baby**.
- If multiple births, report each baby separately by birth weight as well as race and ethnicity.
- If stillbirth, do not report the baby in the birth outcome section.



The numbers in these three sections will *not* equal each other. Refer to the [Table 6B and Table 7: Prenatal Care Fact Sheet](#) for more information.

Maternal Health: Prenatal Care Measures



UDS Table	Measure	eCQM
Table 6B, Line 0	Prenatal Care by Referral Only	No eCQM
Table 6B, Lines 1–6	Age of Prenatal Care Patients	No eCQM
Table 6B, Lines 7–9	Early Entry into Prenatal Care	No eCQM

Maternal Health: Prenatal Care Measures



Who is considered a prenatal care patient for UDS reporting?

Health center patients who *initiate prenatal care with the health center or its referral network* are counted in the **Prenatal section of Table 6B** and are tracked through delivery and reported in the **Delivery and Birth Outcomes section of Table 7**.

Prenatal care initiated with “the health center or its referral network” refers to:

- Prenatal care initiated with the health center directly **or**
- Prenatal care initiated with a provider/entity with which the health center has formal referral contractual agreements (as indicated in Column II of [Form 5A](#)) **or**
- Prenatal care initiated with a provider/entity with which the health center has formal written referral arrangements (as indicated in Column III of [Form 5A](#)).

Tracking systems must be in place for all that apply!

Maternal Health: Prenatal Care Measures

Table 6B

Section A: Line 0: Mark the check box if your health center provides prenatal care through direct referral only.

0	Prenatal Care Provided by Referral Only (Check if Yes)
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Section A: Lines 1–6: Report all prenatal care patients by their age *as of Dec. 31*.

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

Section B: Lines 7–9: Report all prenatal care patients by the trimester they began prenatal care (including any patient you may have referred out for care). Report in Column B if care began with another provider and was then transferred into your health center’s care.

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



Maternal Health: Deliveries and Birth Weight Measures



UDS Table	Measure	eCQM
Table 7, Section A, Line 0	HIV-Positive Pregnant Patients	No eCQM
Table 7, Section A, Line 2	Deliveries Performed by Health Center's Providers	No eCQM

Deliveries and Birth Outcomes

Table 7, Lines 0 and 2

Section A

Line 0: Number of health center patients who are pregnant and HIV positive, regardless of whether they received prenatal care from the health center or have a delivery during the year.

Line 2: Number of deliveries performed by health center clinicians, including deliveries to non–health center patients.

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



Maternal Health: Deliveries and Birth Weight Measures, continued



UDS Table	Measure	eCQM
Table 7, Section A, Lines 1a1m–h	Prenatal Care Patients Who Delivered During the Year (Column 1A)	No eCQM
Table 7, Section A, Lines 1a1m–h	Live Birth Weights (Columns 1B–1D)	No eCQM

Table 7 columns capture delivery and birth weight outcomes.
Table 7 rows capture the individual's race/ethnicity.

Deliveries and Birth Outcomes

Deliveries

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
Mexican, Mexican American, Chicano/a					
1a1m	Asian Indian				
1a2m	Chinese				
1a3m	Filipino				
1a4m	Japanese				
1a5m	Korean				
1a6m	Vietnamese				
1a7m	Other Asian				
1b1m	Native Hawaiian				
1b2m	Other Pacific Islander				
1b3m	Guamanian or Chamorro				
1b4m	Samoan				
1cm	Black or African American				
1dm	American Indian/Alaska Native				
1em	White				
1fm	More than One Race				
1gm	Unreported/Chose Not to Disclose Race				
<i>Subtotal Mexican, Mexican American, Chicano/a</i>					

Column 1A: Include prenatal care **patients who delivered** during the calendar year (exclude miscarriages) **by their race and ethnicity.**

- For multiple births (e.g., twins), report only one patient as having delivered.
- Report on patients who were successfully referred out for care.



Deliveries and Birth Outcomes

Birth Weight

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
Mexican, Mexican American, Chicano/a					
1a1m	Asian Indian				
1a2m	Chinese				
1a3m	Filipino				
1a4m	Japanese				
1a5m	Korean				
1a6m	Vietnamese				
1a7m	Other Asian				
1b1m	Native Hawaiian				
1b2m	Other Pacific Islander				

Columns 1B–1D: Report each live birth by **birth weight** (exclude stillbirths or miscarriages) and **by race and ethnicity of baby**.

- Count twins as two births, triplets as three, etc.
- Column 1D (≥ 2,500 grams) is normal birth weight.
- Column 1C (1,500–2,499 grams) is low birth weight.
- Column 1B (< 1,500 grams) is very low birth weight.

Deliveries and Birth Outcomes



- Deliveries reported on Table 7 are those deliveries of the health center's prenatal patients.
- The babies reported in the birth outcome section of Table 7 do not need to have their own separate visits, nor do they need to be health center patients; they just need to be delivered to a health center prenatal patient who delivered in the year.



Deliveries and Birth Outcomes



Report delivery and birth outcome data regardless of whether the health center performed the delivery or referred the delivery to another provider and regardless of whether the patient transferred to another provider on their own. Tracking and follow-up on all prenatal care patients are required.

Deliveries (Column 1A)

- Report one patient as having delivered, even if the delivery results in multiple births (e.g., twins or triplets) or is a stillbirth.
- DO NOT include deliveries when you have no documentation that the delivery occurred (patients lost to follow-up).
- DO NOT include miscarriages.
- DO NOT include patients who, based on their due date, should have delivered but for whom you DO NOT have explicit documentation of the delivery.

Birth Outcomes (Columns 1B–1D)

- If the delivery is of multiple babies (e.g., twins or triplets), report the birth weight of each baby separately.

Tips for Tracking Delivery and Birth Outcomes



Positive pregnancy diagnosis codes can be added to the prenatal care patient's chart and provide a reporting mechanism for monitoring outcomes. Include corresponding fields to track whether a patient is referred to a prenatal care provider or receiving prenatal care from the health center or its network partners.

To obtain delivery and birth outcomes:

- Some health centers match the baby birth record to the prenatal care patient. This may be direct if their providers perform the delivery or the baby becomes a patient.
- For health centers without direct care (referrals), obtain the information from the referral provider, hospital, or patient self-report.
 - Staff can call the patient to discuss how far along they were and enter that into their systems. Follow up with the prenatal care patient after 9 months to ask birth weight.
 - Perform quarterly check-ins with referral network for patients referred.
 - When establishing referral arrangements, make it clear that these data are to be communicated back to the health center.

Knowledge Check #1

The health center transfers patients to a provider outside the health center with which they have a referral arrangement. Does the health center report these as prenatal patients in the UDS?

- Yes
- No
- I don't know

Knowledge Check #1

The health center transfers patients to a provider outside the health center with which they have a referral arrangement. Does the health center report these as prenatal patients in the UDS?

- **Yes**
- No
- I don't know

Knowledge Check #2

Our prenatal patient delivered their baby! The baby is going to a pediatrician not associated with our health center. Do we report the baby's birth weight in the UDS?

- Yes
- No
- I don't know



Knowledge Check #2

Our prenatal patient delivered their baby! The baby is going to a pediatrician not associated with our health center. Do we report the baby's birth weight in the UDS?

- **Yes**
- No
- I don't know

Strategies for Successful 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!
- Work with your EHR vendor to understand data 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 last year's letter from your reviewer to ensure all issues are addressed in this year's report.



Work as a Team



- **Tables are interrelated.**
 - Communicate early and throughout the process with your internal UDS data preparation team.
 - 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.**
 - The Preliminary Reporting Environment will be available in fall 2024.
 - Use the modernized reporting features—Excel file, offline HTML file, Comparison Tool, and Excel mapping document—to help you prepare for UDS data reporting.

Available Resources

There are a host of resources available to support your UDS reporting!

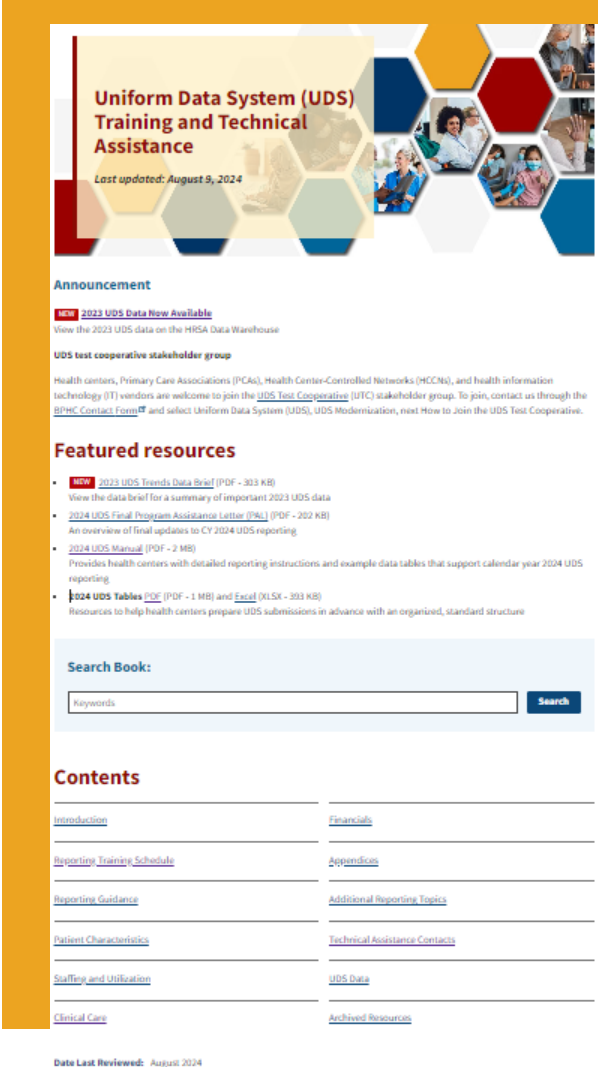


UDS Training and Technical Assistance Resources

Now available: [UDS reporting resources](#) on the BPHC website

- Introduction
- Reporting Training Schedule
- Reporting Guidance
- Patient Characteristics
- Staffing and Utilization
- Clinical Care
- Financials
- Appendices
- Additional Reporting Topics
- Technical Assistance Contacts
- UDS Data
- Archived Resources

Scan the QR code to go directly to the Training and Technical Assistance page!



Uniform Data System (UDS) Training and Technical Assistance
Last updated: August 9, 2024

Announcement

NEW [2023 UDS Data Now Available](#)
View the 2023 UDS data on the HRSA Data Warehouse

[UDS test cooperative stakeholder group](#)
Health centers, Primary Care Associations (PCAs), Health Center-Controlled Networks (HCCNs), and health information technology (IT) vendors are welcome to join the [UDS Test Cooperative](#) (UTC) stakeholder group. To join, contact us through the [BPHC Contacts Form](#) and select Uniform Data System (UDS), UDS Modernization, next How to Join the UDS Test Cooperative.

Featured resources

- **NEW** [2023 UDS Trends Data Brief](#) (PDF - 303 KB)
View the data brief for a summary of important 2023 UDS data
- [2024 UDS Final Program Assistance Letter \(PAL\)](#) (PDF - 202 KB)
An overview of final updates to CY 2024 UDS reporting
- [2024 UDS Manual](#) (PDF - 2 MB)
Provides health centers with detailed reporting instructions and example data tables that support calendar year 2024 UDS reporting
- [2024 UDS Tables](#) [PDF](#) (PDF - 1 MB) and [Excel](#) (XLSX - 393 KB)
Resources to help health centers prepare UDS submissions in advance with an organized, standard structure

Search Book:

Keywords

Contents

Introduction	Financials
Reporting Training Schedule	Appendices
Reporting Guidance	Additional Reporting Topics
Patient Characteristics	Technical Assistance Contacts
Staffing and Utilization	UDS Data
Clinical Care	Archived Resources

Date Last Reviewed: August 2024



UDS Reporting Webinar Series

The webinar series includes:

- **UDS Basics:** Orientation to Terms and Resources (archived)
- **Clinical Quality Measures Deep Dive** (archived)
- **UDS Clinical Tables Part 1:** Screening and Preventive Care Measures (archived)
- **UDS Clinical Tables Part 2:** Maternal and Child Health Measures
- **UDS Clinical Tables Part 3:** Chronic Disease Management Measures (upcoming)
- **Reporting UDS Financial and Operational Tables** (upcoming)
- **Preliminary Reporting Environment (PRE)** (upcoming)
- **Successful Submission Strategies** (upcoming)



All webinars are archived on the [HRSA website](#); watch them anytime!



Support Available

Description	Contact	Email or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: Uniform Data System (UDS) > UDS Reporting > the most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical Support > EHBs Tasks/Technical Issues > EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form Select: Technical Support > EHBs Tasks/Technical Issues > Other EHBs Submission Types	877-464-4772
UDS+ FHIR IG and API (UDS Modernization) technical support	Health Center Program Support	BPHC Contact Form Select: Uniform Data System (UDS) > UDS Modernization > Patient-level Submission (UDS+)	877-464-4772

FHIR IG = Fast Healthcare Interoperability Resources Implementation Guide; API = application programming interface





UDS Data Modernization and UDS Patient-Level Data (UDS+)

HRSA BPHC

Vision: Healthy Communities, Healthy People



Why Are We Modernizing UDS?

- Leverage developments in health IT over the last decade that allow us to advance health equity efforts while reducing 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



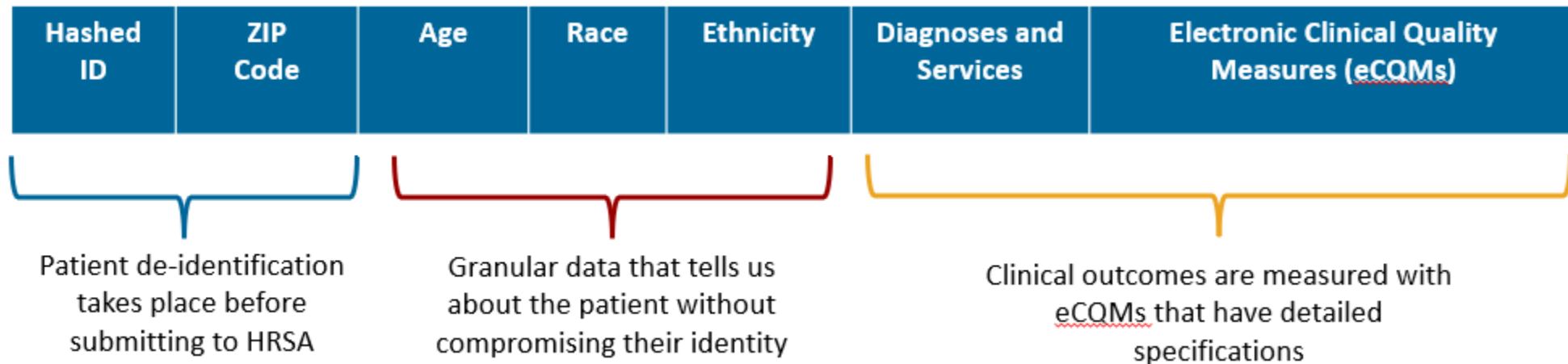
UDS Patient-Level Submission (UDS+)

UDS+ is...

- De-identified patient-level data
- Applicable to UDS Tables Patients By ZIP Code, 3A, 3B, 4, 6A, 6B, and 7
- Submitted via FHIR

UDS+ is not...

- Full copies of data directly from patients' electronic medical records



For more information, visit: [UDS Modernization Initiative](#)



UDS+ 2024 Reporting Year: Submission Requirements



2024 UDS+ Submissions
Due by April 30, 2025

1 Submit data for your *medical* patients.

2 Submit *all* the demographic tables data:

- **Table:** Patients by ZIP Code
- **Table 3A:** Patients by Age and by Sex Assigned at Birth
- **Table 3B:** Demographic Characteristics
- **Table 4:** Selected Patient Characteristics

(Managed Care Utilization lines are NOT required for UDS+ CY 2024 reporting)

3

Submit *one eCQM* from the measures listed below:

- **Table 6B:** Quality of Care Measures
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Colorectal Cancer Screening
- **Table 7:** Health Outcomes and Disparities
 - **Controlling High Blood Pressure***
 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

** Recommended measure*



2024 Calendar Year: UDS and UDS+ Reporting

All health centers are **required** to submit **aggregated** UDS data by **February 15, 2025**.

All health centers will be required to submit a minimum amount of **patient-level data (UDS+)** by **April 30, 2025**.



- 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.



- Submit UDS+ data via FHIR.
- Include, at a minimum, only demographic data and one eCQM for medical patients.
- UDS+ submission supports system capacity building and progress toward full implementation.

EHBs will remain the submission of record.

How Can Health Centers Prepare for UDS+?



UDS TEST COOPERATIVE (UTC)

Join the [UTC](#) for continued UDS+ updates and resources.

HL7® FHIR®

Review:

[HL7.org](https://hl7.org)

[HL7® FHIR® resources page](#)

[UDS+ FHIR IG](#)

ENGAGEMENT

Visit the [UDS Modernization Initiative webpage](#) for up-to-date UDS+ information.

Encourage your health IT vendors to join the UTC and participate in UDS+ testing before 2025.



Submit questions through the [BPHC Contact Form](#) by selecting **Uniform Data System (UDS) > UDS Modernization > Patient-level Submission (UDS+)**.

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**

bphc.hrsa.gov



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