



HRSA
Health Resources & Services Administration

Uniform Data System (UDS) Clinical Tables
Part 3: Disease Management

October 29, 2026

Stacey Moody, MSW
Technical Assistance Specialist
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Opening Remarks

Dylan Podson
Data and Evaluation
Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Agenda

- Review Uniform Data System (UDS) reporting requirements for Disease Management measures on Tables 6B and 7
- Review 2026 UDS training resources
- Identify reporting strategies and tips for reporting clinical quality measures (CQMs)
- Questions and answers

Objectives

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

- Understand reporting requirements for disease management measures.
- Identify opportunities for improvement in reporting CQMs.
- Access additional reporting support.

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
- Screening for Future Falls Risk

Webinar recorded on October 15, 2026

Maternal and Child Health

- Prenatal Care Provided by Referral Only
- Age of Prenatal Care Patients
- Early Entry into Prenatal Care
- HIV-Positive Pregnant Women
- 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
- Sealant Receipt on Permanent First Molars

Webinar recorded on October 20, 2026

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**
- **Initiation and Engagement of Substance Use Disorder Treatment**
- **Controlling High Blood Pressure**
- **Diabetes: Glycemic Status Assessment Greater Than 9%**

Poll

How familiar are you with the UDS CQMs?

A. I am not familiar with them. It will be helpful to learn the basics.
B. I am not very familiar with them. Gaining a better understanding will be helpful.
C. I am somewhat familiar. Learning about the measures in more detail will be helpful.
D. I am very familiar with these measures. I would like to learn about any changes this year that impact UDS reporting.

UDS CQM Reporting

Key UDS Terminology in CQM Reporting



HRSA
Health Center Program

Key Terms in UDS CQM Measurement

Specification Guidance	The Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs.
UDS Reporting Considerations	Additional BPHC requirements and guidance that must be applied to the specific measure and that may differ from or expand on the electronic clinical quality measure (eCQM) specifications.
CQMs	A mechanism used for assessing the degree to which a clinician competently and safely delivers clinical services appropriate for the patient in an optimal time frame.
eCQMs	CQMs expressed and formatted to use data from electronic health record (EHR) and/or health information technology (health IT) systems to measure health care quality.
Clinical Quality Language (CQL)	An open-source standard that allows a human-readable description of clinical quality logic to express clinical knowledge.
Value Sets	Lists of codes and corresponding terms from the National Library of Medicine–hosted standard clinical vocabularies (such as SNOMED CT, RxNorm, and LOINC®) that define clinical concepts.
Measurement Period	Represents Calendar Year 2026 (January 1–December 31) **unless** another time frame is specifically noted in the UDS Manual or measure specifications.
Measure Steward	An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward.

Components of Each Clinical Measure

Denominator

- Identifies the group of patients that the measure looks at for whether they have received the service, test, or outcome.
- Equal to the initial population identified in the CQM.
- Reported in Column A.

Numerator

- 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.

Exclusions and Exceptions

- **EXCLUSIONS:** As used in clinical quality measure reporting, specific conditions or circumstances that remove certain patients from the measure's denominator because the measure criteria are not appropriate for them.
- **EXCEPTIONS:** As used in clinical quality measure reporting, allowable reasons within the denominator for not meeting the measure's requirements, acknowledging valid clinical, patient-centered, or system-related factors that justify why the expected care was not provided.

Denominators: Qualifying Encounters

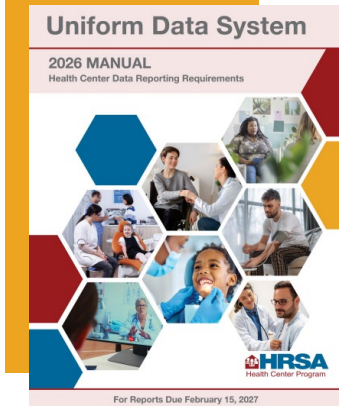


Clinical measure guidance for the UDS specifies that in order to be included in any given CQM denominator, patients must have:

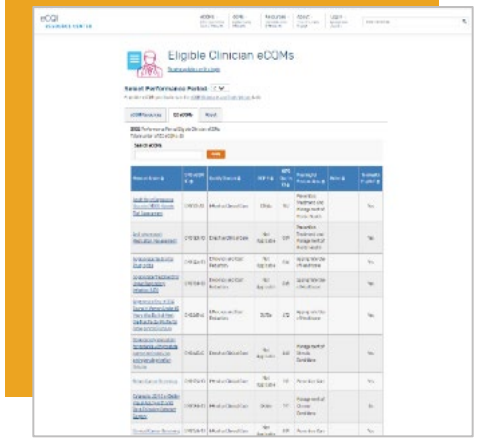
A **countable UDS visit** during the calendar year, reported on Table 5, **and**

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.)

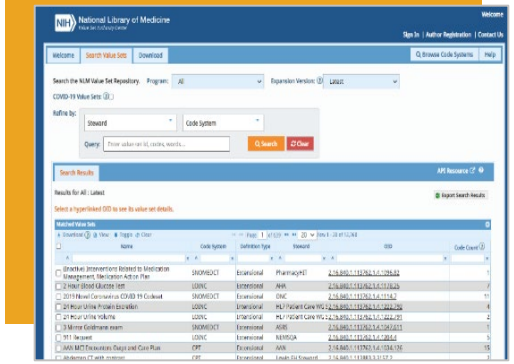
Getting Started with CQMs
Key Resources



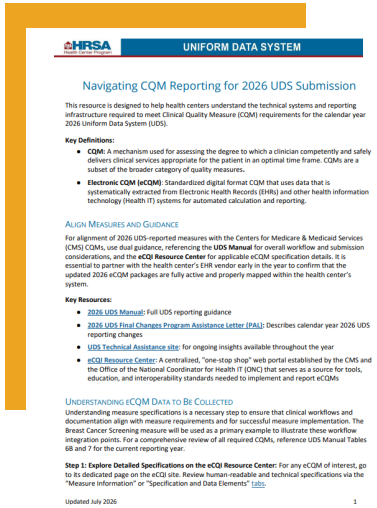
The [UDS Manual] provides an overview of the UDS, covers UDS-specific considerations, and links to measure specifications.



The manual links to the [Electronic Clinical Quality Improvement (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 site].



[Navigating CQM Reporting] is a new resource with step-by-step guidance on how to access eCQM data to be collected.

Knowledge Check #1

To be eligible and included in the denominator for any UDS CQM on Tables 6B or 7, what is the absolute baseline requirement that a patient must meet?

A. They must have been an active patient at the health center for at least three consecutive years.
B. They must have a countable visit during the calendar year reported on Table 5.
C. They must have a completed primary care visit with a medical doctor (MD).
D. They must have active health insurance coverage documented in their chart.

Knowledge Check #1: Answer

To be eligible and included in the denominator for any UDS CQM on Tables 6B or 7, what is the absolute baseline requirement that a patient must meet?

A. They must have been an active patient at the health center for at least three consecutive years.
B. They must have a countable visit during the calendar year reported on Table 5.
C. They must have a completed primary care visit with a medical doctor (MD).
D. They must have active health insurance coverage documented in their chart.

CQMs: Keys to Remember

To be reported *anywhere* on the UDS, a patient must have a countable visit on Table 5 during the year.

Countable visits can be in multiple service categories (e.g., medical, dental, mental health, substance use disorder [SUD]) if they meet the countable visit definition.

For CQM reporting on Tables 6B and 7, patients must meet the criteria detailed in the individual measure specifications.

Eligible visit types depend on specifications defined by the particular measure steward and must be assessed for each measure individually.

It is essential to review and use the codes listed in each eCQM.

Many CQMs have denominators that are limited to patients who have had at least a medical visit during the year, but in some measures, other visit types might also be included in applicable eCQM value sets.

Table 6B CQMs

No major changes to the disease management measures on Table 6B

Disease Management Measures on Table 6B

Table 6B was updated to align with the latest CMS eCQMs. The 2026 UDS CQM Criteria handout is available to review for 2026 updates.

UDS Table	Measure	eCQM
Table 6B, Line 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v9
Table 6B, Line 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7
Table 6B, Line 20	HIV Linkage to Care	No eCQM
Table 6B, Line 21a	Depression Remission at Twelve Months	CMS159v14
Table 6B, Lines 23a, 23b	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	CMS137v14

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: CMS347v9

Denominator	Exclusions	Exceptions	Numerator
Patients who have a countable UDS visit on Table 5 and meet **any** of the following criteria: 1. All patients who were previously diagnosed with or currently have a diagnosis of atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure. 2. Patients aged 20 to 75 years at the start of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. 3. Patients aged 40 to 75 years at the start of the measurement period with Type 1 or Type 2 diabetes. 4. Patients aged 40 to 75 at the start of the measurement period with a 10-year ASCVD risk score (i.e., 2013 ACC/AHA ASCVD Risk Estimator or the ACC Risk Estimator Plus) of >= 20 percent during the measurement period.	• Patients who are breastfeeding at any time during the measurement period. • Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period.	• Patients with statin-associated muscle symptoms or an allergy to statin medication. • Patients who are receiving palliative or hospice care. • Patients with active liver disease or hepatic disease or insufficiency. • Patients with end-stage renal disease (ESRD). • Patients with documentation of a medical reason for not being prescribed statin therapy.	Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: CMS347v9 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- There are ***no*** major changes to this measure for 2026 reporting.
- Current statin therapy use must be documented in the patient's current medication list or ordered during the measurement period.
- *Only* statin therapy meets the measure Numerator criteria; other cholesterol-lowering medications do ***not***.
- Any documentation of a 10-year ASCVD risk score greater than or equal to 20 will qualify patient for the denominator population, even if the risk score changes later in the measurement period.
- Intensity of statin therapy or lifestyle modification is ***not*** being assessed for this measure; lifestyle modification does not meet the numerator specifications.
- There are four separate populations in denominator criteria. **It is important to understand patients are not included in the denominator more than once.** *Once a patient meets one set of denominator criteria, they are included and further risk checks are not needed.*

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet: CMS164v7

Denominator	Exclusions	Exceptions	Numerator
Patients who have a countable UDS visit on Table 5 and are 18 years of age and older during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period.	Patients who: • Had documentation of use of anticoagulant medications overlapping the measurement period. • Were in hospice care during the measurement period.	None	Patients who had an active medication of aspirin or another antiplatelet during the measurement period.

Note that this measure is no longer electronically specified; health centers should continue to follow the guidance and details of CMS164v7.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet: CMS164v7 *(cont.)*

Clarifications, Tips, and FAQs

- This measure has not been updated by the measure steward. Version 7 continues to be used for 2026 reporting.
- Allergies to medication are not an exclusion for this measure, so patients with allergies are not excluded from the denominator.
- SNOMED CT and ICD-10 codes are available for determining whether a patient has IVD; be sure to review those in the value set.
  - A value set was updated in September 2025. Use the most current CMS-issued eCQM specifications for the eCQM number and version referenced in the UDS Manual for the 2026 reporting and measurement period.
  - Do not use any passing reference to IVD in any encounter—be it a lab order, radiology visit, or secondary diagnosis—that was later refuted with further testing.

HIV Linkage to Care

Denominator	Exclusions	Exceptions	Numerator
Patients who have a countable UDS visit on Table 5 and were newly diagnosed with HIV by the health center between December 1, 2025, and November 30, 2026.	None	None	Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health center (and are included in the denominator) and: • Had a visit with your health center provider who initiated treatment for HIV, or • Had a documented visit with a referral resource who initiated treatment for HIV.

HIV Linkage to Care *(cont.)*

Clarifications, Tips, and FAQs

- Only include patients who are diagnosed with HIV for **the first time ever *at the health center*** within the specified time frame.
- The clock starts for linkage to care when the diagnosis is made or on the onset date, typically when the confirmatory test is done. Check your EHR vendor guidance for exactly where/how this needs to be captured in your system.
- Successful linkage to care is either a visit with the health center for HIV care or a completed referral for HIV care within 30 days of initial diagnosis. A visit at which a confirmatory test is done or only education is provided does *not* meet the linkage to care requirement. However, it is not required that the patient start antiretroviral therapy (ART) medication at the visit.
- Relevant CPT and ICD codes to help identify patients for the Table 6B HIV Linkage to Care measure can be found at UDS HIV Prevention and Linkage to Care Coding.
- A supplemental test to confirm diagnosis must follow reactive initial HIV tests and for patients who self-identify as being HIV positive without documentation.

Depression Remission at Twelve Months: CMS159v14

Denominator	Exclusions	Exceptions	Numerator
Patients aged 12 years and older at the start of the measurement period with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event.	• Patients who died any time prior to the end of the measure assessment period. • Patients who received hospice or palliative care services between the start of the denominator period and the end of the measurement assessment period. • Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder (e.g., autism spectrum disorder) any time prior to the end of the measure assessment period.	None	Patients aged 12 years and older who achieved remission at 12 months as demonstrated by the most recent 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five.

Depression Remission at Twelve Months: CMS159v14 *(cont.)*

Clarifications, Tips, and FAQs

- There are ***no*** major changes to the Depression Remission measure for 2026 reporting.
- For this measure, the PHQ-9 or PHQ-9M must be used.
- Patients may be screened using the PHQ-9 or PHQ-9M up to 7 days prior to the office visit or on the day of the visit.
- If multiple PHQ-9 scores are captured within the specified window (12 months from the index event +/- 60 days), use the most recent score.
- If no PHQ-9 is completed within the specified window (12 months from the index event +/- 60 days), then the patient does not meet the numerator requirements.
- The index event is the date the patient had an initial PHQ-9 or PHQ-9M (modified for teens) score greater than 9 and a diagnosis of major depression or dysthymia during the period between November 1, 2024, and October 31, 2025.

Initiation and Engagement of Substance Use Disorder (SUD) Treatment: CMS137v14

Denominator	Exclusions	Exceptions	Numerator
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.	Exclude patients who are in hospice care for any part of the measurement period.	None	Numerator 1 (line 23a): Patients with initiation of treatment includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode. Numerator 2 (line 23b): Patients with engagement in ongoing SUD treatment within 34 days of initiation includes: • A long-acting SUD medication on the day after the initiation through 34 days after the initiation of treatment. • 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.

Initiation and Engagement of Substance Use Disorder (SUD) Treatment: CMS137v14 *(cont.)*

Clarifications, Tips, and FAQs

- Two rates are reported:
  - Line 23a: Percentage of patients who initiated treatment within 14 days of new SUD episode
  - Line 23b: Percentage of patients who engaged in ongoing treatment within 34 days of the initiation treatment
- The denominator for lines 23a and 23b ***must*** be the same.
- The **new SUD episode** is the first encounter during the intake period with a diagnosis of SUD with no encounter or medication treatment for a diagnosis of SUD in the 60 days prior.
- Engagement visits are psychosocial visits with non-medication intervention, and engagement medication treatment events are the initiation with long or short-acting SUD medications.
- Patients who refused treatment after a *new* SUD episode and do not meet the exclusion criteria are reported in the denominator.

FAQs: Initiation and Engagement of SUD Treatment



Does the 60-day window in which there is no prior SUD diagnosis apply to all SUD diagnoses or just the same one? For example, a patient has a SUD episode in January 2026 for opioid abuse with intoxication delirium (F11.121) but then in mid-February (less than 60 days) has a SUD episode of alcohol abuse (F10.10). Is alcohol abuse considered a new SUD episode since it's different, or is it not considered a new episode since it's been less than 60 days since the opioid abuse episode?

Answer: "SUD diagnosis" applies to all diagnoses. So, in this example, only the January 26 opioid abuse would make the patient eligible for the denominator.

HRSA Health Center Program

FAQs: Initiation and Engagement of SUD Treatment (*cont.)*

How should patients with an SUD diagnosis who are not receiving SUD treatment from our organization be counted for UDS reporting? Our providers document codes for patients with an SUD diagnosis when relevant to other conditions, such as hypertension, but almost all patients receive SUD treatment at an outside facility.

Answer: These patients are counted as eligible for the measure denominator if they meet the criteria, including it being a new SUD episode. In order to meet the satisfaction criteria for the numerator, the health center would need to get confirmation of initiation and then engagement in treatment from the external provider. For the outside data to be countable it would need to be entered into the health center's system in a structured way.

Table 7 CQMs

No major changes to the disease management measures on Table 7

Disease Management Measures on Table 7

Table 7 was updated to align with the latest CMS eCQMs. The 2026 UDS CQM Criteria handout is available to review for 2026 updates.

UDS Table	Measure	eCQM
Table 7, Lines 1a1m–i	Controlling High Blood Pressure	CMS165v14
Table 7, Lines 1a1m–i	Diabetes: Glycemic Status Assessment Greater Than 9%	CMS122v14

Controlling High Blood Pressure: CMS165v14

Denominator	Exclusions	Numerator

Patients 18–85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into or starting during the first six months of the measurement period.	• Patients who are in hospice care for any part of the measurement period.
	• Patients with evidence of ESRD, dialysis or renal transplant before or during the measurement period.
	• Women with a diagnosis of pregnancy during the measurement period.
	• 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
	  ○ *Or* taking dementia medications during the measurement period or the year prior
	• Exclude patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.
	• Exclude patients 66 and older by the end of the measurement period who are living long-term in a nursing home any time on or before the end of the measurement period.
	• Exclude patients receiving palliative care for any part of the measurement period.
		Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Controlling High Blood Pressure: CMS165v14 *(cont.)*

Clarifications, Tips, and FAQs

- There are no major changes to the Controlling High Blood Pressure measure for 2026 reporting.
- This measure and all others on Table 7 are reported by race and ethnicity.
- Blood pressure readings taken at any type of visit at the health center count toward measure compliance. For example, blood pressure readings done at a dental visit count if that result is from the most recent visit.
- Include patients who have an active diagnosis of hypertension (i.e., on the problem list) even if their visits during the year were unrelated to the diagnosis.
- Only blood pressure readings done by a provider or an automated blood pressure monitor or device are acceptable for the numerator criteria.

Diabetes: Glycemic Status Assessment Greater Than 9%: CMS122v14

Denominator	Exclusions	Exceptions	Numerator

Patients 18–75 years of age by the end of the measurement period with diabetes and with a visit during the measurement period.	• Patients who are in hospice care for any part of the measurement period.
	• Patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.
	• 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
	• Patients receiving palliative care for any part of the measurement period.
		None	Patients whose most recent glycemic status assessment (HbA1c or glucose management indicator [GMI]) (performed during the measurement period) is > 9.0% or is missing or was not performed during the measurement period.

Diabetes: Glycemic Status Assessment Greater Than 9%: CMS122v14 *(cont.)*

Clarifications, Tips, and FAQs

- There are no major changes to the Diabetes: Glycemic Status Assessment Greater Than 9% measure for 2026 reporting.
- HbA1c test or GMI calculation results must be recorded in the patient health records.
  - If the health center does not do the test or calculation, they should contact the provider who did the tests.
  - If the patient included in the denominator does not have an HbA1c or GMI in their chart during the measurement year, then they are reported as >9% or no test (uncontrolled in Column 3F).
- This is a negative measure, meaning the lower the number of adult patients with diabetes with poor diabetes control, the better the performance on the measure.

Knowledge Check #2

For the Table 7 "Controlling High Blood Pressure" measure, which of the following is true regarding acceptable blood pressure readings?

A. Blood pressure readings must only be taken by a primary care provider during a dedicated chronic disease visit.
B. Patient-reported blood pressure readings taken at home on personal manual cuffs are acceptable for the numerator.
C. A blood pressure reading taken at any type of health center visit (including a dental visit) counts if it is the most recent reading.
D. Only the first blood pressure reading of the calendar year is assessed.

Knowledge Check #2

For the Table 7 "Controlling High Blood Pressure" measure, which of the following is true regarding acceptable blood pressure readings?

A. Blood pressure readings must only be taken by a primary care provider during a dedicated chronic disease visit.

B. Patient-reported blood pressure readings taken at home on personal manual cuffs are acceptable for the numerator.

C. **A blood pressure reading taken at any type of health center visit (including a dental visit) counts if it is the most recent reading.**

D. Only the first blood pressure reading of the calendar year is assessed.

Quality Improvement for Disease Management Measures

Consider revisiting (or developing new) workflows for your disease management measures when

- Rates of completion are not improving year to year (or month to month)
- There is greater variation in completion among sub-populations
- Your health center's rate of completion differs from state/regional/national averages

Not all disease management workflows are the same (and they involve different staff):

- Blood pressure measurement and A1c lab tests are often done by standing order by medical assistants or nursing.
- Statin therapy and aspirin prescribing are typically medical provider driven.
- Initiating SUD treatment is relatively new and could be completed by medical or behavioral health (psychiatry) providers.

Quality Improvement for Disease Management Measures *(cont.)*

Workflows ideally intersect (rather than compete) with one another. A patient receiving a call on sequential days for a different disease management measure can be inefficient, possibly ineffective, and potentially irritating to the patient.

- Consider workflows that look across types of care gaps and services.

Workflows shouldn't sit on the shelf; they should be used as tools of discovery to provide clues as to why intended outcomes aren't being realized.

- Possible opportunity for an update could include responding to alert values for remote patient monitoring for hypertension or continuous glucose monitoring for diabetes.

New to workflows? See the Agency for Healthcare Research and Quality's compilation of workflow tools.

UDS Reporting Resources

UDS Technical Assistance Resources

UDS reporting resources on the UDS Technical Assistance website:

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



UDS Reporting Webinar Series

The webinar series includes:

- UDS Changes Technical Assistance Webinar
- Understanding UDS Patient Characteristics Tables for Quality Improvement
- The Foundation of the UDS: Counting Visits
- UDS Clinical Tables Part 1: Screening and Preventive Care Measures
- UDS Clinical Tables Part 2: Maternal Care and Children's Health
- UDS Clinical Tables Part 3: Disease Management
- Preliminary Reporting Environment (PRE)
- Reporting UDS Financial and Operational Tables
- Strategies for Successful Submission

All webinars are archived on the HRSA website; watch them anytime!

HRSA Health Center Program

Available Assistance

- Technical assistance materials, including local trainings, 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 UDS Reporting
- For Electronic Handbooks help and account access/roles questions:
  - 877-464-4772
  - BPHC Contact Form, select Technical and System Support

- For more information, visit the Technical Assistance Contacts webpage.

Q&A

What questions do you have for us?

Thank You!

Stacey Moody, MSW, Training and Technical Assistance Specialist

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

1-866-837-4357

bphc.hrsa.gov

Sign up for the *Primary Health Care Digest*

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

FOLLOW US:

