Health Center Changes and Uniform Data System (UDS) Reporting: Frequently Asked Questions (FAQ)

All health centers under the Health Center Program—including all those whose funding or designation begins, either in whole or in part, on or after January 1 and before October 1 of the performance year, including New Access Points (NAPs)—must report in-scope activities for the entire calendar year (January 1 – December 31) in the UDS Report. Health centers are required to report on all approved in-scope activities. The following provides UDS reporting guidance as it relates to funding or designation status and changes occurring during the calendar year.

KEY DEFINITIONS

Health Center Program Award Recipients: Health centers that receive federal award funds under the Health Center Program (HCP) authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b)

Health Center Program Look-Alikes: Health centers that do not receive federal grant funding under section 330 of the PHS Act, but meet the Health Center Program requirements for look-alike designation under the HCP (42 U.S.C. 1395x(aa)(4)(A)(ii) and 42 U.S.C. 1396d(l)(2)(B)(ii))

In-Scope: Reflects all approved activities in the HRSA health center scope of project, as defined in approved applications, documented in HRSA's Electronic Handbooks (EHBs), and reflected in the Notice of Award/Designation

New Services: Services that are newly added to a health center's scope of project and reflected on the Notice of Award/Designation and [Form 5A: Services Provided](link)

New Access Point (NAP): A newly approved, full-time, permanent service delivery site that received competitive funding for the first time during the calendar year for the provision of comprehensive primary health care services to underserved populations

Scope of Project: Service sites, services, providers, service area(s), and target population included in the HRSA-approved HCP project

FREQUENTLY ASKED QUESTIONS (FAQ)

This FAQ outlines some common questions and answers pertaining to several scenarios that may affect UDS reporting related to:

- [New Health Center Award or Designation](link)
- [New Services or Sites](link)
- [Health Center Organizational Changes](link)

New Health Center Award or Designation

Q: My health center was recently awarded 330 funding or designated as a look-alike for the first time. Do we need to report data for the full calendar year, even though we received this award/designation after the start of the performance year?

A: If your health center received funding or designation before October 1 of the calendar year, you will report on approved in-scope activities for the full calendar year (January 1 – December 31) in the UDS. This guidance also applies even if no grant funds were drawn down during the year by an award recipient.

If your health center was awarded funding or designated for the first time on or after October 1, you will not submit a UDS Report and will not have access to the UDS reporting in the Electronic Handbooks (EHBs) for that calendar year.

Q: We were previously designated as a look-alike but recently awarded 330 funding and are now considered a health center award recipient. Do our UDS reporting requirements change?

A: The UDS reporting requirements, as outlined in the UDS Manual, are the same for look-alikes and health center award recipients. What type of UDS Report you complete (Award Recipient or Look-Alike) will depend on when you converted to health center award recipient status. If your conversion took place prior to October 1, you will submit an Award Recipient UDS Report for the full calendar year (January 1 – December 31). If your conversion took place on or after October 1, you will submit a Look-Alike UDS Report for the full calendar year and will submit an Award Recipient UDS Report the following year. The EHBs will automatically update to show you the correct UDS Report you will need to complete.

New Services or Sites

Q: We added new services to our scope in the calendar year. How should we report these new services?

A: If you received approval to deliver new services documented on _Form 5A: Services Provided_, such as through a grant to add a substance use disorder services program to your scope or through a change in scope request, you will need to report data for the new services for the full calendar year (January 1–December 31).

Q: We added a new site to the scope of project, but this site was formerly a private practice and we are not able to retrieve data for the full calendar year. What should we do?

A: All health centers must submit data for all approved in-scope activities as reflected in the Notice of Award/Designation when a new service delivery site is added, as listed on _Form 5B: Service Sites_. If your health center added a new site either through a Change in Scope request or through a New

Access Point (NAP) award, you will be required to submit data for approved in-scope activities based on your Change in Scope approval date and/or New Access Point site implementation date.

Q: We have service delivery sites that were closed during the calendar year or sites or services that were removed from our scope of project. Do we still report data for these sites or services in the UDS Report?

A: If services or service delivery sites are removed from your scope of project during the calendar year, report on all activities (visits, personnel, revenue, etc.) up until the date they were acknowledged as being removed by HRSA from your approved scope of project.

Health Center Organizational Changes

Q: My health center merged with or was acquired by another health center award recipient this year, resulting in a HRSA-approved Successor-in-Interest (SII). Do we both need to complete UDS Reports?

A: Transferors who are essentially purchased and acquired by another health center (the transferee) to complete a merger will not submit a UDS Report for that calendar year if the merger occurred before October 1st. The transferee (acquiring health center) would be responsible for completing a combined UDS report when the acquisition takes place prior to October 1st, which must accurately capture all the acquired health center's UDS data for in-scope activities for the full calendar year period up until the completion of the acquisition.

When a health center merges with another health center on or after October 1st, both the transferor and transferee, would be responsible for submitting separate UDS Reports, each reflecting their separate in-scope calendar year activities.

Each health center is responsible for alerting HRSA of an acquisition or merger occurring during the calendar year and requesting prior approval through the HRSA EHBs Prior Approval Module.

To note, while an acquisition or merger involving a LAL would not trigger a separate, formal SII process (only H80s-to-H80s result in these agreements), it would still involve conducting an Asset Transfer Agreement from one to the other. In lieu of an SII, these particular instances mean that both health centers involved would have performed an Asset Transfer Agreement (also called an "Asset Purchase Agreement") where one entity de-designates or sells their assets to another who accepts the existing sites into their existing service area. Similar to the process surrounding SIIs, HRSA's acknowledgement and/or acceptance of these alternative LAL agreements would essentially provide the clearance for the acquiring entity (also known as the "buyer") to submit a combined report for the annual year provided that the merger occurred prior to October 1st. If the acquisition is on or after October 1st, both the transferor and transferee, would be responsible for submitting separate UDS Reports, each reflecting their separate in-scope calendar year activities. These procedures will

be altered only on an as-needed basis, given outstanding circumstances for which reporting the calendar year's UDS data along such guidelines is not feasibly possible.

Q: What do we do if the health center we acquired used a different Electronic Health Record (EHR) system and we are not able to migrate their data into our EHR?

A: The succeeding or acquiring health center is required to report a combined UDS Report with full calendar year (January 1–December 31) data. To complete the UDS Report as accurately as possible, the acquiring health center personnel will need to be able to access and report on data housed in the acquired health center's EHR system. The successor health center is to establish a process to pull and transfer data from the acquired health center's EHR system during the merger process.

When combining data between two or more EHR systems to complete a UDS Report that represents all entities' data, you must take steps to ensure that unduplicated patient counts, activities, and other required data are reported (e.g., ensure that patients are only counted in the denominator once for applicable clinical quality measures).

If it is not possible to pull and transfer data from the acquired health center's EHR system, please complete the UDS Report to the best of your ability with the data you have. You must clearly explain missing data and its impact on any affected tables using the EHBs UDS *Report Comment* field.

Q: What steps should I take if my health center relinquishes its grant? Are we still required to submit a UDS Report?

A: Even if a health center ceases operations for circumstances such as grant relinquishment, closure, bankruptcy, etc. prior to the start of the UDS submission period (beginning January 1st of the reporting year that follows the calendar year to be reported on), the health center is still obligated to fulfill reporting requirements for the applicable calendar year. Health centers should ensure that patient- and financial-related data are accurately recorded and maintained in their electronic health records and practice management systems through the final day of providing services to patients.

To accommodate these unique situations, additional processes, such as the use of the Preliminary Reporting Environment (PRE), have been established. This process ensures compliance with federal requirements while addressing the logistical challenges faced by non-operational health centers (e.g., absence of an active workforce, limited ad hoc personnel). This practice is essential to support the accurate and complete submission of the UDS Report, even if the health center ceases operations prior to the opening of the UDS reporting module in the EHBs. Health centers will be able to enter their data into the PRE beginning in the fall, and should plan to submit their calendar year UDS Report starting January 1st. In the event that health center staff will have departed and/or there are no remaining employees on-site with the appropriate credentials to access and finalize the UDS Report beginning January 1st, submit a ticket through the BPHC Contact Form (Uniform Data System

(UDS) > UDS Reporting) to notify HRSA. Data that is entered into the PRE will be automatically pushed into the live environment as of January 1st of the reporting year.

Alternatively, there are circumstances by which a health center either cannot or did not choose to report their performance calendar year UDS data in EHBs, such as when the PRE isn't open yet on the last day of servicing patients or their EHBs access has been revoked. In this case, health centers will still have the opportunity to submit their UDS Report in an Excel file. For this to occur, health centers will be asked to submit their Excel file with UDS data through the BPHC Contact Form (Uniform Data System (UDS) > UDS Reporting). These health centers will be informed that their data in this format will not be included in the final UDS dataset for the calendar year.