I. BACKGROUND

This Program Assistance Letter provides an overview of proposed changes to the Health Resources and Services Administration’s calendar year (CY) 2024 Uniform Data System (UDS) to be reported by Health Center Program awardees and look-alikes in February 2025. Additional details regarding these updates will be provided in the forthcoming 2024 UDS Manual and reporting guidance. Where applicable, these updates will be incorporated into UDS patient level submission reporting.

II. PROPOSED UPDATES FOR CY 2024 UDS REPORTING

A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLES 6B AND 7

The following UDS clinical quality measures will be updated to align with the versions of the Centers for Medicare & Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs) designated for the 2024 reporting period, which were announced by CMS on May 24, 2023.

Rationale: Aligning clinical performance measures across national programs decreases reporting burden, improves data quality, and ensures consistency and comparability across various healthcare settings. Measure alignment and harmonization with other national quality programs, such as the National Quality Forum, CMS’ Medicaid Core Sets, and CMS’ Quality Payment Program, remains a Health Center Program priority. Hyperlinks to the Electronic Clinical Quality Improvement Resource Center have been included to provide additional details of the eCQM reporting requirements.

1 https://ecqi.healthit.gov/
2024 UDS eCQMs

1. Childhood Immunization Status has been revised to align with CMS117v12.
2. Cervical Cancer Screening has been revised to align with CMS124v12.
3. Breast Cancer Screening has been revised to align with CMS125v12.
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v12.
5. Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan has been revised to align with CMS69v12.
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with CMS138v12.
7. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease has been revised to align with CMS347v7.
8. Colorectal Cancer Screening has been revised to align with CMS130v12.
9. HIV Screening has been revised to align with CMS349v6.
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan has been revised to align with CMS2v13.
11. Depression Remission at Twelve Months has been revised to align with CMS159v12.
12. Controlling High Blood Pressure has been revised to align with CMS165v12.
13. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) has been revised to align with CMS122v12.

B. UPDATE TO APPENDIX E: OTHER DATA ELEMENTS (ODE)

A fourth question is being added to Appendix E: Other Data Elements to capture the total number of patients screened for pregnancy intention. Health centers will be asked: How many health center patients were screened for pregnancy intention using a standardized screener during the calendar year. For example, using the PATH [Parenthood/Pregnancy Attitude, Timing, and How important pregnancy prevention is for a patient] tool or the One Key Question tool.

Rationale: This question will enhance the delivery of voluntary family planning and related services, which is a required primary health service under section 330(b)(1)(A) of the Public Health Service Act.

CONTACTS

For questions or comments regarding the updates to the CY 2024 UDS, contact the Office of Quality Improvement at OQIComments@hrsa.gov.

Sincerely,
Jim Macrae
Associate Administrator

Attachments:
1. 2024 UDS eCQM Changes Comparison Chart
2. Excerpt of Appendix E: Other Data Elements (Pregnancy Intention Screening)

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2 What is PATH | PATH Framework (path-framework.com)
3 https://powertodecide.org/one-key-question
<table>
<thead>
<tr>
<th>2024 UDS eCQM</th>
<th>2024 eCQI Version</th>
<th>2023 to 2024 Performance Period Changes</th>
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</thead>
</table>
| Childhood Immunization | CMS117v12 | • v11 updated to v12  
• Numerator revision for anaphylaxis due to vaccine as criteria |
| Cervical Cancer Screening | CMS124v12 | • v11 updated to v12  
• Guidance language added for screenings performed outside of range |
| Breast Cancer Screening | CMS125v12 | • v11 updated to v12  
• Denominator Exclusion language updated to confirm timing for bilateral mastectomy ‘on or before the end of the measurement period’  
• Guidance language added for screenings performed outside of range |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | CMS155v12 | • v11 updated to v12 |
| Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan | CMS69v12 | • v11 updated to v12 |
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | CMS138v12 | • v11 updated to v12  
• Denominator Initial Population age for screening changed from ‘18 years and older’ to ‘12 years and older’ |
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | CMS347v7 | • V6 updated to v7  
• Denominator age range for LDL-C >= 190 mg/dL or diagnosis of familial hypercholesterolemia changed from ‘>=20 to ‘20 to 75’ years of age  
• Denominator changed from ‘active diagnosis of ASCVD’ to ‘previously diagnosed with or currently have a diagnosis of ASCVD’  
• New population added to denominator for ‘patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20% during the measurement period’ |
| Colorectal Cancer Screening | CMS130v12 | • v11 updated to v12  
• Numerator terminology changed to refer to ‘Stool DNA (sDNA) with FIT test’ in place of ‘FIT-DNA’  
• Guidance language added for screenings performed outside of range |
| HIV Screening | CMS349v6 | • V5 updated to v6  
• New Denominator Exception added for patients who die on or before the end of the measurement period |
| Preventive Care and Screening: Screening for Depression and Follow-Up Plan | CMS2v13 | • V12 updated to v13  
• Diagnosis of depression removed from Denominator Exclusions  
• Denominator Exception language updated from ‘Patient refuses to participate’ to ‘Patient refuses to participate in or complete the depression screening’ |
| Depression Remission at Twelve Months | CMS159v12 | • v11 updated to v12  
• Nursing home residents removed from Denominator Exclusions |
| Controlling High Blood Pressure | CMS165v12 | • v11 updated to v12  
• Guidance language changed from ‘remote monitoring device’ to ‘automated blood pressure monitor or device’ |
| Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) | CMS122v12 | • v11 updated to v12 |
Excerpt of Appendix E: Other Data Elements (Pregnancy Intention Screening)

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about third-party primary care health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists _____________

**Note:** Assists DO NOT count as visits on the UDS table

4. How many health center patients were screened for pregnancy intention using a standardized screener during the calendar year. For example, using the PATH [Parenthood/Pregnancy Attitude, Timing, and How important pregnancy prevention is for a patient] tool or the One Key Question tool.