



Primary Care Association (PCA) and Health Center Controlled Network (HCCN) Uniform Data System (UDS) Training

October 8, 2026, 2:00–3:00 p.m. ET

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Vision: Healthy Communities, Healthy People



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Objectives

After today's session you will:

- Have a general understanding of the changes for 2026 Uniform Data System (UDS) reporting.
 - For more detailed information, see the [Changes webinar slides and recording](#).
- Know how to access your state's publicly and not publicly available UDS data.
- Have examples from a colleague to inform your organization's discussion on what UDS supports you will offer to your health centers.



Agenda

AGENDA

- Welcome and Logistics
- Overview of the UDS
- Calendar Year (CY) 2026 Reporting Changes
- UDS Resources
- Supporting Health Centers: Mississippi HCCN
- Accessing UDS Data
- Wrap Up
- Q&A

Poll #1

How long have you been supporting health centers with their UDS reporting?

- A. I'm new to this work! (<1 year)
- B. I've got a few years under my belt. (1–3 years)
- C. I've worked on this for a while now. (4–6 years)
- D. I've lost count! (6+ years)



UDS Overview



The UDS demonstrates **the scope of the Health Center Program**, including the types of programs, volume, and outcomes, for each calendar year.

Data are captured annually, which allows stakeholders to understand how health centers have changed individually and as an aggregate, year over year.

The UDS conveys to HRSA, HHS, Congress, and other stakeholders the important work that the entire Health Center Program is doing.

Value of the UDS Report

Overview of the UDS Report



Patient Characteristics

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



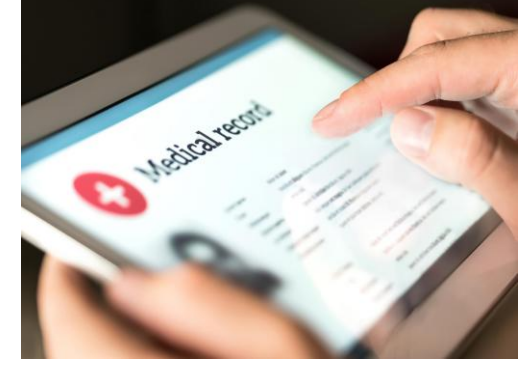
Clinical Services and Outcomes

- **Table 5:** Personnel, visits, 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

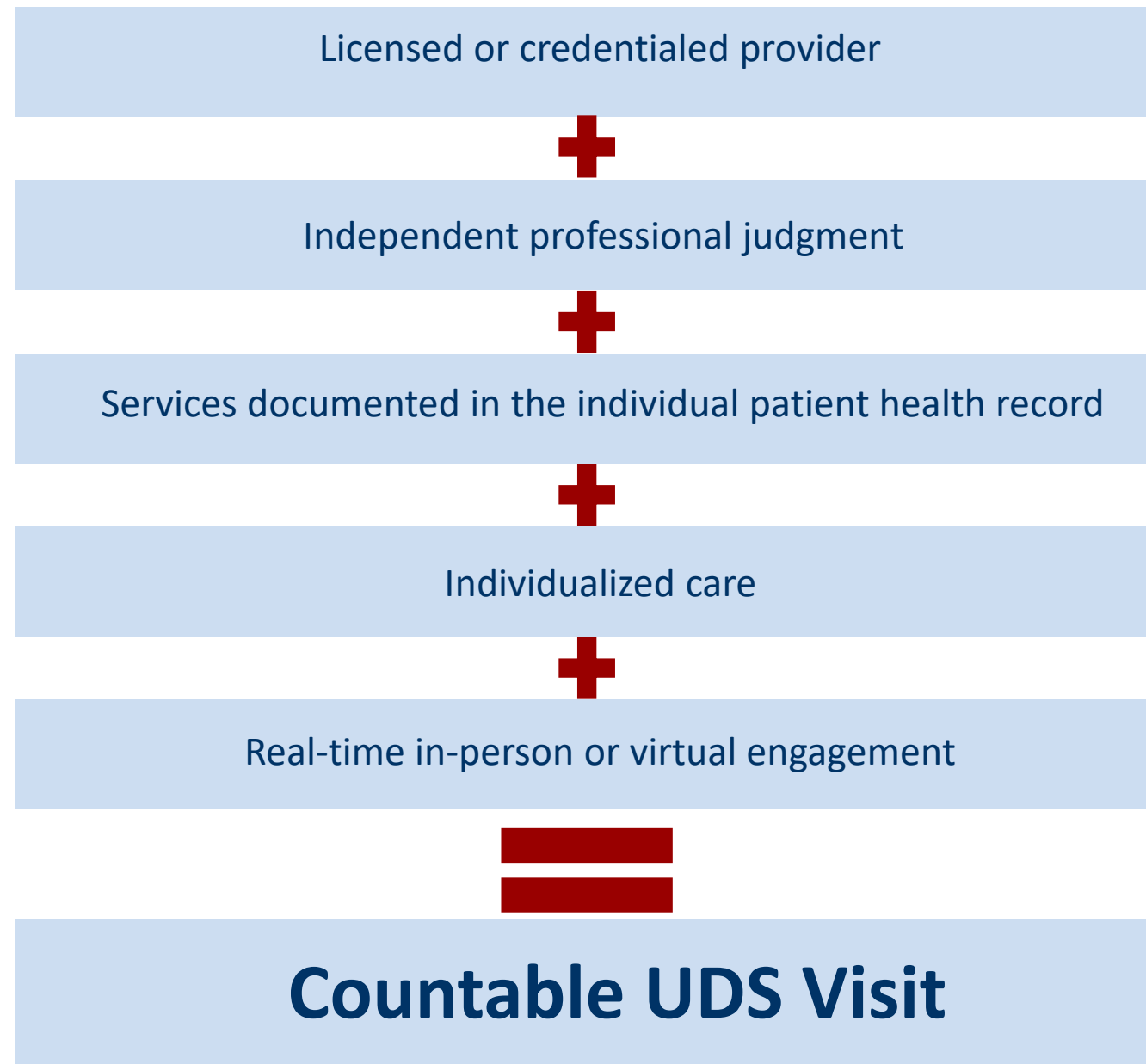


Other Forms

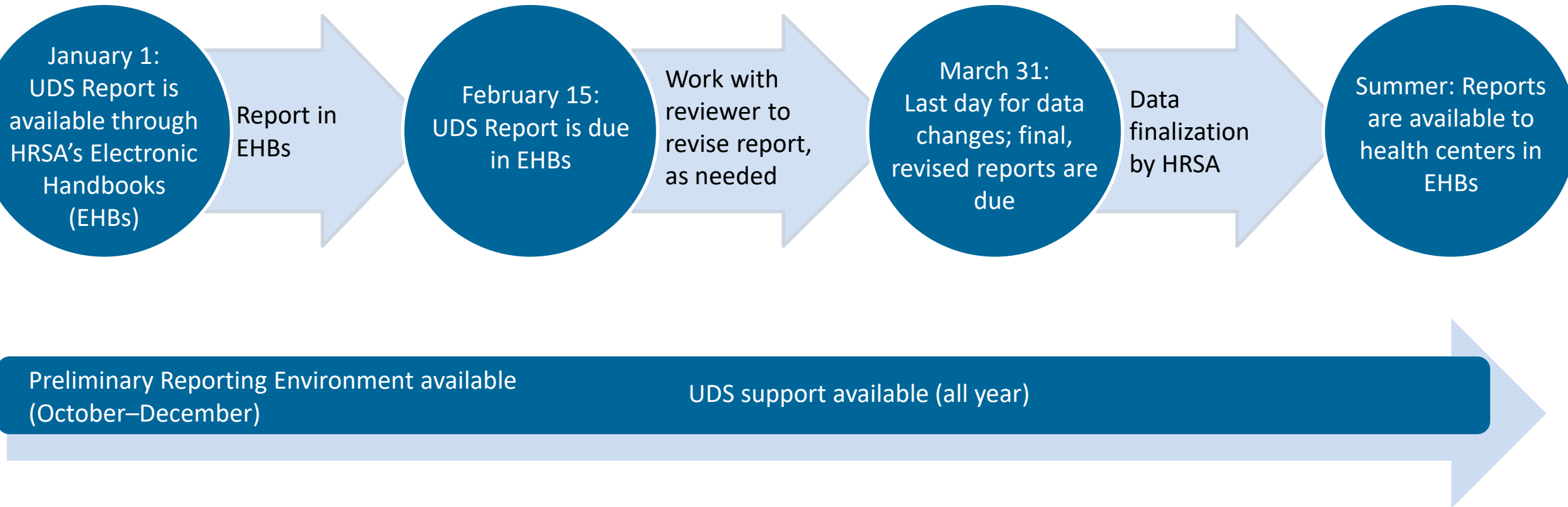
- **Appendix C:** Health Information Technology (Health IT) Capabilities and Other Data Elements
- **Appendix D:** Workforce

A *patient* in the UDS is someone who has a *countable visit* in any service category on Table 5.

- A patient with a countable visit on Table 5 will be reported on patient characteristics, clinical services and outcomes, and financials tables.
- Remember, this definition and its relationship across tables are central to accurate reporting.



Reporting Timeline



Communication of UDS Reporting Changes

- UDS changes are announced each year via the [Program Assistance Letter \(PAL\)](#).
 - Proposed Changes and Final Changes PALs are announced in the Primary Health Care Digest newsletters and BPHC Program Updates webcasts.
- The [2026 UDS Manual](#) reflects these changes and is available for review.
- Updated electronic clinical quality measure (eCQM) specifications are released by the Centers for Medicare & Medicaid Services (CMS) each spring (typically in May for the next performance year).
 - Review of eCQM specifications and any revisions, such as the logic statements or value sets, are determined by the respective measure steward.
 - Measure information can be accessed at the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).



Overview of CY 2026 Reporting Changes

Removed Lines, Updates and Clarifications, and New Data Reported



Removed Lines

- Table 4: Managed Care Member Months (Lines 13a—13c)
- Table 5: Selected Service Detail Addendum
- Table 6A: 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), 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 (Endo, Perio, Prostho, Ortho) (Line 34)
- Table 8A: Allocation of Facility and Non-Clinical Support Services (Column B), Medical/Other Direct (Line 3), Patient Support Service type (Lines 11a–11h, combined and reported on Line 11), Quality Improvement (Line 12a), Value of Donated Facilities, Services, and Supplies (Line 18)
- Table 9D: Retroactive Settlements, Receipts, and Paybacks (Columns C1–C4), Payer Category details related to third-party payers (Lines 1–2b, 4–5b, 7–8b, and 10–11b), Sliding Fee Discounts (Column E), and Bad Debt Write-Off (Column F)
- Table 9E: Health Center Program grant funding sources (Lines 1a–1e) and other BPHC funding detail lines (Lines 1k–1q)
- Health IT form: Questions 1a, 1a2, 1a3, 1c, 1c1, 10, 11, 11a, 12, 12a, and 12b
- ODE form: Various questions have been moved to the new Appendix C: Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements.



Clarifications to Existing Lines (not eCQMs)

The following list is NOT exhaustive—please refer to the [2026 Changes webinar](#) for more detailed information!

- Table 5, Lines 20b (Other Licensed Mental Health Providers), 29 (Total Patient Support Services), and 33 (Total Facility and Support Services Personnel)
- Table 6A, Line 26 (Well child visit (ages 0 through 11))
- Table 6A, updated codes [available for download](#)
- Table 8A, Accrued Costs (Column A), Total Cost After Allocation of Facility and Non-Clinical Support Services (Column C), Total Patient Support Services (Line 11), Total Enabling and Other Services (Line 13), and Other Support Costs (Line 15)
- Appendix D
 - The former Appendix D and Appendix E have been consolidated into a single appendix. The combined form has been renamed to Appendix C: Health Center Health Information Technology (Health IT) Capabilities and Other Data Elements Form.



Clarifications to Existing CQMs

- 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.
- The Child Immunization Status measure reporting is voluntary for 2026
- The Breast Cancer Screening measure denominator age range changed from 52–74 years of age to 42–74 years of age
- 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.
- The depression screening measure numerator has been revised to include an active depression medication that overlaps the date of the qualifying encounter.
- 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.



New Data Reported

- Table 6A
 - Line 9a: Diabetes Mellitus Type 1
 - Line 20g: Intellectual and Developmental Disabilities
 - Line 26g: Autism Spectrum Disorder (ASD) Screening
 - Lines 35–38: Selected Patient Support Services
 - Lines 39–42: Selected Upstream Drivers of Health Services
- Table 6B
 - Line 24: Falls: Screening for Future Fall Risk ([CMS139v14](#))
- Table 9D
 - Net Patient Service Revenue (Column G and Line 16)
 - Bad Debt Write-Offs and Allowances (Line 15, Column G)
 - Pharmacy Net Patient Service Revenue (Line 17, Column G)
 - Third-Party Incentive Revenue (Line 18, Column G)
- Appendix C
 - Three questions on Alternative Payment Methods (Questions 17–19)
 - Question 20: provision of sex-rejecting services and procedures



How Can PCAs/HCCNs Be Involved?

Communicate and clarify changes:

- Alert health centers when PAL and updated eCQM specifications are released.
- Link to guidance on your website.
- Host Q&A sessions.
- Maintain and update frequently asked questions (FAQs).
- Develop state-specific guidance.
- Flag EHR vendor issues via the [BPHC Contact Form](#).

UDS Resources



UDS Technical Assistance (TA)

Central, user-friendly hub for health centers to access UDS reporting TA. Organized by UDS topic areas, such as:

- Patient Characteristics
- Staffing and Utilization
- Clinical Care
- Financials
- Appendices
- Additional Reporting Topics

Visit [UDS TA](#)



[Home](#) [Funding](#) [Compliance](#) [About the Health Center Program](#) [Focus Areas](#) [Data & Reporting](#)

[Home](#) » [Data & Reporting](#) » Uniform Data System (UDS) Technical Assistance

Uniform Data System (UDS) Technical Assistance

Resources to Learn About the UDS

- Featured Resources:
 - 2026 PAL: outlines key changes for the year.
 - 2026 UDS Manual: key resource outlining tables, forms, reporting instructions, submission instructions, and FAQs.
 - 2026 UDS Tables available in PDF or Excel format.
- Content throughout the TA Site:
 - [Reporting Training Schedule](#)
 - [Reporting Guidance](#)
 - [Patient Characteristics](#)
 - [Staffing and Utilization](#)
 - [Clinical Care](#)
 - [Financials](#)
 - [Appendices](#)

Specific Resources to Learn About the UDS

- Each section of the UDS TA website has resources specific to that set of tables. For example, Clinical Care has:
 - Tables 6A, 6B, 7, and Prenatal Care Fact Sheets
 - eCQM Encounter Code Guide
 - And more!

Resources

Table Fact Sheets define key terms, highlight changes from the prior year, explain how UDS data are used, provide helpful hints for completing the UDS tables, and outline the importance of cross-table relationships and considerations.

- [Table 6A Fact Sheet](#) (PDF - 282 KB)
- [Table 6B Fact Sheet](#) (PDF - 690 KB)
- [Table 7 Fact Sheet](#) (PDF - 165 KB)
- [Table 6B and Table 7: Prenatal Care Fact Sheet](#) (PDF - 220 KB)

eCQM Encounter Code Guide (XLSX - 1 MB) This workbook contains guidance from each electronic clinical quality measure's specifications outlining the qualifying encounter types that are included in the denominator of the clinical quality measures on Table 6B and 7 of the CY2025 UDS.

[Telehealth Impact on Uniform Data System \(UDS\) Clinical Measure Reporting](#) (PDF - 319 KB) helps health centers determine how services provided via telehealth should be considered for clinical measure denominators, numerators, and exclusion reporting in Tables 6B and 7.



Resources: Changes to eCQM Specifications

- Changes to eCQM specifications, such as logic statement revisions, are governed and vetted by the respective measure steward.
 - Most UDS CQMs align with CMS eCQMs.
 - Appendix E of the UDS Manual provides information on eCQM stewards.
- Review changes to eCQM specifications on the [eCQI Resource Center website](#).
 - Access eCQM value sets on the [Value Set Authority Center \(VSAC\) website](#).

eCQI Resource Center

- eCQM Implementation Checklist
 - Six preparation steps
 - Seven implementation steps
- eCQM supports include:
 - eCQI Resource Center: “Measure Information” tab -> “Compare”—this highlights year over year changes
 - eCQM Flows: workflows for each eCQM, updated annually
 - Additional resources on the eCQM Resources page

eCQI Resource Center website



The screenshot shows the eCQI Resource Center website. The header includes the eCQI logo and the text "RESOURCE CENTER". Below the header is a navigation bar with links for eCQMs, dQMs, Resources, About, and Log in. The Resources link is highlighted. Below the navigation bar is a search bar with the placeholder text "Enter keywords". The main content area features the title "eCQM Implementation Checklist" and a link to "Receive updates on this topic". The text below the link states: "The Centers for Medicare & Medicaid Services (CMS) requires an eligible clinician (EC), eligible hospital (EH) or critical access hospital (CAH) to use the most current version of the eCQMs for quality reporting programs. The Preparation and Implementation Checklists (PDF) assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting." Below this text is the heading "Preparation Checklist".

Accessing Codes for All Measures

- Download all codes from the VSAC website: Download tab -> 2026 Reporting -> eCQM Value Sets for Eligible Clinicians
- Two options:
 - Excel Sorted by CMS ID to get the full set for each measure.
 - Excel sorted by Value Set Name to find codes for only certain value sets.

VSAC website

The screenshot shows the VSAC website interface. A red arrow points to the 'Download' tab in the top navigation bar. Below the navigation bar, the 'VSAC Downloadable Resources' section is visible. A red arrow points to the 'CMS eCQM & Hybrid Measure Value Sets' link in the left sidebar. The main content area shows the '2026 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets' section. A red arrow points to the 'eCQM Value Sets for Eligible Clinicians Published May 08, 2025' link in the table. The table has four columns: 'Available Downloads', 'Sorted by CMS ID*', 'Sorted by Value Set Name*', and 'Sorted by Quality Data Model Category*'. Each row contains links for 'Excel (xlsx)' and 'SVS (xml)' for each of the four categories.

Download

Comparison Tool

VSAC Downloadable Resources

This page contains groups of value sets designated for a particular program usage. You can search the entire repository of published VSAC value sets in the [Search Value Sets](#) tab.

CMS eCQM & Hybrid Measure Value Sets

- CMS dQM Value Sets
- C-CDA Value Sets

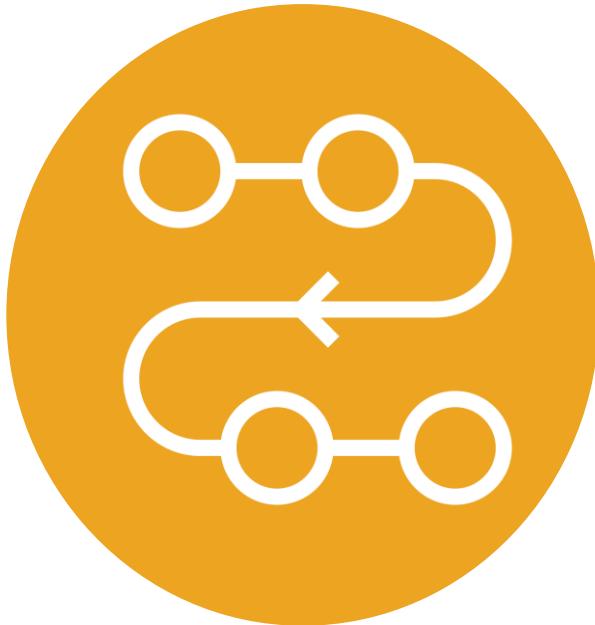
eCQMs will not be eligible for reporting to CMS unless and until they are proposed and finalized through notice, public comment, and rulemaking for each applicable program. For more information about eCQMs please visit the [eCQM Resource Center](#).

- 2027 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets
- 2026 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets
 - May 2025 Release eCQM & Hybrid Measure Value Sets Publication Date: May 08, 2025
 - Expansion Version: eCQM Update 2025-05-08
 - The Eligible Hospital (EH) measures have been renamed to [Hospital Inpatient](#) and [Hospital Outpatient](#). All program candidate measures, including Hospital Outpatient measures CMS1244 and CMS1264 and Eligible Clinician measures CMS1154 and CMS1173, are located here in the CMS eCQM & Hybrid Measure Value Sets.

Available Downloads	Sorted by CMS ID*	Sorted by Value Set Name*	Sorted by Quality Data Model Category*
eCQM Value Sets for Hospital Inpatient Published May 08, 2025	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Eligible Clinicians Published May 08, 2025	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Hospital Outpatient Published May 08, 2025	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)

Key References for Measure FAQs

[Office of the National
Coordinator for Health
Information Technology Project
Tracking Jira](#)



[eCQM Known Issue Tracker](#)



[UDS Support Center](#)



eCQM 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 areas (medical, dental, mental health, substance use disorder, etc.) if they meet the definition



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

Eligible visit types are defined by the measure steward and are unique to each eCQM.



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

Review changes to eCQM specifications on the [eCQI Resource Center](#) website. Access eCQM value sets on the [VSAC website](#).

Ongoing Support

Description	Contact	Email or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical and System Support, EHBs Tasks and Technical Issues, Role Registration and Privilege Changes	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form Select: Technical and System Support, EHBs Tasks and Technical Issues, Other EHBs Submission Types	877-464-4772



Poll #2

How do you use or share these resources with your health centers?

- A. Provide guidance on how/where to find information
- B. Create or customize our own resources
- C. Offer training to health centers
- D. Give hands-on TA and support
- E. Something else (tell us in the Q&A)



Supporting Health Centers



Ways to Support UDS Efforts

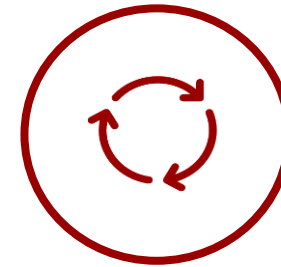
General
Resources



CQM
Resources



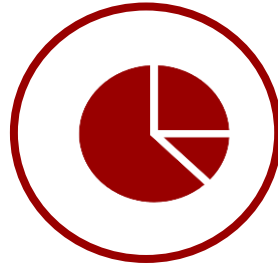
Changes
Communication



State
Specifics



Data
Reports



Data
Support



General Resources

- Maintain knowledge of TA resources available.
 - What additional training or clarification does our staff need?
- Determine where/how information will be shared.
 - Links to HRSA website or hosting directly on your own?
- Solicit TA needs from health centers to better match resources with needs.
- Create state-specific memo clarifying annual reporting changes.
- Support onboarding of new staff when health centers experience turnover of UDS staff.
 - Offer to meet with new staff.
 - Create “quick start” guide to resources.

eCQM Resources

- Reporting Assistance Process Improvement Discussions (RAPID) Series Cohorts: groups of health centers that focus on improving their compliance rate for a particular eCQM.
- Measures of focus for 2026 cohorts: Breast Cancer Screening, Colorectal Cancer Screening, and SUD Initiation and Engagement.
- Each cohort meets six times and completes action work after each session. The aim of all activities is to enable health centers to name their challenges and begin to develop strategies for mitigation.

Action Work Example

- In the first session, all health centers are shown how to access and download their data from the EHBs and from data.hrsa.gov.
 - One action item is for health centers to follow these steps to download their data.
 - We will go over how you can do this later in the session.
- Another action item from this session focuses on the “5 Whys Exercise,” in which participants define their problem and then write out five reasons for it.
 - This exercise guides health centers to determine the root cause of the issue they identified with their eCQM reporting.
 - Health centers are asked to complete this exercise with their teams and bring the responses to the next session.

PCAs/HCCNs and eCQM Support

- How can PCAs/HCCNs support health centers looking to address low compliance on eCQMs?
 - Encourage these health centers to apply for RAPID; we take new cohorts each year.
 - ✓ 2026 RAPID application period has concluded. The application for 2027 cohorts will be available after 2026 UDS submission.
 - Ensure health centers know how to access their data (from EHBs and [hrsa.gov](https://www.hrsa.gov)).
 - Encourage health centers to attend webinars and become familiar with the eCQI Resource Center and VSAC website.
 - Offer specific training on eCQMs: how to access specifications, download codes, and understand changes to measures.
 - Connect health centers to each other through work groups or peer learning sessions.

Specific State and Local Information

- Gather information on specific state and local programs available to cover patient care—in whole or in part.
- Track and communicate any state-specific guidance that needs to be reconciled with federal requirements.
 - Ex: Does the state require more detailed race/ethnicity categories?

UDS tables that are often influenced by state-specific programs:

- Selected Patient Characteristics (Table 4)
 - Any state/local insurance programs?
 - Any indigent care programs?
 - How is the Children's Health Insurance Program administered?
- Accrued Patient Service Revenue (Table 9D)
 - What payers are in the state, and where are they reported?
- Other Accrued Revenue (Table 9E)
 - Where should state or county funds be reported?

Availability of UDS Data and Reports

UDS Report Level	Timeline	Recipient	Look-Alike	PCAs and NTAP
Health Center UDS Data Tables (Submitted/Finalized)	Available after initial submission	HC	HC	Not available
UDS Health Center Trend Report	July/August	HC, S, N	HC, N	HC, S, N
UDS Summary Report	July/August	HC, S, N	HC, N	HC, S, N
UDS Rollup Report	July/August	S, N	N	S, N
Health Center Performance Comparison Report	September	HC, S, N	HC, N	HC, S, N
Data Dumps	August	Not available	Not available	HC
Service Area Data	Fall	HC, S, N	HC, N	HC, S, N

HC = Health Center; N = Nation; NTAP = National Technical Assistance Programs; PCA = Primary Care Association; S = State



Data Support

Implementing activities to improve data quality improvement

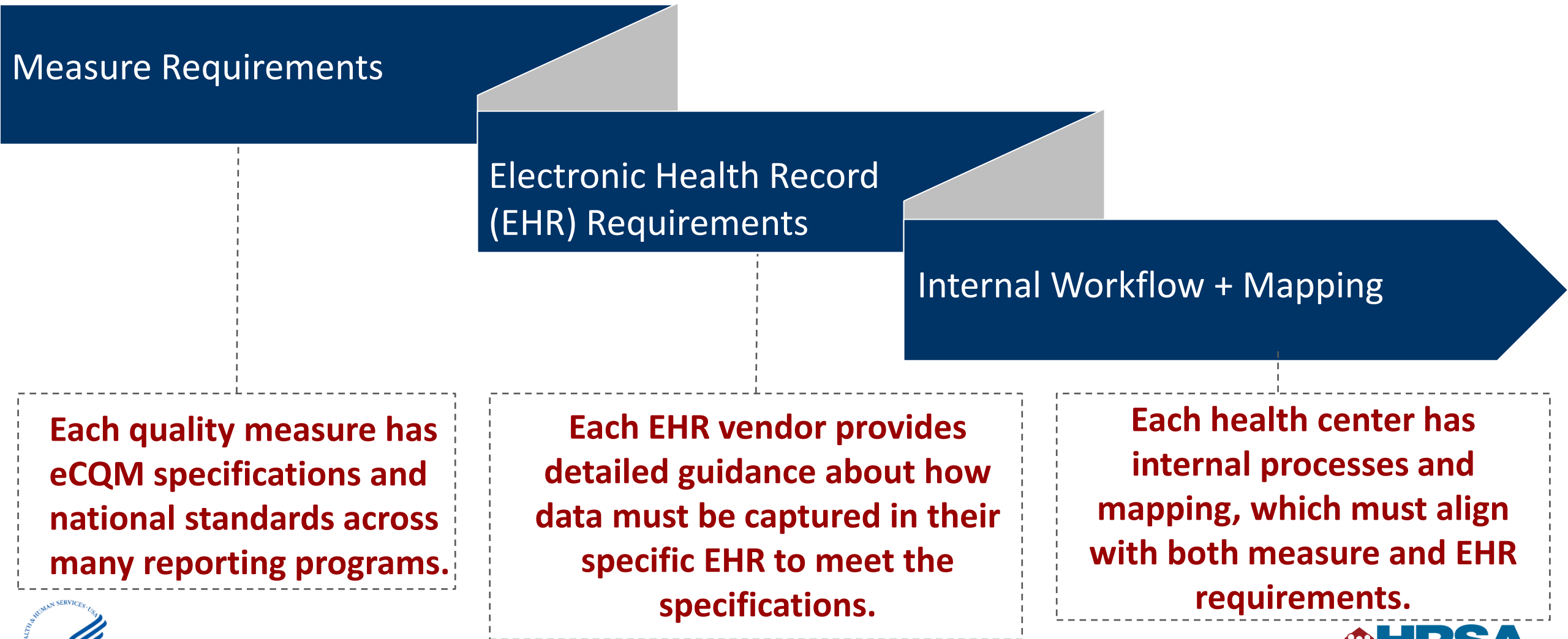
- Understanding measure specifications, code and value set requirements, and reporting guidance
- Training around improved coding
- Using quality improvement resources to assess and improve data quality
- Reviewing data and identifying trends

Understanding how data reporting relates to payment and recognition

- Including value-based payment and managed care arrangements, patient-centered medical homes, and other programs
- Ex: Healthcare Effectiveness Data and Information Set measures or health-related needs screening initiatives



Data Alignment and Support



Poll #3

What is the biggest challenge you experience working to support health centers?

- A. Dealing with staff turnover
- B. Engaging with health centers that are busy or overwhelmed
- C. Understanding requirements so you can support health centers
- D. Knowing what kind of assistance is most helpful to health centers
- E. Other (please share in the Q&A!)



Let's Hear from a Colleague

Mississippi Health Safe Net



Guest Speaker



Michael T. Edwards, *Director of Training and Quality for Mississippi Health Safe Net, Mississippi's HRSA-funded Health Center Controlled Network*

Accessing UDS Data

Video walkthrough of the UDS Data Reports available in the EHBs and hrsa.gov



Wrap Up

Your next steps!



Key Takeaways



Key takeaways from today's session:

- It is critical to determine what support you are uniquely positioned to offer to health centers vs. what actions health centers most likely need to do themselves.
- Support can work in all directions!
 - The more everyone is aware of how to access and use available resources . . .
 - ✓ The easier it will be for you to support health centers.
 - ✓ The more likely it is that health centers will be able to find what they need.

Action Items

- Communicate with PCA staff and health centers about the changes for 2026 UDS reporting.
 - [Changes webinar slides](#) and recording are available for detailed information.
- Access your state's data via one or both methods discussed today, and decide on how to use the data.
 - Not publicly available data from the EHBs
 - Publicly available data from hrsa.gov
- Determine your UDS support offerings.
 - Did you learn about something today that you would like to incorporate into your health center UDS support offerings?

Q&A

What questions do you have for us?



Thank You!

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866-837-4357 (866-UDS-HELP)

bphc.hrsa.gov



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