



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

*September 10, 2024, 2:00–3:30 p.m. ET*

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**Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)**

**Vision: Healthy Communities, Healthy People**



# Opening Remarks

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**Alysha Darden**

**Data and Evaluation**

**Office of Quality Improvement**

**Bureau of Primary Health Care**

**Health Resources and Services Administration**



# Agenda



- Welcome and logistics
- Overview of the Uniform Data System (UDS)
- Overview of resources
- Opportunities to support health centers
- Questions and answers

# Objectives of the Webinar

1

Provide an overview of the UDS and the reporting process.

2

Review resources and technical assistance (TA) activities to support UDS reporting.

3

Highlight how PCAs/HCCNs can uniquely support health centers' UDS reporting.

# Poll #1

How long have you been working with health centers to support 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



# Value of the UDS

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



Because it captures this data each year, it allows stakeholders to **understand how each health center and health centers in aggregate have changed year over year.**



The UDS captures and conveys to HRSA the work that health centers have been doing and, all together, conveys to Congress and other stakeholders the **important work that the entire Health Center Program is doing.**





# Overview of UDS Report

## Four Primary Sections



### Patient Demographic Profile

- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special population



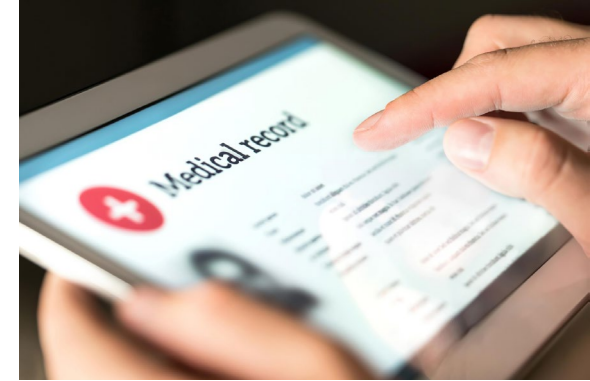
### Clinical Services and Outcomes

- **Table 5:** Staff, visits, patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race and ethnicity



### Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
- **Table 9E:** Other revenue



### Other Forms

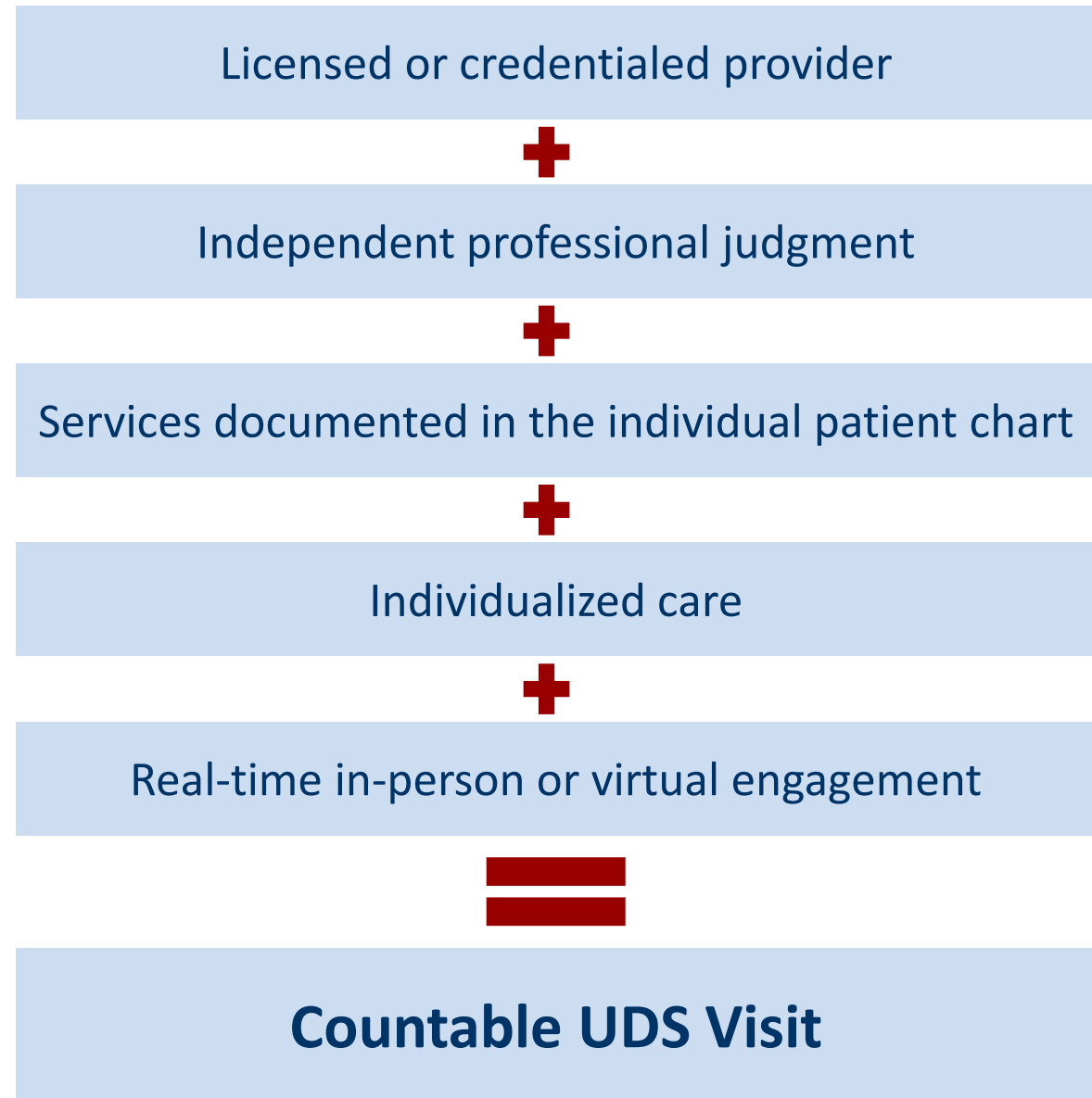
- **Appendix D:** Health Information Technology (Health IT) Capabilities
- **Appendix E:** Other Data Elements
- **Appendix F:** Workforce



# A *patient* on 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 should be reported on demographics, clinical care, and financials tables.

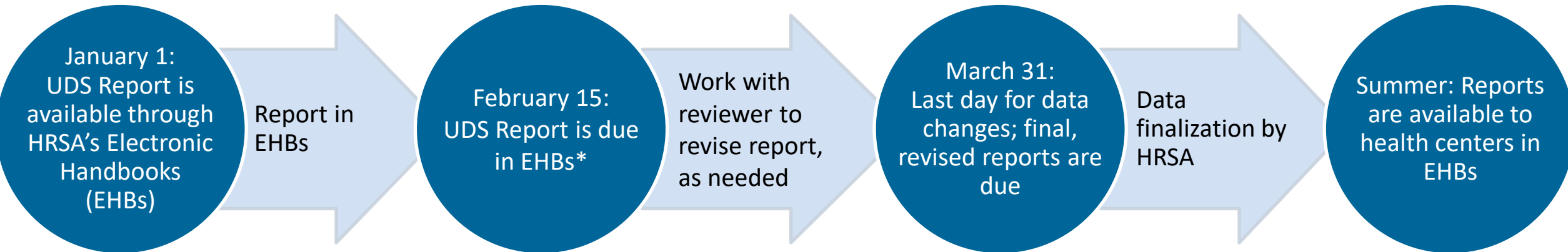
Remember, this definition and its relationship across tables are **central** to accurate reporting.



Resource: [UDS Countable Visit Guidance and FAQ](#)



# Reporting Timeline



Preliminary Reporting Environment (PRE) available (Oct.–Dec.)

UDS support available (all year)

*\*In addition to submitting UDS Reports in the EHBs, health centers must submit certain de-identified patient-level report data using HL7® FHIR® UDS+ IG. Visit the [UDS Modernization FAQ](#) for more information.*



# Communication of UDS Reporting Changes

- UDS changes are announced each year via the Program Assistance Letter (PAL)
  - Proposed Changes and Final Changes PALs announced in the Primary Health Care Digest and Today with Macrae webcasts.
  - Proposed 2025 UDS changes are expected to be announced this fall.
- Updated electronically-specified 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.



# 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 and A sessions
- Maintain and update FAQs
- Develop state specific guidance

# Resources



# UDS Training and Technical Assistance

## Uniform Data System (UDS) Training and Technical Assistance

*Last updated: December 18, 2023*



Visit

[UDS Training and Technical Assistance](#)

- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance.
- Organized by UDS topic areas, such as:
  - Patient Characteristics
  - Staffing and Utilization
  - Clinical Care
  - Financials
  - Appendices
  - Additional Reporting Topics



# Resources to Learn About the UDS

- [2024 UDS Manual](#): **Key resource** outlining tables, forms, reporting instructions, submission instructions, and FAQs.
  - [2024 UDS Tables](#): Available in PDF or Excel format.
- [Reporting Guidance TTA page](#)
  - UDS Beginner Resources: Suggested UDS trainings and resources for staff participating in UDS for the first time.
  - UDS Advanced Resources: Suggested UDS trainings and resources for staff familiar with UDS data and reporting.
  - EHBs Overview Video: Explains the permissions required to access the UDS Report through the grant management systems that health centers use to report UDS data annually.
- Content throughout TTA site
  - [UDS Overview](#), [Patient Characteristics](#), [Clinical Services and Performance](#), [Operational Costs and Revenues](#), and [Submission Success](#)
  - [2024 UDS Reporting webinar series](#): Register for upcoming webinars and access archived recordings on the HRSA website to watch anytime!



# Resources to Learn About the UDS

## Countable Visits Guidance and FAQ

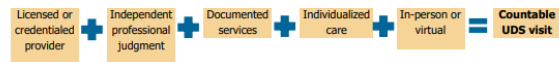
## Reporting Donations on the UDS

## Examples of Standardized Family Planning Needs Screeners

### HRSA Health Center Program UNIFORM DATA SYSTEM

#### Uniform Data System (UDS) Countable Visit Guidance and Frequently Asked Questions (FAQ)

The UDS Report is designed to reflect the in-scope healthcare services provided by a health center<sup>1</sup> to individuals who have had a countable visit during the calendar year. Countable visits are those that include all fundamental components:



#### Key Definitions

**Patient:** An individual who has at least one countable visit (virtual or in person) in one or more service categories<sup>2</sup> during the calendar year. While health centers serve many people in lots of different ways, not all people will count as a "patient" for the purposes of the UDS Report.

**Countable Visit:** An encounter between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing documented services and individualized care that take place in-person or virtually. Only count visits that meet all of these criteria.

#### Components of a UDS Countable Visit

##### Provider is licensed or credentialed.

Providers may be personnel of the health center, contracted personnel, or volunteers. Not all health center personnel who interact with patients qualify as a provider. Providers performing services within the scope of their license, credentials, or certification should be considered. Note that licensing and credentialing are state/territory specific; and although training and testing may follow federal standards, each state and territory has its own board. If a physician has multiple board certifications<sup>3</sup>, report them according to the specialty they are functioning.

Only personnel designated as a provider can generate visits counted for the purposes of UDS reporting. Appendix A of the [2023 UDS Manual](#) provides a list of health center personnel and the usual status of each as a provider or non-provider for UDS reporting purposes.

<sup>1</sup> This includes services performed by health center providers or contracted providers, where the health center pays or bills directly for the service and the health center is accountable for the treatment plan and care provided.

<sup>2</sup> Service categories include: medical, dental, mental health, substance use disorder, vision, other professional, or enabling.

<sup>3</sup> Certification received through board testing that recognizes demonstrated advanced mastery in the specialty certified in.

UDS Countable Visits Guidance | Last Updated: August 30, 2023

### HRSA Health Center Program UNIFORM DATA SYSTEM

#### Reporting "Donations" on the Uniform Data System (UDS)

The following table can be used as a guide to properly reflect the various types of donations health centers may receive throughout the year on the UDS Report. The items listed are those commonly donated as part of responses to public health interventions and natural disasters.

Report only values of **non-cash** donations (e.g., time, supplies, and equipment) on Table 8A. In the "specify" field, clearly indicate what non-cash donations you received, and the values applied to items listed.

Report only **cash donations** on Table 9E. In the "specify" fields, clearly indicate the source of the cash donations and the dollar amount.

Note: The same source may provide both cash and non-cash donations (e.g., AmeriCares and Direct Relief may provide both supplies and money).

What was donated to you?	Where to report?	Further Explanation
Volunteers and services	Table 5, on line for that discipline Table 8A, line 1B	Include the FTE and any patient and visit activity. Report the discipline of the individual who donated time, the service provided and its value based on the salary for a paid staff member.
Medications (e.g., vaccines, pharmaceuticals, AIDS Drug Assistance Program)	Table 8A, line 1B Table 9D, by payer	Report value of donated drugs based upon 340B drug prices. Do not include drugs donated directly to patients by the supplier. Include any dispensing fees charged to patients.
Materials and Supplies (e.g., medical supplies, hygiene and meal kits, generators, testing supplies)	Table 8A, line 1B	Report value of donated supplies and materials based on the prices the health center would otherwise pay for the items.
Facilities	Table 8A, line 1B	Report value of space based upon its fair market value.
Monetary donations	Table 9E, based on type of entity from which you received the cash	Report dollars donated to the health center on the corresponding source line.
COVID funds	Table 9E, based on the entity from which you received the money	See <a href="#">"COVID-19 Funding Guidance"</a> resource guide for more detail.
Reconstruction and repair funds	Table 9E, line 1k	Report reconstruction and repair of facilities destroyed or damaged by natural disasters awarded by HRSA, such as the Capital Assistance for Hurricane Response and Recovery Effort (CARE) funds.
Cash donations or grants from foundations and private organizations	Table 9E, line 8	Report cash donations or grants from foundations and private organizations (e.g., Direct Relief, AmeriCares, Primary Care Associations).
Cash donations from individuals	Table 9E, line 10	Report cash donations from individuals, not organizations.

Last Updated 08/23/2023

### HRSA Health Center Program UNIFORM DATA SYSTEM

#### Examples of Standardized Family Planning Needs Screeners for Uniform Data System (UDS) Appendix E: Other Data Elements (ODE) Form, Question 4

**Appendix E: Other Data Elements (ODE) Form, Question 4:** How many health center patients were screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year?

The information below provides additional examples of standardized family planning needs screeners that can be used to answer Appendix E: Other Data Elements (ODE) Form, Question 4. Each row in the below table includes the standardized screener and the corresponding screening question. **If a patient responds to a standardized family planning needs screening question, they should be counted as screened.** Frequently Asked Questions (FAQ) about this topic are included below the table.

Standardized Screeners for Family Planning Needs	Screening Questions
<a href="#">Self-Identified Need for Contraception (SINC)</a>	We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?
<a href="#">Parenting/Pregnancy Attitudes, Timing, and How Important? (PATH) Framework</a>	Do you think you might like to have (more) children at some point?
<a href="#">One Key Question (OKQ)</a>	Would you like to become pregnant in the next year?

#### FAQ for Appendix E: Other Data Elements (ODE) Form, Question 4

- What are the age parameters and specific genders to include in the family planning response?  
There is no specified age or gender requirement in the UDS for screening for family planning.

- What is considered a standard screener for the family planning response?

Use of a standardized screener tool (i.e., a consistent set of questions that are asked of individual patients uniformly for the purposes of collecting information to assess the individual's family planning needs or interest in contraceptive services).

#### Examples of Standardized Screeners:

- Self-Identified Need for Contraception (SINC)
- Parenting/Pregnancy Attitudes, Timing, and How Important? (PATH) Framework
- One Key Question (OKQ)
- Adaptations of the above-mentioned screeners
- Screeners developed internally by health centers
- Other third-party screeners used by health centers to identify family planning needs of patients

Examples of Standardized Family Planning Needs Screeners | Updated May 2024



# Resources to Learn About Changes to eCQM Specifications

- Changes to eCQM specifications, such as logic statements, are governed and vetted by the respective measure steward.
  - Most (13 of 18) UDS clinical quality measures (CQMs) align with CMS eCQMs for CQM reporting.
  - Appendix H of the UDS Manual provides information on eCQM stewards.
- Review changes to eCQM specifications on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).
  - Also access eCQM value sets on the [Value Set Authority Center \(VSAC\)](#).

The screenshot shows the top portion of the eCQI Resource Center website. At the top, it states "An official website of the United States government" with a link to "Here's how you know". The main header includes the "eCQI RESOURCE CENTER" logo and navigation menus for "eCQMs" (Electronic Clinical Quality Measures), "dQMs" (Digital Quality Measures), "Resources" (Standards, Tools, & Resources), and "About" (eCQI, CDS, FAQs, Engage). Below the header is a blue banner with the text "Electronic Clinical Quality Improvement (eCQI) Resource Center" and "Transforming eCQI through collaboration, education, and standards". Three orange buttons with white text and right-pointing arrows are visible: "Eligible Clinician eCQMs", "Eligible Hospital / Critical Access Hospital eCQMs", and "Outpatient Quality Reporting eCQMs". At the bottom of the screenshot, there is a search bar with three dropdown menus: "ECQM" (set to "- Any -"), "PERIOD" (set to "- Any -"), and "eCQM Title or CMSID" (with the text "May use partial Title or ID" below it).



# Getting Started with CQMs: eCQI Resource Center

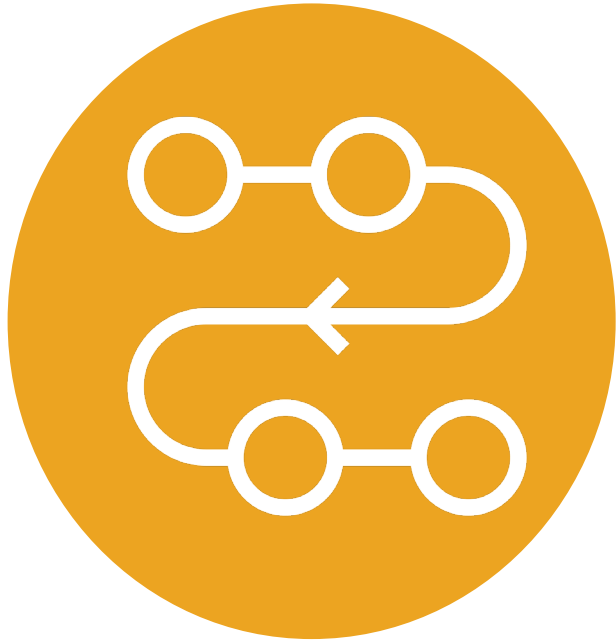


The screenshot shows the eCQI Resource Center website. The header includes navigation links for eCQMs, dQMs, Resources, About, and Log in. A search bar is present below the navigation. The main content area features the title 'eCQM Implementation Checklist' and a link to 'Receive updates on this topic'. Below this, there is a paragraph of text explaining that CMS requires an eligible clinician, eligible hospital, or critical access hospital to use the most current version of eCQMs for quality reporting. It also mentions that preparation and implementation checklists (PDF) assume that a health care practice/organization has determined which measures to report on. A link to the 'Preparation Checklist' is provided at the bottom of the screenshot.

- [eCQM Implementation Checklist](#)
  - Six preparation steps
  - Seven implementation steps
- eCQM supports include:
  - [eCQI Resource Center](#): On the page for each measure, in the “Measure Information” tab, there is the option to “compare”—e.g., 2023 to 2024. **This highlights changes year over year.**
  - [eCQM Flows](#): Workflows for each eCQM, updated annually; downloads as a ZIP file.
  - [Technical Release Notes: 2024 Performance Period Electronic Clinical Quality Measures \(eCQMs\)](#)
  - [eCQM value sets](#): The Value Set Authority Center (VSAC) site, where you can search value sets.
  - Additional resources are on the [eCQM Resources page](#).

# Key References for Measure FAQs

Office of the National Coordinator (ONC) Project Tracking Jira



eCQM Known Issues Tracker (part of ONC tracking)



UDS Helplines



Access each with these links: <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>;  
<https://oncprojecttracking.healthit.gov/support/projects/EKI/summary>; and  
<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts>





# eCQM Resource: ONC Project Tracking Jira

The screenshot displays the Jira issue tracker interface. At the top, there is a navigation bar with 'Dashboards', 'Projects', 'Issues', 'Boards', and 'easyBI'. A 'Create' button is visible. A reminder banner states: 'Reminder: Do not include any PHI or PII in JIRA. If you require 508 accessibility assistance or a system, then please send an email to [onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov)'. Below this, a maintenance notice reads: 'We will be performing scheduled maintenance on Saturday July 13th, from 8am to 1pm. During this time, you may expect interruptions in service and/or with submitting tickets. We thank you for your patience.' The main content area is titled 'Search' and includes filters for Project, Type, Status, and Assignee. A search box contains the text 'cervical'. A list of issues is shown on the left, with 'CQM-5319 eCQM Clarifications for Cervical...' selected. The details for this issue are shown on the right, including Type (EC eQMs), Resolution (Answered), Priority (Moderate), and Reporter (Jared Welday). A 'Closed' status is indicated. A 'People' section shows the assignee as 'Mathematica EC eCQM' and the reporter as 'Jared (Inactive)'. A 'Dates' section shows the issue was created on '05/10/22 9:17 AM'. A blue circle highlights the 'Create an issue' button in the top navigation bar. Another blue circle highlights the search filters and search button. A third blue circle highlights the 'Sign up to "watch" issues to receive updates' link in the 'People' section.

Create an issue

Search for issues

Sign up to "watch" issues to receive updates





# Example: ONC Project Tracking Jira

## Question from an HCCN for CMS 124 Cervical Cancer Screening :

*Currently, the CMS-124 measure does not include a LOINC value set of Pap tests with HPV reflex. There is also no mention of counting these tests in the CQL code for numerator. These labs are ordered most often compared to an independent Pap or HPV test.*

**Solution [from Jira ticket]:** *The measure counts a Pap Test with or without any type of HPV test. The measure requires a cervical cytology or HPV test via QDM datatype "Laboratory Test, Performed" using any codes from the value set "HPV Test" or "Pap Test" (and requires a non-null test result using QDM attribute "Result" Equivalent services can be mapped to the measure's value set. If mapping is done, you should maintain documentation in case of a CMS audit. We will consider any updates to the codes in a future annual update cycle.*

Take advantage of these resources to stay up to date on clarifications to measure specifications so that you can communicate and support health centers with UDS reporting!



# eCQM Resource: ONC Known Issue Tracker

Filter by issue type

Reminder: Do not include any PHI or PII in JIRA. If you require 508 accessibility assistance or any other support for this system, then please send an email to [onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov)

We will be performing scheduled maintenance on Saturday July 13th, from 8am to 1pm. During this time, users can expect interruptions in service and/or with submitting tickets. We thank you for your patience.

New search << Search Save as

Find filters

FILTERS

- My open issues
- Reported by me
- All issues
- Open issues
- Done issues
- Viewed recently
- Created recently
- Resolved recently
- Updated recently

FAVORITE FILTERS  
You don't have any favorite filters.

Order by Priority

- EKI-28 CMS2v14
- EKI-27 CMS117v11 and CMS117v12
- EKI-26 CMS996v3/CMS996v4
- EKI-25 CMS996v4
- EKI-23 CMS1028v2
- EKI-22 CMS2v13
- EKI-21 CMS986v2

eCQM Known Issues / EKI-28  
CMS2v14

Add vote Watch issue To Do

Details

Type: EP/EC  
Resolution: Unresolved  
Priority: Moderate  
Labels: None  
Resolution: Follow current measure logic, as specified, for CMS2v14. For patients that are advised to continue their depression care plan, clinicians can consider mapping to the following codes: SNOMED CT 768835002 (Depression care management (procedure)), SNOMED CT 410234004 (Management of mental health treatment (procedure)), or SNOMED CT 410232000 (Mental health

People

Assignee: Unassigned  
Reporter: Mathematica EH eCQM Team  
Votes: 1 Vote for this issue  
Watchers: 3 Start watching this issue

Dates

Created: 06/25/24 1:18 PM

Search for issues related to specific eCQMS

Sign up to "watch" and receive updates



# 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 areas (medical, dental, mental health, substance use disorder, etc.) 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 the specification defined by the measure steward and must be assessed for each measure individually.



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

Many eCQM denominators are still limited to patients who have had at least a medical visit during the year; for other measures, patients with other visit types might also be included.

# Accessing Full eCQM Specifications

Available to all at  
<https://vimeo.com/635520357>



# Accessing Codes for All Measures

**Download all codes from the VSAC site:** Once you are logged in, go to Download tab → 2024 Reporting → eCQM Value Sets for Eligible Clinicians.

## Two download options:

- Download Excel **Sorted by CMS ID** to get the full set for each measure—you'll match the CMS # from the UDS Manual to the CMS # on the tabs of the downloaded spreadsheet. There are more measures in the spreadsheet than there are in the UDS.
- Download Excel **Sorted by Value Set Name** to find codes for only certain value sets. (Remember, value sets are the defined components of each measure.)

NIH National Library of Medicine Value Set Authority Center

Welcome | Search Value Sets | **Download** | Comparison Tool | Browse Code Systems | Help

### 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 Pre-rulemaking eCQM Value Sets
- C-CDA Value Sets
- CDCREC Roll-up codes

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 [eCQI Resource Center](#).

- 2025 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets
- 2024 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets
  - May 2023 Release eCQM & Hybrid Measure Value Sets Publication Date: May 04, 2023

Note: Sign In to access all files  
Expansion Version: eCQM Update 2023-05-04

All pre-rulemaking Eligible Hospital, Hospital Outpatient Quality Reporting (OQR), and Hospital Inpatient Quality Reporting (IQR) measures are located here in the CMS eCQM & Hybrid Measure Value Sets: CMS529, CMS826, CMS832, CMS844, CMS1074, and CMS1206.

Available Downloads	Sorted by CMS ID*	Sorted by Value Set Name*	Sorted by Quality Data Model Category*
eCQM Value Sets for Eligible Hospitals Published May 04, 2023	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Eligible Clinicians Published May 04, 2023	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Hospital Outpatient Quality Reporting	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)

# Ongoing Support

Description	Contact	Email or Web Form	Phone
UDS reporting questions	UDS Support Center	<a href="mailto:udshelp330@bphcdata.net">udshelp330@bphcdata.net</a> or <a href="#">BPHC Contact Form</a> Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: Technical Support, EHBs Tasks/Technical Issues, EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: Technical Support, EHBs Tasks/Technical Issues, Other EHBs Submission Types	877-464-4772
UDS+ FHIR R4 IG* and API (UDS Modernization) technical support	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: UDS Modernization	877-464-4772



\*Implementation Guide





# Key Takeaway



## 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.

# Poll #2

## How do you use or share these resources with 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 technical assistance and support
- e) Something else (tell us in the chat!)



# Supporting Health Centers



# Key Takeaway

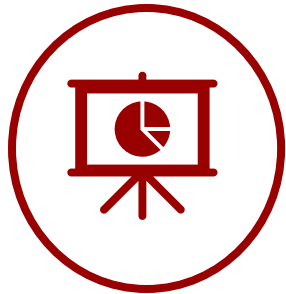


## It is critical to determine:

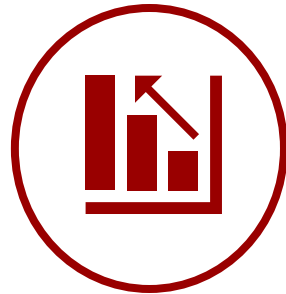
- What support you are uniquely positioned to offer to health centers
- vs.
- What actions health centers most likely need to do themselves

# Many Ways to Support UDS Efforts

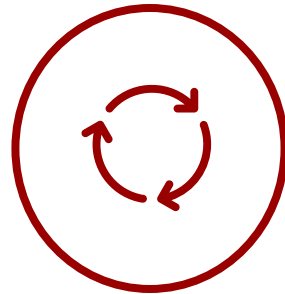
General Resources



CQM Resources



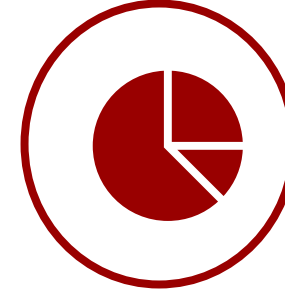
Changes Communication



State Specifics



Data Reports



Data Support



# Sharing Resources

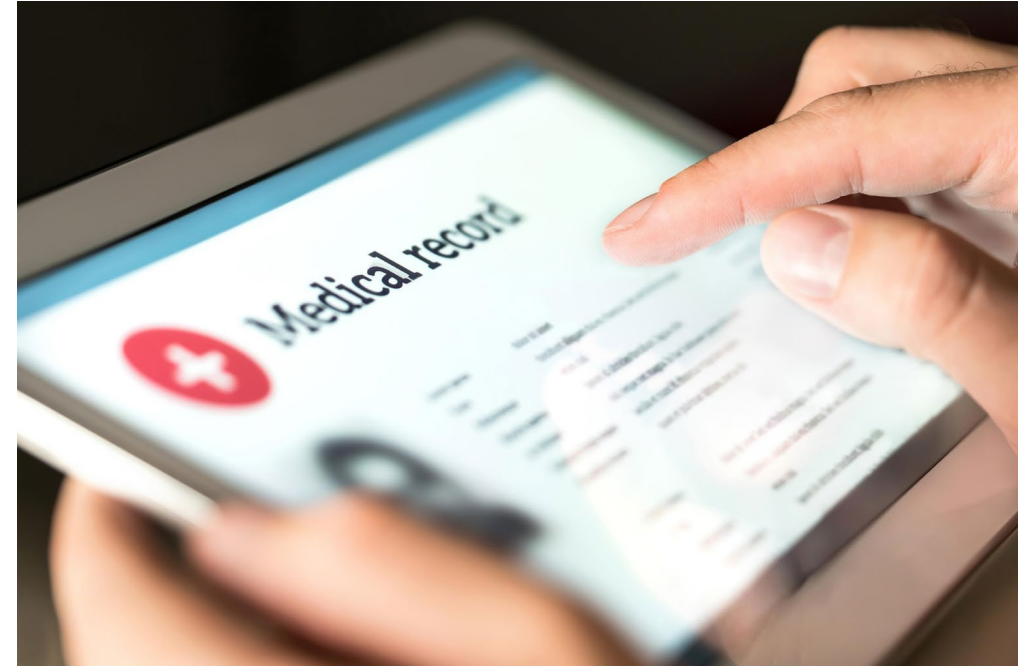
- Maintain knowledge of TTA resources available.
  - What additional training or clarification does our staff need?
- Determine where/how information will be shared.
  - Links to HRSA website or hosting directly on your own?
- Solicit training/TA needs from health centers to better match resources with 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
- Review last year’s [PCA/HCCN training](#) for ideas from your peers





# 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?
- Be familiar with how/if managed care is delivered in your state. Remind health centers to access attribution lists early.
  - [Resource: UDS Managed Care Reporting and Relationship across Tables 4 and 9D](#)



# Specific State and Local Information

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

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



# Poll #3

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

- a) Dealing with staff turnover
- b) Engaging with health centers who are busy and/or overwhelmed
- c) Understanding requirements so you can support HCs
- d) Knowing what kind of assistance is most helpful to HCs
- e) Other (please add to chat)



# UDS Data Reports for TTA

UDS Report	Timing	Available To*	Level Available*	Source
Finalized Health Center Tables and eXtensible Markup Language (XML) Data Files	June	HC, <b>PCAs</b> , <b>HCCNs</b>	Awardee: HC Look-Alike: HC	EHBs
UDS Health Center Trend Report	July/August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS Summary Report	July/August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS Rollup Report	July/August	HC, Public	Awardee: S, N Look-Alike: N	EHBs, <a href="#">HRSA website</a>
Awardee and Look-Alike Profiles	August	Public	Awardee: HC, S, N Look-Alike: HC, N	<a href="#">HRSA website</a>
Service Area Data	August	Public	Awardee: HC, S, N Look-Alike: HC, N	<a href="#">GeoCare Navigator</a>
Performance Comparison Report	August	HC	Includes all levels	EHBs
Electronic Reading Room	August	Public	Includes all levels	<a href="#">HRSA website</a>

\*HC = Health Center; PCA = Primary Care Association; HCCN = Health Center Controlled Network; S = State; N = Nation



# How to Access UDS Data Reports in EHBs

There are several resources to help you access and understand the contents of the UDS Reports available in the EHBs.



## [Accessing Standard UDS Reports: A quick reference sheet for PCA](#)

**Uniform Data System (UDS) Reports in the HRSA EHBs**

**Accessing Standard UDS Reports**  
A quick reference sheet for Primary Care Associations  
Last Updated April 2023

The Uniform Data System (UDS) is a system through which organizations funded under the Health Center Program (Activity Code H80) or are considered Health Center Program look-alikes (LALs) submit annual performance reports. Health centers report patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. The HRSA Electronic Handbooks (EHBs) includes reports based on data collected through UDS which are accessed through the UDS reports.

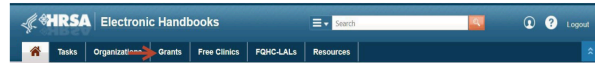
Primary Care Associations (PCA) were established to create economies of scale for health centers, maximize the federal Section 330 investments in states, assess and monitor the policy and regulatory environments, and assist health centers in adapting to changing demands from an evolving health care environment. PCAs facilitate collaboration between health centers and Governors, Medicaid Directors, and state health departments to educate them on the Health Center Program and its value to patients, and to work with health centers on the best approaches to meet the needs of their constituents.

This quick reference guide provides instructions for how to access your state UDS reports.

**Accessing UDS Reports and Health Center Data File in the HRSA EHBs**  
Perform the following steps to access your UDS reports:

1. Log in to the EHBs.
2. In the Top Navigation panel, click the **Grants** tab (Figure 1).

**Figure 1: Grants Tab in Top Navigation Panel**



3. The My Grant Portfolio – List page opens, where your grants are displayed in a list (Figure 2). Find the grant (grant number begins with "U58") and click **Grant Folder**.

## [Reference Guide for UDS Data Reports Available to Health Centers](#)

**HRSA Health Center Program** **UNIFORM DATA SYSTEM**

**Reference Guide for UDS Data Reports Available to Health Centers CY 2022**

**Introduction**

This Reference Guide is a companion document to the CY 2022 BPHC UDS data reports that are available to health centers through the EHB. The reports available provide analysis of the UDS data at the individual health center level, as well as at the State and National levels. All reports described in this document are available to Health Center Program health centers. A limited number of reports, including the Rollup Report, the Summary Report (at the Health Center and National levels), and the Health Center Performance Comparison Report are available to Look-Alikes and Bureau of Health Workforce health centers.

Because the reports contain an extensive amount of information, presented in a variety of formats, the Reference Guide is meant to provide the user with information about the structure and content of each report and information about how the statistics are calculated, and how the information might be used.

Below is a summary of each of the reports available followed by a brief explanation of the calculation formulae. Additionally, the formula guides for each of the reports (with the exception of the UDS Rollup Report) have been included. The UDS data reports are intended to provide each health center with an analysis of their-own organization's UDS data, as well as comparable statistics in some cases for the state and nation, against which the health center's statistics can be examined. By providing statistics specific to comparable groups of federally funded providers in traditionally underserved communities, it is hoped that this report can serve as a more relevant basis for examining and monitoring performance. The report is non-judgmental in that no goals, thresholds, or expectations are set forth, and high or low numbers for any given parameter are not equated with good or bad performance.

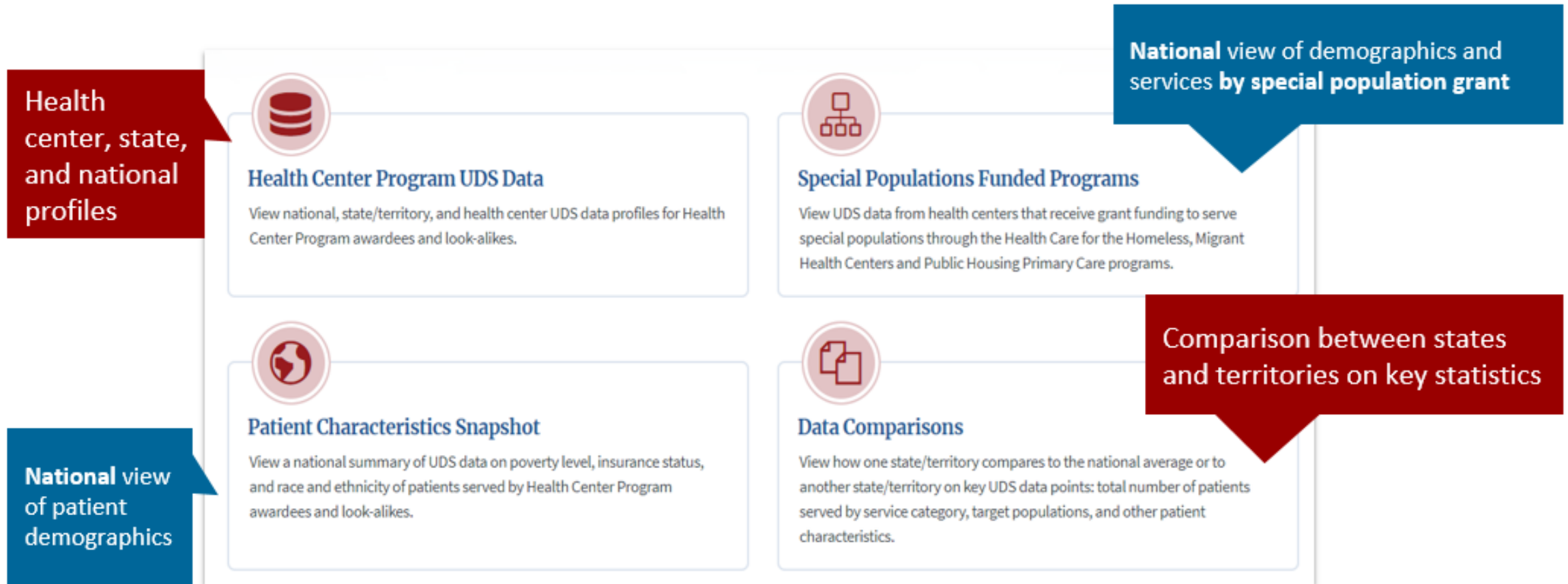
It is the hope that members of the health center's management and governance structure will take the time to review these reports and find them to be a valuable resource. In addition to monitoring performance internally, the report provides a range of statistics that can be useful for initiatives such as organization planning, grant development, and community relations. *For reference guides for UDS data reports from prior years, please reach out to the UDS Support Center (udshelp330@bphcdata.net).*

**Available Reports**

**UDS Health Center Trend Report** – This report compares the health center's performance for you

All available on <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/reporting-guidance> and <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/uds-data>.

# How to Access UDS Data Reports on data.HRSA.gov



Screenshot from <https://data.hrsa.gov/tools/data-reporting>



# Data Support

## Implementing activities to improve data alignment

- Understanding measure specifications, EHR guidance, and downloading codes
- Training around improved coding
- Quality improvement resources to assess and address data alignment
- Reviewing data and identifying trends

## Understanding how data reporting relates to payment and recognition

- Including value-based payment and managed care arrangements (ex. HEDIS measures or SDoH initiatives), PCMH, and other programs.



# Data Alignment and Support

Measure Requirements

EHR Requirements

Internal Workflow + Mapping

**Each quality measure has eCQM specifications and national standards across many reporting programs.**

**Each EHR vendor provides detailed guidance about how data must be captured in their specific EHR to meet the specifications.**

**Each health center has internal processes and mapping, which must align with both measure and EHR requirements.**





# Data Alignment Support

## Performance tracking:

- Create dashboards and scorecards for health centers and providers
- Meet individually with health centers to review data, identify trends, and show comparisons to peers (health center and provider level)

## Data Validation and Hygiene:

- Create and share reports comparing EHR data to population health management system to help identify potential issues
- Communicate the importance of not waiting until the end of the year to review data. Help HCs develop or update data validation activities
- Offer QI tools and TA (PDSAs, Swim Lane Diagrams, Workflow Mapping) to help health centers assess their workflows

## Encourage engagement with EHR vendors:

- Understand how and where to access EHR specifications
- Encourage communication about vendor readiness for UDS+

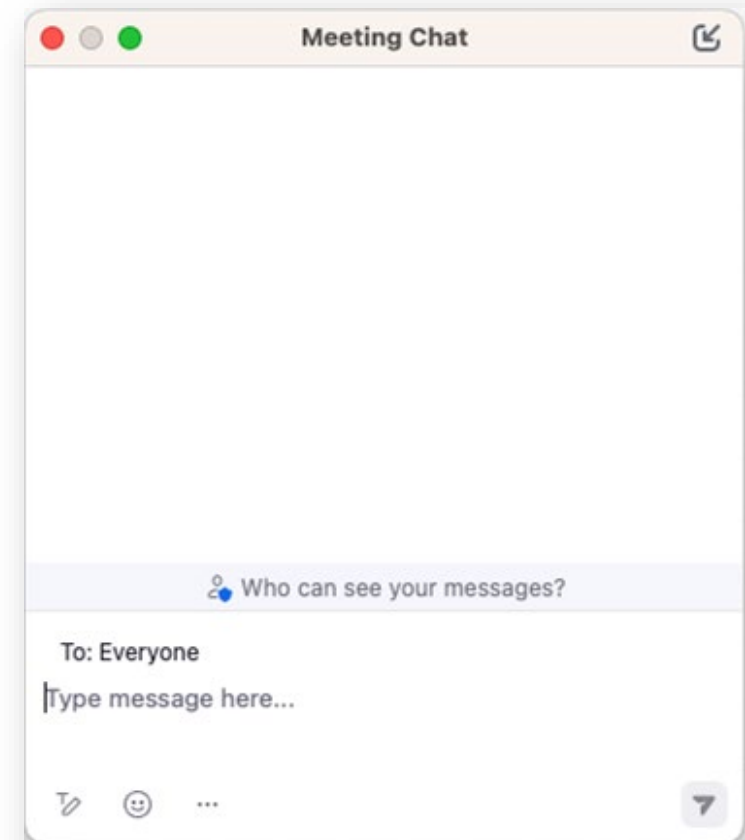
## Support and facilitate engagement among peers:

- Connect health centers to peers (similar size, same EHR, similar data or workflow issues)



# What are some other ways your organization has supported health centers with the UDS?

Tell us about one activity in the chat!





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

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (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 Fast Healthcare Interoperability Resources (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



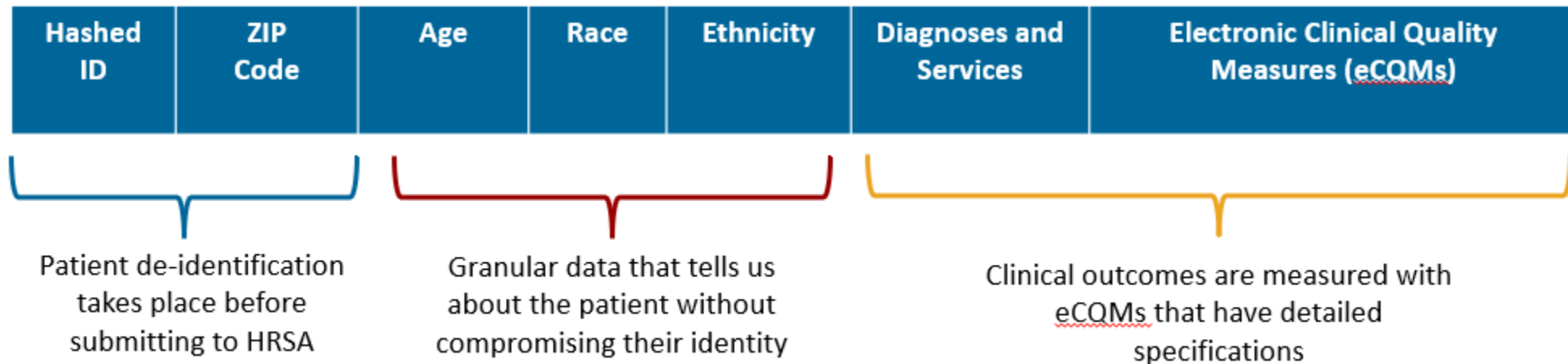
# UDS Patient Level Submission (UDS+)

UDS+ is...

- De-identified patient level data
- Applicable to UDS Tables Patients By ZIP Code, 3A, 3B, 4, 6A, 6B, and 7
- Submitted via Fast Healthcare Interoperability Resources (FHIR®)

UDS+ is not...

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



For more information, visit: [Uniform Data System \(UDS\) 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

3

Submit **1 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 & 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 only demographic data and 1 eCQM for medical patients.
- UDS+ submission supports system capacity building and progress towards full implementation.

**EHBs will remain the submission of record.**

# How can health centers prepare for UDS+?



## UDS TEST COOPERATIVE

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+)**.



# Resources

For the latest UTC and UDS+ information, please visit HRSA webpages:

- [UTC](#)
- [UDS Modernization Initiative](#)
- [UDS Modernization FAQ](#)
- [UDS+ FHIR IG](#)
- [Health Center Program Community](#)

For questions, comments, or suggestions:

- [BPHC Contact Form](#)



# Questions and Answers



# Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

 [udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net) *or* [BPHC Contact Form](#)

 **1-866-837-4357**

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[bphc.hrsa.gov](http://bphc.hrsa.gov)



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