



Successful Submission Strategies Uniform Data System (UDS) Reporting

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Some slides contain URLs in the notes.

Vision: Healthy Communities, Healthy People



Jonjelyn Gamble Data and Evaluation Office of Quality Improvement Bureau of Primary Health Care Health Resources and Services Administration





Objectives of the Webinar

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

- Understand the importance of Uniform Data System (UDS) data collection and reporting.
- Identify at least three data checks to conduct before submitting a UDS Report.
- Describe at least one Electronic Handbooks (EHBs) report and tool that can assist with successful UDS submission.
- Describe one tip for working through a UDS review and/or working with your reviewer.









- Review the importance of UDS data
- Identify steps to prepare for a successful UDS submission
- Learn how to navigate the EHBs and key EHBs tools
- Review steps to manage the UDS review process
- Questions and answers





How does your health center use UDS data? (Select all that apply.)

- Share data with the Board of Directors
- Monitor year-to-year trends
- Include data in grant or funding reports and applications
- Share with stakeholders in our community
- Inform quality improvement efforts
- Compare data to state or national health center averages





Importance of UDS Reporting

Demonstrate the **patients** served by your health center, the **services** they received, **outcomes** they had, and the **costs and revenues** supporting those patients and services.



Monitor and assess your **patient population** and clinical, operational, and financial **performance**. Support continuous **quality improvement**.



Compare your data with your peers locally, within the state, or nationally.



Preparing for a Successful Submission

Key Data Checks for UDS Submission





Success Strategies for UDS Sections

Overview of the relevant tables in the section of the UDS Review of the likely data source(s) and collection times for each area of the section

Review of key data checks for each UDS table in the section

Sections and their tables include

Patient Demographics	taffing andClinical ServicesOperJtilizationand PerformanceFinal		Operational and Financial	Forms
ZIP Code; Tables	Table 5	Tables 6A, 6B, and	Tables 8A, 9D, and	Appendices D, E,
3A, 3B, and 4		7	9E	and F





Accurate UDS Reports: Legacy UDS Report in EHBs



Accurate UDS Reports: Addition of UDS+



Patient Demographic Tables ZIP Code, 3A, 3B, and 4

Table	Description
ZIP Code	Patients by ZIP Code and Medical Insurance
3A	Patients by Age and Sex Assigned at Birth
3B	Patients by Race, Ethnicity, Language, and Sexual Orientation and Gender Identity (SOGI)
4	Patients by Income, Medical Insurance, Managed Care Enrollment, and Special Population Status





Table 4: Selected Patient Characteristics Data Collection

	Data S	ources	When Data Are Collected			
Section of Table 4	Electronic Health Record (EHR) or Internal System	Other Sources (e.g., Payers)	Patient Registration	Payer Enrollment Data	Visit	
Income as a Percent of Poverty Guideline	✓		✓			
Primary Medical Insurance	✓		✓	✓	Confirm at each visit	
Managed Care Utilization		✓		✓		
Special Populations	✓		✓		Confirm at each visit	





Key Data Checks for Patient Demographic Tables



Unknown ZIP Codes: If there is a large increase in unknown ZIP codes from prior year, review data to be sure only health center patients who have gone through registration or intake and have a countable visit during the calendar year are included.

Confirm that patients who have Medicaid, Children's Health Insurance Program (CHIP), or Other Public are a combined count (vs. Table 4, where they are reported separately).



Race and Ethnicity: It is unlikely that more patients would self-report that they were of Other Asian, Other Pacific Islander, or Another Hispanic, Latino/a, or Spanish Origin than the options available for the subcategory.

SOGI: It is not typical for *all* patients to be reported as Male or Female. There are likely patients for whom the data are not collected, who choose not to disclose, who are transgender, or who select something else.



CHIP: If more than 10% of patients with CHIP are adults age 18+, review the age breakdowns and age caps for CHIP enrollment in your state/territory.

Special Populations: Confirm public housing is reported based on site, not based on patient characteristics. Confirm that school-based service site patients are only reported when there is an in-scope school-based service site.





Staffing and Utilization

Table 5 and Selected Service Detail Addendum



Table	Description		
5	Staffing, Visits, and Patients by Service Category		
Addendum	Integrated Behavioral Health Services		





Table 5 and Selected Service Detail AddendumStaffing and Utilization

		Data Sources	When Data Are Collected		
Section of Table 5	EHR Other System (Internal)		External Providers, Labs, etc.	Visit, Encounter	Year-End Admin/ Financial Data
Staffing and Utilization					
FTEs		√			✓
Clinic Visits and Virtual Visits	\checkmark	\checkmark	\checkmark	\checkmark	
Patients	\checkmark	\checkmark	\checkmark	\checkmark	
Selected Service Addendum					
Personnel		\checkmark			\checkmark
Clinic Visits and Virtual Visits	✓			✓	
Patients	✓			✓	
					AHRS



Key Data Checks for Staffing and Utilization



Productivity (defined as visits per 1.0 full-time equivalent [FTE]) may vary year over year, but rarely exceeds 3,500 per provider.

Hourly personnel with no or reduced benefits who work more than full-time (i.e., overtime) will have an FTE greater than 1.00.

Virtual visits: If you have visits reported on Table 5 in Column B2 (virtual visits), you will report "yes" on Question 2 in the Appendix E: Other Data Elements form.



Mental health visits on the addendum *cannot exceed* medical visits on the main section of Table 5. The sum of mental health visits on the addendum and mental health visits on the main part of Table 5 (Line 20) should not exceed mental health visits on Table 6A.

Substance use disorder (SUD) visits on the addendum cannot

exceed total medical and mental health visits on the main section of Table 5. The sum of SUD visits on the addendum and SUD visits on the main part of Table 5 (Line 21) should not exceed total SUD visits on Table 6A.





Clinical Services and Quality of Care Indicators Tables 6A, 6B, and 7

Table	Description
6A	Selected Diagnoses and Services
6B	Quality of Care Measures
7	Health Outcomes and Disparities







Table 6A: Selected Diagnoses and Services Rendered Data Collection

	Data So	ources	When Data Are Collected		
Section of Table 6A	EHR	External Providers*, Labs, etc.	Visit, Encounter	Year-End Admin/Financial Data	
Visits	\checkmark	\checkmark	\checkmark		
Patients	\checkmark	\checkmark	\checkmark		

*External providers includes services paid for by health center and/or results returned to the health center to read and follow up with the patient.





Key Data Checks for Services Rendered



All reporting on Table 6A is specific to **health center patients**.

- Patient must have a countable UDS visit on Table 5 and be included on demographic tables to be counted on Table 6A.
- UDS reporting does not include mass testing/screening, tests done for the community, etc., unless the mass testing/screening was done (and recorded) on a health center patient with a countable visit during the year.

Typically, **visits per patient** for each service line on Table 6A will not exceed 2.0, with some exceptions.

Total medical visits on Table 6A average 50% of total medical visits on Table 5.

Total dental visits on Table 6A tend to exceed dental visits on Table 5.



Value sets have been included, where available. Be sure this doesn't result in double counting. It is not expected that value sets will notably change reporting from prior year.



Tables 6B and 7 Clinical Services and Performance Data Collection

	Data S	ources	When Data Are Collected		
Section of Tables 6B and 7	EHR	External Providers, Labs, etc.	Patient Registration	Visit, Encounter	
Table 6B: Quality of Care Measures					
Prenatal Patient Age and Entry into Care	\checkmark	✓	\checkmark	\checkmark	
Clinical Quality Measures	\checkmark	\checkmark	\checkmark	\checkmark	
Table 7: Health Outcomes & Disparities					
Deliveries and Birthweights	\checkmark	\checkmark	\checkmark	\checkmark	
Hypertension and Diabetes	✓	✓	✓	✓	





Key Data Checks for Clinical Quality Measures



To be eligible for inclusion, a person must have had a **countable UDS visit** (so reported on Table 5) **and meets the denominator criteria** as specified by the measure steward.

The portion of patients who meet performance, known as the **numerator**, may vary year over year. These variations may be due to changes in your services or sites and/or changes to the measure by the measurement steward. Table 7

The **race and ethnicity subcategories** for each of the three measures align with race and ethnicity categories in Table 3B.

Deliveries and birth outcomes for prenatal patients must be reported, whether those were provided in-house or by referral.

Consider the number of hypertension and diabetes diagnoses on Table 6A compared to the denominators of the **hypertension and diabetes** reporting on this table. The numbers should not be the same on the two tables because they have different parameters.





Reminders about Clinical Quality Measures

For all Tables 6B and 7 measures that are electronically specified clinical quality measures (eCQMs) (which is most!), it is critically important to refer to the measure specifications in the Electronic Clinical Quality Improvement (eCQI) Resource Center and the value sets, which define eligible codes, in the Value Set Authority Center (VSAC).

Tables 6B and 7 sections of the <u>UDS Manual</u> summarize clinical measure information and provide UDSspecific insight.

Materials available on the <u>HRSA UDS</u> <u>Training and</u> <u>Technical</u> <u>Assistance (TTA)</u> <u>site clarify</u> components of UDS-reported elements. eCQI Resource Center is the national, central repository for clinical measure specifications, as defined by measure stewards. Each eCQM in the eCQI Resource Center lays out in clinical quality language (CQL) how the measure works and with what data elements (e.g., value sets). The <u>VSAC</u>, which requires a login, is where the details of each value set, including what codes they are comprised of, can be found.



View this video: Accessing and Reading Electronic Clinical Quality Measures (eCQMs) for UDS



Operational and Financial Tables

Tables 8A, 9D, and 9E



Table	Description
8A	Financial Costs
9D	Patient Service Revenue
9E	Other Revenue



Operational Costs and Revenue Data Collection

	Data Sources				When Data Are Collected			
Tables 8A, 9D, and 9E	EHR	Pharmacy	Other Systems (Internal)	Other Sources (e.g., Payers)	Patient Registration	Payer Enrollment Data	Visit, Encounter	Year-End Admin, Financial Data
8A: Financial Costs		✓	✓					✓
9D: Patient Service Revenue	√	√	√	✓	√	√	√	√
9E: Other Revenue			√					√





Key Data Checks for Operational and Finance Tables



Review Table 8A and Table 5 together to verify they are reported consistently.

Notable changes on Table 5, such as significant decreases in FTEs or visits, are likely to appear on Table 8A as well.

Report non-cash donations on Line 18.

Table 9D

Confirm **charges** (Column A) are reported based on fee schedule for services provided not based on reimbursement or contracted rates.

An **increase in visits** on Table 5 often results in an **increase in charges** on Table 9D, and vice versa. Table 9E

Be sure to report money **drawn down in 2024 only**, by the entity from which the health center received the money.

Confirm that no **loans or 340B pharmacy** revenue are reported on this table.

Grant revenue received from **BPHC are reported on Lines 1a–1q**. All other federal grant revenue are reported on Lines 2–3b.



Other Forms in the UDS

Form

Appendix D: Health Information Technology (Health IT) Capabilities Form

Appendix E: Other Data Elements Form

Appendix F: Workforce Form







Key Data Checks for Appendix Forms

Health Information Technology

Many questions on this form can be answered **sooner rather than later** (except for social determinants of health screening).

If you are doing **social risk screening**, select "Yes," (Question 11). Identify the screener (Question 12). Report the count of total patients who were screened and total who screen positive in each category (Questions 11a and 12a). Other Data Elements

Telemedicine reporting on this form includes all **services provided via telehealth** in the calendar year; no need to limit to those that generated countable visits.

Family planning needs: A **new question** captures the total number of patients screened for family planning needs using a standardized screener. There is no specified age or gender requirement in the UDS for screening for family planning. Workforce

Only report health professional development education/training. This means internal professional development—continuing medical education or staff training—are not included.

The final questions on this form are asking about **satisfaction of personnel**, *not* patient satisfaction surveys.



Overview of Data Life Cycle



Accurate and complete UDS reporting is an *outcome* of a well-executed and well-maintained data life cycle within each health center.





Which part of the data life cycle is the most challenging in your UDS reporting process?

- Policy and best practice
- Data definitions
- EHR configurations
- Workflow
- Data validation
- Substantive use





Navigating the EHBs Successfully

Demonstration of EHBs Features and Tools





Everyone working on the UDS needs an EHBs login!







EHBs Landing Page

- At the **top** are tabs you will use to navigate.
- On the left side, you'll see your tasks.
- On the right side, you can change permissions and roles (provided you have a role, such as CEO or Project Director, that permits this).







Navigate to Your UDS Report

- The UDS is the Performance Report for your H80 grant.
- Click on Tasks, then find the Performance Report with Tracking # and Entity that starts with H80 (or LAL for look-alikes or UK for BHW awardees).
- Click Edit to go to your UDS Report.







Preliminary Reporting Environment

- Health centers can access the UDS reporting module in the EHBs each fall.
- The system opens in late October as the Preliminary Reporting Environment (PRE).
- Follow the same steps to access either the PRE (before January 1) or the "live" UDS Report (after January 1).
 - Submission is only possible after January 1, in the live environment.
- Recording and slide deck from the November 6 webinar on the PRE is available on the <u>UDS Training</u> and <u>Technical Assistance Website</u>.







UDS Report Home Page

- The left navigation panel includes tools, tables, and forms.
- The rest of the page will show status, progress, and other report details.
- There are links to a number of resources in the middle of the page.

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Key EHBs Tools for Successful Reporting

- Upload/Download File
- **Offline Templates**
- **Comparison Report**
- **Accessing Prior-Year Reports**
- **Other Helpful Reports**





UDS Report Home Page: Tools

- Let's look at the tools available in the upper left corner.
- Note: If you do not see this menu, click the arrows next to "All Functions" in the upper left corner.

All Functions	
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Upload File	
Clear Data	
UDS Report Details	
Status Overview	
× Contact Information	
X Table Patients by ZIP Code	
× Table 3A	
× Table 3B	
✓ Table 4	
× Table 5	

You are now using the UDS Preliminary Reporting Environment (PRE). It is available to en

Status Overview

O Note:

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All sections including tables, HIT information, other data elements and data audit report must be Tip: Prior to entering any data, save a copy of the blank excel template. The blank file can later to

H80C \$007392024: WOOLF CABLELINX COUNTY TECHNICAL INSTITUTE, HANDL



02/15/2025 (11:59 PM Local Time)

Due Date

Resources

UDS Manual | UDS Training and Technical Assistance | Upload History | Action History | Las Product List Lookup | Excel Mapping Document | Request Exemption | Verify Offline HTML D





UDS Upload/Download: Download File

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Status Overview	Contact Information Table Patients by ZIP	▼ Resources 🛛 🖉			
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X Table Patients by ZIP Code	× Table 3B ✓ Table 4 × Table 5	Instructions To enter UDS data offline, select either the Excel fi	le (spreadsheet format) or the Offline HTML	le (forms-based format). Then select whether	you want a blank form or to include any existing data. Once you have
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× Table 3B	× Table 8B × Table 7	Enter or change data in the file you have chosen. O Excel File: Upload your completed file to the EHB HTML File: Export an Excel file from the HTML file	Once finished, upload your completed file to s. then upload the completed Excel file to the	ie EHBs. HBs.	
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	 ✓ HIT Capabilities ✓ Other Data Elements 	Select Format	Offline Excel 6	O Offline HTML 0	L Download
	× Workforce	Excel Template			
►					

UDS Upload/Download: Download File (continued)

Three decisions to make:

- 1. Do you want to use Excel or HTML format?
- 2. Do you want the file to include data already added to the calendar year UDS by the health center?
- 3. Do you want to do all tables at once or just a selected set?
- 4. If downloading the ZIP table, do you want to include prior-year ZIP codes?

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Patients by ZIP Code with Prior year ZIP Codes

(This option will append the zip codes reported last year to any data already entered for this year. If you have already entered zip code information for this year, be certain to check that none of the zip codes have been entered twice, since this option does not include a duplicated entry check.)





Considerations when Downloading Offline Files





Downloading Offline Templates

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Health Center Program

Using Offline Excel

- The first tab has tips for success.
 - When it says to verify your Bureau of Primary Health Care Health Center Management Information System (BHCMIS) ID, it means to verify that in the filename. Your BHCMIS ID does *not* start with H80 (It may be 6 numbers or 6–7 numbers with an E in it).
- Table 7: Each section/measure has its own tab.
- Only data elements with numeric responses can be updated in offline Excel; non-numeric information (like specify fields or form responses) must be updated directly in EHBs.

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Health Center Program

Using Offline HTML

Benefits include:

- Save and validate data without internet connection or EHBs access.
- Same look and feel of the EHBs.
- Saved and validated the same way it's done in the EHBs.

Tou are now using the online rinking the	ool that can be used to enter and validate UDS data in pre	paration for reporting. No internet connection is re complete report	equired to use this file. Your data will need to be ting.	e exported to an Excel File, then uploade	ed to the EHBs to run the Da	ata Audit I
Table Patients by ZIP Cod	e					
Note: You are currently working in HRSA of	fline HTML tool Version 1.0.0. It was downloaded 09/25/2023 5:	43 PM EST. You do not need to be connected to the Inte	met to enter data in to your UDS forms.			
→ H80CS000662023/v1: SOUP SCHU	MAG VOLUNTEER RESCUE SQUAD, CARLE PLACE, S	2H				
▼ Resources						
UDS Manual						
+ Add Multiple ZIP Codes					s	tatus: ! In 1 iter
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H + 1 of 1 + H Page size 15 ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)	Acti





Accessing a Comparison Report

- From the UDS Home Page or
 Status Overview
 Page, you can access your
 Comparison
 Report.
- The comparison tool allows you to view last year's and this year's UDS reports side by side.

I Homeless Report	✓ Complete	
C Migrant Report	✓ Complete	-
Public Housing Report	✓ Complete	-
Table 5 - Staffing and Utilization	× Not Started	-
C Universal Report	× Incomplete	-
C Homeless Report	× Incomplete	-
C Migrant Report	× Incomplete	-
Public Housing Report	× Incomplete	-
☑ Table 6A - Selected Diagnoses and Services Rendered	✓ Complete	09/27/2024 7:45 PM EST by Dwayne Schiffner
C Universal Report	✓ Complete	-
C Homeless Report	✓ Complete	-
C Migrant Report	✓ Complete	-
Public Housing Report	✓ Complete	-
Table 6B - Quality of Care Measures	× Not Started	-
Table 7 - Health Outcomes and Disparities	× Not Started	-
C Deliveries and Birth Weight	× Incomplete	-
Controlling High Blood Pressure	× Incomplete	-
C Diabetes: Hemoglobin A1c Poor Control	× Incomplete	-
Table 8A - Financial Costs	× Not Started	-
Table 9D - Patient Service Revenue	× Not Started	-
Table 9E - Other Revenues	× Not Started	-
Health Center Health Information Technology (Health IT) Capabilities	✓ Complete	09/27/2024 7:49 PM EST by Dwayne Schiffner

*	Download a remplate with Data The Download Template with Data option includes ALL UDS tables with information already entered into the tables.					
1	Upload Once you excel, cli	a File u have completed your data entry ck here to upload your file.	in			
Compare Versions (•					
Reference Year/Versio	on:	Select Year and Version	~			
Compare to Year/Version:		Select Year and Version	~			
			Next			
Report Details						
BHCMIS ID: 100790						
Last Submitted By:	N/A					
Submit and Print						
Make sure you have information before subm	completed	d and validated all the required report.				
	Submit F	Performance Report				





Running the Comparison Report

- Select your **reference** and **comparison** year.
- You can compare different versions of your report to see notable changes.
- Changes between versions are highlighted in yellow in resulting comparison.
- Once the UDS report is submitted, the comparison tool becomes disabled (unavailable).

Actions to clear partial data and submit a complete calendar year of	UDS performance data will ONLY be available starting January 1.
Compare Versions - Select Version	
► H80CS007392024/v1: WOOLF CABLELINX COUNTY TECHNICAL INST	ITUTE, HANDLEY, OR
Note: * indicates data entry in progress and is subject to change. Select Versions to be Compared	
Reference Year/Version	2024 Version 1*
Compare To Year/Version	2023 Version 2
Close	Next

You are now using the UDS Preliminary Reporting Environment (PRE). It is available to enter and validate partial UDS data prior to January





Poll #3

What changes can you identify from the Comparison Report? (Select all that apply.)

- Staffing
- Insurance mix
- Special populations served
- Clinical quality measure outcomes
- Revenue related to non-patient-service receipts





What changes can you identify from the Comparison Report? (Select all that apply.)

✓ Staffing
 ✓ Insurance mix
 ✓ Special populations served
 ✓ Clinical quality measure outcomes
 ✓ Revenue related to non-patient-service receipts





Accessing Prior UDS Reports

- The UDS is the **Performance Report** for your H80 grant.
- Click on the Grants tab, then under Submissions, click on Work on Performance Report.
- The next page will have a **Performance Report** for each year.
- Click on the Performance Report, then see reports available in the subsequent





48

screen.

Managing the Review Process

Remember, initial submission is not the end of the process!





Reporting Timeline for Legacy UDS Reports



Managing the Review Process



- Confirm that users have access to EHBs. Establish a timeline and workflow to complete your UDS Report.
- Information can be entered as soon as the PRE opens! Some information can be entered on the Health IT, Other Data Elements, and Workforce forms. You can download offline data tools now to practice. Remember, some information is not complete until the end of the calendar year; don't start entering data into tables yet.
- Submit your report through the EHBs by **February 15**. Be sure to allow time to address edits!
- When addressing edits, provide detailed responses on the edits in the Data Audit Report.
- If you have not heard from your reviewer by Monday, March 3, with an update on the status of the review, review questions or a notification that your report has been accepted, email them!
- Your reviewer will send a review letter with any questions or needed clarifications about your UDS report.
- **Reviewers send emails through the EHBs**, and sometimes those get caught in spam filters. You can also go into the EHBs to check the status.
- Your reviewer may ask for explanation for some data or request the data be corrected. If you are not able to meet the dates set by your reviewer or have limitations that the reviewer needs to know about, let them know!

Understanding Your Data and Responding to Edits

- Work together to understand and resolve edits and reviewer questions. The key data checks discussed earlier will set you up for success!
- Edits are an opportunity to consider your data from a broader perspective, resolve issues, revise data, or provide meaningful explanations.
- All personnel involved in UDS data collection and submission should be prepared to respond to edits and reviewer questions.



If you do not understand what an edit on the Data Audit Report is asking, contact the UDS support line (866-UDS-HELP or udshelp330@bphcdata.net).



Download the **Summary Report** to view national averages from the prior year that are often referenced by edits.





Resources, Questions, and Answers





UDS Training and Technical Assistance Resources

Now available: <u>UDS reporting</u> <u>resources</u> on the BPHC website

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



Scan the QR code to go directly to the Training and Technical Assistance page!







Resources for the Electronic Handbooks

- **EHBs Overview Video** explains the importance of UDS reporting and the permissions required to access the UDS report and provides an overview of UDS tables and appendices.
- **HRSA EHBs Knowledge Base** is a wiki that introduces the electronic submission system, EHBs, PRE, and <u>system enhancement</u> resources.

Reporting Guidance Located on the EHBs

- Accessing UDS Reporting Guidance Resources on the Electronic Handbooks provides steps to find resources on the EHBs that help Health Center Program awardees and look-alikes (LALs) access UDS reports and the PRE.
 - UDS EHBs User Guide: A step-by-step guide of the process to access, prepare, submit, and revise UDS reports and access standard UDS reports in the EHBs.
 - Accessing Standard UDS Reports: Quick reference sheets that describe how to access standard UDS reports from the EHBs.
 - Offline Excel Mapping Tool: A companion file to the offline UDS data Excel template. This tool helps streamline reporting by providing mapped cell locations to data fields. The offline Excel and mapping documents should be used with an EHR or data system to help in automating the UDS Report.
- **2022 EHBs Reports Formula Reference Guide** explains the calculation formulas used for statistics included in standard UDS reports.





UDS Reporting Webinar Series

Archived webinars include:

- **UDS Basics:** Orientation to Terms and Resources
- Clinical Quality Measures Deep Dive
- UDS Clinical Tables Part 1: Screening and Preventive Care Measures
- UDS Clinical Tables Part 2: Maternal and Child Health Measures
- UDS Clinical Tables Part 3: Chronic Disease Management Measures
- Reporting UDS Financial and Operational Tables
- Preliminary Reporting Environment (PRE)

All webinars are archived on the <u>HRSA website</u>; watch them anytime!







Support Available

Description	Contact	Email or Web Form	Phone
UDS reporting questions	UDS Support Center	<u>udshelp330@bphcdata.net</u> or <u>BPHC Contact Form</u> Select: Uniform Data System (UDS) > UDS Reporting > the most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical Support > EHBs Tasks/Technical Issues > EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form Select: Technical Support > EHBs Tasks/Technical Issues > Other EHBs Submission Types	877-464-4772
UDS+ FHIR IG and API (UDS Modernization) technical support	Health Center Program Support	BPHC Contact Form Select: Uniform Data System (UDS) > UDS Modernization > Patient-level Submission (UDS+)	877-464-4772









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

HRSA 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 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 FHIR

UDS+ is not...

 Full copies of data directly from patients' electronic medical records





For more information, visit: UDS Modernization Initiative



UDS+ 2024 Reporting Year: Submission Requirements



2024 UDS+ Submissions Due by April 30, 2025



Submit data for your *medical* patients.



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 (Managed Care Utilization lines are NOT required for UDS+ CY 2024 reporting)



Submit *one 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 and UDS+ Reporting

All health centers will be required All health centers are **required** to to submit a minimum amount of submit aggregated UDS data by patient-level data (UDS+) by February 15, 2025. April 30, 2025. Submit UDS+ data via FHIR. Submit aggregated UDS data through EHBs, using the Include, at a minimum, only traditional submission method. demographic data and one eCQM for medical patients. Include all UDS tables and appendices. UDS+ submission supports system capacity building and This will be the official progress toward full submission of record. implementation.

EHBs will remain the submission of record.





How Can Health Centers Prepare for UDS+?



UDS TEST COOPERATIVE (UTC)

Join the UTC for continued UDS+ updates and resources.

HL7[®] FHIR[®]

Review:

<u>HL7.org</u> <u>HL7® FHIR® resources page</u> UDS+ FHIR IG

ENGAGEMENT

Visit the <u>UDS Modernization Initiative webpage</u> 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 <u>BPHC Contact Form</u> by selecting **Uniform Data** System (UDS) > UDS Modernization > Patient-level Submission (UDS+).



Questions and Answers





Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



udshelp330@bphcdata.net or BPHC Contact Form



bphc.hrsa.gov



Sign up for the Primary Health Care Digest



Join Us!

View current HRSA openings:







Connect with HRSA

Learn more about our agency at: <u>www.HRSA.gov</u>



FOLLOW US:





