



# Successful Submission Strategies Uniform Data System (UDS) Reporting

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Vision: Healthy Communities, Healthy People



#### **Opening Remarks**

**Lorraine Burton** 

**Data and Evaluation Division** 

**Office of Quality Improvement** 

**Bureau of Primary Health Care (BPHC)** 

**Health Resources and Services Administration (HRSA)** 





#### **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.
- Identify at least one way to access UDS reporting support.







#### Agenda

- 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





#### **Poll #1**

#### How do you or your health center use UDS data? (Select all that apply.)

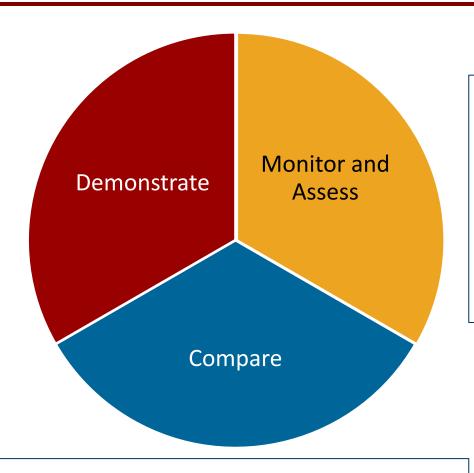
- Share data with the Board of Directors
- Monitor year-to-year trends
- Include data in grant or funding reports and applications
- Share with stakeholders in our community
- Inform quality improvement efforts
- Other: Please describe





#### 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.





#### Let's Hear from You

## Why are your UDS data important?

• Chat in your response.





### **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	Staffing and Utilization	Clinical Services and Performance	Operational and Financial	Forms
ZIP Code; Tables 3A, 3B, and 4	Tables 5	Tables 6A, 6B, and 7	Tables 8A, 9D, and 9E	Appendices D, E, and F





#### **Accurate UDS Reports: Three-Tiered Process**

**Quality Control:** 

Address outliers with national and priority area impacts.

April 1–April 31

**UDS Review Period:** Vet the overall accuracy of health center UDS reports.

**Tools:** Templates, comparative metrics, and EHBs tools

February 15–March 31

Health Centers: Submit timely, accurate, and complete UDS.

January 1—February 15

**Tools:** UDS Reporting Manual, EHBs System Edits, EHBs tools, UDS Helpline





## **Patient Demographic Tables**

ZIP Code, 3A, 3B, and 4

Table	Description
ZIP Code	Patients by ZIP Code and 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, Insurance, Managed Care Enrollment, and Special Population Status







#### **Table 4: Selected Patient Characteristics Data Collection**

		Data Sources		When Data Are Collected			
Section of Table 4	Electronic Health Record (EHR) or Internal System	Other Sources (e.g., Payers)	External Providers, Labs, etc.	Patient Registration	Payer Enrollment Data	Visit, Encounter	
Income as a Percent of Poverty Guideline	<b>✓</b>			<b>✓</b>			
Primary Medical Insurance	<b>✓</b>			<b>✓</b>	<b>~</b>	Confirm at each visit	
Managed Care Utilization		<b>✓</b>			<b>✓</b>		
Special Populations	<b>✓</b>			<b>✓</b>		Confirm at 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/intake and have a countable visit during the calendar year are included.



Race and Ethnicity: It is unlikely that one of the *new race or ethnicity sub-categories* would be larger than the total of that race/ethnicity category last year.

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 greater than 10% of patients with CHIP are adults 18+, review and explain.

Special Populations: Confirm public housing is reported based on site, not based on patient characteristics. Confirm that school-based health center patients are only reported if you have an inscope 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 Addendum Staffing and Utilization**

		Data Sources	When Data Are Collected			
Section of Table 5	EHR	EHR Other System (Internal)		Visit, Encounter	Year-End Admin/ Financial Data	
Staffing and Utilization						
FTEs		✓			<b>✓</b>	
Clinic Visits and Virtual Visits	✓	<b>~</b>	<b>~</b>	<b>✓</b>		
Patients	<b>~</b>		<b>✓</b>	<b>~</b>		
Selected Service Addendum						
Personnel		✓			✓	
Clinic Visits and Virtual Visits	✓			✓		
Patients	<b>~</b>			<b>~</b>		

#### **Key Data Checks for Staffing and Utilization**



Virtual visits may have changed compared to last year, as telehealth may be increasing or waning, depending on your clinic.

have hired new staff, the total FTE across the pharmacy lines is likely to be similar to total pharmacy FTEs last year.

**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 TE greater than 1.00.



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 There are several new pharmacy lines, but unless you 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.

**Compare personnel** on addendum to FTEs.



## **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 S	ources	When Data Are Collected		
Section of Table 6A	EHR	External Providers*, Labs, etc.	Visit, Encounter	Year-End Admin/Financial Data	
Visits	<b>✓</b>	<b>✓</b>	<b>✓</b>		
Patients	<b>✓</b>	<b>✓</b>	<b>✓</b>		

<sup>\*</sup>External providers includes services paid for by health center and/or results returned to the health center to read and provide to patient.





#### **Key Data Checks for Services Rendered**



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

- Patient must have a countable 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.

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 added, where available. Be sure this doesn't result in double counting. It is not expected that the addition of 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	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>~</b>	
Clinical Quality Measures	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>~</b>	
Table 7: Health Outcomes & Disparities					
Deliveries and Birthweights: Section A	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>~</b>	
Hypertension and Diabetes	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>~</b>	





#### **Key Data Checks for Clinical Quality Measures**



The number of patients who meet the criteria for inclusion in a measure, known as the denominator, may be notably different from 2022, as a result of the change to including patients who have any countable UDS visit in the year AND have a qualifying encounter, as defined by the measure specifications and associated value sets for each selected measure.

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.



This table now has additional race and ethnicity subcategories for each of the three measures, consistent with Table 3B.

**Deliveries and birth outcomes** for prenatal patients must be reported, whether those were provided inhouse 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 Table 6B and 7 measures that are electronic-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).

Table 6B and 7
sections of the
UDS Manual
summarize
clinical measure
information and
provide UDSspecific insight.

Materials available on the HRSA UDS
Training and Technical
Assistance (TTA)
site summarize clinical measure specifications.

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 Value Set
Authority Center
(VSAC), which
requires a login, is
where the details
of each value set,
including what
codes they are
comprised of, can
be found.





## **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**

Section of Tables 8A, 9D, and 9E		Data So	ources		w	hen Data Are Collected		
	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		<b>✓</b>	<b>✓</b>					<b>✓</b>
9D: Patient-Service Revenue	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>
9E: Other Revenue			<b>~</b>					<b>✓</b>





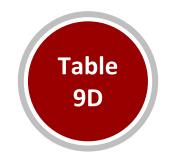
# **Key Data Checks for Operational and Finance Tables**



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.



Confirm **charges** (Column A) are reported based on fee schedule for services provided (e.g., CPT codes), not based on reimbursement.

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



Be sure to report money **drawn down in 2023 only**, by the entity from which it was received.

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 (HIT) Capabilities Form

**Appendix E**: Other Data Elements Form

**Appendix F**: Workforce Form







#### **Key Data Checks for Appendix Forms**



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," identify the screener, and report the count of total patients who were screened and total who screen positive in each category.



The medications for opioid use disorder (MOUD) questions here have changed, no longer limited to medication-assisted treatment (MAT) (buprenorphine) provided by Drug Addiction Treatment Act of 2000 (DATA) waivered providers, as the waiver is no longer required.

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.



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

Note that the final questions are asking about **satisfaction of personnel**, *not* patient satisfaction surveys.





#### **Overview of Data Life Cycle**

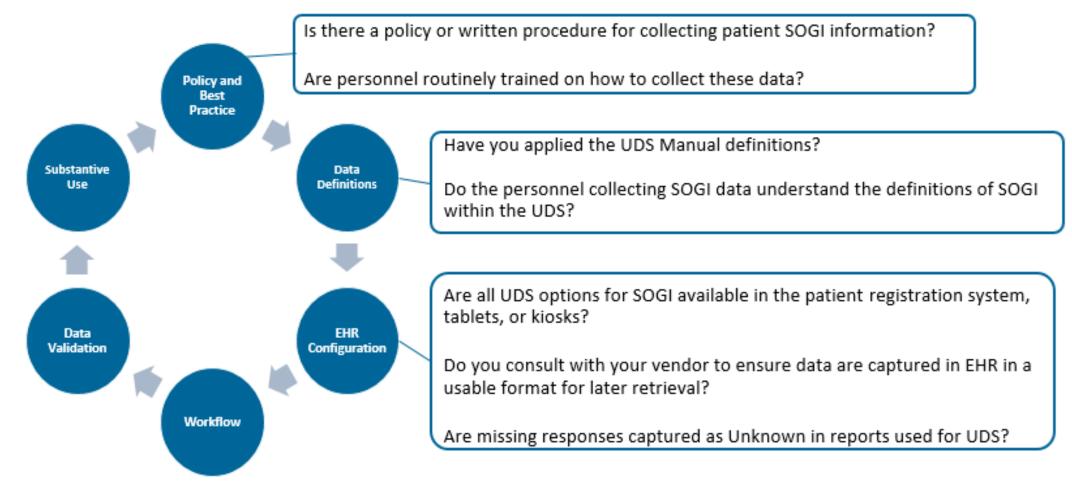


Accurate and complete
UDS reporting is an *outcome* of
a well-executed and
well-maintained data life cycle
within each health center.



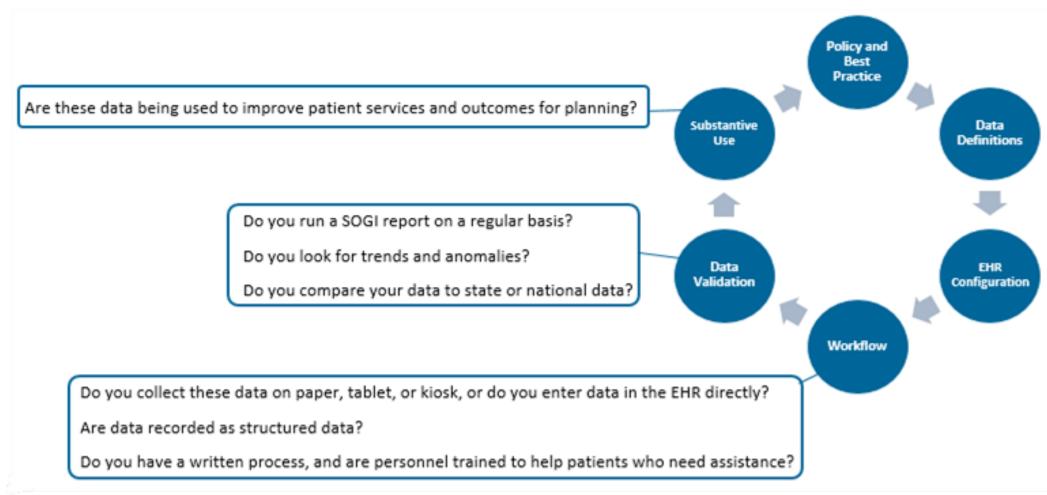


# Table 3B: Example of Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting





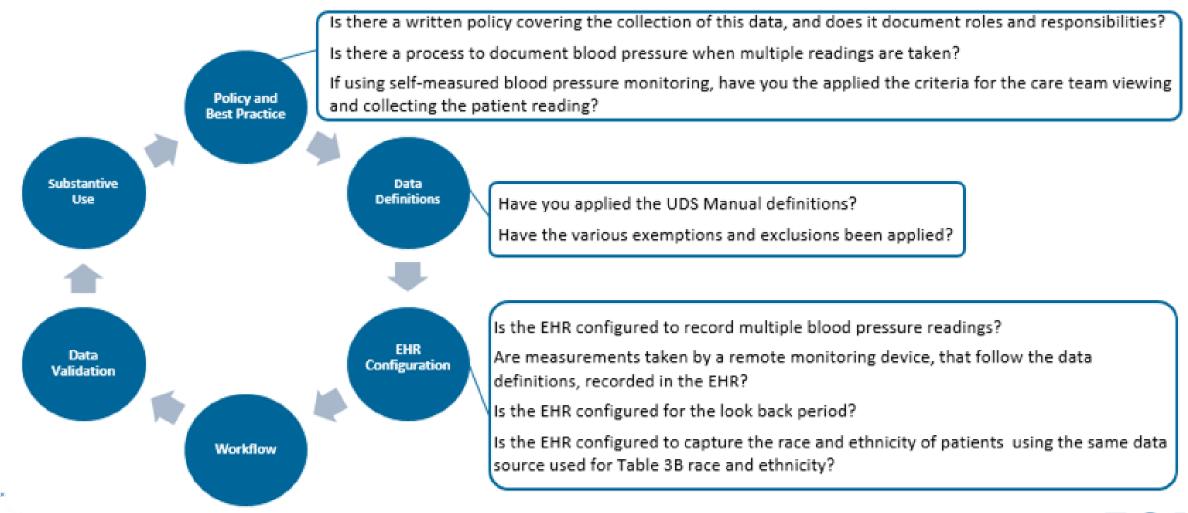
# Table 3B: Example of Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting (continued)







# Table 7 Example of Clinical Quality Measure: Controlling Hypertension



# Table 7 Example of Clinical Quality Measure: Controlling Hypertension (continued)

Policy and **Best Practice** Is the data used proactively to inform clinical quality improvement efforts? Data Substantive Is the data used to identify disparities in patient clinical outcomes based on **Definitions** Use race and ethnicity? Is the data compared with local, state, or national data? Is data by race and ethnicity consistent with health center patient population, and can anomalies be easily identified? EHR Data Configuration Validation Have the workflows been clearly articulated and documented? Workflow E.g. Is there a clear process for staff to document blood pressure readings? Have personnel been appropriately trained to input the data?





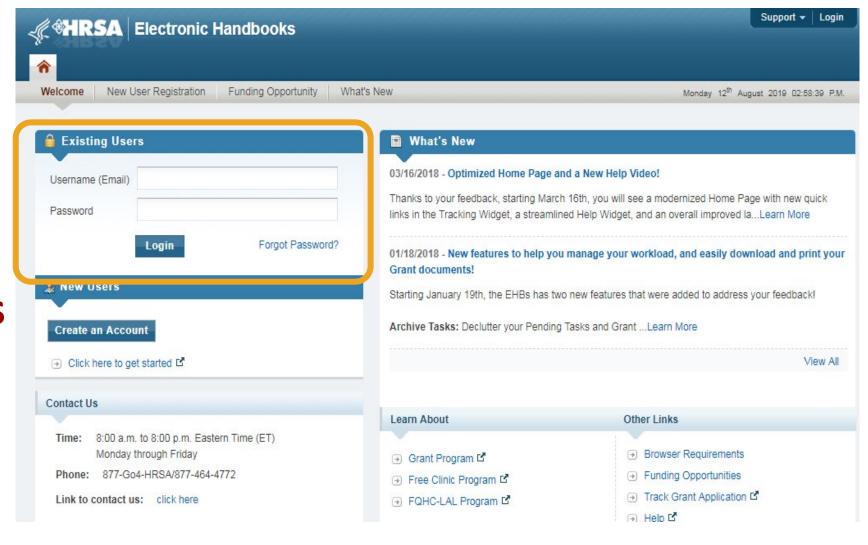
## **Navigating the EHBs Successfully**

**Demonstration of EHBs Features and Tools** 





# Everyone working on the UDS needs an EHBs login!

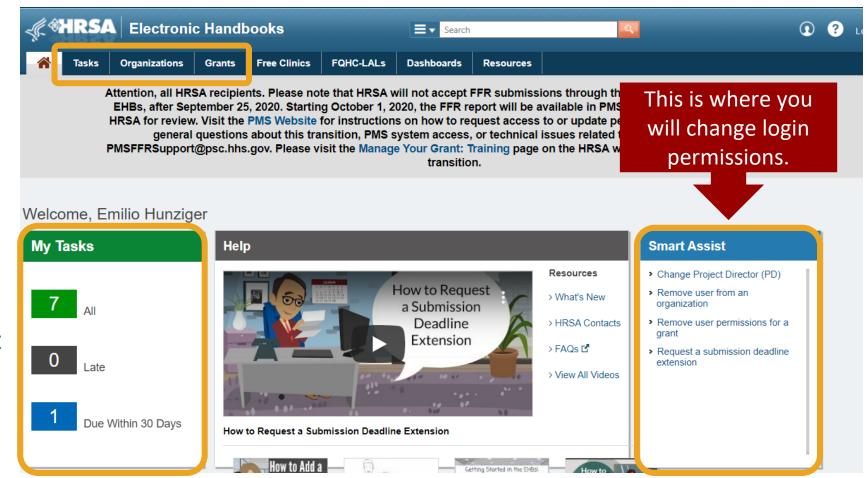






#### **EHBs Landing Page**

- 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).

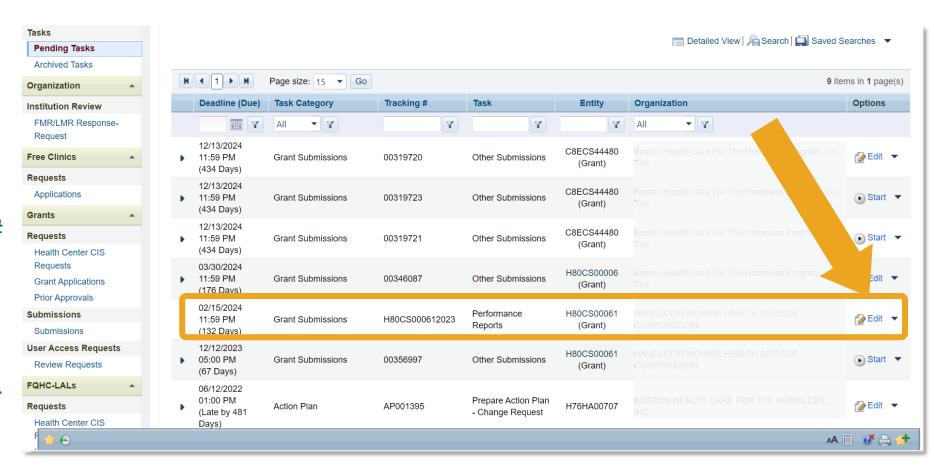






#### **Navigate to Your UDS Report**

- 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).
- 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.

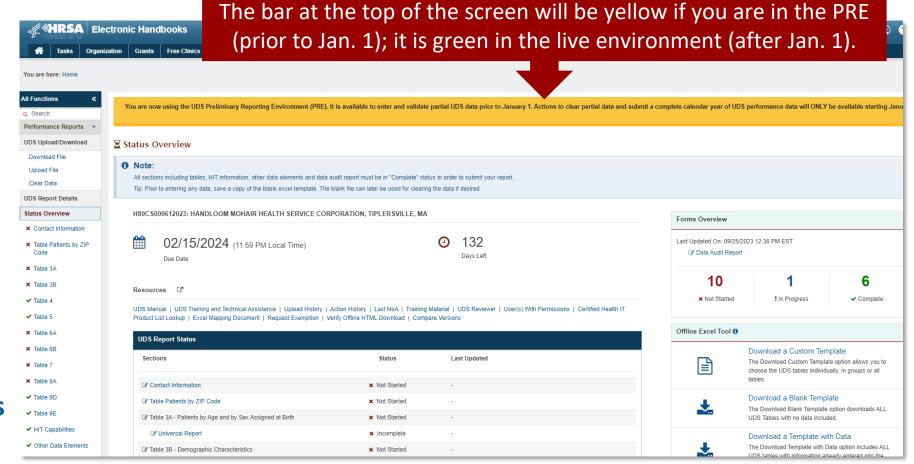






### **UDS Report Home Page**

- The left-hand 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.





# **Key EHBs Tools for Successful Reporting**

Upload/Download File

**Offline Templates** 

**Comparison Report** 

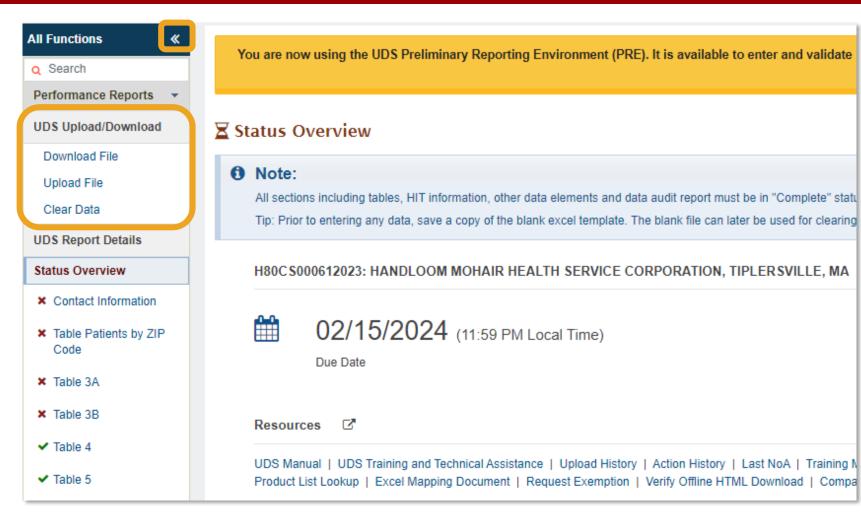
**Accessing Prior-Year Reports** 

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.

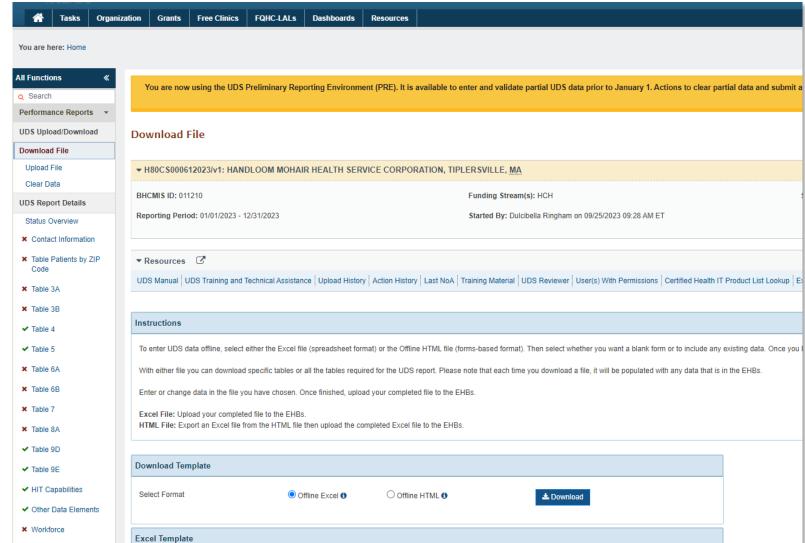






## **UDS Upload/Download: Download File**



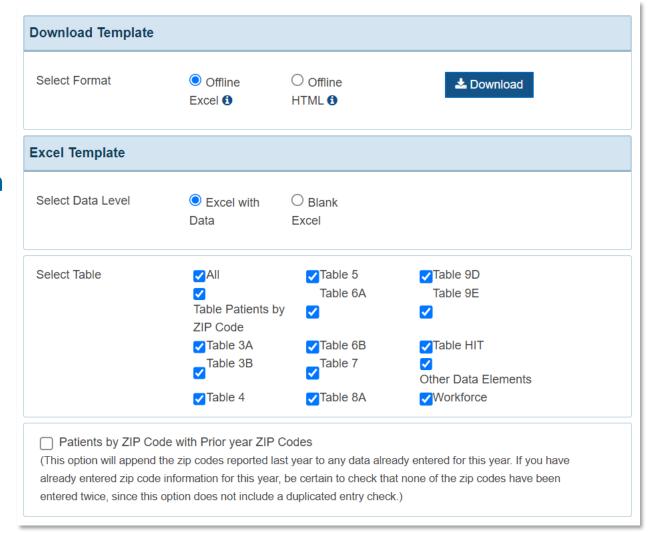




# **UDS Upload/Download: Download File (continued)**

#### Three decisions to make:

- 1. Do you want to use Excel or HTML format?
- 2. Do you want the file to include data currently in the UDS?
- 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?







### **Considerations when Downloading Offline Files**

Excel vs. HTML?

Excel format may feel more familiar, but it's important to know that users should be careful not to modify the structure of the Excel file. If modified, it cannot be uploaded.

HTML looks like the UDS tables and does not allow modification.

Including Data or Not?

If no data or only test data
have been entered, then
blank is better.

If data are present, include
these data in the EHBs so
data are available.

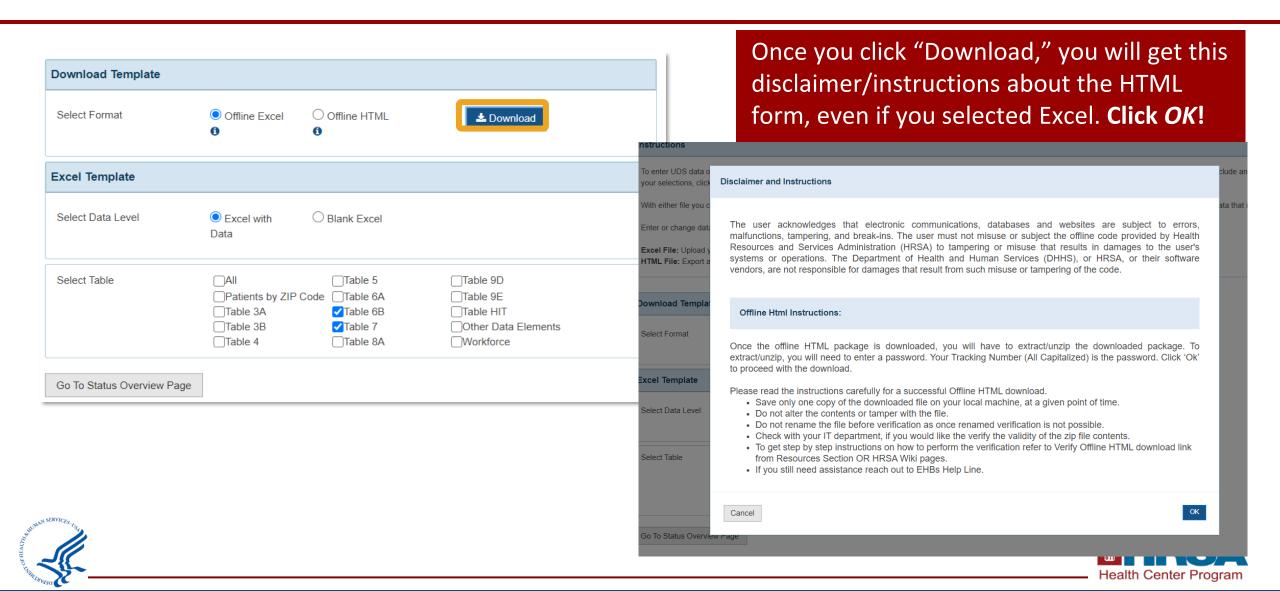
All Tables or a Select Set?

Typically, you should select just the set of tables you are currently working on. If you download all tables and do not use all of them, you risk uploading blank tables over existing data.



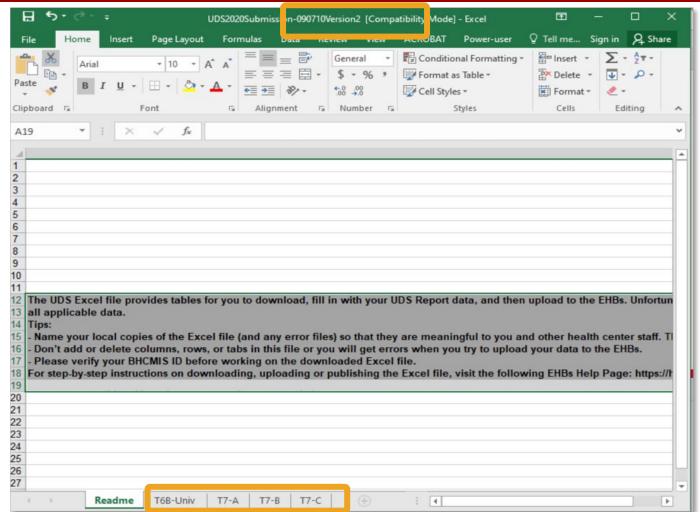


## **Downloading Offline Templates**



## **Using Offline Excel**

- The first tab has tips for success.
  - When it says to verify your 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.

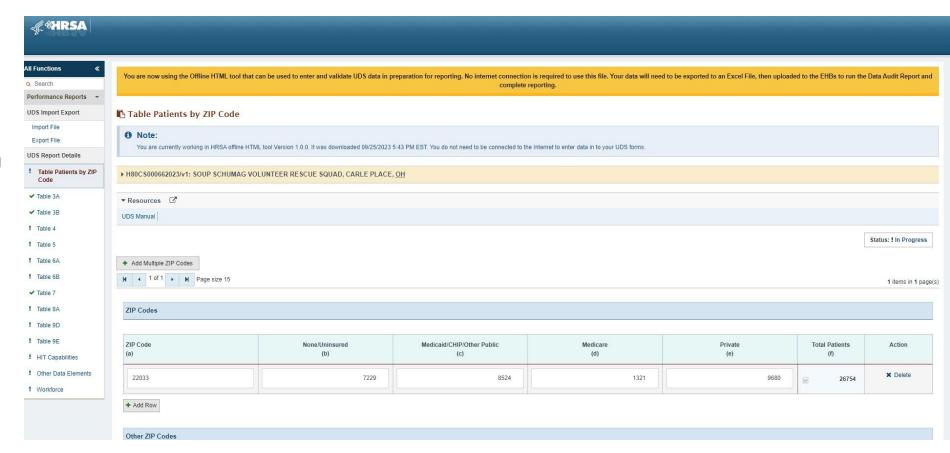




## **Using Offline HTML**

#### 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.







### **Accessing a Comparison Report**

☑ Report Comments

☑ Data Audit Report

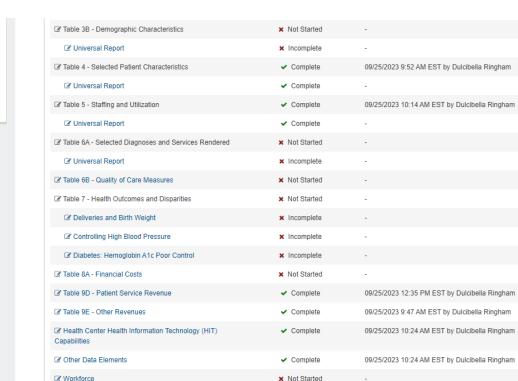
✓ Other Data Elements

× Report Comments

! Data Audit Report

× Workforce

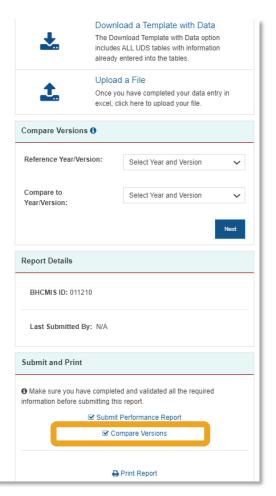
- From the UDS
   Home Page or
   Status Overview
   Page, you can
   access your
   Comparison
   Report.
- The comparison tool allows you to view last year's and this year's UDS reports side by side.



× Not Started

! In Progress

09/25/2023 12:36 PM EST by Dulcibella Ringham

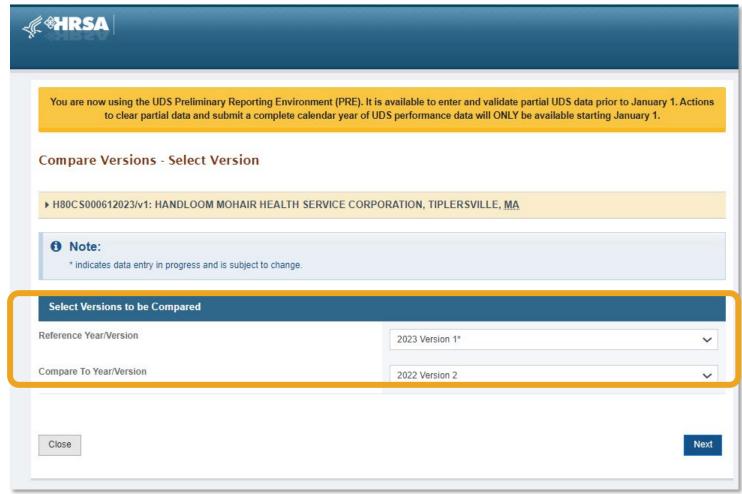






### **Running the Comparison Report**

- 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.







### **Poll #2**

### 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





### Poll #2: Answer

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

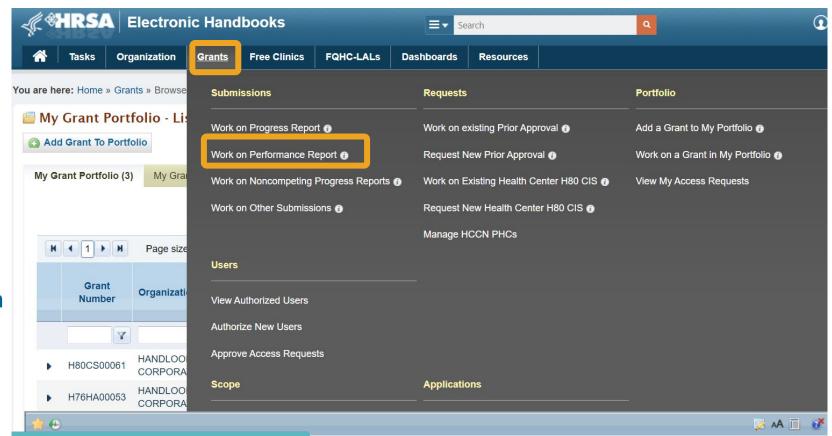
- ✓ Staffing
- ✓ Insurance mix
- ✓ Special populations served
- ✓ Clinical quality measure outcomes
- ✓ Revenue related to non-patient-service receipts





### **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 screen.





# Using Available UDS Data and Reports

# Standard reports and publicly available UDS data:

- Standard Reports in the EHBs:
   Health Center Trend Report
   (sample shown),
   UDS Summary Report, Health
   Center Performance
   Comparison Report,
   UDS Rollup Reports
- Health Center Program UDS Data are available on HRSA's data site, including rollup data, comparison data, and health center profile data.

#### JUDS Health Center Trend Report

National

Program: Health Center 330

#### UDS Health Center Trend Report - 2022

1370 Health Centers - Universal

	2020 2021	2022	2021 - 2022		
		2021	2022	Change	%
Access					
Total Number of Patients Served	28,590,897	30,193,278	30,517,276	323,998	1.07%
Medical Patients Served	24,529,374	25,759,024	25,915,807	156,783	0.61%
Dental Patients Served	5,155,619	5,701,053	6,019,824	318,771	5.59%
Total Visits	114,209,146	124,211,391	126,936,789	2,725,398	2.19%
Agricultural Worker or Dependent Patients Served	977,744	1,015,162	991,558	-23,604	-2.33%
Homeless Patients Served	1,287,854	1,294,327	1,357,683	63,356	4.89%
Patients Served at Health Center Site(s) Located In or Immediately Accessible to Public Housing	5,187,617	5,714,900	6,125,721	410,821	7.19%
Quality of Care Indicators/Health Outcomes					
Perinatal Health					
Early Entry into Prenatal Care (Entered prenatal care during first trimester)	73.48%	74.08%	71.99%	-2.08%	-2.81%
Low Birth Weight (babies born whose birth weight < 2500 grams)	8.18%	8.57%	8.43%	-0.15%	-1.70%
Screening and Preventive Care					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	65.13%	68.72%	69.81%	1.09%	1.59%
Body Mass Index (BMI) Screening and Follow-Up Plan <sup>1</sup>	65.72%	61.32%	61.04%	-0.28%	-0.45%
Tobacco Use Screening and Cessation Intervention <sup>1</sup>	83.43%	82.34%	84.60%	2.26%	2.75%





## **Managing the Review Process**

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





# **Reporting Timeline**

#### OCT. 1

New program funding or designation cutoff date.



#### JAN. 1

EHBs reporting environment opens, providing access to your live UDS report.



#### **MAR. 31**

Review period ends, report closeout deadline.

**SUBMISSION PERIOD** 

**REVIEW PERIOD** 



#### **FALL**

Preliminary Reporting
Environment (PRE)
opens, allowing
preliminary access to
your UDS report.



#### **FEB. 15**

UDS Report due in the EHBs by 11:59 p.m. local time.





### **Managing the Review Process**



- Information is not complete until the end of the calendar year; don't start entering data into tables yet.
- Other information can be entered as soon as the PRE opens! Some information can be entered on the HIT, ODE, and Workforce forms. You can download offline data tools now to practice.
- Submit your report through the EHBs by **February 15**. Be sure to allow time to address edits!
- When addressing edits, if you have added notes on the tables, direct the reviewer to these comments in your edit responses. Otherwise, provide detailed responses on the edits in the Data Audit Report.
- If you have not heard from your reviewer by Monday, March 4, with either review questions or notification that your report has been accepted, email them!
- 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.
- 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.



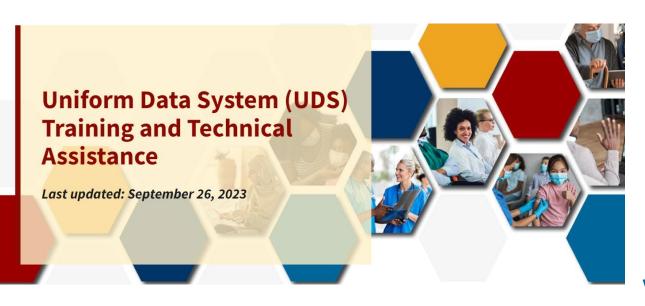


# Resources, Questions, and Answers





### **UDS Training and Technical Assistance Microsite**



- Central, user-friendly hub for health centers to access training and technical assistance resources to assist with UDS reporting
- Organized by UDS topic areas, such as
  - Reporting guidance
  - Patient characteristics
  - Staffing and utilization
  - Clinical care
  - Financials

**Visit the BPHC UDS Training and Technical Assistance Page** 

Check out the <u>UDS Submission Checklist</u>—a reference tool to help ensure a complete, accurate, and on-time UDS submission.





### **Available Assistance**

- UDS content support
  - Support line: 866-837-4357
  - udshelp330@bphcdata.net
- Technical assistance materials, including local trainings, are available online:
  - UDS Training and Technical Assistance Page
- <u>Health Center Program Support</u> for questions about the Health Center Program.
- EHBs support
  - UDS Report and Preliminary Reporting Environment access (in EHBs)
  - EHBs system issues: 877-464-4772, Option 1
  - EHBs account access and roles: 877-464-4772, Option 3
- National Training and Technical Assistance Partners





### Resources for the Electronic Handbooks (EHBs)

- **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.
- <u>HRSA EHBs Knowledge Base</u> is a wiki that introduces the electronic submission system, EHBs, PRE, and <u>system</u> enhancement resources.

#### **Reporting Guidance Located on the Electronic Handbooks (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 Electronic Health Record (EHR) or data system to help in automating the UDS Report.
- <u>EHBs Reports Formula Reference Guide</u> explains the calculation formulas used for statistics included in standard UDS reports.





# **Training Webinar Series for 2023 UDS Reporting**

- **1. UDS Basics: Orientation to Terms and Resources, Sept. 13, 2023:** Key terms and resources commonly used in UDS reporting.
- **2. UDS Clinical Quality Measures Deep Dive, Sept. 21, 2023: Measure specifications and workflows to improve the provision of care, data validation, data collection, and accuracy of UDS reporting.**
- **3.** UDS Clinical Tables Part 1: Screening and Preventive Care Measures, Oct. 3, 2023: Common UDS terms and resources for screening and preventive care clinical quality measures across UDS clinical tables.
- **4. UDS Clinical Tables Part 2: Maternal Care and Children's Health, Oct. 11, 2023:** Overview of 2023 reporting requirements for maternal care and children's health clinical quality measures.
- **5.** UDS Clinical Tables Part 3: Chronic Disease Management, Oct. 26, 2023: An overview of reporting requirements for clinical quality measures related to disease management across UDS clinical tables.
- **6.** Reporting UDS Financial and Operational Tables, Nov. 7, 2023: Covers 2023 reporting requirements for UDS Tables 8A (and FTE on Table 5), 9D (and insurance and managed care on Table 4), and 9E, and discusses common reporting errors including 340(B) pharmacy and managed care reporting.
- **7. Preliminary Reporting Environment, Nov. 9, 2023:** Demonstration of the PRE and offline UDS reporting features that allow early access to prepare UDS data for submission.
- **8.** Today! Successful Submission Strategies, Nov. 16, 2023: Outlines the importance of UDS data collection and reporting, specifically focusing on assessing data for accuracy and quality. The webinar will cover utilizing available HRSA Electronic Handbooks (EHBs) reports and tools, working through your review, and working with your reviewer for successful submission.





### **Preliminary Reporting Environment Launch**



- The 2023 Uniform Data System (UDS)
   Preliminary Reporting Environment (PRE) is now open.
- Learn more about the PRE from this technical assistance webinar:

**Preliminary Reporting Environment** 

Find the links to the recording and presentation on the <u>Reporting Training Schedule</u> page.





# **UDS Modernization Updates**





### **UDS Modernization Initiative**



#### **Reduce Reporting Burden**

Automate data submission, provide enhanced UDS reporting capabilities, promote transparency, and integrate stakeholder feedback.



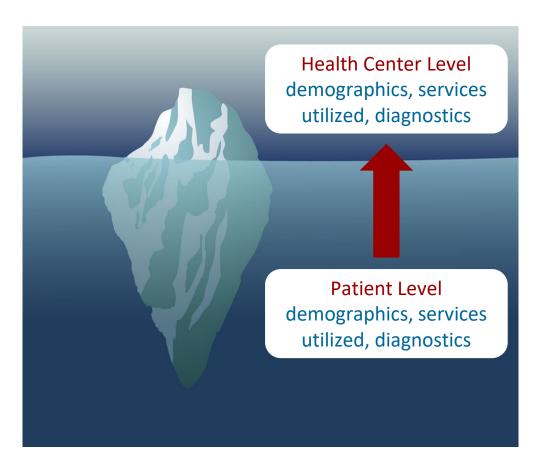
#### **Better Measure Impact**

Improve the quality of UDS data to reflect improvements in patient-centered care and an evolving primary health care setting.



#### **Promote Transparency**

Provide an open, transparent decision-making process on UDS changes such as measure selection, information technology, and reporting improvements.





**UDS Modernization Initiative** 



### **Benefits of UDS+**

#### Patient-level data collection will enable HRSA to better:

- Articulate the unique characteristics and needs of health center patients.
- Illustrate the breadth and depth of health center services and their impact on health outcomes.
- Inform TTA, research and evaluation, and health equity work.
- Improve **preparedness** for public health emergencies.
- Improve ability to communicate the **complexity of the patient populations** health centers serve and provide **evidence for aligned reimbursements** for care provided.
- Inform **investments and interventions** based on trends identified in patient-level data (e.g., targeted needs of specific communities/patients, social determinants of health).





## **2023 Calendar Year: UDS Reporting**

All health centers are **required** to submit **aggregated** UDS data.

- 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.

Health centers also have the **option** to submit **patient-level data (UDS+).** 



UDS+ FHIR Implementation Guide provides architectural details and technical reporting specifications for submission.





### 2023 Calendar Year: Optional UDS+ Submission

- 1. Submit data for your entire universe of patients (not a subset).
- 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 *all or part of* the clinical tables data.
  - Table 6A: Selected Diagnoses and Services Rendered—optional
  - Table 6B: Quality of Care Measures—submit 2 or more eCQMs from this table
  - Table 7: Health Outcomes and Disparities—submit 2 or more eCQMs from this table





# 2023 Calendar Year: Optional UDS+ Submission (continued)

 The UDS Test Cooperative (UTC) suggests health centers may be the most ready to submit these eCQMs:

- Table 6B: Quality of Care Measures
  - Cervical Cancer Screening
  - ✓ Colorectal Cancer Screening
- Table 7: Health Outcomes and Disparities
  - ✓ Controlling High Blood Pressure
  - ✓ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Health centers may choose any eCQM from these tables as long as they submit at least two
  measures from each table.

#### **REMEMBER:**

Submit both demographic and clinical data for the entire patient population, not a subset of patients.



### Resources

For the latest UDS Test Cooperative (UTC) and UDS+ information, please subscribe to the <a href="Primary Health Care Digest">Primary Health Care Digest</a> and visit the UDS+ technical assistance webpages:

- UTC
- UDS Modernization Initiative
- UDS Modernization FAQ

Submit a ticket via the BPHC Contact Form to:

- Join the UTC
- Access the UDS+ Health Center Program Community
- Participate in a readiness assessment to discuss UDS+ submissions use cases
- Learn more about the UDS+ FHIR Implementation Guide





# **Questions and Answers**





### **Thank You!**

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



udshelp330@bphcdata.net or Health Center Program Support



1-866-837-4357

bphc.hrsa.gov



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