



# Uniform Data System (UDS) Basics: Orientation to Terms and Resources

*September 17, 2024, 2:00–3:30 p.m. ET*

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

**Vision: Healthy Communities, Healthy People**



# Opening Remarks

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**Dylan Podson**

**Data and Evaluation**

**Office of Quality Improvement**

**Bureau of Primary Health Care**

**Health Resources and Services Administration**



# Agenda



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- Welcome and logistics
- Key terms and resources
- Overview of the Uniform Data System (UDS) tables and forms
  - Relationship between the UDS tables and forms
- Definition of visits and patients
- Next steps and additional resources
- UDS Modernization updates
- Questions and answers

# Objectives of the Webinar

1

Understand key terms, including defining visits, and resources used in UDS reporting.

2

Describe the key areas that are used to describe program performance.

3

Understand UDS reporting through an example patient experience scenario.

4

Outline expectations and next steps for continued learning.



# Communication of UDS Reporting Changes

- 2024 UDS changes were first announced via “Proposed Uniform Data System Changes for Calendar Year 2024” in [Program Assistance Letter \(PAL\) 2023-05](#) dated December 11, 2023; [Final UDS PAL](#) with approved updates was released on April 2, 2024.
  - Proposed Changes and Final Changes PALs were announced in the Primary Health Care Digest and Today with Macrae.
  - Both releases provided opportunity for public comment.
  - Proposed 2025 UDS changes are expected to be announced this fall.
- Each spring (typically in May), the Centers for Medicare & Medicaid Services (CMS) communicates updates about electronic clinical quality measures (eCQM) specifications for the next reporting/performance period.
  - Changes to eCQM specifications, such as logic statements, are governed and vetted by the respective measure steward.
  - Most (13 of 18) of UDS clinical quality measures (CQMs) align with CMS’ eCQMs for clinical quality measure reporting.
  - Appendix H of the UDS Manual provides information on eCQM stewards.

Changes are described in further detail in the [2024 UDS Manual](#), during [technical assistance webinars](#) (fall 2024), and during annual UDS trainings co-hosted with primary care associations (PCAs) (October–December 2024).

Training and technical assistance opportunities are on the [UDS Reporting Training Schedule site](#) and will be announced this fall in the [Primary Health Care Digest](#).



# Key Terms and Resources



# Key Terms in the UDS

Key Terms	Definitions
Uniform Data System (UDS)	Annual Health Center Program reporting requirement that is defined in section 330 of the Public Health Act that results in a standardized data set. It comprises 11 tables and 3 forms that are reported by health centers.
Electronic Handbooks (EHBs)	The grant management system that health centers use to report UDS data annually and for managing the overall grant lifecycle.
Preliminary Reporting Environment (PRE)	Part of the EHBs UDS reporting environment that allows health centers to enter UDS data early, before the official reporting season starts in January.
Calendar Year (CY) reporting	Report on approved in-scope activities from January 1, 2024, through December 31, 2024.
Review period	The period of time after UDS submission when the data are reviewed and feedback is provided. Each health center is assigned a UDS Reviewer.
In-scope activities	All activities in the Health Resources and Services Administration (HRSA) Health Center Program, as defined in approved applications and reflected in the official Notice of Award/Designation.
UDS+	The minimum submission requirements for 2024 include de-identified patient demographics and at least one eCQM.



# Orientation of Resources

- [BPHC UDS Training and Technical Assistance \(TTA\) Microsite](#): User-friendly hub for health centers to access UDS reporting TTA organized by UDS topic area.
- [General Information Fact Sheet](#): Introduction to UDS reporting, including the overall structure and data elements captured.
- [Training Schedule](#): Upcoming and recent UDS TTA webinars and annual state/territory-based trainings.
- For assistance with UDS reporting:
  - Contact the UDS Support Center by email ([udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net)), phone (866-837-4357), or through the [BPHC Contact Form](#).
  - The UDS Support Line is available year-round from 8:30 a.m. to 5:00 p.m. ET.



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# Resources to Begin With

- [2024 UDS Manual](#): **Key resource** outlining tables, forms, reporting instructions, submission instructions, and frequently asked questions (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.
    - **New in fall 2024!** UDS Beginner Toolkit will provide an overview of key information about the UDS, including an orientation and walkthrough to tables, EHBs, and steps for submission success from the perspective of new health center personnel.
    - 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.

## Uniform Data System

2024 MANUAL

Health Center Data Reporting Requirements



For Reports Due February 15, 2025



# Key Areas of Program Performance

The Who, What, Where, When, and Why of the UDS



# Key Facts About Reporting the UDS

## WHO

CHCs, HCHs, MHCs, PHPCs, LALs, and certain BHW awardees funded or designated before Oct. 2024 all complete a UDS Report.

## WHAT

The UDS includes 11 tables and 3 forms that provide an annual snapshot of all in-scope activities, the Universal Report, and, if applicable, Grant Reports.

## WHERE

The UDS Report is completed in the Performance Report in the EHBs. Certain data elements will also be provided through UDS+.

## WHEN

All health centers complete their UDS Report between Jan. 1 and Feb. 15, 2025; reporting covers health center services in the calendar year from Jan. 1 to Dec. 31, 2024.

## WHY

The UDS is legislatively mandated as part of the Health Center Program; used for program monitoring and improvement.

BHW = Bureau of Health Workforce; CHC = Community Health Center; HCH = Health Care for the Homeless; LAL = look-alike MHC = Migrant Health Center; PHPC = Public Housing Primary Care. For a full list of acronyms, refer to Appendix J of the [UDS Manual](#).



# Health Center Program Grants and Designations



Some health centers have a **single 330 grant**: CHC, HCH, MHC, PHPC—any one of these.



Some health centers have **more than one 330 grant**: These health centers have two or more 330 grants, in any combination of CHC, HCH, MHC, and/or PHPC 330 grants.



Some health centers have a **Health Center Program LAL designation** or are **awardees that receive certain funds from BHW**: These health centers do not have a 330 grant.



Additional [information on what a health center is](#) that may be helpful



# 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 of the entire Health Center Program.**



# 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



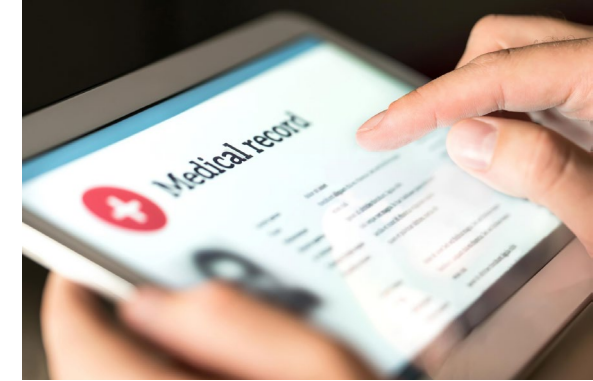
### Clinical Services and Outcomes

- **Table 5:** Staff, visits, patients, integrated behavioral health
- **Table 6A:** Selected diagnoses and services
- **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



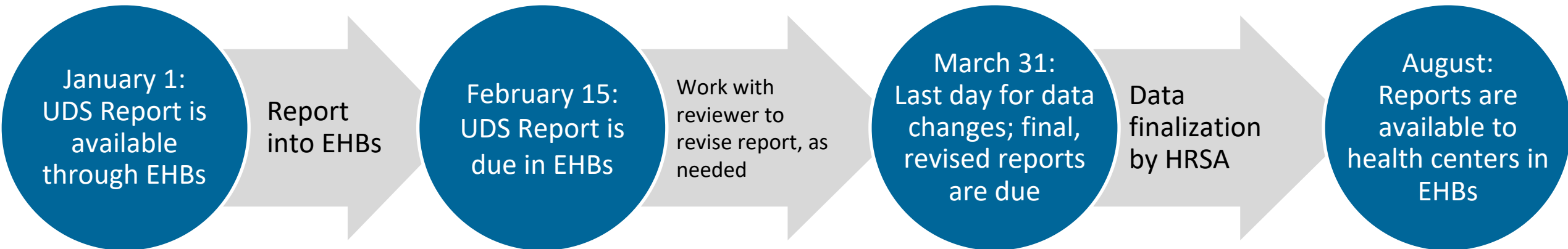
### Other Forms

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



Image source: Adobe Stock, iStock

# Reporting Timeline



# Knowledge Check #1

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What are the primary sections of the UDS report?

- A. Patient Demographic Profile
- B. Clinical Services and Outcomes
- C. Financial Tables
- D. Other Forms
- E. All of the above





# Knowledge Check #1 (Answer)

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What are the primary sections of the UDS report?

- A. Patient Demographic Profile
- B. Clinical Services and Outcomes
- C. Financial Tables
- D. Other Forms
- E. **All of the above**



# The Big Picture

## Identify Patients Served in Your Health Center Scope

A “health center patient” is a patient with a UDS countable visit (on Table 5) in the calendar year.

## Health Center Scope

Determine what sites and services are within your health center scope of project.

## Report Patient Characteristics

Demographic information must be captured and reported for all unduplicated health center patients (Tables ZIP, 3A, 3B, 4).

## Report Services Patients Received

Services and clinical tables (Tables 5, 6A, 6B, 7) reflect *only* services provided to health center patients.

## Report Financials

Financial tables (Tables 8A, 9D, 9E) include *only* and *all* services reflected in all other tables and the UDS as a whole.



# ZIP Code Table, Tables 3A, 3B, and 4

## Understanding Who is Served



**Patient Demographic  
Profile**

**Clinical Services  
and Outcomes**

**Financial  
Tables**

**Other  
Forms**



# Overview of Patient Demographic Tables

	ZIP Code Table	Table 3A	Table 3B	Table 4
<b>Captures</b>	Patients by <b>ZIP code</b> and <b>primary medical insurance</b>	Patients by <b>age</b> and <b>sex</b> assigned at birth	<ul style="list-style-type: none"> <li>Patients by <b>race</b> and <b>ethnicity</b></li> <li>Patients <b>best served in a language other than English*</b></li> <li>Patients by <b>sexual orientation</b> and <b>gender identity</b></li> </ul>	<ul style="list-style-type: none"> <li>Patients by <b>income as percent of poverty guideline</b></li> <li>Patients by <b>primary medical insurance</b></li> <li>Patients by <b>managed care*</b></li> <li><b>Special population status*</b></li> </ul>
<b>Purpose</b>	To understand the distribution of health center patients by geography and medical insurance.	To understand the age and sex distribution of patients and offer comparative information for services (such as pediatrics and OB/GYN).	To understand the reach and distribution of health center services to patients and understand/support equity of access.	To understand the efficacy of the health center program mission of reaching underserved patients, including special populations.

*All sections of these tables (except those that are \*starred) equal each other because they describe the same group of patients, just by different characteristics.*

*On Table 4, patients should be reported by their primary medical insurance, not the payer that is billed for services.*



# Patient Profile Resources

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- [BPHC Uniform Data System \(UDS\) Patient Characteristics TTA Page](#)
  - Patients by ZIP Code Table Fact Sheet
  - Table 3A Fact Sheet
  - Table 3B Fact Sheet
  - Table 4 Fact Sheet



# Tables 5, 6A, 6B, and 7

## Understanding Services Provided and Their Outcomes



**Patient Demographic  
Profile**



**Clinical Services  
and Outcomes**



**Financial  
Tables**



**Other  
Forms**

# Overview of Clinical Services and Quality Indicators

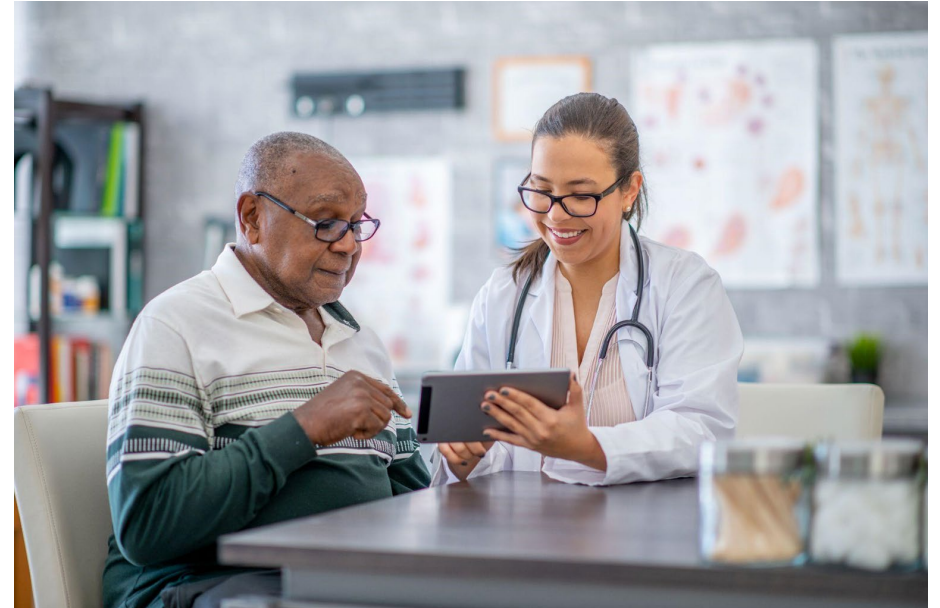
	Table 5	Table 6A	Table 6B	Table 7
<b>Captures</b>	<p><b>Full-time equivalents (FTEs), visits, and patients</b> across seven service areas.</p> <p>Integrated <b>mental health (MH) and substance use disorder (SUD)</b>.</p>	<p>Visits and patients who received <b>selected diagnoses and selected services</b> in the calendar year.</p>	<p>Fifteen <b>clinical quality measures</b>, each with a denominator, number of charts reviewed, and numerator.</p>	<p>Three <b>clinical quality outcome measures</b>, each reported by <b>race and ethnicity of patients</b>.</p>
<b>Purpose</b>	<p>Provides a profile of the comprehensive and integrated care provided by health centers to patients, as well as the extent to which personnel are providing and supporting the care to patients.</p>	<p>Provides a picture of the frequency and, when compared with other years, trends for selected diagnoses and services.</p>	<p>Measures selected health center processes that, through national standards, are correlated with quality of care for health center patients.</p>	<p>Measures selected outcomes for health center patients with certain characteristics or conditions as a proxy for quality of care, as established by national standards.</p>

*A countable visit on Table 5 is what makes someone a health center patient, and a countable visit on Table 5 is what makes someone eligible for **most** quality measures, as specified in the denominator criteria.*



# Patients

- **Patient:** A patient is any person who has at least one *countable* visit during the calendar year. This includes medical, dental, behavioral health, other professional, vision, and enabling visits.
- Each of the tables of the Patient Profile represents an **unduplicated** count of health center patients—meaning *each person counts once*, regardless of the number of visits or services received.
- The Patient Profile Tables give us an idea of how successful health centers are at achieving the Health Center Program mission of providing health care to underserved and vulnerable populations.



Source: iStock





# Countable Visits

## Provider is licensed or credentialed

Providers performing services within the scope of their license, credentials, or certification should be considered.

Appendix A of the [2024 UDS Manual](#) provides a list of health center personnel and the status of each as a provider or non-provider for UDS reporting purposes.

## Provider exercised independent professional judgment

Providers must be acting on their own, not assisting another provider, when serving the patient and using the professional skills gained through formal training and experience and unique to that provider.

## Services are documented

Services and associated patient information must be recorded in the patient's health record.

This generally includes:

- Service codes
- Setting of service
- Medical decision-making
- Clinically appropriate examination or assessment
- Total time spent on the date of the visit

## Individualized care is provided

Services must be provided directly to the patient (one-to-one) to be considered as a countable visit.

\*An exception is allowed for behavioral health visits, which may be conducted in a group setting.

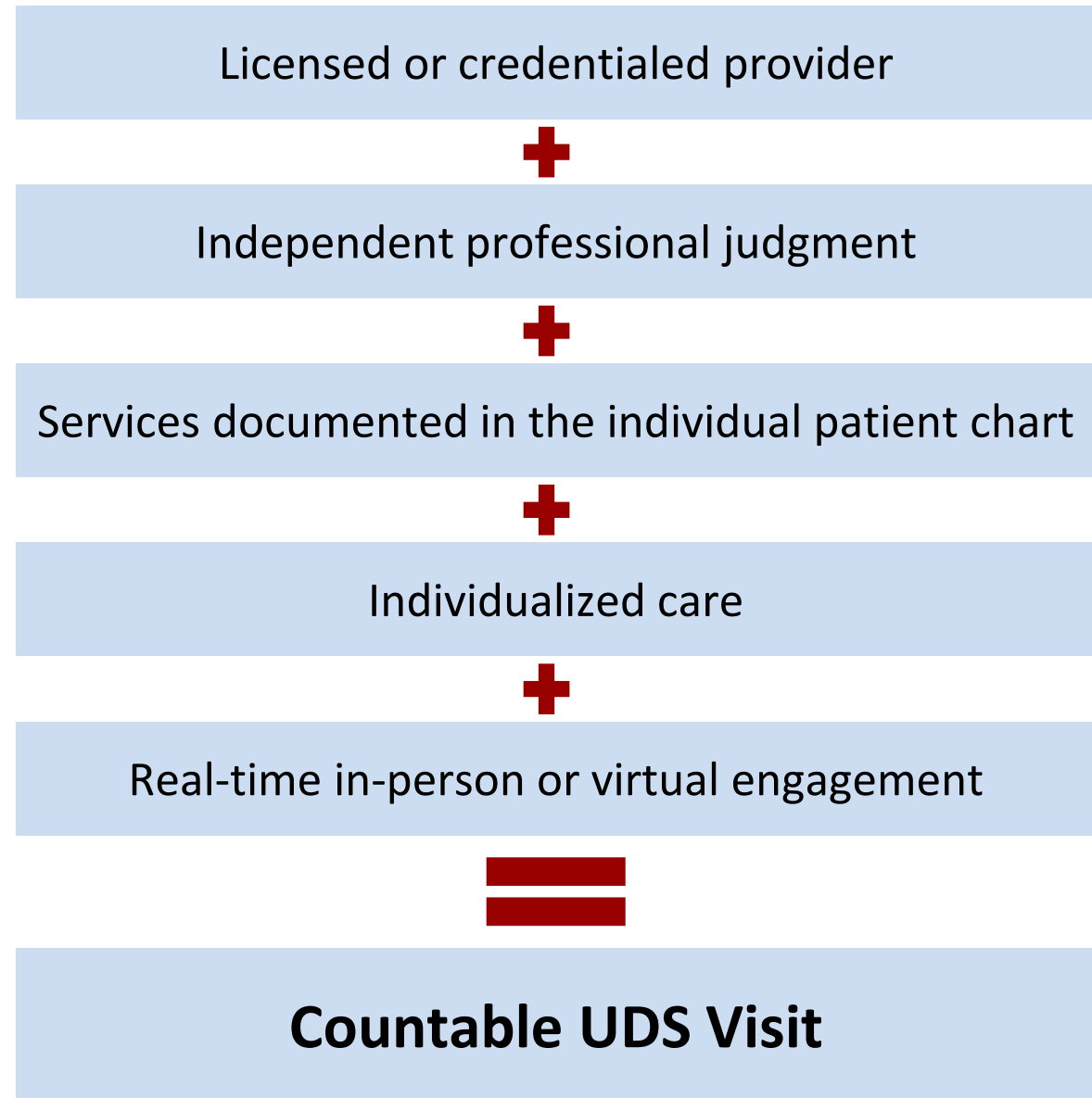
## In-person or virtual care is conducted

Services must be provided in-person or virtually to patients at approved service delivery sites as listed on [Form 5B](#) or in other locations that do not meet HRSA's site criteria but are included in the health center's scope of project.



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

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



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



# Contacts That Do Not, *Alone*, Count as Visits

## Screenings or Outreach

Information sessions for prospective patients

Health presentations to community groups

Immunization drives

## Group Visits

Patient education classes

Health education classes

*Exception: behavioral health group visits (e.g., family therapy)*

## Tests/Ancillary Services

Drawing blood

Laboratory tests

Imaging

## Dispensing/ Administering Medications

Dispensing medications from a pharmacy

Giving injections

Providing narcotic agonists or antagonists or a mix

## Health Status Checks

Follow-up tests or checks (e.g., patients returning for HbA1c tests)

Wound care

Taking health histories



Page 21 of the 2024 UDS Manual further describes which services are not included as UDS countable visits.



# Examples: Are These Countable Visits on Table 5?



1. Monique has not been seen at the health center before. She comes to the health center to get a COVID-19 booster. Monique signs in, fills out a brief form, and then a nurse administers the vaccine. Monique leaves and is not seen at the health center again.



2. Carl sees his primary care provider at the health center for a regular physical. During that visit, his primary care provider conducts a rapid hepatitis C test.



3. A nurse at the health center calls a patient to complete several screenings, including social need screening and a Patient Health Questionnaire (PHQ-9), in advance of a scheduled appointment the patient has the following day.

# Examples: Are These Countable Visits on Table 5?



1. Monique has not been seen at the health center before. She comes to the health center to get a COVID-19 booster. Monique signs in, fills out a brief form, and then a nurse administers the vaccine. Monique leaves and is not seen at the health center again. **No, this is not a countable visit.**



2. Carl sees his primary care provider at the health center for a regular physical. During that visit, his primary care provider conducts a rapid hepatitis C test. **Yes, the physical is a countable visit.**



3. A nurse at the health center calls a patient to complete several screenings, including social need screening and a PHQ-9, in advance of a scheduled appointment the patient has the following day. **No, this is not a countable visit. The encounter the following day is a countable visit.**

# Resources to Support Table 5 Reporting

- [BPHC UDS Staffing and Utilization TTA Page](#)
  - Table 5 Fact Sheet
  - Mental Health/Substance Use Disorder Selected Service Detail Addendum Guidance
  - Virtual Visit Reporting Guide
  - Nurse Visit Guide
  - UDS Countable Visit Guidance and FAQ
  - [UDS Reporting Instructions](#) Appendix A: Listing of Personnel (page 178)
- [Centers for Medicare & Medicaid Services: Telehealth](#): Provides Medicare telehealth services definitions



# Clinical Quality Measures Resources

- [eCQI Resource Center: Eligible Clinician eCQMs](#)
- [BPHC UDS Clinical Care Reporting Resources](#)
  - Fact Sheets: Table 6A, Table 6B, Table 7, Tables 6B and 7: Prenatal Care
  - 2024 eCQM Encounter Codes *new!*
  - 2024 Table 6A Code Changes Handout 2024 Clinical Measures Exclusions and Exceptions Helpful Codes for human immunodeficiency virus (HIV) and Pre-Exposure Prophylaxis (PrEP)
  - Clinical Quality Measures Criteria
  - Dental Sealants Value Sets
  - Telehealth Impact on Clinical Measure Reporting

## **Reminder:** Upcoming four-part clinical measures [webinar series](#)

- Clinical Measures Deep Dive (Sept. 26)
- Screening and Preventive Care (Oct. 2)
- Maternal Care and Children's Health (Oct. 9)
- Chronic Disease Management (Oct. 23)



# Tables 8A, 9D, and 9E

## Understanding Costs and Revenues for Health Center Scope





# Overview of Financial Tables

	Table 8A	Table 9D	Table 9E
<b>Captures</b>	Costs, both <b>direct and overhead</b> , incurred in the year for the health center scope of project.	Patient-related <b>charges</b> from the calendar year; patient-related <b>revenue and adjustments</b> received in the year.	<b>Other revenue</b> (non-patient-service generated) by the entity from which the revenue was received in the year.
<b>Purpose</b>	Describes how the health center's resources are expended both overall and by service area.	Provides a picture of health center patient service revenue by payer and type of payment. Combined with Table 9E, it provides information on how health center costs are covered.	Provides an overview of grant and other funding by source, which, along with Table 9D, illustrates how health center operations are funded.



# Financial Tables Resources

- [BPHC UDS Financials TTA Page](#)
  - Table 8A Fact Sheet
  - Table 9D Fact Sheet
  - Table 9E Fact Sheet
  - Guidance for Reporting COVID-19 Funding
  - Financial Tables Guidance Handout (common error checks)
  - Guidance for Reporting Donations
  - Managed Care Reporting and Relationship
  - Overhead Cost Allocation Methods

**Reminder:** Upcoming [webinar series](#)

- Reporting UDS Financial and Operational Tables (Oct. 29)



# Other Forms

Understanding More About How and What the Health Center Does



Patient Demographic  
Profile



Clinical Services  
and Outcomes



Financial  
Tables



Other  
Forms

# Overview of Other Forms

## Appendix D: Health IT Capabilities

## Appendix E: ODE

## Appendix F: Workforce

### Captures

- **Electronic health record (EHR)** interoperability
  - **Social risk factor** screening
  - **Prescription Drug Monitoring Program (PDMP)**
- **Medications** for opioid use disorder
  - **Telemedicine** services
  - **Outreach and enrollment** assistance
  - Screening for **family planning needs**

Provision and scope of **health professional education and training**

### Purpose

Understand health center health IT capabilities, including EHR adoption and use throughout the health center and among its providers.

Capture information on changing landscape of health center expanded services and delivery systems.

Understand current state of health center workforce training, in order to support recruitment and retention of health center professionals.



# Forms Resources

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- [BPHC UDS Appendices TTA Page](#)
  - Family Planning Needs Screening Resource *new!*
  - Crosswalk of Standardized Social Risk Factor Screeners
  - Health IT, ODE, and Workforce Forms Fact Sheet
  - Outreach and Enrollment Assist Reporting



# Example Scenario

Rita is a patient at XYZ Health Center. She arrives for her appointment and is greeted by the front desk personnel and asked to fill out some patient registration forms.

Let's take a look at what information is collected about Rita and where that would be reported on the UDS.



# ZIP Code Table

Rita’s primary medical insurance is Medicare, and her address is in ZIP code 49441.

On the ZIP Code Table, the health center would report Rita’s ZIP code in Column A, by her primary medical insurance in Column D.

*Reminder: The total patients reported on this table must equal the number of patients on Table 4.*

ZIP Code (a)	None/ Uninsured (b)	Medicaid/ CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
49441					
<Patients’ ZIP codes will be entered here>					
Other ZIP Codes					
Unknown Residence					
<b>Total</b>					



# Patients by Age and Sex at Birth

**Table 3A**

Rita is 67 years old and assigned female at birth.

On Table 3A, report Rita by her **age and sex at birth** on Line 34, Column B.

- Use age as of December 31, 2024.

*Reminder: Patients by age on this table must equal Table 4 insurance by age groups (0–17 years old and 18 and older).*

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
...	...		
26	Ages 25–29		
27	Ages 30–34		
28	Ages 35–39		
29	Ages 40–44		
30	Ages 45–49		
31	Ages 50–54		
32	Ages 55–59		
33	Ages 60–64		
34	Ages 65–69		
35	Ages 70–74		
36	Ages 75–79		
37	Ages 80–84		
38	Age 85 and over		
39	<b>Total Patients</b> (Sum of Lines 1–38)		





# Ethnicity, Race, and Language

## Table 3B

Patients by Race and Hispanic, Latino/a, or Spanish Ethnicity										
Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1+a2+a3+a4+a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported / Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
...	...									
3	Black or African American									
4	American Indian/Alaska Native									
5	White									
6	More than one race									
7	Unreported/Chose not to disclose race									
8	<b>Total Patients</b> (Sum of Lines 1 + 2 + 3 to 7)									

Rita identifies as Black or African American and Mexican.

On Table 3B, report Rita by her race and ethnicity on Line 3, Column A1.

*Reminder: The total patients reported on this table must equal the number of patients on Table 4.*



# Sexual Orientation and Gender Identity (SOGI)

**Table 3B**

At registration, Rita selects Lesbian or Gay in the sexual orientation section and Female in the gender identity section.

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	
14	Heterosexual (or straight)	
15	Bisexual	
16	Other	
17	Don't know	
18	Chose not to disclose	
18a	Unknown	
19	<b>Total Patients</b> (Sum of Lines 13 to 18a)	

Line	Patients by Gender Identity	Number (a)
20	Male	
21	Female	
22	Transgender Man/Transgender Male/Transmasculine	
23	Transgender Woman/Transgender Female/Transfeminine	
24	Other	
25	Chose not to disclose	
25a	Unknown	
26	<b>Total Patients</b> (Sum of Lines 20 to 25a)	



“Unknown” sexual orientation and gender identity includes patients for whom the health center does not know the gender identity or sexual orientation (i.e., the health center did not implement systems to permit patients to state their gender identity or sexual orientation, or the patient left these sections blank). Please do not add “unknown” as an option on demographic forms.



# Knowledge Check #2

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**Where is Rita reported on Table 3B? (Check all that apply.)**

- A. Race/ethnicity section, Line 3, Column A1, Black or African American and Mexican
- B. Sexual orientation section, Line 13, Lesbian or Gay
- C. Sexual orientation section, Line 15, Bisexual
- D. Gender identity section, Line 21, Female
- E. All of the above



# Knowledge Check #2 (Answer)

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Where is Rita reported on Table 3B? (Check all that apply.)

- A. Race/ethnicity section, Line 3, Column A1, Black or African American and Mexican**
- B. Sexual orientation section, Line 13, Lesbian or Gay**
- C. Sexual orientation section, Line 15, Bisexual
- D. Gender identity section, Line 21, Female**
- E. All of the above



# Income and Insurance

## Table 4

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	
2	101–150%	
3	151–200%	
4	Over 200%	
5	Unknown	
6	<b>TOTAL</b> (Sum of Lines 1–5)	

Line	Principal Third-Party Medical Insurance	0-17 years old (a)	18 and older (b)
7	<b>None/Uninsured</b>		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	<b>Total Medicaid</b> (Line 8a + 8b)		
9a	Dually Eligible (Medicare and Medicaid)		
9	<b>Medicare</b> (Inclusive of dually eligible and other Title XVIII beneficiaries)		
10a	Other Public Insurance (Non-CHIP) (specify ___)		
10b	Other Public Insurance CHIP		
10	<b>Total Public Insurance</b> (Line 10a + 10b)		
11	<b>Private Insurance</b>		
12	<b>TOTAL</b> (Sum of Lines 7 + 8 + 9 + 10 + 11)		

Rita’s income based on federal poverty guidelines falls within the Over 200% category. On Table 4, the health center would report her on Line 4, Column A.

Rita’s primary medical insurance is Medicare, and she is 67 years old. On Table 4, report her on Line 9, Column B.

*Reminder: The total patients reported on this table must equal the number of patients on ZIP Code Table, Table 3A, and Table 3B.*



# Special Populations

## Table 4

- If Rita indicated in registration that she is a member of any special populations, the health center would report her on the appropriate line:
  - Total Agricultural Workers or Their Family Members (Lines 16)
  - Total Homeless (Line 23)
  - Total Veterans (Line 25)
- If Rita was served at an approved school-based service site (Line 24) or at a health center location in or accessible to public housing (Line 26), the health center would report her on the appropriate line.
- **Health centers with special population funding report further detail about special populations on those specific lines (330g or 330h).**



Source: iStock



# Staffing and Utilization

## Table 5

Rita is here today to see Dr. Johnson, a family physician who works full time at XYZ Health Center.

On Table 5, report Dr. Johnson’s FTE on Line 1, Column A. Report the clinic visit today with Rita on Line 1, Column B.

Rita would be reported as a medical patient on Line 15, Column C.

*Reminder: A patient is any person who has at least one countable visit during the reporting year.*

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	<b>Total Physicians (Lines 1–7)</b>				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	<b>Total NPs, PAs, and CNMs (Lines 9a–10)</b>				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	<b>Total Medical Care Services (Lines 8 + 10a through )</b>				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	<b>Total Dental Services (Lines 16–18)</b>				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				



# Integrated Primary Care and Behavioral Health

## Table 5 Selected Service Detail Addendum

During her medical visit with Rita, Dr. Johnson also provides medication management for an existing diagnosis of panic disorder.

Report this integrated behavioral health visit on Line 20a01. Dr. Johnson would be reported in Column A1, the visit would be reported in Column B, and Rita would be reported in Column C.

*Reminder: Medical FTEs, visits, and patients that are reported in Lines 1–15 of the main part of Table 5 may also be reported on the MH/SUD addendum if/when MH or SUD services were provided.*

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				
Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				





# Selected Diagnoses and Services Rendered

**Table 6A, Lines 18–20f**

As mentioned on the last slide, during her medical visit with Rita, Dr. Johnson also provided medication management for an existing diagnosis of panic disorder.

Report this care on Table 6A, Line 20b. The visit would be reported in Column A, and Rita would be reported in Column B.

*Reminder: Report any additional diagnoses and services Rita received during the calendar year on Table 6A.*

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<b>Selected Mental Health Conditions, Substance Use Disorders, and Exploitations</b>				
18	Alcohol-related disorders	F10-, G62.1, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-, Z72.0		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F64-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11		



# Knowledge Check #3

---

To recap, Rita sees Dr. Johnson, a family physician, for a general check-up. Dr. Johnson addresses Rita's panic disorder at the visit. Where is Rita reported on Table 5? (Check all that apply.)

- A. Medical section in the main part of Table 5 as a medical patient
- B. Mental Health (MH) section in the main part of Table 5 as an MH patient
- C. SUD section in the main part of Table 5 as an SUD patient
- D. In both the medical section in the main part of Table 5 and the MH section of the addendum



# Knowledge Check #3 (Answer)

---

To recap, Rita sees Dr. Johnson, a family physician, for a general check-up. Dr. Johnson addresses Rita's panic disorder at the visit. Where is Rita reported on Table 5? (Check all that apply.)

- A. Medical section in the main part of Table 5 as a medical patient
- B. Mental Health (MH) section in the main part of Table 5 as an MH patient
- C. SUD section in the main part of Table 5 as an SUD patient
- D. In both the medical section in the main part of Table 5 and the MH section of the addendum**



# Clinical Process and Outcome Measures

**Table 6B**

## Example

Line	Breast Cancer Screening	Total Female Patients Aged 52 through 74 (a)	Number of Records Reviewed (b)	Number of Patients Tested (c)
11a	MEASURE: Percentage of women 52–74 years of age who had a mammogram to screen for breast cancer			

During the visit, Dr. Johnson notes that Rita is due for a mammogram. She refers Rita, and Rita schedules an appointment for the following week. The hospital that Rita had her mammogram at sends the results to the health center.

On Table 6B, for the Breast Cancer Screening measure on Line 11a, report Rita in Columns A, B, and C.

*Reminder: Rita is evaluated for all relevant measures on Table 6B where she has a qualifying encounter.*

## Format

Line	Measure Name	Denominator (a)	Number of Records Reviewed (b)	Numerator (c)
#	Measure Description	All <b>eligible</b> patients (N)	=N, or $\geq 80\%(N)$	# in (b) that meet measure requirements



# Clinical Process and Outcome Measures

**Table 7**

Rita has hypertension. During the visit, her blood pressure is 132/85, which is considered adequately controlled for the UDS Controlling High Blood Pressure measure. On Table 7, report Rita on Line 1cm, in Columns 2A, 2B, and 2C.

*Reminder: For high blood pressure and diabetes measures, report patients by **race and ethnicity**.*

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
<b>Mexican, Mexican American, Chicano/a</b>				
1a1m	Asian Indian			
1a2m	Chinese			
1a3m	Filipino			
1a4m	Japanese			
1a5m	Korean			
1a6m	Vietnamese			
1a7m	Other Asian			
1b1m	Native Hawaiian			
1b2m	Other Pacific Islander			
1b3m	Guamanian or Chamorro			
1b4m	Samoan			
1cm	Black/African American			
1dm	American Indian/Alaska Native			
1em	White			
1fm	More than One Race			
1gm	Unreported/Chose Not to Disclose Race			
<i>Subtotal Mexican, Mexican American, Chicano/a</i>				



# Financial Tables

Rita has Medicare Non-Managed Care as her primary insurance. After insurance, Rita is responsible for 20% of the service charge. Report her visit on the following lines on Table 9D:

## Line 4 (Medicare Non-Managed Care)

- Full Medicare charges (Column A)
- Amount collected (Column B)
- Adjustments (Column D)

## Line 13 (Self-Pay)

- Full self-pay charges (Column A)
- Amount collected (Column B)

Line	Payer Category	Retroactive Settlements, Receipts, and Paybacks (c)								
		Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation/ Wraparound Current Year (c1)	Collection of Reconciliation/ Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
1	Medicaid Non-Managed Care									
2a	Medicaid Managed Care (capitated)									
2b	Medicaid Managed Care (fee-for-service)									
3	<b>Total Medicaid</b> (Sum of Lines 1 + 2a + 2b)									
4	Medicare Non-Managed Care									
5a	Medicare Managed Care (capitated)									
5b	Medicare Managed Care (fee-for-service)									
6	<b>Total Medicare</b> (Sum of Lines 4 + 5a + 5b)									
...	...									
13	<b>Self-Pay</b>									
14	<b>TOTAL</b> (Sum of Lines 3 + 6 + 9 + 12 + 13)									



# Other Forms: Appendix D

- XYZ Health Center screens all patients for social risk factors using a standardized screening. Rita screens positive for food insecurity.
- Rita is reported as a patient on Appendix D, Health IT Capabilities, as follows:
  - Line 11a, total patients screened for social risk factors
  - Question 12a, Line A, food insecurity
- 11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is “a. Yes.”)  
\_\_\_\_\_
- 12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year. (A patient may experience multiple social risks and should be counted once for each risk factor they screened positive for, regardless of the number of times screened during the year.)
  - a. Food insecurity \_\_\_\_\_
  - b. Housing insecurity \_\_\_\_\_
  - c. Financial strain \_\_\_\_\_
  - d. Lack of transportation/access to public transportation \_\_\_\_\_



# Support Is Available

Resources Are Available to Support Health Centers with UDS Reporting!





# Next Steps

## Immediate

- Bookmark [UDS TTA microsite](#)
- Bookmark or print the [2024 UDS Manual](#)
- Sign up for UDS [technical assistance webinars](#)
- [Obtain EHBs access](#)

## Short term

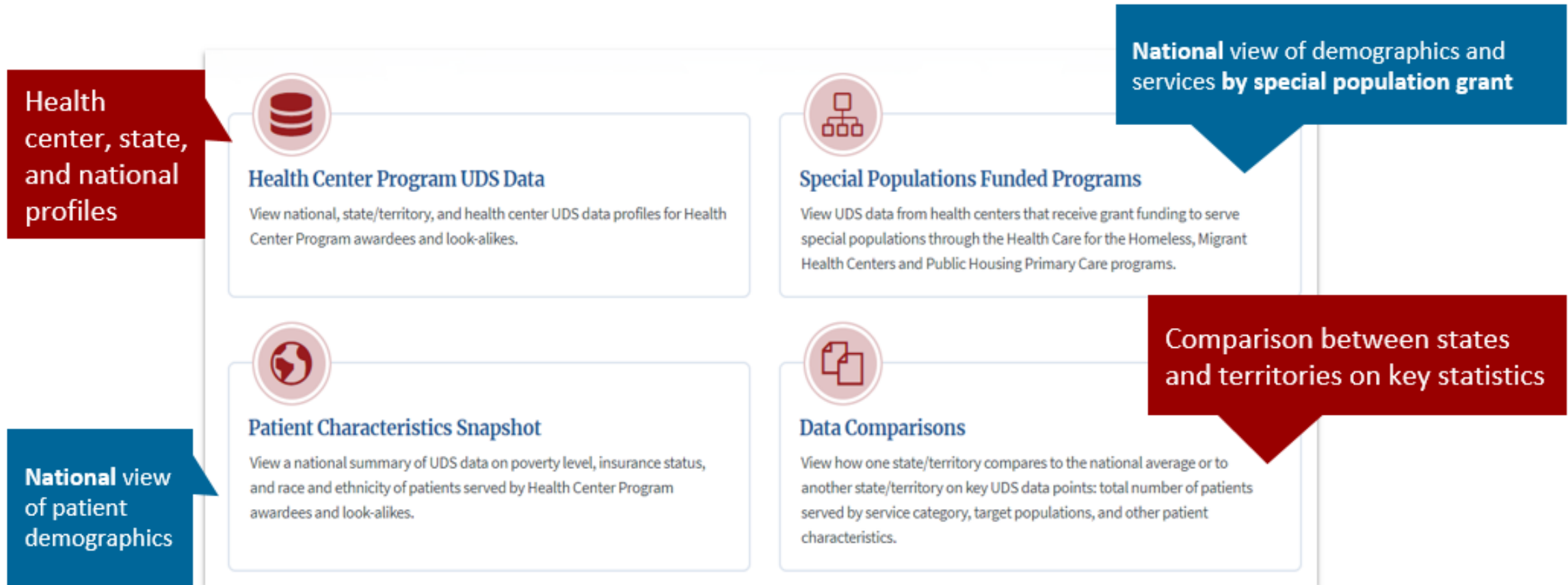
- Review 2024 UDS Manual and UDS training modules
- Register for and attend annual state/territory-based training
- Review and familiarize yourself with [publicly available data](#), including [rollups](#) and [comparison data](#)
- Confirm EHR/systems are programmed to capture all UDS data elements

## Prior to February 15

- Review prior-year UDS Report
- Connect with your team to understand your role in UDS reporting and submission
- Review prior-year UDS Reviewer comments
- Address data edits prior to submission
- [Review submission checklist](#)



# Key Resource: [data.HRSA.gov](https://data.hrsa.gov)



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



# Support Available

Description	Contact	E-mail 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: Uniform Data System (UDS) > 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 application programming interface (API) (UDS Modernization) technical support	Health Center Program Support	<a href="#">BPHC Contact Form</a> Select: Uniform Data System (UDS) > UDS Modernization > Patient-level Submission (UDS+)	877-464-4772



# UDS Modernization Updates



# 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 Health Level Seven International (HL7®) 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



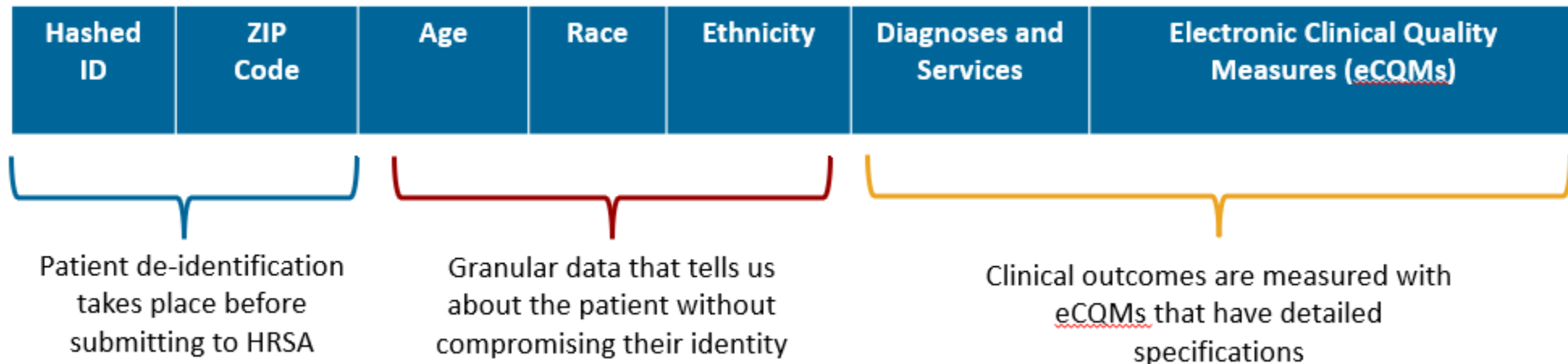
# UDS Patient Level Submission (UDS+)

UDS+ is...

- De-identified patient level data
- Applicable to UDS Tables Patients By ZIP Code, 3A, 3B, 4, 6A, 6B, and 7
- Submitted via Health Level Seven International (HL7®) Fast Healthcare Interoperability

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 de-identified UDS+ data via HL7<sup>®</sup> FHIR<sup>®</sup>.
- Include, at a minimum, 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+)**.

# 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* [Health Center Program Support](#)

 **1-866-837-4357**

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



[Sign up for the \*Primary Health Care Digest\*](#)



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