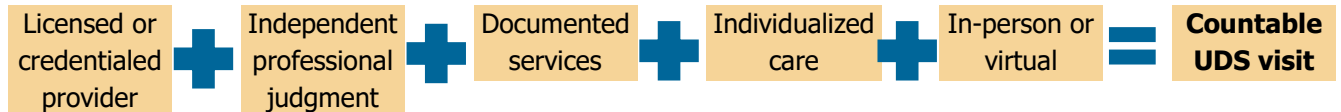# Uniform Data System (UDS) Countable Visit Guidance and Frequently Asked Questions (FAQ)

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

Licensed or credentialed provider **+** Independent professional judgment **+** Documented services **+** Individualized care **+** In-person or virtual **=** **Countable UDS visit**

Key Definitions

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

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

Components of a UDS Countable Visit

Provider is licensed or credentialed.

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

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

[2] Service categories include: medical, dental, mental health, substance use disorder, vision, other professional, or enabling.

[3] Certification received through board testing that recognizes demonstrated advanced mastery in the specialty certified in.

Only personnel designated as a provider can generate countable visits for the purposes of UDS reporting. Appendix A of the 2024 UDS Manual provides a list of health center personnel and the usual classification of each as a provider or non-provider for UDS reporting purposes.

Provider exercises 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 or other similarly or more intensively trained providers. See the medical decision making and clinically appropriate examination or assessment discussion below under the *services are documented* section.

Services are documented.

Services and associated patient information must be recorded in the patient's health record. General principles in documentation of services, including for evaluation and management services (E&M), serve as good reminders for what is required to include an encounter as a countable visit.

In general, visit documentation needs to include:

- Service code(s)
- Setting of service
- Medical decision making of necessity and appropriateness
  - Level of risk and complexity of the service provided
  - Reason for the visit and relevant history including health risk factors, examination findings, patient's progress, response to treatment, and prior diagnostic test results that would be used to assess and treat the patient
  - Provide a plan for care
- Clinically appropriate examination or assessment
  - Assessment, clinical impression, or diagnosis
    - Note: A screening (e.g., questions or checks to assess a condition) may confirm an assessment, but is not an assessment. A screening alone is not a countable visit.
- Total time spent on the date of the visit

For more information on E&M documentation, please visit this resource.

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. A behavioral health provider who provides services to many patients in a group setting may receive

credit for a visit for each individual if the service meets all visit criteria and is documented in each patient's health record.

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. Virtual visits[4] may also occur from other locations (e.g., home telehealth).

NOT Countable Visits

Not all services qualify as a countable visit on the UDS Report. The following DO NOT count as a countable visit:

- Health screenings or outreach (e.g., COVID-19 tests, blood pressure checks)
- Group visits other than for behavioral health (e.g., non-behavioral health education classes)
- Tests and ancillary services (e.g., lab, imaging)
- Dispensing or administering medications (e.g., vaccines)
- Health status checks (e.g., health histories, follow-up checks)
- Or other ancillary or supportive services (e.g., women, infant and children services, transportation)

Largely, these services cannot be counted as a visit because they do not meet the definitions for independent professional judgment, or they are ancillary or supportive services.

Reporting Activity on the UDS Report

An individual who has one or more countable visits during the calendar year is considered a patient of the health center. The patient and their services are reported throughout the UDS Report, as follows:

Report Patients

Complete the patient profile tables:

- ZIP Code 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

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[4] Only interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient may be considered.

Report Their Visits

Provide the number of countable visits, as described above, by service categories:

- Table 5: Staffing and Utilization
- Table 5: Selected Service Detail Addendum

Report Their Services

Reflect the selected services and procedures provided to health center patients, as appropriate:

- Table 6A: Selected Diagnosis and Services Rendered
- Table 6B: Quality of Care Measures
- Table 7: Health Outcomes and Disparities

Note: A health center patient may have one countable visit on Table 5, and various services on Table 6A that were provided throughout the year. Certain services provided (directly by the health center, paid for by the health center, or results returned to follow up with the patient) to an individual who had at least one countable visit during the calendar year are to be reflected on Table 6A.

If an individual DOES NOT have an encounter during the calendar year that fully meets the countable visit definition, the person is NOT considered a health center patient for the calendar year for the purposes of UDS reporting and NO visits and services are reported on any of the UDS Tables.

Frequently Asked Questions

Q: Can an encounter where a patient receives a COVID-19 test or vaccine only be counted in the UDS Report?

A: If the only service an individual received during the calendar year was a COVID-19 test or COVID-19 vaccine, these DO NOT count as a visit and none of the activity is reported on the UDS Report.

Q: A patient came to our health center during the calendar year for a COVID-19 test and they received the COVID-19 vaccine. A few months later, the same patient came into our health center for a countable visit. Do we count these COVID-19 encounters on the UDS Report even though they were not part of a countable visit?

A: Yes. Report services (COVID-19 test and vaccine) on Table 6A, Lines 21-26e (Selected Tests/Screenings), *provided to a health center patient that had a countable visit during the calendar year*, for the service(s) received. The test and/or vaccine does not need to have been administered to the patient on the same day as a UDS countable visit to be counted on Table 6A. DO NOT count the COVID-19 test and/or vaccine encounter as visits on Table 5.

Q: Do patients who had a countable virtual visit qualify for the denominator of the clinical quality measures (CQMs) in Tables 6B and 7? Or, do we include only patients who had a countable in-person visit?

A: Possibly. Only patients who meet the countable visit criteria defined above and who meet the denominator specifications for the CQMs are considered for inclusion in the reporting of clinical quality measure performance. This is defined by the measure steward and is generally based on visit coding (such as current procedural terminology (CPT) codes). For Tables 6B and 7 clinical quality measure reporting, please refer to the value set[5] for the specified measures, specifically the *Encounter, Office Visit* value set which is a data element of many of the electronic CQMs (eCQMs) to confirm if virtual visits qualify for exclusion in the denominator specifications. For additional guidance on the impact of telehealth on 2024 UDS clinical quality measure reporting, please refer to the resource.

Supporting Visit Definition Resources

- [Nurse Visits for UDS Reporting](#)
- [Virtual UDS Visits](#)
- [Telehealth Impact on 2024 UDS Clinical Measure Reporting](#)
- [Table 5: Mental Health and Substance Use Disorder Selected Services Detail Addendum Guidance](#)
- [UDS Novel Coronavirus Disease (COVID-19) Reporting](#)
- [UDS Basics: Orientation to Terms and Resources webinar](#)

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[5] Value sets for eCQMs are available at the [eCQI Resource Center](#).