

Calendar Year 2019 Uniform Data System (UDS) Reporting Changes Webinar

May 9, 2019, 1:00–2:30 p.m. (ET)

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Opening Remarks

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Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration



Agenda

- Changes to Calendar Year 2019 UDS Reporting
- Revisions under consideration for 2020 UDS and beyond
- Resources and references
- Questions and answers



Objectives of the Webinar

- Understand the major changes for Calendar Year 2019 UDS data collection and reporting (to be reported by February 15, 2020).
- Clarify expectation for collecting new data elements in the UDS.
- Preview possible future changes.





Calendar Year 2019 Changes

Communication of UDS Reporting Changes

- The 2019 UDS changes were:
 - Included in the [Program Assistance Letter \(PAL\) 2019-01](#) issued on March 18, 2019.
 - Announced in the BPHC Primary Health Care Digest.
 - Introduced at the 2018–2019 UDS trainings held around the country.
- Changes discussed today will be described further in the 2019 UDS Reporting Instructions, webinars, and during the annual UDS trainings conducted in conjunction with state primary care associations (PCAs) between October 2019 and January 2020.
 - These trainings, including dates and places, will be announced in the Primary Health Care Digest, as well as on [HRSA's website](#) and the UDS training website in the fall.



Effective Dates

- Changes impact UDS reports of in-scope activities in 2019 and are:
 - Effective **January 1, 2019** (and must be reflected in data collected throughout the year).
 - Due on **February 15, 2020** (and submitted through health centers' Electronic Handbooks [EHBs]).
- In order to ensure data are collected correctly, health centers should be prepared to:
 - Configure systems to capture and report new data elements.
 - Work with vendors to ensure systems have been updated with required specifications.
 - ✓ Test your data to ensure vendors' updates work properly.
 - Educate affected staff regarding the changes.
- There are changes both to the data that are collected and the manner in which the data will be reported.
 - Therefore, some of this must be in place *now*.





Details of Major 2019 UDS Changes

Major Changes Overview

- **Table 4:** Addition of “permanent supportive housing” for Health Care for Homeless programs.
- **Table 5:** Added definitions for and reporting of “virtual visits” (e.g., telemedicine).
- **Table 5:** Added new reporting for mental health (MH) and substance use disorder (SUD) services provided at health centers.
- **Table 5A:** Removed this table.
- **Table 6A:** Updated with current codes (a list of code changes will be available Summer 2019).



Major Changes Overview (cont'd.)

- **Tables 6B and 7:** Modified to align UDS clinical quality measures (CQMs) with the electronic-specified CQMs (eCQMs) used by the Centers for Medicare & Medicaid Services (CMS).
- **Table 6B:**
 - Eliminated Coronary Artery Disease (CAD) measure (not an eCQM).
 - Added Statin Therapy for the Prevention and Treatment of Cardiovascular Disease ([CMS347V2](#)).
- **Table 9E Line 1j:** Capital Improvement Program grants are no longer available and the line has been removed.
- **Health Information Technology (HIT) Form:** Revised questions to better understand HIT capabilities and use.
- **Workforce Form:** Added Appendix F to understand health center involvement in health professional training and internal evaluation of staff satisfaction.



Major Changes for 2019: Addition of Homeless Category

Occupants of permanent supportive housing have been counted in the “Other” category (Line 21) in the past.

- For 2019, those whose place of residence at the time of the first visit was permanent supportive housing will be counted on line 21a.
- Sites/buildings are designated by funding organizations.
- There is no time limit as there is for transitional housing. This could be permanent housing.
- Lines 17-22 are reported by awardees of Health Care for Homeless funds only.

Line	Special Populations	Number of Patients (a)
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling Up (330h awardees only)	
20	Street (330h awardees only)	
21	Other (330h awardees only)	
21a	Permanent supportive housing (330h awardees only)	
22	Unknown (330h awardees only)	
23	Total Homeless (All health centers report this line)	



Major Changes for 2019: Addition of Virtual Visits to Table 5

- A new column was added to Table 5 to record “**virtual visits**” provided by health center staff who are *not* in the physical presence of their patient. This is often referred to as telemedicine.
- Virtual visits must be provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between the provider and a patient.

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	Total Physicians (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	Total NPs, PAs, and CNMs (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	Total Medical (Lines 8 + 10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a–20c)				
*	Excerpt from Table 5				



Major Changes for 2019: Addition of Virtual Visits to Table 5 (cont'd.)

- This will often be care initiated by a health center provider virtually to a patient who is elsewhere (not physically at the health center). If a **health center provider** delivers the service, count the virtual visit and patient.
 - Subject to health center policy, visits may take place to and from other locations.
 - If the health center patient receives service from a **non-health center provider**, only count if the health center pays for the visit.
 - All other rules for reporting visits apply.

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	Total Physicians (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	Total NPs, PAs, and CNMs (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	Total Medical (Lines 8 + 10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a–20c)				
*	Excerpt from Table 5				



Major Changes for 2019: Additional MH and SUD Services on Table 5

- A new section is designed to add to our understanding of the breadth and depth of health center MH and SUD services.
- In the past, MH and SUD services by medical providers were not counted, nor were SUD services by MH providers.
- The information in this section only reflects providers and their MH and SUD treatment services not already reported in the MH and SUD sections on the main part of Table 5.

Selected Service Detail					
Line	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	Clinical Nurse Midwives				
	Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Psychiatrists				
21b	Physicians (other than psychiatrists)				
21c	Nurse Practitioners				
21d	Physician Assistants				
21e	Clinical Nurse Midwives				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Worker				



Major Changes for 2019: Additional MH and SUD Services on Table 5 (cont'd.)

- A new section—Selected Service Detail—will be used to report:
 - Volume of MH and SUD treatment provided by medical providers.
 - Volume of SUD treatment provided by MH providers.
 - Number of medical providers who also provide MH or SUD services.
 - Number of MH providers who also provide SUD services.
 - These visits are also counted as medical on Table 5.

Selected Service Detail					
Line	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	Clinical Nurse Midwives				
	Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Psychiatrists				
21b	Physicians (other than psychiatrists)				
21c	Nurse Practitioners				
21d	Physician Assistants				
21e	Clinical Nurse Midwives				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Worker				



Major Changes for 2019: Removal of Table 5A

- Table 5A has been removed from the UDS to reduce reporting burden.
- Based on stakeholder feedback, this table has not been utilized extensively by health centers, and data can be acquired through other institutions.
- The table gave us an understanding of:
 - Average tenures and reasonable expectations for key positions.
 - Extent of reliance on locums, on-call, and contract providers.



Major Changes for 2019:

Table 6A – *Selected* Diagnoses and Services

- Data in this table have been leveraged to track the prevalence of health-related conditions and distribution of services delivery.
 - Over the years, 15 lines have been added.
- As the common procedural terms and diagnoses used in clinical medicine have changed over the years, the codes listed for each line have also changed.
 - Some of the lines codes have been updated. Health centers are expected to make use of these new code lists.
- The MH and SUD diagnoses listed on Table 6A provide an initial listing of the codes used to identify the services which are to be reported on the Table 5 addendum.
 - Note: A resource file of changes will be available for health centers.



Major Changes for 2019: Guidance for Tables 6B and 7

- **eCQMs:** Implement the electronic specifications established by CMS as modified by “Reporting Considerations” in the 2019 UDS Manual.
 - Use the latest electronic specifications for the version numbers used for the 2019 performance period.
 - 2019 specifications have been available at the CMS [eCQI Resource Center](#) since early 2018.
- **Logic Statement Update:** CMS has updated the logic statements describing the specifications for eCQM reporting using [Clinical Quality Language \(CQL\)](#).
 - Because these are highly complex and detailed, health center quality improvement (QI) staff should:
 - ✓ Review workflows to ensure required data is being captured correctly.
 - ✓ Identify data which may be impacted by the change in interpretation of the measures.
 - ✓ Work with vendors and information technology staff to understand unexpected changes in data.
- **Use of Electronic Health Records (EHRs) on Quality Improvement Awards**
 - Beginning with 2018 UDS reports, the use of medical chart sampling to report any clinical quality measure (Tables 6B and 7) will result in ineligibility for HRSA Quality Improvement Awards.



Alignment with eCQMs

Table	Line	Description	eCQM
6B	10	Childhood Immunization Status	CMS117v7
6B	11	Cervical Cancer Screening	CMS124v7
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v7
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v7
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v7
6B	16	Use of Appropriate Medications for Asthma (<i>version unchanged from 2017 reporting</i>)	CMS126v5
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v2
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7
6B	19	Colorectal Cancer Screening	CMS130v7
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v8
7	Part B	Controlling High Blood Pressure	CMS165v7
7	Part C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v7

Note: Early Entry into Prenatal Care and HIV Linkage to Care on Table 6B and Low Birthweight on Table 7 do not currently align with an eCQM. HRSA is exploring eCQM replacements for early entry into prenatal care, HIV Linkage, and LBW with UDS Modernization efforts.

Major Changes for 2019: Updates for Specifications

- **Cervical Cancer Screening:**
 - Exclusion: Women who had a hysterectomy with no residual cervix or a *congenital absence of cervix*.
- **Depression Screening:**
 - Most recent screening results must be used to determine need for follow-up.
 - “Follow-up” does not include re-screening (e.g., PHQ-9 [patient health questionnaire] after PHQ-2).



Major Changes for 2019: New Measure: Statin Therapy

- **Universe (Denominator):**

- Patients with a medical visit during the year AND
- 21 years of age and:
 - ✓ With active diagnosis of atherosclerotic cardiovascular disease (ASCVD)
 - ✓ Ever had a fasting or direct laboratory result of LDL-C \geq 190 mg/dL or
 - ✓ Were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia or
- 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior.

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or on Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy			



Major Changes for 2019: New Measure: Statin Therapy (cont'd.)

- **Numerator**

- Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period.

- **Exclusions**

- Patients who have a diagnosis of pregnancy.
- Patients who are breastfeeding.
- Patients who have a diagnosis of rhabdomyolysis.
- Patients with adverse effect, allergy, or intolerance to statin medication.
- Patients who are receiving palliative care.
- Patients with active liver disease or hepatic disease or insufficiency.
- Patients with end-stage renal disease (ESRD).
- For patients 40 through 75 years of age with diabetes who have the most recent fasting or direct LDL-C laboratory test result less than 70 mg/dL and are not taking statin therapy.

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed or on Statin Therapy (c)
17a	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy			



Major Changes for 2019: Revision of Appendix D–HIT Form

- Questions were streamlined, clarified, and revised to focus on interoperability and patient access to health information.
- Questions were introduced about how HIT and EHR data are used beyond direct patient care and what social risk factor information is being collected.
- Key revisions include:
 - Which key providers you electronically exchange clinical data with.
 - Ways in which you engage with patients through HIT.
 - What data on patients' social risk factors are collected and what screeners are used to collect this information.
 - Removal of Meaningful Use question.



Major Changes for 2019:

Addition of Appendix F: Workforce Form

- A new Appendix F has been added to the UDS to collect information on health center involvement in health professional training and provider and staff satisfaction surveys.
- The information related to workforce training at health centers will contribute to HRSA's ongoing assessment of and efforts to address workforce challenges faced by health centers.
- Key points on the Workforce Form include:
 - Is health professional education/training provided? What is the organization's role? What is the range of health professionals being trained or provided education?
 - What is the extent of preceptors at the health center, staff supporting trainings, and satisfaction surveys for providers and general staff?
 - NOTE: Do not count continuing education units.





Proposed 2020 UDS Changes

Proposed 2020 Changes*

- **Table 6A:** Addition of pre-exposure prophylaxis (PrEP) CPT Codes.
- **Table 6B:**
 - Adding Depression Remission at Twelve Months measure (CMS159).
 - Replacing Dental Sealant Measure (CMS277) with Primary Caries Prevention Intervention measure (CMS74).
 - Retiring the Use of Appropriate Medications for Asthma measure (CMS126).
 - Adding HIV Screening measure (CMS349).
 - Adding Breast Cancer Screening measure (CMS125).
 - Add three measures related to diabetes:
 - ✓ Diabetes: Eye Exam (CMS131).
 - ✓ Diabetes: Foot Exam (CMS123).
 - ✓ Diabetes: Medical Attention for Nephropathy (CMS134).
- **HIT Appendix:** Adding Prescription Drug Monitoring Program (PDMP) measure to Health IT Appendix.

**Note: Additions are subject to change based on feedback on the 2020 PAL and public comments.*





UDS Modernization Initiative



Overview: UDS Modernization Initiative

- **UDS Submission Process**
 - Automate data submission to reduce reporting burden.
 - Improve transparency and integrate stakeholder feedback.
- **UDS Content**
 - Ensure UDS reflects improvements in patient-centered care and an evolving primary health care setting.



Overview: UDS Modernization Impact

- Reduces reporting burden through a standardized UDS submission process.
- 88% reduction in report submission time in our piloted reporting features.
- Improves UDS data quality to increase its utility as an administrative data source.
- Promotes improvements in patient-centered care.
- Increases efficiency, timeliness, and transparency of the UDS reporting business processes.



UDS Governance Process

- Enables stakeholders to share feedback and innovative ideas, in addition to the traditional Federal Register Notice process.
- Consists of decisions and actions to modify the UDS, such as measure selection, information technology enhancements, and reporting process improvements.
- Allows participation in UDS governance by submitting questions and feedback via the web form on the [UDS Modernization](#) landing page.



UDS Modernization Initiative Next Steps

- **Spring 2019**

- UDS Reporting Survey - new functionalities within the EHBs and new offline reporting features were introduced for the 2018 reporting period.
- We invite all health centers to provide feedback for improvement through a [short survey](#), which should take no more than five minutes to complete.

- **Summer 2019**

- UDS Test Cooperative (UTC) - strategy to test out changes to the UDS in small pilots before scaling them nationally.
- If you are interested in being a test participant please use the BPHC contact site and let us know.

- **Fall 2019**

- UDS Financial data - Research is underway to understand potential issues and opportunities to improve and utilize the financial data reported in the UDS.





Strategies for Successful Reporting

Follow UDS Guidance

- Adhere to definitions and instructions in the 2019 UDS Manual.
 - Planned release for May 2019.
- Currently available guidance:
 - [eCQI Resource Center](#)
 - [PAL](#)
- Other supports include:
 - United States Health Information Knowledgebase ([USHIK](#))
 - ✓ Reminder – you will need to create username and password.
 - [UDS Training Website](#) (e-learning modules, fact sheets, Table 6A code changes, clinical measures handout, and more)
 - UDS Support Line (year-round) at 866-837-4357 or udshelp330@bphcdata.net



Work as a Team

- Tables are interrelated:
 - Communicate with your UDS data preparation team.
 - Review data across tables to ensure data are consistent and reasonable.
 - Offline Excel and HTML reporting features allow team-based data entry. Each UDS table can be separated out and worked out by different staff members.
- Work with your EHR vendor to understand data output and to verify that reporting year updates have been programmed.
 - Work with user groups to help determine if any vendor upgrades are missing or failing.
- Contact UDS Support by email (udshelp330@bphcdata.net) or by calling 866-837-4357 if you have questions.
 - The help line is available year-round from 8:30 to 5:00 PM (ET).

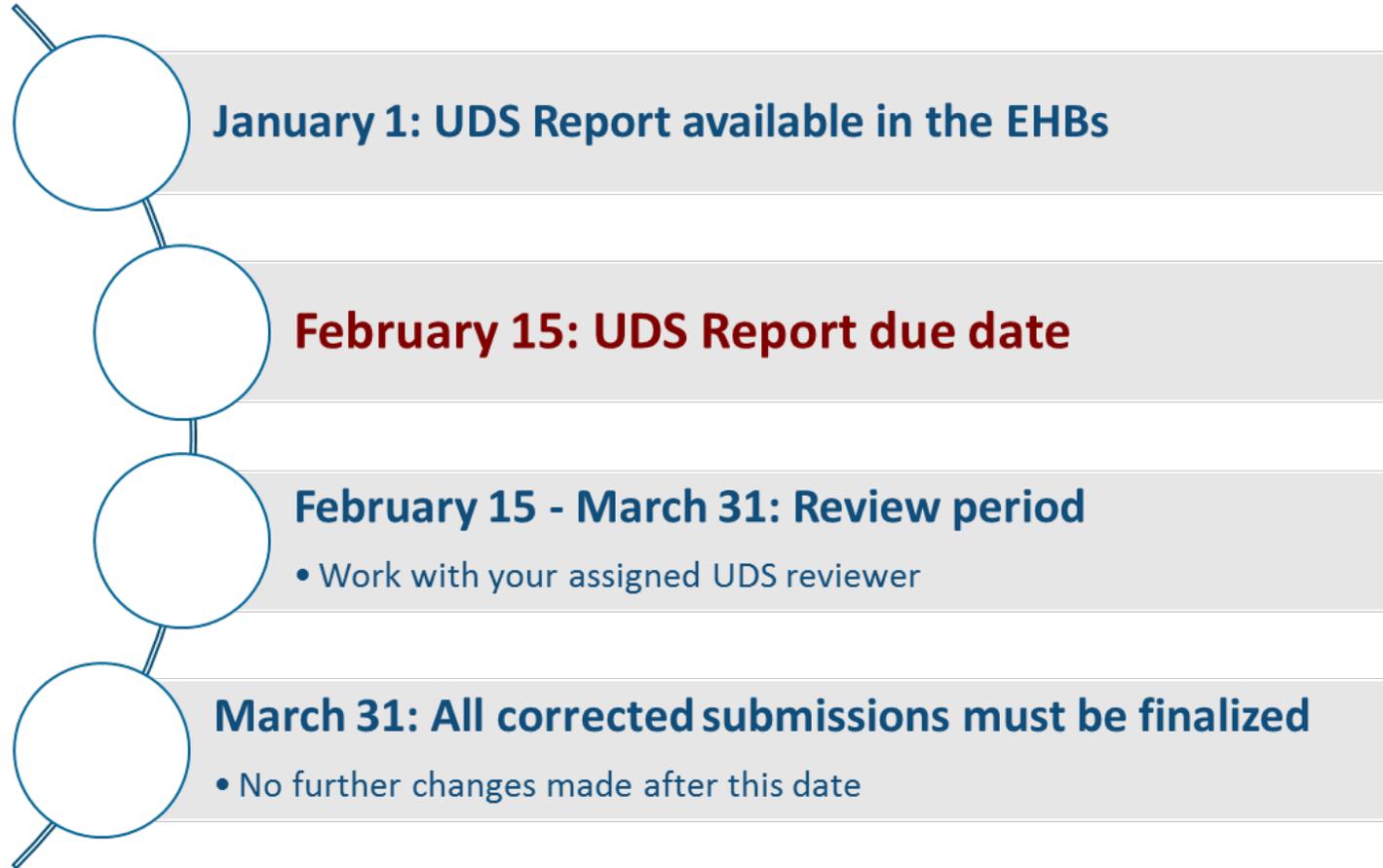


Review Impact of Changes in Advance

- Check data trends and relationships across tables.
 - Are your data reasonable? Previous year UDS data can be compared in the EHBs with the Data Comparison tool.
- Compare data to benchmarks to assess reasonableness.
- Review changes in performance to validate accuracy and to identify potential quality improvement initiatives.
- Note: Preliminary Reporting Environment (PRE) will be available Fall 2020.
 - The UDS PRE is available November to December and allows Health Center Program awardees and look-alikes to enter available UDS data.
- The modernized reporting features: Excel file, offline HTML file, and the Excel mapping document—are all available in the PRE to help prepare you for UDS data reporting.



Begin Your Report on January 1, 2020



Health centers must demonstrate compliance with these requirements:

- The health center has a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet HHS reporting requirements, including those data elements for UDS reporting.
- The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.

Complete, accurate, and on time!



Resources, Questions, and Answers

Available Assistance

- Local trainings: [HRSA UDS Training Website](#)
- Technical assistance materials are available online:
 - [HRSA Health Center Program Website](#)
 - [UDS Training Website](#)
 - [Modernization Project Website](#)
- UDS Support Center
 - Assistance with UDS Reporting questions
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
- [HRSA Call Center](#)
 - For EHB account access and roles: 877-464-4772, Option 3
- [Health Center Program Support](#)
 - for EHBs system issues: 877-464-4772, Option 1
- UDS Report and preliminary reporting environment access (in [EHBs](#))
- ONC Issue Tracking System (OITS) JIRA project eCQM Issue Tracker
 - [OITS Account sign up](#)
 - Post questions in the [eCQM Issue Tracker](#)
- Technical support from your UDS reviewer during the review period (only)
- [National Cooperative Agreements](#)



Other Resources for Clinical Measures

- [Adjusted Quartile Ranking](#)
- [Centers for Disease Control and Prevention National Center for Health Statistics State Facts](#)
- [Clinical Quality Measures](#)
- [eCQI Resource Center](#)
- [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#)
- [Healthy People 2020](#)
- [Million Hearts Hypertension Control Change Package](#)
- [National Quality Forum](#)
- [Quality Improvement Awards](#)
- [Quality Payment Program](#)
- [U.S. Preventive Services Task Force](#)
- [USHIK](#)



Clinical Measures and Stewards

Reference	Measure Title	Measure Steward	CMS eCQM
Table 6B, Line 7	Early Entry to Prenatal Care	n/a	n/a
Table 6B, Line 10	Childhood Immunization Status	National Committee for Quality Assurance	CMS117v7
Table 6B, Line 11	Cervical Cancer Screening	National Committee for Quality Assurance	CMS124v7
Table 6B, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	National Committee for Quality Assurance	CMS155v7
Table 6B, Line 13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Centers for Medicare and Medicaid Services	CMS69v7
Table 6B, Line 14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Physician Consortium for Performance Improvement	CMS138v7
Table 6B, Line 16	Use of Appropriate Medications for Asthma	National Committee for Quality Assurance	CMS126v5 (no updated eCQM)
Table 6B, Line 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Centers for Medicare and Medicaid Services	CMS347v2
Table 6B, Line 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	National Committee for Quality Assurance	CMS164v7
Table 6B, Line 19	Colorectal Cancer Screening	National Committee for Quality Assurance	CMS130v7
Table 6B, Line 20	HIV Linkage to Care	n/a	n/a
Table 6B, Line 21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Centers for Medicare and Medicaid Services	CMS2v8
Table 6B, Line 22	Dental Sealants for Children between 6-9 Years	Dental Quality Alliance - American Dental Association	CMS277 (draft)
Table 7, Section A	Low Birth Weight	Centers for Disease Control and Prevention	n/a
Table 7, Section B	Controlling High Blood Pressure	National Committee for Quality Assurance	CMS165v7
Table 7, Section C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	National Committee for Quality Assurance	CMS122v7

Webinars

- Upcoming webinars will be announced in summer 2019.
- Past webinars are archived on [HRSA's UDS Resources](#).



Questions?



Ongoing questions can be addressed to
UDSHelp330@BPHCDATA.NET
866-UDS-HELP

Thank You!

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