



Calendar Year 2020 Uniform Data System (UDS) Reporting Changes Webinar

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Vision: Healthy Communities, Healthy People



Opening Remarks

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Agenda

- Changes to Calendar Year 2020 UDS Reporting
- Reporting clarifications
- Resources and references
- Questions and answers



Objectives of the Webinar

- Understand the major changes for Calendar Year 2020 UDS data collection and reporting (due **February 15, 2021**).
- Clarify expectations for collecting and reporting new and changed data elements in the UDS.



Calendar Year 2020 Changes



Communication of UDS Reporting Changes

- The 2020 UDS changes were;
 - First announced as “Proposed Uniform Data System Changes for 2020” in Program Assistance Letter (PAL) 2019-05 issued July 22, 2019.
 - Released for comments in the Federal Register July 26, 2019.
 - Released (with changes) as an Information Collection Request (ICR) for comments in the Federal Register December 13, 2019.
 - Released in final form on February 12, 2020 as [Program Assistance Letter \(PAL\) 2020-04](#).
 - Announced in the BPHC Primary Health Care Digest.
 - Introduced at the 2019–2020 UDS trainings held around the country.



Communication of UDS Reporting Changes (Cont.)

- Changes discussed today will be described further in the 2020 UDS Reporting Instructions, webinars, and during the annual UDS trainings conducted in conjunction with state primary care associations (PCAs) between October 2020 and January 2021.
 - 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.
 - Subscribe to Primary Health Care (PHC) Digest [here](#).



Effective Dates

- All these changes impact UDS reports for in-scope activities in 2020 and are;
 - Effective **January 1, 2020** (and must be reflected in data reported for the entire year).
 - To be reported by **February 15, 2021** (and submitted through your Electronic Handbooks [EHBs]).
- In order to ensure data are collected correctly, health centers should;
 - Ensure that their systems are configured to capture and report new data elements.
 - Work with electronic health record (EHR) vendors to ensure systems have been updated with required specifications.
 - ✓ Validate data to ensure that workflows are successfully capturing data.
 - Educate health center staff involved with UDS reporting of 2020 UDS changes, as appropriate.

Details of Major 2020 UDS Changes

Information as of: 4/17/2020



Table 6A and Other Data Elements–New Data Collected

- Pre-Exposure Prophylaxis (PrEP) management
 - Column a = Number of visits for assessing and monitoring PrEP care to patients.
 - Column b = Number of patients provided with one or more prescriptions for PrEP.

Table 6A–New Data Collected

- Human Trafficking
 - Column a = Number of visits at which selected ICD-10 codes for human trafficking has been coded.
 - Column b = Number of patients who have had one or more visit where human trafficking has been coded.
- Intimate Partner Violence
 - Column a = Number of visits at which selected ICD-10 codes for intimate partner violence have been coded.
 - Column b = Number of patients who have had one or more visit where intimate partner violence have been coded.

Table 6A–New Data Collected (Cont.)

- Novel coronavirus diagnosis
 - Column a = Number of visits at which selected ICD-10 codes for COVID-19 have been coded.
 - Column b = Number of patients who have had one or more visits where COVID-19 has been coded.
 - Note: Coded regardless of primacy. In other words, if a patient has pneumonia confirmed due to COVID-19, both COVID-19 and pneumonia are documented in the medical record and the coding for COVID-19 would be reflected.
- Coronavirus test
 - Column a = Number of visits at which COVID-19 testing occurred for health center patients.
 - Column b = Number of patients who have had one or more visits where COVID-19 tests occurred.



Table 6B—Retired from UDS

- CMS126: Use of Appropriate Medications for Asthma
 - No longer updated by its measure steward, the National Committee for Quality Assurance.
 - Also retired from the Healthcare Effectiveness Data and Information Set (HEDIS).
 - No longer endorsed by the National Quality Forum (NQF).



Table 6B–Existing Measure Modified

- HIV Linkage to Care (not an eCQM)
 - Patients newly diagnosed with HIV by the health center who were seen for follow-up treatment within 30 days of diagnosis.
 - ✓ This had previously been set at 90 days.
 - NOTE NEW UNIVERSE TIME PERIOD: Applies to persons newly identified between December 1, 2019 and November 30, 2020.
 - ✓ Previous time period used was October 1 to September 30.

Table 6B–New Data Collected

- CMS159v8: Depression Remission at Twelve Months
 - Patients aged 12 and older, who received a diagnosis of major depression or dysthymia with a PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2018 through October 31, 2019 and at least one medical visit during the measurement period.
 - Who at 12 months (+/- 60 days) had a PHQ-9 or PHQ-9M of 4 or less.
 - For UDS, this applies to diagnoses made between November 1, 2018 through October 31, 2019 and patients who had at least one medical visit during the measurement year.

Table 6B–New Data Collected (Cont.)

- CMS349v2: HIV Screening
 - Patients aged 15–65 on January 1 with an outpatient medical visit.
 - Who have had a recorded HIV test on or after their 15th birthday and before their 66th birthday.

- CMS125v8: Breast Cancer Screening
 - Women aged 51–73 on January 1 with a medical visit.
 - Women with one or more mammograms during the 27 months prior to the end of the measurement period.

Appendix D (Health IT Form)–New Data Collected

- Appendix D (HIT form) will be revised to add the following two areas:
 - Use of standardized screeners to quantify social determinants of health (e.g., food, housing, finances, transportation).
 - Health centers' access to or integration of Prescription Drug Monitoring Programs (PDMPs).
- In addition, it will be updated to better capture the use of multiple EHR/data systems used by health centers.
- Prescriptions to pharmacy electronically and electronic alerts for reminders questions have been removed.



Other Notable Clarifications

- Table 3B: Two new lines to be added.
- Table 4: Income collected within a year of last visit.
- Table 6A
 - Referred tests that are returned to the health center for evaluation—patient is included even if tests not paid for or performed by health center.
 - Yearly updates, if relevant to ICD and CPT codes (provided in May with UDS Manual release).
- Table 6B: Trimester of entry—use first day of last menstrual period.



Other Notable Clarifications *(Cont.)*

- Tables 6B and 7
 - Updated age ranges to align with updated Clinical Quality Language (CQL) language.
 - Current electronic clinical quality measures (eCQMs) are updated annually as specific by the measure steward. Major items to note:
 - ✓ Additional exclusions relating to patients age 66+ for some measures.
 - ✓ Depression screening now allows screening to occur on date of visit “or 14 days prior to visit.”
 - ✓ Hypertension 1) no longer requires patient to be diagnosed within the first 6 months or prior—now overlapping (active diagnosis at any point during the year) and 2) added information about remote blood pressure monitoring.
- Table 9E
 - Added sub-awardee/sub-recipient guidance.
 - HRSA may include a new line in BPHC grant section to reflect COVID-19 drawdowns.



Coronavirus Disease 2019 (COVID-19): Implications on UDS Reporting

Information as of: 4/17/2020



COVID-19: Implications on UDS Reporting

- Visits where an individual only receive(s/d) the coronavirus disease 2019 (COVID-19) screening test are not considered a UDS reportable visit.
- For UDS reporting purposes:
 - Do not report individuals who receive(d) COVID-19 screening test only
 - Report individuals who receive(d) additional services with their COVID-19 screening,
 - ✓ If they require(d) independent judgement from a health center provider, and
 - ✓ the encounter is documented.
- Report virtual (telemedicine) visits that are conducted during the COVID-19 pandemic only if:
 - They are provided using interactive, synchronous audio, and/or video telecommunication systems that permit real-time communication between the provider and a patient.
- For additional information, consult the 2020 UDS manual, found on the [BPHC UDS resources webpage](#).
- CMS expanded telehealth services for Medicare beneficiaries (expansion goes beyond UDS reporting). Additional information can be found [here](#).
- Reminder to complete the weekly COVID-19 survey [here](#).



UDS Modernization Initiative



UDS Modernization Initiative Goals



Reduce Reporting Burden

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



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 Webpage](#)

UDS Test Cooperative (UTC)

A forum for representative stakeholders to provide feedback on potential UDS changes.



HRSA/BPHC	Identify UDS requirements Analyze feedback and make decisions Publish new UDS requirements
PCA/HCCN	Identify test participants (health centers) Coordinate with health centers conducting tests
Health Centers	Engage and participate in the tests
Health IT Vendors	Set up testing infrastructure to support tests, when applicable
NTTAP	Provide topic-related expertise and assistance
UTC Coordinator	Research, design, and manage the UTC tests Analyze results and provide objective recommendations to HRSA based on test evidence and participant feedback Convene UTC and facilitate communications with the UTC steering committee

[UDS Test Cooperative \(UTC\) webpage](#)

Leveraging the UTC to Test UDS Innovations

Completed 2019



eCQM Alignment

Standardize reporting across federal qualified health centers by aligning eCQMs to reduce manual calculation and reporting burden



Routine Patients

Define and calculate CQM performance for routine patients to improve the accuracy and usefulness of health center CQM reporting



Countable Visits

Collect and report UDS countable visits by using electronic standards to increase data reliability and reduce variability



Table 6A

Align diagnoses and services in Table 6A with national value sets and use electronic standards to improve consistency and accuracy

[UDS Test Cooperative \(UTC\) UDS tests webpage](#)

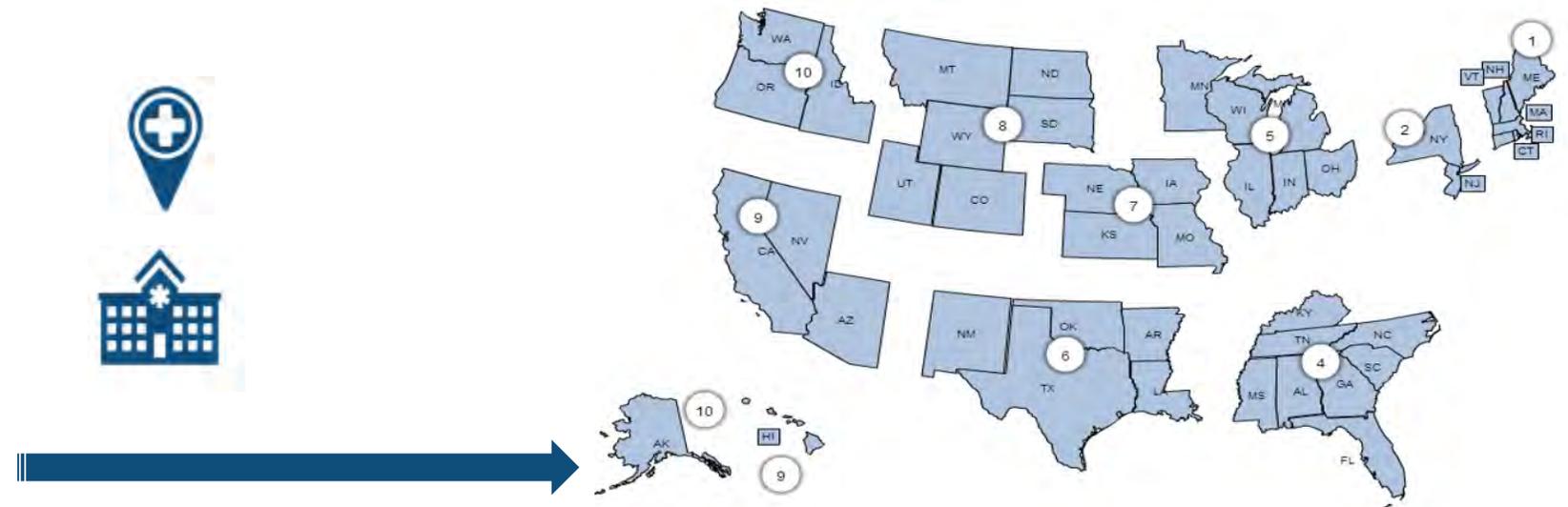
eCQM Alignment Test: Complete

Purpose

1. Understand how UDS CQMs and CMS eCQMs differ for the same measures.
2. Gather feedback on the burden and feasibility of transitioning to CMS eCQM specifications.

Test Participants

- **19** health centers
- Including **60** sites
- In **9** CMS regions



Strategies for Successful Reporting



Follow UDS Guidance

- Adhere to definitions and instructions in the 2020 UDS Manual
 - Planned release for May 2020.
- 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.
 - Value Set Authority Center ([VSAC](#))
 - ✓ Same username and password as USHIK.
 - [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 on 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 p.m. (ET)

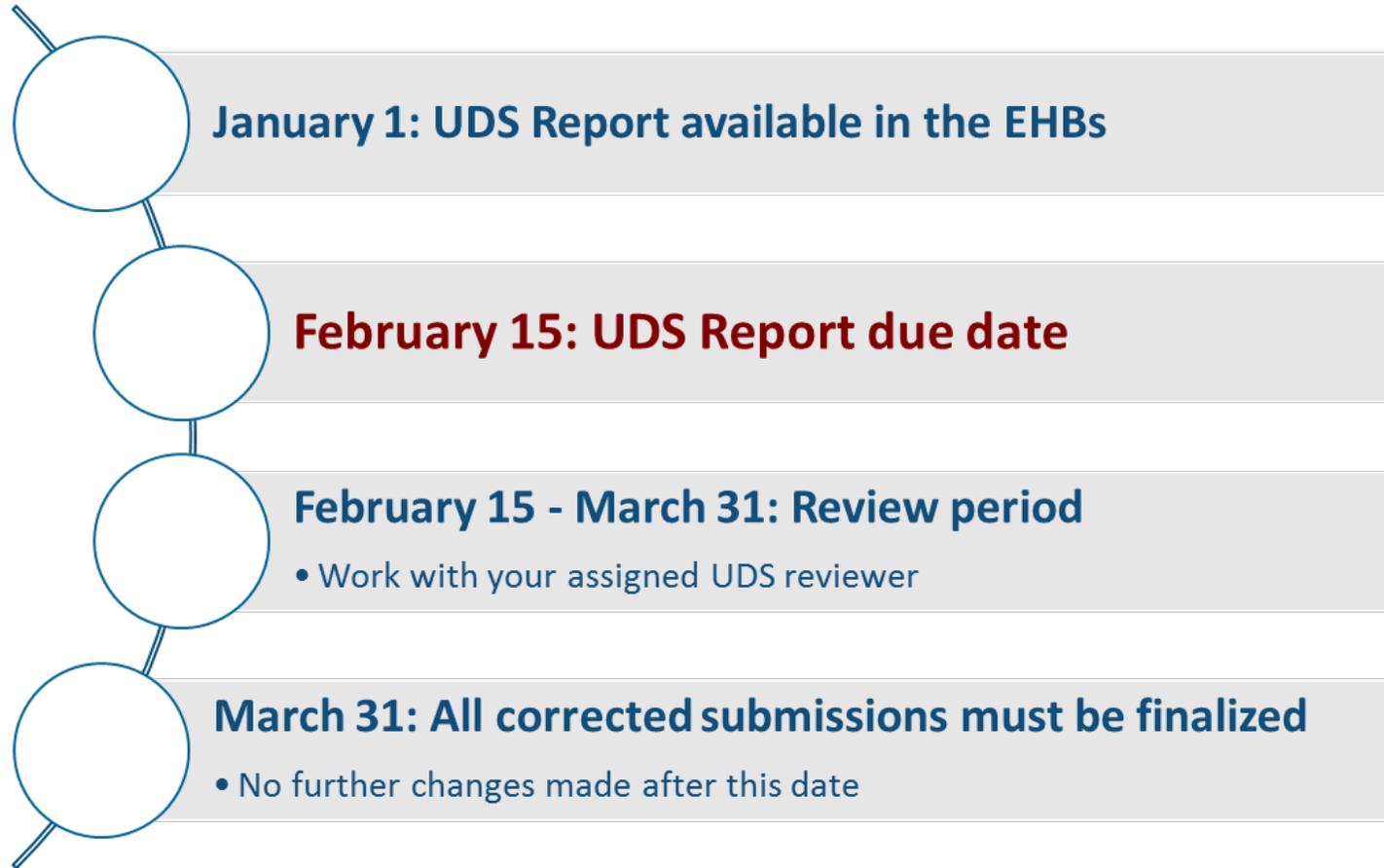


Review Impact of Changes in Advance

- 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, look-alike (LAL), and Bureau of Health Workforce (BHW) awardees to enter available UDS data.
- The modernized reporting features: Excel file, offline HTML file, comparison tool, 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, 2021



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 Initiative Website](#)
- UDS Support Center
 - Assistance with UDS Reporting questions
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
- [HRSA Call Center](#)
 - For EHBs 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 only during the review period
- [National Cooperative Agreements](#)



Other Resources for Clinical Measures

- [Adjusted Quartile Ranking](#)
- [Centers for Disease Control and Prevention National Center for Health Statistics State Data](#)
- [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	CMS117v8
Table 6B, Line 11	Cervical Cancer Screening	National Committee for Quality Assurance	CMS124v8
Table 6B, Line 11a	Breast Cancer Screening	National Committee for Quality Assurance	CMS125v8
Table 6B, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	National Committee for Quality Assurance	CMS155v8
Table 6B, Line 13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Centers for Medicare and Medicaid Services	CMS69v8
Table 6B, Line 14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Physician Consortium for Performance Improvement	CMS138v8
Table 6B, Line 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Centers for Medicare and Medicaid Services	CMS347v3
Table 6B, Line 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (no long e-specified)	National Committee for Quality Assurance	CMS164v7
Table 6B, Line 19	Colorectal Cancer Screening	National Committee for Quality Assurance	CMS130v8



Clinical Measures and Stewards (Cont.)

Reference	Measure Title	Measure Steward	CMS eCQM
Table 6B, Line 20	HIV Linkage to Care	n/a	n/a
Table 6B, Line 20a	HIV Screening	Centers for Disease Control and Prevention	CMS349v2
Table 6B, Line 21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Centers for Medicare and Medicaid Services	CMS2v9
Table 6B, Line 21a	Depression Remission at Twelve Months	MN Community Measurement	CMS159v8
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	CMS165v8
Table 7, Section C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	National Committee for Quality Assurance	CMS122v8



Webinars

- Additional technical assistance webinars will occur in the fall.
- Past webinars are archived on [HRSA's UDS Resources](#).



Thank You!

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