Strategies for Successful Uniform Data System (UDS) Reporting

October 20, 2021, 1:00–2:30 p.m. ET

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Bureau of Primary Health Care (BPHC)
Opening Remarks

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Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Agenda

• Importance of UDS Data
• Preparing for a Successful Submission
• Navigating the Electronic Handbooks (EHBs) Successfully
• Key EHBs Tools
• Managing the Review Process
• Questions and Answers
Objectives of the Webinar

By the end of this webinar, participants will be able to:

• Understand the importance of UDS data collection and reporting.
• Identify three or more key data checks to conduct before submitting their UDS Report.
• Describe one or more available EHBs reports and tools that can assist with successful submission.
• Describe one tip for working through a review and/or working with your reviewer.
• Identify one or more ways to access reporting support.
Why Is Health Center UDS Reporting Important?

It represents your work!

• Enables you to **demonstrate** the patients served by your health center, the services they received, outcomes they had, and the costs and revenues supporting those patients and services

• Enables you to **monitor and assess** your patient population and clinical, operational, and financial performance

• Enables you to **compare your data** with your peers locally, within the state, or nationally

• Supports continuous quality improvement efforts
Let’s Hear from You

Chat in:
• How do you use your health center’s UDS data?
• Why is your UDS data important?
Preparing for a Successful Submission

Key Data Checks for UDS Submission Due February 15, 2022
Success Strategies for Each Section of the UDS

Sections include:

- Patient demographics (Tables 3A, 3B, and 4).
- Staffing and utilization (Tables 5 and 6A).
- Clinical services and performance (Tables 6B and 7).
- Operational and financial tables (Tables 8A, 9D, and 9E).
## Patient Demographic Tables

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

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZIP Code</td>
<td>Patients by ZIP Code and Insurance</td>
</tr>
<tr>
<td>3A</td>
<td>Patients by Age and Sex at Birth</td>
</tr>
<tr>
<td>3B</td>
<td>Patients by Race, Ethnicity, Language, and Sexual Orientation and Gender Identity (SOGI)</td>
</tr>
<tr>
<td>4</td>
<td>Patients by Income, Insurance, Managed Care Enrollment, and Special Population Status</td>
</tr>
<tr>
<td>Section of Table 4</td>
<td>Income as a % of Poverty Guideline</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>EHR or Other Internal System</td>
<td>✓</td>
</tr>
<tr>
<td>Other Sources (e.g., Payers)</td>
<td></td>
</tr>
<tr>
<td>External Providers/Labs/Hospitals, etc.</td>
<td></td>
</tr>
<tr>
<td>When Collected</td>
<td></td>
</tr>
<tr>
<td>Patient Registration</td>
<td>✓</td>
</tr>
<tr>
<td>Ongoing – Payer Enrollment Data</td>
<td></td>
</tr>
<tr>
<td>Visit/Encounter</td>
<td></td>
</tr>
<tr>
<td>Year-End Admin/Financial Data</td>
<td></td>
</tr>
</tbody>
</table>
**Key Data Checks: Patient Demographic Tables**

**ZIP Code**

Unknown ZIP code: If there is a large increase in unknown ZIP codes year over year, review data to be sure only health center patients who have gone through the registration/intake process and have a countable visit during the calendar year are included.

**Table 3B**

Unknown race/ethnicity: Should be handled similar to unknown ZIP code.

SOGI: Generally, the Unknown lines (new for 2020 reporting) will be larger than Other and Don’t know lines. It is not expected that all patients will be reported as Male or Female gender identity, as there are likely some patients for whom the data is not collected, who choose not to disclose, are transgender, or select something else.

**Table 4**

CHIP: Adults 18+ >10% of CHIP should be reviewed and explained.

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

## Table 5 and Selected Service Detail Addendum

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Staffing, Visits, and Patients by Service Category</td>
</tr>
<tr>
<td>Addendum</td>
<td>Integrated Behavioral Health Services</td>
</tr>
</tbody>
</table>
## Staffing and Utilization

### Table 5 and Selected Service Detail Addendum Data Collection

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Staffing and Utilization</th>
<th>Selected Service Addendum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FTEs</td>
<td>Clinic Visits and Virtual Visits</td>
</tr>
<tr>
<td>Data Source</td>
<td></td>
<td></td>
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<td>EHR</td>
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<td>✔</td>
</tr>
<tr>
<td>Other Systems (Internal)</td>
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<td></td>
</tr>
<tr>
<td>Other Sources (e.g., Payers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Providers/Labs/Hospitals, etc.</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>When Collected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing – Payer Enrollment Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit/Encounter</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Year-End Admin/Financial Data</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
Key Data Checks: Staffing and Utilization

Table 5

Likely to see at least some virtual visits, though likely not an increase over 2020 virtual visits unless a new program or service line has been added.

Productivity (defined as visits per 1.0 FTE) likely to change compared to prior year given the pandemic, but still not generally greater than 3,500 for any given provider.

Table 5 Addendum

Mental health visits on the addendum cannot be more than medical visits on main part of Table 5 and, when added with mental health visits on the main part of Table 5 (Line 20c), should not be larger than mental health visits on Table 6A.

Similarly, substance use disorder (SUD) visits on the addendum cannot be larger than total medical and mental health visits on the main part of Table 5 and, when added with SUD visits on the main part of Table 5 (Line 21), should not be larger than total SUD visits on Table 6A.

Compare personnel on addendum to FTEs.
Clinical Services and Quality of Care Indicators Tables

6A, 6B, and 7

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A</td>
<td>Diagnoses and Services</td>
</tr>
<tr>
<td>6B</td>
<td>Quality of Care Measures</td>
</tr>
<tr>
<td>7</td>
<td>Health Outcomes and Disparities</td>
</tr>
<tr>
<td>Table 6A: Selected Diagnoses and Services Rendered</td>
<td>Visits</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>EHR</td>
<td>✔</td>
</tr>
<tr>
<td>Other Systems (Internal)</td>
<td></td>
</tr>
<tr>
<td>Other Sources (e.g., Payers)</td>
<td></td>
</tr>
<tr>
<td>External Providers/Labs/Hospitals, etc.</td>
<td>✔</td>
</tr>
<tr>
<td>When Collected</td>
<td></td>
</tr>
<tr>
<td>Patient Registration</td>
<td></td>
</tr>
<tr>
<td>Ongoing – Payer Enrollment Data</td>
<td></td>
</tr>
<tr>
<td>Visit/Encounter</td>
<td>✔</td>
</tr>
<tr>
<td>Year-End Admin/Financial Data</td>
<td></td>
</tr>
</tbody>
</table>
Generally, visits per patient for each line on Table 6A won’t exceed 4.0, with some exceptions. Total medical visits on Table 6A average ~50% of total medical visits on Table 5. All health centers are likely to report some COVID testing and vaccination; be sure this is only health center patients.

Total dental visits on Table 6A average greater than 100% of dental visits on Table 5. If your data is notably different than this, briefly explain how it’s been verified (as with all sections).

Note that all reporting on Table 6A is specific to health center patients.

Reporting on Table 6A (and all of the UDS) does not include mass testing/screening, tests done for the community, etc.

Patient must have a countable visit on Table 5 and be included in unduplicated patients on demographic tables in order to be counted anywhere on Table 6A.
# Tables 6B and 7

## Clinical Services and Performance Data Collection

<table>
<thead>
<tr>
<th>Table</th>
<th>Table 6B: Quality of Care Measures</th>
<th>Table 7: Health Outcomes &amp; Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Prenatal Patient Age and Entry into Care</td>
<td>Clinical Quality Measures</td>
</tr>
<tr>
<td>Data Source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other Systems (Internal)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other Sources (e.g., Payers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Providers/Labs/Hospitals, etc.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>When Collected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Registration</td>
<td>✓ (age)</td>
<td>✓</td>
</tr>
<tr>
<td>Ongoing – Payer Enrollment Data</td>
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<td></td>
</tr>
<tr>
<td>Visit/Encounter</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Year-End Admin/Financial Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Data Checks: Clinical Quality Measures

Table 6B

Denominators may have been smaller last year than typical (both numerically and as a % of estimated medical patients), so some change year over year may be reasonable. Explain exclusions or exceptions for large changes.

The portion of patients who meet the measure standard (Column C) may vary from 2020 given the pandemic and any recovery. For very large changes, explain changes to your services or how the data reported has been validated. Compliance may change more substantially for measures with changes (Cervical Cancer Screening and Tobacco Cessation).

Table 7

As with prior years, deliveries and birth outcomes for prenatal patients must be reported, whether those were provided in-house or by referral.

Consider the number of hypertension and diabetes diagnoses on Table 6A compared to the denominator of the hypertension and diabetes reporting on this table. The numbers should not be the same on the two tables (different parameters) but should make sense in light of each other.
## Operational and Financial Tables

### Tables 8A, 9D, and 9E

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8A</td>
<td>Financial Costs</td>
</tr>
<tr>
<td>9D</td>
<td>Patient Service Revenue</td>
</tr>
<tr>
<td>9E</td>
<td>Other Revenue</td>
</tr>
</tbody>
</table>
# Operational Costs and Revenue Data Collection

## Table 8A: Financial Costs

<table>
<thead>
<tr>
<th>Data Source</th>
<th>8A: Financial Costs</th>
<th>9D: Patient-Service Revenue</th>
<th>9E: Other Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pharmacy</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Other Systems (Internal)</td>
<td>HR/Payroll/Finance</td>
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<td>Finance</td>
</tr>
<tr>
<td>Other Sources (e.g., Payers)</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Other Providers/Labs/Hospitals, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>When Collected</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Registration</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Ongoing – Payer Enrollment Data</td>
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<td></td>
<td>✔</td>
</tr>
<tr>
<td>Visit/Encounter</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Year-End Admin/Financial Data</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
Review Table 8A and Table 5 together to be sure they are reported consistently. Notable changes on Table 5 (such as significant decrease in FTEs or visits) are likely to appear on Table 8A as well. Value and report donations on Line 18.

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

Be sure that Line 8c, HRSA COVID uninsured reimbursement, is ONLY used for those patient services reimbursed by the HRSA program, not all uninsured or reimbursed by other programs (e.g., state programs).

Generally, health centers should be reporting COVID supplemental funding from BPHC (Lines 1l–1o). LALs may only have LAL ECT and American Rescue Plan funding on Lines 1n and 1o, respectively. Be sure to only report money drawn down in 2021.

Confirm that no loans or 340B pharmacy revenue are reported on this table.
Other Forms in the UDS

<table>
<thead>
<tr>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix D: Health Information Technology (HIT) Form</td>
</tr>
<tr>
<td>Appendix E: Other Data Elements Form</td>
</tr>
<tr>
<td>Appendix F: Workforce Form</td>
</tr>
</tbody>
</table>
Key Data Checks: Forms

**HIT**

Health Information Technology

Consider completing most of the questions on this form **sooner rather than later**, as you likely have the answers (with the exception of SDoH screening).

Be sure that if you are doing **social risk screening**, you select “Yes,” then identify the screener, and report the count of patients who screen positive in each category.

**ODE**

Other Data Elements

Physicians, certified nurse practitioners, physician assistants, and certified nurse midwives who have a DATA Waiver to treat opioid use disorder are reported in the **MAT section**.

Telehealth reporting should include **all services provided via telehealth** in the calendar year.

**COVID vaccines** are now reported on Table 6A, rather than here.

**W**

Workforce

Do not report professional development, continuing medical education (CME), or other internal training for current personnel here.

Staff satisfaction survey reported here refers to the frequency of surveys of the **satisfaction of health center personnel**, not patient satisfaction.
Overview of Data Life Cycle

1. Policy and Best Practice
2. Data Definitions
3. EHR Configuration
4. Workflow
5. Data Validation
6. Substantive Use
### Table 3B: Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting

| Policy and Best Practices | ✔ Is there a policy or written procedure for the collection of SOGI information from patients?  
|                          | ✔ Are frontline personnel routinely trained on how to collect this data? |
| Data Definition          | ✔ Have you applied the UDS Manual definitions?  
|                          | ✔ Do the personnel collecting SOGI data understand the data requirements of the categories that define SOGI within the UDS? |
| EHR Configuration        | ✔ Are all UDS selection options for SOGI available in the patient registration system/tablets/kiosks/etc.?  
|                          | ✔ Do you consult with your vendor to ensure data is captured in EHR in a usable format for later retrieval?  
|                          | ✔ Are missing responses captured as Unknown in reports used for UDS? |
| Workflow | ☑️ Are you collecting this data on paper, tablet, kiosk or is it entered in the EHR directly?  
|          | ☑️ Is it being recorded as structured data?  
|          | ☑️ Do you have a written process, and are personnel trained to provide help if a patient needs assistance? |
| Data Validation | ☑️ Do you run a SOGI report on a regular basis?  
|          | ☑️ Do you look for trends and anomalies?  
|          | ☑️ Do you compare your data to state or national data? |
| Substantive Use | ☑️ Are these data being used to improve patient services and outcomes for planning? |
## Clinical Quality Measure: Deliveries and Birth Weights

| Policy and Best Practices | ✔  Is there a written policy covering the collection of this data, and does it document roles and responsibilities?  
|                          | ✔  If the health center provides prenatal care by referral, is there a contractual relationship with the referral provider that includes the sharing of patient birth outcomes, including birth weights?  
|                          | ✔  Is the referral loop tracked to closure?  
|                          | ✔  Is there a process to follow up on missing data?  
| Data Definition | ✔  Have you applied the UDS Manual definitions?  
|                  | ✔  Do the referral sources record race, ethnicity, and weight of babies?  
| EHR Configuration | ✔  Is the EHR configured to record birth weight in grams?  
|                  | ✔  How are miscarriages, stillbirths, multiple births, etc. tracked?  

Clinical Quality Measure: Deliveries and Birth Weights (cont.)

<table>
<thead>
<tr>
<th>Workflow</th>
<th>✔</th>
<th>Have the workflows been clearly articulated and documented?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>✔ Ex. Is there a clear process for getting delivery outcomes from the hospital or outside providers? How is that information brought into the EHR?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✔ Have personnel been appropriately trained to input the data?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Validation</th>
<th>✔</th>
<th>Is the data compared with local, state, or national data?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✔</td>
<td>Is delivery data normally consistent, and can anomalies be easily identified?</td>
</tr>
<tr>
<td></td>
<td>✔</td>
<td>Are patients in a prenatal program in the previous year who gave birth in the current year included in the prenatal care count and delivery?</td>
</tr>
</tbody>
</table>

| Substantive Use     | ✔ | Is the data used proactively to reach out to new mothers to offer access to the appropriate services to mother and baby? |
Navigating the EHBs Successfully

Live Demonstration of Key EHBs Features and Tools
Everyone working on the UDS needs an EHBs login!
EHBs Landing Page

- This is the page you will land on when you log into the EHBs.
- On the left side, you’ll see your tasks.
- On the right side, you can change permissions and roles (assuming you have a role that permits that—e.g., CEO and Project Director).
- At the top are tabs you will use to navigate.
Navigate to Your UDS Report

- The UDS is the Performance Report for your H80 grant.
- Click on Tasks, then find the performance report with Tracking # and Entity that starts with H80 (or LAL for Look-Alikes).
- Click Edit; this will take you to the UDS Report.
Access Your Report in the Fall Using the Preliminary Reporting Environment!

• A few years back, it was not possible to access the UDS until January 1.
• This year, as with the past couple years, the system opens in late October as the Preliminary Reporting Environment (PRE).
• There are no additional steps required—the same steps apply to accessing the PRE as the “live” UDS Report.
You’ll be taken to a page that shows tools and tables in the left-hand navigation panel.

The rest of the page will show status, progress, and other report details.

There are links to a number of resources in the middle of the page.
Key EHBs Tools for Successful Reporting

Upload/Download File
Offline Templates
Comparison Report
Accessing Prior Year Reports
Other Helpful Reports
Let’s look at the tools available in the upper left corner.

Note: if you don’t see this, look for the little arrows in the upper left, next to “All Functions,” and click that and it should pop back out.
UDS Upload/Download: Download File

You are NOW using the UDS Reporting Environment. Please prepare, validate, and submit complete calendar year UDS performance data at this time.

- H80CS12392020A2: BENSON RUPARELIA UNIVERSITY, LAKE PANASOFFKEE, CA
  - BHCIS ID: 090710
  - Funding Stream(s): CHC, HCH, MHC, PHPC
  - Reporting Period: 01/01/2020 - 12/31/2020
  - Started By: Rosaline Skowronek on 11/15/2020 04:44 PM ET
  - Submission Status: Change Requested

- Resources
  - UDS Manual | Upload History | Action History | Last NoA | Training Material | UDS Reviewer | User(s) With Permissions | Certified Health IT Product List Lookup | Excel Mapping Document | Request Exemption
  - Verify Offline HTML Download | Compare Versions

Instructions

To enter UDS data offline, select either the Excel file (spreadsheet format) or the offline HTML file (forms-based format). Then select whether you want a blank form or to include any existing data. Once you have made all of your selections, click the Download button to complete your request.

With either file you can download specific tables or all the tables required for the UDS report. Please note that each time you download a file, it will be populated with any data that is in the EHRs.

Enter or change data in the file you have chosen. Once finished, upload your completed file to the EHRs.

- Excel File: Upload your completed file to the EHRs.
- HTML File: Export an Excel file from the HTML file then upload the completed Excel file to the EHRs.

Download Template

Select Format
- Offline Excel
- Offline HTML

Download
UDS Upload/Download: Download File (cont.)

Three decisions to make:
1. Do you want to use Excel or HTML format?
2. Do you want the file to include data currently in the UDS?
3. Do you want to do all tables at once or just a selected set?
**Considerations**

**Excel vs. HTML**
Excel format may feel more familiar, but it’s important to know that the Excel file cannot be modified structurally. It will not be able to be uploaded if modified. HTML looks like the UDS tables and doesn’t provide the opening to modify.

**Test It Out This Fall!**
Rather than making these decisions in February, when the pressure is on, try out these various options this fall to see how they work for you.

**Including Data or Not Including Data**
If no data or only test data has been entered, then blank is better. If there is currently data present, even if that data will be changed, it probably makes sense to include that, so you don’t have to go into the EHBs the initial data that is being changed.

**All Tables or Just a Select Set?**
Typically selecting just a certain set of tables makes more sense, whatever you are currently working on. If you download them all and then don’t use all, you run the risk of uploading blank tables over existing data.
Downloading Offline Templates

Once you click “Download,” you will get this disclaimer/instructions about the HTML form, even if you selected Excel. Click OK!
Using Offline Excel

• **First tab has tips for success.**
  ▪ When it says to verify your BHCMIS ID, it means to verify that in the filename. Your BHCMIS ID is also known as your grant number and does NOT start with H80 (it may be 6 numbers or 6–7 numbers with an E in it).

• **Table 7: each section/measure is its own tab.**
Accessing Comparison Report

- From the UDS Home Page or Status Overview Page, you can access your Comparison Report.
- This can show you last year and this year side by side.
Running the Comparison Report

- You have to select your reference and comparison year.
- You can compare different versions of your report to see notable changes.
Let’s Hear from You!

Chat in: What insight might you gain from the Comparison Report?
Let’s Hear from You! (cont.)

What insight might you gain from the Comparison Report?

- Identifying changes in staffing (such as FTEs newly reported for calendar year 2021) and verifying those with HR
- Identifying changes in insurance mix and investigating surprisingly large changes spotted in calendar year 2021
- Checking staff tenure to be sure that aligns with expectations
- Identifying large changes in clinical quality measure outcomes to be investigated before finalizing reporting
Accessing Prior UDS Reports

• The UDS is the Performance Report for your H80 grant.
• Click on Grants tab, then under Submissions click on Work on Performance Report.
• The next page will have a Performance Report for each year.
Using Available UDS Data and Reports

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

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### UDS Health Center Trend Report - 2020
1375 Health Centers - Universal

<table>
<thead>
<tr>
<th>Quality of Care Indicators/Health Outcomes</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2019 - 2020 Change</th>
<th>%</th>
<th>2018 - 2020 Change</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Health Screenings and Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>44.11</td>
<td>45.56</td>
<td>40.09</td>
<td>-5.47</td>
<td>-12.00%</td>
<td>-4.02</td>
<td>-9.11%</td>
</tr>
<tr>
<td>Screening for Depression and Follow-up Plan</td>
<td>79.57</td>
<td>71.01</td>
<td>64.21</td>
<td>-7.40</td>
<td>-10.34%</td>
<td>-6.36</td>
<td>-9.01%</td>
</tr>
<tr>
<td>Depression Remission at Twelve Months</td>
<td>-</td>
<td>-</td>
<td>13.69</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>55.95</td>
<td>56.53</td>
<td>51.06</td>
<td>-5.54</td>
<td>-9.79%</td>
<td>-4.95</td>
<td>-8.85%</td>
</tr>
<tr>
<td>Childhood Immunization Status</td>
<td>39.44</td>
<td>39.75</td>
<td>40.42</td>
<td>0.67</td>
<td>1.06%</td>
<td>0.96</td>
<td>2.49%</td>
</tr>
<tr>
<td>Dental Cleanings for Children under 6</td>
<td>52.80</td>
<td>56.80</td>
<td>48.68</td>
<td>-8.11</td>
<td>-14.29%</td>
<td>-4.12</td>
<td>-7.80%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>-</td>
<td>-</td>
<td>42.34</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>HIV Testing</td>
<td>-</td>
<td>-</td>
<td>32.28</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Managing the Review Process

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

OCT. 1
New program funding or designation date.

FALL
Preliminary Reporting Environment (PRE) opens.

JAN. 1
EHBs reporting environment opens.

SUBMISSION PERIOD

FEB. 15
UDS Report Due from health centers, submitted through the EHBs by 11:59pm!

REVIEW PERIOD

MAR. 31
Review period ends, report closeout deadline.

Reporting period = The period which is being reported on in the UDS which is January 1-Dec 31 of previous year.
Managing the Review Process

1. Information is not complete until the end of the calendar year; don’t start entering data into tables yet.
2. Other information can be entered as soon as the PRE opens! Some information can be entered on the HIT, ODE, and Workforce forms. You can also download offline data tools now to practice or ensure your reporting is configured correctly.
3. Submit your report through the EHBs by February 15. Be sure to allow time to address edits!
4. When addressing edits, if you have put detailed notes on the tables, you can direct the reviewer to the table comments in your edit responses. Otherwise, provide detailed responses on the edits in the Data Audit Report.
5. If you have not heard from your reviewer by March 1, either with review questions or that your report has been accepted, email them!
6. Reviewers send emails through the EHBs, and sometimes those get caught in spam filters. You can also go into the EHBs to check the status.
7. If you are not able to meet the dates set by your reviewer or have limitations that the reviewer needs to know about, let them know!

Start Now
Submit by Feb. 15
Expect to hear by March 1
Communicate!
Understanding Your Data and Responding to Edits

• Work together to understand and resolve edits and reviewer questions. The key data checks discussed earlier will set you up for success with this!

• Edits are an opportunity to consider your data from a broader perspective, resolve issues, revise data, or provide meaningful explanations.

• All personnel involved in UDS data collection and submission should be prepared to respond to edits and reviewer questions.

If you do not understand what an edit on the Data Audit Report is asking, contact the UDS support line (866-UDS-HELP or udshelp330@bphcdata.net).

Download the Summary Report to view national averages from the prior year that are often referenced by edits.
Available Assistance

• Technical assistance materials, including local trainings, are available online:
  ▪ HRSA Health Center Program website
• UDS Support Center for assistance with UDS reporting questions:
  ▪ udshelp330@bphcdata.net
  ▪ 866-UDS-HELP (866-837-4357)
• Health Center Program support for questions about the Health Center Program.

• EHBs support
  ▪ UDS Report and preliminary reporting environment access (in EHBs)
  ▪ EHBs system issues: 877-464-4772, Option 1
  ▪ EHBs account access and roles: 877-464-4772, Option 3
• National Training and Technical Assistance Partners
Training **Webinar Series** for 2021 UDS Reporting

- Counting Visits in the UDS
- UDS Clinical Tables Part 1: Screening and Preventive Care
- UDS Clinical Tables Part 2: Maternal Care and Children’s Health
- UDS Clinical Tables Part 3: Chronic Disease Management
- Reporting UDS Financial and Operational Tables
- Successful Submission Strategies TODAY!

All webinars are archived on the **HRSA website**.
Questions and Answers
Remember to call the UDS Support Line if you have additional content questions

1-866-UDS-HELP

or

1-866-837-4357

udshelp330@bphcdata.net
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