Uniform Data System (UDS) Clinical Tables Part 3: Disease Management

October 29, 2025, 2–3:30 p.m. ET

Sarah Cruthirds, M.S.| Training and Technical Assistance Specialist

This webinar was produced for the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care under contract number 47QRAA23D0087/75R60223F80123. This publication lists non-federal resources in order to provide additional information to consumers. Neither HHS nor HRSA has formally approved the non-federal resources in this manual. Listing these is not an endorsement by HHS or HRSA

Housekeeping

- **This event is being recorded:** Audio is now broadcasting.
- **Audio is provided through your computer speakers or headphones:** Your line is automatically muted.
- **If you have issues with your speakers:** Close out of Zoom; when you reconnect, check your audio options before joining.
- **Live captioning is available:** Click the CC Live Transcription button to show and hide captions during today's event.
- **Chat box:** The chat will be disabled for attendees but used for dropping links and files today.
- **Need tech support or have questions for our presenters?** Please type in the Q&A box!

Opening Remarks

Alysha Darden
Data and Evaluation
Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Agenda

1. Review Uniform Data System (UDS) reporting requirements for Disease Management measures on Tables 6B and 7
2. Identify reporting strategies and tips for reporting clinical quality measures (CQMs)
3. Review 2025 UDS training resources
4. Questions and answers

Objectives

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

1. Understand reporting requirements for disease management measures.
2. Identify opportunities for improvement in reporting CQMs.
3. Access additional reporting support.

Poll

How familiar are you with the UDS CQMs?

A. I am not familiar. The basics will be helpful to learn.
B. I am not very familiar. Gaining a better understanding will be helpful.
C. I am somewhat familiar. Learning about the measures in more detail will be helpful.
D. I am very familiar with these measures. I would like to learn about any changes this year that impact UDS reporting.

UDS CQM Reporting

Key UDS Terminology in CQM Reporting

UDS CQMs

Screening and Preventive Care Measures

UDS Clinical Tables Part 1: October 14, 2025, 2:00–3:30 p.m. ET

Maternal Care and Children's Health Measures

UDS Clinical Tables Part 2: October 21, 2025, 2:00–3:30 p.m. ET

Disease Management Measures

Today's Webinar

Register for future UDS webinars and view past webinar recordings.

UDS CQMs

Screening and Preventive Care	Maternal Care and Children's Health	Disease Management
• Cervical Cancer Screening • Breast Cancer Screening • Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan • Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention • Colorectal Cancer Screening • Human Immunodeficiency Virus (HIV) Screening • Preventive Care and Screening: Screening for Depression and Follow-Up Plan	• Prenatal Care Provided by Referral Only • Age of Prenatal Care Patients • Early Entry into Prenatal Care • HIV-Positive Pregnant Women • Deliveries Performed by Health Center's Providers • Prenatal Care Patients Who Delivered During the Year • Low Birth Weight • Childhood Immunization Status • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents • Dental Sealants for Children between 6–9 Years	• Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet • HIV Linkage to Care • Depression Remission at Twelve Months • ***New*: Initiation and Engagement of Substance Use Disorder (SUD) Treatment** • Controlling High Blood Pressure • Diabetes: Glycemic Status Assessment Greater Than 9%

Components of Each CQM

Denominator	Numerator	Denominator Exclusions and Exceptions
• Patients who are to be evaluated for whether they have received the specific service, test, or outcome. • Equal to the initial population identified in the CQM. • Reported in Column A.	• Measures whether the service, event, test or outcome requirements were met. • Each patient in the denominator is assessed to determine if they meet the numerator. • Reported in Column C, or Column F for the diabetes measure.	• ***Exclusions:*** Patients who meet exclusion criteria are not to be considered for the measure. They are removed from the denominator before determining if numerator criteria are met. • ***Exceptions:*** Patients who do meet denominator criteria but do not meet numerator criteria and meet any of the exception criteria are removed from the denominator.

Other Key Terms in UDS CQM Measurement

Specification Guidance	The Centers for Medicare & Medicaid Services (CMS) measures guidance that assists with understanding and implementing CQMs.
UDS Reporting Considerations	Additional BPHC requirements and guidance that must be applied to the specific measure and that may differ from or expand on the electronic clinical quality measure (eCQM) specifications.
CQMs	Quantified health care indicators used to evaluate how well the health center is achieving standards.
eCQMs	CQMs expressed and formatted to use data from electronic health record (EHR) and/or health information technology (health IT) systems to measure health care quality, ideally data captured in structured form during the process of patient care. Most UDS CQMs are aligned with eCQMs.
Clinical Quality Language (CQL)	An open-source standard that allows a human-readable description of clinical quality logic to express clinical knowledge.
Value Sets	Lists of codes and corresponding terms from the National Library of Medicine Value Set Authority Center (VSAC)–hosted standard clinical vocabularies (such as CPT, ICD,SNOMED CT, RxNorm, and LOINC®) that define clinical concepts.
Measurement Period	Represents calendar year (CY) 2025 (January 1–December 31) **unless** another time frame is specifically noted in the UDS Manual or measure specifications.
Measure Steward	An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward.

Denominators: Qualifying Encounters

To be included in any given UDS-reported CQM denominator, patients must have:

- A **countable UDS visit** during the calendar year reported on Table 5

and

- A **visit that meets the qualifying encounter definitions** for that particular CQM measure criteria and specifications.
- Each measure has its own qualifying encounters, defined in its specifications.

CQMs: Keys to Remember

To be reported *anywhere* on the UDS, a patient must have a countable visit on Table 5 during the year.

Countable visits can be in multiple service categories (e.g., medical, dental, mental health, SUD) if they meet the countable visit definition.

For CQM reporting on Tables 6B and 7, patients must meet the criteria detailed in the individual measure specifications.

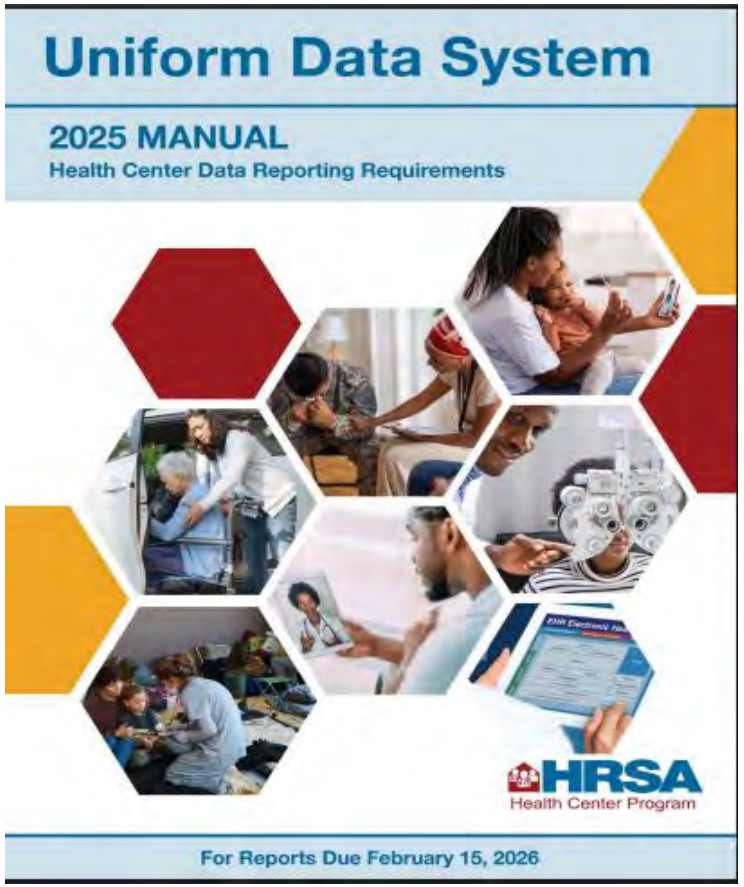
Eligible visit types depend on specifications defined by the particular measure steward and must be assessed for each measure individually.

It is essential to review and use the codes listed in each eCQM.

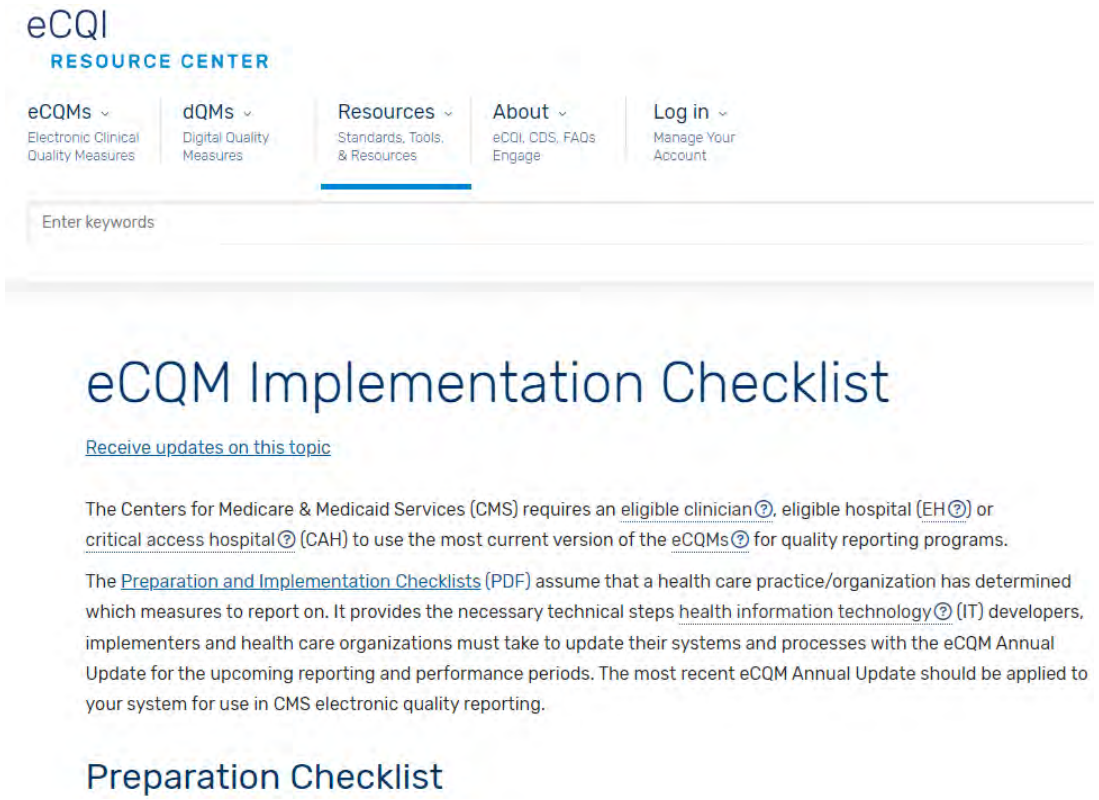
Many CQMs have denominators that are limited to patients who have had at least a medical visit during the year, but in some measures, other visit types might also be included in applicable eCQM value sets.

Getting Started with CQMs
Finding UDS Guidance

- Review the 2025 UDS Manual, which includes:
  - Definitions and instructions specific to the UDS
  - Links to all eCQMs, as well as UDS-specific considerations
  - Descriptions of additional resources to support reporting
- Review year-over-year changes via:
  - 2025 Program Assistance Letter (PAL)
  - UDS Changes Webinar (held June 26, 2025)
  - Technical assistance webinars and annual UDS trainings co-hosted with Primary Care Associations



Getting Started with eCQMs
eCQI Resource Center



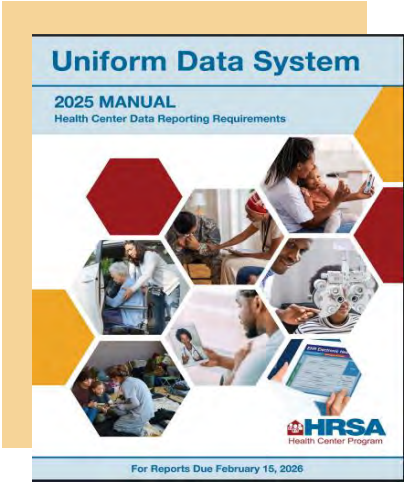
eCQM Implementation Checklist

- Six preparation steps and seven implementation steps.

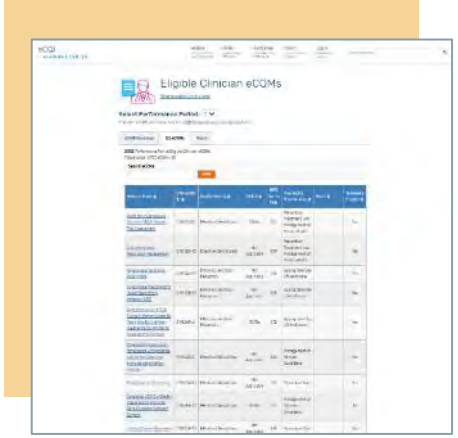
eCQM supports include:

- eCQI Resource Center: For each measure, in the "Measure Information" tab, there is the option to "compare" (e.g., 2024 to 2025). **This highlights changes year over year.**
- eCQM Flows: Workflows for each eCQM, updated annually; downloads as a ZIP file.
- Technical Release Notes: 2025 Performance Period eCQMs for Eligible Clinicians
- eCQM value sets: The Value Set Authority Center (VSAC) site allows you to search value sets.
- Additional resources are available on the Eligible Clinician eCQM Resources page.

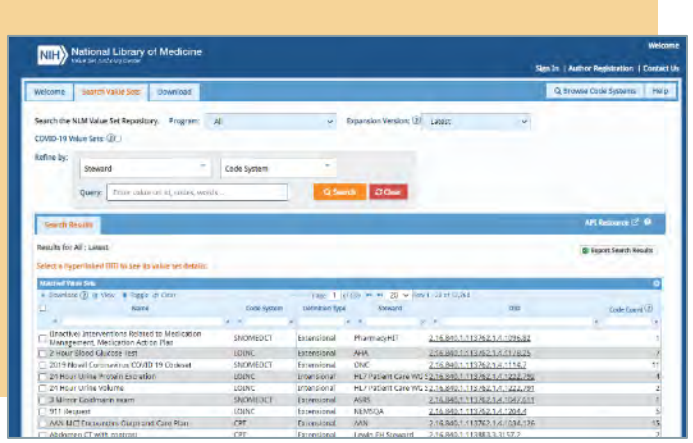
Getting Started with CQMs
Key Resources



The UDS Manual provides specific UDS table and form reporting instructions, covers UDS-specific considerations, and links to measure specifications



The manual links to the eCQI Resource Center, where measure information, specifications, data elements, and value sets are found.



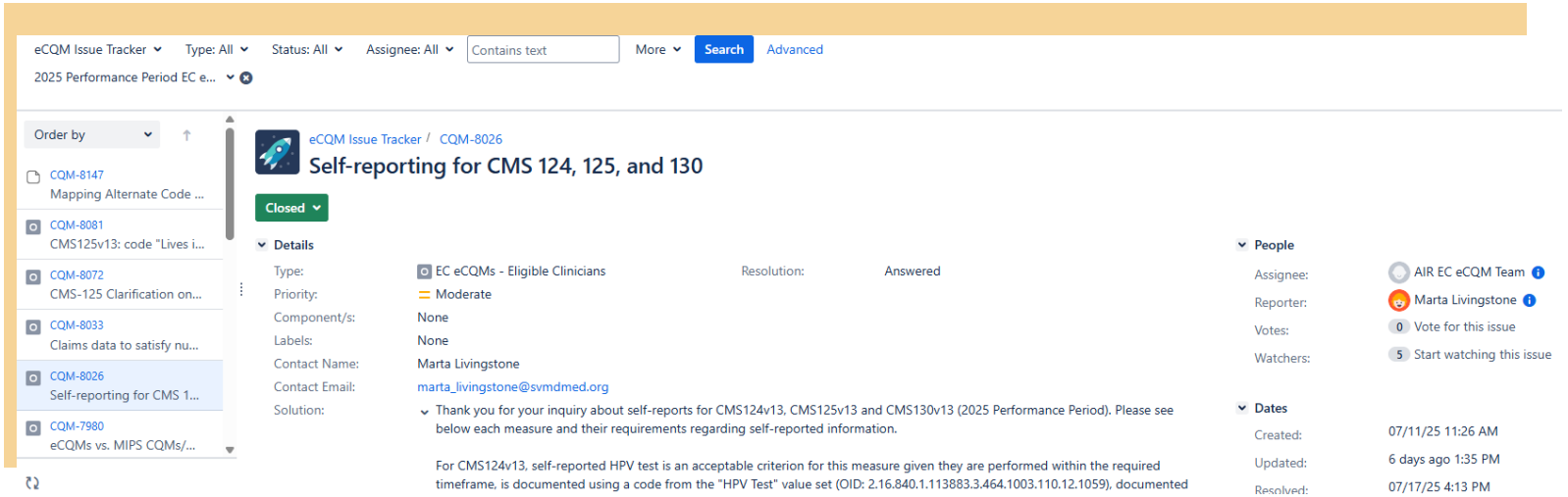
The codes that make up each value set within the measure specifications are available from the VSAC site.

eCQM issues that have been identified can be reviewed in the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) Issue Tracking System (OITS) Jira project eCQM Issue Tracker.

Responses to questions and guidance from the measure stewards can be found here.

Sign up for an OITS account.

Post questions in the eCQM Issue Tracker.



Knowledge Check #1

What criteria are used to determine which patients to include in a measure denominator?

A. Only patients who had at least one medical visit during the measurement period.

B. Only patients who had a countable UDS visit **and** a visit that meets the qualifying encounter definitions for that particular CQM measure criteria and specifications during the measurement period.

C. Only patients who had at least one behavioral health visit at a health center site during the measurement period.

D. None of the above.

Knowledge Check #1 Answer

What criteria are used to determine which patients to include in a measure denominator?

A. Only patients who had at least one medical visit during the measurement period.

B. Only patients who had a countable UDS visit and a visit that meets the qualifying encounter definitions for that particular CQM measure criteria and specifications during the measurement period.

C. Only patients who had at least one behavioral health visit at a health center site during the measurement period.

D. None of the above.

Table 6B CQMs

Reporting Format, Key Changes, UDS CQMs

Table 6B Reporting Format

Denominator (a)	Number of Records Reviewed (Denominator) (b)	Number of Records Meeting the Numerator Criteria (Numerator) (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Patients who fit the criteria (same as Column A), or a number equal to or greater than 80 percent of Column A	Number of records from Column B that meet the numerator criteria for the measure

Changes to Align with eCQMs

Table 6B was updated to align with the latest CMS eCQMs. The 2025 UDS CQM Criteria handout is available to review for 2025 updates.

From Table 6B: Disease Management with Updated eCQMs

Table, Line	Clinical Quality Care Measure	Updated eCQM
6B, 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v8
6B, 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7
6B, 20	HIV Linkage to Care	No eCQM
6B, 21a	Depression Remission at Twelve Months	CMS159v13
6B, 23a and 23b	**New**: Initiation and Engagement of Substance Use Disorder (SUD) Treatment	CMS137v13

Table 6B CQMs:
Disease Management

Uniform Data System

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: CMS347v8

Denominator	Exclusions	Exceptions	Numerator
Patients who have a countable UDS visit on Table 5 and meet **any** of the following criteria: 1. All patients who were previously diagnosed with or currently have a diagnosis of ASCVD, including an ASCVD procedure. 2. Patients aged 20 to 75 years at the start of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. 3. Patients aged 40 to 75 years at the start of the measurement period with Type 1 or Type 2 diabetes. 4. Patients aged 40 to 75 at the start of the measurement period with a 10-year ASCVD risk score (i.e., 2013 ACC/AHA ASCVD Risk Estimator or the ACC Risk Estimator Plus) of >= 20 percent during the measurement period.	• Patients who are breastfeeding at any time during the measurement period. • Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period.	• Patients with statin-associated muscle symptoms or an allergy to statin medication. • Patients who are receiving palliative or hospice care. • Patients with active liver disease or hepatic disease or insufficiency. • Patients with end-stage renal disease (ESRD). • Patients with documentation of a medical reason for not being prescribed statin therapy.	Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: CMS347v8 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- There are ***no*** major changes to this measure for 2025 reporting.
- Current statin therapy use must be documented in the patient's current medication list or ordered during the measurement period.
- *Only* statin therapy meets the measure Numerator criteria; other cholesterol lowering medications do ***not***.
- Intensity of statin therapy or lifestyle modification is ***not*** being assessed for this measure; lifestyle modification does not meet the numerator specifications.
- Telehealth-only visit may qualify a patient for the denominator, a telephone-only visit will ***not*** qualify for inclusion in the denominator.
- There are four separate populations in denominator criteria. **It is important to understand patients are not included in the denominator more than once.** *Once a patient meets one set of denominator criteria, they are included and further risk checks are not needed.*

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet: CMS164v7

Denominator	Exclusions	Exceptions	Numerator
Patients who have a countable UDS visit on Table 5 and are 18 years of age and older during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period.	Patients who: • Had documentation of use of anticoagulant medications overlapping the measurement period. • Were in hospice care during the measurement period.	None	Patients who had an active medication of aspirin or another antiplatelet during the measurement period.

Note that this measure is no longer electronically specified; health centers should continue to follow the guidance and details of CMS164v7

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet: CMS164v7 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- There are ***no*** major changes to this measure for 2025 reporting.
- Allergies to medication are not an exclusion for this measure, so patients with allergies are not excluded from the denominator.
- This measure has not been updated by the measure steward. Version 7 continues to be used for 2025 reporting.
- SNOMED CT and ICD-10 codes are available for determining whether a patient has IVD; be sure to review those in the value set.
  - Do not use just any reference to IVD in any encounter, be it a lab order, radiology visit, or secondary diagnosis that was later refuted with further testing.

HIV Linkage to Care

Denominator	Exclusions	Exceptions	Numerator
Patients who have a countable UDS visit on Table 5 and were newly diagnosed with HIV by the health center between December 1, 2024, and November 30, 2025.	None	None	Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by the health center (and are included in the denominator) and: • Had a visit with your health center provider who initiated treatment for HIV, or • Had a documented visit with a referral resource who initiated treatment for HIV.

HIV Linkage to Care: *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- Only include patients who are diagnosed with HIV for **the first time ever *at the health center*** within the specified timeframe.
- The clock starts for linkage to care when the diagnosis is made or on the onset date, typically when the confirmatory test is done. Check your EHR vendor guidance for exactly where/how this needs to be captured in your system.
- Successful linkage to care is either a visit with the health center for HIV care or a completed referral for HIV care within 30 days of initial diagnosis. A visit where a confirmatory test is done or only education is provided does *not* meet the linkage to care requirement. However, it is not required that the patient start antiretroviral therapy (ART) medication at the visit.
- Relevant CPT and ICD codes to help identify patients for the Table 6B HIV Linkage to Care measure can be found at UDS HIV Prevention and Linkage to Care Coding.
- Reactive initial HIV tests and patients who self-identify as being HIV positive without documentation must be followed by a supplemental test to confirm diagnosis.

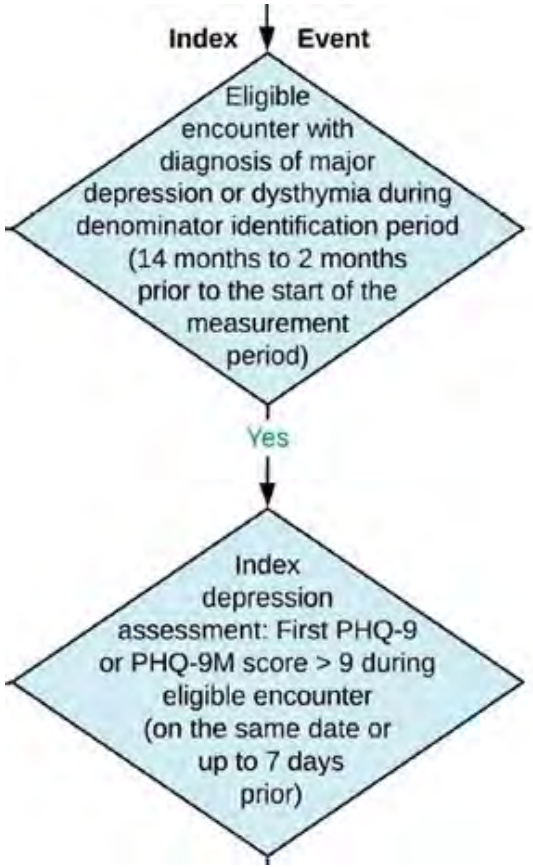
Depression Remission at Twelve Months: CMS159v13

Denominator	Exclusions	Exceptions	Numerator
Patients aged 12 years and older at the start of the measurement period with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event.	• Patients who died any time prior to the end of the measure assessment period. • Patients who received hospice or palliative care services between the start of the denominator period and the end of the measurement assessment period. • Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder any time prior to the end of the measure assessment period.	None	Patients aged 12 years and older who achieved remission at twelve months as demonstrated by the most recent twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five.

Depression Remission at Twelve Months : CMS159v13 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- There are ***no*** major changes to the Depression Remission measure for 2025 reporting.
- For this measure, the PHQ-9 or PHQ-9M must be used.
- Patients may be screened using the PHQ-9 or PHQ-9M up to 7 days prior to the office visit or on the day of the visit.
- If multiple PHQ-9 scores are captured within the specified window (12 months from the index event +/- 60 days), use the most recent score.
- If no PHQ-9 is completed within the specified window (12 months from the index event +/- 60 days), then the patient does not meet the numerator requirements.



New: Initiation and Engagement of Substance Use Disorder (SUD) Treatment: CMS137v13

Denominator	Exclusions	Exceptions	Numerator
Patients 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period.	Exclude patients who are in hospice care for any part of the measurement period.	None	Numerator 1 (line 23a): Patients with initiation of treatment includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode. Numerator 2 (line 23b): Patients with engagement in ongoing SUD treatment within 34 days of initiation includes: • A long-acting SUD medication on the day after the initiation through 34 days after the initiation of treatment. • One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment: a) two engagement visits, b) two engagement medication treatment events, c) one engagement visit and one engagement medication treatment event.

Initiation and Engagement of Substance Use Disorder (SUD) Treatment: CMS137v13 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- Two rates are reported:
  - Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode.
  - Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation.
- The denominator for lines 23a and 23b ***must*** be the same.
- The new SUD episode is the first encounter during the Intake Period with a diagnosis of SUD with no encounter or medication treatment for a diagnosis of SUD in the 60 days prior.
- The Intake Period of January 1–November 14 of the calendar year is used to capture new SUD episodes.
- Engagement visits are psychosocial visits with non-medication intervention, and engagement medication treatment events are the initiation with long or short-acting SUD medications.

Table 7 CQMs:
Disease Management

Uniform Data System

Table 7 Reporting Format

Denominator (2a)	Number of Records Reviewed (Denominator) (2b)	Number of Records Meeting the Numerator Criteria (Numerator) (2c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Patients who fit the criteria (same as Column A), or a number equal to or greater than 80 percent of Column A	Number of records from Column B that meet the numerator criteria for the measure

Changes to Align with eCQMs

Table 7 was updated to align with the latest CMS eCQMs. The 2025 UDS CQM Criteria handout is available to review for 2025 updates.

From Table 7: Disease Management with Updated eCQMs

Table, Line	Clinical Quality Care Measure	Updated eCQM
7, 1a1m – i	Controlling High Blood Pressure	CMS165v13
7, 1a1m – i	Diabetes: Glycemic Status Assessment Greater Than 9%	CMS122v13

Controlling High Blood Pressure: CMS165v13

Denominator	Exclusions	Exclusions cont.	Numerator

Patients 18–85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.	• Patients who are in hospice care for any part of the measurement period.
	• Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period.
	• Women with a diagnosis of pregnancy during the measurement period.
	• Patients 66–80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
	  ○ Advanced illness diagnosis during the measurement period or the year prior
	  ○ OR taking dementia medications during the measurement period or the year prior
		• Exclude patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.
		• Exclude patients 66 and older by the end of the measurement period who are living long-term in a nursing home any time on or before the end of the measurement period.
		• Exclude patients receiving palliative care for any part of the measurement period.
			Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Controlling High Blood Pressure: CMS165v13 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions (FAQs)

- Regarding the denominator exclusions, specifically the advanced illness criteria, the need for two outpatient encounters or one inpatient encounter has been removed. Instead, the criteria now reads, "Advanced illness diagnosis during the measurement period or the year prior."
- This measure and all others on Table 7 are reported by race and ethnicity.
- Blood pressure readings taken at any type of visit at the health center count toward measure compliance. For example, blood pressure readings done at a dental visit count if that result is from the most recent visit.
- Include patients who have an active diagnosis of hypertension (i.e., on the problem list) even if their visits during the year were unrelated to the diagnosis.
- Only blood pressure readings performed by a provider or an automated blood pressure monitor or device are acceptable for the numerator criteria.

Diabetes: Glycemic Status Assessment Greater Than 9%: CMS122v13

Denominator	Exclusions	Exceptions	Numerator

Patients 18–75 years of age by the end of the measurement period with diabetes and with a visit during the measurement period.	• Patients who are in hospice care for any part of the measurement period.
	• Patients 66 and older by the end of the measurement period who are living long-term in a nursing home any time on or before the end of the measurement period.
	• Patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
	  ○ Advanced illness diagnosis during the measurement period or the year prior
	  ○ OR taking dementia medications during the measurement period or the year prior
	• Patients receiving palliative care for any part of the measurement period.
		None	Patients whose most recent glycemic status assessment (HbA1c or glucose management indicator (GMI)) (performed during the measurement period) is >9.0% or is missing or was not performed during the measurement period.

Diabetes: Glycemic Status Assessment Greater Than 9%: CMS122v13 *(cont.)*

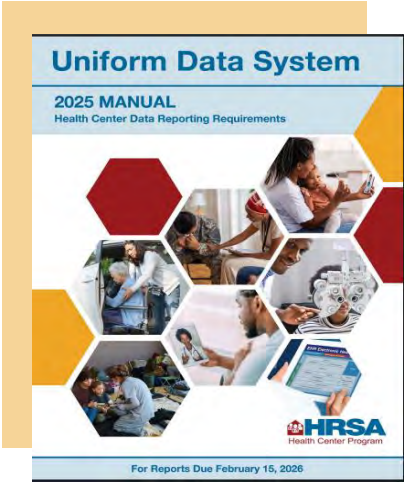
Clarifications, Tips, and Frequently Asked Questions (FAQs)

- Regarding the denominator exclusions, specifically the advanced illness criteria, the need for two outpatient encounters or one inpatient encounter has been removed. Instead, the criteria now reads, “Advanced illness diagnosis during the measurement period or the year prior.”
- The measure specifications allow for HbA1c or GMI.
- Name changed to align with CMS guidelines.
- If the patient included in the denominator does not have an HbA1c or GMI in their chart during the measurement year, then they are reported as >9% or no test (uncontrolled in column 3F).
- This is an inverse measure, meaning a lower score indicates better quality outcome.

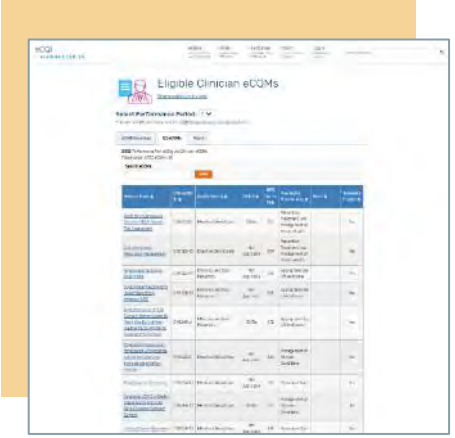
UDS Workflow for eCQMs Demonstration

Goal: Learn how to access value sets for the *new* SUD eCQM

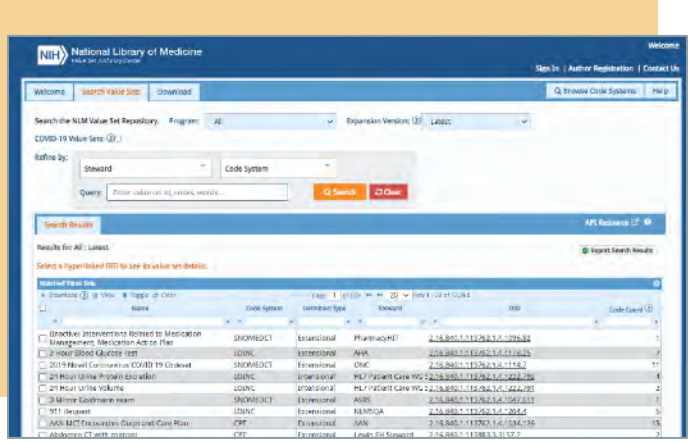
Reminder: Getting Started with CQMs
Key Resources



The UDS Manual provides specific UDS table and form reporting instructions, covers UDS-specific considerations, and links to measure specifications.



The manual links to the eCQI Resource Center, where measure information, specifications, data elements, and value sets are found.



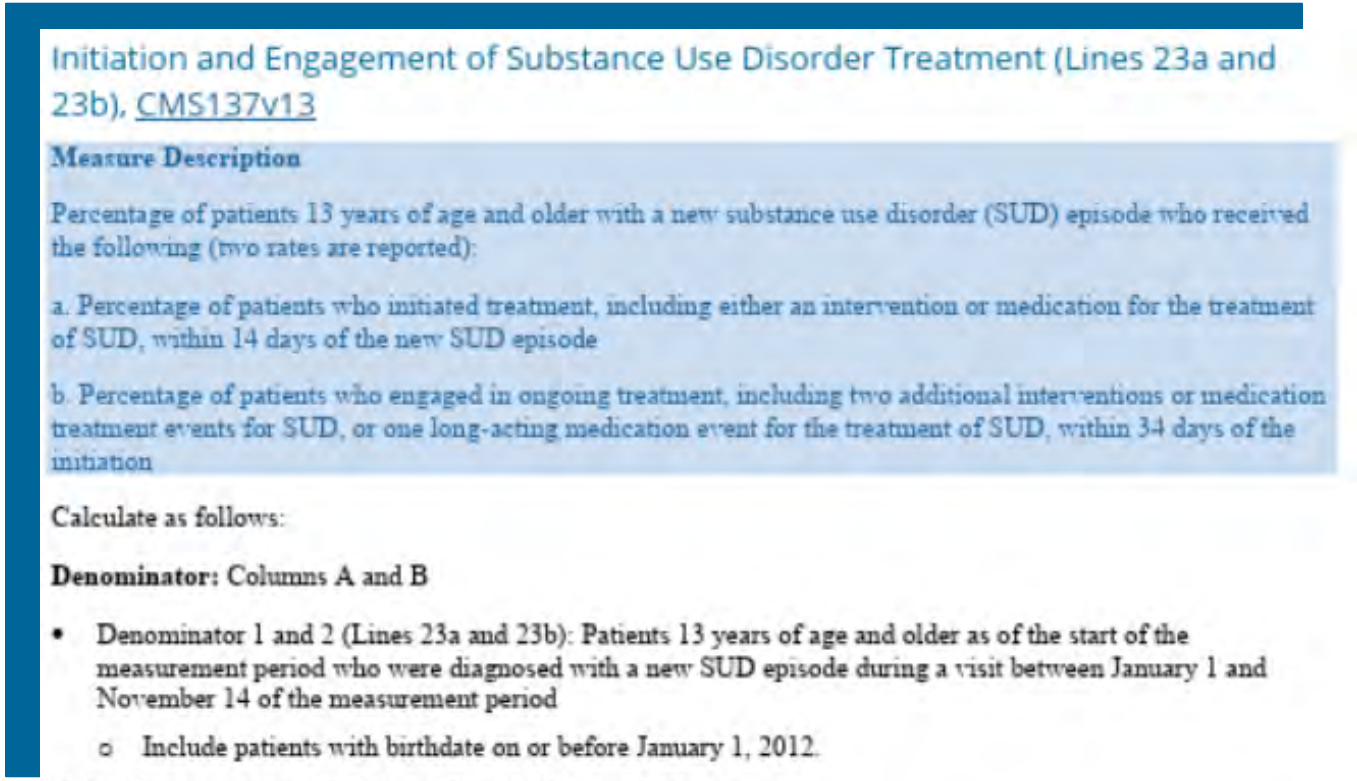
The codes that make up each value set within the measure specifications are available from the VSAC site.

Example question: How does a patient meet the numerator criteria for the Initiation and Engagement of Substance Use Disorder Treatment measure?

Remember: There are *two* rates reported!

Step 1: Review CQM Guidance in the UDS Manual

- Familiarize yourself with the measure by reviewing UDS Manual guidance.
- **Specification Guidance** summarizes CMS guidance to help with understanding and implementing eCQMs.
- **UDS Reporting Considerations** offer additional requirements and guidance that must be applied to a specific measure and may differ from or expand on eCQM specifications, when applicable.



Initiation and Engagement of Substance Use Disorder Treatment (Lines 23a and 23b), CMS137v13

Measure Description

Percentage of patients 13 years of age and older with a new substance use disorder (SUD) episode who received the following (two rates are reported):

a. Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode

b. Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation

Calculate as follows:

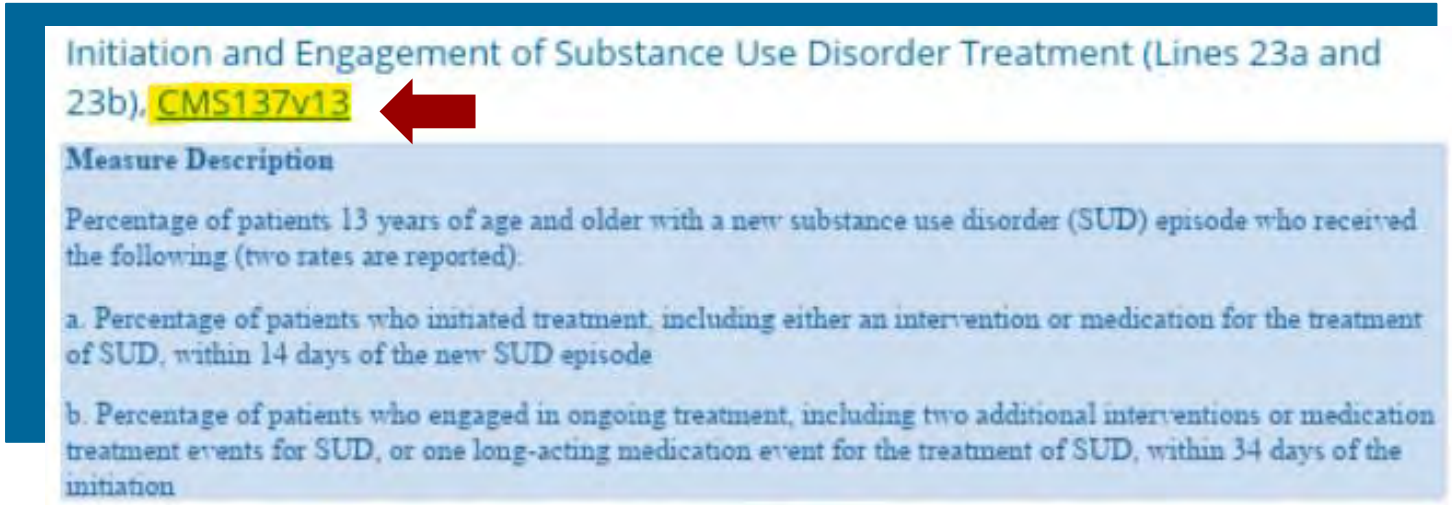
Denominator: Columns A and B

- Denominator 1 and 2 (Lines 23a and 23b): Patients 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period
  - Include patients with birthdate on or before January 1, 2012.

Note: The denominator for Lines 23a and 23b must be the same.

Step 2: Access the Measure Specifications

Click the link next to the measure name in the **UDS Manual**.



This will bring you to the measure page on the **eCQI Resource Center**. Click on the "Specifications and Data Elements" tab, then click on the first .html file to access the measure specifications.

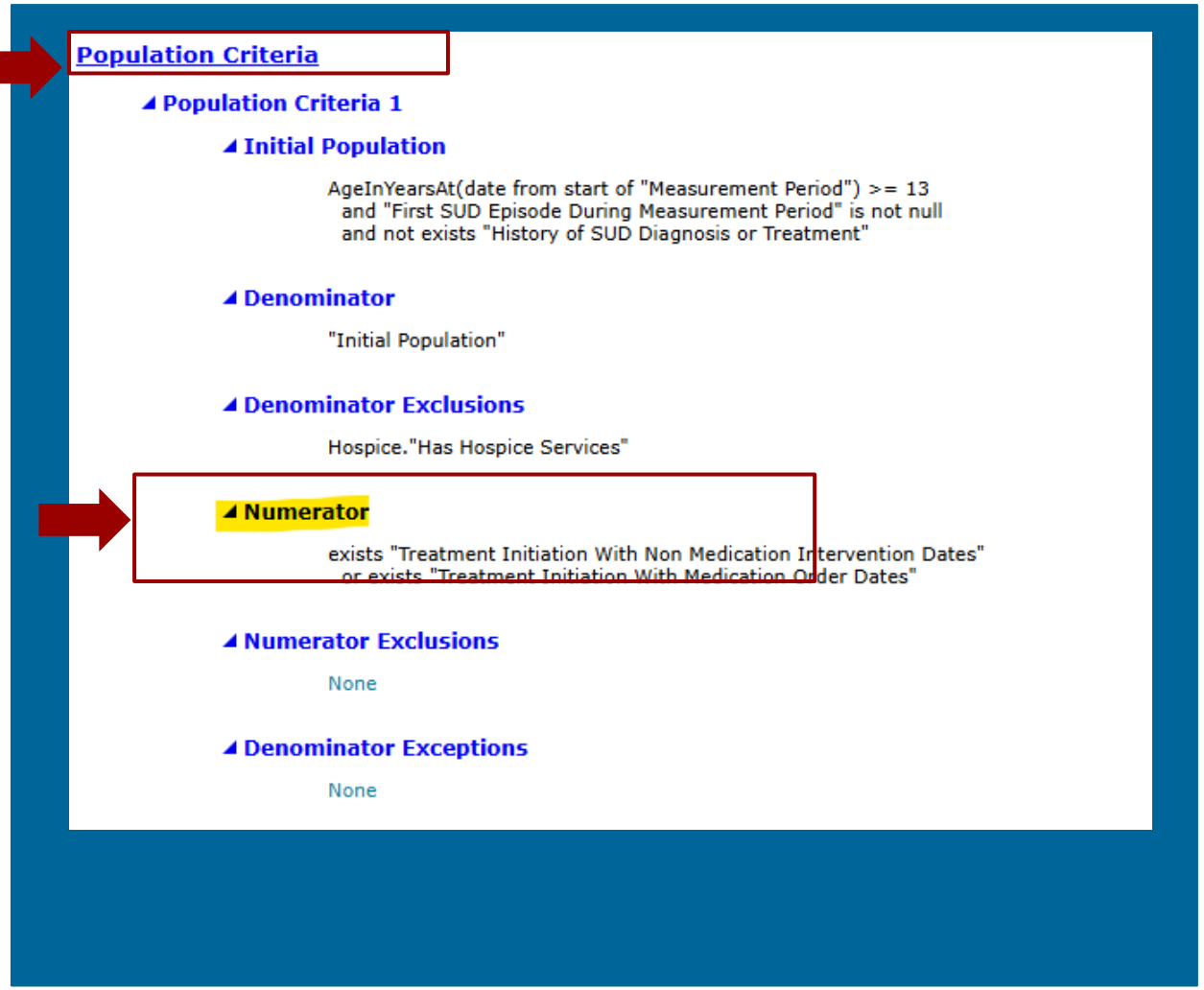
Step 3: Read Specifications for Relevant Criteria, Definitions, and Terminology

The population criteria for the measure will be listed first in the specifications. This is the CQL that defines each population: denominator, numerator, exclusions, and exceptions.

The measure specifications show that the **numerator** for this measure is:

exists "Treatment Initiation with Non Medication Intervention Dates" or exists "Treatment Initiation With Medication Order Dates"

Note: We are looking at the numerator for Line 23a.



Step 3: Read Specifications for Relevant Criteria, Definitions, and Terminology *(cont.)*

The **Definitions** section further defines the numerator criteria:

"Treatment Initiation With Non Medication Intervention Dates"

"Treatment Initiation With Medication Order Dates" from the last slide

Definitions

Denominator

"Initial Population"

Denominator Exclusions

Hospice."Has Hospice Services"

Treatment Initiation With Non Medication Intervention Dates

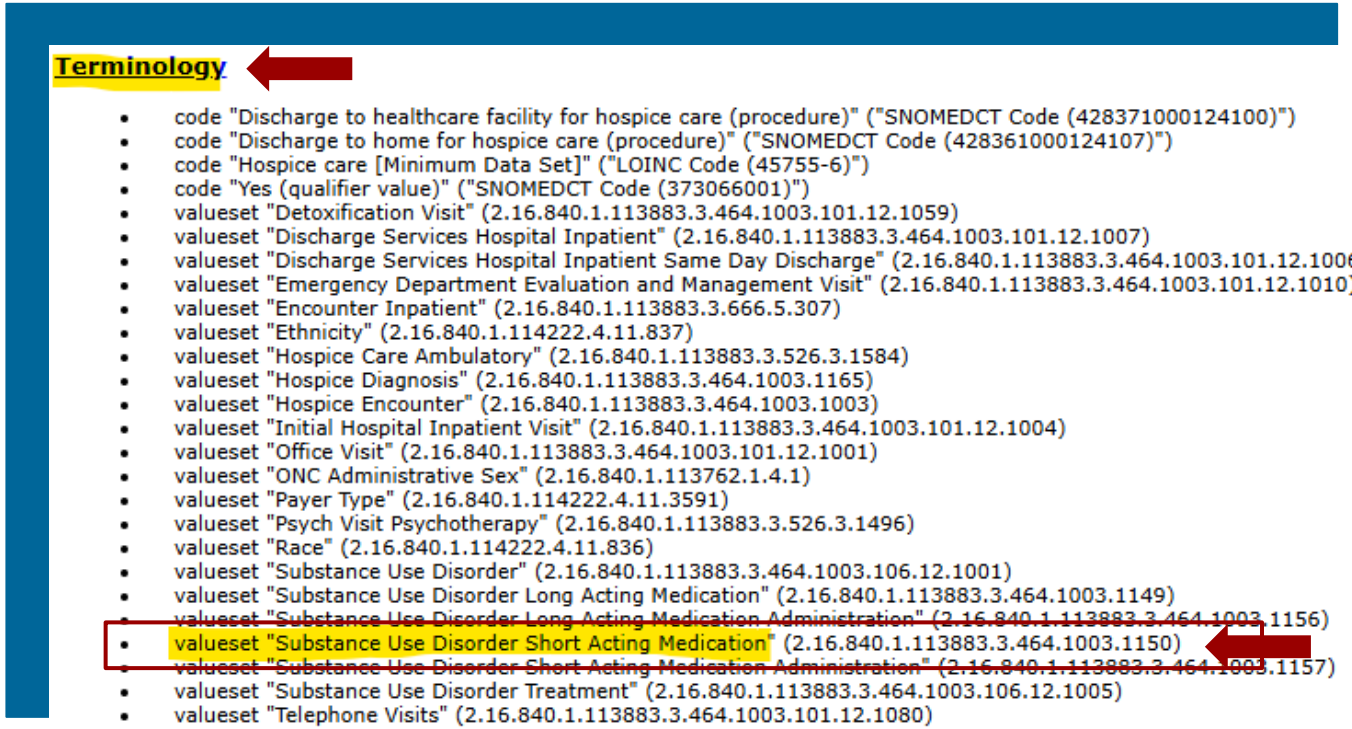
```
"Psychosocial Visit" PsychosocialVisit
  let treatmentDate: date from start of Global."NormalizeInterval" ( PsychosocialVisit.relevantDatetime, PsychosocialVisit.relevantPeriod )
  with "First SUD Episode During Measurement Period" FirstSUDEpisode
    such that treatmentDate during Interval[date from start of FirstSUDEpisode.relevantPeriod, date from start of FirstSUDEpisode.relevantPeriod + 14 days )
      and PsychosocialVisit.id != FirstSUDEpisode.id
  return all treatmentDate
```

Treatment Initiation With Medication Order Dates

```
( ( ["Medication, Order": "Substance Use Disorder Short Acting Medication"]
    union ["Medication, Order": "Substance Use Disorder Long Acting Medication"] ) SUDMedication
    let treatmentDate: date from SUDMedication.authorDatetime
    with "First SUD Episode During Measurement Period" FirstSUDEpisode
      such that treatmentDate during Interval[date from start of FirstSUDEpisode.relevantPeriod, date from start of FirstSUDEpisode.relevantPeriod + 14 days )
    return all treatmentDate
)
  union ( ( ["Procedure, Performed": "Substance Use Disorder Short Acting Medication Administration"]
      union ["Procedure, Performed": "Substance Use Disorder Long Acting Medication Administration"] ) SUDMedAdministration
      let treatmentDate: date from start of Global."NormalizeInterval" ( SUDMedAdministration.relevantDatetime, SUDMedAdministration.relevantPeriod )
      with "First SUD Episode During Measurement Period" FirstSUDEpisode
        such that treatmentDate during Interval[date from start of FirstSUDEpisode.relevantPeriod, date from start of FirstSUDEpisode.relevantPeriod + 14 days )
      return all treatmentDate
```

We see that these data element definitions include Medications, Procedures, and Visits:
"Medication, Order": "Substance Use Disorder Short Acting Medication"
"Procedure, Performed" : "Substance Use Disorder Short Acting Medication Administration"
and *"Psychosocial Visit"*

Step 4: Find the Relevant Value Set in Measure Specifications



Scroll down to the **Terminology** section of the specifications, where all value sets for the measure will be found. Here is the **"Substance Use Disorder Short Acting Medication"** value set that is a part of the numerator criteria.

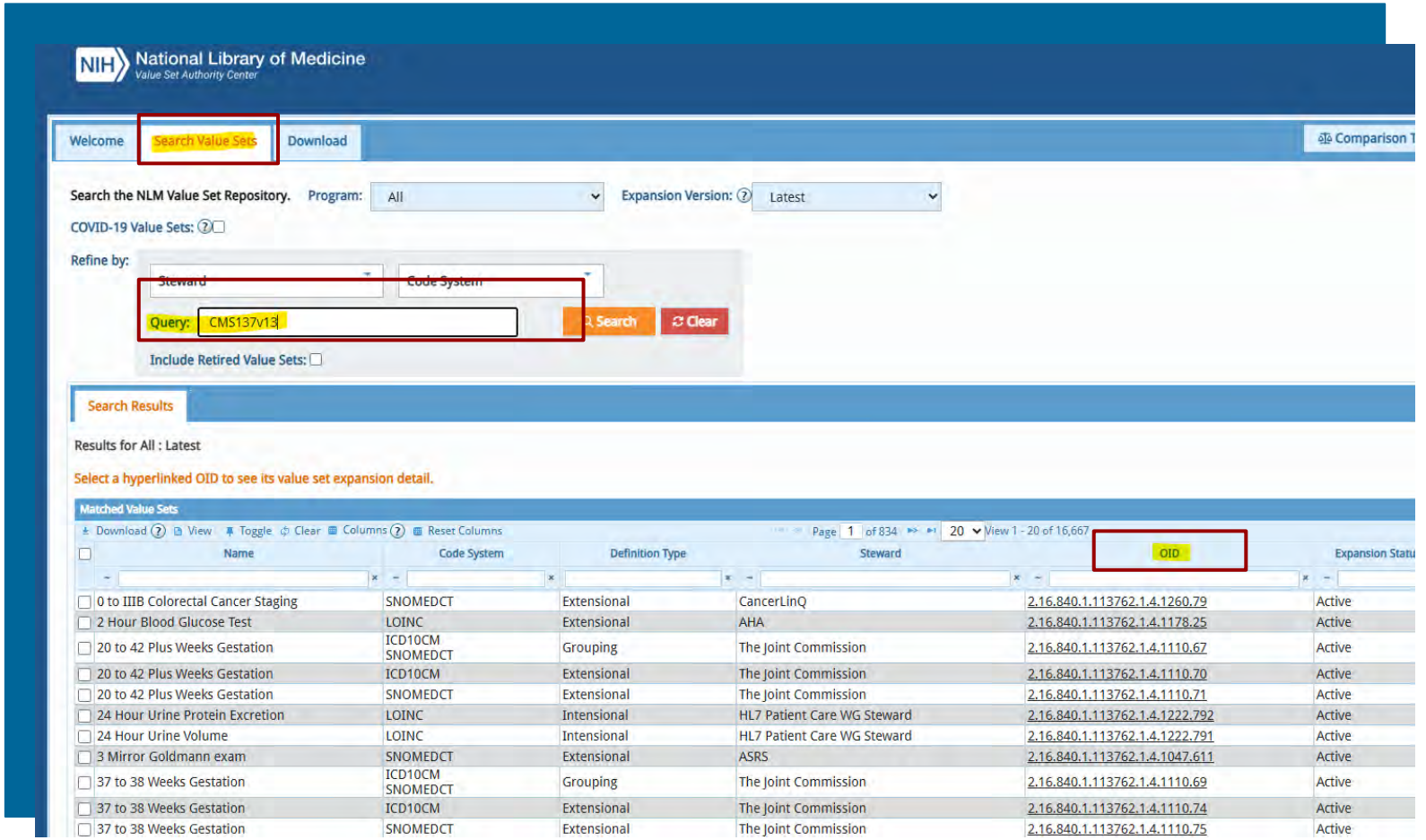
The string of numbers beginning with "2" next to the value set name is the **value set ID**. This can be used to search the VSAC for codes included in the "Substance Use Disorder Short Acting Medication" value set.

Step 5: Access Value Sets from VSAC

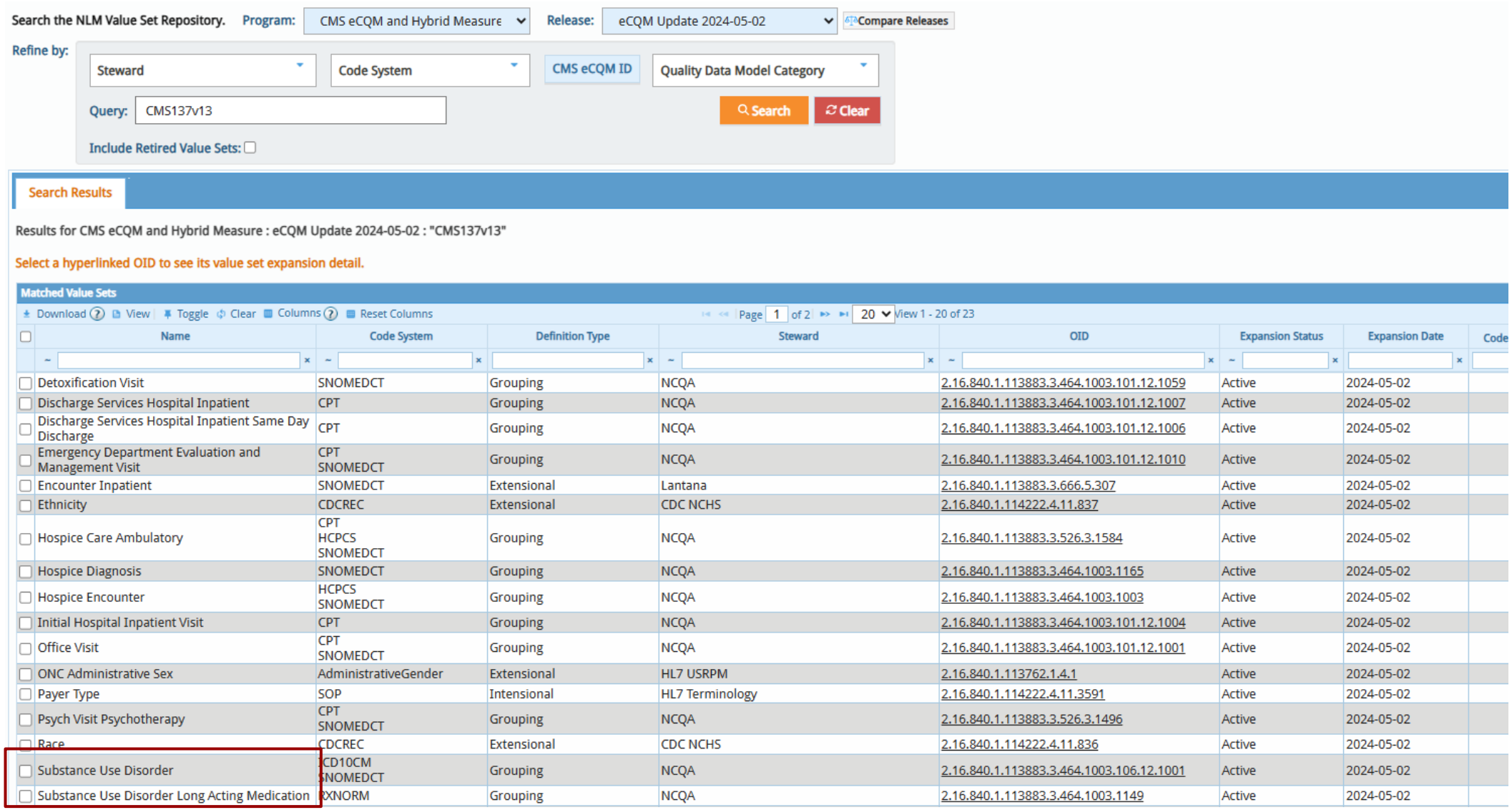
In the VSAC, you can use the query field to search for the **measure ID** and see all value sets included in the measure as shown here.

Or just search for the specific “Substance Use Disorder Short Acting Medication” value set using the **value set ID** shown on the last slide.

Click on any value set in the object identifier (**OID**) column to see the list of included codes.



Step 6: Review Codes



Name	Code System	Definition Type	Steward	OID	Expansion Status	Expansion Date	Code
Detoxification Visit	SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.101.12.1059	Active	2024-05-02	
Discharge Services Hospital Inpatient	CPT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.101.12.1007	Active	2024-05-02	
Discharge Services Hospital Inpatient Same Day Discharge	CPT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.101.12.1006	Active	2024-05-02	
Emergency Department Evaluation and Management Visit	CPT SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.101.12.1010	Active	2024-05-02	
Encounter Inpatient	SNOMEDCT	Extensional	Lantana	2.16.840.1.113883.3.666.5.307	Active	2024-05-02	
Ethnicity	CDCREC	Extensional	CDC NCHS	2.16.840.1.114222.4.11.837	Active	2024-05-02	
Hospice Care Ambulatory	CPT HCPCS SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.526.3.1584	Active	2024-05-02	
Hospice Diagnosis	SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.1165	Active	2024-05-02	
Hospice Encounter	HCPCS SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.1003	Active	2024-05-02	
Initial Hospital Inpatient Visit	CPT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.101.12.1004	Active	2024-05-02	
Office Visit	CPT SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.101.12.1001	Active	2024-05-02	
ONC Administrative Sex	AdministrativeGender	Extensional	HL7 USRPM	2.16.840.1.113762.1.4.1	Active	2024-05-02	
Payer Type	SOP	Intensional	HL7 Terminology	2.16.840.1.114222.4.11.3591	Active	2024-05-02	
Psych Visit Psychotherapy	CPT SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.526.3.1496	Active	2024-05-02	
Race	CDCREC	Extensional	CDC NCHS	2.16.840.1.114222.4.11.836	Active	2024-05-02	
Substance Use Disorder	ICD10CM SNOMEDCT	Grouping	NCQA	2.16.840.1.113883.3.464.1003.106.12.1001	Active	2024-05-02	
Substance Use Disorder Long Acting Medication	RXNORM	Grouping	NCQA	2.16.840.1.113883.3.464.1003.1149	Active	2024-05-02	

Pro Tip: How to Access Codes for All Measures

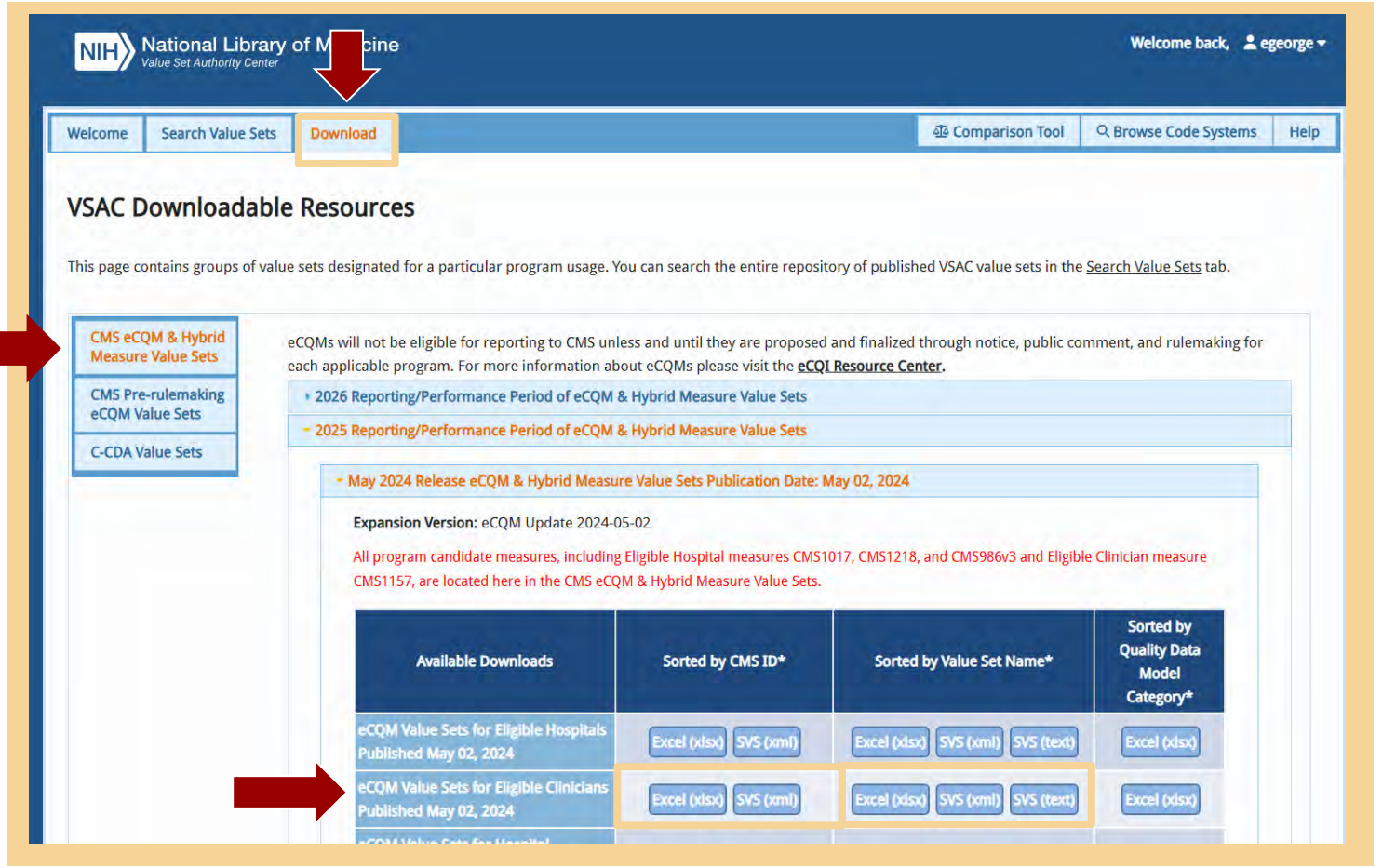
To download all codes from the VSAC site:

- **Create a free Unified Medical Language System account.**
- Once you are logged in, go to Download tab → 2025 Reporting → eCQM Value Sets for Eligible Clinicians.

There are two download options:

➔ Download Excel **Sorted by CMS ID** to get the full set for each measure—you'll match the CMS # from the UDS Manual to the CMS # on the tabs of the downloaded spreadsheet. There are more measures in the spreadsheet than there are in the UDS.

➔ Download Excel **Sorted by Value Set Name** to find codes for only certain value sets. (Remember, value sets are the defined components of each measure.)



How to Access Measure Specifications

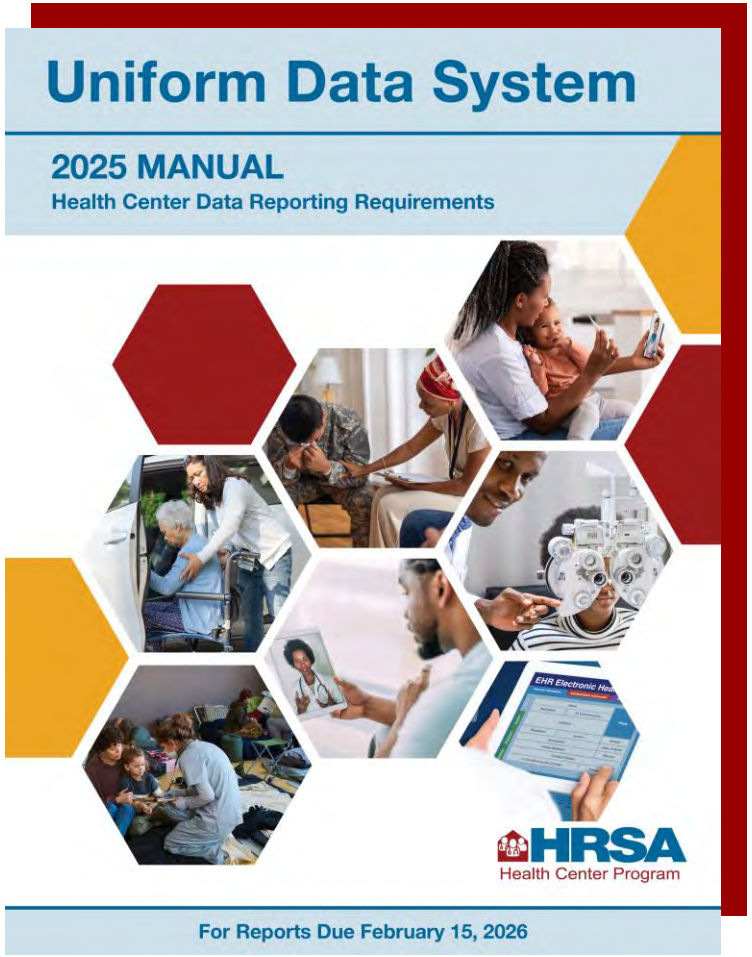
Available to all at https://vimeo.com/635520357

Strategies for Successful Reporting

Uniform Data System

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2025 UDS Manual.
- See other available guidance:
  - PAL
  - eCQI Resource Center
  - VSAC
- The UDS Support Center offers help with UDS measures and requirements.
  - Call 866-UDS-HELP (available year-round from 8:30 a.m. to 5 p.m. ET).
  - Email udshelp330@bphcdata.net.
  - Submit a ticket via the BPHC Contact Form (select Uniform Data System/UDS Reporting).



Check Data for Accuracy

- Vendor-developed reports and other reporting advancements will not replace the need for data governance and validation in your health center!
- Educate health center staff involved with UDS reporting on 2025 UDS changes.
- Work with your EHR to validate data workflows and output and to verify that current year updates have been programmed.

Reporting Guidance resources are available on the UDS Technical Assistance site.

Work as a Team

Tables are interrelated.

- Communicate early and throughout the process with your internal UDS data preparation team.
  - Identify appropriate team members responsible for submitting UDS data, including contingency/succession planning.
- Review data across tables to ensure data are consistent and reasonable.

Use available tools.

- Preliminary Reporting Environment will be available by the of October 2025.
- Use the modernized reporting features—Excel file, offline HTML file, comparison tool, and Excel mapping document—to help you prepare for UDS data reporting.
- Review changes in performance to validate accuracy and to identify potential areas for improvement.

Available Resources

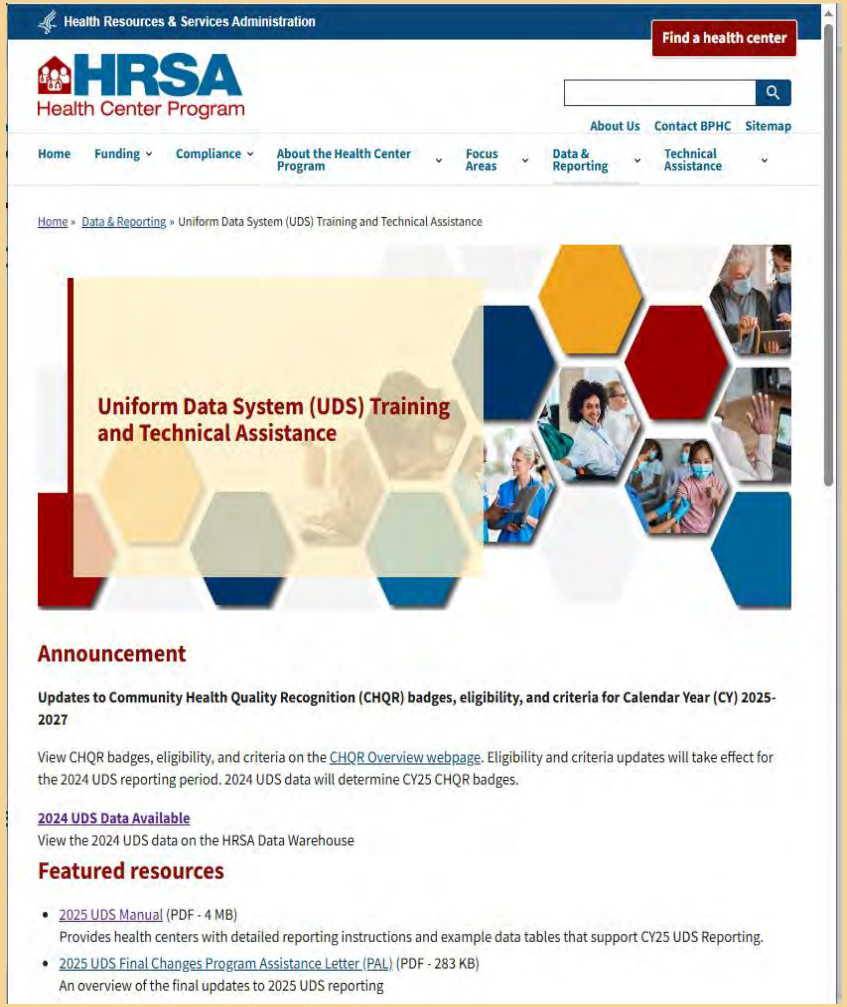
Resources are available to support your UDS reporting!

UDS Technical Assistance Resources

UDS reporting resources on the BPHC website

- Introduction
- Reporting Training Schedule
- Reporting Guidance
- Patient Characteristics
- Staffing and Utilization
- Clinical Care
- Financials
- Appendices
- Additional Reporting Topics
- Technical Assistance Contacts
- UDS Data

Scan the QR code to go directly to the Technical Assistance page!



UDS Reporting Webinar Series

The webinar series includes:

- **UDS Changes Technical Assistance Webinar** *(June 26, 2025)*
- **Understanding UDS Patient Characteristics Tables for Quality Improvement** *(September 23, 2025)*
- **The Foundation of the UDS:** Counting Visits *(October 1, 2025)*
- **UDS Clinical Tables Part 1:** Screening and Preventive Care Measures *(October 14, 2025)*
- **UDS Clinical Tables Part 2:** Maternal Care and Children's Health Measures *(October 21, 2025)*
- **UDS Clinical Tables Part 3:** Disease Management Measures *(October 29, 2025)*
- **Reporting UDS Financial and Operational Tables** *(November 23, 2025)*
- **Successful Submission Strategies** *(January 14, 2026)*

All webinars are archived on the HRSA website; watch them anytime!

Available Assistance

- Technical assistance materials, including local trainings, available online:
  - UDS Technical Assistance
- UDS Support Center for help with UDS reporting questions:
  - udshelp330@bphcdata.net
  - 866-UDS-HELP (866-837-4357)
  - BPHC Contact Form, select Uniform Data System/UDS Reporting.
- For Electronic Handbooks (EHBs) help and account access/roles questions:
  - 877-464-4772
  - BPHC Contact Form, select Technical Support/EHBs Tasks/EHBs Technical Issues.

For more information, visit the Technical Assistance Contacts webpage.

Q&A

What questions do you have for us?

Uniform Data System

Thank You!

Call the UDS Support Line at 1-866-837-4357.

Email at udshelp330@bphcdata.net

Contact the BPHC Contact Form.

Please fill out the evaluation form after the webinar!