Primary Care Association (PCA) and Health Center Controlled Network (HCCN) Uniform Data System (UDS) Training

September 10, 2025, 2:00–3:30 p.m. ET

This webinar was produced for the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care under contract number 47QRAA23D0087/75R60223F80123.

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- **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.
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Opening Remarks

Dylan Podson

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Objectives

1. Provide an overview of the Uniform Data System (UDS) and the reporting process.
2. Review resources and technical assistance (TA) activities to support UDS reporting.
3. Highlight how PCAs/HCCNs can uniquely support health centers' UDS reporting.

Agenda

- Welcome and Logistics
- Overview of the UDS
- Overview of Resources
- Supporting Health Centers: A Conversation with Massachusetts League of Community Health Centers
- Q&A

Poll #1

How long have you been supporting health centers with their UDS reporting?

A. I’m new to this work! (<1 year)

B. I’ve got a few years under my belt. (1–3 years)

C. I’ve worked on this for a while now. (4–6 years)

D. I’ve lost count! (6+ years)

UDS Overview

The UDS demonstrates **the scope of the Health Center Program**, including the type of program, volume, and outcomes, for each calendar year.

Data are captured annually, which allows stakeholders to **understand how health centers have changed individually and as an aggregate**, year over year.

The UDS conveys to HRSA, Congress, and other stakeholders the **important work that the entire Health Center Program is doing.**

Value of the UDS Report

Overview of UDS Report

Four Primary Sections

Patient Characteristics

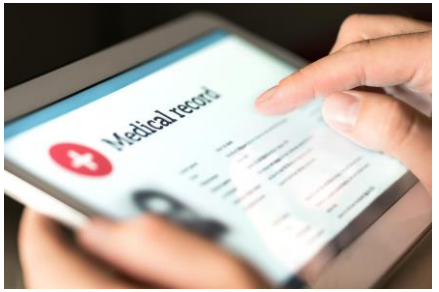
- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex
- **Table 3B:** Race, ethnicity, language
- **Table 4:** Income, medical insurance, special medically underserved populations

Clinical Services and Outcomes

- **Table 5:** Staff, visits, patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures

Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
- **Table 9E:** Other revenue



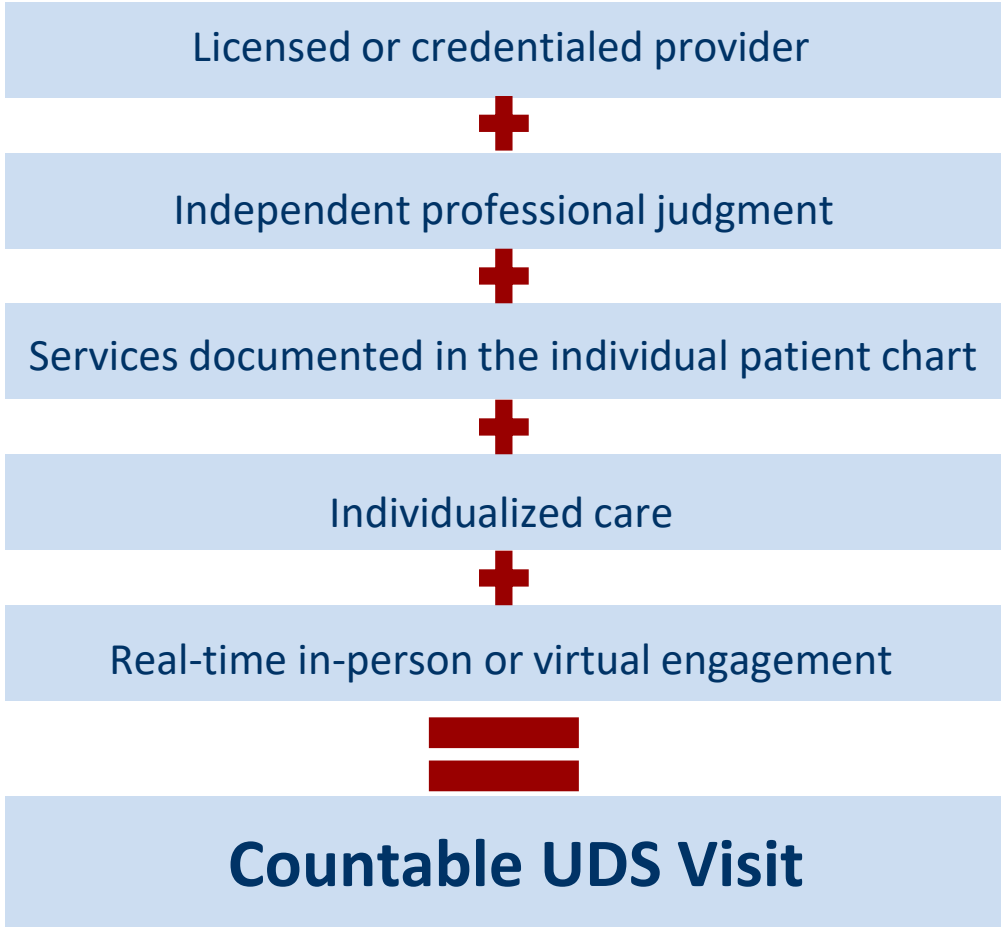
Other Forms

- **Appendix D:** Health Information Technology (Health IT) Capabilities
- **Appendix E:** Other Data Elements
- **Appendix F:** Workforce

A *patient* in the UDS is someone who has a *countable visit* in any service category on Table 5.

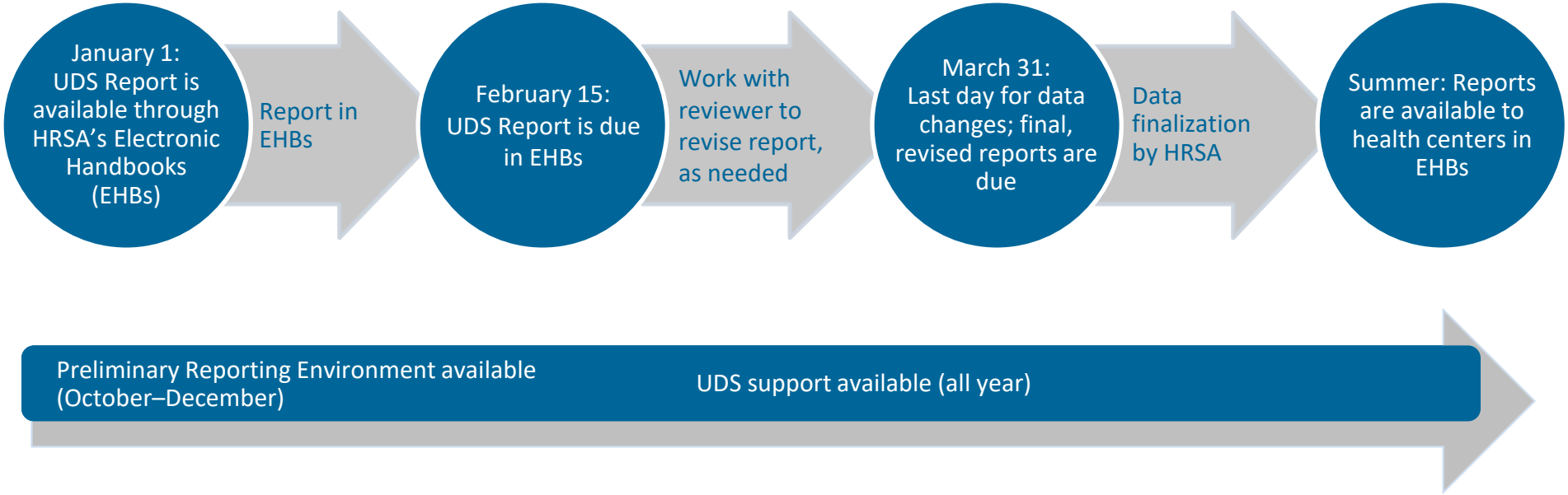
A patient with a countable visit on Table 5 will be reported on demographics, clinical care, and financials tables.

Remember, this definition and its relationship across tables are central to accurate reporting.



Resource: UDS Countable Visit Guidance and FAQ

Reporting Timeline



Communication of UDS Reporting Changes

- UDS changes are announced each year via the Program Assistance Letter (PAL).
  - Proposed Changes and Final Changes PALs are announced in the Primary Health Care Digest and BPHC Program Updates webcasts.
- The 2025 UDS Manual reflects these changes and is available for review.
- Updated electronic clinical quality measure (eCQM) specifications are released by the Centers for Medicare & Medicaid Services (CMS) each spring (typically in May for the next performance year).
  - Review of eCQM specifications and any revisions, such as the logic statements or value sets, are determined by the respective measure steward.
  - Measure information can be accessed on the eCQI Resource Center.

Changes for UDS 2025 Reporting

Major Changes:

- Table 3B: removal of Lines 13–26
- Table 6A: updated codes, addition of Lines 26c2, 26c3, and 26f, corrections made to Lines 24 and 24a
- Table 9E: removal of Lines 1l, 1m, 1n, 1p, and 3b
- Table 6B: Addition of new eCQM (Lines 23a and 23b)

Minor Changes/Clarifications:

- Updates to existing eCQMs to clarify language/align with measure stewards
- Clarifications for data across most tables

For more detailed information about the changes for UDS 2025 reporting, please refer to the Calendar Year 2025 UDS Reporting Changes Webinar.

Table 6A: New Data Reported

Selected Diagnoses and Services Rendered

1	2	3
Line 26c2: Tobacco use cessation pharmacotherapies	**Line 26c3: Medications for opioid use disorder (MOUD)**	**Line 26f: Alzheimer's disease and related dementias (ADRD) screening**
OID: 2.16.840.1.113883.3.526.3.1190	OID: 2.16.840.1.113762.1.4.1046.269	CPT-4: 99483 OID: 2.16.840.1.113883.3.526.3.1006
Column A = Number of visits at which the above tobacco use cessation services were provided Column B = Number of patients who had one or more visits where the above pharmacotherapies were provided	Column A = Number of visits at which the above MOUD services were provided Column B = Number of patients who had one or more visits where the above medications were provided	Column A = Number of visits at which the above ADRD screenings were provided Column B = Number of patients who had one or more visits where the above ADRD screenings were provided

Table 6B: New Measure

Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13)

This measure will be reported across two new lines on Table 6B, Lines 23a and 23b:

- Patients with a new substance use disorder (SUD) episode who **initiated treatment** will be reported on Line 23a.
- Patients with a new SUD episode who **engaged in ongoing treatment** will be reported on Line 23b.

Section N—Substance Use Disorder (SUD) Measures

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)	Number of Records Reviewed (b)	Number of Patients who Received SUD Treatment (c)
23a	MEASURE: Percentage of patients with a new SUD episode who **initiated treatment**, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode 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			

How Can PCAs/HCCNs Be Involved?

Communicate and clarify changes:

- Alert health centers when PAL and updated eCQM specifications are released.
- Link to guidance on your website.
- Host Q&A sessions.
- Maintain and update frequently asked questions (FAQs).
- Develop state-specific guidance.

UDS Resources

UDS Technical Assistance

Visit
UDS TA

Central, user-friendly hub for health centers to access UDS reporting TA. Organized by UDS topic areas, such as:

- Patient Characteristics
- Staffing and Utilization
- Clinical Care
- Financials
- Appendices
- Additional Reporting Topics

Resources to Learn About the UDS

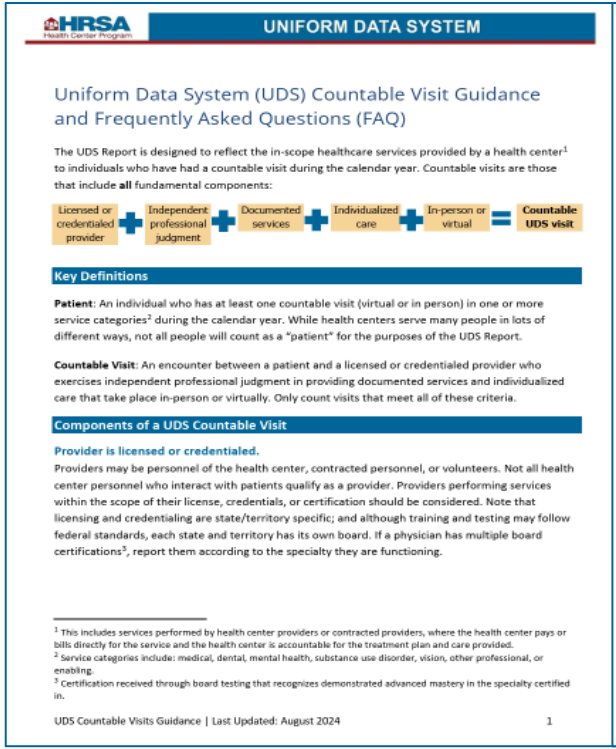
- 2025 UDS Manual: Key resource outlining tables, forms, reporting instructions, submission instructions, and FAQs.
  - 2025 UDS Tables: Available in PDF or Excel format.
- Content throughout TA site
  - UDS Overview, Patient Characteristics, Clinical Services and Performance, Financials, and Submission Success.
  - 2025 UDS Reporting webinar series: Register for upcoming webinars and access archived recordings on the HRSA website to watch anytime!
- Reporting Guidance TA page
  - UDS Beginner Resources: Beginner Toolkit.
  - UDS Advanced Resources: Suggested UDS trainings and resources for staff familiar with UDS data and reporting.
  - EHBs Overview Video: Explains the permissions required to access the UDS Report through the grant management systems that health centers use to report UDS data annually.

Resources to Learn About the UDS, cont.

Countable Visits Guidance and FAQ

Clinical Quality Measures (CQMs) and Healthy People Objectives

Forms Fact Sheet



HRSA Health Center Program | UNIFORM DATA SYSTEM

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

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

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

Key Definitions

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

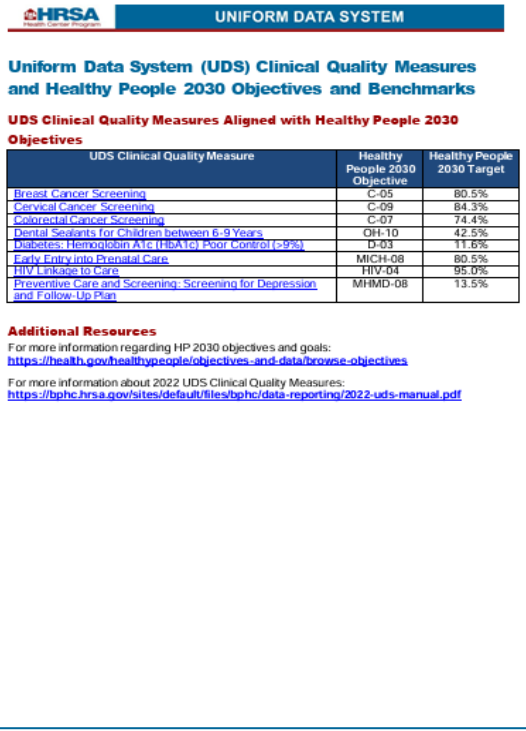
Countable Visit: An encounter between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing documented services and individualized care that take place in-person or virtually. Only count visits that meet all of these criteria.

Components of a UDS Countable Visit

Provider is licensed or credentialed.

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

[1] This includes services performed by health center providers or contracted providers, where the health center pays or bills directly for the service and the health center is accountable for the treatment plan and care provided.
[2] Service categories include: medical, dental, mental health, substance use disorder, vision, other professional, or enabling.
[3] Certification received through board testing that recognizes demonstrated advanced mastery in the specialty certified in.



HRSA Health Center Program | UNIFORM DATA SYSTEM

Uniform Data System (UDS) Clinical Quality Measures and Healthy People 2030 Objectives and Benchmarks

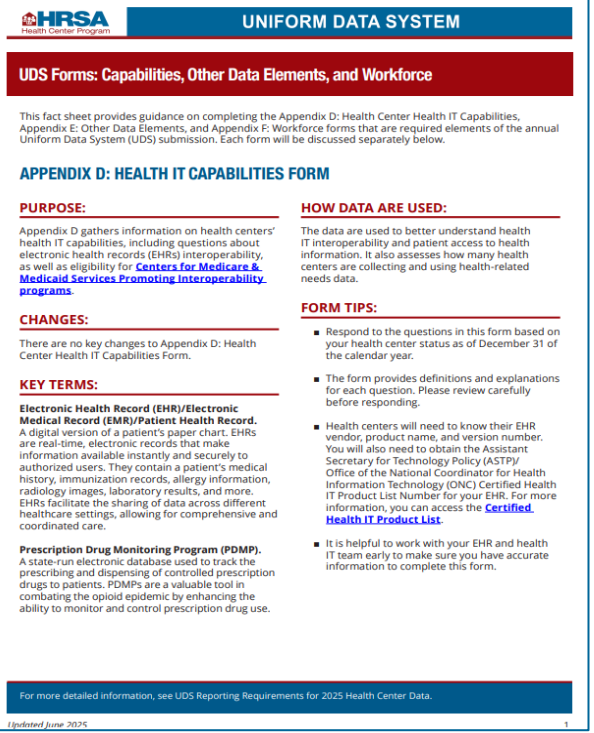
UDS Clinical Quality Measures Aligned with Healthy People 2030 Objectives

UDS Clinical Quality Measure	Healthy People 2030 Objective	Healthy People 2030 Target
Breast Cancer Screening	C-05	80.5%
Cervical Cancer Screening	C-09	84.3%
Colorectal Cancer Screening	C-07	74.4%
Dental Sealants for Children between 6-9 Years	OH-10	42.5%
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	D-03	11.6%
Early Entry into Prenatal Care	MICH-08	80.5%
HIV Linkage to Care	HIV-04	95.0%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	MHMD-08	13.5%

Additional Resources

For more information regarding HP 2030 objectives and goals:
https://health.gov/healthypeople/objectives-and-data/browse-objectives

For more information about 2022 UDS Clinical Quality Measures:
https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf



HRSA Health Center Program | UNIFORM DATA SYSTEM

UDS Forms: Capabilities, Other Data Elements, and Workforce

This fact sheet provides guidance on completing the Appendix D: Health Center Health IT Capabilities, Appendix E: Other Data Elements, and Appendix F: Workforce forms that are required elements of the annual Uniform Data System (UDS) submission. Each form will be discussed separately below.

APPENDIX D: HEALTH IT CAPABILITIES FORM

PURPOSE:

Appendix D gathers information on health centers' health IT capabilities, including questions about electronic health records (EHRs) interoperability, as well as eligibility for **Centers for Medicare & Medicaid Services Promoting Interoperability programs**.

CHANGES:

There are no key changes to Appendix D: Health Center Health IT Capabilities Form.

KEY TERMS:

Electronic Health Record (EHR)/Electronic Medical Record (EMR)/Patient Health Record. A digital version of a patient's paper chart. EHRs are real-time, electronic records that make information available instantly and securely to authorized users. They contain a patient's medical history, immunization records, allergy information, radiology images, laboratory results, and more. EHRs facilitate the sharing of data across different healthcare settings, allowing for comprehensive and coordinated care.

Prescription Drug Monitoring Program (PDMP). A state-run electronic database used to track the prescribing and dispensing of controlled prescription drugs to patients. PDMPs are a valuable tool in combating the opioid epidemic by enhancing the ability to monitor and control prescription drug use.

HOW DATA ARE USED:

The data are used to better understand health IT interoperability and patient access to health information. It also assesses how many health centers are collecting and using health-related needs data.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- Health centers will need to know their EHR vendor, product name, and version number. You will also need to obtain the Assistant Secretary for Technology Policy (ASTP)/ Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List Number for your EHR. For more information, you can access the **Certified Health IT Product List**.
- It is helpful to work with your EHR and health IT team early to make sure you have accurate information to complete this form.

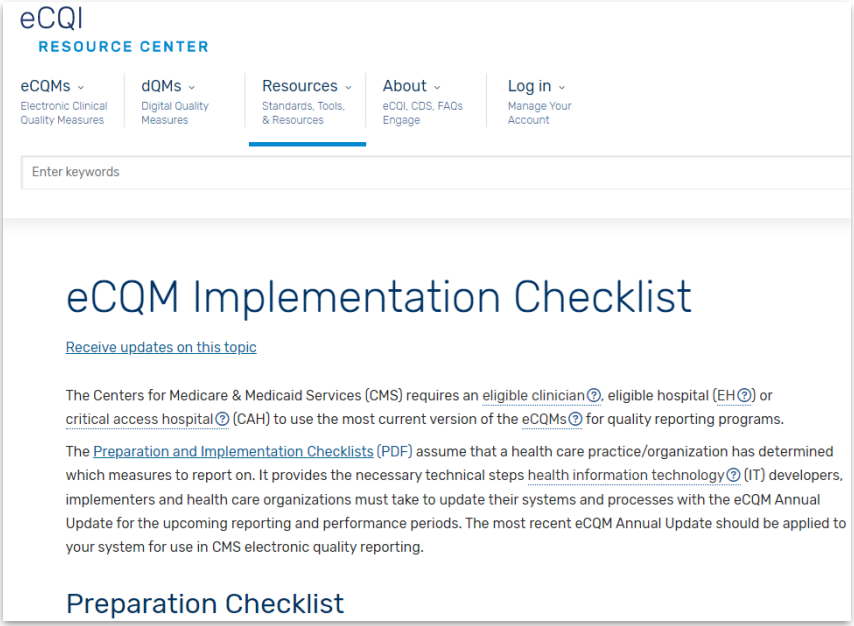
For more detailed information, see UDS Reporting Requirements for 2025 Health Center Data.

Resources to Learn About Changes to eCQM Specifications

- Changes to eCQM specifications, such as logic statement revisions, are governed and vetted by the respective measure steward.
  - Most UDS CQMs align with CMS eCQMs.
  - Appendix G of the UDS Manual provides information on eCQM stewards.

- Review changes to eCQM specifications on the Electronic Clinical Quality Improvement (eCQI) Resource Center website.
  - Also access eCQM value sets on the Value Set Authority Center (VSAC) website.

eCQI Resource Center



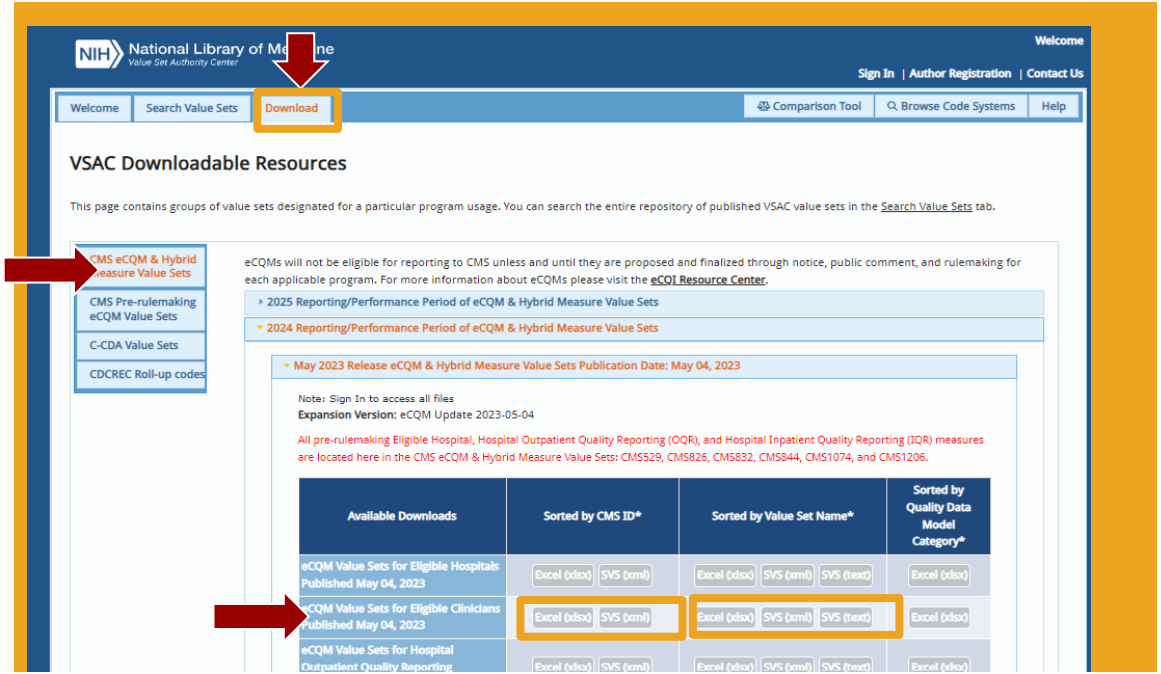
- eCQM Implementation Checklist
  - Six preparation steps
  - Seven implementation steps
- eCQM supports include:
  - eCQI Resource Center: "Measure Information" tab -> "Compare"—**this highlights changes year over year**
  - eCQM Flows: Workflows for each eCQM, updated annually
  - eCQM Value Sets: The VSAC, where you can search value sets
  - Additional resources on the eCQM Resources page

Accessing Codes for All Measures

Download all codes from the VSAC site: Once you are logged in, go to Download tab -> 2025 Reporting -> eCQM Value Sets for Eligible Clinicians.

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 sheet. 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. A value set is a list of specific codes and their corresponding terms that collectively represent a particular clinical or administrative concept relevant to the measure.



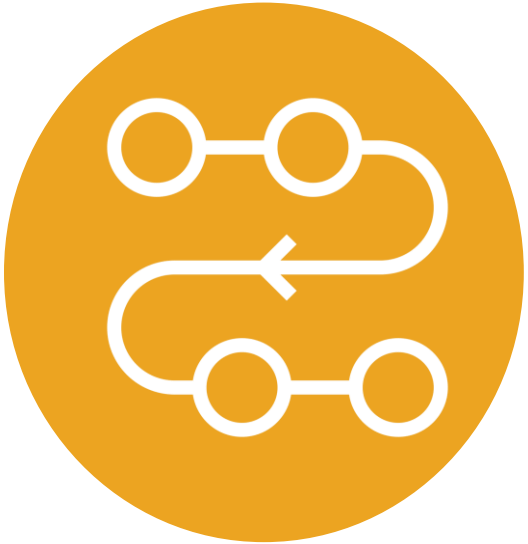
Accessing Full eCQM Specifications

The video is available to all at the following link: https://vimeo.com/635520357

eCQM Resources Checklist

Key References for Measure FAQs

Assistant Secretary for Technology Policy/Office of the National Coordinator (ASTP/ONC) Project Tracking Jira



eCQM Known Issue Tracker

UDS Helplines

eCQM 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 areas (medical, dental, mental health, SUD, etc.) if they meet the definition.

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

Eligible visit types are defined by the measure steward and are unique to each eCQM.

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

Review changes to eCQM specifications on the eCQI Resource Center website. Access eCQM value sets on the Value Set Authority Center (VSAC) website.

Ongoing Support

Description	Contact	Email or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, Other EHBs Submission Types	877-464-4772

Poll #2

How do you use or share these resources with your health centers?

A. Provide guidance on how/where to find information

B. Create or customize our own resources

C. Offer training to health centers

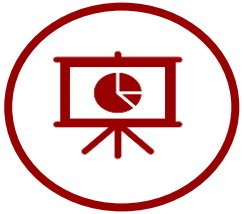
D. Give hands-on technical assistance and support

E. Something else (tell us in the chat)

Supporting Health Centers

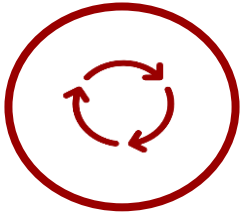
Many Ways to Support UDS Efforts

General Resources



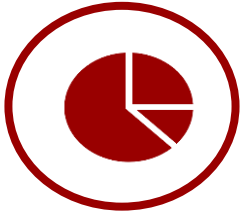
CQM Resources

Changes Communication



State Specifics

Data Reports



Data Support

General Resources

- Maintain knowledge of TA resources available.
  - What additional training or clarification does our staff need?
- Determine where/how information will be shared.
  - Links to HRSA website or hosting directly on your own?
- Solicit TA needs from health centers to better match resources with needs.
- Create state-specific memo clarifying annual reporting changes.
- Support onboarding of new staff when health centers experience turnover of UDS staff.
  - Offer to meet with new staff.
  - Create “quick start” guide to resources.

eCQM Resources

- Reporting Assistance Process Improvement Discussions (RAPID) Cohorts: Groups of health centers that focus on improving their compliance rate for a particular eCQM.
- Measures of focus for 2025 cohorts: Cervical Cancer Screening, Breast Cancer Screening, and Colorectal Cancer Screening.
- Each cohort meets 6 times and completes Action Work after each session. The aim of all activities is to enable health centers to name their challenges and begin to develop strategies for mitigation.

Action Work Ex:

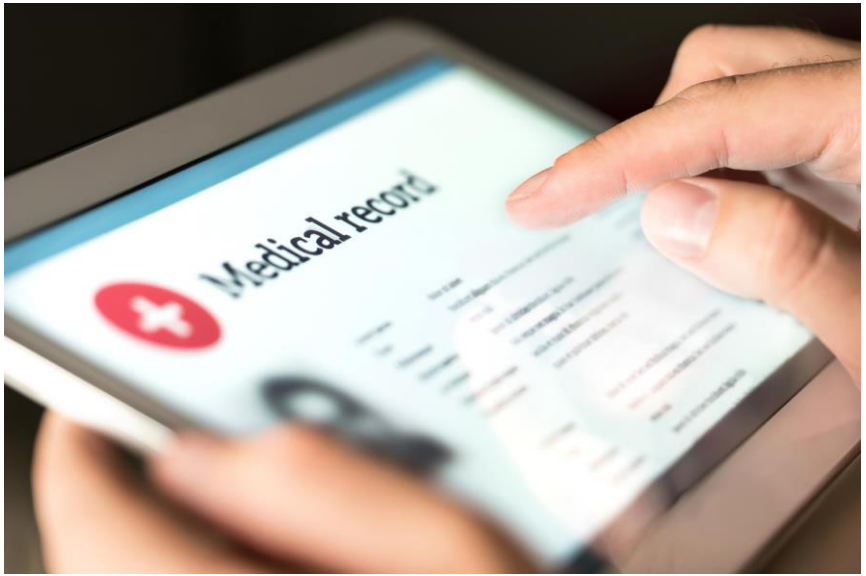
- In the first session, all health centers are shown how to access and download their data from the EHBs and from data.HRSA.gov
  - One Action Item is for health centers to follow these steps to download their data
  - We will go over how you can do this later in the session
- Another Action Item from this session focuses on the “5 Whys Exercise” in which participants define their problem (ex: Patients are not completing their Breast Cancer screenings), and then writing out 5 whys
  - Health Centers are asked to complete this exercise with their teams and bring the responses to the next session

PCAs/HCCNs and eCQM Support

- How can PCAs/HCCNs support health centers looking to address low compliance on eCQMs?
  - Encourage these health centers to apply for Reporting Assistance Process Improvement Discussions (RAPID), we take new cohorts each year.
    - 2025 RAPID cohorts have concluded, the application for 2026 cohorts will be available after 2025 UDS submission.
  - Ensure health centers know how to access their data.
  - Connect health centers to each other through work groups or peer learning sessions.

Specific State and Local Information

- Gather information on specific state and local programs available to cover patient care—in whole or in part.
- Track and communicate any state-specific guidance that needs to be reconciled with federal requirements.
  - Ex: Does the state require more detailed race/ethnicity categories?
- Be familiar with how/if managed care is delivered in your state. Remind health centers to access attribution lists early.
  - Resource: UDS Managed Care Reporting and Relationship across Table 4 and 9D



Specific State and Local Information, cont.

UDS tables that are often influenced by state-specific programs:

- Selected Patient Characteristics (Table 4)
  - What state/local insurance programs?
  - What indigent care programs?
  - How is the Children's Health Insurance Program administered?
- Patient Service Revenue (Table 9D)
  - What payers are in the state, and where are they reported?
- Other Revenue (Table 9E)
  - Where should state or county funds be reported?

UDS Data Reports for TA

UDS Report	Timing	Available To	Level Available	Source
Finalized Health Center Tables and eXtensible Markup Language (XML) Data Files	June	HC, PCAs, HCCNs	Awardee: HC Look-Alike: HC	EHBs
UDS Health Center Report	July/August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS Summary Report	July/August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS Rollup Reports	July/August	HC, Public	Awardee: S, N Look-Alike: N	EHBs, HRSA Website
Awardee and Look-Alike Profiles	August	Public	Awardee: HC, S, N Look-Alike: HC, N	HRSA Website
Service Area Data	August	Public	Awardee: HC, S, N Look-Alike: HC, N	GeoCare Navigator
Performance Comparison Report	August	HC	All levels	EHBs
Electronic Reading Room	August	Public	All levels	HRSA Website

Data Support

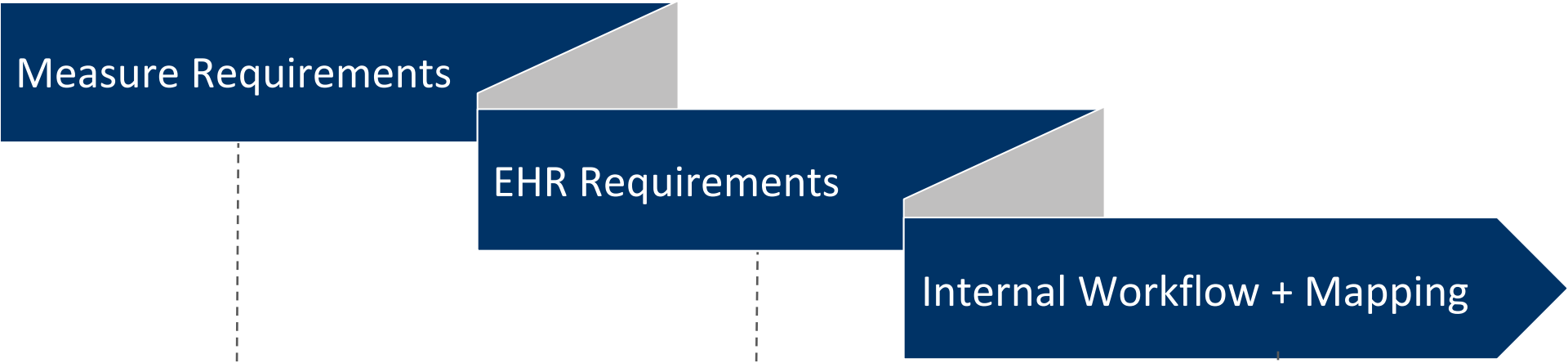
Implementing activities to improve data quality improvement

- Understanding measure specifications, code and value set requirements, and reporting guidance
- Training around improved coding
- Quality improvement resources to assess and improve data quality
- Reviewing data and identifying trends

Understanding how data reporting relates to payment and recognition

- Including value-based payment and managed care arrangements, patient-centered medical home, and other programs
- Ex: Healthcare Effectiveness Data and Information Set measures or health-related needs screening initiatives

Data Alignment and Support



Each quality measure has eCQM specifications and national standards across many reporting programs.

Each EHR vendor provides detailed guidance about how data must be captured in their specific EHR to meet the specifications.

Each health center has internal processes and mapping, which must align with both measure and EHR requirements.

Poll #3

What is the biggest challenge you experience working to support health centers?

A. Dealing with staff turnover

B. Engaging with health centers that are busy/overwhelmed

C. Understanding requirements so you can support health centers

D. Knowing what kind of assistance is most helpful to health centers

E. Other (please chat in!)

Let’s Hear from a Colleague

A Conversation with Susan J Adams, PMP
from the Massachusetts League of
Community Health Centers

Uniform Data System

How do you incorporate UDS support into your overall engagement and support of health centers?

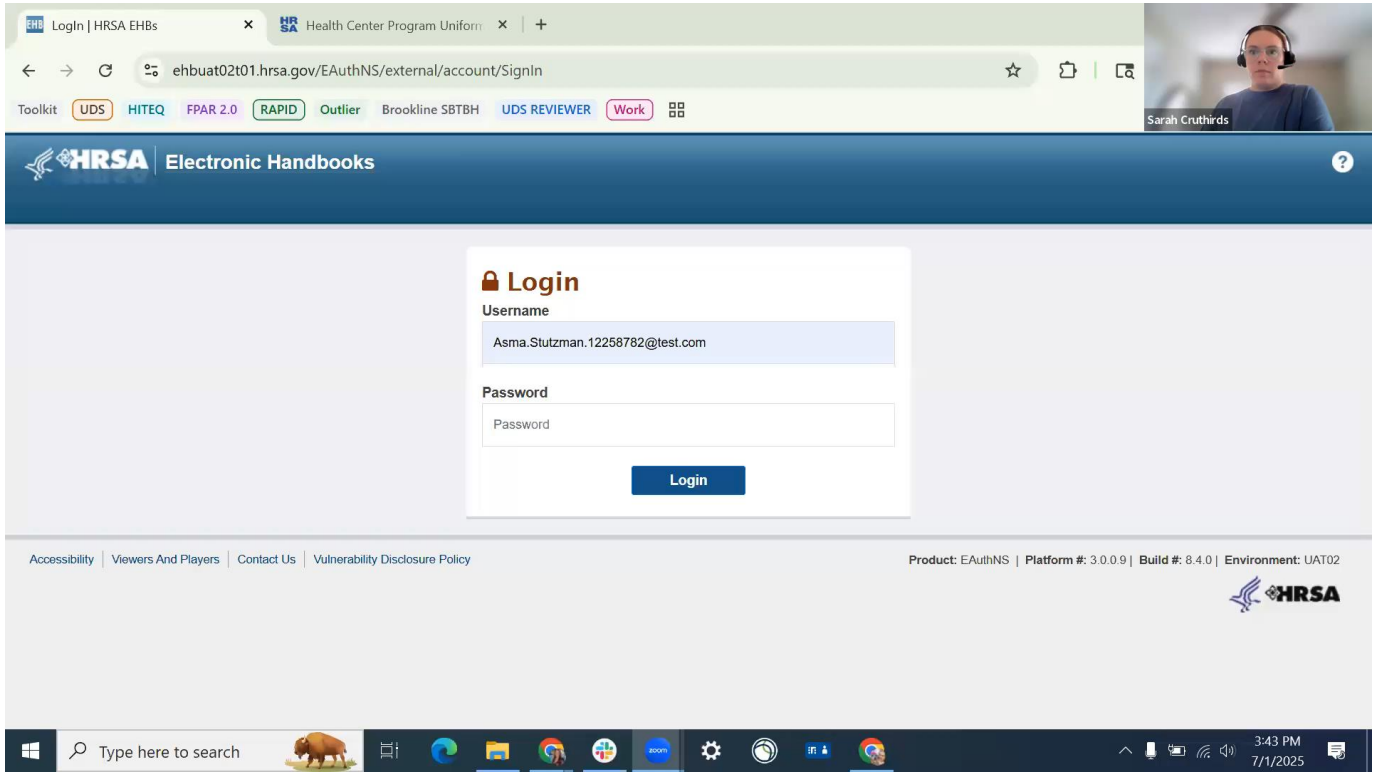
Can you share how you help health centers use UDS data for performance tracking and validation?

How do you help health centers align their internal workflows and electronic health record (EHR) data with UDS requirements?

What strategies do you use to address common challenges health centers face with UDS reporting?

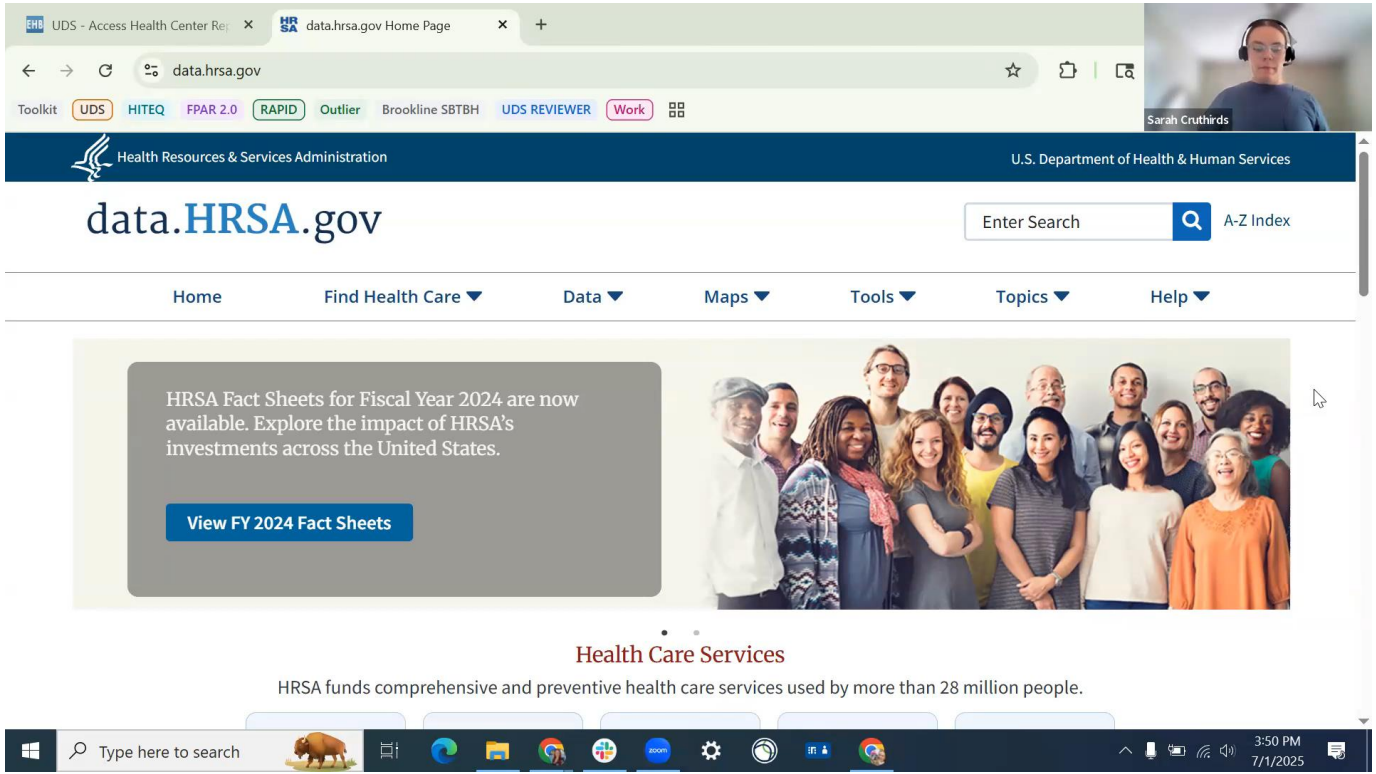
How to Access UDS Data

How to Access UDS Data Reports in EHBs



This video will cover how to access the UDS Data Reports available to PCAs and HCCNs in the EHBs. These reports are **not** publicly available.

How to Access UDS Data Reports on HRSA.gov



This video will cover how to access the UDS Data Reports available to PCAs and HCCNs on HRSA.gov. These reports **are** publicly available.

Wrap Up!

Key Takeaways from Today's Session:

- Support can work in all directions!
  - The more everyone is aware of how to access and use available resources:
    - ✓ The easier it will be for you to support health centers.
    - ✓ The more likely it is that health centers will be able to find what they need.
- It is critical to determine what support you are uniquely positioned to offer to health centers vs. what actions health centers most likely need to do themselves

Uniform Data System

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!