



Uniform Data System (UDS) for Bureau of Health Workforce (BHW): Review of Reporting Requirements

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Vision: Healthy Communities, Healthy People



Opening Remarks

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Bureau of Health Workforce

Health Resources and Services Administration



Agenda

- What Is the Uniform Data System (UDS)?
- Critical Dates in the UDS Process
- Novel Coronavirus Disease (COVID-19) Impacts
- Introduction to UDS Tables and Definitions
- Bureau of Health Workforce (BHW) UDS Considerations
- Resources Available for Completing the UDS
- Questions and Answers

What Is the UDS?

Who, What, Where, When, Why



Who, What, Where, When, and Why of the UDS

WHO: CHCs, HCHs, MHCs, PHPCs, LALs, and BHW primary care clinics funded or designated before October 2020

WHAT: 11 tables and 3 forms that provide an annual snapshot of all in-scope activities; Universal and Grant Reports (if applicable)

WHERE: Report through the EHBs between Jan. 1, 2021, and Feb. 15, 2021; PRE and offline reporting tools available in fall 2020

WHEN: For the period from January 1 to December 31, 2020

WHY: Legislatively mandated; used for program monitoring and improvement

Acronyms Key:

CHCs: Community Health Centers
HCHs: Healthcare for the Homeless
PHPCs: Public Housing Primary Care
LALs: Look-Alikes
BHW: Bureau of Health Workforce

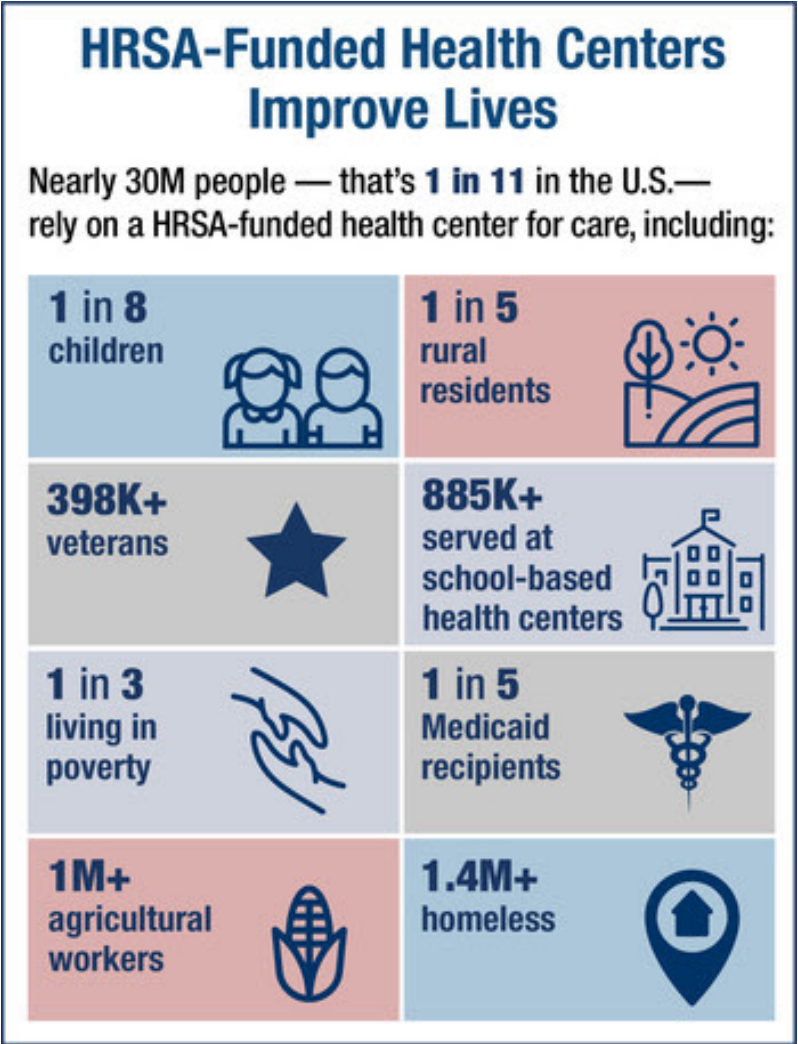


Why Do You Report the UDS?

- BHW uses UDS data to:
 - Comply with legislative and regulatory requirements
 - Report program achievements
 - Monitor performance and identify technical assistance needs
- Programs use UDS data to evaluate and improve performance:
 - Comparisons of Health Center Program performance can be made with national benchmarks and quality standards.



Value of the UDS



What Does It Cover?

- Covers Scope of Project for the calendar year reporting period: *January 1, 2020–December 31, 2020.*
- The UDS:
 - Is retroactive to January 1st if a change occurred mid-year.
 - Includes only those sites and services in your notice of award.
 - Has patients who may overlap in dually designated programs.



BHW Scope

- Report all services included in the scope of BHW notice of award:
 - There should be consistency across all UDS tables.
 - Refer to notice of award or contact BHW project officer if unclear as to scope.
- BHW behavioral health integration (BHI) grants should report both medical and behavioral health services:
 - Patients must meet UDS countable visit definition.
- BHWs that are part of a larger entity (e.g., at 330 health centers, at universities, at hospitals) must narrow scope of reporting based on services in BHW grant—do not report activities of larger organization.



Overview of UDS Report

Four Primary Sections



Patient Demographic Profile

- **ZIP Code**, medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special population



Clinical Services and Outcomes

- **Table 5:** Staff, visits, and patients
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race/ethnicity



Financial Tables

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

Other Forms

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

UDS Tables and Forms to Complete

For BHWs, this is a detailed picture of your program scope using:

- Eleven tables, which provide clinical, operational, and financial data
- Three forms that cover health information technology (HIT) and other data elements, including medication-assisted treatment (MAT), telemedicine, and workforce assessment

All tables and forms are completed in a Universal Report.

What Is Reported	Table(s)
Patients served and their demographic characteristics	ZIP Code, 3A, 3B, 4
Types and quantities of services provided	5, 6A
Staffing mix	5
Quality of care/health outcomes and disparities	6A, 6B, 7
Costs of providing services	8A
Revenue sources	9D, 9E
HIT capabilities, electronic health record (EHR) interoperability	Appendix D: Health Center Health Information Technology Capabilities (HIT)
MAT, telemedicine, and assists	Appendix E: Other Data Elements (ODE)
Workforce training and staffing models	Appendix F: Workforce



Where to Report: The Electronic Handbooks (EHBs)

The screenshot shows the HRSA Electronic Handbooks (EHBs) website. The header includes the HRSA logo and the text "Electronic Handbooks". A navigation bar contains links for "Welcome", "New User Registration", "Funding Opportunity", and "What's New". The main content area is divided into two columns. The left column has sections for "Existing Users" with login fields for "Username (Email)" and "Password", a "Login" button, and a "Forgot Password?" link. Below this is a "New Users" section with a "Create an Account" button and a link "Click here to get started". The right column has a "What's New" section with two announcements: one dated 03/16/2018 about an optimized home page and a new help video, and another dated 01/18/2018 about new features for managing workload and downloading documents. At the bottom of the right column is a "View All" link. The footer contains a "Contact Us" section with contact information (Time: 8:00 a.m. to 8:00 p.m. Eastern Time (ET) Monday through Friday, Phone: 877-Go4-HRSA/877-464-4772, Link to contact us: click here) and two columns of links: "Learn About" (Grant Program, Free Clinic Program, FQHC-LAL Program) and "Other Links" (Browser Requirements, Funding Opportunities, Track Grant Application, Help).

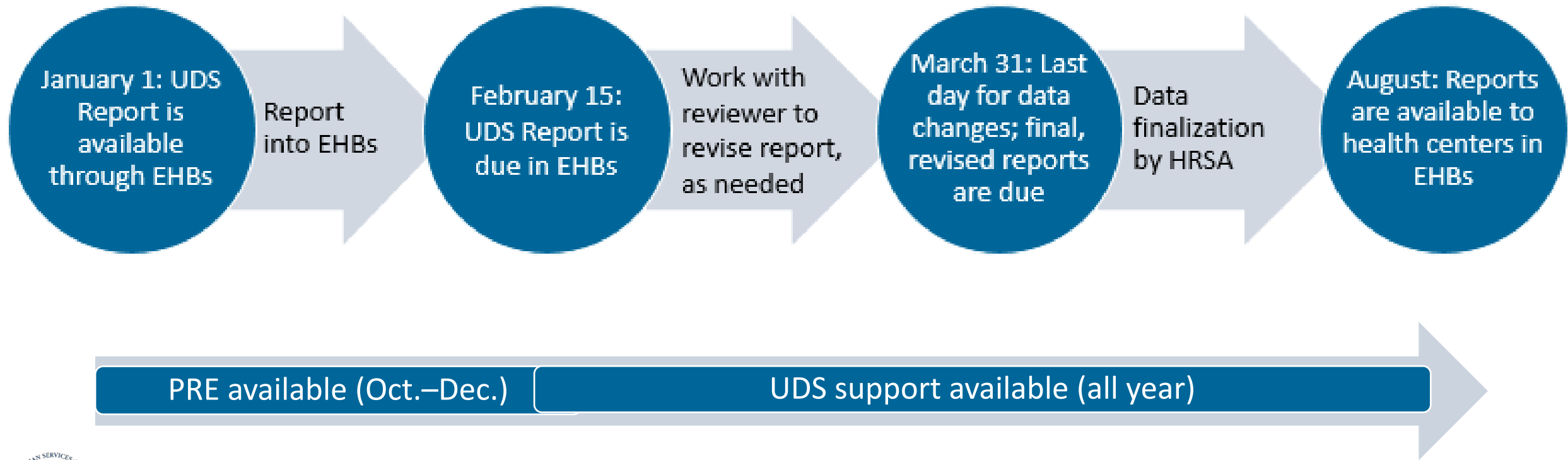
- All people who will be tasked with data entry or review need a login.
- Tools ([link to video](#)):
 - Excel Template
 - Excel Upload
 - Comparison Tool
 - PRE
 - Edits ([link to video](#))
- **EHBs Helplines:**
 - **For account or login issues:** HRSA Call Center (877-464-4772, Option 3)
 - **For functionality issues:** Health Center Program Support (877-464-4772, Option 1)

Access EHBs at:

<https://grants.hrsa.gov/2010/WebEPSEExternal/Interface/Common/AccessControl/Login.aspx>



Reporting Timeline



UDS in the Time of COVID-19

Impact of Service Changes in 2020

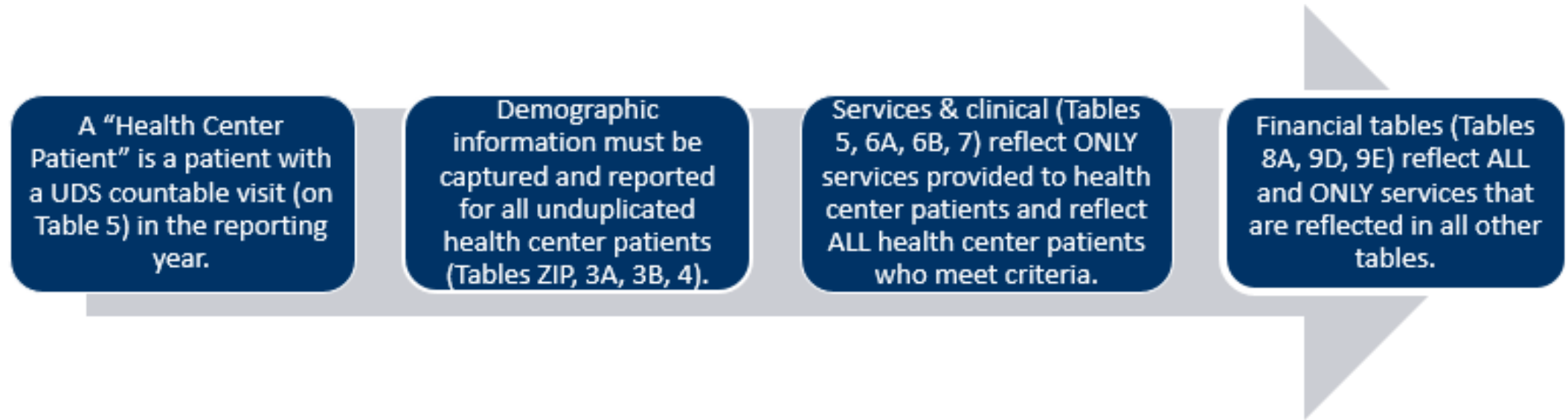


Health Centers May Have Many Changes in 2020

Potential Changes in Services	Health center made a rapid move to telehealth and expansion of telehealth services, including audio-only and distant site.	Health center started offering COVID-19 testing or treatment in the health center, in the community, or at temporary sites.	Staff were furloughed or laid off, or volunteer staff provided services.	Sites or services were closed (temporarily or permanently).	Health center received new funding such as H8C grants, H8D grants, H8E grants, Provider Relief Fund, Paycheck Protection Program, etc.
Tables to Be Considered	<ul style="list-style-type: none"> • Patient profile on Tables ZIP, 3A, 3B, 4 • Visits on Table 5 • Clinical services/outcomes on Tables 6A, 6B, 7 	<ul style="list-style-type: none"> • Patient profile tables (ZIP, 3A, 3B, 4) • Visits on Table 5 • Services on Table 6A • Charges/revenue on Table 9D 	<ul style="list-style-type: none"> • Staffing on Table 5 • Costs on Table 8A 	<ul style="list-style-type: none"> • Staffing on Table 5 • Selected diagnoses and services on Table 6A • Costs on Table 8A 	<ul style="list-style-type: none"> • Patient-related revenue on Table 9D • Non-patient-related revenue on Table 9E



As Always, This Is All Interrelated!



Step 1: Determine what sites/locations and services are in-scope

Step 2: Determine which patients had visits for in-scope services that were real-time, documented in the patient record, with a provider exercising independent professional judgement at those in-scope sites/locations.

Step 3: Report all in-scope patients, services, FTEs, costs, and revenues on the UDS.

UDS Tables and 2020 Reporting Requirements



Tables Reported by BHWs

- **BHW Primary Care Clinics report:**
 - All UDS tables
 - All data elements, consistent with 330-funded health centers
 - Universal report only (no grant-specific tables or sections)

Major Changes in UDS for 2020

- **Table 3B** – Added an “unknown” line for sexual orientation and for gender identity when the information is not known or not collected by the health center.
- **Table 6A** – Added four lines to collect diagnosis and tests for COVID-19, one line for human trafficking, one line for intimate partner violence, and one line for pre-exposure prophylaxis (PrEP) management.
- **Table 6B** – Added three measures: breast cancer screening, HIV screening, and depression remission; removed the asthma measure.

Details about changes by table are available in Appendix B1: Frequently Asked Questions, found in the [UDS Manual](#).



Major Changes in UDS for 2020 (cont.)

- **Table 9D** – Added COVID-19 Uninsured Program under Other Public.
- **Table 9E** – Added multiple lines related to COVID-19 and provider relief funding.
- **HIT Form** – Revised form to get more information when multiple EHR systems are used, removed two electronic functions questions, enhanced the standardized screener question by collecting counts of patients screened positive for social risk factors, and added a question for use of Prescription Drug Monitoring Program.
- **Other Data Elements (ODE)** – added question to obtain information on the number of vaccines for COVID-19, if it becomes available.

Details about changes by table are available in Appendix B1: Frequently Asked Questions, found in the [UDS Manual](#).



2020 Changes, eCQM Version Updates

- **Tables 6B and 7:** Continue to align UDS clinical quality measures (CQMs) with the eCQMs used by the Centers for Medicare & Medicaid Services (CMS):
 - Use the most recent specifications for 2020 measurement reporting.
 - Specifications are included at the CMS [eCQI Resource Center](#).

Patient Profile, Utilization, and Staffing

2020 Changes: Addition of an “Unknown” category in the sexual orientation and gender identity section of Table 3B

Patients Defined: Who Counts?

- Patients are the total number of individuals who receive at least one countable visit during the reporting year:
 - Count once and only once, regardless of the number or scope of visits.
 - Must have at least one visit that is reported on Table 5 to count as a patient on the UDS.
- Total patients must be equal across demographic tables:
 - ZIP Code = 3A = 3B = 4



Patient Profile

ZIP Code Table

- Patients by ZIP code and by primary medical insurance

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/ Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
<system allows insertion of rows for entering ZIP codes>					
Other ZIP Codes					
Unknown Residence					
Total					

Patient Profile

Table 3A: Patients by Age and by Sex Assigned at Birth



Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		
13	Age 12		
14	Age 13		
15	Age 14		
16	Age 15		
17	Age 16		

Patient Profile

Table 3B: Demographic Characteristics

Line	Patients by Race	Hispanic/ Latino (a)	Non- Hispanic/ Latino (b)	Unreported/ Refused to Report Ethnicity (c)	Total (d) (sum Columns a+b+c)
1	Asian				
2a	Native Hawaiian				
2b	Other Pacific Islander				
2	Total Native Hawaiian/Other Pacific Islander (Sum Lines 2a + 2b)				
3	Black/African American				
4	American Indian/Alaska Native				
5	White				
6	More than one race				
7	Unreported/refused to report race				
8	Total Patients (sum of Lines 1 + 2 + 3 to 7)				

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	
Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	
14	Straight (not lesbian or gay)	
15	Bisexual	
16	Something else	
17	Don't know	
18	Chose not to disclose	
18a	Unknown	
19	Total Patients (Sum of Lines 13 to 18a)	
Line	Patients by Gender Identity	Number (a)
20	Male	
21	Female	
22	Transgender Male/Female-to-Male	
23	Transgender Female/Male-to-Female	
25	Chose not to disclose	
25a	Unknown	
26	Total Patients (Sum of Lines 20-25a)	



Patient Profile

Table 4: Selected Patient Characteristics: Income and Insurance

- Report patient's **income** as defined by Federal Poverty Guidelines (Lines 1–6).

Line	Income as Percent of Poverty Guideline	Number of Patients (a)
1	100% and below	
2	101–150%	
3	151–200%	
4	Over 200%	
5	Unknown	
6	Total (Sum of Lines 1–5)	

- Report primary **medical care insurance** for all patients by age range (Lines 7–12).

Line	Principal Third-Party Medical Insurance	0–17 years old (a)	18 and older (b)
7	None/Uninsured		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	Total Medicaid (Lines 8a + 8b)		
9a	Dually eligible (Medicare and Medicaid)		
9	Medicare (inclusive of dually eligible and other Title XVIII beneficiaries)		
10a	Other public insurance (non-CHIP) (specify)		
10b	Other public insurance CHIP		
10	Total public insurance (Lines 10a + 10b)		
11	Private Insurance		
12	Total (Sum of Lines 7 + 8 + 9 + 10 + 11)		

Patient Profile

Table 4: Selected Patient Characteristics: Managed Care and Target Populations

- Report monthly enrollment of members in **managed care** contracts (Lines 13a–13c).
- Report total numbers of **agricultural workers, patients experiencing homelessness, patients served at school-based health centers, and veterans** (Lines 16, 23, 24, and 25).
- Report all patients seen at a **site located in or immediately accessible to a public housing site** (Line 26).

Line	Managed Care Utilization	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a	Capitated member months					
13b	Fee-for-service member months					
13c	Total member months (sum of Lines 13a + 13b)					

Line	Special Populations	Number of Patients (a)
14	Migratory (330g awardees only)	
15	Seasonal (330g awardees only)	
16	Total Agricultural workers or dependents (All health centers report this line)	
17	Homeless Shelter (330h awardees only)	
18	Transitional (330h awardees only)	
19	Doubling up (330h awardees only)	
20	Street (330h awardees only)	
21	Other (330h awardees only)	
21a	Permanent Supportive Housing (330h awardees only)	
22	Unknown (330h awardees only)	
23	Total Homeless (All health centers report this line)	
24	Total School-Based Health Center Patients (All health centers report this line)	
25	Total Veterans (All health centers report this line)	
26	Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)	

2019: Impact of BHW Primary Care Clinics

The Program

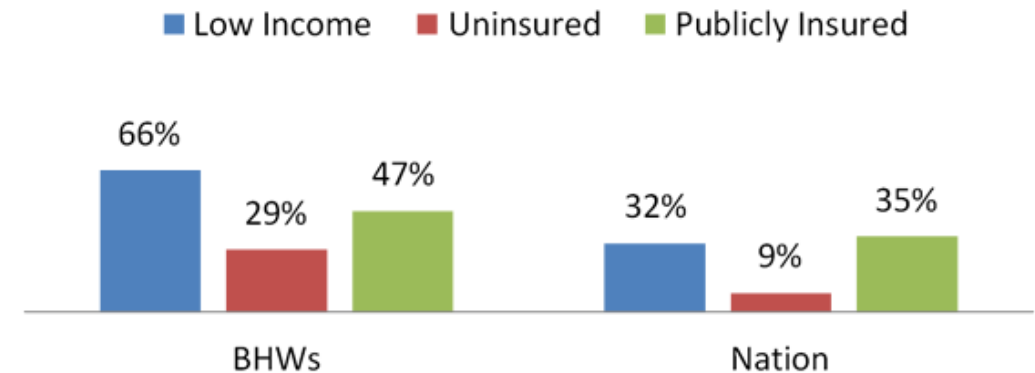
- In 2019, **21** BHW primary care clinics provided services to **20,702** patients with a total of **69,112** visits.

Patients: Socioeconomic Characteristics

- 66% have incomes at or below 200% of the Federal Poverty Level.
- 29% are uninsured.
- 47% have public insurance (Medicaid, Medicare, or Other Public).

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2019: Impact of BHW Primary Care Clinics (cont.)

BHW Primary Care Clinics

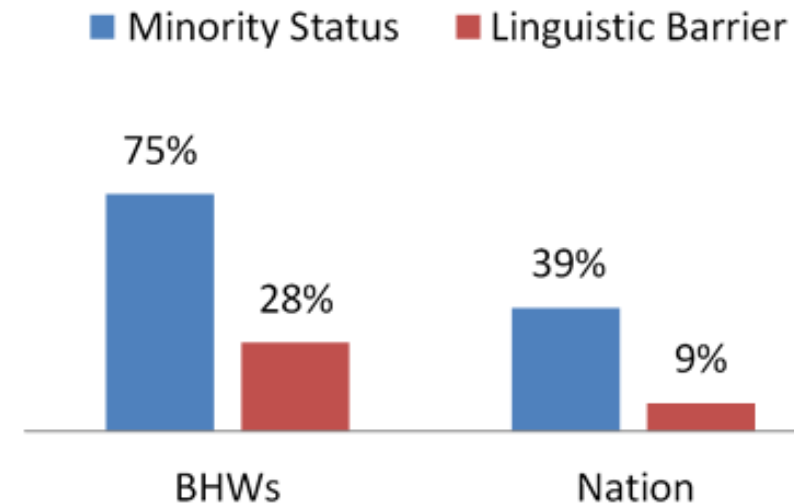
- **67%** provided medical care services.
- **49%** provided behavioral health services.

Patients: Minority Status

- 75% are of racial and/or ethnic minority.
- 28% face a linguistic barrier.

Patients: Minority Status

- 75% are of racial and/or ethnic minority
- 28% face a linguistic barrier



Staffing and Utilization

Table 5

- Report types and quantities of services provided and staff who provide these services. Include full-time equivalent (FTE), visits (clinic and virtual), and patients in the following categories:
 - Medical: Lines 1–15
 - Dental: Lines 16–19
 - Mental health: Lines 20a–20
 - Substance use disorder: Line 21
 - Other professional: Line 22
 - Vision: Lines 22a–22d
 - Enabling: Lines 24–29
- Several lines report FTEs only:
 - Columns B and B2 not available for non-provider lines—report FTEs only.
 - Appendix A in UDS manual = references for Table 5 staffing.

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	Total Physicians (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	Total NPs, PAs, and CNMs (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	Total Medical (Lines 8 + 10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a–20c)				

**Excerpt from Table 5*



What to Report

Table 5: Staffing and Utilization

Column A	Staff FTEs
Columns B and B2	Visits by type of provider: Clinic visits (Column B) Virtual Visits (Column B2)
Column C	Patients by seven service categories <ul style="list-style-type: none">• Medical• Dental• Mental health• Substance use• Vision• Other professional• Enabling

- Service categories on Table 5 have a direct relationship to cost categories on Table 8A.
- This will be discussed in the financial section for Table 8A.

Staff FTE Defined

- All workers at any approved site:
 - Paid, salaried, part-time, resident, locum, and volunteer
- FTE is actual for the year, not a head count as of last day of year.
- FTE is based on hours paid, including vacation, sick, continuing education, etc.
- Full-time is defined by the health center:
 - May be 40 hours per week, or 36 hours, or different for each type of employee.

Visit Defined: Clinic Visits and Virtual Visits

Table 5

- Not all contacts with patients count as a visit.
- Clinic visits (Column B) must be face-to-face, one-on-one between patient and provider:
 - Exception: behavioral health (group)
- Virtual visits (Column B2) can be counted:
 - Must meet same criteria/definition as clinic visits with exception of face-to-face.
- The service must be documented in the patient's chart.
- Include paid, volunteer, and contracted provider visits.
- Count paid referral, nursing home, hospital, and home visits.
- Count only one visit per patient per provider type per day:
 - Unless patient sees two different providers at two different sites.
- Count only one visit per provider per patient per day regardless of number of services provided.



Contacts That Do Not, **ALONE**, Count as Visits

Screenings or Outreach

Information sessions for prospective patients

Health presentations to community groups

Immunization drives

Group Visits

Patient education classes

Health education classes

*Exception:
behavioral health
group visits*

Tests/Ancillary Services

Drawing blood

Laboratory or diagnostic tests

COVID-19 tests

Dispensing/ Administering Medications

Dispensing medications from a pharmacy

Giving injections

Providing narcotic agonists or antagonists or a mix

Health Status Checks

Follow-up tests or checks (e.g. patients returning for HbA1c tests)

Wound care

Taking health histories

What Visits DON'T Count

- Do not count immunization-only, lab-only, or pharmacy visits, or dental varnishing, mass screenings, health fairs, or outreach.
- Do not count group health education, diabetes, or other non-behavioral health group visits.
- Not all staff can generate visits:
 - Staff providing ancillary services, medical assistants, other enabling, non-health related services, and non-clinical and facility staff cannot generate visits.

2019 Staffing Impact

- BHW primary care clinics employed **147 FTE** staff members and volunteers. Of these FTEs:
 - **34** were physicians, certified nurse midwives, nurse practitioners, or physician assistants.
 - **36** were other clinical staff (nurses, other medical professionals, and ancillary staff).
 - **44** were behavioral health staff.
 - **14** were enabling services staff.
 - **30** provided non-clinical and facility support.



Sources of Data: Aggregate 2019 BHW UDS Data



2019 Continuity of Care and Utilization BHW

Service Category	Average Number of Visits/Patient/Year	% of Total Patients Utilizing Services
Medical	2.47	67%
Dental	-	-
Mental Health	2.93	48%
Substance Use Disorder	5.56	1%
Vision	1.15	-
Other Professional	2.40	1%
Enabling	4.34	4%



Sources of Data: Aggregate 2018 UDS Data, U.S. Census/American Community Survey (ACS)



Table 5: Selected Service Detail Addendum

- **Mental health service detail:**
 - Report mental health visits performed by medical providers.
- **Substance use disorder detail:**
 - Report substance use disorder visits performed by medical or mental health providers.
- **Visits reported in addendum are a subset of visits already counted in medical (Lines 1–15) and mental health (Lines 20a–20) service categories.**
- **Personnel = head count, not FTE.**

Selected Service Detail Addendum					
Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Clinical Nurse Midwives				
	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

ZIP Table
Table 3A
Table 3B
Table 4
Table 5
Table 6A
Table 6B
Table 7
Table 8A
Table 9D
Table 9E
Forms

Clinical Profile Tables

Table 6A: Selected Diagnoses and Services Rendered

Table 6B: Quality of Care Measures

Table 7: Health Outcomes and Disparities

To learn more about how these measures align with other national reporting, please visit *UDS CQMs and National Programs Crosswalk* on pages 188–189 in the CY2020 UDS Manual.



Table 6A: Selected Diagnoses and Services Rendered

- Only report services/diagnoses if part of (or ordered at) a countable visit.
- Column A:** Report the number of **visits** with the selected service or diagnosis:
 - If a patient has more than one reportable service or diagnosis during a visit, count each.
 - Do not count multiple services of the same type at one visit (e.g., two immunizations, two fillings).
 - Resource: [Code Changes Handout](#).
- Column B:** Report the number of **unduplicated patients** receiving the service.

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.0-		
4	Sexually transmitted infections	A50- through A64-		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-		
4b	Hepatitis C	B17.1-, B18.2, B19.2-		
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1		

Clinical Reporting Definitions

Tables 6B and 7

- **Column A: Universe (Denominator):**
 - **All** patients who meet the reporting criteria
- **Column B: Universe or Sample:**
 - All patients who fit the criteria; equal to number reported in column A; or
 - A number that is **at least** 80 percent of all patients in the universe (column A); or
 - A random sample of 70 patient charts that fit the criteria, **only** if health centers do not have at least 80 percent of all patient records in the HIT/EHR for any given measure or if the missing cases would bias the findings.
 - Note: Report universe count from Column A if value is 70 or less.
- **Column C or Column F: Records meeting the performance measurement:**
 - Number of patients whose clinical records have been reviewed and where the record indicates the measurement criteria has been met (numerator)

Example: Table/Line	Childhood Immunization Status	Total Number of Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
6B/10	MEASURE: Percentage of children 2 years of age who have received age-appropriate vaccines by their 2nd birthday	Universe or denominator	Sample or universe	Records meeting the measurement standard

Clinical Reporting Definitions (cont.)

Tables 6B and 7

- **Table 6B and 7 clinical measures are challenging:**
 - A higher percentage of BHWs had questionable ratings on these tables compared to other tables.
- **Most common issue:**
 - Difficulty identifying the universe (correct population) that is the denominator for measures:
 - ✓ Review eCQM specifications for each measure.
- **Remember there is a relationship between Tables 6B/7 and Tables 3A, 3B, and 5:**
 - Ensure reporting consistency between clinical measures and:
 - ✓ Table 5 patients by service category (medical, dental)
 - ✓ Table 3A patients by age
 - ✓ Table 3B patients by race/ethnicity (relates to Table 7 measures)



Resources to Support Clinical Process and Outcomes Reporting, Table 6B

Table	Line	UDS Measure Name	eCQM #	Major Differences from UDS to eCQM
6B	7–9	Early Entry into Prenatal Care	<u>no eCQM</u>	None
6B	10	Childhood Immunization Status	<u>CMS117v8</u>	None
6B	11	Cervical Cancer Screening	<u>CMS124v8</u>	None
6B	11a	Breast Cancer Screening*	<u>CMS125v8</u>	None
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<u>CMS155v8</u>	<ul style="list-style-type: none"> eCQM denominator is limited to outpatient visits with a primary care physician or OB/GYN. UDS includes visits with nurse practitioners and physician assistants. BMI, nutrition counseling, and activity counseling are reported separately in the eCQM but are evaluated together in the UDS.
6B	13	Body Mass Index (BMI) Screening and Follow-Up Plan	<u>CMS69v8</u>	None
6B	14a	Tobacco Use: Screening and Cessation Intervention	<u>CMS138v8</u>	Denominator patient population and numerator are reported separately in the eCQM but evaluated as one group in the UDS.



*** New for 2020**

Resources to Support Clinical Process and Outcomes Reporting, Table 6B (cont.)

Table	Line	UDS Measure Name	eCQM #	Major Differences from UDS to eCQM
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v3	None
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7 (no updated eCQM)	None
6B	19	Colorectal Cancer Screening	CMS130v8	None
6B	20	HIV Linkage to Care	no eCQM	None
6B	20a	HIV Screening*	CMS349v2	
6B	21	Screening for Depression and Follow-Up Plan	CMS2v9	None
6B	21a	Depression Remission at Twelve Months*	CMS159v8	None
6B	22	Dental Sealants for Children between 6-9 Years	CMS277v0	Note: Although measure title is age 6 through 9 years, draft eCQM reflects ages 5 through 9 years—continue to use ages 6 through 9 years, as measure steward intended (reference birthdates in manual).

*** New for 2020**



Prenatal Care and Trimester of Entry

Table 6B

- Report on patients who received prenatal care fully, partially, or by referral).

0	Prenatal Care Provided by Referral Only (Check if Yes)	
Line	Age	Number of Patients (a)
1	Less than 15 Years	1
2	Ages 15-19	2
3	Ages 20-24	5
4	Ages 25-44	10
5	Ages 45 and over	4
6	Total Patients (Sum lines 1-5)	22

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester	17	1
8	Second Trimester	3	0
9	Third Trimester	1	0

Resources to Support Clinical Process and Outcomes Reporting, Table 7

Table	Columns	UDS Measure Name	eCQM #	Major Differences from UDS to eCQM
7	1a–1d	Low Birth Weight	no eCQM	None
7	2a–2c	Controlling High Blood Pressure	CMS165v8	Although measure Clinical Quality Language (CQL) was not updated in 2020 to remove the limit of 6 months, health centers should adjust denominator to account for patients' diagnosis overlapping the measurement year, as measure steward intended.
7	3a–3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v8	None

Clinical Profile

Table 7: Health Outcomes and Disparities

- Low Birth Weight
- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Note: All sections are reported by race and Hispanic ethnicity.

- Report race and ethnicity for women delivering; report separately for babies.

Line	Race and Ethnicity
Hispanic/Latino	
1a	Asian
1b1	Native Hawaiian
1b2	Other Pacific Islander
1c	Black/African American
1d	American Indian/Alaska Native
1e	White
1f	More Than One Race
1g	Unreported/Refused to Report Race
Subtotal Hispanic/Latino	
Hispanic/Latino	
2a	Asian
2b1	Native Hawaiian
2b2	Other Pacific Islander
2c	Black/African American
2d	American Indian/Alaska Native
2e	White
2f	More Than One Race
2g	Unreported/Refused to Report Race
Subtotal Hispanic/Latino	
Unreported/Refused to Report Ethnicity	
h	Unreported /Refused to Report Race and Ethnicity
i	Total

Universe Example: Diabetes Measure

- Summary of universe criteria:** Medical patients with active diagnosis of primary diabetes (type 1 or 2), age 18–75, excluding patients in hospice care during the measurement year. Exclude patients with diabetes that is secondary to another condition (such as gestational diabetes).

Line	Age	Male Patients (a)	Female Patients (b)
19	Age 18	10	15
20	Age 19	14	18
21	Age 20	28	24
22	Age 21	34	32
23	Age 22	42	33
24	Age 23	26	41
25	Age 24	12	13
26	Ages 25-29	14	18
27	Ages 30-34	18	15
28	Ages 35-39	35	21
29	Ages 40-44	21	23
30	Ages 45-49	34	38
31	Ages 50-54	23	32
32	Ages 55-59	31	27
33	Ages 60-64	16	22
34	Ages 65-69	19	33
35	Ages 70-74	27	29

Table 7: Part C	Line i Total	
Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with Hba1c > 9% or No Test During Year (3f)
335	335	101

Example:

On Table 3A, 838 patients age 18–75 were reported.

Prevalence: 40% of patients 18–75 have diabetes ($335/838=40\%$).

2019 Clinical Quality of Care Performance

Quality of Care and Outcome Measures	Performance Rates and Goals		
	BHWs	330	HP 2020 Goal**
Early Entry into Prenatal Care	73%	74%	85%
Low Birth Weight	6%	8%	8%
Childhood Immunization Status	59%	40%	90%
Weight Assessment and Counseling for Children and Adolescents	47%	71%	-
Body Mass Index (BMI) Screening and Follow-Up Plan	67%	72%	-
Tobacco Use Screening and Cessation Intervention	76%	87%	-
Screening for Depression and Follow-Up Plan***	77%	56%	2.3%/2.4%
Cervical Cancer Screening	47%	46%	93%
Colorectal Cancer Screening	55%	72%	71%
Use of Appropriate Medications for Asthma	81%	86%	37%
Statin Therapy	69%	70%	-
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	77%	81%	-
HIV Linkage to Care	100%	87%	-
Controlled Hypertension	63%	64%	61%
Uncontrolled Diabetes	34%	32%	16%
Dental Sealants for Children between 6-9 Years	-	57%	28%



Financial Profile

Table 8A: Financial Costs

Table 9D: Patient-Related Revenue

Table 9E: Other Revenue

Financial Profile

Table 8A: Financial Costs

	Cost Center	Accrued Cost (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
Financial Costs of Medical Care				
1	Medical staff			
2	Lab and X-ray			
3	Medical/other direct			
4	Total medical care services (sum Lines 1–3)			
Financial Costs of Other Clinical Services				
5	Dental			
6	Mental health			
7	Substance use disorder			
8a	Pharmacy not including pharmaceuticals			
8b	Pharmaceuticals			
9	Other professional (specify: _____)			
9a	Vision			
10	Total other clinical services (sum Lines 5 through 9a)			

- **Column A** = Accrued costs of all activities
- **Column B** = Allocation of total facility and non-clinical support **(total from Line 16, Column A)**
- **Column C** = Total of A+B

2019 Cost Effectiveness for BHW

- Cost effectiveness:
 - Average total cost per patient is **\$586**.
 - Average medical cost per medical visit is **\$150**.
 - Average charge per billable visit is **\$137**.



Sources of Data: Aggregate 2019 UDS Data, U.S. Census/American Community Survey (ACS)

Financial Profile

Table 9D: Patient-Related Revenue

Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation/ Wrap-around Current Year (c1)	Collection of Reconciliation/ Wrap-around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)	Adjustments (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)
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Retroactive Settlements, Receipts, and Paybacks (c)

- Report **charges per fee schedule** for patient services during 2019 by payer type—Column A.
- Report **income** received during the year on a cash basis—Column B.
- Report **retroactive settlements, receipts, and paybacks**—Columns C1–C4.
- Report **adjustments** granted as part of an agreement with a third-party payer—Column D.
- Report **sliding fee discount** reductions to patient charges based on the patient’s ability to pay—Column E.
- Report **bad debt** amounts billed and defaulted on by patients—Column F.



Patient-Related Revenue (cont.)

- Report by **payer**:
 - Medicaid
 - Medicare
 - Other public
 - Private
 - Self-pay
- Report each payer by **sub-category**:
 - Non-managed care
 - Capitated managed care
 - Fee-for-service managed care

Line	Payer Category
1	Medicaid Non-Managed Care
2a	Medicaid Managed Care (capitated)
2b	Medicaid Managed Care (fee-for-service)
3	Total Medicaid (Lines 1+2a+2b)
4	Medicare Non-Managed Care
5a	Medicare Managed Care (capitated)
5b	Medicare Managed Care (fee-for-service)
6	Total Medicare (Lines 4+5a+5b)
7	Other Public, including Non-Medicaid CHIP (Non-Managed Care)
8a	Other Public, including Non-Medicaid CHIP (Managed Care capitated)
8b	Other Public, including Non-Medicaid CHIP (Managed Care fee-for-service)
8c	Other Public, including COVID-19 Uninsured Program
9	Total Other Public (Lines 7+8a+8b)
10	Private Non-Managed Care
11a	Private Managed Care (capitated)
11b	Private Managed Care (fee-for-service)
12	Total Private (Lines 10+11a+11b)
13	Self Pay
14	Total (Sum of Lines 3+6+9+12+13)

Table 9D: Common Issues

- Relationships between Table 9D Patient Service Revenues and:
 - Table 4 Patients by Insurance/Managed Care Member Months:
 - ✓ Example: A high number of Medicaid Managed Care member months on Table 4 with zero charges and collections for Medicaid member months on Table 9D
 - Tables 5 and 8A: Consistency between staffing on Table 5 and related costs on Table 8A:
 - ✓ Example: Table 5 reports Licensed Clinical Social Workers (LCSW) but no LCSW costs reported on Table 8A
- Remember, charges should reflect the full value of services provided based on fee schedule.

Financial Profile

Table 9E: Other Revenue

- Other Revenue = cash income received during the year from grants, contracts, and other non-patient-related sources.
- Apply “last-party rule.”
- Do not duplicate revenue reported on Table 9D.
- Do not report value of **donated** services, supplies, or facilities—these are reported on Table 8A.
- Do not report capital received as loan.

Line	Source	Amount (a)
BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)		
1a	Migrant Health Center	
1b	Community Health Center	
1c	Health Care for the Homeless	
1e	Public Housing Primary Care	
1g	Total Health Center (Sum of Lines 1a through 1e)	
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES)/Health, Economic Assistance, Liability Protection and Schools Act (HEALS)	
1p	Other COVID-19-Related Funding from BPHC (specify ____)	
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1o)	
Other Federal Grants		
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants (specify ____)	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
3b	Provider Relief Fund (specify ____)	
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	
Non-Federal Grants or Contracts		
6	State Government Grants and Contracts (specify ____)	
6a	State/Local Indigent Care Programs (specify ____)	
7	Local Government Grants and Contracts (specify ____)	
8	Foundation/Private Grants and Contracts (specify ____)	
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	
10	Other Revenue (non-patient related revenue not reported elsewhere) (specify ____)	
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	



Table 9E: BHW Considerations

Line	Source	Amount (a)
BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)		
1a	Migrant Health Center	
1b	Community Health Center	
1c	Health Care for the Homeless	
1e	Public Housing Primary Care	
1g	Total Health Center (Sum of Lines 1a through 1e)	
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES)/Health, Economic Assistance, Liability Protection and Schools Act (HEALS)	
1p	Other COVID-19-Related Funding from BPHC (specify ____)	
1q	Total COVID-19 Supplemental (Sum of Lines 1l through 1p)	
1	Total BPHC Grants (Sum of Lines 1g + 1k + 1o)	
Other Federal Grants		
2	Ryan White Part C HIV Early Intervention	
3	Other Federal Grants (specify ____)	
3a	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
3b	Provider Relief Fund (specify ____)	
5	Total Other Federal Grants (Sum of Lines 2 through 3b)	
Non-Federal Grants or Contracts		
6	State Government Grants and Contracts (specify ____)	
6a	State/Local Indigent Care Programs (specify ____)	
7	Local Government Grants and Contracts (specify ____)	
8	Foundation/Private Grants and Contracts (specify ____)	
9	Total Non-Federal Grants and Contracts (Sum of Lines 6 + 6a + 7 + 8)	
10	Other Revenue (non-patient related revenue not reported elsewhere) (specify ____)	
11	Total Revenue (Sum of Lines 1 + 5 + 9 + 10)	

- BHW grants are reported on **Line 3: Other Federal Grants** (and specify type in description on that line).
- BHW primary care clinics do not report Lines 1a–1e (BPHC Grants) even if they are dually designated.
- Other COVID-Related funding: **Line 1p—possible for BHWs.**

Available Resources



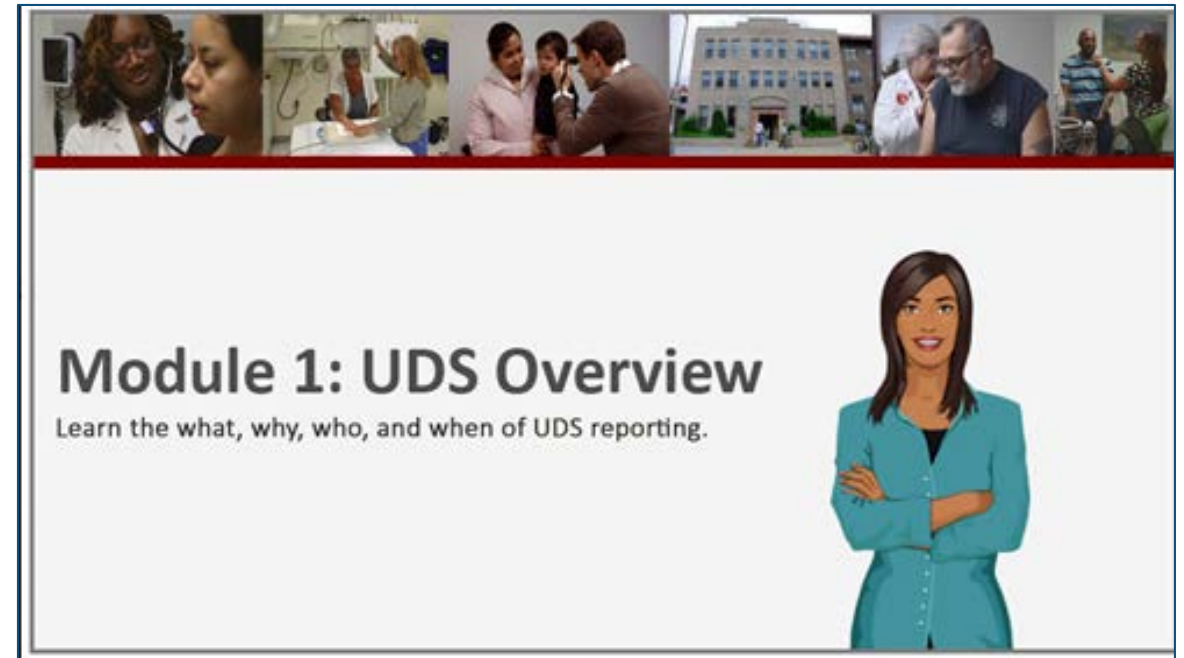
Available Assistance

- Technical assistance materials are available online:
 - [HRSA website](#)
 - [UDS training website](#)
 - [UDS Modernization Initiative webpage](#)
- Year-round telephone and [email](#) support line for UDS reporting questions and use of UDS data: 866-837-4357
- [HRSA Contact Center](#) for EHBs account access and roles: 877-464-4772, Option 3
- [Health Center Program support](#) for EHBs system issues: 877-464-4772, Option 1
- UDS Report and preliminary reporting environment access (in [EHBs](#))



Recorded Training Modules

1. UDS Overview
2. Patient Characteristics
3. Clinical Services and Performance
4. Operational Costs and Revenues
5. Submission Success



Find the modules on the resource page: <https://bphcdata.net/resources/>

Training Webinar Series for 2020 UDS Reporting

- Reporting 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: Disease Management
- Reporting UDS Financial and Operational Tables
- Comparison Performance Metrics from UDS Financial Tables
- COVID-19 UDS Reporting Office Hour
- UDS Reporting for BHWs



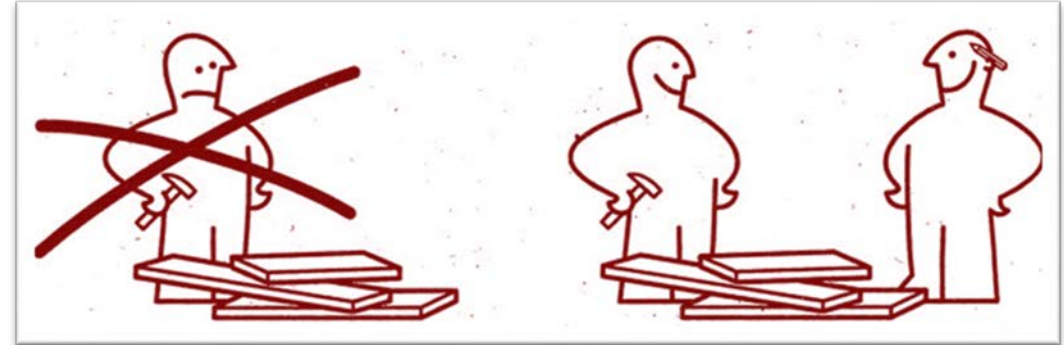
All webinars are archived on the [HRSA website](#).

Strategies for Success



Strategies for Success

- **Work as a team:**
 - Tables are interrelated and should be completed in coordination.
- **Adhere to definitions and instructions:**
 - Read manual and apply definitions.
- **Check your data before submitting:**
 - Again, relationships exist across tables.
 - Address critical edits in EHBs.
 - Report timely, accurate data.
 - Check the email you received last year from your reviewer that identified the data issues that required correction or explanation.



- **Use the UDS Support Center:**
 - Phone: 866-UDS-HELP
 - Email: udshelp330@bphcddata.net
- **Work with your assigned reviewer:**
 - Upon submission of your UDS report on 2/15 and during review period through 3/31.

Questions?



Ongoing questions can be addressed to
udshelp330@bphcddata.net
866-UDS-HELP

Contact Information

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

BHW Primary Care Clinic program-specific questions can be addressed to

Tara Spencer at tspencer@hrsa.gov





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