data.HRSA.gov

Detailed UDS Footnotes

Overview

When possible, refer to the corresponding UDS Manual for specific information related to UDS reporting requirements and measures. View more detailed information on the [UDS Training and Technical Assistance](#) microsite.

- [2022 UDS Manual](#)
- [2021 UDS Manual](#)
- [2020 UDS Manual](#)
- [2019 UDS Manual](#)
- [2018 UDS Manual](#)

The full 2022 public UDS dataset is available for download on [HRSA's Electronic Reading Room webpage](#). Files are available for download from this webpage for each calendar year, from 2014 to the most current UDS reporting year. Visit HRSA's [Data Download](#) page for the Health Center Service Delivery and Look–Alike Sites dataset for a list of federally-funded health centers that provide health services.

General Information

- Cells with a "-" represent data that are suppressed to protect patient confidentiality.
- Cells that are shaded blue represent data that was not reported or null values.
- Percentages may not equal 100% due to rounding.
- Subtotals may differ from the sum of cells due to rounding.
- The [UDS Mapper](#) provides detailed geographic information for HRSA Health Center Program Awardees and Look-Alikes.
- Look-Alikes are health centers that do not receive regular federal funding through the Public Health Service Act (42 U.S.C. 254b) ("section 330") but meet the Health Center Program requirements for designation under the program (42 U.S.C. 1395x(aa)(4)(A)(ii) and 42 U.S.C. 1396d(l)(2)(B)(ii)). Look-alikes may receive funding during public health emergencies, such as COVID-19.

Data Suppression Rules for Publicly Available UDS Data

Note that some UDS data elements are suppressed to protect potentially sensitive patient and proprietary or confidential business information. The data suppression on public webpages and in downloadable files is critical in limiting risk of disclosing potentially sensitive information about patients and in ascertaining statistical reliability at different reporting levels (e.g., National, State and Territory, Health Center). UDS data are not personally identifiable.

Specific Information for UDS Elements/Measures

UDS Element/Measure	Footnote
• Patients By Race & Ethnicity (% known) for selections: • % Asian Patients	Includes Hispanic, /Latino and Non-Hispanic/Latino individuals.

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UDS Element/Measure	Footnote
• Number of Asian Patients • % Native Hawaiian/Other Pacific Islander Patients • Number of Native Hawaiian/Other Pacific Islander Patients • % Black/African American Patients • Number of Black/African American • % American Indian/Alaska Native Patients • Number of American Indian/Alaska Native Patients • % More than one race Patients • Number of Patients with More than one race	
• % Medicaid/CHIP Patients • Medicaid/CHIP Patients	Includes Medicaid, Medicaid CHIP, and Other Public Insurance CHIP.
• % Patients with Hypertension • Number of Patients with Hypertension	Adults with hypertension as a percent of estimated adult medical patients of ages 18-85.
• % Patients with Diabetes • Number of Patients with Diabetes	Adults with diabetes as a percent of estimated adult medical patients of ages 18-75. The High Blood Pressure and Diabetes measures have added palliative care as a denominator exclusion. The High Blood Pressure measure denominator has changed to require diagnosis prior to the measurement year (and continuing in the year) or starting in the first 6 months of the measurement year.
• Adjusted Quartile Rankings	Provides a health center's adjusted quartile ranking compared to health centers nationally for each of the clinical performance measures. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health center) to quartile 4 (lowest 25% of reporting health centers). To learn more about the Health Center Adjusted Quartile Ranking please refer to https://bphc.hrsa.gov/datareporting/reporting/ranking.html and for FAQ's please refer to

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UDS Element/Measure	Footnote
	https://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html
• Childhood Immunization Status	**Childhood Immunization Status:** For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms117v10
• Cervical Cancer Screening • Number of Patients Screened for Cervical Cancer	**Cervical Cancer Screening:** For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms124v10
• Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention • Number of Adult Medical Patients Age 18 and Older Screened for Tobacco Use and Received Cessation Counseling	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** In 2022, updates were made to the specification guidance of this measure. Please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms138v10
• Colorectal Cancer Screening • Number of Patients Screened for Colorectal Cancer	**Colorectal Cancer Screening:** For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms130v10
• Screening for Depression and Follow-Up Plan • Number of Patients Screened for Clinical Depression and if Positive had a Follow-Up Plan Documented	**Preventive Care and Screening: Screening for Depression and Follow-Up Plan:** In 2022, an update to the denominator exceptions was added. For measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms002v11
• Controlling High Blood Pressure • Number of Patients with Hypertension (HTN) Whose Blood Pressure (BP) was Controlled (< 140/90 mmHg)	**Controlling High Blood Pressure:** In 2022, updates were made to measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms165v10
• Diabetes: Hemoglobin A1c Poor Control • Number of Patients with Diabetes with Poorly Controlled Hemoglobin A1c (HbA1c > 9%) or No Test During Year	**Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%):** For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms122v10
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents • Number of Children age 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period.	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents:** An update to the measurement description, with guidance on reporting during the measurement period, was added. For measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms155v10

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UDS Element/Measure	Footnote
• Body Mass Index (BMI) Screening and Follow-Up Plan • Number of Adult Medical Patients Age 18 and Older with Body Mass Index (BMI) Screening and Follow-Up	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:** For measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms069v10
• Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet • Number of Patients Age 18 and Older Diagnosed with Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet:** For measurement specifics, please see: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html
• Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Number of Patients Aged 21 and Older at High Risk of Cardiovascular Events who were Prescribed or were on Statin Therapy	**Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:** In 2022, several updates were made to the denominator exceptions and exclusions of this measure. For detailed information, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms347v5
• Breast Cancer Screening • Number of women 51-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period	**Breast Cancer Screening:** For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms125v10
• Depression Remission at Twelve Months • Number of patients aged 12 to 17 years of age with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	**Depression Remission at Twelve Months:** An update was made to the numerator. For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms159v10
• HIV Screening • Number of patients aged 15 to 65 at the start of the measurement period who were tested for HIV when within age range	**HIV Screening:** For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2022/cms349v4
• Patients by Sexual Orientation	Health centers began reporting patients for whom the health center does not know sexual orientation under "Unknown" in reporting year 2020. Prior to 2020, health centers would report patients with unknown sexual orientation under "Don't Know".
• Patients by Gender Identity	Health centers began reporting patients for whom the health center does not know gender identity under "Unknown" in reporting year 2020. Prior to 2020, health centers would report patients with unknown gender identity under "Other".

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Specific Information According to UDS Table

• Table 6A : Selected Diagnoses and Services Rendered	Some diagnosis and service codes have been updated. A new line has been added to report post COVID-19 condition (line 4d).
• Table 6B : Quality of Care Measures	Estimated % of Patients for Sections C through M are based on the total of the estimated number of patients included in column b for each health center, for each measure, divided by the total number of patients in the applicable category (i.e., the Universe) for each measure. For UDS clinical quality measure reporting, include and evaluate patients for the denominator who had at least one medical visit during the measurement period as specified in the measure (dental visits during the measurement period are used for the dental sealant measure), even though some eCQMs may specify a broader range of service codes (e.g., mental health, substance use disorder). The Cervical Cancer Screening and Breast Cancer Screening measures have added palliative care as a denominator exclusion. The Tobacco Screening measure numerator changed from a 12-month requirement to a requirement during the measurement period. Alignment of clinical quality measures to eCQMs where applicable.
• Table 7 : Health Outcomes and Disparities	% shown are rounded to the .01% level for table display purposes; calculations are made using % to 8 decimal places. % by race are low estimates, not adjusted at the Health Center level for samples with zero patients in racial categories. For UDS clinical quality measure reporting, include and evaluate patients for the denominator who had at least one medical visit during the measurement period as specified in the measure (dental visits during the measurement period are used for the dental sealant measure), even though some eCQMs may specify a broader range of service codes (e.g., mental health, substance use disorder). The High Blood Pressure and Diabetes measures have added palliative care as a denominator exclusion. The High Blood Pressure measure denominator has changed to require diagnosis prior to the measurement year (and continuing in the year) or starting in the first 6 months of the measurement year. Alignment of clinical quality measures to eCQMs where applicable.
• Appendix C	Data from health centers' electronic health record (EHR) systems are increasingly being used to report on the full denominator of patients whose characteristics fulfill UDS

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	clinical quality measure (CQM) specifications. The option of using a chart sampling method (i.e., a scientifically drawn random sample of 70 patient charts) for reporting CQMs on Tables 6B and 7 is no longer available for UDS reporting. Using EHR data to report UDS clinical quality measures among all patients for which each CQM applies allows for a more complete understanding of health centers' clinical quality performance and patient health status.
• Appendix D: Health Center Health Information Technology (HIT) Capabilities	Question 11a has been added to measure the total number of patients screened for social risk factors. Questions throughout this appendix have been revised to provide clarity, with additional selection options added. Questions 1d, 1e, and 7 have been removed.
• Appendix E: Other Data Elements	A clarification for question 2 has been provided. The term "telehealth" includes "telemedicine" services but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

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