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.

- [2023 UDS Manual](#)
- [2022 UDS Manual](#)
- [2021 UDS Manual](#)
- [2020 UDS Manual](#)
- [2019 UDS Manual](#)
- The full 2023 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 [HCP GeoCare Navigator](#) 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: - Percentage of Asian Patients	Includes Hispanic/Latino (including Mexican, Mexican American, Chicano, Puerto Rican, and Cuban) and Non-Hispanic/Latino individuals

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UDS Element/Measure	Footnote

o Number of Asian Patients
     o Number of Chinese Patients
     o Number of Filipino Patients
     o Number of Japanese Patients
     o Number of Korean Patients
     o Number of Vietnamese Patients
• Percentage of Native Hawaiian/Other Pacific Islander Patients
     o Number of Native Hawaiian
     o Number of Other Pacific Islander Patients
     o Number of Guamanian or Chamorro Patients
     o Number of Samoan Patients
• Percentage of Black/African American Patients
     o Number of Black/African American
• Percentage of American Indian/Alaska Native Patients
     o Number of American Indian/Alaska Native Patients
 	
• Percentage of More than one race Patients
     o Number of Patients with More than one race
• Percentage of Unreported/Chose not to disclose race
     o Number Unreported/Chose not to disclose race	

• Medicaid/CHIP Patients • Percentage of Medicaid/CHIP Patients	Includes Medicaid, CHIP, Medicaid and CHIP patients enrolled in a managed care program administered by a private insurance, Other Public Insurance CHIP.
• 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

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UDS Element/Measure	Footnote
	https://bphc.hrsa.gov/datareporting/reporting/ranking.html and for FAQ's please refer to https://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html
• Childhood Immunization Status • Percentage of children who received childhood immunizations that should be completed by age 2. r	**Childhood Immunization Status:** In 2023, updates were made to the specification guidance, denominator exclusions, and the numerator. For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0117v11
• Cervical Cancer Screening • Number of women 21-64 years of age Screened for Cervical Cancer	**Cervical Cancer Screening:** In 2023 updates were made to the specification guidance and denominator exclusions. For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0124v11
• Tobacco Use: Screening and Cessation Intervention • Percentage of Patients 18 Years of Age and Older Screened for Tobacco Use and Received Cessation Counseling	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** In 2023, updates were made to the measurement description, specification guidance, denominator exclusions/exceptions, and numerator. For detailed information on this measure. Please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0138v11
• Colorectal Cancer Screening • Percentage of Adults 45-75 Years of Age Screened for Colorectal Cancer	**Colorectal Cancer Screening:** In 2023, an update to the measurement description, specification of guidance, and denominator exclusions, and numerator were added. For measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0130v11
• Screening for Depression and Follow-Up Plan • Percentage of Patients 12 Years of Age and Older 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 2023, an update to the measurement description, guidance specification, denominator exclusions, and numerator were added. For measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0002v12

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UDS Element/Measure	Footnote
- Controlling High Blood Pressure - Percentage of Patients 18-65 Years of Age with Hypertension (HTN) Whose Blood Pressure (BP) was Controlled (< 140/90 mmHg)	**Controlling High Blood Pressure:** In 2023, updates were made to guidance specification and denominator exclusions, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0165v11
- Diabetes: Hemoglobin A1c Poor Control (> 9%) - Percentage of Patients 18-75 Years of Age with Diabetes and Poorly Controlled Hemoglobin A1c (HbA1c > 9%) or No Test During Year	**Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%):** In 2023, updates were made to the specification guidance and denominator exclusion. For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0122v11
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Percentage of Children 3-17 Years of Age with evidence of BMI percentile documentation, nutrition counseling, and physical activity counseling.	**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/2023/cms0155v11
- Body Mass Index (BMI) Screening and Follow-Up Plan - Percentage of Patients 18 Years of Age 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/2023/cms0069v1
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet - Percentage of Patients 18 Years of Age and Older diagnosed with AMI, CABG, PCI, or had an active diagnosis of IVD with documented use of aspirin or another antiplatelet.	**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 - Percentage of Patients 20 Years of Age and Older at High Risk of Cardiovascular Events who were Prescribed or were on Statin Therapy, had an Active ASCVD Diagnosis/or had an ASCVD procedure, had a low-density LDL-C level, had	**Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:** In 2023, an update to the measurement description, specification guidance, denominator exclusions, and denominator exceptions were added. For measurement specifics, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0347v6

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UDS Element/Measure	Footnote
Familial hypercholesterolemia, OR patients 40-75 diagnosed with diabetes	
• Breast Cancer Screening • Percentage of women 50-74 Years of Age who had a mammogram to screen for breast cancer	**Breast Cancer Screening:** In 2023, updates to the specification guidance, denominator exclusions, and numerator were made. For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0125v11
• Depression Remission at Twelve Months • Percentage of patients 12 Years of Age to 17 Years of Age and adult patients 18 Years of Age or older 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 specification guidance, denominator exclusions, and numerator. For detailed information on this measure, please see: https://ecqi.healthit.gov/ecqm/ec/2023/cms0159v11
• HIV Screening • Percentage of patients 15 to 65 Years of Age who were tested for Human immunodeficiency virus (HIV)	**HIV Screening:** 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/2023/cms0349v5
• Dental Sealants for Children between 6-9 Years of Age • Percentage of children 6-9 Years of Age at moderate risk for caries who received a sealant on a first permanent molar	CMS277 (no updated eCQM)

Specific Information According to UDS Table

• Table 6A: Selected Diagnoses and Services Rendered	Some diagnoses and service codes have been updated. A new line has been added to report childhood development screenings and evaluation services (line 26e).
• Table 6B: Quality of Care Measures	The specifications of clinical quality measures reported have been revised to align with CMS eCQMS. Patients with eligible visits, as defined by the measure steward for the selected measure, are to be considered for the denominator. Age "as of" for several clinical quality measures has been changed and revised to align with CQL criteria. - Final age to include in the assessment now changed to 17 for Weight Assessment and

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	Counseling for Nutrition and Physical Activity for Children/Adolescents measure. - Numerator changed to a 12-month requirement for the BMI Screening and Follow-up measure. - E-cigarette use now considered tobacco use, hospice care is now a denominator exclusion, all denominator exceptions have been removed, and tobacco cessation intervention must occur during the measurement period or 6 months prior for the Tobacco Screening measure. - Follow-up Plan changed to now require a follow-up two days after the date of visit for the Depression Screening measure. - An active ASCVD diagnosis is required, patients with diagnosis of pregnancy are no longer excluded from the denominator, and a documented reason for not being prescribed statin now qualifies as a denominator exception for the Statin Therapy measure.
• Table 7: Health Outcomes	The specifications of clinical quality measures reported have been revised to align with CMS eCQMS. Patients with eligible visits, as defined by the measure steward for the selected measure, are to be considered for the denominator. Age "as of" for several clinical quality measures has been changed and revised to align with CQL criteria. - Patients 81 years of age and older by the end of the measurement period with an indication of frailty for any part of the measurement period has been added to the denominator exclusion for the Hypertension measure. - The Diabetes measure no longer indicates in the Specification Guidance that patients with a diagnosis of secondary diabetes due to another condition (such as gestational diabetes) are to be excluded from the denominator. - This table has been updated to include sub-categories for Asian and Other Pacific Islander, as well as broader selection for ethnicity by including additional Hispanic, Latino/a, or Spanish origin sub-categories.
• 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 clinical quality measure (CQM) specifications. The option

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	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 E: Other Data Elements	Medication assisted treatment (MAT) is now referred to as medications for opioid use disorder (MOUD) and now includes all three medications approved by the U.S. Food and Drug Administration (FDA): buprenorphine, methadone, and naltrexone. The Drug Addiction Treatment Act of 2000 (DATA) waiver is no longer required to treat opioid use disorder with medications specifically approved by the FDA.FDA.