

# 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.

- 2024 [UDS Manual](#)
- The full 2024 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. 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
<ul style="list-style-type: none"><li>• Patients By Race &amp; Ethnicity (% known) for selections:</li><li>• Percentage of Asian Patients<ul style="list-style-type: none"><li>○ Number of Asian Patients</li><li>○ Number of Chinese Patients</li><li>○ Number of Filipino Patients</li></ul></li></ul>	Includes Hispanic/Latino (including Mexican, Mexican American, Chicano, Puerto Rican, and Cuban) and Non-Hispanic/Latino individuals

UDS Element/Measure	Footnote
<ul style="list-style-type: none"> <li>○ Number of Japanese Patients</li> <li>○ Number of Korean Patients</li> <li>○ Number of Vietnamese Patients</li> <li>• Percentage of Native Hawaiian/Other Pacific Islander Patients <ul style="list-style-type: none"> <li>○ Number of Native Hawaiian</li> <li>○ Number of Other Pacific Islander Patients</li> <li>○ Number of Guamanian or Chamorro Patients</li> <li>○ Number of Samoan Patients</li> </ul> </li> <li>• Percentage of Black/African American Patients <ul style="list-style-type: none"> <li>○ Number of Black/African American</li> </ul> </li> <li>• Percentage of American Indian/Alaska Native Patients <ul style="list-style-type: none"> <li>○ Number of American Indian/Alaska Native Patients</li> </ul> </li> <li>• Percentage of More than one race Patients <ul style="list-style-type: none"> <li>○ Number of Patients with More than one race</li> </ul> </li> <li>• Percentage of Unreported/Chose not to disclose race <ul style="list-style-type: none"> <li>○ Number Unreported/Chose not to disclose race</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Medicaid/CHIP Patients</li> <li>• Percentage of Medicaid/CHIP Patients</li> </ul>	Includes Medicaid, CHIP, Medicaid and CHIP patients enrolled in a managed care program administered by a private insurance, Other Public Insurance CHIP.
<ul style="list-style-type: none"> <li>• Adjusted Quartile Rankings</li> </ul>	<p>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 <a href="https://bphc.hrsa.gov/datareporting/reporting/ranking.html">https://bphc.hrsa.gov/datareporting/reporting/ranking.html</a> and for FAQ's please refer to <a href="https://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html">https://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html</a></p>

UDS Element/Measure	Footnote
<ul style="list-style-type: none"> <li>Childhood Immunization Status</li> <li>Percentage of children who received childhood immunizations that should be completed by age 2.</li> </ul>	<p><b>Childhood Immunization Status:</b> In 2024, updates were made to the rationale, clinical recommendation statement, definition, and the numerator. For detailed information on this measure, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0117v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0117v12</a></p>
<ul style="list-style-type: none"> <li>Cervical Cancer Screening</li> <li>Number of women 21-64 years of age Screened for Cervical Cancer</li> </ul>	<p><b>Cervical Cancer Screening:</b> In 2024, updates were made to the specification guidance, rationale, clinical recommendation statement, and the numerator. For detailed information on this measure, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0124v12</a></p>
<ul style="list-style-type: none"> <li>Tobacco Use: Screening and Cessation Intervention</li> <li>Percentage of Patients 12 Years of Age and Older Screened for Tobacco Use and Received Cessation Counseling</li> </ul>	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> In 2024, updates were made to the description, rationale, clinical recommendation statement, definition, and initial population. For detailed information on this measure. Please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0138v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0138v12</a></p>
<ul style="list-style-type: none"> <li>Colorectal Cancer Screening</li> <li>Percentage of Adults 45-75 Years of Age Screened for Colorectal Cancer</li> </ul>	<p><b>Colorectal Cancer Screening:</b> In 2024, updates were made to specification of guidance, stratification, rationale, clinical recommendation statement, and numerator. For measurement specifics, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0130v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0130v12</a></p>
<ul style="list-style-type: none"> <li>Screening for Depression and Follow-Up Plan</li> <li>Percentage of Patients 12 Years of Age and Older Screened for Clinical Depression and if Positive, had a Follow-Up Plan Documented</li> </ul>	<p><b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan:</b> In 2024, updates were made to the guidance specification, denominator exclusions, rationale, clinical recommendation statement, definition, and denominator exceptions. For measurement specifics, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0002v13">https://ecqi.healthit.gov/ecqm/ec/2024/cms0002v13</a></p>

UDS Element/Measure	Footnote
<ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> <li>Percentage of Patients 18-85 Years of Age with Hypertension (HTN) Whose Blood Pressure (BP) was Controlled (&lt; 140/90 mmHg)</li> </ul>	<p><b>Controlling High Blood Pressure:</b> In 2024, updates were made to guidance specification, measurement description, and initial population, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0165v12</a></p>
<ul style="list-style-type: none"> <li>Diabetes: Hemoglobin A1c Poor Control (&gt; 9%)</li> <li>Percentage of Patients 18-75 Years of Age with Diabetes and Poorly Controlled Hemoglobin A1c (HbA1c &gt; 9%) or No Test During Year</li> </ul>	<p><b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt; 9%):</b> In 2024, updates were made to the denominator exclusion, rationale, and clinical recommendation statement. For detailed information on this measure, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0122v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0122v12</a></p>
<ul style="list-style-type: none"> <li>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</li> <li>Percentage of Children 3-17 Years of Age with evidence of BMI percentile documentation, nutrition counseling, and physical activity counseling.</li> </ul>	<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents:</b> In 2024, updates were made to measurement stratification, rationale, and clinical recommendation statement. For measurement specifics, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0155v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0155v12</a></p>
<ul style="list-style-type: none"> <li>Body Mass Index (BMI) Screening and Follow-Up Plan</li> <li>Percentage of Patients 18 Years of Age and Older with Body Mass Index (BMI) Screening and had a Follow-Up plan documented</li> </ul>	<p><b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> In 2024, updates were made to the rationale, clinical recommendation statement, definition, initial population, and guidance. For measurement specifics, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0069v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0069v12</a></p>
<ul style="list-style-type: none"> <li>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</li> <li>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.</li> </ul>	<p><b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet:</b> For measurement specifics in 2024, please see:</p> <p><a href="https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html">https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html</a></p>

UDS Element/Measure	Footnote
<ul style="list-style-type: none"> <li>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</li> <li>Percentage of Patients fall into one of four high-risk categories and were prescribed or were on statin therapy during the measurement period. The four populations include: 1) All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, 2) Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, 3) Patients aged 40 to 75 with a diagnosis of diabetes, or 4) Patients aged 40 to 75 with a 10-year ASCVD risk score greater than or equal to 20 percent.</li> </ul>	<p><b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:</b> In 2024, updates were made to the measurement description, rationale, clinical recommendation statement, definition, specification guidance, and initial population. For measurement specifics, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0347v7">https://ecqi.healthit.gov/ecqm/ec/2024/cms0347v7</a></p>
<ul style="list-style-type: none"> <li>Breast Cancer Screening</li> <li>Percentage of women 50-74 Years of Age who had a mammogram to screen for breast cancer</li> </ul>	<p><b>Breast Cancer Screening:</b> In 2024, updates were made to the rationale, clinical recommendation statement, specification guidance, and denominator exclusions. For detailed information on this measure, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0125v12</a></p>
<ul style="list-style-type: none"> <li>Depression Remission at Twelve Months</li> <li>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</li> </ul>	<p><b>Depression Remission at Twelve Months:</b> In 2024, updates were made to the specification guidance stratification, rationale, clinical recommendation statement, definition, and denominator exclusions. For detailed information on this measure, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0159v12">https://ecqi.healthit.gov/ecqm/ec/2024/cms0159v12</a></p>
<ul style="list-style-type: none"> <li>HIV Screening</li> </ul>	<p><b>HIV Screening:</b> In 2024, updated were made to the rationale, clinical recommendation statement, and</p>

UDS Element/Measure	Footnote
<ul style="list-style-type: none"> <li>Percentage of patients 15 to 65 Years of Age who were tested for Human immunodeficiency virus (HIV)</li> </ul>	<p>denominator exceptions. For measurement specifics, please see:</p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2024/cms0349v6">https://ecqi.healthit.gov/ecqm/ec/2024/cms0349v6</a></p>
<ul style="list-style-type: none"> <li>Dental Sealants for Children between 6-9 Years of Age</li> <li>Percentage of children 6-9 Years of Age at moderate risk for caries who received a sealant on a first permanent molar</li> </ul>	CMS277 (no updated CQM)
<ul style="list-style-type: none"> <li>Patients by Sexual Orientation</li> </ul>	Sexual orientation measures were removed from the UDS, in alignment with <a href="#">Executive Order 14168</a> .
<ul style="list-style-type: none"> <li>Patients by Gender Identity</li> </ul>	Gender identity measures were removed from the UDS, in alignment with <a href="#">Executive Order 14168</a> .

#### Specific Information According to UDS Table

<ul style="list-style-type: none"> <li>Table 4: Selected Patient Characteristics</li> </ul>	<ul style="list-style-type: none"> <li>The definition of managed care plans was revised to reflect the evolving way in which managed care plans are administered. The determination of managed care reporting in the UDS is that the health center has a contractual agreement with a managed care organization or managed care plan through which the health center is assigned and responsible for managing the comprehensive care of patients.</li> </ul>
<ul style="list-style-type: none"> <li>Table 6A: Selected Diagnoses and Services Rendered</li> </ul>	<p>Some diagnoses and service codes have been updated.</p> <ul style="list-style-type: none"> <li>One additional diagnostic code was added to the Tuberculosis measure.</li> <li>Additional diagnostic codes were added to the Sexually transmitted infections (gonococcal infections and venereal diseases) measure.</li> <li>One additional diagnostic code was added to the Hepatitis B measure.</li> <li>All previously applicable procedural codes were removed, resulting in a single code now used for reporting the Pre-Exposure Prophylaxis (PrEP) measure.</li> </ul>

	<ul style="list-style-type: none"> <li>- The Childhood Development Screenings and Evaluations measure limited reporting to patients less than 18 years of age. Several procedural codes were removed for the reporting of the Coronavirus (SARS-CoV-2) vaccine measure and replaced by a limited set of codes, fewer than previously included.</li> </ul>
<ul style="list-style-type: none"> <li>• Table 6B: Quality of Care Measures</li> </ul>	<ul style="list-style-type: none"> <li>- The Childhood Immunization Status measure's numerator expanded criteria for anaphylaxis.</li> <li>- The Cervical Cancer Screening measure's guidance was updated to include screenings performed outside the measurement period or age range of patients referenced in the initial population. Screenings that occur prior to the measurement period are valid to meet measure criteria.</li> <li>- The Tobacco Use: Screening and Cessation Intervention measure's initial population changed from patients aged 18 and older to those aged 12 and older.</li> <li>- The Colorectal Cancer Screening measure's numerator terminology changed to refer to "Stool DNA (sDNA) with FIT test" in place of "FIT-DNA." In addition, guidance was added to capture screenings performed outside of the measurement period. The Depression Screening measure's denominator exclusion criteria was updated to remove patients who have ever been diagnosed with depression.</li> <li>- The Statin Therapy for the Prevention and Treatment of Cardiovascular Disease measure's initial population was changed to include all patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure. In addition, for Population 2 the patient age now includes those 20-75 (from greater than or equal to 20 years). A fourth population was added, to include patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of greater than or equal to 20% during the measurement period.</li> <li>- The Breast Cancer Screening measure's guidance was updated to include additional denominator exclusion language to confirm timing for bilateral mastectomy "on or before the end of the</li> </ul>

	<p>measurement period.” In addition, guidance was added to capture screenings performed outside of the measurement period.</p> <ul style="list-style-type: none"> <li>- The Depression Remission measure’s denominator exclusion was revised to now include permanent nursing home residents, who were previously excluded.</li> <li>- The HIV Screening measure’s denominator exception was updated to include patients who died on or before the end of the measurement period.</li> </ul>
<ul style="list-style-type: none"> <li>• Table 7: Health Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- The Controlling High Blood Pressure measure’s initial population was updated to include patients that had a visit during the measurement period as opposed to before and continuing into, or starting during the first month of the measurement period. The measure’s guidance was also updated to reflect that automated blood pressure monitors are acceptable for numerator compliance.</li> </ul>
<ul style="list-style-type: none"> <li>• Appendix E: Other Data Elements</li> </ul>	<ul style="list-style-type: none"> <li>- A new question was added to collect the number of patients screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year.</li> </ul>



<ul style="list-style-type: none"> <li>Appendix F: Workforce</li> </ul>	<ul style="list-style-type: none"> <li>Logic was updated so that respondents only answer Question 2 (Range of health professional education/training offered and number of individuals trained) if they answered “Yes” to Question 1 (Health Center’s provision of health professional education/training).</li> </ul>
---	--