



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER: 2024-06**

**DOCUMENT TITLE: Final Uniform Data System  
Changes for Calendar Year 2024**

**DATE:** April 2, 2024—Updated from December 11, 2023

**TO:** Health Centers  
Health Center Controlled Networks  
Primary Care Associations  
Primary Care Offices  
National Training and Technical Assistance Partners

## **I. BACKGROUND**

This Program Assistance Letter provides an overview of approved changes to the Health Resources and Services Administration’s calendar year (CY) 2024 Uniform Data System (UDS) to be reported by Health Center Program awardees and look-alikes in February 2025. Additional details regarding these updates will be provided in the forthcoming 2024 UDS Manual and reporting guidance. Where applicable, these updates will be incorporated into UDS patient level submission reporting (UDS+). BPHC will share additional details and guidance on UDS+ submission requirements this fall.

## **II. FINAL UPDATES FOR CY 2024 UDS REPORTING**

### **A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLES 6B AND 7**

The following UDS clinical quality measures will be updated to align with the versions of the Centers for Medicare & Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs) designated for the 2024 reporting period, [which were announced by CMS on May 24, 2023](#).

Rationale: Aligning clinical performance measures across national programs decreases reporting burden, improves data quality, and ensures consistency and comparability across various healthcare settings. Measure alignment and harmonization with other national quality programs, such as the [National Quality Forum](#), [CMS’ Medicaid Core Sets](#), and CMS’ [Quality Payment Program](#), remains a Health Center Program priority. Hyperlinks to the Electronic Clinical Quality Improvement Resource Center<sup>1</sup> have been included to provide additional details of the eCQM reporting requirements.

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<sup>1</sup> <https://ecqi.healthit.gov/>

## 2024 UDS eQMs

1. Childhood Immunization Status has been revised to align with [CMS117v12](#).
2. Cervical Cancer Screening has been revised to align with [CMS124v12](#).
3. Breast Cancer Screening has been revised to align with [CMS125v12](#).
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with [CMS155v12](#).
5. Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan has been revised to align with [CMS69v12](#).
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with [CMS138v12](#).
7. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease has been revised to align with [CMS347v7](#).
8. Colorectal Cancer Screening has been revised to align with [CMS130v12](#).
9. HIV Screening has been revised to align with [CMS349v6](#).
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan has been revised to align with [CMS2v13](#).
11. Depression Remission at Twelve Months has been revised to align with [CMS159v12](#).
12. Controlling High Blood Pressure has been revised to align with [CMS165v12](#).
13. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) has been revised to align with [CMS122v12](#).

## B. UPDATE TO APPENDIX E: OTHER DATA ELEMENTS (ODE)

A fourth question is being added to Appendix E: Other Data Elements to capture the total number of patients screened for family planning needs. Health centers will be asked: *How many health center patients were screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year?*

Rationale: This question will enhance the delivery of voluntary family planning and related services, which is a required primary health service under section 330(b)(1)(A) of the Public Health Service Act.

## CONTACTS

For questions or comments regarding the updates to the CY 2024 UDS, contact the Office of Quality Improvement via the [BPHC Contact Form](#) by selecting Uniform Data System (UDS)/UDS Reporting.

Sincerely,  
Jim Macrae  
Associate Administrator

Attachments:

1. 2024 UDS eCQM Changes Comparison Chart
2. Excerpt of Appendix E: Other Data Elements

## 2024 UDS ECQM CHANGES COMPARISON CHART

2024 UDS eCQM	2024 eCQI Version	2023 to 2024 Performance Period Changes
Childhood Immunization	<a href="#">CMS117v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Numerator revision for anaphylaxis due to vaccine as criteria</li> </ul>
Cervical Cancer Screening	<a href="#">CMS124v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Guidance language added for screenings performed outside of range</li> </ul>
Breast Cancer Screening	<a href="#">CMS125v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Denominator Exclusion language updated to confirm timing for bilateral mastectomy 'on or before the end of the measurement period'</li> <li>Guidance language added for screenings performed outside of range</li> </ul>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<a href="#">CMS155v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> </ul>
Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan	<a href="#">CMS69v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> </ul>
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<a href="#">CMS138v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Denominator Initial Population age for screening changed from '18 years and older' to '12 years and older'</li> </ul>
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<a href="#">CMS347v7</a>	<ul style="list-style-type: none"> <li>V6 updated to v7</li> <li>Denominator age range for LDL-C <math>\geq</math> 190 mg/dL or diagnosis of familial hypercholesterolemia changed from '<math>\geq</math>20' to '20 to 75' years of age</li> <li>Denominator changed from 'active diagnosis of ASCVD' to 'previously diagnosed with or currently have a diagnosis of ASCVD'</li> <li>New population added to denominator for 'patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of <math>\geq</math> 20% during the measurement period'</li> </ul>
Colorectal Cancer Screening	<a href="#">CMS130v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Numerator terminology changed to refer to 'Stool DNA (sDNA) with FIT test' in place of 'FIT-DNA'</li> <li>Guidance language added for screenings performed outside of range</li> </ul>
HIV Screening	<a href="#">CMS349v6</a>	<ul style="list-style-type: none"> <li>V5 updated to v6</li> <li>New Denominator Exception added for patients who die on or before the end of the measurement period</li> </ul>
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<a href="#">CMS2v13</a>	<ul style="list-style-type: none"> <li>V12 updated to v13</li> <li>Diagnosis of depression removed from Denominator Exclusions</li> <li>Denominator Exception language updated from 'Patient refuses to participate' to 'Patient refuses to participate in or complete the depression screening'</li> </ul>
Depression Remission at Twelve Months	<a href="#">CMS159v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Nursing home residents removed from Denominator Exclusions</li> </ul>
Controlling High Blood Pressure	<a href="#">CMS165v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> <li>Guidance language changed from 'remote monitoring device' to 'automated blood pressure monitor or device'</li> </ul>
Diabetes: Hemoglobin A1c (HbA1c) Poor Control ( $>$ 9%)	<a href="#">CMS122v12</a>	<ul style="list-style-type: none"> <li>v11 updated to v12</li> </ul>

**Excerpt of Appendix E: Other Data Elements**

3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (personnel, contracted personnel, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about third-party primary care health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment.

Enter number of assists \_\_\_\_\_

**Note:** Assists DO NOT count as visits on the UDS table

4. How many health center patients were screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year? \_\_\_\_\_