

Uniform Data System (UDS) Training

Promotional Information

Changes for CY 2016 UDS Reporting

Table	2016 Changes												
3A/3B/4	<p>Patients are to be reported according to their sex at birth on Table 3A Patients will also be reported by sexual orientation and by gender identity (SOGI) on Table 3B. Reporting of public housing count has been further clarified on Table 4.</p>												
5/5A/8A	<p>New lines have been added to Tables 5 and 8A to report staff and costs:</p> <table border="1"> <thead> <tr> <th>Staff Position</th> <th>Line Reported on Table 5</th> <th>Line Reported on Table 8A</th> </tr> </thead> <tbody> <tr> <td>Dental Therapists (and their patient activity)</td> <td>Line 17a</td> <td>Line 5</td> </tr> <tr> <td>Community Health Workers (CHW)</td> <td>Line 27c</td> <td>Line 11h</td> </tr> <tr> <td>Quality Improvement (QI)</td> <td>Line 29b</td> <td>Line 12a</td> </tr> </tbody> </table> <p>Reporting of tenure data for dental therapists has been added to Table 5A.</p>	Staff Position	Line Reported on Table 5	Line Reported on Table 8A	Dental Therapists (and their patient activity)	Line 17a	Line 5	Community Health Workers (CHW)	Line 27c	Line 11h	Quality Improvement (QI)	Line 29b	Line 12a
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Dental Therapists (and their patient activity)	Line 17a	Line 5											
Community Health Workers (CHW)	Line 27c	Line 11h											
Quality Improvement (QI)	Line 29b	Line 12a											
6A	<p>All Table 6A diagnosis codes for selected diagnoses and services rendered are revised from ICD-9 to ICD-10 codes.</p>												
6B/7	<p>To support Department-wide standardization of data collection and reduce health center reporting burden, the specifications for the clinical measures in Tables 6B and 7 listed below have been revised to align with the Centers for Medicare & Medicaid Services' electronic-specified Clinical Quality Measures (e-CQMs). The quality of care measures are aligned with e-CQMs for Eligible Professionals June 2015 eReporting update for the 2016 reporting period. (While there are other updates available, they are not to be used for the 2016 reporting.)</p> <ol style="list-style-type: none"> 1. Childhood Immunization Status has been revised to align with CMS117v4 2. Cervical Cancer Screening has been revised to align with CMS124v4 3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v4 4. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up has been revised to align with CMS69v4 5. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention has been revised to align with CMS138v4 6. Use of Appropriate Medications for Asthma has been revised to align with CMS126v4 7. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic 												

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	<p><i>has been revised to align with CMS164v4</i></p> <ol style="list-style-type: none">8. <i>Colorectal Cancer Screening has been revised to align with CMS130v4</i>9. <i>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up has been revised to align with CMS2v5</i>10. <i>Dental Sealants for Children between 6-9 Years has been revised to align with CMS277v0</i>11. <i>Controlling High Blood Pressure has been revised to align with CMS165v4</i>12. <i>Diabetes: Hemoglobin A1c Poor Control has been revised to align with CMS122v4</i>
HIT Form	<p><i>The Health Information and Technology (HIT) Form has been revised to include health center telehealth capacity and use and to capture medication-assisted treatment (MAT).</i></p>

Please note that there are no changes or updates in the following UDS Tables: ZIP Codes, 4, 9D, and 9E.