

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2015-05

DATE: June 8, 2015

DOCUMENT TITLE: Approved Uniform Data System Changes for Calendar Year 2015

TO: Health Centers
Primary Care Associations
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides information on the Health Resources and Services Administration's (HRSA) approved changes to the calendar year (CY) 2015 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in early 2016. Additional details concerning these changes will be contained in the CY2015 UDS Manual to be published in the last quarter of 2015.

II. APPROVED CHANGES FOR CY 2015 UDS REPORTING

1. Patient Characteristics

Table 4—The number of dually eligible Medicare and Medicaid patients is reported on table 4, line 9a.

Rationale: Currently the UDS does not capture dual (Medicaid and Medicare) beneficiaries. The Bureau of Primary Health Care is anticipating growth in older adult patients for the Health Center Program as a result of an aging U.S. population. Given that health centers serve a large proportion of patients living in poverty, it is likely that the older adult patients that will be cared for by health centers will be dual beneficiaries. Collection of dual beneficiaries' data will provide more specific information on health center patients to improve the responsiveness of care delivery and for targeted technical assistance on health center quality improvement initiatives.

2. Quality of Care Measures

Table 6B – Quality of Care Measures is modified by the addition of an oral health measure. The oral health measure is reported on table 6B, line 22.

Rationale: Access to high quality oral health care is a HRSA priority. Dental sealants are an evidence-based intervention to help prevent dental decay. This oral health measure is endorsed by the National Quality Forum (NQF) (<http://www.qualityforum.org/QPS/QPSTool.aspx>) and is part of the 2015 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>).

Measure Title: Percentage of children, age 6 – 9 years, at moderate to high risk for caries¹ who received a sealant on a first permanent molar during the reporting period.

Numerator: Subset of children in the denominator who received a sealant on a permanent first molar tooth in the measurement year.

Denominator: Number of health center patients, age 6 – 9 years old, who had an oral assessment² or comprehensive or periodic oral evaluation visit³ and are at moderate to high risk for caries¹ in the measurement year.

Exclusions: Children for whom all first permanent molars are non-sealable are excluded—i.e., all molars are either decayed, filled, currently sealed, or un-erupted/missing.

Additional Details:

¹ Moderate to high risk for caries is defined as caries risk assessment performed and finding of elevated risk. Applicable CDT codes include D0602 and D0603.

² Applicable CDT code for oral assessment performed includes CDT D0191.

³ Applicable CDT codes for comprehensive or periodic oral evaluation include CDT D0120, D0145, D0150, and D0180.

For additional information regarding value sets and e-specifications related to the UDS dental sealant measure CMS277v0.0.005, see the Agency for Healthcare Research and Quality’s (AHRQ) United States Health Information Knowledgebase (USHIK) website

(<http://ushik.org/QualityMeasuresListing?draft=true&system=dcqm&sortField=570&sortDirection=ascending&enableAsynchronousLoading=true>).

3. *Health Outcomes and Disparities Measures*

Table 7 – Health Outcomes and Disparities has been modified by revising the diabetes control measure to collect and report on Hba1c < 8% and HbA1c > 9% or test not done. Reporting data on 8% <= HbA1c <= 9% is no longer required.

Rationale: Revision of the UDS diabetes control measure supports the Health Center Program clinical quality strategy and improves measurement alignment with other national measurement programs such as the National Quality Forum (NQF) (<http://www.qualityforum.org/QPS/QPSTool.aspx>), Medicare and Medicaid EHR Incentive Programs (<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>) (i.e., Meaningful Use), and Healthy People 2020 (<https://www.healthypeople.gov/2020/topicsobjectives2020/default>). HbA1c > 9% is an indicator of poor diabetes control with a lower number representing better performance.

III. ICD 10 TRANSITION

The U.S. Department of Health and Human Services (HHS) released a final rule on July 31, 2014, that requires the use of ICD-10 beginning October 1, 2015, (<http://cms.hhs.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-07-31.html>). The rule requires Health Insurance Portability and Accountability Act (HIPAA) covered entities to continue to use ICD-9 CM through September 30, 2015. The UDS reporting requirements will follow the revised ICD-10 implementation schedule. BPHC will provide a revised version of Table 6A and instructions for Tables 6B and 7 in the 2015 UDS Manual. Given the implementation of ICD-10 will occur during the 2015 UDS reporting year, BPHC will make accommodations to receive 2015 UDS data drawn from both ICD-9 and ICD-10 codes.

IV. CONTACTS

If you have any questions or comments regarding the final changes to the CY 2015 UDS, please contact the Office of Quality Improvement at OQIComments@hrsa.gov or the Bureau of Primary Health Care Helpline at <http://www.hrsa.gov/about/contact/bphc.aspx> or 1-877-974-BPHC (2742).

Attachments:

1. Approved Changes to UDS Tables 4, 6B, and 7

ATTACHMENT 1 – Approved changes to UDS Tables (shown in bold italics)

Reporting Period: January 1, 2015, through December 31, 2015

TABLE 4 – SELECTED PATIENT CHARACTERISTICS

| CHARACTERISTIC | | NUMBER OF PATIENTS (a) | | | | |
|---|--|-------------------------------|-------------------|--|------------------|----------------|
| INCOME AS PERCENT OF POVERTY LEVEL | | | | | | |
| 1. | 100% and below | | | | | |
| 2. | 101 – 150% | | | | | |
| 3. | 151 – 200% | | | | | |
| 4. | Over 200% | | | | | |
| 5. | Unknown | | | | | |
| 6. | TOTAL (SUM LINES 1 – 5) | | | | | |
| PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE | | 0 – 17 YEARS OLD (a) | | 18 AND OLDER (b) | | |
| 7. | NONE/UNINSURED | | | | | |
| 8a. | Regular Medicaid (Title XIX) | | | | | |
| 8b. | CHIP Medicaid | | | | | |
| 8. | TOTAL MEDICAID (LINE 8A + 8B) | | | | | |
| 9. | MEDICARE (TITLE XVIII) | | | | | |
| 9a. | <i>Dually eligible (Medicare + Medicaid) (This is a subset of line 9)</i> | | | | | |
| 10a. | Other Public Insurance Non-CHIP (specify:) | | | | | |
| 10b. | Other Public Insurance CHIP | | | | | |
| 10. | TOTAL PUBLIC INSURANCE (LINE 10a + 10b) | | | | | |
| 11. | PRIVATE INSURANCE | | | | | |
| 12. | TOTAL (SUM LINES 7 + 8 + 9 +10 +11) | | | | | |
| MANAGED CARE UTILIZATION | | | | | | |
| Payor Category | | MEDICAID (a) | MEDICARE (b) | OTHER PUBLIC INCLUDING NON- MEDICAID CHIP (c) | PRIVATE (d) | TOTAL (e) |
| 13a. | Capitated Member months | | | | | |
| 13b. | Fee-for-service Member months | | | | | |
| 13c. | TOTAL MEMBER MONTHS (13a + 13b) | | | | | |
| CHARACTERISTICS – SPECIAL POPULATIONS | | | | NUMBER OF PATIENTS – (a) | | |
| 14. | Migratory | (330g grantees only) | | | | |
| 15. | Seasonal | (330g grantees only) | | | | |
| 16. | TOTAL AGRICULTURAL WORKERS OR DEPENDENTS (ALL GRANTEE REPORT THIS LINE) | | | | | |
| 17. | Homeless Shelter | (330h grantees only) | | | | |
| 18. | Transitional | (330h grantees only) | | | | |
| 19. | Doubling Up | (330h grantees only) | | | | |
| 20. | Street | (330h grantees only) | | | | |
| 21. | Other | (330h grantees only) | | | | |
| 22. | Unknown | (330h grantees only) | | | | |
| 23. | TOTAL HOMELESS (ALL GRANTEE REPORT THIS LINE) | | | | | |
| 24. | TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL GRANTEE REPORT THIS LINE) | | | | | |
| 25. | TOTAL VETERANS (ALL GRANTEE REPORT THIS LINE) | | | | | |
| 26. | TOTAL PUBLIC HOUSING PATIENTS (ALL HEALTH CENTERS REPORT THIS LINE) | | | | | |

Reporting Period: January 1, 2015, through December 31, 2015

TABLE 6B – QUALITY OF CARE MEASURES

| SECTION A: AGE CATEGORIES FOR PRENATAL PATIENTS | | | | | |
|--|---|--|--|------------------------------------|--|
| DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS | | | | | |
| AGE | | NUMBER OF PATIENTS (a) | | | |
| 1 | LESS THAN 15 YEARS | | | | |
| 2 | AGES 15 – 19 | | | | |
| 3 | AGES 20 – 24 | | | | |
| 4 | AGES 25 – 44 | | | | |
| 5 | AGES 45 AND OVER | | | | |
| 6 | TOTAL PATIENTS (SUM LINES 1 – 5) | | | | |
| SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE | | | | | |
| TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR | | WOMEN HAVING FIRST VISIT WITH HEALTH CENTER (a) | WOMEN HAVING FIRST VISIT WITH ANOTHER PROVIDER (b) | | |
| 7 | First Trimester | | | | |
| 8 | Second Trimester | | | | |
| 9 | Third Trimester | | | | |
| SECTION C – CHILDHOOD IMMUNIZATION | | | | | |
| CHILDHOOD IMMUNIZATION | | TOTAL NUMBER OF PATIENTS WITH 3 RD BIRTHDAY DURING MEASUREMENT YEAR (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS IMMUNIZED (c) | |
| 10 | MEASURE: Children who have received age appropriate vaccines prior to their 3 rd birthday during measurement year (on or prior to December 31) | | | | |
| SECTION D – CERVICAL CANCER SCREENING | | | | | |
| PAP TESTS | | TOTAL NUMBER OF FEMALE PATIENTS 24 – 64 YEARS OF AGE (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS TESTED (c) | |
| 11 | MEASURE: Female patients aged 24 – 64 who received one or more Pap tests to screen for cervical cancer | | | | |

| SECTION E – WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS | | | | |
|---|---|--|--|--|
| CHILD AND ADOLESCENT WEIGHT ASSESSMENT AND COUNSELING | | TOTAL PATIENTS AGED 3 – 17 ON DECEMBER 31 (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH COUNSELING AND BMI DOCUMENTED (c) |
| 12 | MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year | | | |
| SECTION F – ADULT WEIGHT SCREENING AND FOLLOW-UP | | | | |
| ADULT WEIGHT SCREENING AND FOLLOW-UP | | TOTAL PATIENTS AGED 18 AND OLDER (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c) |
| 13 | MEASURE: Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight | | | |
| SECTION G – TOBACCO USE SCREENING AND CESSATION INTERVENTION | | | | |
| TOBACCO USE SCREENING AND CESSATION INTERVENTION | | TOTAL PATIENTS AGED 18 AND OLDER (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS ASSESSED FOR TOBACCO USE AND PROVIDED INTERVENTION IF A TOBACCO USER (c) |
| 14a | MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year AND (2) for those found to be a tobacco user, received cessation counseling intervention or medication | | | |

| SECTION H – ASTHMA PHARMACOLOGICAL THERAPY | | | | |
|--|--|---|--|--|
| ASTHMA TREATMENT PLAN | | TOTAL PATIENTS AGED 5 – 40 WITH PERSISTENT ASTHMA (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH ACCEPTABLE PLAN (c) |
| 16 | MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan | | | |
| SECTION I – CORONARY ARTERY DISEASE (CAD): LIPID THERAPY | | | | |
| LIPID THERAPY | | TOTAL PATIENTS AGED 18 AND OLDER WITH CAD DIAGNOSIS (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS PRESCRIBED A LIPID LOWERING THERAPY (c) |
| 17 | MEASURE: Patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy | | | |
| SECTION J – ISCHEMIC VASCULAR DISEASE (IVD): ASPIRIN OR ANTITHROMBOTIC THERAPY | | | | |
| ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY | | TOTAL PATIENTS 18 AND OLDER WITH IVD DIAGNOSIS OR AMI, CABG, OR PTCA PROCEDURE (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY (c) |
| 18 | MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy | | | |
| SECTION K – COLORECTAL CANCER SCREENING | | | | |
| COLORECTAL CANCER SCREENING | | TOTAL PATIENTS 51 THROUGH 74 YEARS OF AGE (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH APPROPRIATE SCREENING FOR COLORECTAL CANCER (c) |
| 19 | MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer | | | |

| SECTION L – HIV LINKAGE TO CARE | | | | |
|--|---|---|--|--|
| HIV LINKAGE TO CARE | | TOTAL PATIENTS FIRST DIAGNOSED WITH HIV (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS SEEN WITHIN 90 DAYS OF FIRST DIAGNOSIS OF HIV (c) |
| 20 | MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis | | | |
| SECTION M – PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP | | | | |
| PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP | | TOTAL PATIENTS AGED 12 AND OLDER (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c) |
| 21 | MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool <i>and if screening was positive</i> (2) had a follow-up plan documented | | | |
| SECTION N – DENTAL SEALANTS FOR CHILDREN | | | | |
| SEALANTS TO FIRST MOLARS | | TOTAL PATIENTS AGED 6 THROUGH 9 IDENTIFIED AS MODERATE TO HIGH RISK FOR CARIES (a) | NUMBER OF CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH SEALANTS TO FIRST MOLARS (c) |
| 22 | MEASURE: Children aged 6 through 9 years at moderate to high risk who received a sealant on a permanent first molar tooth | | | |

Reporting Period: January 1, 2015, through December 31, 2015

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

| 0 | HIV Positive Pregnant Women | | | | | |
|---|---|---|-------------------------------|-----------------------------------|--------------------------------|--|
| 2 | Deliveries Performed by Grantee's Providers | | | | | |
| Line # | Race and Ethnicity | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500-2499 grams (1c) | Live Births: =>2500 grams (1d) | |
| Hispanic/Latino | | | | | | |
| 1a | Asian | | | | | |
| 1b1 | Native Hawaiian | | | | | |
| 1b2 | Other Pacific Islander | | | | | |
| 1c | Black/African American | | | | | |
| 1d | American Indian/Alaska Native | | | | | |
| 1e | White | | | | | |
| 1f | More than One Race | | | | | |
| 1g | Unreported/Refused to Report Race | | | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | | | |
| Non-Hispanic/Latino | | | | | | |
| 2a | Asian | | | | | |
| 2b1 | Native Hawaiian | | | | | |
| 2b2 | Other Pacific Islander | | | | | |
| 2c | Black/African American | | | | | |
| 2d | American Indian/Alaska Native | | | | | |
| 2e | White | | | | | |
| 2f | More than One Race | | | | | |
| 2g | Unreported/Refused to Report Race | | | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | | | |
| Unreported/Refused to Report Ethnicity | | | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | | | |
| i | Total | | | | | |

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

| Line # | Race and Ethnicity | Total Hypertensive Patients (2a) | Charts Sampled or EHR Total (2b) | Patients with HTN Controlled (2c) |
|---|---|----------------------------------|----------------------------------|-----------------------------------|
| Hispanic/Latino | | | | |
| 1a | Asian | | | |
| 1b1 | Native Hawaiian | | | |
| 1b2 | Other Pacific Islander | | | |
| 1c | Black/African American | | | |
| 1d | American Indian/Alaska Native | | | |
| 1e | White | | | |
| 1f | More than One Race | | | |
| 1g | Unreported/Refused to Report Race | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | |
| Non-Hispanic/Latino | | | | |
| 2a | Asian | | | |
| 2b1 | Native Hawaiian | | | |
| 2b2 | Other Pacific Islander | | | |
| 2c | Black/African American | | | |
| 2d | American Indian/Alaska Native | | | |
| 2e | White | | | |
| 2f | More than One Race | | | |
| 2g | Unreported/Refused to Report Race | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | |
| Unreported/Refused to Report Ethnicity | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | |
| i | Total | | | |

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Column (3e), Patients with 8% <= HbA1c <= 9% has been deleted in the table below.

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

| Line # | Race and Ethnicity | Total Patients with Diabetes (3a) | Charts Sampled or EHR Total (3b) | Patients with Hba1c <8% (3d1) | Patients with Hba1c >9% or No Test During Year (3f) |
|---|---|-----------------------------------|----------------------------------|-------------------------------|---|
| Hispanic/Latino | | | | | |
| 1a | Asian | | | | |
| 1b1 | Native Hawaiian | | | | |
| 1b2 | Other Pacific Islander | | | | |
| 1c | Black/African American | | | | |
| 1d | American Indian/Alaska Native | | | | |
| 1e | White | | | | |
| 1f | More than One Race | | | | |
| 1g | Unreported/Refused to Report Race | | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | | |
| Non-Hispanic/Latino | | | | | |
| 2a | Asian | | | | |
| 2b1 | Native Hawaiian | | | | |
| 2b2 | Other Pacific Islander | | | | |
| 2c | Black/African American | | | | |
| 2d | American Indian/Alaska Native | | | | |
| 2e | White | | | | |
| 2f | More than One Race | | | | |
| 2g | Unreported/Refused to Report Race | | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | | |
| Unreported/Refused to Report Ethnicity | | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | | |
| i | Total | | | | |