**DATE:** April 29, 2020

**TO:** Elizabeth Ashley, OMB Desk Officer

**FROM:** Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

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**Request**: The Health Resources and Services Administration (HRSA) Data and Evaluation Division requests approval for non-substantive changes to the 2020 Uniform Data System Stem (UDS) Collection (OMB 0915-0193 expiration date 02/28/2023) to support federal government COVID-19 response efforts.

**Purpose**: The purpose of this request is to make changes to Table 6A and Table 9E, and corresponding changes to the UDS Manual, to capture data elements related to COVID-19 testing, diagnoses, and associated symptoms. Collection of this information will help HRSA track health center capacity and the impact of COVID-19 on health centers, and better understand training and technical assistance, funding, and other resource needs for this and future public health emergencies. This memo explains the changes and supporting rationale.

**Table 6A** is being modified to add three rows to the form to determine whether health center patients were tested and diagnosed with COVID-19. The Centers for Disease Control and Prevention (CDC) released COVID-19 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10) codes[[1]](#footnote-1) and the American Medical Association released COVID-19 Current Procedural Terminology (CPT) codes[[2]](#footnote-2) to streamline COVID-19 testing and diagnosis reporting in the U.S as well as codes for acute respiratory illness due to COVID-19. Signs and symptoms of range from mild to severe acute respiratory illnesses which include pneumonia, acute bronchitis, lower respiratory infection, and acute respiratory distress syndrome.

**Table 9E** is being modified to allow for additional granularity in reporting BPHC Grants. As part of the historic U.S. response to the Coronavirus Disease 2019 (COVID-19) pandemic, Health centers were awarded supplemental funding to prevent, prepare for, and respond to the pandemic. The Coronavirus Preparedness and Response Supplemental Appropriations Act[[3]](#footnote-3) provides $100 million while the Coronavirus Aid, Relief, and Economic Security (CARES) Act[[4]](#footnote-4) provides $1.3 billion to support HCs across the country in their COVID-19 emergency planning and response efforts. This will give them the flexibility to help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency. Specifically, we are requesting to add three additional lines to track COVID-19 funding under the H8C activity code, CARES funding under the H8D activity code, and any other COVID-19 related funding that health centers receive.

The overall scope of change in data collected for the 2020 UDS is minimal, representing an update of existing content. Given the unprecedented nature of the pandemic and the response of health centers to address this crisis, we feel these changes are necessary.

**Time Sensitivity**: The UDS data collection changes must be completed in a timely manner to fulfill Health Center Program requirements. Approval of these changes is needed by May 8, 2020, to implement the changes in the data collection system and to provide guidance to health centers for how to properly report this timely and critical information to HRSA.

**Burden:** The non-substantive changes included herein do not substantially change the estimated reporting burden for health centers. Making these changes will allow health centers to accurately capture the services they are providing in the midst of the pandemic response.

**PROPOSED CLARIFICATIONS AND NON-SUBSTANTIVE CHANGES FOR UNIFORM DATA SYSTEM FORMS:**

**Table 6A**

1. **Line 4c – Addition**

New row to capture diagnosis of novel coronavirus (SARS-CoV-2) disease with the applicable ICD-10 code U07.1  
Rationale: These codes and associated guidance have been issued by CDC. Collecting this information would allow HRSA to track how many health center patients have been infected by the novel coronavirus. Collection of this information will help HRSA track the impact of COVID-19 on health centers, and better understand training and technical assistance, funding, and other resource needs for this and future public health emergencies.

1. **Line 21c – Addition**

New row to capture novel coronavirus (SARS-CoV-2) testing with applicable CPT codes 97635, 86318, 86328, 86769  
Rationale: In response to the pandemic, many health centers have created testing sites. These codes would allow HRSA to monitor how health centers have served their communities and patients, providing a better understand training and technical assistance, funding, and other resource needs around testing for COVID-19.

1. **Line 6a – Addition**

New row to capture acute respiratory illnesses due to novel coronavirus (SARS-CoV-2) disease.

Rationale: To capture related illness due to infection from novel coronavirus. This would allow HRSA to determine how many health center patients have been seriously impacted by the novel coronavirus, providing a better understand training and technical assistance, funding, and other resource needs around testing for COVID-19.

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**Table 9E**

1. **1l – Addition**

New row with three response categories to capture more detail on funding provided to health centers during the pandemic  
Rationale: These additional lines would allow HRSA to track COVID-19 and CARES funding from HRSA, and other COVID-19 related funding (from non-HRSA entities).

**Attachments:**

1. 2020 UDS Manual. Current, approved form.
2. 2020 UDS Manual revised. All changes highlighted in yellow are additions to the attached document.
3. 2020 UDS Tables. Current, approved form.
4. 2020 UDS Tables revised. All changes highlighted in yellow are additions to the attached document.

1. <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf> [↑](#footnote-ref-1)
2. <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance> [↑](#footnote-ref-2)
3. <https://www.congress.gov/116/bills/hr6074/BILLS-116hr6074enr.pdf> [↑](#footnote-ref-3)
4. <https://www.congress.gov/bill/116th-congress/house-bill/748/text#toc-H8F69C82503544AD9A7BC156E9EE7EB1B> [↑](#footnote-ref-4)