February 9, 2026

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HRSA Information Collection Clearance Officer
Centers for Medicare & Medicaid Services
5600 Fishers Lane, Room 13N82
Rockville, Maryland 20857

RE: Health Resources and Services Administration (HRSA) Uniform Data System (UDS), OMB No. 0915-0193 – Revision

To Whom It May Concern:

On behalf of The Wright Centers for Community Health (TWCCH) and Graduate Medical Education (TWCGME), collectively referred to as "The Wright Center," thank you for this opportunity to provide comments on the Health Resources and Services Administration (HRSA) Uniform Data System (UDS), OMB No. 0915-0193 – Revision.

TWCCH is a Federally Qualified Health Center (FQHC) Look-Alike, an Essential Community Provider delivering comprehensive whole person safety-net primary health services, an Opioid Use Disorder Center of Excellence, and a Ryan White HIV/AIDS provider. TWCCH serves approximately 35,000 patients, operating thirteen primary care community health centers throughout Northeastern Pennsylvania, inclusive of a school-based health center and a mobile medical and dental unit ("Driving Better Health"). TWCCH serves as the cornerstone ambulatory whole person primary care delivery organizational member of our Teaching Health Center (THC) Graduate Medical Education Safety-Net Consortium (GME-SNC) operated by our affiliated entity, TWCGME, our Sponsoring Institution accredited by the Accreditation Council on Graduate Medical Education.

Together with GME-SNC stakeholders, The Wright Center trains over 200 primary care residents and fellows in a community-based, needs-responsive, interprofessional workforce development model to advance our shared mission to improve the health and welfare of our communities through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve. Our GME-SNC is community owned and governed, with a fiduciary responsibility for high-integrity stewardship of federal resources, including those from CMS, the Health Resources and Services Administration (HRSA) THC, and Department of Veterans Affairs GME programs, as well as multi-payer clinical revenues. The Wright Center appreciates the opportunity to comment on HRSA's proposed changes to the UDS.

The Wright Center supports HRSA's continued alignment of UDS clinical quality and outcomes measures with the Centers for Medicare & Medicaid Services (CMS) electronic clinical quality measure (eCQM) specifications. For health centers, alignment across federal reporting programs reduces duplicative reporting and allows us to rely on a single set of data definitions, improving the comparability and usability of performance data. These efficiencies are increasingly critical as health centers face persistent workforce shortages and rising administrative demands. Provider shortages, salary competition, and ongoing burnout continue

to strain recruitment and retention, leaving patients without timely access to needed care. A 2024 survey found that 55% of health centers reported difficulty filling open positions.[1] Measure alignment helps preserve limited staff capacity by reducing duplicative training and measure interpretation, particularly given the technical expertise required to support quality reporting.[2]

To ensure that alignment translates into real burden reduction for health centers, The Wright Center encourages HRSA to remain closely synchronized with CMS as measures evolve. When UDS specifications diverge from CMS eCQM definitions, timely and clear crosswalks explaining those differences and their reporting implications are essential.[3] Advance notice of anticipated changes, along with early technical guidance and training, would further support health centers in planning for system updates and workflow adjustments while minimizing disruption.[4] The Wright Center supports the proposed removal of the member months data elements from Table 4, which would significantly reduce manual and duplicative data collection.[5] While these elements have occasionally supported payer roster reconciliation and value-based care (VBC) management, the operational burden of manually pulling monthly rosters from multiple payer portals is substantial.[6] Eliminating this requirement would meaningfully reduce administrative burden for health centers.

However, The Wright Center has concerns regarding the proposed elimination of the selected services addendum in Table 5. As a health center providing integrated, team-based care, we rely on this addendum to accurately capture behavioral health services delivered by non-psychiatrist and non-Licensed Professional Counselor (LPC) providers, including primary care-based behavioral health.[7] Eliminating this addendum risks significant underreporting of the behavioral health services health centers deliver at both the state and national levels and may weaken the ability to track collaborative care outcomes.[8] While The Wright Center is a FQHC Look-Alike, we are concerned that this change could lead to inaccurate assessments of Section 330-funded FQHC performance if the full scope of behavioral health services is not adequately reflected in UDS reporting.[9]

The Wright Center supports several of the proposed updates to financial reporting, as these changes would improve clarity and better reflect how health centers, including FQHC Look-Alikes, track and manage revenue in practice. Transitioning Table 9D from cash-based to accrual-based reporting would better align UDS financial reporting with standard accounting practices, reducing reconciliation challenges and promoting more consistent financial data across reporting systems. We also appreciate the proposal to include a dedicated reporting line for third-party alternative payment model (APM) revenue, which will help more accurately capture the growing role of value-based payment arrangements. Additionally, consolidating Medicaid and Medicare reporting into total program categories, rather than maintaining separate fee-for-service and managed care distinctions, may reduce reporting complexity in states with varied payment structures and more closely reflect operational revenue management.

The Wright Center encourages HRSA to carefully consider the proposed revisions to Table 9E: Other Revenue. As an FQHC Look-Alike, we support efforts to streamline reporting while maintaining meaningful visibility into how federal investments strengthen the overall Health Center Program. Grant-level reporting has historically supported transparency and helped demonstrate how federal resources expand access to care, strengthen workforce capacity, and support service delivery across health center communities. Although Look-Alikes do not receive

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[1] https://www.The Wright Center.org/wp-content/uploads/2026/01/policy-papers_chc-workforce_jan-2026.pdf
[2] https://www.The Wright Center.org/wp-content/uploads/2024/10/2024-FinChallanges-PulseSurvey-Report-08.14.24.pdf

Section 330 funding, these data elements support program alignment, allow for benchmarking across health center types, and help ensure continuity for Look-Alikes preparing for potential New Access Point opportunities. The Wright Center believes HRSA could balance efficiency with accountability by maintaining a focused, streamlined set of grant-related data elements that preserves transparency while reducing unnecessary reporting burden.

Thank you for the opportunity to provide feedback on these proposals. The Wright Center is grateful for HRSA's ongoing partnership with health centers and its thoughtful efforts to strengthen the usability and real-world value of UDS reporting. We especially appreciate HRSA's willingness to engage stakeholders and consider operational realities as reporting requirements evolve. Pairing the proposed changes in this information collection request with clear crosswalks, targeted technical assistance, and transparency about program monitoring implications will help ensure UDS continues to serve as a meaningful and practical tool for both health centers and HRSA. If you have any questions or would like to discuss our comments further, please don't hesitate to reach out to Laura Spadaro, Vice President of Primary Care and Public Health Policy at spadarol@thewrightcenter.org.

Sincerely,

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