



February 9, 2026

Office of Quality and Data
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

RE: Comments on ICR: Health Resources and Services Administration (HRSA) Uniform Data Systems (UDS) OMB No. 0915-0193 Revision

To whom this may concern:

On behalf of our nearly 2,300 community health centers (CHCs), which provide high-quality, comprehensive care to more than 6.2 million people in California each year, the California Primary Care Association (CPCA) would like to thank you for considering comments on the UDS revisions as outlined in the federal register- Health Resources and Services Administration (HRSA) Uniform Data Systems (UDS) OMB No. 0915-0193 Revision.

By their very mission, CHCs focus on providing the right care at the right time in the right way to all members of their community. CHCs provide high-quality, patient-centered care, which they achieve through team-based coordinated, accessible, comprehensive, continuous, and equitable care. Care that focuses on these principles achieves the goals of better patient outcomes and experience, improved health equity, and reduced health care spending.

To advance our shared goals of advancing access, quality, and equity for all health center patients, CPCA urges the Health Resources and Services Administration (HRSA) to consider the following comments on the proposed CY2026 UDS reporting tables.

II. PROPOSED CHANGES AND UPDATES FOR CY 2026 UDS REPORTING

A. Table 4: **SELECTED PATIENT CHARACTERISTICS**

Removal of Managed Care Utilization

CPCA appreciates HRSA's continued efforts to modernize UDS and reduce reporting burden for health centers. However, managed care enrollment data is critical for financial, policy, and value-based care analyses.

Request for Clarification: CPCA requests additional clarification on the rationale for this change and how managed care utilization will be assessed moving forward.



B. Table 5: **SELECTED SERVICE DETAIL ADDENDUM**

Removal of Selected Service Detail Addendum

In addition to revising and combining staff into new categories, HRSA proposes to eliminate mental health provider data. As noted above, CPCA appreciates efforts to reduce reporting burden. However, CPCA values this data for understanding the breadth and depth of behavioral health capacity within the health center scope of service. Mental health provider data is important for financial, policy, and behavioral health analyses.

Request for Clarification: CPCA requests additional clarification on the basis for this change and where this information will be captured elsewhere in UDS.

Revisions: No concerns to report at this time.

C. Table 6A: **SELECTED DIAGNOSIS AND SERVICES RENDERED**

Removals: Thirteen measures are proposed for removal from Table 6A. Preventive care is essential to reducing long-term health costs and improving outcomes through early detection, screening, and timely intervention. Data that reflects how health centers are performing in preventing illness is critical for monitoring access and quality. This information is critical for demonstrating to policy decision makers the value of health centers as low-cost and high quality providers.

The following measures are particularly important to retain for this purpose:

Selected Diagnoses: Abnormal breast cancer findings; abnormal cervical findings; contact dermatitis and other eczema

Selected Services Rendered: Mammograms; Pap tests; sealants; oral surgery

Request for Clarification: CPCA requests clarification on where this information will be captured elsewhere in UDS.

Additions:

Patient Support Services:

Four new measures are proposed as Lines 35–38. While CPCA supports the intent to better capture patient support activities, collecting these measures would require additional documentation within electronic health records (EHRs) and, in many cases, the development of new or parallel data collection workflows. These changes would increase administrative and operational burden for health center staff and are not aligned with HRSA’s stated goal of reducing reporting burden through UDS+ modernization.

Health-Related Needs Services:

Additional measures are proposed as Lines 39–42. Similar to the Patient Support Services measures, these data elements are not consistently or discretely captured within current EHR systems. As a result, health centers would likely need to implement manual tracking or alternative data collection methods, further increasing reporting burden and diverting staff time away from patient care.



D. Table 6A: **SELECTED DIAGNOSIS AND SERVICES RENDERED (continued)**

Recommendation:

In alignment with HRSA’s burden-reduction principles, CPCA recommends that Patient Support Services and Health-Related Needs Services be excluded from 2026 reporting. Inclusion of these measures would require substantial EHR modifications, additional staff training, and new data collection processes, resulting in increased reporting burden that runs counter to the goals of UDS+ modernization. CPCA further requests additional clarification on the definition and scope of Health-Related Needs Services to allow health centers and EHR vendors to better assess feasibility and reporting impact prior to any future implementation.

E. Table 6B: **QUALITY OF CARE MEASURES**

The **Sealant Receipt on Permanent First Molars (SFM-CH)** measure will replace the Dental Sealants for Children Ages 6–9 measure.

Request for Clarification: CPCA requests that HRSA provide clear guidance to health centers on the defined numerators and denominators for this measure.

F. Table 6B AND 7: **QUALITY OF CARE MEASURES ECQM ALIGNMENT**

CPCA has no concerns with the standardization of quality metrics to align with eCQM measures for the 2026 reporting period. CPCA requests that differences in numerators and denominators be clearly communicated to health centers to ensure accurate reporting.

G. Table 8A: **FINANCIAL COSTS**

CPCA supports HRSA’s efforts to reduce reporting burden. However, we are concerned that the proposed consolidation and removal of Table 8A line items may reduce financial transparency. Aggregating enabling services, quality improvement, and donated resources reduces visibility into investments that are core to the health center mission.

Request for Clarification: CPCA requests clarification on how these data elements will be captured elsewhere in UDS to support consistent trend analysis over time.

H. Table 9D: **PATIENT SERVICE REVENUE**

Removals: CPCA has no concerns with the removal of Columns C1–C4. CPCA requests that these updates be clearly communicated to health centers to ensure accurate implementation.

Payer Category: CPCA is concerned about the removal of managed care payer categories for Medicaid. California is a heavily delegated and complex managed care Medicaid system. This change limits the ability to assess how health centers operate under value-based and capitated arrangements and reduces the usefulness of UDS data for policy and value-based care analyses.



I. Table 9D: **PATIENT SERVICE REVENUE (continued)**

Request for Clarification: CPCA requests clarification on how HRSA intends to assess managed care dynamics moving forward.

J. Table 9E: **OTHER REVENUE**

No issues identified. CPCA requests that HRSA clearly communicate guidance to health centers on appropriate aggregation and reporting of these revenue categories.

K. **APPENDIX D: HIT CAPABILITIES AND APPENDIX E: OTHER DATA ELEMENTS**

Appendix D: CPCA agrees with the removal of the questions listed in this section; however, data collected through **Question 10** provides important insight into how health centers leverage technology to support value-based care across different payment models.

Recommendation: CPCA strongly recommends retaining Question 10 to ensure continued visibility into the role of technology in value-based care arrangements. CPCA recommends eliminating Question 14a to reduce reporting burden on health centers and align with broader burden-reduction goals.

Addition of APM Questions: CPCA supports the addition of three APM questions, which will improve understanding of health center capacity to operate under alternative payment arrangements.

Recommendation: We recommend HRSA provide a definition of VBP contracts and Alternative Payment Models (question 17 and 18, respectively) to maximize the likelihood that health centers respond according to the same criteria.

Appendix E: Removal of Outreach and Enrollment Assistants.

Request for Clarification: CPCA requests clarification on how this information will be incorporated into Table 6A Patient Support Services.

Thank you for the opportunity to provide comments on the UDS revisions. We look forward to working with the HRSA to ensure we achieve our collective goal of advancing access, quality, and equity for Medi-Cal patients. For clarification or additional information regarding CPCA's comments, please contact Lucy Saenz by telephone at 916-440-8170 or email at lsaenz@cpc.org.

Respectfully submitted,

Lucy Saenz

Lucy Saenz, MPH
Director of Data Informatics and Health Information Technology
California Primary Care Association