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Does UDS require FQHCs to screen for depression/ anxiety every visit?

DEBUNKING THE MYTH

The Uniform Data System (UDS) does not require a depression screening at every patient encounter. Instead, eligible patients must be screened once during the measurement period—typically the calendar year[1]—with appropriate follow-up if the screening results necessitate further follow-up.[2]

BACKGROUND

The UDS is a performance reporting system managed by the Health Resources and Services Administration (HRSA). It requires HRSA grant awardees and other look-alike organizations to report standardized data annually using structured reporting forms that capture data on patient demographics, visits and utilization, staffing, quality of care indicators, health outcomes and disparities, financial costs and revenues, health information technology capabilities, and workforce characteristics. This data is used to assess and monitor performance measures at the national, state, and awardee levels.[1]

Confusion may arise around how some quality measures should be operationalized in practice. For example, some health centers may require screening for depression and anxiety at every patient visit in an attempt to fulfill the UDS reporting requirement for depression screening. However, this extraneous screening can cause unnecessary documentation and administrative burden, and the time spent can lead to inefficiencies in workflow. The HRSA UDS guide states that depression screening is only required "once per measurement period, not at all encounters".[3] For UDS reporting, this measurement period is typically the calendar year.[1] It is important to note that some patients may require additional screening and follow-up, as re-screening has been shown to be an effective tool for measuring the patient's response to treatment and may inform adjustments to continued treatment plans.[3]

KEY TAKEAWAY

Auditing existing processes to make sure they meet the needs of the requirements can help practices gain efficiency and ensure accurate reporting. For depression screenings specifically, health system and practice leadership can ensure workflows are aligned with the requirement for one depression screening per measurement period/calendar year—unless patient needs necessitate additional screening—to reduce unnecessary administrative burden while maintaining compliance and quality reporting.

Resources

- 2025 UDS Manual: Health Center Data Reporting Requirements. Accessed March 2026.
- 2025-2026 eCQI Depression Screening Comparison Tool. Accessed March 2026.
- 2023 HRSA Uniform Data System (UDS) Overview. Accessed March 2026.

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References

1. Health Resources and Services Administration (HRSA). Uniform Data System (UDS) Overview. HRSA. December 5, 2023. Accessed March 2026. https://help.hrsa.gov/pages/releaseview.action?pageId=72679473
2. Health Resources and Services Administration (HRSA). Preventive Care and Screening: Screening for Depression and Follow-Up Plan. *Uniform Data System 2025 Manual: Health Center Data Reporting Requirements.* HRSA; 2025:114-117. Accessed March 2026. https://bphc.hrsa.gov/sites/default/files/bphc/compliance/2025-uds-manual.pdf
3. eCQI. Preventive Care and Screening: Screening for Depression and Follow-Up Plan. eCQI. August 27, 2025. Accessed March 2026. https://ecqi.healthit.gov/ecqm/ec/2025/cms0002v14?compare=2025to2026

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