

UNIFORM DATA SYSTEM

Calendar Year 2014



INTRODUCTION TO THE UNIFORM DATA SYSTEM FOR NEW SUBMITTERS

**Bureau of Primary Health Care
October 15, 2014, 2-4 PM (EST)**

Agenda



- Introducing the UDS
- Importance of the UDS
- Critical dates in the UDS process
- Available Assistance
- Overview of UDS Tables and Definitions
- Cross Table Consistency in Reporting
- Strategies for Successful Reporting

Why is the UDS Important?



- UDS data are used by the BPHC to:
 - Ensure compliance with legislative and regulatory requirements
 - Report program achievements
 - Monitor performance and identify TA needs
- UDS data are used by programs to monitor and improve performance



Health Center Impact

Source: <http://bphc.hrsa.gov/healthcenterdatastatistics/index.html> Accessed 9/2/14

2013 HEALTH CENTER IMPACT

PROGRAM GRANTEES

 SERVED **21.7** MILLION PATIENTS

93% 
Below 200% poverty

73% 
Below 100% poverty

35% 
Uninsured

1,131,414 homeless individuals | 861,120 agricultural workers | 227,665 residents of public housing

 PROVIDED **86** MILLION PATIENTS VISITS
in 1,202 organizations across more than 9,208 service sites

 EMPLOYED MORE THAN **156** THOUSAND STAFF
including 10,733 physicians, 8,156 nurse practitioners, physicians assistants, and certified nurse midwives

LOOK-ALIKES

 SERVED **1** MILLION PATIENTS

93% 
Below 200% poverty

74% 
Below 100% poverty

32% 
Uninsured

20,011 homeless individuals | 10,681 agricultural workers

 PROVIDED **4** MILLION PATIENTS VISITS
in 100 organizations across more than 310 service sites

 EMPLOYED MORE THAN **6** THOUSAND STAFF
including 588 physicians, 325 nurse practitioners, physicians assistants, and certified nurse midwives

- 21.7 million total patients served by 330 programs (86% are medical patients)
- Total visits include: medical, dental, MH, SA, vision, other professional, and enabling services
- Employees represent FTE – those employed are far greater

What is the Uniform Data System (UDS)?



- Standardized set of data reported by federal programs:
 - Section 330 Grantees – Community Health Center (CHC), Health Care for the Homeless (HCH), Migrant Health Center (MHC) and Public Housing Primary Care Program (PHPC)
 - Look-alikes
 - Urban Indian Health programs
- “Scope of Project” for the period January 1, 2014 - December 31, 2014

12 Tables Provide a Snapshot of Patients and Performance



What is Reported	Table(s)
Patients served & their socio-demographic characteristics	3A, 3B, 4, ZIP Code
Types and quantities of services you provide	5, 6A
Staffing mix and tenure	5, 5A
The care you deliver/quality of care	6A, 6B, 7
Costs of providing services	8A
Revenue sources	9D, 9E



Critical Dates in the UDS Process

- DATA ENTRY: Report through EHB (“Electronic Handbook”) beginning January 1, 2015
<https://grants.hrsa.gov/webexternal/login.asp>
 - EHB training available through HELP in application and online training module.
 - EHB incorporates hundreds of edits to alert you to possible problems that require follow-up.
- REPORT DUE DATE: February 15, 2015
- REPORT FINALIZATION: March 31, 2015
- REPORT FEEDBACK: Trend and Comparison reports available in the summer

Review Process



- Individualized Technical Review:
 - Report is assigned to a reviewer who works with you to correct your data from February 15-March 31
 - Reviewer checks tables to identify inconsistencies and possible errors
 - Reviewer prepares a summary of issues
 - Reviewer works with you by phone and/or email to correct your data

Available Assistance



- Regional in-person trainings
- Webinars: look-alikes, clinical measures, sampling methodology, & UDS changes for the coming year
- Online training modules, manual, fact sheets, webinars, and other TA materials available at:
 - <http://www.bphcdata.net>
 - <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>

Available Assistance



- Program Assistance Letters (PALs)
 - PAL 2014-01: Approved Uniform Data System Changes for Calendar Year 2014
<http://bphc.hrsa.gov/policiesregulations/policies/pal201401.html>
 - PAL 2014-02: 2014 Uniform Data System Reporting Changes for Look-Alikes
<http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201402.pdf>
- Telephone and email support line for UDS reporting questions and use of UDS data: 866-UDS-HELP or udshelp330@bphcdata.net
- Technical support to review submission
- EHB Support
 - HRSA Call Center for EHB account access and roles: 877-464-4772
 - BPHC Help Desk for EHB system issues: 301-443-7356

Available Webinars



Introduction to UDS Clinical Measures

When: October 20, 2014 from 2:00 – 4:30 EST

Objectives: Review clinical performance measures (Table 6B and 7) and discuss strategies for accurate data collection and reporting

Introduction to the UDS for Look-alikes

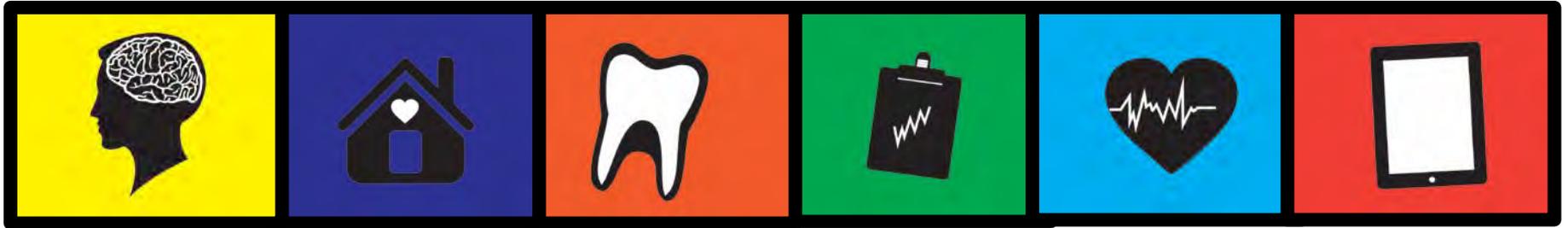
When: October 22, 2014 from 1:30 – 3 EST

Objectives: Review differences in reporting requirements and overview of review process

UDS Sampling Methods

When: November 6, 2014 from 1:30 – 3 EST

Objectives: Review purpose of random sample and correct methods for generating random sample and chart substitutions



THE UDS TABLES



Who Reports Which Tables

Table	1 BPHC 330-Funded Program and BHW Primary Care Clinic: <u>Universal Report</u>	More than 1 BPHC 330-Funded Program: <u>Universal + Special Pop. Grant Reports</u>	Look-Alike Health Center: <u>Universal Report</u>
ZIP Codes	Yes	n/a	Yes
3A, 3B, 4	Yes	Yes	No Agricultural Worker or Health Care for the Homeless detail
5	Yes	Visits & Patients, only	Yes
5A	Yes	n/a	Yes
6A	Yes	Yes	Yes
6B	Yes	n/a	Yes
7	Yes	n/a	Yes
8A	Yes	n/a	Yes
9D	Yes	n/a	Yes
9E	Yes	n/a	No 330 grants

Detailed Tables

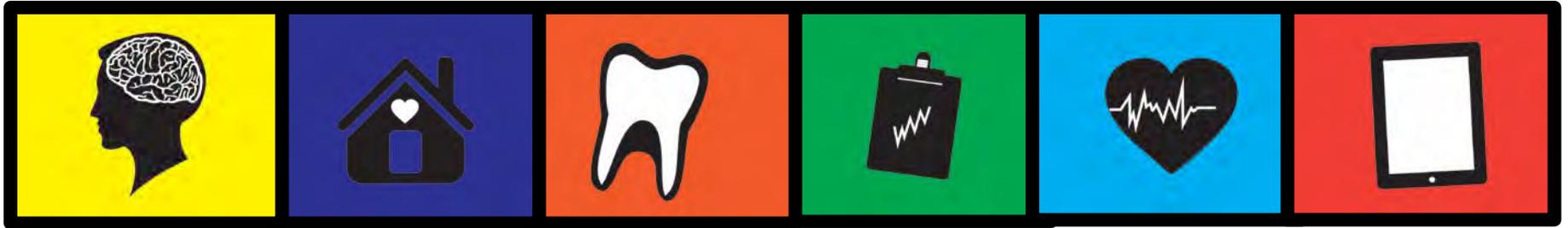


- Patient Profile Tables (ZIP Code, T3A, T3B, and T4)
- Utilization and Staffing (T5 and T5A)
- Clinical Tables (T6A, T6B, and T7)
- Financial Tables (T8A, T9D, and T9E)

Patient Defined: Who Counts?



- Patient = “Head Count” – total number of individuals who receive at least one “countable” visit during the reporting year
 - Patients are counted once and only once regardless of the number or scope of visits.
 - Not all “contacts” are counted as a visit.
 - Must have at least one visit that is reported on Table 5 to count as a patient.



PATIENT PROFILE

ZIP Code Table and Tables 3A, 3B, and 4



4 Patient Profile Tables

- Patients by ZIP Code (by primary medical insurance)

ZIP Code (a)	None/Uninsured (b)	Medicaid/ CHIP/Other Public (c)	Medicare (d)	Private Insurance (e)	Total Patients (f)
Insert rows in case of more # of ZIP Codes>					
Other ZIP Codes					
Unknown ZIP Codes					
Grand Total	0	0	0	0	0

- Table 3A: Patients by Age and Gender
 - Table 3A Grant report: completed for each additional 330 funding stream

AGE GROUPS		MALE PATIENTS (a)	FEMALE PATIENTS (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		
13	Age 12		
14	Age 13		

4 Patient Profile Tables— continued



- Table 3B: Patients by Race and Ethnicity

PATIENTS BY RACE		HISPANIC/ LATINO (a)	NOT HISPANIC/ LATINO (b)	UNREPORTED/ REFUSED TO REPORT (c)	TOTAL (d)
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Hawaiian/Pacific Islander (SUM LINES 2A + 2b)				
3.	Black/African American				
4.	American Indian/Alaska Native				
5.	White				
6.	More than one race				
7.	Unreported/Refused to report				
8.	TOTAL PATIENTS (SUM LINES 1+2+3-7)				

- Tables 3B and 4 Grant report: completed for each additional funding stream

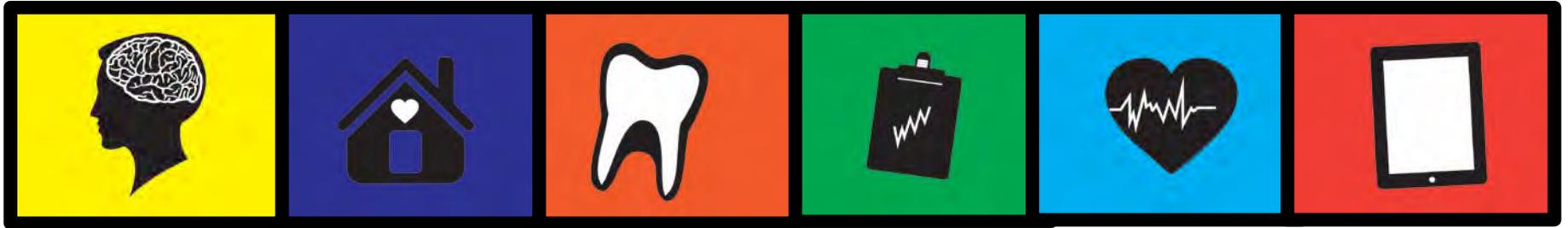
- Table 4: Patients by Income, Insurance, and Target Populations

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						
7.	None/Uninsured	0-17 years old (a)		18 and older (b)		
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	TOTAL MEDICAID (LINE 8A + 8B)					
9.	MEDICARE (TITLE XVIII)					
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 HEALTH CENTERS 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 HEALTH CENTERS REPORT THIS LINE)					
24.	TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL HEALTH CENTERS REPORT THIS LINE)					
25.	TOTAL VETERANS (ALL HEALTH CENTERS REPORT THIS LINE)					
26.	TOTAL PUBLIC HOUSING PATIENTS (ALL HEALTH CENTERS REPORT THIS LINE)					

Data Uses and Accuracy Checks for Patient Profile Tables



- Uses of Patient Profile Data:
 - Describes the patients you serve compared to target populations
 - Maps your service area in UDS Mapper
 - Calculates indicators such as cost per patient, visits per patient, etc.
- Data Checks:
 - ZIP codes, Table 3A, 3B, and 4 describe the SAME patients; totals must be equal
 - Grant tables are subsets of the universe; no number can be greater than the universal report for the same field



KEY DEFINITIONS

Visits Defined: What Counts?



- Not all contacts with patients count as a visit
 - Face to face, one to one between patient and provider
 - Exception: behavioral health (group and telemedicine)
 - The service must be documented in a patient chart.
- Include visits by paid, volunteer and contracted providers
- Count paid referral, nursing home, hospital, home visits
- Only 1 visit/patient/provider type/day
 - Unless 2 different providers at 2 different sites
- Only 1 visit/provider/patient/day regardless of number of services provided

Visit Defined—What doesn't Count?



- Do not count immunization only, lab only, dental varnishing or fluoride treatments, mass screenings, health fairs, outreach, or pharmacy visits
- No group health education, group diabetes sessions, etc.
- Not all staff report visits
 - No services are counted for ancillary services, medical assistants, other enabling, non-health related services, non-clinical support staff

Full-time Equivalent (FTE) Defined

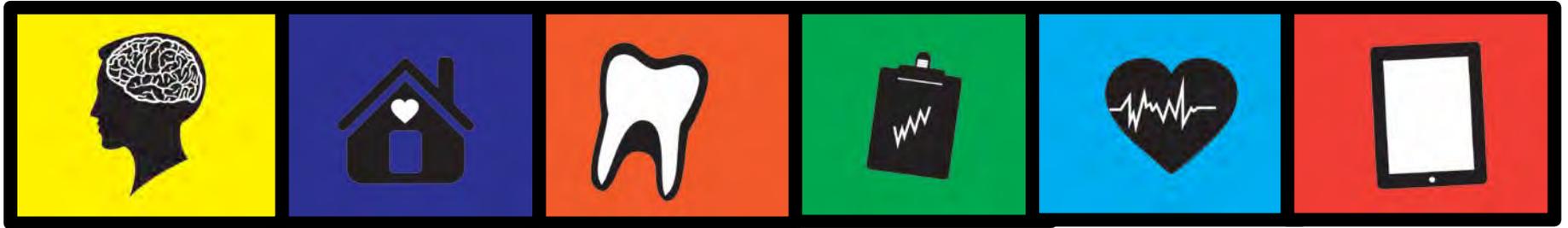


- Who is counted? All personnel who contribute to the operations of the health center at approved locations and within the scope of the project
 - Employees, contracted staff, residents, locums, and volunteers
 - Do not count paid referral provider FTEs
- How is FTE calculated?
 - 1.0 FTE is equivalent to one person working full-time for one year; prorate part-time and part-year staff
 - Cannot use staff list as of December 31
 - Report FTE based on work performed
 - FTEs can be allocated across multiple categories
 - While most sites use 2080 hours as full time, some staff actually work 36 hour weeks or 35 hour weeks. If that is the case, than 1872 paid hours (36 X 52) might be one FTE.

Tenure Defined



- Who is counted? Providers and key management staff who contribute to the operations of the health center at approved locations and within the scope of the project
 - Full and Part Time Staff
 - Employees (full- and part- time or year), on-site contracted staff, and NHSC assignees
 - Other Service Providers
 - Residents, locum tenans, on-call providers, volunteers, and off-site contract providers
 - Include persons working on last day of the year and those who have the day off, but are scheduled to return
 - Do not count paid referral providers or individuals who may work many days but do not have a regular schedule
- How is Tenure calculated?
 - Head count of persons as of December 31 in consecutive months in current position (months will be over 12 if the person has had the position for more than one year)



UTILIZATION AND STAFFING

Tables 5 and 5A

2 Staffing, Tenure, and Utilization Profile Tables



- Table 5: Types and quantities of services provided and staff who provide these services
 - Report FTEs, visits, and patients
 - Columns B and C (only) completed for each additional funding stream (include all activity for patients reported on Grant Tables 3A, 3B, and 4)

Personnel by Major Service Category		FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6				
7	Other Specialty Physicians			
8	Total Physicians (Lines 1 - 7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total NP, PA, and CNMs (Lines 9a - 10)			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	Total Dental Services (Lines 16 - 18)			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	Total Mental Health (Lines 20a-c)			
21	Substance Abuse Services			
22	Other Professional Services (specify ___)			
22a	Ophthalmologist			
22b	Optometrist			
22c	Other Vision Care Staff			
22d	Total Vision Services (Lines 22a-c)			
23	Pharmacy Personnel			
24	Case Managers			
25	Patient/Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify ___)			
29	Total Enabling Services (Lines 24 - 28)			
29a	Other Programs/Services (specify ___)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
31	Facility Staff			
32	Patient Support Staff			
33	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)			
34	Grand Total Lines 15+19+20+21+22+22d+23+29+29a+33			

2 Staffing, Tenure, and Utilization Profile Tables—continued



- Table 5A: Tenure for health center staff
 - Head count of persons as of December 31
 - Months of service for selected staff categories and positions
 - From personnel records
- Reporting FTEs and Tenure – NOT the same thing

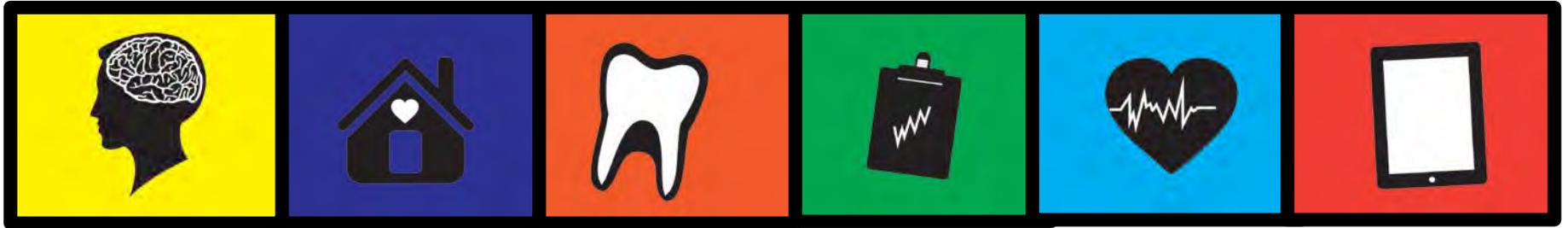
TABLE 5A – TENURE FOR HEALTH CENTER STAFF

Health Center Staff	Full and part time		Locum, On-call, etc	
	Persons (a)	Total months (b)	Persons (c)	Total months (d)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
7	Other Specialty Physicians			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
11	Nurses			
16	Dentists			
17	Dental Hygienists			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
22a	Ophthalmologist			
22b	Optometrist			
30a1	Chief Executive Officer			
30a2	Chief Medical Officer			
30a3	Chief Financial Officer			
30a4	Chief Information Officer			

Data Uses and Accuracy Checks of Staffing and Utilization Profile



- Uses of Staffing, Tenure, and Utilization Data:
 - Used with other table data to calculate indicators such as cost per visit, continuity of care, staffing levels, continuity of key staff, etc.
- Data Checks:
 - Total patients on ZIP Code Table, Tables 3A, 3B, and 4 cannot exceed patients on Table 5; this would mean patients were not included by service received or the total patient count has duplication
 - Total patients on Table 5 will be greater than the total unduplicated count if multiple types of services are provided (e.g., medical and dental)
 - Staffing relates to costs on Table 8A
 - Table 5A staffing, although relate to the staff reported on table 5, will not equal the same numbers (FTE vs. head count)
 - Visits relate to revenues reported on Table 9D
 - Grant tables are subsets of the universe



CLINICAL TABLES

Tables 6A, 6B, and 7 and

EHR Capabilities and Quality Recognition



3 Clinical Profile Tables and EHR Capabilities and Quality Recognition

- Table 6A: Selected Diagnoses and Services
 - Completed for each additional funding stream

Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Diagnosis regardless of primacy (A)	Number of Patients with Diagnosis (B)
Selected Infectious and Parasitic Diseases			
1-2. Symptomatic / Asymptomatic HIV	042 , 079.53, V08		
1-2a. Newly diagnosed HIV	042, 079.53, V08 (see instructions)		
3. Tuberculosis	010.xx – 018.xx		
4. Syphilis and other sexually transmitted infections	090.xx – 099.xx		
4a. Hepatitis B	070.20, 070.22, 070.30, 070.32		
4b. Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71		
Selected Diseases of the Respiratory System			
5. Asthma	493.xx		
6. Chronic bronchitis and emphysema	490.xx – 492.xx		
Selected Other Medical Conditions			
7. Abnormal breast findings, female	174.xx; 196.81; 233.0x; 238.3 793.8x		
8. Abnormal cervical findings	180.xx; 196.82; 233.1x; 795.0x		
9. Diabetes mellitus	250.xx; 648.0x; 775.1x		
10. Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx		
11. Hypertension	401.xx – 405.xx;		
12. Contact dermatitis and other eczema	692.xx		
13. Dehydration	276.5x		
14. Exposure to heat or cold	991.xx – 992.xx		
14a. Overweight and obesity	ICD-9 : 278.0 – 278.02 or V85.xx excluding V85.0, V85.1, V85.51 V85.52		
Selected Childhood Conditions			
15. Otitis media and Eustachian tube disorders	381.xx – 382.xx		
16. Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)		
17. Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include Sexual or	260.xx – 269.xx; 779.3x; 783.3x – 783.4x;		

3 Clinical Profile Tables and EHR Form — continued



- Table 6B: Quality of Care Indicators

- “Process measures”:
If patients receive timely routine and preventive care, then we can expect improved health.

- Access to Prenatal Care (First Prenatal Visit in 1st Trimester)
- Childhood Immunization
- Cervical Cancer Screening
- Adolescent Weight Screening and Follow Up
- Adult Weight Screening and Follow Up
- Tobacco Use Screening and Cessation Intervention
- Asthma Treatment
- Cholesterol Treatment (Lipid Therapy for Coronary Artery Disease Patients)
- Heart Attack/Stroke Treatment (Aspirin Therapy for Ischemic Vascular Disease Patients)
- Colorectal Cancer Screening
- Depression Screening and Follow Up
- New HIV Cases with Timely Follow Up

3 Clinical Profile Tables and EHR Capabilities—continued



- Table 7: Health Outcomes and Disparities
 - “Intermediate outcome measures”: The better the result is of these measurable intermediate outcomes, the less likely there will be negative health outcomes later in life.
 - Reported by race and ethnicity

- Low birth weight
- Blood pressure control (hypertensive patients with blood pressure < 140/90)
- Diabetes control (diabetic patients with HbA1c <8%)

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

Electronic Health Record (EHR) Capabilities and Quality Recognition



- Series of questions on health information technology (HIT) capabilities, including EHR interoperability and leverage for Meaningful Use.
 - Includes the implementation of EHR, certification of systems, how widely adopted the system is throughout the health center and its providers, and national and/or state quality recognition (accreditation or PCMH)

Tables 6B and 7 Reporting Definitions



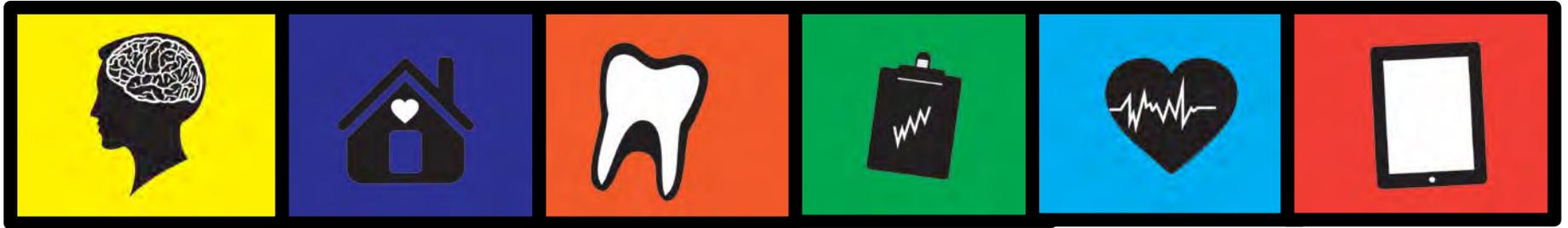
- Column A: Universe – All patients who meet the reporting criteria.
- Column B: Universe or sample of 70 patients
 - Choice of sample or universe is made for each measure. In the following cases, however, grantees must report on the universe
 - When universe is less than 70 patients
 - For prenatal care and delivery outcome measures
- Column C: Measurement Standard – Report number of charts whose clinical record indicates that the measurement rules and criteria have been met.

CHILDHOOD IMMUNIZATION		TOTAL NUMBER OF PATIENTS WITH 3 RD BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	MEASURE: Children who have received age appropriate vaccines who had their 3 rd birthday during measurement year (on or prior to 31 December)	Universe	Sample or Universe	Records meeting the measurement standard

Data Uses and Accuracy Checks of Clinical Profile



- Uses of Clinical Data:
 - Evaluate clinical performance level achievements of preventive and chronic care services provided to patients
 - Monitor and identify quality improvement activities
- Data Checks:
 - Patients reported by health condition relates to patients by age and gender (Table 3A), race and ethnicity (Table 3B), and medical care provided to patients (Table 5)
 - Birth outcomes (Table 7) relate to prenatal patients (Table 6B)



FINANCIAL TABLES

Tables 8A, 9D, and 9E



3 Financial Profile Tables

- Table 8A – Financial Costs
 - Column A = Total accrued costs (by cost center)
 - Column B = Allocation of total facility and non-clinical support (Line 16, Column A) to each cost center

	ACCRUED COST (a)	ALLOCATION OF FACILITY AND NON-CLINICAL SUPPORT SERVICES (b)	TOTAL COST AFTER ALLOCATION OF FACILITY AND NON-CLINICAL SUPPORT SERVICES (c)
FINANCIAL COSTS FOR MEDICAL CARE			
1. Medical Staff			
2. Lab and X-ray			
3. Medical/Other Direct			
4. TOTAL MEDICAL CARE SERVICES (SUM LINES 1 THROUGH 3)			
FINANCIAL COSTS FOR OTHER CLINICAL SERVICES			
5. Dental			
6. Mental Health			
7. Substance Abuse			
8a. Pharmacy not including pharmaceuticals			
8b. Pharmaceuticals			
9. Other Professional (Specify _____)			
9a. Vision			
10. TOTAL OTHER CLINICAL SERVICES (SUM LINES 5 THROUGH 9A)			
FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES			
11a. Case Management			
11b. Transportation			
11c. Outreach			
11d. Patient and Community Education			
11e. Eligibility Assistance			
11f. Interpretation Services			
11g. Other Enabling Services (specify: _____)			
11. Total Enabling Services Cost (SUM LINES 11A THROUGH 11G)			
12. Other Related Services (specify: _____)			
13. TOTAL ENABLING AND OTHER SERVICES (SUM LINES 11 AND 12)			
FACILITY AND NON-CLINICAL SUPPORT SERVICES AND TOTALS			
14. Facility			
15. Non-Clinical Support Services			
16. TOTAL FACILITY AND NON-CLINICAL SUPPORT SERVICES (SUM LINES 14 AND 15)			
17. TOTAL ACCRUED COSTS (SUM LINES 4 + 10 + 13 + 16)			
18. Value of Donated Facilities, Services, and Supplies (specify: _____)			
19. TOTAL WITH DONATIONS (SUM LINES 17 AND 18)			

3 Financial Profile Tables– continued



FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)				ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
		COLLECTION OF RECONCILIATION/ WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/ WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)	PENALTY/ PAYBACK (c4)			

PAYOR CATEGORY	
1.	Medicaid Non-Managed Care
2a.	Medicaid Managed Care (capitated)
2b.	Medicaid Managed Care (fee-for-service)
3.	TOTAL MEDICAID (LINES 1+ 2A + 2B)
4.	Medicare Non-Managed Care
5a.	Medicare Managed Care (capitated)
5b.	Medicare Managed Care (fee-for-service)
6.	TOTAL MEDICARE (LINES 4 + 5A+ 5B)

PAYOR CATEGORY	
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)
9.	TOTAL OTHER PUBLIC (LINES 7+ 8A +8B)
10.	Private Non-Managed Care
11a.	Private Managed Care (capitated)
11b.	Private Managed Care (fee-for-service)
12.	TOTAL PRIVATE (LINES 10 + 11A + 11B)
13.	Self Pay
14.	TOTAL (LINES 3 + 6 + 9 + 12 + 13)

- Table 9D – Patient Related Income
 - Charges during 2014 by payor type
 - Cash income received during the year
 - Charges and income are by payor: Medicaid, Medicare, Other Public, Private, Self Pay



3 Financial Tables—continued

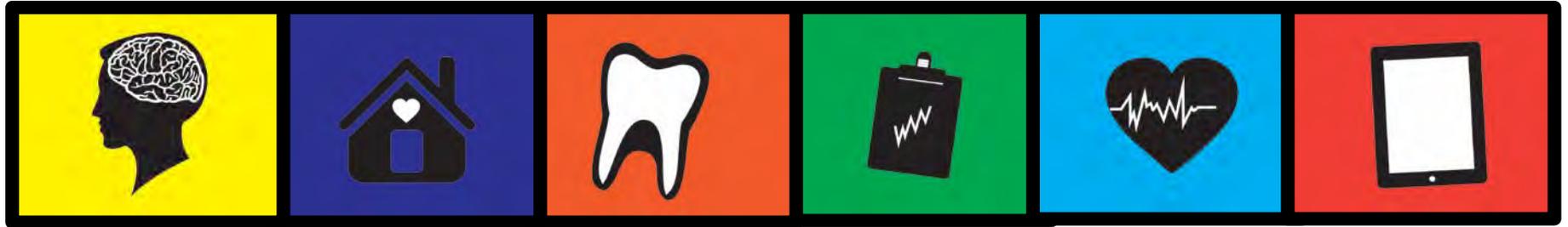
- Table 9E – Other Income
 - Report:
 - Income received in 2014 (on a cash basis) from grants, contracts, and other non-patient service related sources
 - In category based on the last party to have the money before receipt of funds
 - Do Not Report on Table 9E:
 - Money reported on Table 9D
 - Donations reported on Table 8A (e.g., “in-kind” facilities, services or supplies)
 - Do not report capital received as loan

SOURCE	AMOUNT (a)
BPHC GRANTS (ENTER AMOUNT DRAWN DOWN – CONSISTENT WITH PMS-272)	
1a. Migrant Health Center	
1b. Community Health Center	
1c. Health Care for the Homeless	
1e. Public Housing Primary Care	
1g. TOTAL HEALTH CENTER (SUM LINES 1A THROUGH 1E)	
1j. Capital Improvement Program Grants (excluding ARRA)	
1k. Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	
1. TOTAL BPHC GRANTS (SUM LINES 1g + 1j + 1k)	
OTHER FEDERAL GRANTS	
2. Ryan White Part C HIV Early Intervention	
3. Other Federal Grants (specify: _____)	
3a. Medicare and Medicaid EHR Incentive Payments for Eligible Providers	
4a. American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	
5. TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 – 4A)	
NON-FEDERAL GRANTS OR CONTRACTS	
6. State Government Grants and Contracts (specify: _____)	
6a. State/Local Indigent Care Programs (specify: _____)	
7. Local Government Grants and Contracts (specify: _____)	
8. Foundation/Private Grants and Contracts (specify: _____)	
9. TOTAL NON-FEDERAL GRANTS AND CONTRACTS (SUM LINES 6 + 6A + 7+8)	
10. Other Revenue (Non-patient related revenue not reported elsewhere) (specify: _____)	
11. TOTAL REVENUE (LINES 1+5+9+10)	

Data Uses and Accuracy Checks of Financial Profile



- Uses of Financial Data:
 - Evaluate financial viability (e.g., costs vs. income; fee structure, payor mix)
- Data Checks:
 - Collections by payor are related to patients by insurance enrollment on Table 4 for some categories of payors
 - Managed care income PMPM can be calculated
 - Charges on table 9D relate to visits on Table 5
 - Costs on table 8A relate to income on tables 9D and 9E
 - Reclassification of charges



STRATEGIES FOR SUCCESSFUL REPORTING

Strategies for Successful Reporting



- Work as a team
 - Tables are interrelated.
- Adhere to definitions and instructions
 - Read manual, fact sheets, and other resources and apply definitions.

Strategies for Successful Reporting Continued



- Check your data before submitting
 - Check data trends, relationships across tables, and compare to benchmarks.
 - Address edits in EHB by correcting or providing explanations that demonstrate your understanding.
 - That does not mean typing “number is correct” for every questioned item. If it is correct, tell us how you verified the data.
 - Report on time, but do not submit incomplete reports
- Work with your reviewer

Questions?



Thank You



Thank you for attending this webinar
and for all of your efforts to provide comprehensive and
accurate data on the Health Center Program

Ongoing questions can be addressed to

UDSHelp330@BPHCDATA.NET

or

866-UDS-HELP