



Strategies for Successful Uniform Data System (UDS) Reporting

October 20, 2021, 1:00-2:30 p.m. ET

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Vision: Healthy Communities, Healthy People



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Agenda

- Importance of UDS Data
- Preparing for a Successful Submission
- Navigating the Electronic Handbooks (EHBs) Successfully
- Key EHBs Tools
- Managing the Review Process
- Questions and Answers







Objectives of the Webinar

By the end of this webinar, participants will be able to:

- Understand the importance of UDS data collection and reporting.
- Identify three or more key data checks to conduct before submitting their UDS Report.
- Describe one or more available EHBs reports and tools that can assist with successful submission.
- Describe one tip for working through a review and/or working with your reviewer.
- Identify one or more ways to access reporting support.







Why Is Health Center UDS Reporting Important?

It represents your work!

- Enables you to demonstrate the patients served by your health center, the services they received, outcomes they had, and the costs and revenues supporting those patients and services
- Enables you to **monitor and assess** your patient population and clinical, operational, and financial performance
- Enables you to **compare your data** with your peers locally, within the state, or nationally
- Supports continuous quality improvement efforts







Let's Hear from You

Chat in:

- How do you use your health center's UDS data?
- Why is your UDS data important?







Preparing for a Successful Submission

Key Data Checks for UDS Submission Due February 15, 2022





Success Strategies for Each Section of the UDS

Overview of the relevant tables in the section of the UDS Review of the likely data source(s) and collection times for each area of the section

Review of key data checks for each UDS table in the section



Sections include:

- Patient demographics (Tables 3A, 3B, and 4).
- Staffing and utilization (Tables 5 and 6A).
- Clinical services and performance (Tables 6B and 7).
- Operational and financial tables (Tables 8A, 9D, and 9E).





Patient Demographic Tables ZIP Code, 3A, 3B, and 4



ZIP CodePatients by ZIP Collinsurance3APatients by Age a Birth3BPatients by Race, Language, and Sel Orientation and Collentity (SOGI)APatients by Incom Insurance, Manage	
 Patients by Age a Birth Patients by Race, Language, and Se Orientation and O Identity (SOGI) Patients by Incom Insurance, Manage 	ode and
Patients by Race, Language, and Se Orientation and O Identity (SOGI) Patients by Incom Insurance, Manag	nd Sex at
Patients by Incom Insurance, Manag	Ethnicity, exual Gender
4 Enrollment, and S Population Status	ne, ged Care Special



Table 4: Selected Patient Characteristics Data Collection

Section of Table 4	Income as a % of Poverty Guideline	Principal 3 rd Party Medical Insurance	Managed Care Utilization	Special Populations
Data Source				
EHR or Other Internal System	✓	✓		✓
Other Sources (e.g., Payers)			✓	
External Providers/Labs/Hospitals,				
etc.				
When Collected				
Patient Registration	\checkmark	✓		✓
Ongoing – Payer Enrollment Data		✓	✓	
Visit/Encounter		Confirmed at visit		Confirmed at visit
Year-End Admin/Financial Data				





Key Data Checks: Patient Demographic Tables



ZIP Code

Unknown ZIP code: If there is a large increase in unknown ZIP codes year over year, review data to be sure only health center patients who have gone through the registration/intake process and have a countable visit during the calendar year are included.



Table 3B

Unknown race/ethnicity: Should be handled similar to unknown ZIP code.

SOGI: Generally, the Unknown lines (new for 2020 reporting) will be larger than Other and Don't know lines. It is not expected that all patients will be reported as Male or Female gender identity, as there are likely some patients for whom the data is not collected, who choose not to disclose, are transgender, or select something else.



Table 4

CHIP: Adults 18+ >10% of CHIP should be reviewed and explained.

Special Populations: Confirm that school-based health center patients are only reported if you have an inscope school-based health center. Confirm public housing is reported based on site, not based on individual patient characteristics.



Staffing and Utilization

Table 5 and Selected Service Detail Addendum



Table	Description
5	Staffing, Visits, and Patients by Service Category
Addendum	Integrated Behavioral Health Services





Staffing and Utilization

Table 5 and Selected Service Detail Addendum Data Collection

Table 5	Staffing	and	Utilization	Selected	Service	Addendum
	FTEs	Clinic Visits and Virtual Visits	Patients	Personnel	Clinic Visits and Virtual Visits	Patients
Data Source						
EHR		\checkmark	\checkmark		\checkmark	\checkmark
Other Systems (Internal)	HR/Payroll	\checkmark		HR/Payroll		
Other Sources (e.g., Payers)						
External Providers/Labs/Hospitals, etc.		\checkmark	✓			
When Collected						
Patient Registration						
Ongoing – Payer Enrollment Data						
Visit/Encounter		\checkmark	\checkmark		\checkmark	✓
Year-End Admin/Financial Data	✓			\checkmark		





Key Data Checks: Staffing and Utilization



Table 5

Likely to see at least some **virtual visits**, though likely not an increase over 2020 virtual visits unless a new program or service line has been added.

Productivity (defined as visits per 1.0 FTE) likely to change compared to prior year given the pandemic, but still not generally greater than 3,500 for any given provider.



Table 5 Addendum

Mental health visits on the addendum cannot be more than medical visits on main part of Table 5 and, when added with mental health visits on the main part of Table 5 (Line 20c), should not be larger than mental health visits on Table 6A.

Similarly, **substance use disorder (SUD) visits on the addendum** cannot be larger than total medical and mental health visits on the main part of Table 5 and, when added with SUD visits on the main part of Table 5 (Line 21), should not be larger than total SUD visits on Table 6A.

Compare **personnel** on addendum to FTEs.





Clinical Services and Quality of Care Indicators Tables 6A, 6B, and 7



Table	Description
6A	Diagnoses and Services
6B	Quality of Care Measures
7	Health Outcomes and Disparities





Table 6A

Selected Diagnoses and Services Data Collection

Table 6A: Selected Diagnoses andServices Rendered	Visits	Patients
Data Source		
EHR	\checkmark	\checkmark
Other Systems (Internal)		
Other Sources (e.g., Payers)		
External Providers/Labs/Hospitals, etc.	\checkmark	\checkmark
When Collected		
Patient Registration		
Ongoing – Payer Enrollment Data		
Visit/Encounter	✓	✓
Year-End Admin/Financial Data		





Key Data Checks: Services Rendered

Table 6A

Generally, **visits per patient** for each line on Table 6A won't exceed 4.0, with some exceptions.

Total **medical visits** on Table 6A average ~50% of total medical visits on Table 5. All health centers are likely to report some COVID testing and vaccination; be sure this is only health center patients.

Total **dental visits** on Table 6A average greater than 100% of dental visits on Table 5. If your data is notably different than this, briefly explain how it's been verified (as with all sections). Note that all reporting on Table 6A is specific to **health center patients**.

Reporting on Table 6A (and all of the UDS) does not include mass testing/screening, tests done for the community, etc.

Patient must have a *countable visit* on Table 5 and be included in unduplicated patients on demographic tables in order to be counted anywhere on Table 6A.





Tables 6B and 7

Clinical Services and Performance Data Collection

Table	Table 6B: Quality	of Care Measures	Table 7: Health Outcomes & Disparities		
Section	Prenatal Patient Age and Entry into Care	Clinical Quality Measures	Deliveries and Birthweights: Section A	Hypertension and Diabetes	
Data Source					
EHR	\checkmark	\checkmark	\checkmark	~	
Other Systems (Internal)	✓	\checkmark	\checkmark	✓	
Other Sources (e.g., Payers)					
External Providers/Labs/Hospitals, etc.	✓	\checkmark	√	✓	
When Collected					
Patient Registration	√ (age)	✓	✓	✓	
Ongoing – Payer Enrollment Data					
Visit/Encounter	✓ _	✓	\checkmark	✓	
Year-End Admin/Financial Data					





Key Data Checks: Clinical Quality Measures



Table 6B

Denominators may have been smaller last year than typical (both numerically and as a % of estimated medical patients), so some change year over year may be reasonable. Explain exclusions or exceptions for large changes.

The portion of patients who meet the measure standard

(Column C) may vary from 2020 given the pandemic and any recovery. For very large changes, explain changes to your services or how the data reported has been validated. Compliance may change more substantially for measures with changes (Cervical Cancer Screening and Tobacco Cessation).



Table 7

As with prior years, **deliveries and birth outcomes** for prenatal patients must be reported, whether those were provided in-house or by referral.

Consider the number of hypertension and diabetes diagnoses on Table 6A compared to the denominator of the **hypertension and diabetes** reporting on this table. The numbers should not be the same on the two tables (different parameters) but should make sense in light of each other.





Operational and Financial Tables Tables 8A, 9D, and 9E







Operational Costs and Revenue Data Collection

Table	8A: Financial Costs	9D: Patient-Service Revenue	9E: Other Revenue
Data Source			
EHR		\checkmark	
Pharmacy	✓	\checkmark	
Other Systems (Internal)	HR/Payroll/Finance	\checkmark	Finance
Other Sources (e.g., Payers)		\checkmark	
Other Providers/Labs/Hospitals, etc.			
When Collected			
Patient Registration		\checkmark	
Ongoing – Payer Enrollment Data		\checkmark	
Visit/Encounter		\checkmark	
Year-End Admin/Financial Data	✓	\checkmark	✓





Key Data Checks: Operational Finance Tables



Table 8A

Review Table 8A and Table 5 together to be sure they are reported consistently. Notable changes on Table 5 (such as significant decrease in FTEs or visits) are likely to appear on Table 8A as well. Value and report donations on Line 18.



Table 9D

Confirm **charges** in Column A are reported based on fee schedule for services provided (e.g., CPT codes), not based on reimbursement.

Be sure that Line 8c, **HRSA COVID uninsured reimbursement**, is ONLY used for those patient services reimbursed by the HRSA program, not all uninsured or reimbursed by other programs (e.g., state programs).



Table 9E

Generally, health centers should be reporting **COVID supplemental funding from BPHC** (Lines 11–10). LALs may only have LAL ECT and American Rescue Plan funding on Lines 1n and 1o, respectively.

Be sure to only report money drawn down in 2021.

Confirm that **no loans or 340B pharmacy revenue** are reported on this table.





Other Forms in the UDS



Form

Appendix D: Health Information Technology (HIT) Form

Appendix E: Other Data Elements Form

Appendix F: Workforce Form





Key Data Checks: Forms



Health Information Technology

Consider completing most of the questions on this form **sooner rather than later**, as you likely have the answers (with the exception of SDoH screening).

Be sure that if you are doing <u>social</u> <u>risk screening</u>, you select "Yes," then identify the screener, and report the count of patients who screen positive in each category



Other Data Elements

Physicians, certified nurse practitioners, physician assistants, and certified nurse midwives who have a DATA Waiver to treat opioid use disorder are reported in the **MAT section**.

Telehealth reporting should include all services provided via telehealth in the calendar year.

COVID vaccines are now reported on Table 6A, rather than here.



Workforce

Do not report professional development, continuing medical education (CME), or other internal training for current personnel here. Staff satisfaction survey reported here refers to the frequency of surveys of the **satisfaction of health center personnel**, not patient satisfaction.



Overview of Data Life Cycle



Table 3B: Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting

Policy and Best Practices	√ √	Is there a policy or written procedure for the collection of SOGI information from patients? Are frontline personnel routinely trained on how to collect this data?
Data Definition	√ √	Have you applied the UDS Manual definitions? Do the personnel collecting SOGI data understand the data requirements of the categories that define SOGI within the UDS?
EHR Configuration	く く く	Are all UDS selection options for SOGI available in the patient registration system/tablets/kiosks/etc.? Do you consult with your vendor to ensure data is captured in EHR in a usable format for later retrieval? Are missing responses captured as Unknown in reports used for UDS?





Table 3B: Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting *(cont.)*

Workflow	√ √ √	Are you collecting this data on paper, tablet, kiosk or is it entered in the EHR directly? Is it being recorded as structured data? Do you have a written process, and are personnel trained to provide help if a patient needs assistance?
Data Validation	√ √ √	Do you run a SOGI report on a regular basis? Do you look for trends and anomalies? Do you compare your data to state or national data?
Substantive Use	√	Are these data being used to improve patient services and outcomes for planning?





Clinical Quality Measure: Deliveries and Birth Weights

Policy and Best Practices	✓ ✓ ✓ ✓	Is there a written policy covering the collection of this data, and does it document roles and responsibilities? If the health center provides prenatal care by referral, is there a contractual relationship with the referral provider that includes the sharing of patient birth outcomes, including birth weights? Is the referral loop tracked to closure? Is there a process to follow up on missing data?
Data	√	Have you applied the UDS Manual definitions?
Definition	√	Do the referral sources record race, ethnicity, and weight of babies?
EHR	√	Is the EHR configured to record birth weight in grams?
Configuration	√	How are miscarriages, stillbirths, multiple births, etc. tracked?





Clinical Quality Measure: Deliveries and Birth Weights (cont.)

Workflow	√ √	 Have the workflows been clearly articulated and documented? Ex. Is there a clear process for getting delivery outcomes from the hospital or outside providers? How is that information brought into the EHR? Have personnel been appropriately trained to input the data?
Data Validation	√ √ √	Is the data compared with local, state, or national data? Is delivery data normally consistent, and can anomalies be easily identified? Are patients in a prenatal program in the previous year who gave birth in the current year included in the prenatal care count and delivery?
Substantive Use	√	Is the data used proactively to reach out to new mothers to offer access to the appropriate services to mother and baby?





Navigating the EHBs Successfully

Live Demonstration of Key EHBs Features and Tools





Contraction Contra		Support - Login
Welcome New User Registration Funding Opportunity What	at's New	Monday 12 th August 2019 02:58:39 P.M.
🔒 Existing Users	What's New	
Username (Email) Password Login Forgot Password?	03/16/2018 - Optimized Home Page and Thanks to your feedback, starting March links in the Tracking Widget, a streamline 01/18/2018 - New features to help you Grant documents! Starting January 19th, the EHBs has two	d a New Help Video! 16th, you will see a modernized Home Page with new quick ed Help Widget, and an overall improved laLearn More manage your workload, and easily download and print your new features that were added to address your feedback!
Create an Account	Archive Tasks: Declutter your Pending	Tasks and GrantLearn More
Glick here to get started [™]		View All
Contact Us	Learn About	Other Links
Time: 8:00 a.m. to 8:00 p.m. Eastern Time (ET) Monday through Friday Phone: 877-Go4-HRSA/877-464-4772	 → Grant Program L^a → Free Clinic Program L^a 	 → Browser Requirements → Funding Opportunities → Track Grapt Application I²
Link to contact us: click here	→ FQHC-LAL Program ^I	

Everyone working on the UDS needs an EHBs login!





EHBs Landing Page

- This is the page you will land on when you log into the EHBs.
- On the **left side**, you'll see your tasks.
- On the right side, you can change permissions and roles (assuming you have a role that permits that e.g., CEO and Project Director).
- At the **top** are tabs you will use to navigate.



Welcome, Emilio Hunziger





Navigate to Your UDS Report

- The UDS is the *Performance Report* for your H80 grant.
- Click on *Tasks*, then find the *performance report* with Tracking # and Entity that starts with H80 (or LAL for Look-Alikes).
- Click *Edit*; this will take you to the UDS Report.

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Access Your Report in the Fall Using the Preliminary Reporting Environment!

- A few years back, it was not possible to access the UDS until January 1.
- This year, as with the past couple years, the system opens in late October as the Preliminary Reporting Environment (PRE).
- There are no additional steps required—the same steps apply to accessing the PRE as th "live" UDS Report.

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REMENDE
- MBER





UDS Report Home Page

- You'll be taken to a page that shows tools and tables in the *left-hand navigation panel*.
- The rest of the page will show status, progress, and other report details.
- There are links to a number of resources in the middle of the page.







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Key EHBs Tools for Successful Reporting

Upload/Download File Offline Templates Comparison Report Accessing Prior Year Reports Other Helpful Reports





UDS Report Home Page: Tools

- Let's look at the tools available in the upper left corner.
- Note: if you don't see this, look for the little arrows in the upper left, next to "All Functions," and click that and it should pop back out.

ou are here: Home			
I Functions	«	You are NOW using the LIDS Penerting Environment Places prepare validate and sub	mit complete color
Performance Repor	ts 🔹	Tou are NOW using the OD's Reporting Environment. Please prepare, validate, and sub-	nit complete calen
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JDS Report Details		Tip: Prior to entering any data, save a copy of the blank excel template. The blank file can later	r be used for clearing
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UDS Upload/Download: Download File



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BHCMIS ID: 090710		Fund	ing Stream(s): CHC, HCH, MHC, PHPC	Submission Status: Change Requested
Reporting Period: 01/01/2	2020 - 12/31/2020	Starte	ed By: Rosaleen Skowronek on 11/15/2020 04	:44 PM ET
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To enter UDS data offline, of your selections, click th With either file you can do Enter or change data in th Excel File: Upload your of HTML File: Export an Exc	select either the Excel file e Dowload button to compl- wnload specific tables or al e file you have chosen. On ompleted file to the EHBs. el file from the HTML file th	(spreadsheet format) or the ete your request. If the tables required for the tables required for the tables required for the completed the com	he offline HTML file (forms-based format). The he UDS report. Please note that each time you completed file to the EHBs.	n select whether you want a blank form or to include any existing data. Once you have a download a file, it will be populated with any data that is in the EHBs.
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UDS Upload/Download: Download File (cont.)

Three decisions to make:

- 1. Do you want to use Excel or HTML format?
- 2. Do you want the file to include data currently in the UDS?
- 3. Do you want to do all tables at once or just a selected set?

Download Template				
Select Format	 Offline Excel 	Offline HTML	📥 Download	
Excel Template				
Select Data Level	 Excel with Data 	O Blank Excel		
Select Table	All	✓Table 5	✓Table 9D	
	Patients by ZIP	Code Code	✓Table 9E	
	✓Table 3A	✓Table 6B	✓Table HIT	
	✓Table 3B	Table 7	Other Data Elements	
	Table 4	Table 8A	Workforce	

Patients by ZIP Code with Prior year ZIP Codes

(This option will append the zip codes reported last year to any data already entered for this year. If you have already entered zip code information for this year, be certain to check that none of the zip codes have been entered twice, since this option does not include a duplicated entry check.)





Considerations

Excel vs. HTML

Excel format may feel more familiar, but it's important to know that the Excel file cannot be modified structurally. It will not be able to be uploaded if modified. HTML looks like the UDS tables and doesn't provide the opening to modify.

Test It Out This Fall!

Rather than making these decisions in February, when the pressure is on, try out these various options this fall to see how they work for you.



Including Data or Not Including Data

If no data or only test data has been entered, then blank is better. If there is currently data present, even if that data will be changed, it probably makes sense to include that, so you don't have to go into the EHBs the initial data that is being changed.

All Tables or Just a Select Set?

Typically selecting just a certain set of tables makes more sense, whatever you are currently working on. If you download them all and then don't use all, you run the risk of uploading blank tables over existing data.



Downloading Offline Templates

Download Template			Once you click "Download," you will get this disclaimer/instructions about the HTMI
Select Format	Offline Excel Offline HT	ML & Download	form, even if you selected Excel. <i>Click OK!</i>
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Select Table	 All □ Table 5 □ Patients by ZIP Code □ Table 3A □ Table 3A □ Table 3B 	Jable 9D JA Table 9E JB Table HIT J Other Data Elements	Download Templa Offline Html Instructions:
Go To Status Overview Pa	Table 4Table 8	3A Workforce	Select Format Once the offline HTML package is downloaded, you will have to extract/unzip the downloaded package. To extract/unzip, you will need to enter a password. Your Tracking Number (All Capitalized) is the password. Click 'Ok' to proceed with the download. Excel Template Please read the instructions carefully for a successful Offline HTML download.
			Select Data Level Save only one copy of the downloaded file on your local machine, at a given point of time. Do not alter the contents or tamper with the file. Do not rename the file before verification as once renamed verification is not possible. Check with your IT department, if you would like the verify the validity of the zip file contents. To get step by step instructions on how to perform the verification refer to Verify Offline HTML download link from Resources Section OR HRSA Wiki pages. If you still paged assistance reach out to EHBs Help Line.
1 SERVICES US			Cancel Go To Status Overview rage
			Health Center Program

Using Offline Excel

• First tab has tips for success.

- When it says to verify your BHCMIS ID, it means to verify that in the filename. Your BHCMIS ID is also known as your grant number and does NOT start with H80 (it may be 6 numbers or 6–7 numbers with an E in it).
- Table 7: each section/ measure is its own tab.

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Health Center Program

Accessing Comparison Report

- From the UDS Home Page or Status Overview Page, you can access your Comparison Report.
- This can show you last year and this year side by side.

UDS Report Details Status Overview ✓ Contact Informatio ✓ Patients by ZIP Co ✓ Table 3A Table 3B ✓ Table 4 ✓ Table 5 ✓ Table 6A ✓ Table 6B

Clear Data

Clear Data	You are NOW using the UD	8 Reporting Environment	Please prepare, validate, and submit complete calenda	ar year UDS performance	data at this time.			
IDS Report Details								
Contact Information	H80CS012392020: BENSON RUPARELIA UN	IVERSITY, LAKE PANAS	SOFFKEE, CA	Forme Quantiau				
Patients by ZIP Code Table 3A Table 3B	11/27/2020 (11:59 PM Lo Due Date	cal Time)	O 4 Days Left	Last Updated On: 11	/18/2020 3:57 PM	EST		
Table 5 Table 5 Table 6	Resources C* UDS Manual Upload History Action History L	ast NoA Training Material	UDS Reviewer User(s) With Permissions	0 × Not Started	0 ! In Progress	17 ✓ Complete		
Table 6B	Certified Health IT Product List Lookup Excel Map Versions	ping Document Request	Exemption Verify Offline HTML Download Compare	Report Details				
* Table 7	UDS Report Status Sections	Status	Last Updated	BHCMIS ID: 0907	710			
Table 9D Table 9E	Contact Information	✓ Complete	11/15/2020 4:52 PM EST by Rosaleen Skowronek	Last Submitted I on 11/18/2020 3:	3y: Emilio Hunzig 57 PM EST	er		
HIT Capabilities Other Data Elements Workforce	 Patients by ZIP Code Table 3A - Patients by Age and by Sex Assigned at Birth 	CompleteComplete	11/18/2020 3:43 PM EST by Emilio Hunziger 11/18/2020 3:40 PM EST by Emilio Hunziger	Submit and Print				
Report Comments	C Universal Report	✓ Complete	•	Make sure you ha required information	Make sure you have completed and validated all the required information before submitting this report.			
Data Audit Report	Homeless Report Migrant Report	CompleteComplete	- -	ଟ Sub	mit Performance R Compare Versions	eport ;		
Jubmit	Public Housing Report	✓ Complete						
	Table 3B - Demographic Characteristics	✓ Complete	11/18/2020 3:14 PM EST by Emilio Hunziger		Print Report			



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Health Center Program

Running the Comparison Report

- You have to select your reference and comparison year.
- You can compare different versions of your report to see notable changes.

hrsautl11-is.amer.reisystems.com/UDSSubmission/comparisonselectversio	n?reportId=%2094c2aa46-608d-497e-972d-3039d3ff12c8
You are NOW using the UDS Reporting Environment. Please prepare, va tir	alidate, and submit complete calendar year UDS performance data at this me.
Compare Versions - Select Version	
► H80CS012392020/v2: BENSON RUPARELIA UNIVERSITY, LAKE PAN	ASOFFKEE, <u>CA</u>
Note: * indicates data entry in progress and is subject to change. Select Versions to be Compared	
Reference Year/Version	Select Year and Version
Compare To Year/Version	Select Year and Version
Close	Next



Let's Hear from You!

Chat in: What insight might you gain from the Comparison Report?







Let's Hear from You! (cont.)

What insight might you gain from the Comparison Report?

- Identifying changes in staffing (such as FTEs newly reported for calendar year 2021) and verifying those with HR
- Identifying changes in insurance mix and investigating surprisingly large changes spotted in calendar year 2021
- Checking staff tenure to be sure that aligns with expectations
- Identifying large changes in clinical quality measure outcomes to be investigated before finalizing reporting





Accessing Prior UDS Reports

- The UDS is the *Performance Report* for your H80 grant.
- Click on *Grants* tab, then under
 Submissions click on
 Work on Performance Report.
- The next page will have a *Performance Report* for each year.

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Using Available UDS Data and Reports

- Standard reports and publicly available UDS data:
 - Standard Reports in the EHBs: Health Center Trend Report (sample below), Summary Report, Health Center Performance Comparison Report, Rollup Reports
 - <u>Health Center Program Data</u> is available on HRSA's site, including rollup data, comparison data, and health center profile data.

	2049	2010	2020	2019	- 2020	2018 - 2020			
	2010	2019	2020	Change	%	Change	%		
Quality of Care Indicators/Health Outcomes									
Preventive Health Screenings and Services									
Colorectal Cancer Screening	44.11%	45.56%	40.09%	-5.47%	-12.00%	-4.02%	-9.11%		
Screening for Depression and Follow-up Plan	70.57%	71.61%	64.21%	-7.40%	-10.34%	-6.36%	-9.01%		
Depression Remission at Twelve Months	-	-	13.69%	-	-	-	-		
Cervical Cancer Screening	55.95%	56.53%	51.00%	-5.54%	-9.79%	-4.95%	-8.85%		
Childhood Immunization Status	39.44%	39.75%	40.42%	0.67%	1.68%	0.98%	2.49%		
Dental Sealants for Children between 6-9 Years	52.80%	56.80%	48.68%	-8.11%	-14.29%	-4.12%	-7.80%		
Breast Cancer Screening	-	-	45.34%	-	-	-	-		
HIV Screening	-	-	32.29%	-	-	-	-		

UDS Health Center Trend Report - 2020 1375 Health Centers - Universal





Managing the Review Process

Remember, initial submission is not the end of the process!





Reporting Timeline



Managing the Review Process



- Information is not complete until the end of the calendar year; don't start entering data into tables yet.
- Other information can be entered as soon as the PRE opens! Some information can be entered on the HIT, ODE, and Workforce forms. You can also download offline data tools now to practice or ensure your reporting is configured correctly.
- Submit your report through the EHBs by February 15. Be sure to allow time to address edits!
- When addressing edits, if you have put detailed notes on the tables, you can direct the reviewer to the table comments in your edit responses. Otherwise, provide detailed responses on the edits in the Data Audit Report.
- If you have not heard from your reviewer by March 1, either with review questions or that your report has been accepted, email them!
- Reviewers send emails through the EHBs, and sometimes those get caught in spam filters. You can also go into the EHBs to check the status.
- If you are not able to meet the dates set by your reviewer or have limitations that the reviewer needs to know about, let them know!



Understanding Your Data and Responding to Edits

- Work together to understand and resolve edits and reviewer questions. The key data checks discussed earlier will set you up for success with this!
- Edits are an opportunity to consider your data from a broader perspective, resolve issues, revise data, or provide meaningful explanations.
- All personnel involved in UDS data collection and submission should be prepared to respond to edits and reviewer questions.



If you do not understand what
 an edit on the Data Audit
 Report is asking, contact the
 UDS support line (866-UDS-HELP or
 udshelp330@bphcdata.net).



 Download the Summary
 Report to view national averages from the prior year that are often referenced by edits.





Available Assistance

- Technical assistance materials, including local trainings, are available online:
 - HRSA Health Center Program website
- UDS Support Center for assistance with UDS reporting questions:
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
- <u>Health Center Program support</u> for questions about the Health Center Program.

- EHBs support
 - UDS Report and preliminary reporting environment access (in <u>EHBs</u>)
 - EHBs system issues: 877-464-4772, Option 1
 - EHBs account access and roles: 877-464-4772, Option 3
- National Training and Technical
 Assistance Partners





Training Webinar Series for 2021 UDS Reporting

- Counting Visits in the UDS
- UDS Clinical Tables Part 1: Screening and Preventive Care
- UDS Clinical Tables Part 2: Maternal Care and Children's Health
- UDS Clinical Tables Part 3: Chronic Disease Management
- Reporting UDS Financial and Operational Tables
- Successful Submission Strategies TODAY!







Questions and Answers





Remember to call the UDS Support Line if you have additional content questions

1-866-UDS-HELP

or

1-866-837-4357

udshelp330@bphcdata.net





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