



Preparing For and Understanding Your 2018 Uniform Data System (UDS) Submission

Webinar

October 11, 2018, 1:00–2:30 p.m. (ET)

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Health Resources and Services Administration (HRSA)**



Opening Remarks

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US Department of Health and Human Services



Objectives of this Webinar

- Understand the importance of UDS reporting and critical dates in the reporting cycle
- Implement processes and systems for accurate submission of the UDS report
- Understand table-specific considerations



Agenda

- Importance of UDS reporting
- Key definitions used in the UDS
- Introduction to the UDS tables and forms
- Report preparation considerations
- Strategies for successful reporting, training, and technical assistance (TA) resources
- Questions





Importance of UDS Reporting

What is the Uniform Data System?

- A standardized set of data reported by the Health Resources and Services Administration (HRSA)-designated health center programs:
 - Section 330-funded awardees—Community Health Center (CHC), Health Care for the Homeless (HCH), Migrant Health Center (MHC), and Public Housing Primary Care Program (PHPC)
 - Health Center Program look-alikes
 - Bureau of Health Workforce (BHW) primary care clinics
- Reports on the approved scope of project for the period **January 1, 2018–December 31, 2018**



What is Reported?

- **Universal report**—completed by all reporting health centers
 - All tables and forms are completed in a Universal Report
- **Grant report(s)**—completed only by awardees that receive 330 grants under multiple funding streams

Table	Also report <u>GRANT REPORT(S)</u> if you receive 330 grants under multiple program authorities: CHC (330 (e)) ♦ HCH (330 (h)) MHC (330 (g)) ♦ PHPC (330 (i))
ZIP Code	No
3A, 3B, 4	Yes
5	Yes, but patients and visits only
5A	No
6A	Yes
6B, 7, 8A, 9D, 9E	No
Health Information Technology & Other Data Elements Forms	No



Why Do You Report the UDS?

- To comply with legislative and regulatory requirements
- To inform HRSA, Congress, and the public about health center performance and operations
- To identify and measure trends over time
- To recognize effective programs and services
- To target and prioritize opportunities for quality improvement
- To facilitate performance comparison with national benchmarks



National Impact/Community Focus

Nearly **27 million** people – **1 in 12** people across the United States – rely on a HRSA-funded health center for care, including:





Key Definitions Used in UDS

Unduplicated Patients Defined

Count Once and Only Once

- People who have at least one reportable visit during the calendar year
 - Even if the patient received more than one service or had more than one visit
 - Patients are “unduplicated” on tables—do not report the same patient twice

Table	Instructions
Demographics: ZIP code, Tables 3A, 3B, and 4	Count each patient <u>once and only once</u> on each table and section
Services & Diagnosis: Tables 5 & 6A	Count only <u>once for each type of service or diagnosis</u> the patient received during the year
Clinical Care: Tables 6B & 7	Count patients only <u>once for each clinical measure</u> if the patient fits the measure criteria for inclusion



Visits Defined

A visit is counted only when it meets all of these criteria:

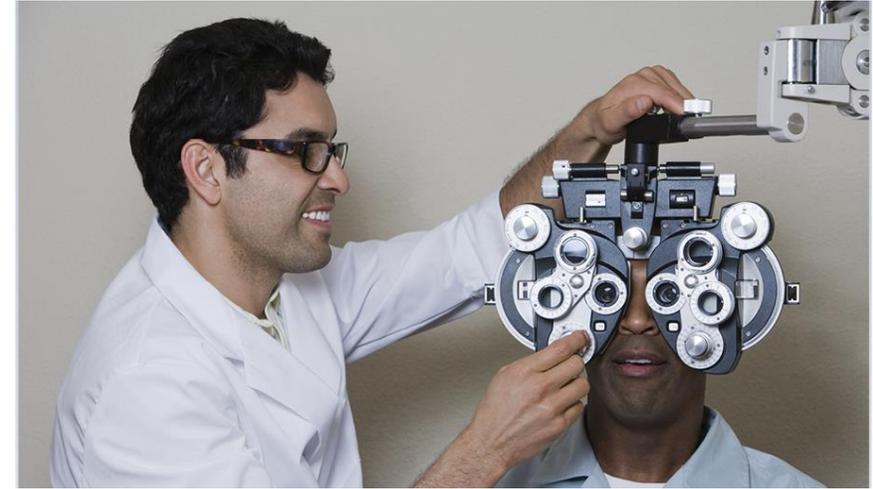
- Documented in the patient record
- One-on-one, face-to-face contact between a patient and a licensed or credentialed provider
 - Exception: Only mental health and substance use disorder can count group and telemedicine visits
- Provided by provider who exercises independent professional judgment in providing services

Include visits provided by paid, volunteer, and contracted providers



Count Only One Visit Per...

- Patient, per visit type, per day
- Provider, per patient, per day, regardless of the number of services provided
- Provider type
 - Exception: Two providers of the same type at two different locations on the same day



What Visits Don't Count?

- **Do not count:**
 - Immunization only, lab only, dental varnishing or fluoride treatments, mass screenings, health fairs, outreach, or pharmacy visits
 - Group health education, group diabetes sessions, etc.
- **Not all staff generate countable visits**
 - No services are counted for staff providing ancillary services, outreach and eligibility assistance, non-health-related services, or non-clinical support



Provider Defined

- **A provider**
 - Assumes primary responsibility for assessing the patient and documenting services in the patient record
 - Exercises independent judgement regarding services provided, which must be in their field of training (i.e., licensed or credentialed)
- **For Table 5, staff time is to be allocated by function among the major service categories**
- **Only those designated as “providers” in Appendix A of the UDS Manual can generate visits**
- **Providers may be employees of the health center, contracted (paid) or volunteers**



Full-Time Equivalent (FTE) Defined

- **1.0 FTE**—Equivalent to 1 person working full-time for 1 year; prorate part-time and part-year staff
 - Cannot use staff list as of December 31
- **FTE**—Based on work performed
 - FTEs can be allocated across multiple categories
- **Although most sites use 2,080 hours as full-time, some staff actually work 36- or 35-hour weeks; if that is the case, then adjust the hours accordingly**
(e.g., 1,872 paid hours [36 X 52] could be 1 FTE)



Staff Tenure Defined

- Tenure is reported on Table 5A
- Tenure = months of continuous employment
- Based on:
 - A head count of persons (not FTE)
 - Number of consecutive months of service in current position





Introduction to the Tables

What to Report and What the Data Tell Us



Patient Profile Tables

Patients by ZIP Code

Table 3A: Patients by Age and Sex

Table 3B: Demographic Characteristics

Table 4: Selected Patient Characteristics

Patients by ZIP Code

- Report patients by ZIP code by primary medical insurance
 - Report all ZIP codes with 11 or more patients

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/ Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
<system allows insertion of rows for more ZIP codes>					
Other ZIP codes					
Unknown residence					
Total					



Patients by Age and by Sex Assigned at Birth

Table 3A

- Report patients according to their **sex at birth** (or on a birth certificate)
- Use age as of **June 30**
- Patients by age must equal Table 4, Principal Third Party Medical Insurance (0–17 years; 18 and older)

Line	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		
15	Age 14		
16	Age 15		
18	Age 17		

* Excerpted from Table 3A



Demographic Characteristics

Table 3B: Race, Ethnicity, and Language

Line	Patients by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d) (sum Columns a+b+c)
1	Asian				
2a	Native Hawaiian				
2b	Other Pacific Islander				
2	Total Native Hawaiian/Other 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 race				
8	Total patients (sum Lines 1 + 2 + 3 to 7)				

- Report all patients by ethnicity and race (Lines 1–8)
- Count patients best served in a language other than English (Line 12)

Line	Patients by Linguistic Barriers	Number (a)
12	Patients best served in a language other than English	



Demographic Characteristics

Table 3B: Sexual Orientation and Gender Identity

- Report patients by **sexual orientation** (Lines 13–19)
- Report patients by **gender identity** (Lines 20–26)

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or gay	
14	Straight (not lesbian or gay)	
15	Bisexual	
16	Something else	
17	Don't know	
18	Chose not to disclose	
19	Total patients (sum Lines 13 to 18)	

Line	Patients by Gender Identity	Number (a)
20	Male	
21	Female	
22	Transgender male/female-to-male	
23	Transgender female/male-to-female	
24	Other	
25	Chose not to disclose	
26	Total patients (sum Lines 20 to 25)	

- Self-reported by patients or caregivers
- Only use “Chose not to disclose” if patient selected this option
- Use “Don’t know” or “Other” if patient selected this option or if data is missing (include minors)



Patients by Income and Third-Party Medical Insurance

Table 4

- Report patients **income** as defined by Federal Poverty Guidelines (Lines 1-6)

Line	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1	100% and below	
2	101–150%	
3	151–200%	
4	Over 200%	
5	Unknown	
6	Total (sum Lines 1–5)	

- Report **primary medical care insurance** for all patients by age range (Lines 7–12)

Line	Principal Third-Party Medical Insurance	0–17 years old (a)	18 and older (b)
7	None/Uninsured		
8a	Medicaid (Title XIX)		
8b	CHIP Medicaid		
8	Total Medicaid (Lines 8a + 8b)		
9a	Dually eligible (Medicare and Medicaid)		
9	Medicare (inclusive of dually eligible and other Title XVIII beneficiaries)		
10a	Other public insurance (non-CHIP) (specify)		
10b	Other public insurance CHIP		
10	Total public insurance (Lines 10a + 10b)		
11	Private Insurance		
12	Total (sum Lines 7 + 8 + 9 + 10 + 11)		



Patients by Managed Care Utilization and Target Populations

Table 4

- Report **monthly enrollment** of members in managed care contracts (Lines 13a–13c)
- Report total number of **agricultural workers, patients experiencing homelessness, patients served at school-based health centers, and veterans** (Lines 16, 23, 24, 25)
- Report all patients seen at a **site located in or immediately accessible to a public housing site** (Line 26)

Line	Managed Care Utilization	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 (sum Lines 13a + 13b)					

Line	Special Populations	Number of Patients (a)
14.	Migratory (330g awardees only)	
15.	Seasonal (330g awardees only)	
16.	Total agricultural workers or dependents (all health centers report this line)	
17.	Homeless shelter (330h awardees only)	
18.	Transitional (330h awardees only)	
19.	Doubling up (330h awardees only)	
20.	Street (330h awardees only)	
21.	Other (330h awardees only)	
22.	Unknown (330h awardees 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 patients served at a health center located in or immediately accessible to a public housing site (all health centers report this line)	

Patient Profile Tables

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

What the data tell us:

- Describes the patients you serve and demonstrates if you served the target populations proposed in your application
- Permits mapping of your service area and is available in UDS Mapper to consider how your service area aligns with your proposed service area (Form 5B vs. ZIP Code Table)
- Quantifies the special populations, patients' gender identity and sexual orientation, and individuals served with potential financial, cultural, racial/ethnic, and linguistic barriers to care
- Used to calculate some of the performance measures used by HRSA (such as total cost per total patient)





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EDUCATION CENTER

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Collecting Sexual Orientation and Gender Identity (SO/GI) Data In Electronic Health Records

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Why Program for LGBTQ people

- Two publications highlight the unique health disparities that LGBTQ people experience.
- Healthy People 2020 -- published every ten years by the Department of Health and Human Services. This edition is the first that incorporated LGBT health disparities and suggested goals to be achieved by the end of this decade.
- The Health of LGBT people – summarizes the health issues of the LGBT community, knowledge gaps, and develops a research agenda on health needs of sexual and gender minorities.



L,G,B,T,Q Concepts

- Often written as LGBTQ, we have added commas to highlight the diversity among LGBTQ people who also share much in common both historically and in terms of their experiences in health care.
- Understanding the concepts of gender identity and sexual orientation are key to providing appropriate care.



Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity ≠ Sexual Orientation



Gender Identity and Gender Expression

- Gender identity
 - A person's inner sense of being a girl/woman, boy/man, another gender, or no gender
 - All people have a gender identity
- Gender expression
 - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
 - May be on a continuum

A complete glossary of terms is available at
<http://www.lgbthealtheducation.org/publication/lgbt-glossary/>

The T in LGBTQ: Transgender

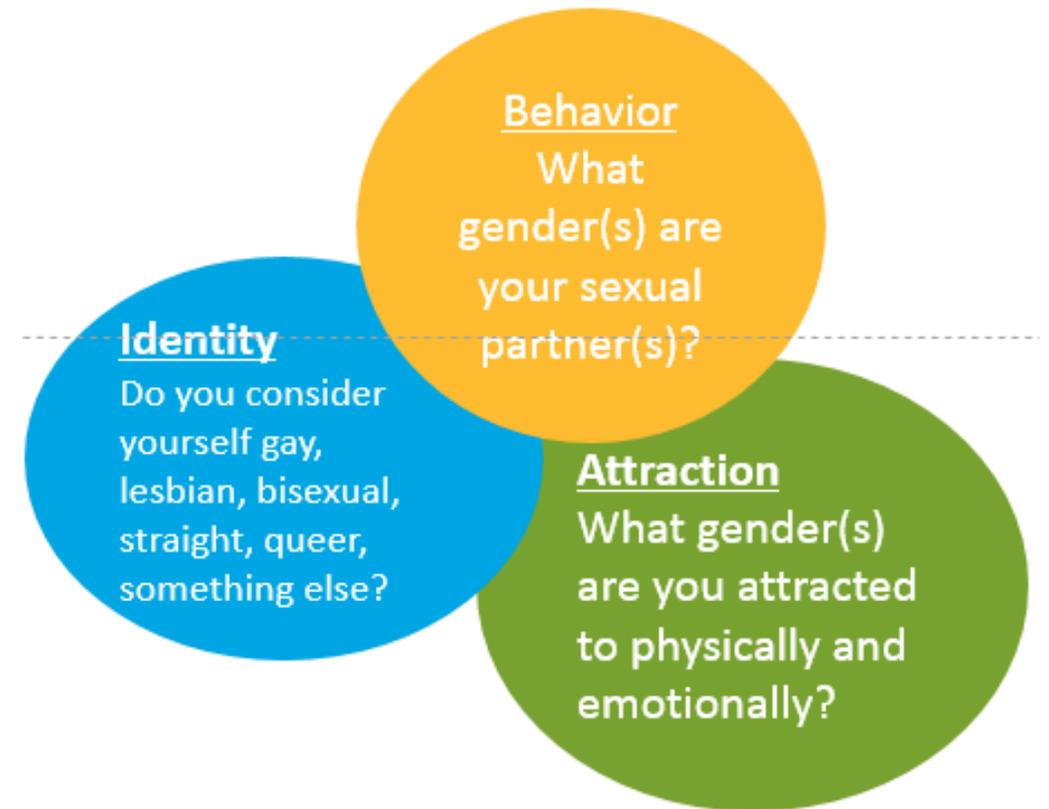
- Gender identity not congruent with the assigned sex at birth
- Alternate terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Transgender man, trans man, female to male (FTM)
- Non-binary
 - Genderqueer person, gender fluid person
- Transmasculine, Transfeminine
- Gender identity is increasingly described as being on a continuum



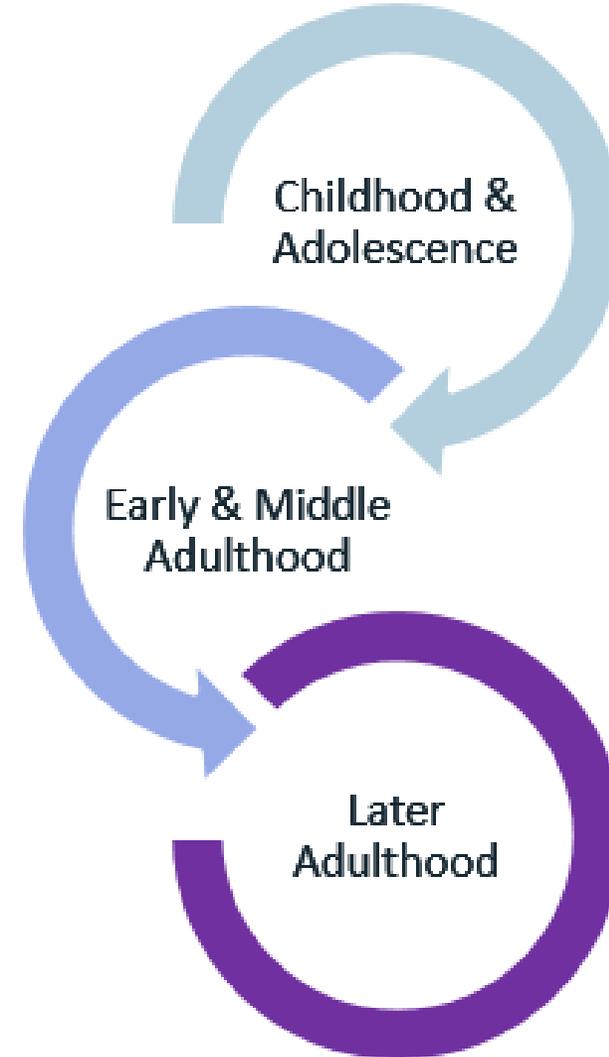
Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Attraction
- Behavior
 - Women who have sex with women- (WSW)
 - Men who have sex with men- (MSM)
 - Identity
 - Straight, gay, lesbian, bisexual, queer, other

Dimensions of Sexual Orientation:



Health Issues Throughout the Life Course



LGBTQ Disparities:

- Youth¹
 - 2 to 3 times more likely to attempt suicide
 - More likely to be homeless (20-40% are LGBTQ)
 - Risk of HIV and other STIs
- Despite an overall decrease in HIV incidence from 2008-2014 reported for the first time in 2017, incidence remains high and stable among black MSM, and is now increasing among gay and bisexual Latino men (20%) and those aged 25-34 (35%).²

¹ Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

² Source: <https://www.cdc.gov/nchhstp/newsroom/2017/croi-hiv-incidence-press-release.html>

Population Health: Ending LGBTQ Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?
- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?



SO/GI Reporting For Pediatric Patients

- Health centers not required to collect SO/GI data for patients under 18 years old (yo)
- At what age do you start asking these questions?
 - Recommend asking GI <12yo, and SO from 13yo onward
 - Recommend asking adolescents directly, without parent/guardian in the room, and if they are comfortable having this information in health records
- Provider should re-ask after registration if initially filled out by parent/guardian or under their watch
- Many parents/guardians will answer “Don’t Know” or leave blank

2018 Sexual Orientation Reporting Categories

Sexual Orientation	Description
Lesbian or Gay	Patients who are emotionally and sexually attracted to people of their own gender
Straight (not lesbian or gay)	Patients who are emotionally and sexually attracted to people of a different gender
Bisexual	Patients who are emotionally and sexually attracted to people of their own gender and people of other genders.
Something else	Patients who are emotionally and sexually attracted to people who identify themselves as queer, asexual, or pansexual or another sexual orientation not captured in Lines 13-15 above, or Lines 17-18 below
Don't know	Patients who self-report that they do not know their sexual orientation. Include patients for whom the health center does not know sexual orientation (i.e., the health center did not implement systems to permit patients to state their sexual orientation).
Chose not to disclose	Patients who chose not to disclose their sexual orientation

2018 Gender Identity Reporting Categories

Gender Identity	Description
Female	Patients who identify themselves as a woman/female.
Male	Patients who identify themselves as a man/male
Transgender Female/ Male-to-Female	Patients who are describe their gender identity as Transgender woman/female
Transgender Male/ Female-to-Male	Patients who are describe their gender identity as Transgender man/male
Other	Patients who identify themselves as genderqueer or non-binary or not described in one of the other categories. In addition, report patients where the health center does not know the patient's gender identity
Chose not to disclose	Patients who chose not to disclose their gender

Differentiating Between SO and GI in Data Analysis

- Sexual Orientation ≠ Gender Identity
 - Everyone has both a sexual orientation and gender identity
- Be careful not to lump all LGBTQ people into every denominator or numerator for every question
- Important to differentiate between the two in data quality checking
- You will need to use **both Sex Assigned at Birth and Current Gender Identity** to identify your Transgender/Genderqueer/Non-binary patients

Stratifying UDS Measures by SO/GI

Key UDS Measures by SO/GI Category	Sexual Orientation Categories						Gender Identity Categories					
	Lesbian/ Gay	Bisexual	Straight	Something Else	Don't Know	Not Disclosed / Unknown	Female	Male	Trans Men/FTM	Trans Women/ MTF	Other (Genderqueer)	Not Disclosed / Unknown
Table 6A												
HIV test												
Mammogram												
Screening, Brief Intervention, and Referral to Treatment (SBIRT)												
Table 6B												
Cervical Cancer Screening												
Tobacco Use: Screening and Cessation Intervention												
Screening for Clinical Depression and Follow-Up Plan												

Counting Public Housing

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Counting Total Patients at a Health Center Site Located in or Immediately Accessible to a Public Housing Site

Ask the following questions for each health center site separately:

1. Is health center site *located in* public housing?
2. Is health center site *immediately accessible to* a public housing site?
 - **Note:** Determination is at the discretion of health center administration
3. **If yes, count ALL patients** at this health center site as accessible to public housing
 - **Note:** Each health center must clearly define “immediately accessible to” support the definition with data and note logic in comments section of UDS Report
4. **If no, count NO patients** at this health center site as accessible to public housing
5. Aggregate number at all health center sites and report that number on **line 26** of Table 4 in the UDS report

Strategies for Counting Total Patients at a Health Center Site Located in or Immediately Accessible to a Public Housing Site

- ▶ Utilize UDS Mapper to map health center site locations against most up-to-date public housing site information
- ▶ Visualize distance and identify immediate accessibility
- ▶ Discuss findings with health center or primary care association staff to identify geographic, transportation, and cultural aspects that influence ‘immediate accessibility’
 - Long-standing history of serving public housing residents, and/or transportation access (subway, bus, car, bike, foot)



Staffing, Tenure, and Utilization Profile

Table 5: Staffing and Utilization

Table 5A: Tenure for Health Center Staff

Staffing and Utilization

Table 5

Report:

- Staff FTEs
- Visits by provider type
- Patients by service categories
 - Medical
 - Dental
 - Mental health
 - Substance use disorder
 - Other professional
 - Vision
 - Enabling

Line	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			
7	Other specialty physicians			
8	Total physicians (Lines 1–7)			
9a	Nurse practitioners			
9b	Physician assistants			
10	Certified nurse midwives			
10a	Total NPs, PAs, 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			
17a	Dental therapists			
18	Other dental personnel			
19	Total dental services (Lines 16–18)			

* Excerpted from Table 5



Tenure for Health Center Staff

Table 5A

- Report a head count of persons in their current positions as of **December 31, 2018**
 - Report months of service for selected staff categories and positions
 - From personnel records

Line	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				
17a	Dental Therapists				

* Excerpted from Table 5A



Staffing, Tenure, and Utilization Profile

Tables 5 and 5A

What the data tell us:

- Describe what staffing resources you have to provide services to your patients
- Better understand staff retention and vacancies





Clinical Profile Tables

Table 6A: Selected Diagnoses and Services Rendered

Table 6B: Quality of Care Measures

Table 7: Health Outcomes and Disparities

Selected Diagnoses and Services Rendered

Table 6A

- Report the number of **visits** with the selected service or diagnosis in **Column A**
 - If patient has more than one reportable service or diagnosis during a visit, count each
 - Do not count multiple services of the same type at one visit (e.g., 2 immunizations)
- Report the number of **unduplicated patients** receiving the service or with the diagnosis in **column B**

Diagnostic Category		Applicable ICD-10-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	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.01		
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-		
4b	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21		
Selected Diseases of the Respiratory System				
5	Asthma	J45-		

* Excerpted from Table 6A



eCQM Measures to Report

Tables 6B and 7

Table	Electronic Clinical Quality Measure (eCQM)	eCQMs
6B	Childhood Immunization Status	CMS117v6
6B	Cervical Cancer Screening	CMS124v6
6B	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v6
6B	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v6
6B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v6
6B	Use of Appropriate Medications for Asthma <note—no new version>	CMS126v5
6B	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v6
6B	Colorectal Cancer Screening	CMS130v6
6B	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v7
6B	Dental Sealants for Children between 6–9 Years	CMS277v0
7	Controlling High Blood Pressure	CMS165v6
7	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v6



Other Clinical Measures to Report

Tables 6B and 7

Table #	Other Measures (non-eCQMs)
6B	Coronary Artery Disease (CAD): Lipid Therapy
6B	HIV Linkage to Care
6B	Early Entry into Prenatal Care
7	Low Birth Weight



Table 6B Reporting Column Logic

- **Universe (denominator) (Column A):** Identify patients who fit the detailed criteria described for inclusion in the measure and report this total
- **Number in Review (Column B):** Report one of the following:
 - Universe
 - Reduced universe—number greater than or equal to 80% of universe
 - A random sample of 70 patient charts
- **Performance (numerator) (Column C):** Report the number of records from Column B that meet the measurement standard

Example:Section C—Childhood Immunization Status				
Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	Universe or denominator	Sample or universe	Records meeting the measurement standard



Table 7 Reporting Column Logic

- Report by race and ethnicity
- Column A: Universe
- Column B: Universe, at least 80% of universe, or exactly 70 patient charts
- Column C or F: Number of records from Column B that meet the standard (numerator)

Section B: Controlling High Blood Pressure				
Line #	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<blank for demonstration>	Hispanic/Latino	<section divider cell>	<section divider cell>	<section divider cell>
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 race and ethnicity				

* Excerpted from Table 7



Clinical Profile

Tables 6A, 6B, and 7

What the data tell us:

- Demonstrate achievements at the health center in national benchmarks for routine and preventive care, chronic care, prenatal care, and healthy behaviors
- Identify and prioritize opportunities for monitoring clinical quality and quality improvement activities
- Promote ongoing quality improvement at the health center





Financial Profile Tables

Table 8A: Financial Costs

Table 9D: Patient-Related Revenue

Table 9E: Other Revenue

Financial Costs

Table 8A

- Report total **accrued costs** (by cost center) in **Column A**
 - Include: Staff, fringe benefits, supplies, equipment, depreciation, related travel
 - Exclude bad debt
- Report **allocation of facility and non-clinical support services**
 - Allocate to all other cost centers (lines)
 - This column must equal Line 16, Column A
- **Sum Columns A + B**
 - This column represents the cost to operate service and is used to calculate cost per visits and cost per patient

	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 of Medical Care				
1	Medical staff			
2	Lab and X-ray			
3	Medical/other direct			
4	Total medical care services (sum Lines 1–3)			
Financial Costs of Other Clinical Services				
5	Dental			
6	Mental health			
7	Substance use disorder			
8a	Pharmacy not including pharmaceuticals			
8b	Pharmaceuticals			
9	Other professional (specify: _____)			
9a	Vision			
10	Total other clinical services (sum Lines 5 through 9a)			

* Excerpted from Table 8A



Patient-Related Revenue

Table 9D

		Retroactive Settlements, Receipts and Playbacks (c)						
Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation/ Wraparound Current Year (c1)	Collection of Reconciliation/ Wraparound Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)	Allowances (d)	Sliding Fee Discounts (e)	Bad Debt Write-Off (f)

* Excerpted from Table 9D

- Report **charges** for patient services during 2018 by payer type—Column A
- Report **income** received during the year on a cash basis—Column B
- Report **retroactive settlements, receipts, and paybacks**—Columns C1–C4
- Report **allowances** granted as part of an agreement with a third-party payer—Column D
- Report **sliding fee discount** reductions to patient charges based on the patient’s ability to pay—Column E
- Report **bad debt** amounts billed and defaulted on by patients—Column F



Patient-Related Revenue Cont.

Table 9D

Report by payer

- Medicaid
- Medicare
- Other public
- Private
- Self-pay

Report each payer by sub-category

- Non-managed care
- Capitated managed care
- Fee-for-service managed care

Line	Payer 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)
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)

* Excerpted from Table 9D



Other Revenues

Table 9E

- Report **income** received in 2018 (on a cash basis) from grants, contracts, and other non-patient service-related sources
- Report on the line of the **last party** to have the money before the health center received funds
- Do not report:
 - Money reported on Table 9D
 - Donations reported on Table 8A (e.g., in-kind facilities, services, or supplies)
 - Capital received as a loan

Line	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	
1k	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	
5	Total Other Federal Grants (Sum Lines 2–3a)	
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 (Sum Lines 1+5+9+10)	



Patient-Related Revenue

Tables 8A, 9D, and 9E

What the data tell us:

- Describe expenses that are related to services
- Can be used to calculate profitability
- Describe diversification of funding sources
- Used to calculate some financial HRSA performance measures (such as medical cost per medical visit and per patient)



Health Center Health Information Technology (HIT) Capabilities

Appendix D

- Report on a series of questions on health information technology (HIT) capabilities, including electronic health record (EHR) and promoting interoperability programs
 - Includes the implementation of EHR, certification of systems, how widely the system is adopted throughout the health center and its providers
- **What the data tell us:**
 - Demonstrate HIT and EHR capabilities and how you use the systems to support health center services



Other Data Elements

Appendix E

- **Report on a series of questions about telehealth, medication-assisted treatment (MAT), and outreach and enrollment assists**
 - New telehealth questions added this year
 - Count only MAT (specifically buprenorphine) provided by health center providers with a Drug Addiction Treatment Act of 2000 (DATA) waiver
 - Report the number of assists for the year by a trained assister (e.g., certified application counselor or equivalent)
- **What the data tell us:**
 - Demonstrate MAT and telehealth capabilities
 - Inform us of enrollment-related activities through the health insurance marketplace or in Medicaid or the Children's Health Insurance Program (CHIP)



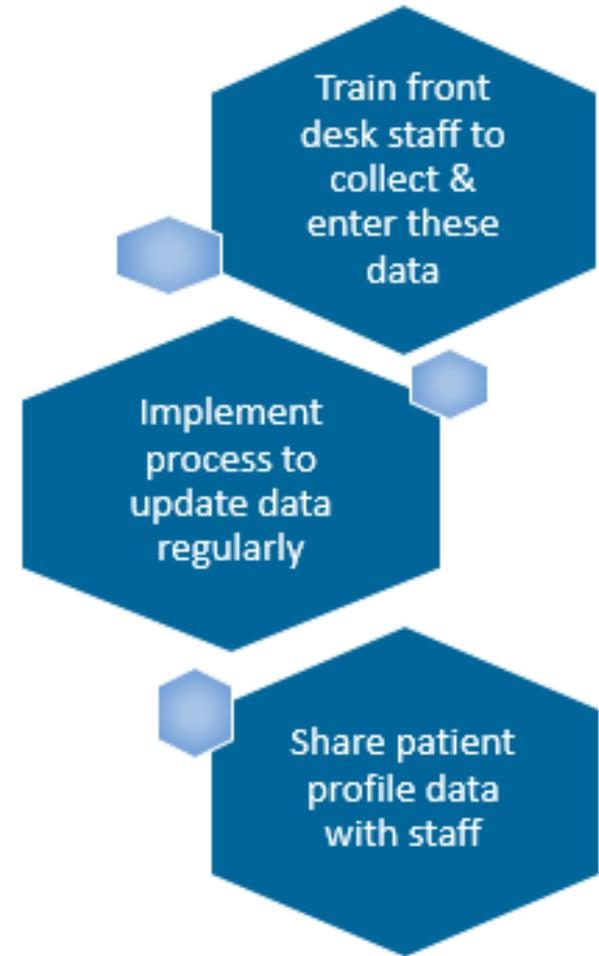


Report Preparation Considerations

Patient Profile Considerations

Ensure data are collected and entered into your EHR or practice management systems during initial patient registration and are updated regularly. Query patients about:

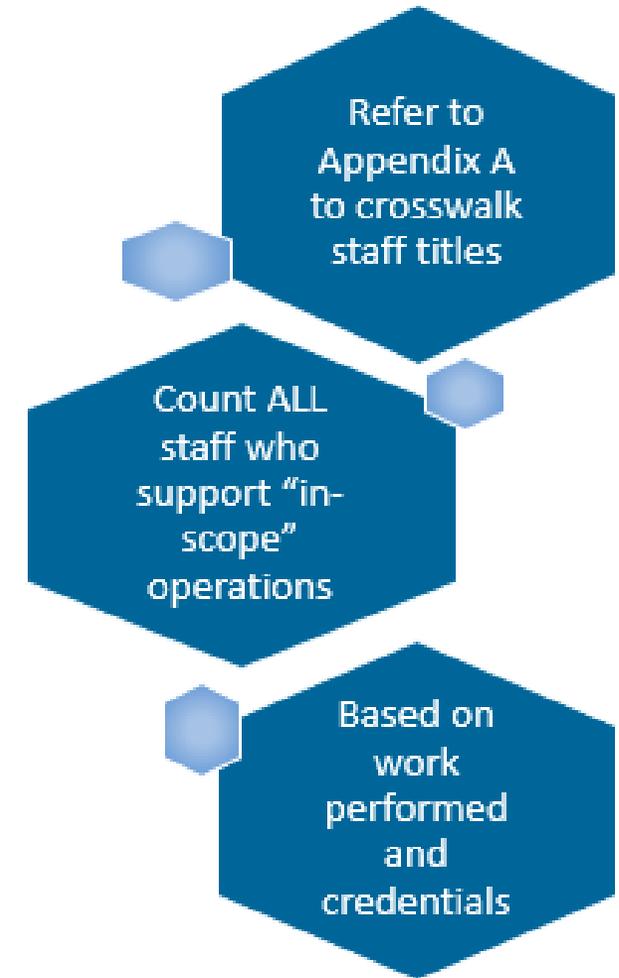
- Residence address (for ZIP code)*
- Date of birth
- Sex at birth
- Race and ethnicity
- Language
- Gender identity
- Sexual orientation
- Income (based on federal poverty guidelines)*
- Primary medical insurance*
- Demographic status (agricultural worker, experiencing homelessness, veteran) *



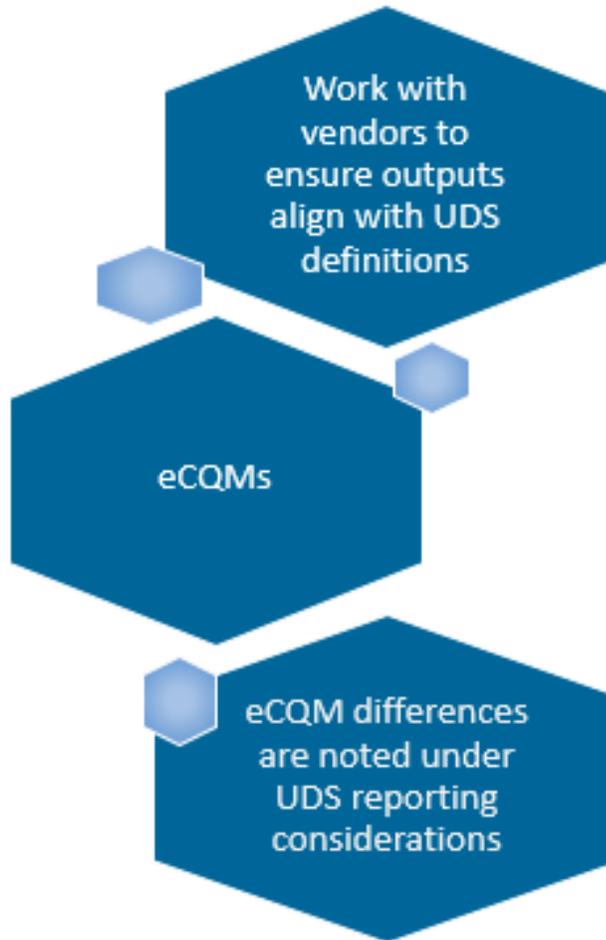
* To be updated regularly

Staffing and Utilization Profile Considerations

- A single visit may consist of multiple services but count as one visit
- Staffing data are typically pulled from payroll and/or human resources systems for tenure
- Ensure data entered on Table 5 align with Table 8A costs



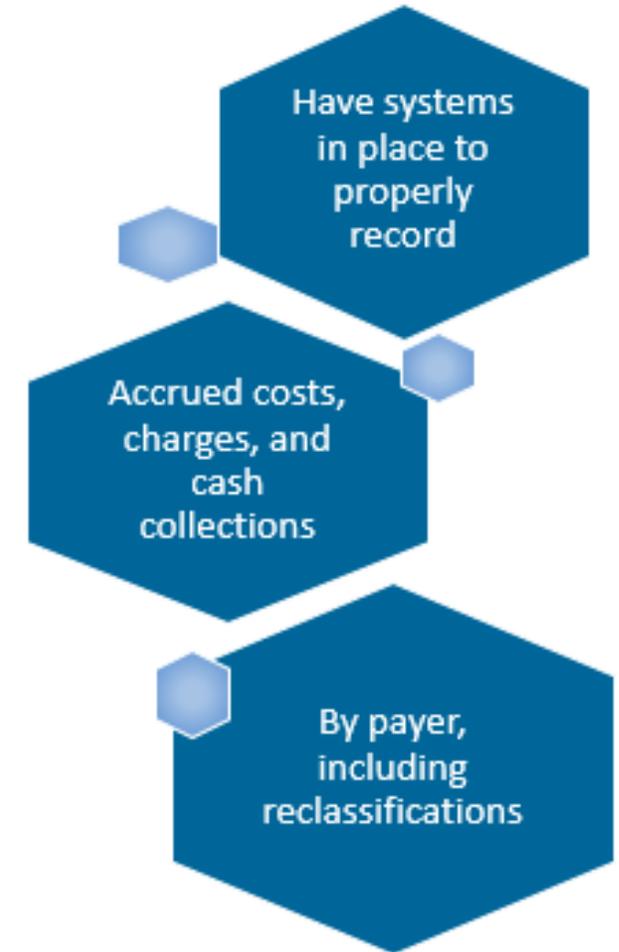
Clinical Profile Considerations



- Understand data sources—typically billing, practice management systems, and EHRs are used to generate data for these tables
- Ensure patient demographics in clinical system (EHR) align with patient registration data
- Develop methods to collect clinical data from outside providers (e.g., prenatal care, deliveries, immunization records)
- Ensure data fields required for performance measurements are included in EHR
- Ensure measures align with CMS eCQMs

Financial Profile Considerations

- Ensure payer revenue aligns with data reported by insurance and managed care enrollment
- Report charges that correspond with billable visit data
- Maintain process to reclassify charges to appropriate payers
- Ensure that costs align with staff and services





Strategies for Successful Reporting and Other Considerations

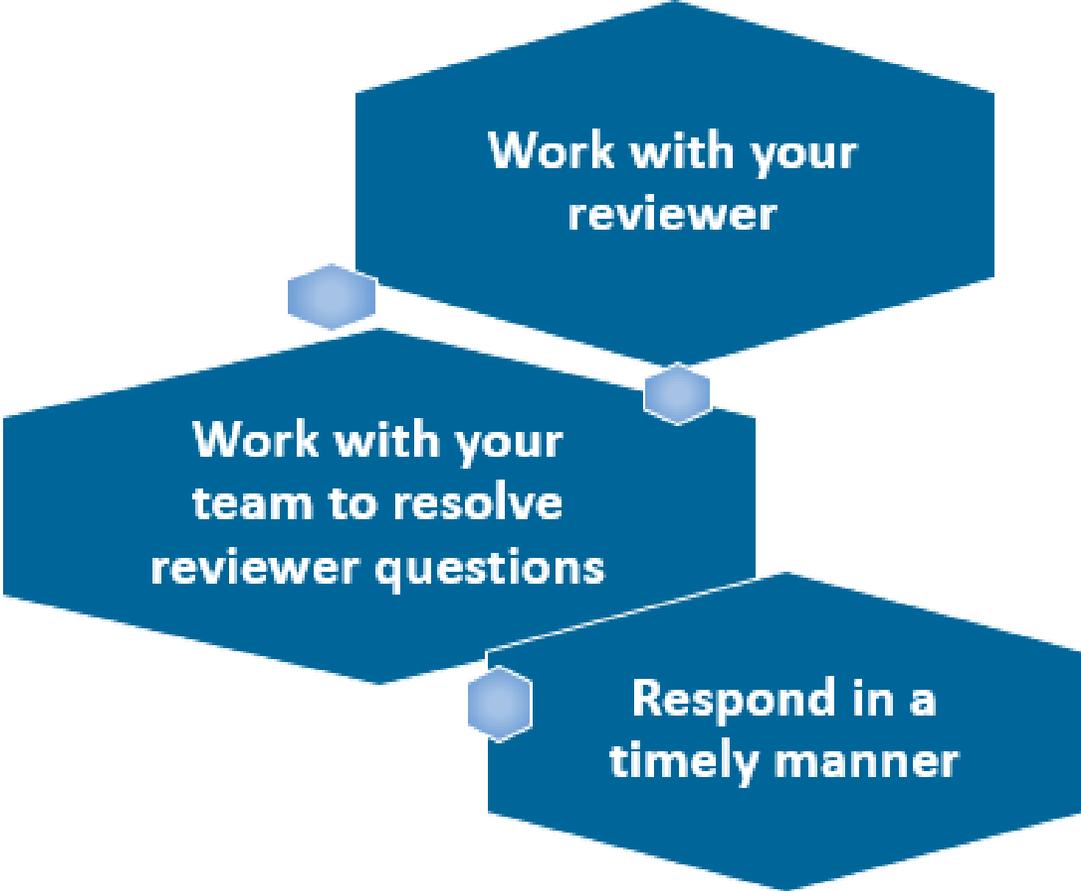
Strategies for Successful Reporting

- **Start early**
- **Work as a team—the tables are interrelated**
- **Adhere to definitions and instructions—refer to manual, fact sheets, and other resources**
- **Before submitting:**
 - Check data trends and relationships across tables
 - Review last year’s report and reviewer’s letter
 - Compare key metrics between current and prior year
 - Address edits in Electronic Handbooks (EHBs) by correcting or providing explanations that demonstrate your understanding of the data reported. Noting that “number is correct” is not sufficient.
 - Report on time, but do not submit incomplete reports
 - Utilize the UDS Submission Checklist (provided at in-person trainings)



Strategies for Successful Reporting

After you submit your UDS report....



Multiple Systems

Extra attention is required to ensure accurate reporting under the following multiple system situations:

- Transitioning EHR systems (especially if it occurs mid-year)
- Data from multiple sources
- Fiscal reporting cycle
- New sites or new providers or revised scope
- Data from external contractors

In these situations:

- Consolidate data from these multiple systems
- Un-duplicate patient activity
- Allow sufficient time to complete this process

Electronic Health Record Considerations

Ensure EHR has latest specifications in place

Work with your vendor

Test the accuracy and assess the ability to use EHR for performance measurement

- Most vendors have UDS packages with varying ranges of support services (e.g., documentation to pull data, webinars, forums, direct consulting)
- Work closely with your vendor to ensure you understand where data are being extracted to create your report
- Know who to contact if you have questions or concerns
- Understand what UDS reporting capabilities your EHR provides and consider whether it requires any additional configurations
- Systems should be tested to ensure validity of data and optimize workflow
- Test data in the preliminary reporting environment (PRE)



2018 UDS Reporting Environment Updates

Preliminary Reporting Environment (PRE)

A pre-production space where health centers can enter UDS data and test validations before the production module opens in January. The PRE is an optional enhancement.

Benefits

- New UDS reporters and health center teams have more time with the system
- Multiple staff can enter UDS data across different tables simultaneously
- Access UDS forms earlier
- Test UDS validation rules
- Improve data quality
- Reduce time spent on reporting UDS

Key Dates/Reminders

- October 30—**PRE opens**
- Fall 2018—**State/Regional UDS trainings**
- January 1—**UDS 2018 reporting period begins**
- February 15—**UDS 2018 submission deadline**



Administering Program Conditions

Health centers **must** demonstrate compliance with these requirements:

- The health center has a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet Health and Human Services (HHS) reporting requirements, including those data elements for UDS reporting; and
- The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.

Source: [Chapter 18: Program Monitoring and Data Reporting Systems](#) of the Health Center Compliance Manual

Conditions will be applied to health centers who fail to comply by February 15

- February 16-April 1—The Office of Quality Improvement (OQI) will finalize and confirm the list of "late", "inaccurate", or "incomplete" UDS reporters
- Mid-April—OQI will notify the respective Health Services Offices (HSO) Project Officers of the health centers that are on the non-compliant list
- Late April/Early May—HSOs will issue the related Progressive Action condition



Reporting Assistance

- Regional in-person UDS trainings
- UDS manual, tables, fact sheets, webinars, data, modernization efforts, and other TA materials, including program assistance letters (PALs)
 - <http://www.bphcdata.net>
 - <http://bphc.hrsa.gov/datareporting/index.html>
 - <https://bphc.hrsa.gov/datareporting/reporting/uds/modernization.html>
- Telephone and email support line for reporting questions and use of UDS data:
 - 866-UDS-HELP (866-837-4357) or email udshelp330@bphcdata.net

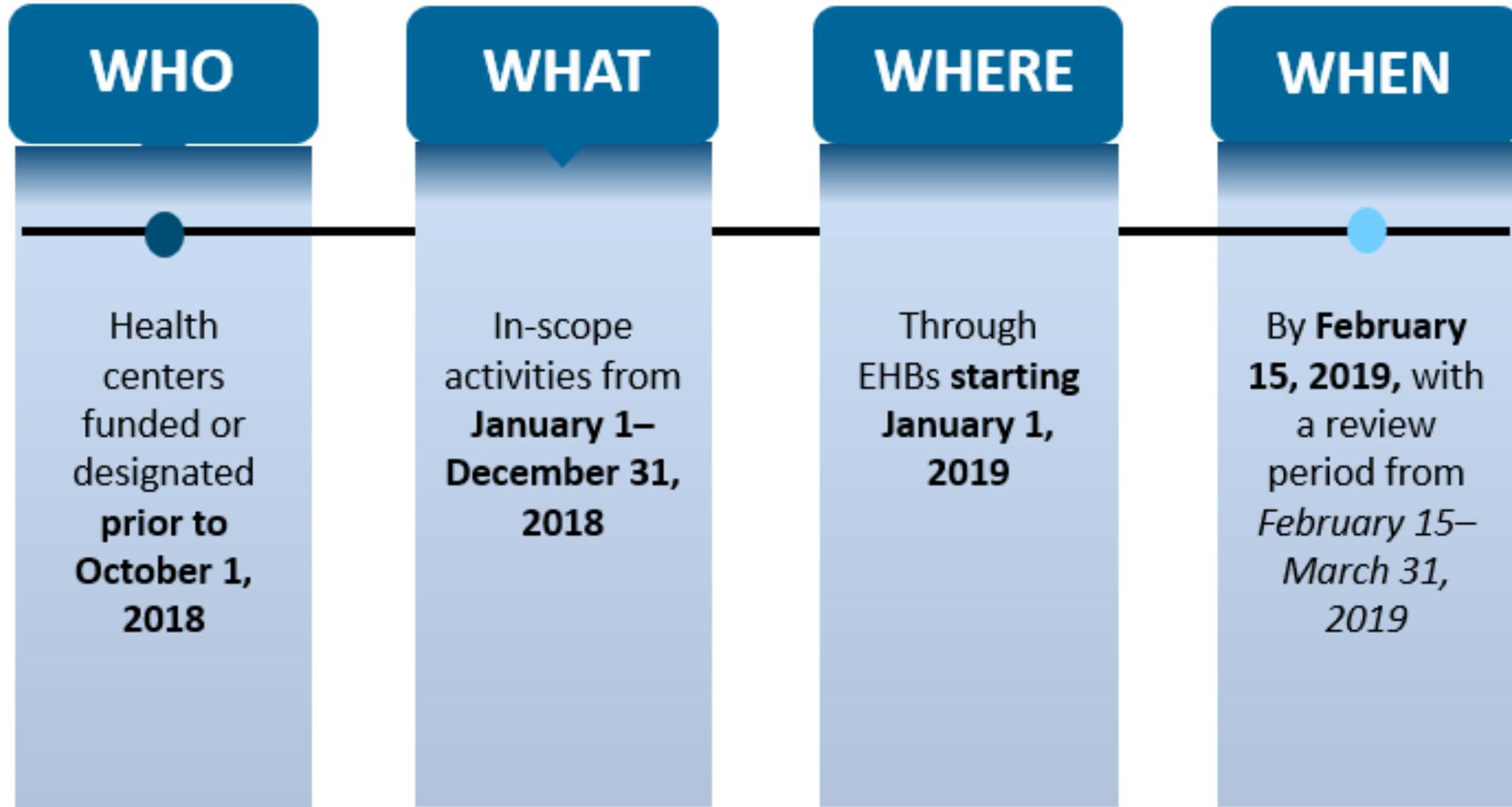


Additional System Resources

- **EHBs access (UDS submission, PRE, and reports)**
 - <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx>
- **UDS Mapper**
 - <http://www.udsmapper.org/contact-us.cfm>
- **EHBs Support**
 - HRSA Call Center for EHBs access and roles:
 - ✓ 877-464-4772, Option 3, or <http://www.hrsa.gov/about/contact/ehbhelp.aspx>
 - Health Center Program Support for EHBs system issues:
 - ✓ 877-464-4772, Option 1, or <http://www.hrsa.gov/about/contact/bphc.aspx>



Timeline—Reminders



Webinars

- **Upcoming Webinars**

- Introduction to UDS Clinical Measures (10/18/18), 1:00-2:30 p.m. (ET)
 - ✓ https://hrsaseminar.adobeconnect.com/intro_clinical_measures/
 - ✓ Dial in: 888-989-4721
 - ✓ Participant code: 1039201
- UDS for Bureau of Health Workforce Awardees (11/16/18), 1:00-2:30 p.m. (ET)
 - ✓ https://hrsa.connectsolutions.com/nepqr_bhi_ipcp_programs/
 - ✓ Dial-in: 888-603-6976
 - ✓ Participant code: 7006219
- 2019 UDS Changes (TBD)

- **Past Webinars**

- Using UDS Data and Reports for Program Evaluation and Quality Improvement (10/2/18)
- Webinars will be archived on [HRSA's BPHC Health Center Program website](#)



Questions?



Ongoing questions can be addressed to
UDSHelp330@BPHCDATA.NET
866-UDS-HELP

Thank You!

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