



# Strategies for Successful Uniform Data System (UDS) Reporting

October 17, 2019 1:00-2:30pm ET

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# Opening Remarks

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**Office of Quality Improvement**

**Bureau of Primary Health Care**

**Health Resources and Services Administration**



# Agenda

- Importance of UDS Data
- The Data Life Cycle
- UDS Data Sources
- Common UDS Reporting Issues
- Strategies for Successful Reporting
- UDS Timelines, Expectations, and Resources
- Questions and Answers



# Objectives of the Webinar

## Participants will be able to:

- Understand the relevance of UDS reporting
- Understand how to apply the data life cycle to ensure UDS data accuracy
- Understand data sources used for UDS reporting
- Identify strategies for successful reporting
- Access reporting support



# Why Is Health Center UDS Data Important?

## Maximize the Use of Available Resources

- Clinical care teams
- Operations and administrative staff
- Your facilities
- Your financial resources

## Demonstrate Value

- Communities
- Payers
- Care partners
- Your local, state, and federal government

## Respond to the Evolving Environment

- Improve data quality
- Leverage value-based purchasing
- Support HRSA and local initiatives



# Why Is Health Center UDS Data Important? Cont.

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## Patient Population Health Management

- Address preventative care of patients
- Provide chronic disease management
- Provide urgent and episodic care to patients

## Contribute to Public Health

- Monitor health outcomes and inform community about potential health concerns
- Offering health care to meet community needs

## Respond to the Evolving Environment

- Use data to identify health priorities and best practices that improve the health of your community



# Why Is Health Center UDS Data Important? Cont.

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It represents your work!

- 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





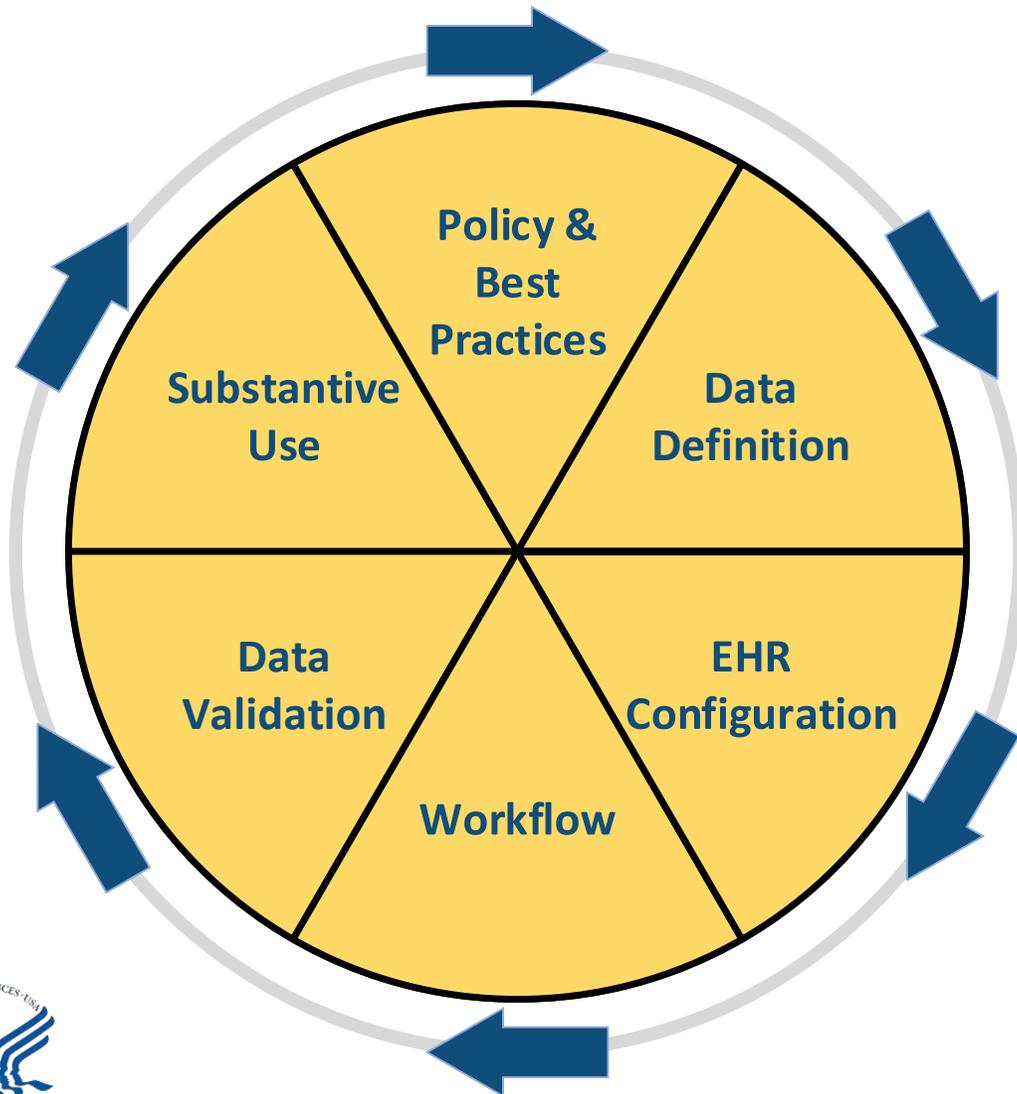
# Polling Question



# The Data Life Cycle Ensuring the Integrity and Quality of UDS Data

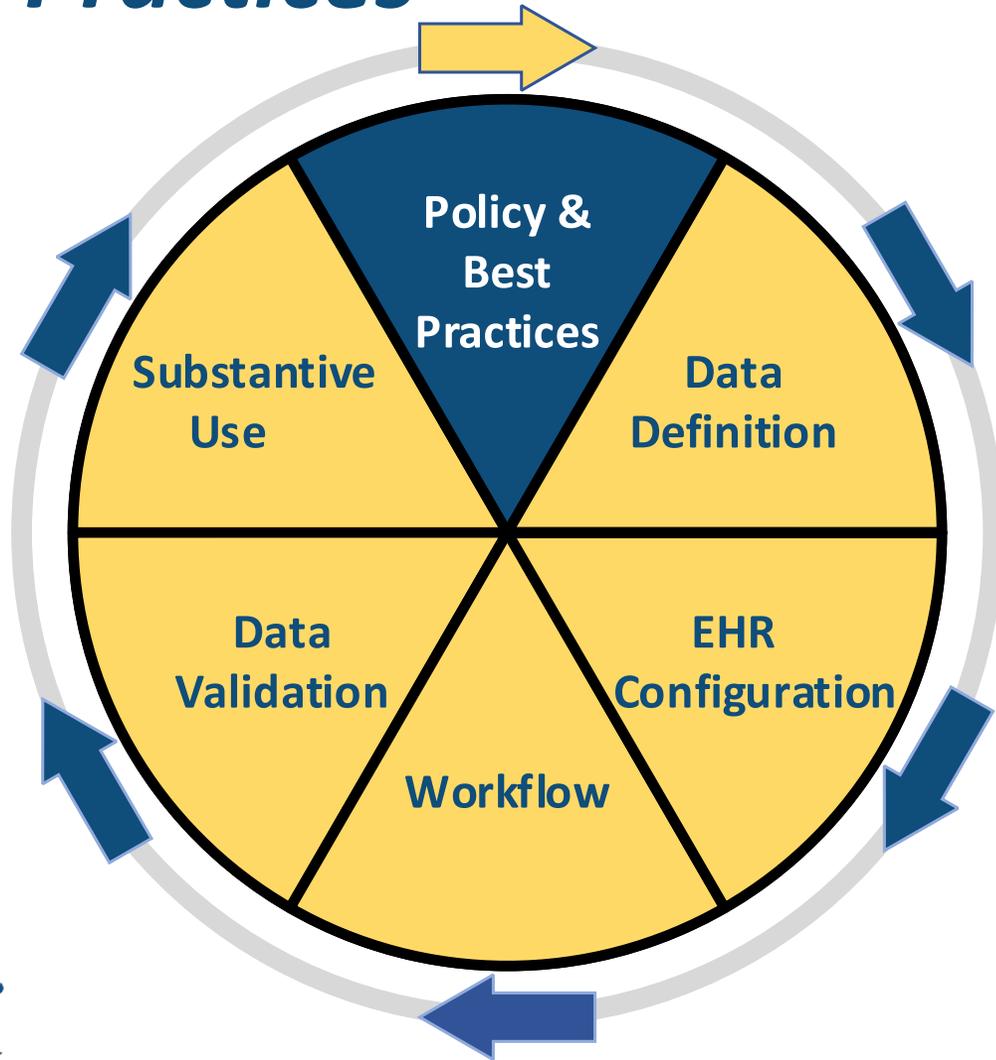


# What Is the UDS Data Life Cycle?



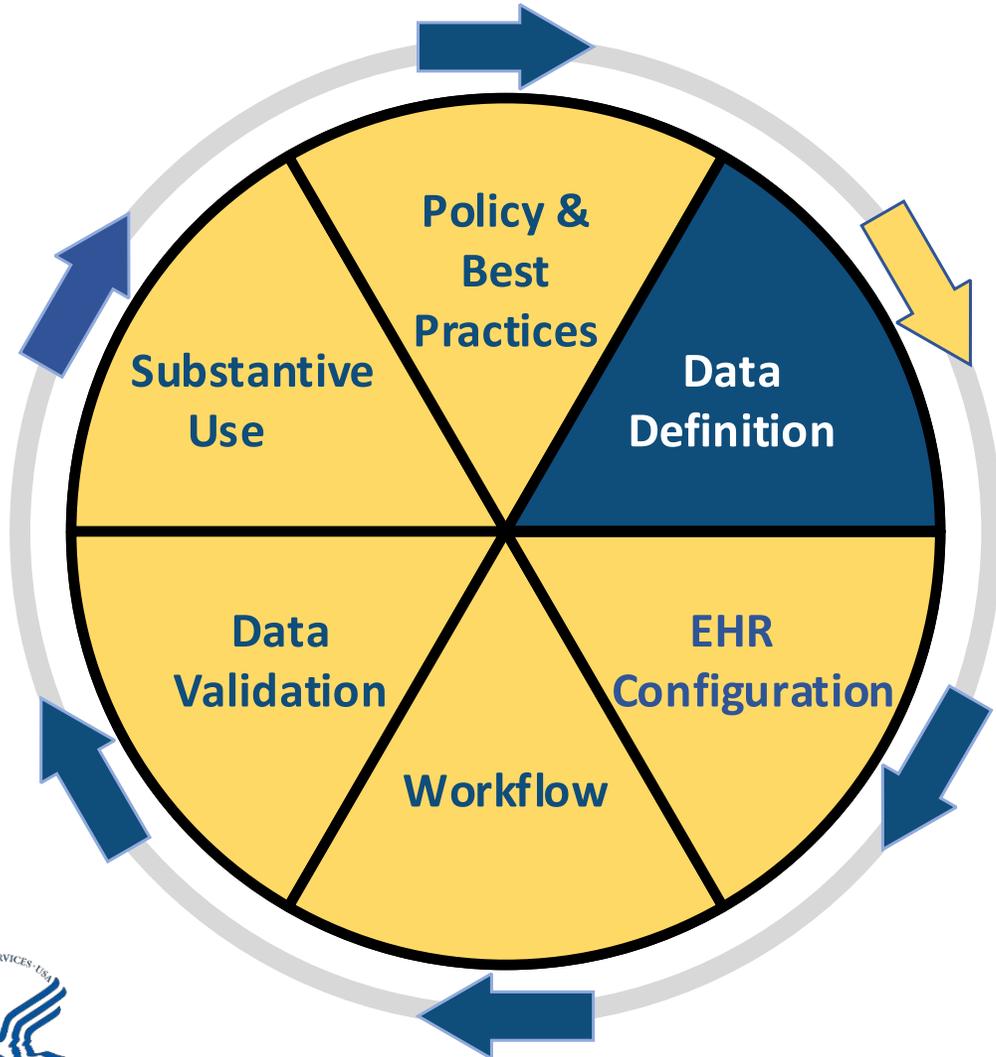
- This is a data framework that applies to all UDS data:
  - Administrative
  - Clinical
  - Operational and financial
- Ensures that you have a well-structured process that supports
  - An accurate and meaningful UDS data submission to HRSA
  - Use of data throughout the year to improve your services and outcomes

# The UDS Data Life Cycle: *Policy and Best Practices*



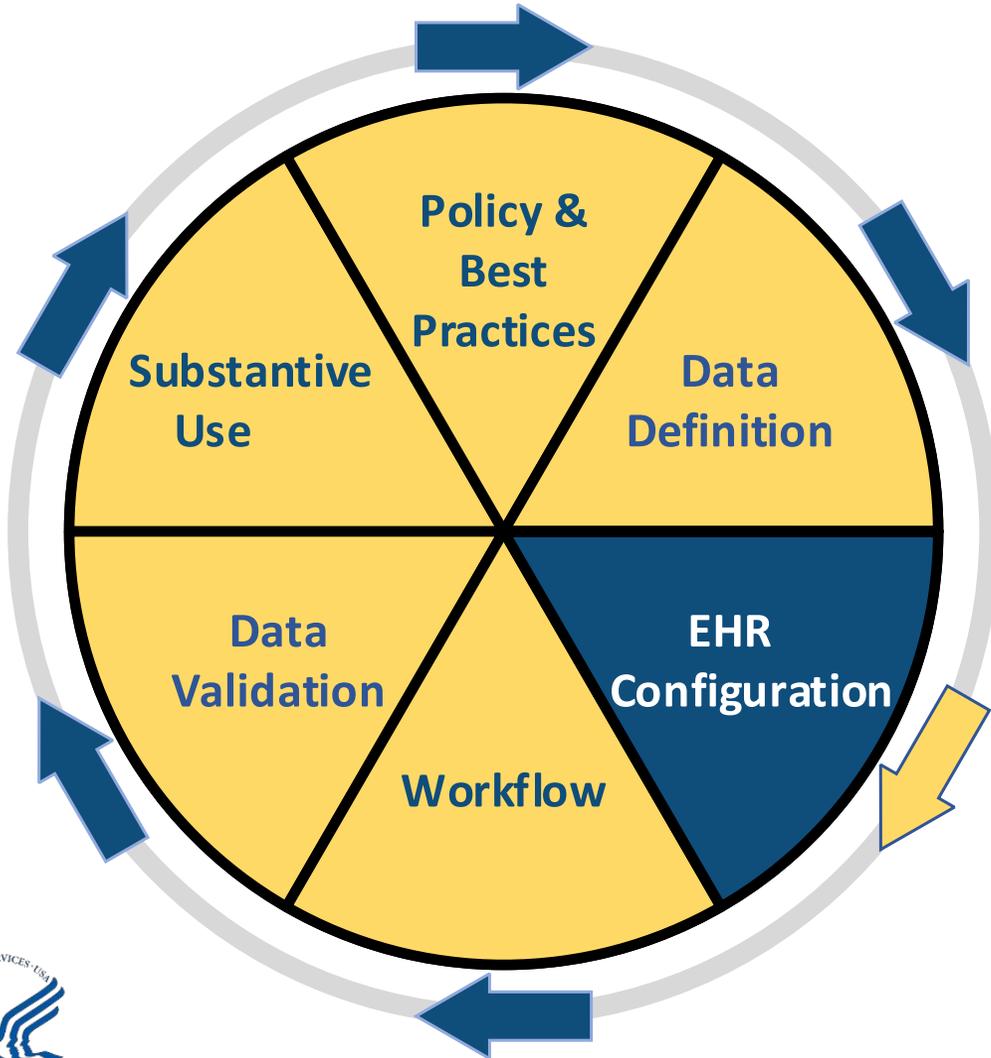
- Do you have a documented policy for the UDS data? (What, Why, Who, Where, When)
- Is the policy reviewed and updated at defined intervals, (e.g., annually)?
- How are the policy and updates shared with administrative, clinical, and operations/financial staff?

# The UDS Data Life Cycle: *Data Definition*



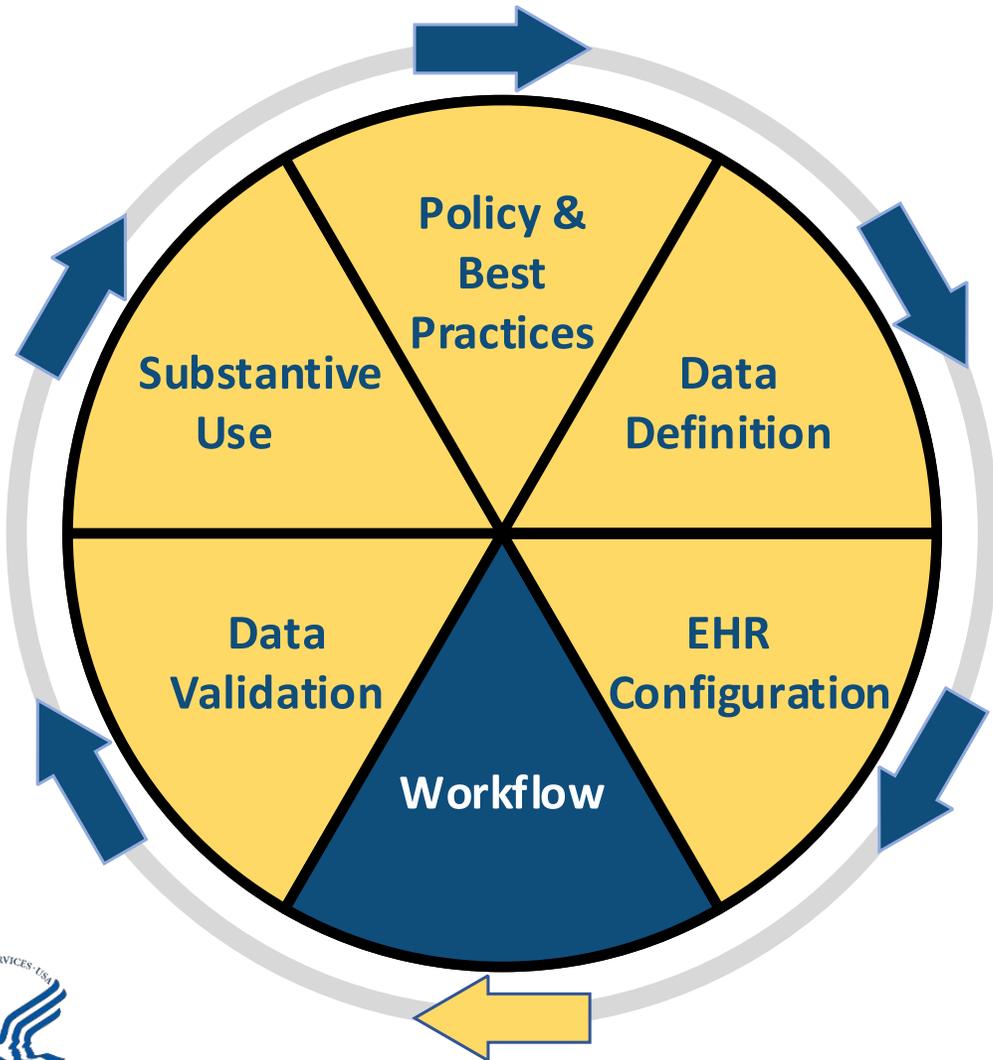
- Do you know how to find the latest guidelines and specifications associated with the data requirement?
  - ✓ Include both clinical and non-clinical data
  - ✓ Use the [UDS Manual](#) as a resource
  - ✓ Consider data formats
  - ✓ Document where data is stored
  - ✓ Use appropriate clinical and service codes

# The Data Life Cycle: *EHR Configuration*



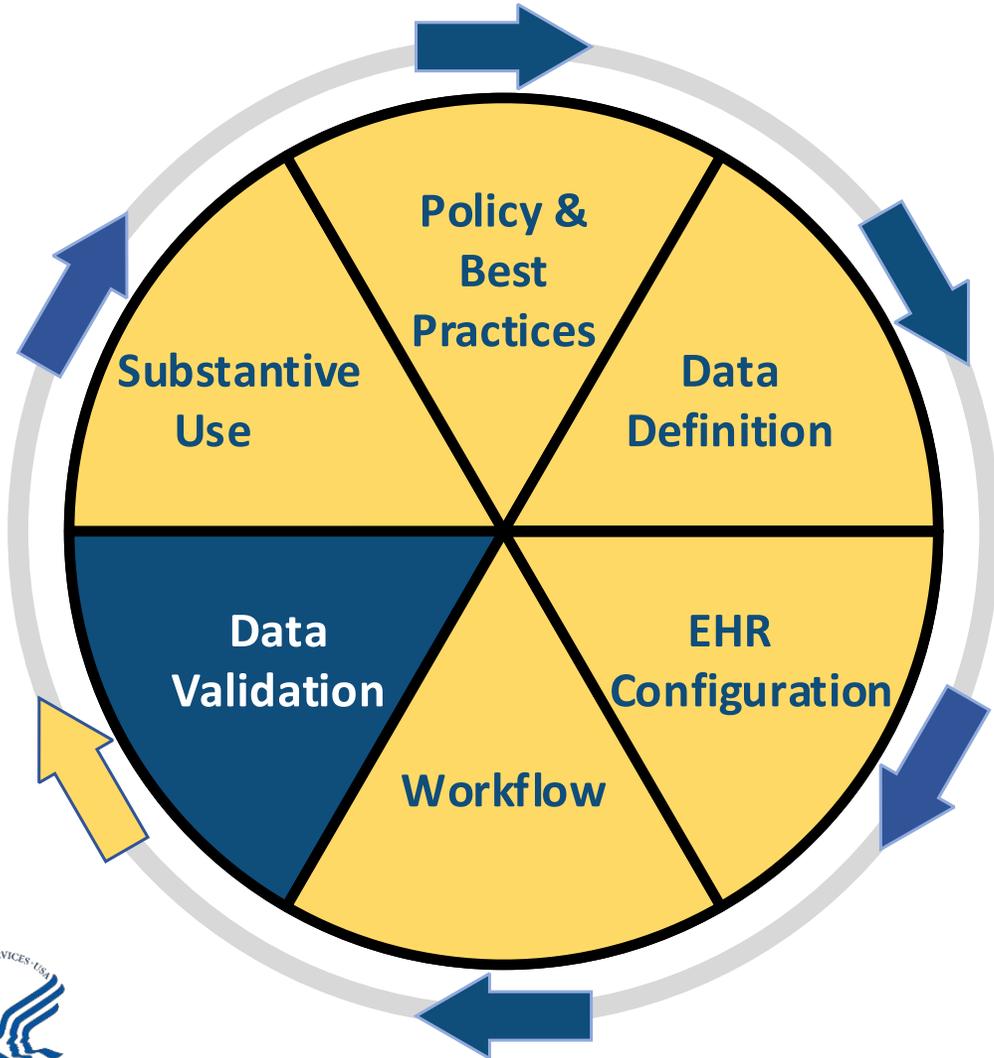
- Are the data fields in the right place?
- Are they easy to access?
- Is the data available to others in the care team?
- Is the data entry user friendly?
- Is the data reportable?
  - **Note:** Most UDS data will primarily come from your EHR, but some of the data will require retrieval from other systems (such as accounting ledger, payroll records, practice management systems, etc.)

# The UDS Data Life Cycle: *Workflow*



- Have you built a team to work on the UDS report?
- Have you assessed and minimized the impact of the data requirements on the providers, staff workload, and cycle times?
- Have you formally documented your workflow and used the documentation as the basis of formal provider and staff training?

# The Data Life Cycle: *Data Validation*

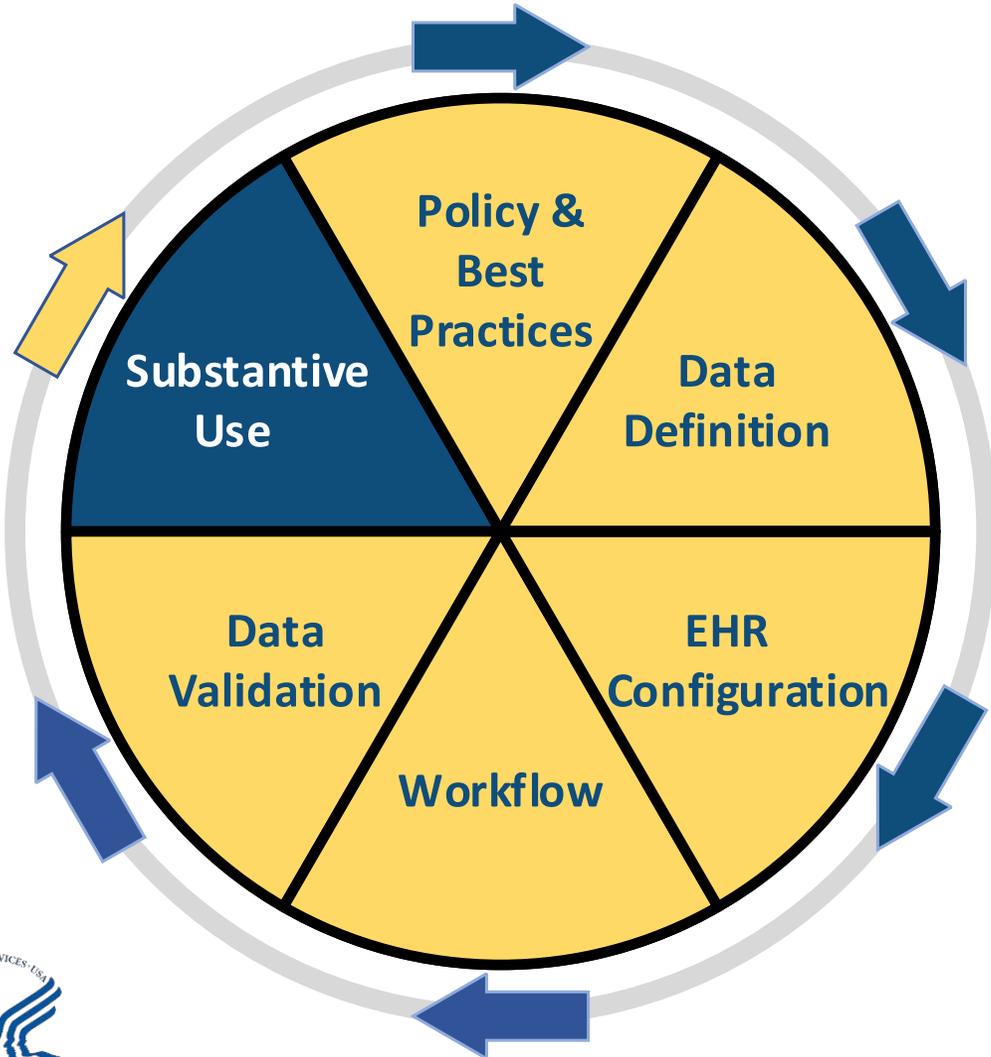


- Is a data validation process used to flag inaccurate, incomplete, or unreasonable data?
- Do you go through a formal validation process to confirm data replicability?
- Is your data benchmarked against state or national targets and averages?
- Do you use UDS data as part of regular (e.g., monthly) reporting?



# Polling Question

# The UDS Data Life Cycle: *Substantive Use*



- Is your data accurate?
- Do you trust the data to make decisions?
- Do you use the reported data to continually improve health center performance and clinical patient outcomes?
- Do you evaluate and report data trends?
- Do you have a method for fixing errors or working on poor patient outcomes?



# UDS Data Sources



# Patient Tables: ZIP Code, 3A, 3B, and 4



Table	Description
ZIP Code	Patients by ZIP Code and Insurance
3A	Patients by Age and Sex at Birth
3B	Patients by Race, Ethnicity, Language, and Sexual Orientation and Gender Identity (SOGI)
4	Patients by Income, Insurance, and Special Populations

# Common Data Sources – Patient Characteristics

Section	Income as a % of Poverty Guideline	Principal 3 <sup>rd</sup> Party Medical Insurance	Managed Care Utilization	Special Populations
<b>Data Source</b>				
EHR	✓	✓		✓
Other Systems (Internal)				
Other Sources (Payers)			✓	
Other Providers/Labs/Hospitals, etc.				
<b>When Collected</b>				
Patient Registration	✓	✓		✓
Ongoing – Payer Enrollment Data		✓	✓	
Visit/Encounter		Confirmed at visit		Confirmed at visit
Year-End Admin/Financial Data				



# Clinical Services and Quality of Care Indicators

Tables 5, 6A, 6B, and 7

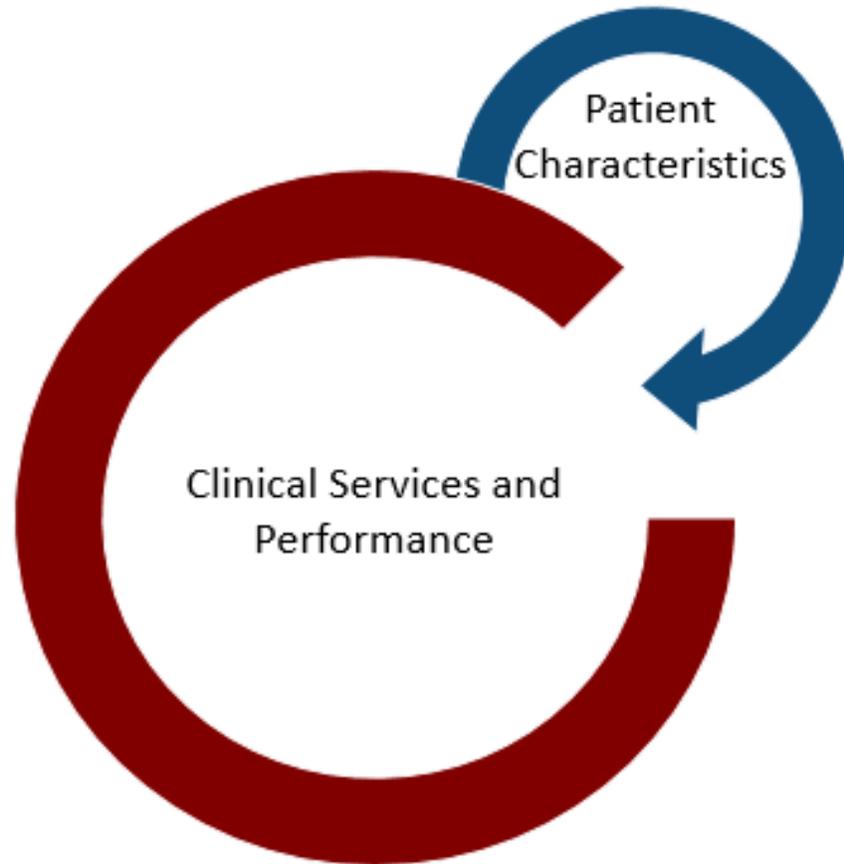


Table	Description
5	Staffing, Visits, and Patients by Service
6A	Diagnoses and Services
6B	Quality of Care Measures
7	Health Outcomes and Disparities

# Common Data Sources – Staffing and Utilization

Staffing and Utilization Selected Service Detail						
Section	FTE: Column (a)	Clinic Visits: Column (b) Virtual Visits: Column (b2)	Patients: Column (c)	Personnel Column (a1)	Clinic Visits: Column (b) Virtual Visits: Column (b2)	Patients: Column (c)
<b>Data Source</b>						
EHR		✓	✓		✓	✓
Other Systems (Internal)	HR/Payroll	✓		HR/Payroll		
Other Sources (Payers)						
Other Providers/Labs/Hospitals, etc.						
<b>When Collected</b>						
Patient Registration						
Ongoing – Payer Enrollment Data						
Visit/Encounter		✓	✓		✓	✓
Year-End Admin/Financial Data	✓			✓		



# eCQM Measures to Report

## Tables 6B and 7

Table	Line	Description	eCQM
6B	10	Childhood Immunization Status	<a href="#">CMS117v7</a>
6B	11	Cervical Cancer Screening	<a href="#">CMS124v7</a>
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<a href="#">CMS155v7</a>
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<a href="#">CMS69v7</a>
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<a href="#">CMS138v7</a>
6B	16	Use of Appropriate Medications for Asthma (no longer e-specified)	<a href="#">CMS126v5</a>
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<a href="#">CMS347v2</a>
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (no longer e-specified)	<a href="#">CMS164v7</a>
6B	19	Colorectal Cancer Screening	<a href="#">CMS130v7</a>
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<a href="#">CMS2v8</a>
6B	22	Dental Sealants for Children between 6–9 Years	<a href="#">CMS277v0</a>
7	Part B	Controlling High Blood Pressure	<a href="#">CMS165v7</a>
7	Part C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	<a href="#">CMS122v7</a>



**Note: Early Entry into Prenatal Care and HIV Linkage to Care on Table 6B and Birthweight on Table 7 do not currently have an eCQM.**

# Data Sources – Clinical Services and Performance

Table	6A: Selected Diagnoses and Services Rendered		6B: Quality of Care Measures		7: Health Outcomes and Disparities		
	Visits	Patients	Prenatal Patient Age and Entry into Care	Clinical Quality Measures	Deliveries and Section A, Lines 0 & 2	Birthweights Section A	Hypertension and Diabetes
<b>Data Source</b>							
EHR	✓	✓	✓	✓	✓	✓	✓
Other Systems (Internal)							
Payers							
Other Providers/Labs/ Hospitals, etc.	✓	✓	✓	✓	✓	✓	✓
<b>When Collected</b>							
Patient Registration			✓ (age)	✓		✓	✓
Ongoing – Payer Enrollment Data							
Visit/Encounter	✓	✓	✓	✓	✓	✓	✓
Year-End Admin/Financial Data							





# Polling Question

# Operational Tables

## Finances (Tables 8A, 9D, and 9E)



Table	Description
8A	Financial Costs
9D	Income from Patient Revenues
9E	Other Revenues

# Data Sources – Operational Costs and Revenue

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





# Using the Data Life Cycle to Address Common UDS Reporting Issues



# Patient 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 front staff routinely trained on how to collect this data?

## Data Definition

- ✓ Have you applied the UDS Manual definitions?
- ✓ Do the staff collecting SOGI data understand the data requirements of the six categories that define sexual orientation and gender identity?

## EHR Configuration

- ✓ 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 transferred to EHR in a usable format for later retrieval?
- ✓ Are missing responses reported in the proper fields?



# Patient Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting

## 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 staff 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 Birthweights

## 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 birthweights?
- ✓ Is the referral loop tracked to closure?
- ✓ Is there a process to follow up on missing data?

## Data Definition

- ✓ Have you applied the UDS Manual definitions?
- ✓ Do the referral sources record race and weight of babies?

## EHR Configuration

- ✓ Is the EHR configured to record birthweight in grams?
- ✓ How are miscarriages, stillbirths, multiple births, etc. tracked?





# Polling Question

# Clinical Quality Measure: Deliveries and Birthweights

## Workflow

- ✓ Have the workflows been clearly articulated and documented?
- ✓ Have staff 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 women in 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?

# Financial: Reporting Pharmacy

## 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 utilizes a contract pharmacy, generally to dispense 340(b) drugs, is there a contractual relationship in place that specifies the data they need to provide?
- ✓ If the health center utilizes an in-house pharmacy, have staff been trained to only include pharmacy that is paid for by the health center and dispensed by in-house staff for UDS Reporting?
- ✓ How are donated drugs being accounted for?

## Data Definition

- ✓ Have you applied the UDS Manual definitions?
- ✓ Have you identified the data sources for reporting pharmacy costs and revenue?
- ✓ Have dispensing fees and other service fees been accounted for?

## EHR/Other System Configuration

- ✓ Is the revenue reporting system configured to record sliding fee discounts?
- ✓ How are pharmacy charges, collections, reclassifications and allowances tracked?
- ✓ Are your systems able to report pharmaceutical revenue data so that it can be reported on the proper tables?



# Financial: Reporting Pharmacy

## Workflow

- ✓ Have the workflows been clearly articulated and documented?
- ✓ Have staff been appropriately trained to input the data?
- ✓ Is pharmacy detail broken out by payer?

## Data Validation

- ✓ Is the data compared with local, state, or national data?
- ✓ Is pharmacy data consistent and can anomalies be easily identified?
- ✓ Do pharmaceuticals dispensed through a contract pharmacy reflect usual and customary gross/retail charges?

## Substantive Use

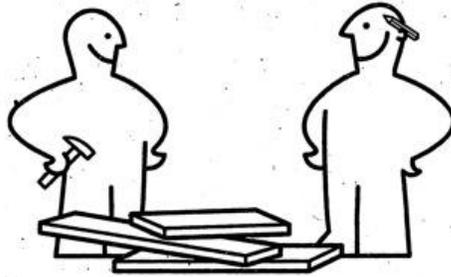
- ✓ Are these data being used to inform of optimal pharmacy options (ex. In-hour, 340(b) contract)?



# Strategies for Success

# Strategies for Successful Reporting

- **Tables are inter-related**, so sit with team to agree what will be reported:
  - Sites
  - Staff, FTEs, and roles
  - Patients and services
  - Expenses
  - Revenues



- Adhere to **definitions and instructions**
  - Refer to the manual, fact sheets, and other resources
- **Check your data before submitting**
  - Refer to last year's reviewer's letter emailed to the UDS Contact
  - Compare with benchmarks/trends
- Address **edits** in EHBs by correcting or providing explanations that demonstrate your understanding
  - "The number is correct" is not a sufficient explanation
- Work with your **reviewer**

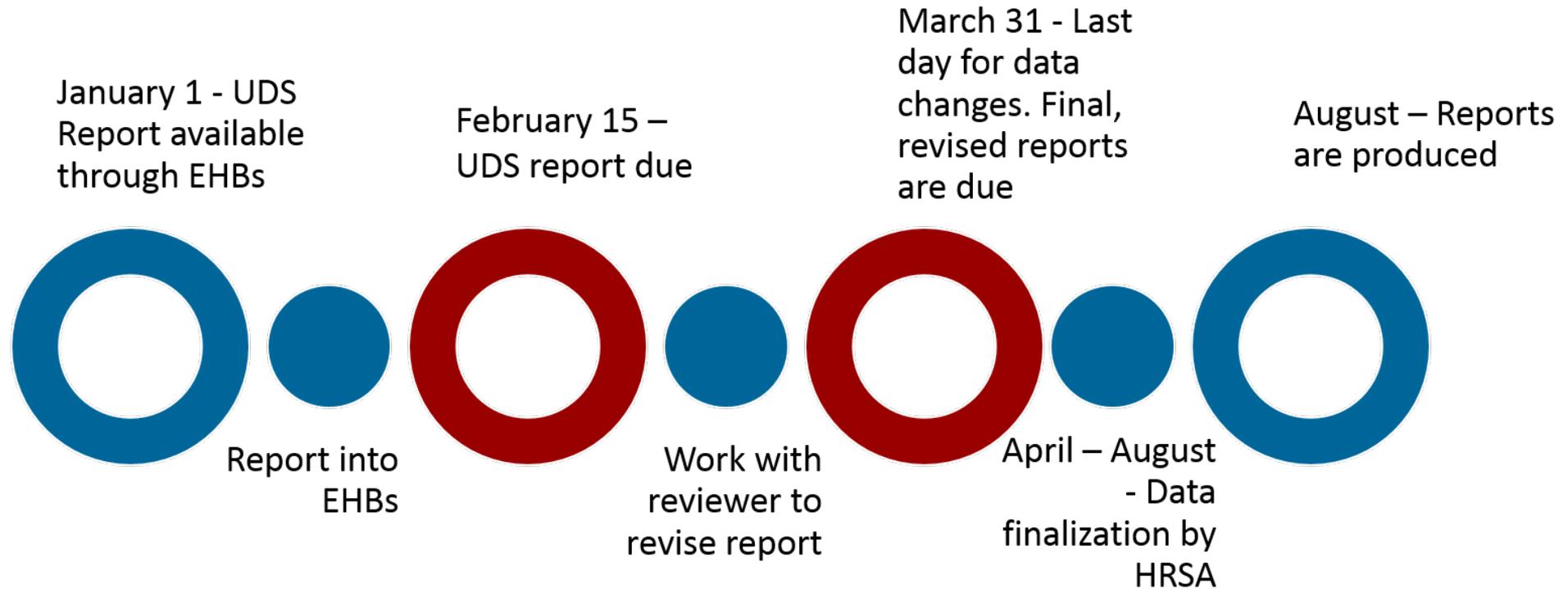
# Strategies for Successful Reporting

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- **Manage your data – use the data life cycle**
  - Annual data changes
  - Impact of changes
- **Manage your EHR and other systems**
  - Upgrades
  - Vendor relationship and support
- **Manage your processes**
  - Documentation, policies, procedures
  - Training and onboarding
  - Quality improvement



# Reporting Timeline



# 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 noncompliant list
- **Late April/Early May**—HSOs will issue the related Progressive Action condition





# UDS Support



# Available Assistance

- Local trainings: [HRSA UDS Training Website](#)
- Technical assistance materials are available online
  - [HRSA Website](#)
  - [UDS Training Website](#)
  - [Modernization Initiative Website](#)
- Year-round telephone and [email](#) support line for UDS reporting questions and use of UDS data: 866-837-4357
- [HRSA Call Center](#) for EHBs account access and roles: 877-464-4772, Option 3
- [Health Center Program Support](#) for EHBs system issues: 877-464-4772, Option 1
- UDS Report and preliminary reporting environment access (in [EHBs](#))
- ONC Issue Tracking System (OITS) JIRA project eCQM Issue Tracker
  - [OITS account sign up](#)
  - Post questions in the [eCQM Issue Tracker](#)
- Technical support from your UDS reviewer during the review period (only)
- [Primary Care Associations](#) or [National Cooperative Agreements](#)



# Webinars

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- **Upcoming Webinars**

- UDS for Bureau of Health Workforce (BHW): Review of Reporting Requirements, November 14 from 1:00-3:00 p.m. ET

- **Past Webinars**

- Reporting Virtual Visits and the Mental Health and Substance Use Disorder Services Reporting Addendum, September 17, 2019, 1:00 – 2:30 p.m. ET
- Review of Clinical Tables and Measures to Support Quality Improvement, September 26, 2019, 1:00-2:30 p.m. ET
- Reporting UDS Financial and Operational Tables and Using Comparison Performance Metrics, October 3rd from 1:00-2:30 p.m. ET
- Webinars will be archived on [HRSA's Health Center Program website](#)





# Questions and Answers

# Contact Information

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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](mailto:udshelp330@bphcdata.net)**





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