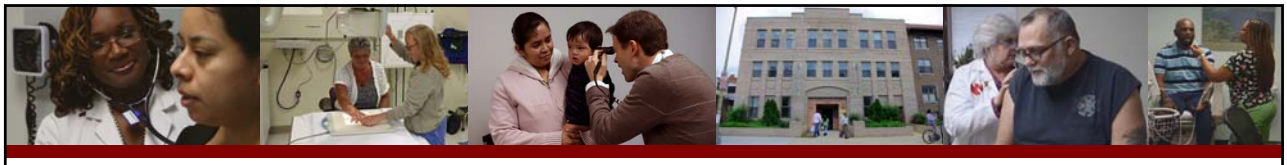


Uniform Data System (UDS) Reporting Requirements Training

Calendar Year 2019

Bureau of Primary Health Care

Health Resources and Services Administration

Health Care Partners of Southern California

Agenda

- Welcome and Logistics
- Overview of the UDS
- Reporting the Patient Profile
- Reporting Clinical Services and Quality of Care Indicators
- Operational and Financial Tables
- Other Required UDS Reporting Forms
- Tips for Success

Your Training Materials

- UDS Reporting Instructions
- 2019 UDS Tables
- Beginner and Advanced Training Resource Fact Sheets
- Clinical Measures Handout
- List of Acronyms (most of which are really abbreviations, not acronyms!)
- Selected Statistics (especially – state stats I will use Roll-ups – available on HRSA site)
- Proposed UDS Changes for Calendar Year 2020 (PAL 2019-05) There are a bunch!

HRSA Health Resources & Services Administration

3

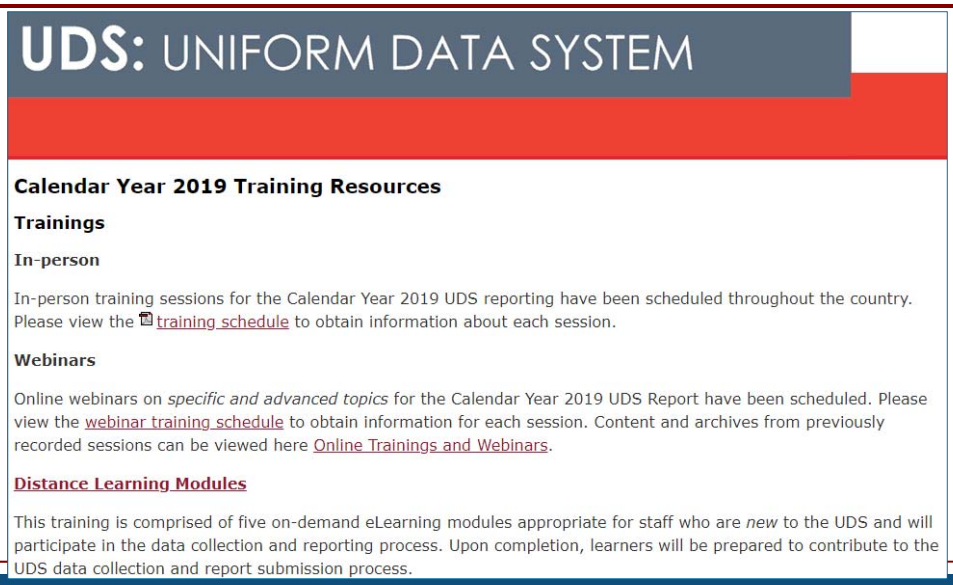
Support Available

	UDS Support Center	Health Center Program Support	HRSA Call Center
Purpose	Assistance with content and reporting requirements of the UDS report or about the use of UDS data (e.g., defining patients or visits, questions about clinical measures, questions on how to complete various tables, how to make use of finalized UDS data).	Assistance for health centers when completing the UDS report in the EHBs (e.g., report access/submission, diagnosing system issues, technical assistance materials, triage).	Assistance with getting an EHBs account, password assistance, setting up the roles and privileges associated with your EHBs account, and determining whether a competing application is with Grants.gov or HRSA.
Contact	866-837-4357/866-UDS-HELP udshelp330@bphcdata.net	877-464-4772, Option 1	877-464-4772, Option 3
Website	http://bphcdata.net	http://www.hrsa.gov/about/contact/bphc.aspx	http://www.hrsa.gov/about/contact/ehbhelp.aspx
Hours of Operation	8:30 – 5:00 EST, M–F Extended hours during UDS reporting period	7:00 AM – 8:00 PM EST, M-F Extended hours during UDS reporting period	8:00 AM – 8:00 PM EST, M–F

HRSA Health Resources & Services Administration

4

UDS Training Website (http://bphcdata.net)



UDS: UNIFORM DATA SYSTEM

Calendar Year 2019 Training Resources

Trainings

In-person

In-person training sessions for the Calendar Year 2019 UDS reporting have been scheduled throughout the country. Please view the training schedule to obtain information about each session.

Webinars

Online webinars on *specific and advanced topics* for the Calendar Year 2019 UDS Report have been scheduled. Please view the webinar training schedule to obtain information for each session. Content and archives from previously recorded sessions can be viewed here Online Trainings and Webinars.

Distance Learning Modules

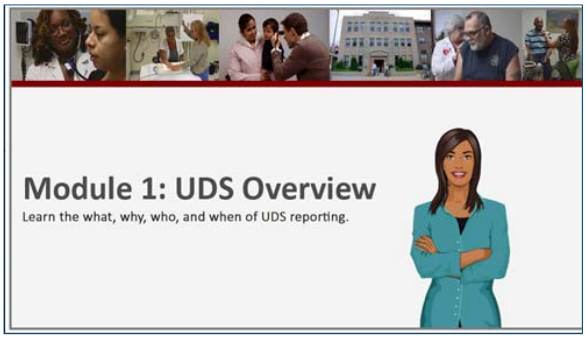
This training is comprised of five on-demand eLearning modules appropriate for staff who are *new* to the UDS and will participate in the data collection and reporting process. Upon completion, learners will be prepared to contribute to the UDS data collection and report submission process.

HRSA Health Resources & Services Administration

5

Recorded Training Modules

1. UDS Overview
2. Patient Characteristics
3. Clinical Services and Performance
4. Operational Costs and Revenues
5. Submission Success



Link to modules: http://bphcdata.net/html/modules.html

HRSA Health Resources & Services Administration

6

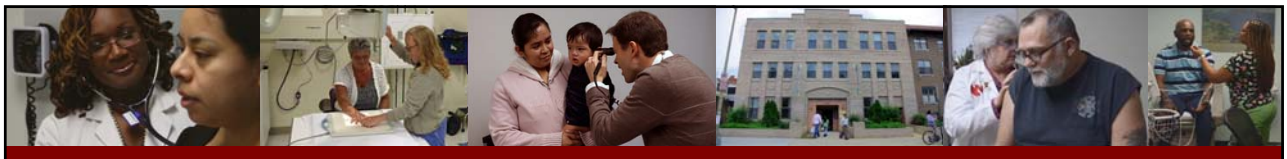
Training Webinar Series for 2019 UDS Reporting

- Reporting Virtual Visits and the Mental Health and Substance Use Disorder Services Reporting Addendum
- Reporting UDS Clinical Tables (where *all* the clinical measures are addressed) to Support Quality Improvement (We will only touch on a few today.)
- Reporting UDS Financial and Operational Tables and Using Comparison Performance Metrics
- Strategies for Successful UDS Reporting
- UDS for Bureau of Health Workforce (BHW) Designees: Review of Reporting Requirements
- New UDS Reporting Requirements "Changes" for 2020 (Spring 2020) (But note – there is an archived webinar on changes for 2019.)

*All webinars are archived on the HRSA website

HRSA Health Resources & Services Administration

7



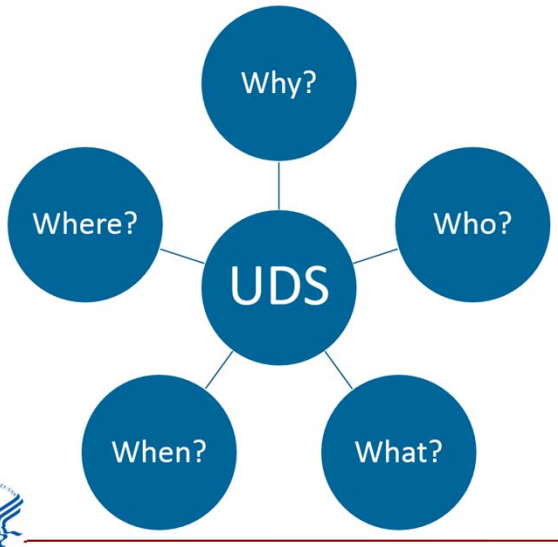
Overview of the UDS

The Who, What, Where, When, and Why of the UDS

HRSA Health Resources & Services Administration

8

Who, What, Where, When, and Why of the UDS



- **Who:** CHCs, HCHs, MHCs, PHPCs, LALs and BHW primary care clinics funded or designated before October 2019
- **What:** 11 tables and 3 forms that provide an annual snapshot of all in-scope activities for CY-2019 (Do you know what is in scope?)
  - Universal and grant reports (if applicable)
- **Where:** Report through the EHBs starting January 1, 2020; PRE and offline reporting tools available in fall 2019
- **When:** ~~January 1 – December 31, 2019~~ Saturday, February 15, 2020
- **Why:** Legislatively mandated; used for program monitoring and improvement

HRSA Health Resources & Services Administration

9

Overview of UDS Report

Eleven Tables and Three Forms

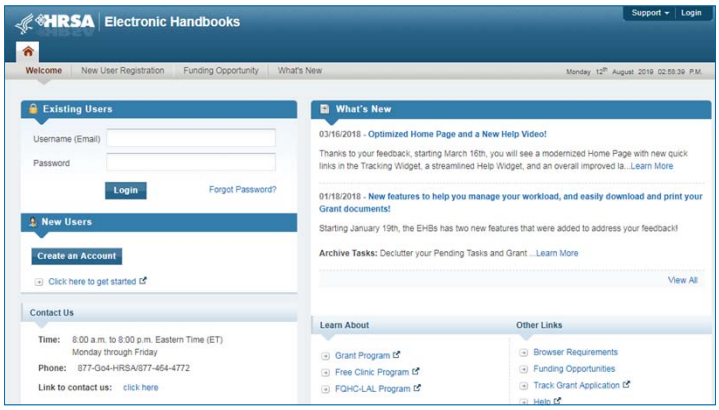
- **All tables and forms are completed in a Universal Report**
  - Universal report—completed by all reporting health centers
  - Grant report(s)—completed only by awardees that receive 330 grants under multiple funding streams

Table	Report GRANT REPORT(S) 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
6A	Yes
6B, 7, 8A, 9D, 9E	No
Health Information Technology, Other Data Elements, & Workforce Forms	No

HRSA Health Resources & Services Administration

10

Where to Report: The EHBs



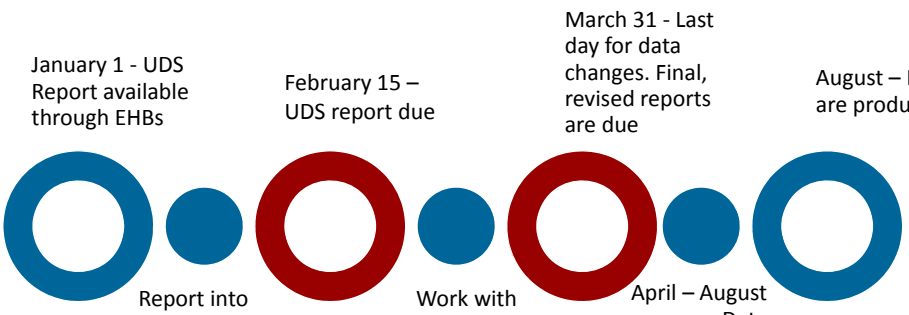
Access EHBs at: https://grants.hrsa.gov/2010/WebEPSExternal/Interface/Common/AccessControl/Login.aspx

- **All people who will be tasked with data entry or review need a login**
- **Tools (link to video)**
  - Excel Template
  - Excel Upload
  - Comparison Tool
  - PRE
  - Edits (link to video)
- **Helplines**
  - For account or login issues: HRSA Helpdesk (877-464-4772, Option 3)
  - For functionality issues: Health Center Program Support (877-464-4772, Option 1)

HRSA Health Resources & Services Administration

11

Reporting Timeline

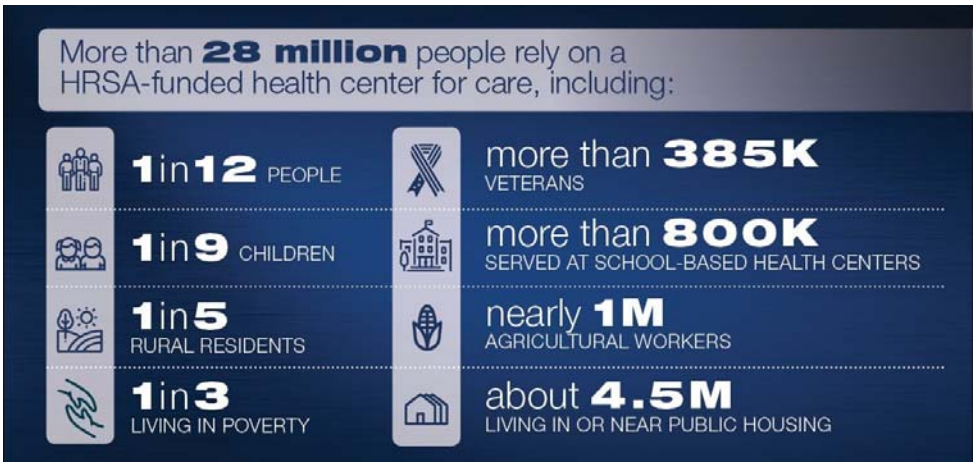


PRE available (Nov.-Dec.) | UDS support available (all-year)

HRSA Health Resources & Services Administration

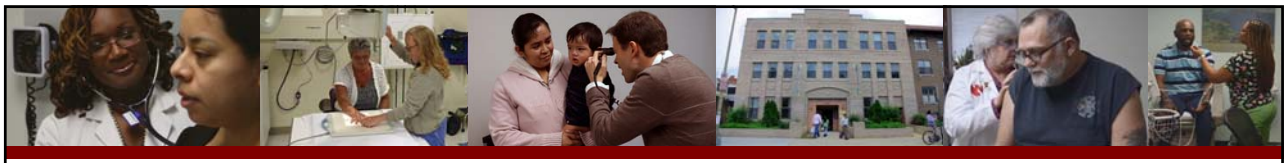
12

Value of the UDS



HRSA Health Resources & Services Administration

13



The Patient Profile:
Understanding Who You Are Serving

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

HRSA Health Resources & Services Administration

14

Patients

- **Patient:** A person who has at least one countable visit in one or more service category during the reporting year
- **In the tables of the patient profile (ZIP code table and Tables 3A, 3B, and 4), each person counts once regardless of the number of visits or services received**

HRSA Health Resources & Services Administration

15

ZIP Code Table

- **Report total patients by ZIP code of residence and primary medical insurance**
- **List ZIP codes with 11 or more patients in column (a)**
  - Aggregate ZIP codes with 10 or fewer patients as "other"
- **Total patients' ZIP code by insurance must equal counts on Table 4**
- **Use local address for migratory agricultural workers and people from other countries residing in the U.S.; use clinic address for persons experiencing homelessness if no other address**

ZIP Code (a)	None/ Uninsured (b)	Medicaid / CHIP/ Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
03824	5	4	2	1	12
<system allows insertion of rows for more ZIP codes>					
Other ZIP Codes					
Unknown Residence					
Total	5	4	2	1	12

HRSA Health Resources & Services Administration

16

Patients by Age and Sex at Birth
Table 3A

Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under age 1		
…	…	…	…
7	Age 6		1
8	Age 7		
9	Age 8		1
10	Age 9		
11	Age 10	1	
12	Age 11		
13	Age 12		1
14	Age 13		
15	Age 14		
16	Age 15	1	1
17	Age 16		
18	Age 17		1
…	…	…	…
23	Age 22	1	
24	Age 23		
25	Age 24		
26	Ages 25-29		1
27	Ages 30-34		
28	Ages 35-39		
29	Ages 40-44		1
30	Ages 45-49		
31	Ages 50-54		
32	Ages 55-59		
33	Ages 60-64	1	
34	Ages 65-69		1
…	…	…	…
39	Total Patients (Sum lines 1-38)	4	8

- **Report total patients by age and sex at birth or as reported on birth certificate or . . . .**
  - Use age **as of June 30**
  - Patients by age must equal Table 4 insurance by age groups (0–17 years old and 18 and older)

HRSA Health Resources & Services Administration

17

Ethnicity, Race, and Language
Table 3B

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		1		1
2a	Native Hawaiian				
2b	Other Pacific Islander				
2	Total Native Hawaiian/Other Pacific Islander (sum Lines 2a + 2b)				
3	Black/African American	3	1		4
4	American Indian/Alaska Native				
5	White	2	4		6
6	More than one race				
7	Unreported/refused to report race	1			1
8	Total Patients (sum of Lines 1 + 2 + 3 to 7)	6	6		12

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other Than English	4

- **Report total patients by ethnicity and race**
  - Self-reported by patients or caregivers
  - If race is known, but ethnicity is not, report in column (b)
  - If patients select multiple races, report as “more than one race”
  - Only report patients with unknown race ***and*** unknown ethnicity on line 7, column (c)
- **Report patients best served in a language other than English on line 12**

HRSA Health Resources & Services Administration

18

Sexual Orientation and Gender Identity
Table 3B

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	1
14	Straight (not lesbian or gay)	7
15	Bisexual	
16	Something else	
17	Don't know	1
18	Chose not to disclose	3
19	**Total Patients (Sum of Lines 13 to 18)**	12
Line	**Patients by Gender Identity**	**Number (a)**
20	Male	3
21	Female	7
22	Transgender Male/Female-to-Male	
23	Transgender Female/Male-to-Female	
24	Other	1
25	Chose not to disclose	1
26	**Total Patients (Sum of Lines 20 to 25)**	12

Report total patients by Sexual Orientation and Gender Identity

- 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 (including for minors)

The National LGBT Health Education Center can help.

HRSA Health Resources & Services Administration

19

Special Populations
Table 4

- **All health centers report lines 16, 23, 24, 25, and 26**
- **MHC Awardees**
  - Report migratory (**line 14**–temporary home) and seasonal (**line 15**)
- **HCH Awardees**
  - Report (**lines 17–22**) where individuals who experience homelessness are housed as of first visit during reporting year
- *Veterans - discharged from uniform service*
- *Public housing – ALL served there*

Special Populations Resources: HRSA-funded National TA/T Centers

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)	
21a	Permanent supportive housing (330h awardees only)	
21	Other (330h awardees only)	
22	Unknown (330h awardees only)	
23	**Total Homeless** (All health centers report this line)	1
24	Total School-Based Health Center Patients (All health centers report this line)	
25	**Total Veterans** (All health centers report this line)	1
26	**Total Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site** (All health centers report this line)	

HRSA Health Resources & Services Administration

20

Considerations When Reporting Patient-Related Data

Table	Description
ZIP code	Don't type the word "Other" as a ZIP code. Report the count in the already available "Other" field.
ZIP code Table 4	Report Medicaid, CHIP, and Other Public together on the ZIP code table, but on separate lines on Table 4.
Table 3B	Understand what counts to include in soGI "other", and "choose not to disclose" and in the SOgi "don't know", and "something else" and "choose not to disclose" fields. Also, consider how minors are reported in the SOGI section.
Table 4	Public Housing is a location-based reporting.

HRSA Health Resources & Services Administration

21

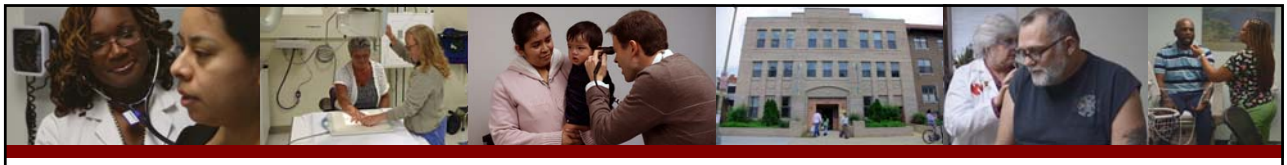
Group Discussion Activity – Worksheet 1, Section A

In your small groups, discuss the following three questions. You will have 15 minutes.

1. Who needs to be involved to collect and report these patient demographic data?
2. What data do you need ~~from~~ for them to provide so your center can report successfully?
3. What do the data look like when you get them from your EHR?

HRSA Health Resources & Services Administration

22



The Rest of Table 4 Will Be Discussed with Table 9D

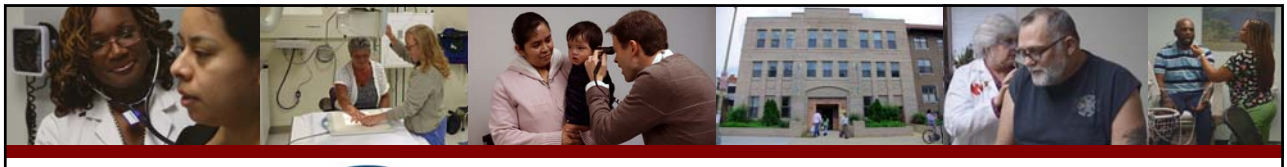
Income and Insurance

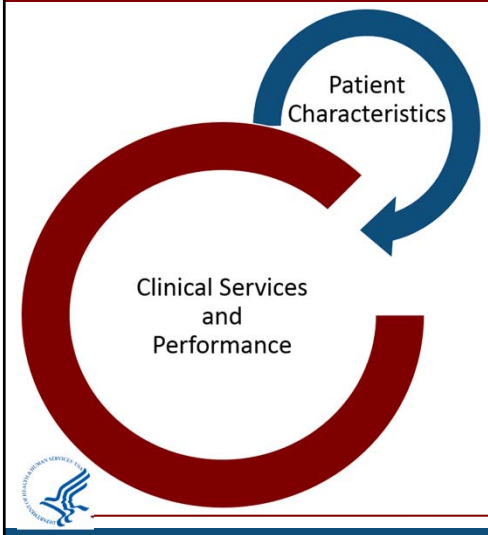
Patient Revenues

Break

Stretch, drink ~~water~~ strongly cafinated beverages, relax.

We will meet back here in 15 minutes.





Reporting Clinical Services and Quality of Care Indicators

Tables 5, 6A, 6B, and 7

HRSA Health Resources & Services Administration

25

Defining a Visit

- **Documented**
- **One-on-one**
  - Group visits are only countable for behavioral health
- **Licensed/credentialed provider**
- **With a provider who exercises independent and professional judgement**
- ~~**Face to face**~~
  - Both clinic and virtual visits are allowable for each of the service categories
- **Includes visits by paid and volunteer staff as well as fully paid referrals**
- **Normally charged and coded as a visit/procedure**

HRSA Health Resources & Services Administration

26

Counting Multiple Visits

- **On any given day, a patient may have only one visit per service category per provider**
  - Service categories include medical, dental, mental health, substance use disorder, other professional, vision, and enabling
- **If multiple providers in a single service category deliver multiple services at the same location on a single day, count only one visit**
- **If medical services are provided by two different medical providers located at *two different sites* on the same day, count two visits**
  - A virtual visit and a clinic visit are considered to be two different sites and may both be counted as visits even when they occur on same day

HRSA Health Resources & Services Administration

27

Contacts That Do Not Count as Visits

- **Health screenings**
  - Blood pressure
  - Screenings for conditions
  - Vision screenings
  - Diabetic foot screening
- **Group visits *(except for behavioral health)***
  - Chronic disease management groups
  - Health education classes
- **Tests and ancillary services**
  - Laboratory (e.g., blood pressure tests, pregnancy tests, prothrombin time, HbA1c)
  - Imaging (e.g., sonography, radiology, mammography)
- **Dispensing or administering medications**
  - Dispensing, whether by a clinical pharmacologist or a pharmacist
  - Administering (e.g., buprenorphine or Coumadin)
  - Injections (e.g., vaccines, allergy shots, family planning methods)
  - Agonists or antagonists (e.g., methadone, opioid blockers)
- **Health status checks**
  - Follow-up tests or checks
  - Wound care
  - Taking health histories
  - Making or following up on referrals
- **Other Services**
  - Services under WIC program
  - Outreach
  - Group education
  - Info sessions for prospective patients
  - Health fairs
  - Immunization drives
  - Dental varnishes or sealants

HRSA Health Resources & Services Administration

28

Locations of Visits
Table 5

- **Visits must be provided in the health center site or at another approved location**
  - Count visits provided by both paid and volunteer staff
  - Include paid referral visits
  - Count when following current patients in a nursing home, hospital, or at home
    - ✓ Do not count if patient is first encountered at these locations unless the site is listed on Form 5B or a location is listed on Form 5C as being in your approved scope

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	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)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a-20c)				
*	***Excerpt from Table 5***				

HRSA Health Resources & Services Administration

29

Location of Visits: Clinic
Table 5

- **Clinic Visits (column b):** Report documented ***face-to-face contact*** between a patient and a licensed or credentialed provider who exercises their independent, professional judgment in the provision of services to the patient.

Line	Personnel by Major Service Category	FTEs (a)	**Clinic Visits (b)**	Virtual Visits (b2)	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)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a-20c)				
*	***Excerpt from Table 5***				

HRSA Health Resources & Services Administration

30

Location of Visits: Virtual

Table 5

- **Virtual visits (column b2):** Report documented *virtual (telemedicine) contact* between a patient and a licensed or credentialed provider who exercises their independent, professional judgment in the provision of services to the patient.
  - Now includes Behavioral Health
  - Must be provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between the provider and a patient.
  - So *not* "asynch" or "store and forward"

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	**Virtual Visits (b2)**	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)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a-20c)				
*	***Excerpt from Table 5***				

HRSA Health Resources & Services Administration

31

Patients and Visits by Service

Table 5

Visits (b and b2)	Patients (c)
Count clinic and virtual visits that meet definition ▪ Not all staff generate visits ▪ Not all contacts = visits ▪ A single visit may consist of multiple services, but counts as only one Report in column (b) or (b2) by service provider	Unduplicated count of patients by service category ▪ Same person can receive multiple services ▪ Sum of patients by service ≠ total patients Report in column (c) by service category

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	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)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	Total Mental Health (Lines 20a-20c)				
*	***Excerpt from Table 5***				

HRSA Health Resources & Services Administration

32

Selected Services Detail Addendum

Table 5

- **Report data on mental health treatment services provided by medical providers.**
- **Report data on substance use disorder treatment services provided by medical providers and mental health providers.**
- **The MH/SUD visits reported in the main part of Table 5 and the MH/SUD services reported in the Addendum, together, provide an unduplicated count of MH and SUD services across all provider types.**

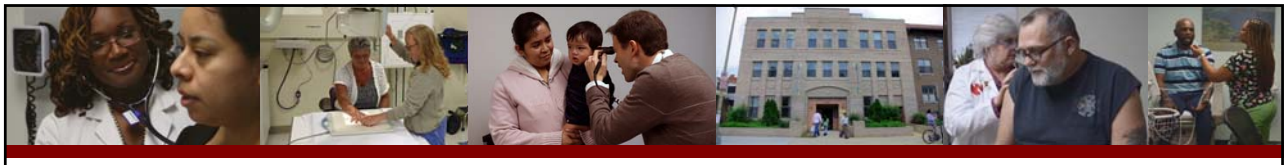
HRSA Health Resources & Services Administration

Reporting Visits in the Table 5 Addendum

- **Report the number of clinic and virtual visits and patients by provider type, where the service included treatment for**
  - Mental health (lines 20a01–20a04)
  - Substance use disorder (lines 21a–21h)
- **Personnel are counted as whole numbers, not FTEs**
- **Patients are massively over- counted**

Selected Service Detail Addendum					
Line	**Personnel by Major Service Category: Mental Health Service Detail**	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
20a01	Physicians (other than psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Clinical Nurse Midwives				
	Personnel by Major Service Category: Substance Use Disorder Detail	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

HRSA Health Resources & Services Administration



The Rest of Table 5 Will Be Discussed with Table 8A

Which is sorta silly. Column a addresses FTEs needed to deliver the visits to the patients that we were just talking about!

Staffing Levels
Operating Costs

HRSA Health Resources & Services Administration

35

Considerations When Reporting Virtual Visit ~~–Related~~ and MH/SUD Addendum Data

Table	Description
Table 5	Check for accuracy when virtual visits are greater than clinic visits (check in each service category).
Table 5	Be sure virtual visits reported are coded as such and using interactive, synchronous audio and/or video telecommunication systems that permit real time communication between the provider and a patient, and the interaction otherwise meets the definition of a visit (not all interactions are visits).
Table 5	Check for accuracy when reporting more patients in the addendum than the main part of table 5. For example, more patients reported in SUD addendum for psychiatrists (line 21e) than there are total mental health patients on the main part of Table 5 (line 20).
Table 5	Be sure the addendum only reflects activity already reported as part of a visit on the main portion of Table 5. The addendum only includes MH/SUD treatment provided by medical or MH providers not already reported as part of an existing MH or SUD visit on the main part of Table 5.

36

Table 5 Resources

- **UDS Training Website**
  - Virtual Visit Reporting Handout
  - Mental Health/Substance Use Disorder Services Detail Handout
  - Nurse Visit Guidance Handout
- **Reporting Virtual Visits and the Mental Health and Substance Use Disorder Services Reporting Addendum Resources for Telehealth webinar recording**
- **Telehealth Resource Centers:** 12 HRSA-supported regional and 2 national centers (including the Center for Connected Health Policy) provide expert and customizable technical assistance, advice on telehealth technology and state–specific regulations and policies such as Medicaid or private payers as well as Medicare
- **Centers for Medicare and Medicaid Services: Telehealth:** Provides Medicare telehealth services definitions

HRSA Health Resources & Services Administration

37

Selected Diagnoses and Services

Table 6A

	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 human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.0-		
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-		
6	Chronic lower respiratory diseases	J40- through J44-, J47-		
	Selected Other Medical Conditions			
7	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60-, N63-, R92-		

Excerpted from Table 6A

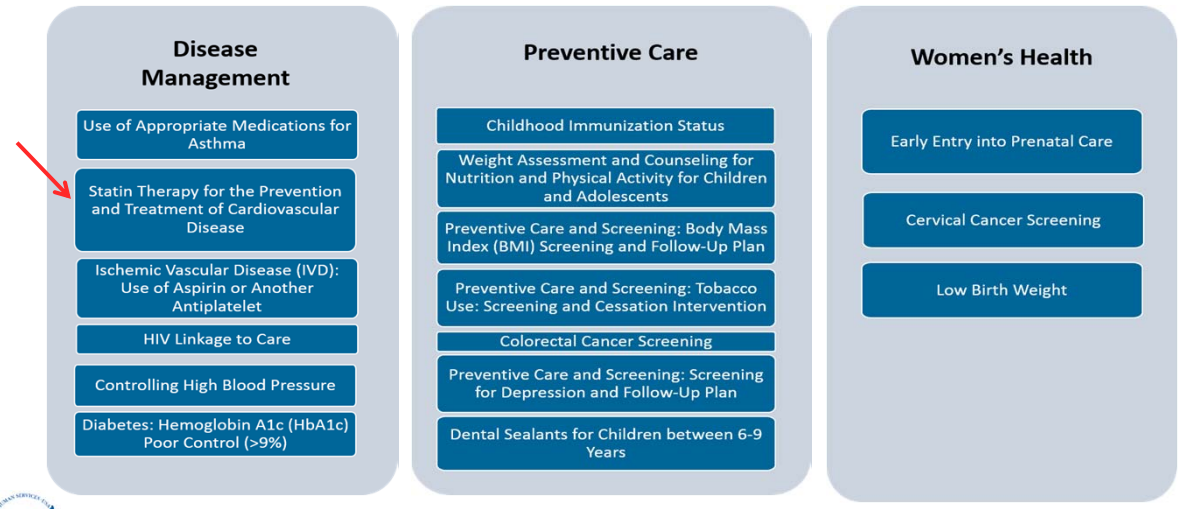
- **Only report services/diagnoses if part of (or ordered at) a countable visit**
  - So not the Dx when blood is drawn later
- **Column (a): Report the number of visits with the selected service or diagnosis**
  - If a patient has more than one reportable service or diagnosis during a visit, count each
  - Do not count multiple services of the same type at one visit (e.g., two immunizations, two fillings)
  - Resource: Code Changes Handout
- **Column (b): Report the number of unduplicated patients receiving the service**

HRSA Health Resources & Services Administration

38

Clinical Process and Outcome Measures

Tables 6B and 7 (This year we will not review each measure.)



To learn more about how these measures align with other national reporting, please visit pages 186-187 in the 2019 UDS Reporting Instructions.

HRSA Health Resources & Services Administration

39

Clinical Process and Outcome Measures

Table 6B Format

Format: Measure Name				
Line	Measure Name	Denominator (Universe) (a)	Number Charts Sampled or EHR total (b)	Numerator (c)
#	Measure Description	All eligible patients (N)	N, 70, or (80+%)N	# in (b) that meet 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	100	93	75

Measure Description	Describes the quantifiable indicator to be evaluated
Denominator (Universe)	Patients who fit the detailed criteria described for inclusion in the measure
Numerator	Patients included in the denominator whose records meet the measurement standard for the measure
Exclusions/ Exceptions	Patients not to be considered for the measure and removed from the denominator
Specification Guidance	CMS measure guidance that assists with understanding and implementation of eCQMs
UDS Reporting Considerations	BPHC requirements and guidance to be applied to the measure

40

Clinical Process cont'd.

Table 7 Format

- Report by race and ethnicity
- High blood pressure and diabetes:
  - **Column (a)**: Universe
  - **Column (b)**: Universe, ***or*** at least 80% of universe, ***or*** exactly 70 patient records
  - **Column (c) or (f)**: Number of patients in column (b) who meet the standard (numerator)
- Deliveries and birth weight will be discussed later

Example	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)**
	Hispanic/Latino			
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	Subtotal Hispanic/Latino			
	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			
	Subtotal Non-Hispanic/Latino			
	Unreported/Refused to Report Race and Ethnicity			
h	Unreported/Refused to Report Race and Ethnicity			
i	*Total*			

Alignment with Electronic Clinical Quality Measures (eCQMs)

- An eCQM is a clinical quality measure that is specified in a standard electronic format and is designed to use structured, encoded data present in the electronic health record
- Most UDS measures align with eCQMs

- To accurately report, you need to
  - Understand how to access and read specifications
  - Know where your EHR is looking for required data elements to calculate eCQMs
  - ***Make sure your providers are recording required data in correct fields***
  - Note: Some health centers with ***certain EHR vendor*** packages may see change/possibly a decline in clinical performance as data is corrected in the vendor packages

HRSA Health Resources & Services Administration

Accessing Codes from USHIK Database

Link: Accessing and Using the USHIK

43

Resources to Support Clinical Process and Outcomes Reporting

Table	Line	UDS Measure Name	eCQM #	Major Differences from UDS to eCQM
6B	7–9	Early Entry into Prenatal Care	no eCQM	None
6B	10	Childhood Immunization Status	CMS117v7	None
6B	11	Cervical Cancer Screening	CMS124v7	None
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v7	• eCQM denominator is limited to outpatient visits with a primary care physician or obstetrician/gynecologist. UDS includes children seen by nurse practitioners and physician assistants • Numerator BMI, nutrition, and activity are reported separately in the eCQM, but combined in the UDS
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v7	None
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v7	• Denominator patient population and numerator are reported separately in the eCQM, but evaluated as one group in the UDS
6B	16	Use of Appropriate Medications for Asthma	CMS126v5	Note: eCQM specifications for this measure have not been updated.

View the Clinical Measures Handout for national averages, 2019 differences, and useful tips.

44

Resources to Support Clinical Process and Outcomes Reporting

Table	Line	UDS Measure Name	eCQM #	Major Differences from UDS to eCQM
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v2	None
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7	None
6B	19	Colorectal Cancer Screening	CMS130v7	None
6B	20	HIV Linkage to Care	no eCQM	None
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v8	None
6B	22	Dental Sealants for Children between 6-9 Years	CMS277v0	Note: Although measure title is age 6 through 9 years, draft eCQM reflects ages 5 through 9 years — health centers should continue to use ages 6 through 9 years, as measure steward intended
7	1a-1d	Low Birth Weight	no eCQM	None
7	2a-2c	Controlling High Blood Pressure	CMS165v7	None
7	3a-3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v7	None

View the Clinical Measures Handout for national averages, 2019 differences, and useful tips.

HRSA Health Resources & Services Administration

45

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v2)

- **New for 2019 reporting**
- **Removed Coronary Artery Disease (CAD) measure**

Component	Description
Denominator (a)	• Patients age 21 or older who have an active diagnosis of atherosclerotic cardiovascular disease (ASCVD); or • Patients age 21 or older who ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL, or who were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or • Patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior • And, had a medical visit during the measurement period
Numerator (c)	• Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period
Exclusions	• Patients who have a diagnosis of pregnancy, are breastfeeding; have a diagnosis of rhabdomyolysis, have an adverse effect, allergy, or intolerance to statin medication, are receiving palliative care; with active liver disease or hepatic disease or insufficiency, or have end-stage renal disease (ESRD). • Patients 40 through 75 years of age with diabetes who have the most recent fasting or direct LDL–C laboratory test result <70 mg/dL and are not taking statin therapy

46

HIV Linkage to Care

Table 6B, Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis			

Component	Description
Denominator (a)	Patients first diagnosed with HIV by the health center between October 1, 2018, through September 30, 2019, who had at least one medical visit during the 2-year period
Numerator (c)	Newly diagnosed patients who received medical treatment within 90 days of diagnosis • Treatment may be initiated with your health center provider or by referral
Exclusions	None

View the Helpful Codes for HIV document that may be helpful for 2019 reporting.

HRSA Health Resources & Services Administration

47

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69v7)

Component	Description
Denominator (a)	• Patients 18 years of age or older on the date of the visit with at least one medical visit

Numerator (c)	• Patients with
	  • A documented BMI during their most recent visit in the measurement period or during the previous 12 months of that visit, and
	  • When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit

Exclusions	• Patients who are pregnant during the measurement period • Patients who are receiving palliative care • Patients who refuse measurement of height and/or weight or refuse follow-up during the visit • Patients with a documented medical reason during the visit or within 12 months of the visit

HRSA Health Resources & Services Administration

48

Tables 6A, 6B, and 7 Resources

- **UDS Training Website**
  - Clinical Quality Measures Handout
  - Helpful Codes for HIV Linkage to Care Measure
  - Table 6A Code Changes Handout
- **Clinical Measures Webinar Recording**
- **Health Information Technology, Evaluation, and Quality Center (HITEQ):** A HRSA-funded National Cooperative Agreement

- **Check for:**
- **Large shifts in compliance from the prior year.**
- **Large changes in prevalence or universe.**
- **No universe reported.**
- **Not reporting race/ethnicity on Table 7 in the same manner as Table 3B.**
- **Denominators that are equal to Table 3A population counts.**

HRSA Health Resources & Services Administration

49

Considerations When Reporting Clinical Measure Related Data

Table	Description
Table 6A **Table 6B** **Table 7**	Patients with certain diagnosis (ex. hypertension) are reported on both Tables 6A and 6B or 7; however, the definitions for inclusion are different and it is unlikely they would be exactly equal.
Table 6B **Table 7**	Check for: • Large shifts in compliance from the prior year. • Large changes in prevalence or universe. • No universe reported. • Not reporting race/ethnicity on Table 7 in the same manner as Table 3B. • Denominators that are equal to Table 3A population counts.

HRSA Health Resources & Services Administration

50

Group Discussion Activity

In your small groups, discuss the same ~~following~~ three questions plus a new one -- maybe. You will have 15 minutes.

1. Who needs to be involved to collect and report these clinical data ~~elements~~?
2. What data do you need ~~from~~ for them to provide so your center can report successfully?
3. What do the data look like when you get them from your EHR?
4. How do you overcome challenges with your reporting software?

HRSA Health Resources & Services Administration

51

Break for Lunch

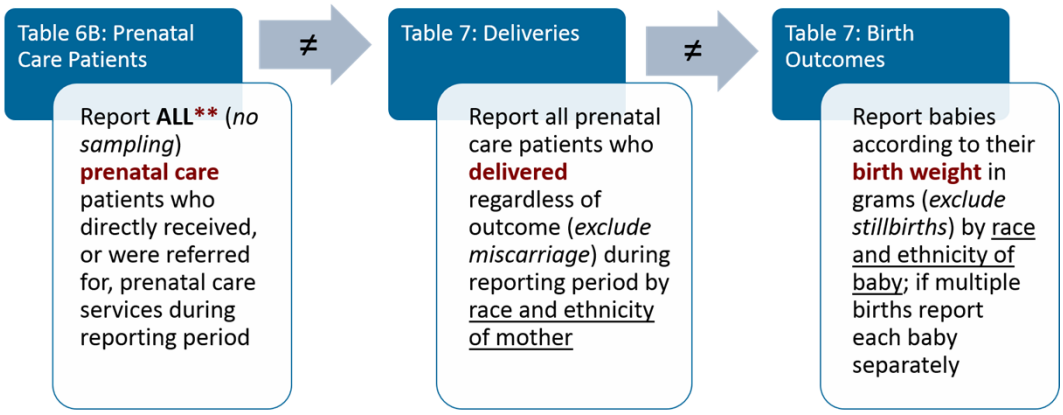
Enjoy!

We will meet back here in 1 hour.

HRSA Health Resources & Services Administration

52

Women's Health: Prenatal and Birth Outcome Measures



*Include women who a) began prenatal care in previous year (2018) but delivered in 2019,
b) began and delivered in reporting period (~~2018 &~~ 2019), and
c) who began in the reporting year and will not deliver until next year (2020).

HRSA Health Resources & Services Administration

53

Prenatal Patients by Age and Entry into Prenatal Care

Table 6B

- **Line 0:** Mark the check box if your health center provides prenatal care through direct referral only
- **Lines 1-6:** Report all prenatal care women by age as of June 30
- **Lines 7-9:** Report all prenatal care patients by trimester they began prenatal care (weeks 0-13, 14-27, 28+)
  - Prenatal care begins with a comprehensive prenatal care physical exam
  - Report in column (a) if care began at your health center (including any women you may have referred out for care)
  - Report in column (b) if care began with another provider and was then transferred to you

0	Prenatal Care Provided by Referral Only (Check if Yes)	

Section A–Age Categories for Prenatal Patients: Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 Years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	1
5	Ages 45 and over	
6	Total Patients (Sum of lines 1-5)	1

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester	1	
8	Second Trimester		
9	Third Trimester		

54

Deliveries & Birth Outcomes
Table 7

- **Column (1a):** Report prenatal care patients who delivered during the measurement year (*exclude miscarriages*) by race/ethnicity
  - Report only one woman as having delivered for multiple births
  - ~~Report on~~ Include women who you successfully referred out for care
- **Columns (1b)-(1d):** Report each live birth by birthweight (*exclude stillbirths*) and race/ethnicity of baby
  - Count twins as two births, triplets as three, etc.
  - Very low (VLBW) (Column 1b) is < 1,500 grams
  - Low (LBW) (Column 1c) is 1,500-2,499 grams
  - Normal (Column 1d) is ≥ 2,500 grams

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
	Hispanic/Latino				
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American	1	1	1	
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	Subtotal Hispanic/Latino	1	1	1	
	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				
	Subtotal Non-Hispanic/ Latino				
	Unreported/Refused to Report Race and Ethnicity				
h	Unreported/Refused to Report Race and Ethnicity				
i	**Total**	1	1	1	

Health Resources & Services Administration

55

Deliveries and Birth Outcomes
Table 7

Section A

- **Line 0:** Number of health center patients who are pregnant and HIV positive regardless of whether or not they received prenatal care from the health center
- **Line 2:** Number of women who had deliveries performed by health center clinicians, including deliveries to non–health center patients

Section A: Deliveries and Birth Weight		
Line	**Description**	**Patients (a)**
0	HIV-Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Providers	1

View the Prenatal and Birth Outcomes Fact Sheet for more information.

HRSA Health Resources & Services Administration

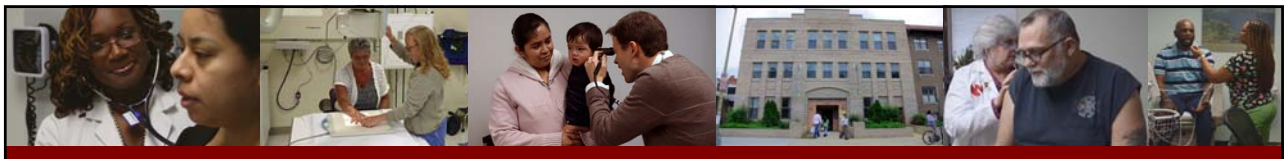
56

Considerations When Reporting Prenatal and Birth Outcome Related Data

Table	Description
Table 6B	Do not report referral only in column (b) for trimester of entry into prenatal care (this is an error). Report in column (a).
Table 6B	Remember to include women still pregnant at the end of the prior year in the current year prenatal and delivery sections.
Table 7	Do not report women who you presume have ~~as having~~ delivered during the reporting period when there is no evidence of delivery.
Table 7	Count multiple births separately with their weights.

HRSA Health Resources & Services Administration

57



Financial and Operational Tables

Income and Insurance (Table 4), Staffing (Table 5), and Finances (Tables 8A, 9D, & 9E)

HRSA Health Resources & Services Administration

58

FTE(s) by Provider Type
Table 5

- **Report all staff who support in-scope operations**
  - Include employees, interns, volunteers, residents, and contracted staff
  - Do not include paid referral provider FTEs when paid by service (not by hours)
- **Report staff by function and credentials**
  - Staff time can be allocated across multiple lines
  - Except Clinicians ~~should~~ must be reported on their line of credentialing
  - Appendix A in the UDS Reporting Instructions is a helpful tool that can be used to classify personnel in the UDS
- **Report FTE: 1 FTE = 1 person full-time for entire year**
  - Full-time defined by health center
  - Employment contract for clinicians
  - Non-exempt, volunteers, based on worked hours (can exceed 1.0 FTE if paid ~~overtime~~ for extra shifts.)

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b)	Patients (c)
1	Family Physicians	.25	10	2	
...	...	...	...		
5	Pediatricians	1.0	12	1	
7	Other Specialty Physicians				
8	**Total Physicians (Sum lines 1-7)**	1.25	22	3	
9a	Nurse Practitioners	.6	3		
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	.6	3		
11	Nurses	3.0			
12	Other Medical Personnel				
13	Laboratory Personnel	1.0			
14	X-Ray Personnel				
15	**Total Medical (Sum lines 8+10a through 14)**	5.85	25	3	10
16	Dentists		5		
17	Dental Hygienists		4		
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services (Sum lines 16-18)**		9		5
...	...	...	...		...
24	Case Managers	2.4	6		
25	Patient/Community Education Specialists				
26	Outreach Workers				
27	Transportation Staff				
27a	Eligibility Assistance Workers	0.3			
27b	Interpretation Staff	0.3			
27c	Community Health Workers				
28	Other Enabling Services (specify__)				
29	**Total Enabling Services (Sum lines 24-28)**	3.0	6		1
29a	**Other Programs/Services (specify__)**				
29b	**Quality Improvement Staff**				
30a	Management and Support Staff	2.5			
30b	Fiscal and Billing Staff	1.5			
30c	IT Staff	0.5			
31	Facility Staff				
32	Patient Support Staff	3.0			
33	**Total Facility and Non-Clinical Support Staff (Sum lines 30a - 32)**	7.5			
34	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+29b+33)**	16.35	40	3	

59

Example: Calculate FTE

Employees with full benefits*

One full-time staff person worked for 6 months of the year:

1. **Calculate base hours for full-time:**
   Total hours per year:
   40 hours/week x 52 weeks = 2,080 hours
2. **Calculate this staff person's paid hours:**
   Total hours for 6 months:
   40 hours/week x 26 weeks = 1,040 hours
3. **Calculate FTE for this person:**
   1,040 hours/2,080 hours = **0.50 FTE**

Employees with no or reduced benefits*

Four individuals who had worked 1,040 hours scattered throughout the year:

1. **Calculate base hours for full-time:**
   Total hours per year:
   40 hours/week x 52 weeks = 2,080 hours
2. **Deduct unpaid benefits: (10 holidays, 12 sick days, 5 continuing medical education [CME] days, and 3 weeks vacation)**
   10+12+5+15 = 42 days * 8 hours = 336
   2,080-336 = 1,744
3. **Calculate combined person hours:**
   Total hours: 1,040 hours
4. **Calculate FTE:**
   1,040 hours/1,744 hours = **0.60 FTE**

***Benefits defined as vacation/holidays/sick benefits**

HRSA Health Resources & Services Administration

60

Reporting Personnel in the Table 5 Addendum

- **In Column (a1), report the *number* of providers listed who provided MH and/or SUD treatment services**
  - Providers may be counted in multiple service categories, as appropriate
  - Providers contracted on a fee-for-service basis should be counted
- **FTEs are not reported in Column (a1)**
- **If the number looks strange you probably did it right !**

Selected Service Detail Addendum					
Line	**Personnel by Major Service Category: Mental Health Service Detail**	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
20a01	Physicians (other than psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Clinical Nurse Midwives				
	Personnel by Major Service Category: Substance Use Disorder Detail	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

HRSA Health Resources & Services Administration

61

Resources to Support Table 5 Reporting

- **UDS Training Website**
  - UDS Reporting Instructions Appendix A: Listing of Personnel (pages 132-136)
  - Mental Health/Substance Use Disorder Services Detail

HRSA Health Resources & Services Administration

62

Financial Costs
Table 8A

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)

• Medical
• Dental
• Mental Health
• Substance Use Disorder
• Pharmacy & Pharmaceuticals
• Other Professional
• Vision
• Enabling
• Other Related Services
• Admin
• Facility
	• Report **accrued** direct costs
	• Include costs of:
	  • Staff
	  • Fringe benefits
	  • Supplies
	  • Equipment
	  • Depreciation
	  • Related travel
	• Exclude bad debt
		• Allocate to all other cost centers (lines)
		• Must equal Line 16, Column a
			• Sum of Columns a + b (done automatically in EHBs)
			• Represents cost to operate service
			• Used to calculate cost per visit and cost per patient

HRSA Health Resources & Services Administration

63

Tables 5 and 8A Crosswalk

Table 5

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	.25	12		
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians	1.0	13		
7	Other Specialty Physicians				
8	**Total Physicians (Sum lines 1-7)**	1.25	25		
9a	Nurse Practitioners	.6	3		
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	.6	3		
11	Nurses	3.0			
12	Other Medical Personnel				
13	Laboratory Personnel	1.0			
14	X-Ray Personnel				
15	**Total Medical (Sum lines 8+10a through 14)**	5.85	28		10
16	Dentists		5		
17	Dental Hygienists		4		
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services (Sum lines 16-18)**		9		5
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	**Total Mental Health (Sum lines 20a-c)**				

Table 8A

	Cost Center
	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)

The EHB and your reviewer will compare your Table 5 FTEs to you costs on Table 8A

Volunteers mean lower than expected cost

No staff means higher than expected cost

HRSA Health Resources & Services Administration

64

Accrued Financial Costs
Table 8A

Report costs by cost center

- **Line 1:** Medical staff salary and benefits, including:
  - Paid medical interns or residents
  - Vouchered or contracted medical services
- **Line 2**: Medical lab and X-ray direct expense
- **Line 3**: Non-personnel expenses including HIT/EHR, supplies, CMEs, and travel
- **Lines 8a-8b**: Separate drug (8b) from other pharmacy costs (8a)
  - Dispensing fees on 8a
  - Pharmacy assistance program on 11e
- **Lines 5-13 (excluding 8a-8b):** Direct expenses including personnel (employed and contracted), benefits, supplies, and equipment
  - Line 12: Other Related Services includes space rented out within the health center, WIC, retail pharmacy to non-patients, etc.
  - Line 12a: staff dedicated to HIT/EHR design and QI

	Cost Center
	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)
	Financial Costs of Enabling and Other Services
11a	Case Management
11b	Transportation
11c	Outreach
11d	Patient and Community Education
11e	Eligibility Assistance
11f	Interpretation Services
11g	Other Enabling Services (Specify: _____)
11h	Community Health Workers
11	Total Enabling Services Cost (Sum Lines 11a through 11h)
12	Other Related Services (Specify:_____)
12a	Quality Improvement
13	**Total Enabling and Other Services** (Sum Lines 11, 12, and 12a)

Column a, Lines 14-19
Table 8A

- **Line 14:** Facility-related expenses including direct staff costs, rent or depreciation, mortgage interest payments, utilities, security, grounds keeping, janitorial services, maintenance, etc.
- **Line 15:** Costs for all staff reported on Table 5, lines 30a–32, including corporate administration, billing collections, medical records and intake staff, facility and liability insurance, legal fees; managing practice management system, and direct non-clinical support costs (travel, supplies, etc.)
  - Include malpractice insurance in the service categories, not here

Line	Facility and Non-Clinical Support Services and Totals
14	Facility
15	Non-Clinical Support Services
16	**Total Facility and Non-Clinical Support Services** (Sum Lines 14 and 15)
17	**Total Accrued Costs** (Sum Lines 4 + 10 + 13 + 16)
18	Value of Donated Facilities, Services, and Supplies (specify: ____)
19	**Total with Donations** (Sum Lines 17 and 18)

- **Line 16:** Total indirect costs to be allocated in Column b

HRSA Health Resources & Services Administration

Allocating Overhead Expenses to Column b

Table 8A

Facility (Line 14)

- Identify **square footage** utilized by each cost center and cost per square foot
- Distribute square footage costs to each cost center including non-clinical support
- Exclude space shared by multiple cost centers – it will net out of calculations

Non-Clinical Support (Line 15)

- Distribute non-clinical support costs to the applicable service
  - Decentralized front desk staff, billing and collection systems and staff, etc.
  - Consider lower allocation of overhead to contracted services
- Allocate ~~remaining~~ these costs using **straight-line** method (proportion of costs to each service category)

HRSA Health Resources & Services Administration

Reporting Donations

- **Table 8A, Line 18: "In-kind" services; donated facilities, supplies, and pharmaceuticals; and volunteer hours**
  - Value donated staff (volunteers) at what you would pay for them, not including benefits.
  - Value pharmaceuticals at 340B pricing
  - "In-kind" at imputed value
- **Cash donations are reported on Table 9E**

For more information, view Reporting Donations handout

HRSA Health Resources & Services Administration

Considerations When Reporting Cost-Related Data

Tables	Description
Table 5 **Table 8A**	Review large changes in productivity and/or cost per visit from the prior year.
Table 5 **Table 8A**	Check if there are mismatches between Tables 5 and 8A of costs that do not appear to be representative of staff FTE and visits.
Table 8A	Include in-kind donation values on line 18 only.

HRSA Health Resources & Services Administration

69

Break

Stretch, drink ~~water~~ caffeinated beverages, relax.
We will meet back here in 15 minutes.

HRSA Health Resources & Services Administration

70

Income and Insurance
Table 4

Line	Characteristic	Number of Patients (a)	
Income as Percent of Poverty Guideline			
1	100% and below	7	
2	101 - 150%	1	
3	151 - 200%	1	
4	Over 200%	1	
5	Unknown	2	
6	**Total (Sum lines 1-5)**	12	
Line	**Principal Third-Party Medical Insurance**	**0-17 years old (a)**	**18 and older (b)**
7	**None/Uninsured**	1	1
8a	Medicaid (Title XIX)		1
8b	CHIP Medicaid	1	
8	**Total Medicaid (Line 8a + 8b)**	**1**	**1**
9a	Dually Eligible (Medicare and Medicaid)		
9	**Medicare** (Inclusive of dually eligible and other Title XVIII beneficiaries)		**2**
10a	Other Public Insurance (Non-CHIP) (specify)	1	
10b	Other Public Insurance CHIP		
10	**Total Public Insurance (Line 10a + 10b)**	**1**	
11	**Private Insurance**	**4**	**1**
12	**TOTAL (Sum Lines 7 + 8 + 9 + 10 + 11)**	**7**	**5**

- **Lines 1-4:** Patients by income
  - ~~Use~~ Report family income based on federal poverty guidelines
    - ✓ Most recent income data collected during the measurement year
    - ✓ Can be based on documents submitted or self-reported per Board policy (consistent with the Health Center Program Compliance Manual)
    - ✓ Do not use insurance or special population status as proxy for income
- **Line 5:** Unknown income
- **Lines 7-11:** Patients by primary medical insurance
  - Use ***medical*** insurance at last visit
  - Patients by insurance and age must equal detail on ZIP Code Table and Table 3A

HRSA Health Resources & Services Administration

71

Insurance Categories
Table 4

- **None/Uninsured:** Patient had no medical insurance at last visit. Include uninsured patients for whom the health center may be reimbursed through grant, contract, or uncompensated care fund
- **Medicaid (Title XIX):** Medicaid and Medicaid-managed care programs, including those administered by commercial insurers
- **CHIP Medicaid OR Other Public Insurance CHIP:**
  - If CHIP paid by Medicaid, report on 8b
  - If CHIP reimbursed by commercial carrier outside of Medicaid, report on 10b
- **Dually Eligible (Medicare and Medicaid):** Subset of Medicare patients who also have Medicaid coverage
- **Medicare:** Include Medicare, Medicare Advantage, and Dually Eligible
- **Other Public Insurance (Non-CHIP) (specify):** State and/or local government insurance that covers a broad set of services; NOT grant programs reimbursing limited benefits (e.g., EPSDT, BCCCP)
- **Private Insurance:** Commercial insurance, insurance purchased for public employees or retirees, including *insurance purchased on the federal or state exchanges*

Line	Principal Third Party Medical Insurance
7	**None/Uninsured**
8a	Medicaid (Title XIX)
8b	CHIP Medicaid
8	**Total Medicaid (Line 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 (Line 10a + 10b)**
11	**Private Insurance**
12	**TOTAL (Sum Lines 7 + 8 + 9 + 10 + 11)**

HRSA Health Resources & Services Administration

72

Managed Care

- Managed Care Organizations (MCOs) have different names (e.g., MCOs, Health Maintenance Organization, Accountable Care Organization, Coordinated Care Organization)
- MCOs may have multiple plans with different payers (e.g., Medicaid and Private)
- Health center receives or can go online to request/download a monthly enrollment list of patients in the managed care plan
- Patients are in managed care if they **must** receive **all** of their primary care from the health center itself

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)**					

HRSA Health Resources & Services Administration

73

Managed Care Utilization

Report the sum of monthly enrollment for 12 months by type of insurance

A member month = one member enrolled for 1 month

Complete only for managed care contracts where the patient must go to health center for their primary care. Include:

Capitated plans: For a flat payment per month, services from a negotiated list are provided to patients

Fee-for-Service plans: Paid according to the fees established for primary care and other services rendered

There is generally a relationship between:

Member months on Table 4
Example: 36,788 Medicaid member months ÷ 12 = 3,066

Insurance categories on Table 4
Example: 4,174 Medicaid patients

Managed care lines on Table 9D
Example: Medicaid net capitation $1,044,850 ÷ member months 36,788 = $28

HRSA Health Resources & Services Administration

74

Considerations When Reporting Income-Related Data

Table	Description
Table 4 **Table 9D**	Review the reporting if the percentage of patients with unknown income on Table 4 is high when compared to sliding fee discounts reported on Table 9D.
Table 4 **Table 9D**	Follow up with managed care contracts for enrollment data if missing for managed care contracts. Collect monthly enrollment for the full year.
Table 4	Understand the level of coverage for adults under CHIP when a large percentage of adults are reported on the CHIP line.

HRSA Health Resources & Services Administration

75

Cash Patient-Related Revenue

Table 9D

				Retroactive Receipts, Settlements, and Paybacks (c)						
Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Collection of Reconciliation/ Wrap-Around Current Year (c1)	Collection of Reconciliation/Wrap-Around 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)
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)									

Report (columns)

> (a) Charges (2019)
> (b) Collections (**cash** basis)
> (c1-c4) Supplemental payments
> (d) Contractual allowances
> (e) Self-pay sliding discounts
> (f) Self-pay bad debt write-off

By Payer (rows)

> Lines 1-3 Medicaid
> Lines 4-6 Medicare
> Lines 7-9 Other Public
> Lines 10-12 Private
> Line 13 Self-pay

By Form of Payment

> Non-managed care
> a) Capitated managed care
> b) Fee-for-service managed care

HRSA Health Resources & Services Administration

76

Column (a): Full Charges
Table 9D

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

- **Full Charges:** Total billed charges across all services, reported by payer source
  - Undiscounted, unadjusted, gross charges for services
  - Based on fee schedule
- Do not include:
  - "Charges" where no collection is attempted or expected (e.g., enabling services, donated pharmaceuticals, or free vaccines)
  - Capitation or negotiated rate as charges
  - Charges for Medicare G-codes or any other "double counting" charges
    - ✓ To learn more about CMS payment codes visit the CMS website

HRSA Health Resources & Services Administration

77

Column (b): Collections
Table 9D

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

- **Include all payments received in 2019 for services to patients**
  - Capitation payments
  - Contracted payments
  - Payments from patients
  - Third-party insurance
  - Retroactive settlements, receipts, and payments
    - ✓ Include pay for performance, quality bonuses, and other incentive payments
- **Do not include "Promoting Interoperability" (EHR Incentive) payments from Medicaid and Medicare here (report on Table 9E)**

HRSA Health Resources & Services Administration

78

Columns (c1)-(c4): Retroactive Settlements, Receipts, and Paybacks

Table 9D

Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)			
	Collection of Reconciliation /Wrap-Around Current Year (c1)	Collection of Reconciliation /Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/Payback (c4)
• Payments reported in c1–c4 are part of column (b) total, but do not equal column (b)	• Federally qualified health center (FQHC) prospective payment system (PPS) reconciliations *(based on filing of cost report)* • Wrap-around payments *(additional amount per visit to bring payment up to FQHC level)*		• Managed care pool distributions • Pay for performance (P4P) • Other incentive payments • Quality bonuses	• Paybacks or payer deductions by payers because of over payments *(report as a positive number)*

HRSA Health Resources & Services Administration

79

Column (d): Allowances

Table 9D

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

- **Allowances: Agreed-upon reductions/write-offs in payment by a third-party payer**
  - \- Reduce by amount of retroactive payments in (c1), (c2), and (c3)
  - \+ Add paybacks reported in c4
- **May result in a negative number**
- **For managed care capitated lines (2a, 5a, 8a, and 11a) *only*, allowances equal the difference between charges and collections (Column d = a – b)**

HRSA Health Resources & Services Administration

80

Column (e): Sliding Fee Discounts
Table 9D

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

- **Sliding Fee Discounts: Reductions in patient charges based on their ability to pay**
  - Based on the patient's documented income and family size (per federal poverty guidelines)
- **May be applied:**
  - To insured patients' co-payments, deductibles, and non-covered services
  - Only when charge has been reclassified from original charge line to self-pay
- **May not be applied to past-due amounts**

HRSA Health Resources & Services Administration

81

Column (f): Bad Debt Write Off
Table 9D

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

- **Bad debt: amounts owed by patients considered to be uncollectable and formally written off during 2019, regardless of when service was provided**
- **Only report patient bad debt (not third-party payer bad debt)**
  - Report on Line 13
  - Third-party payer bad debt is not reported in the UDS
- **Do not change bad debt to a sliding discount**
- **Other Discounts (e.g., to specific groups of patients, cash discounts) or forgiveness is not patient bad debt (or a sliding discount)**
  - Which is to say that not all forms of discounts are shown on the UDS

HRSA Health Resources & Services Administration

82

Table 9D Example

Line	Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation /Wrap-Around Current Year (c1)	Collection of Reconciliation/ Wrap-Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)			
13	Self Pay	$200	$10						$180	$10

An uninsured patient was seen at the health center. On the day of the service, the patient qualified for a sliding discount that required her to pay 10% of the service charge.

- The service's full charge is $200
- A fee of $20 was charged to the patient (10% of full charge)
- The patient paid $10
- The patient still owed $10, and this was written off by the health center

HRSA Health Resources & Services Administration

83

Table 9D Example

Line	Payer Category	Reclassify Charge → Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d)	Sliding Fee Discounts (e)	Bad Debt Write Off (f)
				Collection of Reconciliation /Wrap Around Current Year (c1)	Collection of Reconciliation /Wrap Around Previous Years (c2)	Collection of Other Payments: P4P, Risk Pools, etc. (c3)	Penalty/ Payback (c4)			
10	Private Non-Managed Care	~~$200~~ $170	$120					$50		
13	Self Pay	$30	$10						$10	$10

An insured patient was seen at the health center. On the day of the service, the service charge for the visit was $200. The insurer paid $120 with an allowance of $50.

- Post service charge for private payer = $200 at time of service
- Post payment of $120 with a $50 allowance on the private line when payment is received
- Reduce the initial charge of $200 to private insurance by $30—this is the co-pay owed by the patient
- Reclassify the $30 co-pay to self-pay charges
- The patient was eligible for a $10 sliding discount
- Of the amount patient was responsible for ($20), patient paid $10
- At end of year, $10 remained uncollected, was considered bad debt, and was formally written off

HRSA Health Resources & Services Administration

84

Considerations When Reporting Patient Revenue Related Data

Table	Description
Table 9D	Investigate dollars reported if there are more in collections and write-offs than charges for self pay.
Table 9D	Verify that retroactive payments (c columns) are included in collections (column b) and subtracted from allowances (column d).
Table 9D	Verify large year-end balances owed by payer.
Table 9D	Adjust allowances to be contractual amount discounted between what is charged and what payer agrees to pay for services.

HRSA Health Resources & Services Administration

85

Other Cash Revenue
Table 9E

- **Report non-patient receipts received or drawn down in 2019**
  - **Cash basis** – amount drawn down (not the amount of your award)
  - Include income that supported activities described in your scope of services
  - Report funds from the entity from which you received them ("last party rule")
  - Complete "specify" fields
- **Revenue reported on Tables 9E and 9D represent total income supporting scope of services**

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)**	
1k	Capital Development Grants, including School Based Health Center Capital Grants	
1	**Total BHPC Grants (Sum Lines 1g + 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 (Lines 1+5+9+10)**	

HRSA Health Resources & Services Administration

86

Revenue Categories

- **BPHC Grants:** Funds you received directly from BPHC, including funds passed through to another agency
- **Other Federal Grants:** Grants you received directly from the federal government other than BPHC
  - Ryan White Part C
  - Other Federal grants (e.g., HUD, SAMHSA, CDC)
  - EHR Incentive Payments: Include Promoting Interoperability funds, including funds paid directly to providers and turned over to the health center (exception to last party rule)

Line	Source
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)**
1k	Capital Development Grants, including School Based Health Center Capital Grants
1	**Total BHPC Grants (Sum Lines 1g + 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)**

HRSA Health Resources & Services Administration

87

Revenue Categories

- **State and Local Government:** Funds received from a state or local government, taxing district, or sovereign tribal entity (e.g., WIC)
- **State/Local Indigent Care Programs:** Funds received from state/local indigent care programs that subsidize services rendered to patients who are uninsured (e.g., New Mexico Tobacco Tax Program)
- **Foundation/Private:** Funds from foundations and private organizations (e.g., hospital, United Way)
- **Other Revenue:** Miscellaneous non-patient-related revenues
  - Do not report bad debt recovery or 340B payments here – these revenues are reported on Table 9D

Line	Source
Non-Federal Grants Or Contracts	
6	State Government Grants and Contracts (specify:____)
6a	State/Local Indigent Care Programs (specify:____)
7	Local Government Grants and Contracts (specify:____)
8	Foundation/Private Grants and Contracts (specify:____)
9	**Total Non-Federal Grants and Contracts (Sum Lines 6 + 6a + 7 + 8)**
10	Other Revenue (non-patient related revenue not reported elsewhere) (specify:____)
11	**Total Revenue (Lines 1+5+9+10)**

HRSA Health Resources & Services Administration

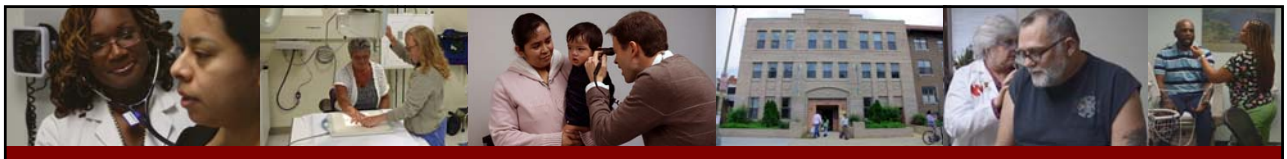
88

Resources to Support Financial and Operational Reporting

- **UDS Training Website**
  - Operational Costs and Revenue training module
  - Reporting Donations guide
  - Financial Tables Guidance handout (common error checks)
  - Table 8A Fact Sheet
  - Table 9D Fact Sheet
  - Table 9E Fact Sheet
- **Reporting UDS Financial and Operational Tables and Using Comparison Performance Metrics webinar**

HRSA Health Resources & Services Administration

89



Other Forms to Complete

HRSA Health Resources & Services Administration

90

Health Center Health Information Technology (HIT) Capabilities
Appendix D

- **Revised for 2019 reporting**
  - Questions specific to providing summaries of office visits, MU, and the use of HIT for enabling services were removed
  - Three questions were also added – one about utilization of HIT beyond patient care, one on data collection on social risk factors, and one about standardized screeners for social risk factors
- **Questions about health center's implementation of EHR, certification of systems, and how widely adopted the system is**
- **Advancing Health Information Technology (HIT) for Quality Awards recognized health centers that utilized five HIT services and/or telehealth services to increase access to care and advance quality of care between 2017 and 2018**
- **For clinical measure reporting, the use of a certified EHR fully installed at all sites and used by all providers is critical for accuracy**
- **The use of EHRs to report on all CQMs provides opportunity to be recognized as part of a Quality Improvement Award**

HRSA Health Resources & Services Administration

Other Data Elements
Appendix E

- **Telemedicine**
- **Medication-assisted treatment (MAT)**
  - Count only MAT (specifically buprenorphine) provided by providers with a Drug Addiction Treatment Act of 2000 (DATA) waiver
- **Outreach and enrollment assistance**
  - Assists reported here do not count as visits on the UDS tables

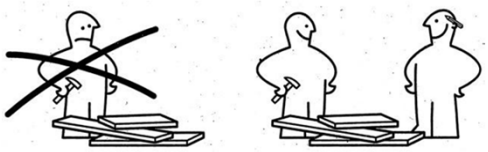
HRSA Health Resources & Services Administration

Workforce Form
Appendix F

- **New for 2019 reporting**
- **Helps clarify current state of health center workforce training and staffing models**
- **Topics include:**
  - Professional education/training
  - Satisfaction surveys

Tips for Success

- **Tables are interrelated, 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**
- **Check your data before submitting**
  - Refer to last year's reviewer's letter emailed to the UDS Contact
  - Compare with benchmarks/trends
  - Review the Comparison Tool
- **Address edits in EHBs by correcting or providing explanations that demonstrate your understanding**
- **Work with your reviewer**
- **View the Strategies for Successful Reporting Webinar**

Administering Program Conditions

Health centers **must** demonstrate program 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 submit 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

HRSA Health Resources & Services Administration

95

Proposed Changes for 2020 UDS Reporting

The Program Assistance Letter (PAL) 2019-05

Join us for a webinar on the 2020 changes in Spring 2020

PAL 2020 Highlights:

1. Update quality of care measures to align with the eCQMs: Tables 6B and 7
2. Retiring the Asthma Measure: Use of Appropriate Medications for Asthma
3. Replacing the Dental Sealants for Children between 6-9 years measure (CMS277) with Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists Measure (CMS74V9)
4. Adding the Depression Remission at Twelve Months Measure (CMS159V8)
5. Revising the HIV Linkage to Care Measure (No ECQM)
6. Adding the HIV Screening Measure (CMS349V2)
7. Adding Data on Prescriptions for Pre-Exposure Prophylaxis (PREP)
8. Adding International Classification of Diseases (ICD)-10 Codes to Capture Human Trafficking and Intimate Partner Violence (IPV)
9. Adding Diabetes: Eye Exam (CMS131V8), Diabetes: Foot Exam (CMS123V7), and Diabetes: Medical Attention to Nephropathy (CMS134V8)
10. Adding the Breast Cancer Screening Measure (CMS125V8)
11. Adding a Question to Appendix D: Health Center Health Information Technology (HIT) Capabilities
12. Revising Questions in Appendix D: Health Center Health Information Technology (HIT) Capabilities

HRSA Health Resources & Services Administration

96

Contact Information

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

HRSA Health Resources & Services Administration

101

Connect with HRSA

To learn more, visit

www.HRSA.gov

Sign up for the HRSA *eNews*

HRSA Health Resources & Services Administration

98