



Module 2: Tables 3A, 3B, and 4 Transcript

Slide 1: Patients by Zip Code and Tables 3A, 3B, and 4

Welcome to the Bureau of Primary Health Care's 2011 Uniform Data System Training. This is the second in a series of training modules which describe the reporting requirements and step-by-step instructions for completing your 2011 UDS report. This module covers the Zip Code Table and Tables 3A, 3B, and 4, which together, make up the Patient Profile. These tables provide an overview of patients by zip code of residence, age, gender, race, ethnicity, language, income, primary medical insurance, and membership in special populations.

Slide 2: Overview

In this module, we will review each of the tables included in the Patient Profile. During the review, we will define the terms used on each table, provide step-by-step instructions for completing the tables, discuss important cross-table issues, and discuss how the data can be used by the BPHC and by grantees for program improvement.

Slide 3: Patient Definitions

It is very important to understand how a patient is defined on the UDS. The UDS definition of a patient is very specific. A patient is defined as an individual who had at least one reportable visit during the reporting year. Visits are defined later in the training series in Module 3 and are reported on Table 5. In short, though, a visit must be face-to-face between a patient and a provider, the provider must exercise independent and professional judgment about the care of the patient, and the visit must be documented in the patient's record. Since a patient is defined as someone who has had a reportable visit, any individual for whom a visit is documented on Table 5 will be included as a health center patient. Be sure to include only individuals who have had a reportable visit.

Tables 3A, 3B, and 4 provide an unduplicated count of patients. This means that each patient is counted once and only once on each table, regardless of how many times he received services or how many types of services he received.

Slide 4: Patient Definition Continued

If you receive multiple 330 funding streams, you will need to describe the patients you serve in each of these programs. In addition to the unduplicated count of total patients, you need to report the number of patients served by each of the special population grant programs for which you received funding. The Special Population Grant Programs include Health Care for the Homeless, Migrant/Farm Worker, and Public Housing Primary Care programs. While it is rare, a patient may be counted on two separate grant reports if they actually receive services funded by the different programs. All patients are reported on the Universal Report.

Slide 5: Zip Code Table

The Zip Code Table

Slide 6: Contact / Patients by Zip Code

Total patients are reported by zip code of residence. This data can be taken from your patient registration system. This data is GIS mapped and used by the BPHC to evaluate potential services areas on the basis of market penetration. Since zip codes with more than 10 patients are mapped, it is acceptable to aggregate patients for all zip codes with 10 or fewer patients and to report them on the “Other Zip Codes” line. An example of a patient whom might fall into the “other zip codes category” is someone who is just visiting your area as a tourist who needs to seek medical attention while on their vacation. This person could be from some place far away, so it would not make sense to assume that that location is a part of your site’s service area.

Patients for whom zip code of residence is not known should be reported as “unknown”. For homeless patients, it is recommended that the zip code of the location where the patient received service be used as a proxy for residence. For migrant workers, their local address should be used as the residence for reporting patient origin.

Slide 7: Table 3A

Table 3A: Patients by Age and Gender

Slide 8: Table 3A: Patients by Age & Gender

Now that we have documented the total number of patients served by your health center and where they live, we now want to know the age and gender the same group of patients. Age is reported as of June 30th of the reporting year. Remember, you are describing the same group of patients as on the zip code table, so the total reported on Line 39 columns a and b must be equal to the total count of patients on the zip code table. So, if you reported 1,000 patients on the zip code table, you will also report 1,000 patients on Table 3A, Line 39.

If you receive two or more 330 grants, you will complete a separate grant table for each of the special population funding streams for Table 3A. Remember, a grant table is a subset of the total population served by your health center. That means that there can never be more patients reported in a cell on a grant table than in the same cell on the universal table. So, if you had an HCH grant and included ten two year olds on your universal report, you must report ten or fewer two year olds on your grant specific report. You can’t have more homeless two year olds than total two year olds!

Slide 9: Table 3B

Table 3B: Patients by Hispanic or Latino Ethnicity / Race / Language

Slide 10: Table 3B: Race

Table 3B describes the racial and ethnic profile of your patients. Table 3B describes the same patients reported on the Zip Code table by zip code of residence and on Table 3A by age and

gender. The total number of patients reported by race and ethnicity on Table 3B, Line 8, Column d must equal the number of patients reported by age and gender on Table 3A Line 39 Columns a and b, and patients by zip code. Similar to Table 3A, separate grant reports must be completed for Table 3B if you receive multiple funding streams.

Race is self-reported by patients. The self-reporting method and the categories used for UDS reporting are consistent with the approach taken by the United States Census. It is recommended that you ask your patients to indicate their race as a part of a routine registration process. Patients must be able to indicate more than one race. Report patients for whom race is unreported on Line 7. While there is a choice available for more than one race (Line 6), there is no option for “other” on Table 3B. Health centers must use the “Unreported/Refused to Report” line to report patients who report a race not provided on this list. For example, if a patient were to indicate Hispanic/Latino as a race, they are to be considered “Unreported/Refused to Report” for the race category.

Slide 11: Table 3B: Hispanic/Latino Ethnicity

Ethnicity is also self-reported by patients. As with race, it is recommended that health centers ask patients to indicate their ethnicity as part of a routine registration process. Only Hispanic/Latino ethnicity is reported on the UDS. All other ethnicities are included as Not Hispanic/Latino in column b. If a patient does not indicate that they are Latino or Hispanic, they are to be counted as Not Hispanic or Latino. Remember, your patient registration forms can be more comprehensive in order to capture data of use to you, even if the information you capture is not reported on the UDS.

Again, the total number of patients reported by race and ethnicity on Table 3B, Line 8, Column d must be equal to the total number of patients reported on Table 3A, Line 39, Columns a and b and Patients by Zip Code.

Slide 12: Table 3B: Patients by Language

Also captured on Table 3B are the total number of patients best served in a language other than English. Patients who are best served in a language other than English may include bilingual persons who are not fluent in medical English, persons who are served by a bilingual provider, persons who receive interpretation services, persons who use sign language to communicate, and persons in Puerto Rico or the Pacific where a language other than English is used.

Patients best served in a language other than English will be reported on Line 12. If you do not have an exact number, it’s acceptable to estimate the number of patients best served in a language other than English. This is the only cell on the UDS where estimation is acceptable.

Slide 13: Table 4

Table 4: Selected Patient Characteristics

Slide 14: LAL Modifications – Table 4

For Look-alike reporting, there are some modifications to Table 4. Most of Table 4 for LALs looks just like the Table 4 reported by 330 grantees; however, managed care data on Lines 13a-13c, details on farmworker patients on Lines 14-15, and details on the shelter arrangements for homeless patients on Lines 17-22 are not reported by LALs, and will appear as grayed out for designees.

Slide 15: Table 4: Patients by Income

You will report total patients by income on Part 1 of Table 4. Again, we are reporting on the same group of patients, so the total number of patients by income reported on Table 4, Line 6 must equal the total number of patients reported by race, ethnicity, age and gender, and patients by zip code. Income may be self-reported by patients as a part of a routine registration process or confirmed as a part of eligibility for a sliding fee discount. Income must be reported based on recent data, within the last year. If a patient's income is unknown or you do not have information from within the last year, they will be reported as having "unknown" income.

Do not use insurance (including Medicaid or Other Public Insurance) as proxy for income. Make sure that you do not make assumptions and that you ask the patient.

Obtaining income information from your patients is very important. You want to accurately report to the Bureau what proportion of your patients are low income, as that is a population that is a target of the 330 program. Even with insurance, there may still be an income barrier for insured patients due to co-pays and other medical costs. The number of low income patients served is a really important number for the Bureau, and also for you as it is a number that will be useful in pursuing additional grant funding. This number will also be increasingly important in evaluating the utility of the 330 program as we move towards the healthcare reform where increasingly more patients will be insured.

Slide 16: Table 4: Patients by Insurance

Now that we know the zip codes, age and gender, race and ethnicity, and income of your patients, we are beginning to get a more complete picture of the patients served by your health center. Next, we want to know about the patients' primary medical insurance. This information is reported on Part 2 of Table 4. The total number of patients reported by medical insurance reported on Table 4, Line 12 must equal the total number of patients reported by zip code, age and gender, race and ethnicity, and income.

All patients are reported by principal third party payor for medical care, even if a patient is not a medical patient. You should be sure to ask your patients for this information and that you do not make any assumptions. If, for example, a dental-only patient has private dental insurance, do not assume that they also have private medical insurance; you must ask them for this

information. Similarly, if you do not know what type of medical insurance a dental patient has, do not assume that they are uninsured. To complete this table, use patients' primary medical insurance as of their last visit, even if it did not pay for the visit in whole or in part.

Slide 17: Table 4: Insurance

Medical insurance includes Medicaid, Medicare, Other Public and Private insurance, such as Blue Cross. Only insurance which belongs to the patient is reported. Grant programs such as Breast and Cervical Cancer, Family Planning and immunization which may reimburse the health center for services provided to eligible patients are not medical insurance that belongs to the patient. These patients are usually uninsured and if so, should be reported on Line 7. Similarly, Workers Compensation is not insurance belonging to the patient since it does not provide broad coverage, but rather coverage for work related injuries or illness, only. If a patient is seeking services that are covered by Workers Compensation, that patient's medical insurance may be private insurance, or they may be uninsured, or have another form of insurance.

Please note that there is no unknown category for reporting patients by insurance. As stated previously, even if you do not see a patient for medical care, you must still collect information on medical insurance. You may not assume patients are uninsured if you do not collect this information.

Slide 18: Table 4: Insurance Continued

Medicaid patients are always reported on Line 8, regardless of whether or not it is administered through a private insurance company. Similarly, Medicare patients are always reported on Line 9, regardless of the intermediary. This would include Medicare Advantage patients.

CHIP (the Children's Health Insurance Program) is handled differently in each state. CHIP-RA should be reported as Medicaid on Line 8b if the program is operated by the Medicaid program in your state. Report CHIP as Other Public on Line 10b if the program is operated by a commercial carrier in your state.

Slide 19: Table 4: Managed Care Utilization

Only 330 funded health centers with capitated and/or fee for service managed care contracts will complete this section of Table 4. You should receive monthly enrollment reports from your managed care organizations to complete this information.

On the managed care section of the table, report the number of member months for capitated and fee-for-service managed care contracts. A member month is defined as one member enrolled for one month. Please note, in some cases, "members" might not be "patients". Member months are calculated from monthly enrollment reports provided by the managed care organization. The approximate number of enrollees can be calculated by taking the member months reported and dividing them by twelve. A good check to perform on this table

is to make sure that the approximate number of enrollees does not exceed the total number of patients by that insurance category. Please note that this table does not include primary care case management, and that this information is reported only on the Universal table and not on the grant-specific tables.

Remember, if you do not report managed care on Table 4, you will most likely also report no managed care revenue on Table 9D.

Slide 20: Table 4: Veterans Defined

Report on Line 25 the total number of patients served by your health center who have been discharged from the uniformed services of the United States. This information will likely be taken from your patient intake forms. You will only include as veterans individuals who have been discharged from the military. Therefore, persons who are still in the uniformed services are not considered veterans. Additionally, veterans of other nations' militaries are not counted here.

Slide 21: Table 4: Farmworker Defined

A farmworker's principal employment is agriculture on a seasonal basis. Farmworkers have been so employed for the last 24 months. Migrant farmworkers establish temporary housing, while seasonal farmworkers do not. Remember, agriculture means farming.

Slide 22: Table 4: Homeless Defined

The last section of Table 4 looks at special populations served by health centers. All grantees must report the total number of migrant, homeless, and school based patients on lines 16, 23, and 24, respectively. This is true even if you do not receive special population funding.

If the health center received Health Care for the Homeless funding, the health center must complete lines 17-22 describing the types of shelter of homeless patients. A homeless patient is any person known to be homeless at the time that any service is provided during the reporting year or someone who is housed, but eligible because they were homeless at any time during the reporting year.

When describing shelter arrangements, it is appropriate to indicate, "street" when the individual is living in any place deemed "unfit for human occupancy". This includes outdoors, in a car, encampment, and makeshift housing. A "doubled up" situation must be temporary and unstable. People who spent the night prior to their visit incarcerated or in a treatment program should be reported based on where they plan to spend the night following their visit.

Similarly, health centers receiving farmworker funding must complete Lines 14 and 15.

Slide 23: Cross Table Issues

The total number of patients reported on each of the tables in the Patient Profile is an unduplicated count of patients. That means that every patient is counted once and only once on each table no matter how many visits they have to the health center during the reporting year or how many services they receive. Because the same patients are described by residence, ethnicity, race, income, and medical insurance, the total unduplicated count of patients must be equal across all tables in the Patient Profile.

Similarly, if you complete a grant report for a special population, your information must be consistent and complete. Since your special population(s) are a subset of your total population, no field on your grant table can exceed the same field on the universal report. In other words, you cannot have more homeless two year old boys than total two year old boys.

The number of patients reported on Table 7 by race/ethnicity should relate to the information reported on Table 3B. For example, you cannot have more Latino diabetics than the total number of Latinos.

Slide 24: Thank you for attending and for working to provide clean and accurate data to BPHC!

Thank you for viewing this module. If you are interested in learning more about the UDS Reporting Requirements and step-by-step instructions for completing the UDS tables, please be sure to visit the other modules available online. Please remember to download training resources, available by clicking on the Resources button in the upper right hand corner of your screen.