

Module 2 – Online UDS Trainings

Slide 1 – Welcome

Welcome to Module 2 of the Bureau of Primary Health Care’s 2009 Uniform Data System training. This is the second in a series of 9 modules which describe the reporting requirements and step-by-step instructions for completing your 2009 UDS Report.

Slide 2 - Patient Profile: Patients by Zip Code and Tables 3A, 3B, and 4

This module includes the definition of “patient” for reporting on the UDS and step-by-step instructions for completing Tables 3A, 3B and 4. These three tables provide a profile of health center patients. The patient profile characterizes patients by origin (or where they live), age and gender, race, ethnicity, income, primary medical insurance and selected other characteristics. Since it is the same patients reported by different characteristics, the total number of patients reported on Tables 3A, 3B, 4 and by zip code must be equal.

Slide 3 – Definitions

When completing the UDS, it’s important to understand what we mean by a patient. The definition is very specific. For the purposes of the UDS, a patient is defined as an individual who has at least one clinical visit during the reporting year. Visits are defined in Module 3 and are reported on Table 5. Thus any patient for whom a visit is documented on Table 5 will be included as a health center patient. Be sure that you only count those who’ve had a reportable visit.

In addition to reporting total patients, health centers must also report the number of patients served by each special population grant program including Health Care for the Homeless, Public Housing, and Farm Worker 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 4 – Patients by Zip Code

Total patients are reported by zip code of residence. This data can come off of your patient registration system. This data is GIS mapped and used by the BPHC to evaluate potential service areas. Since zip codes with at least 10 patients are mapped, it is acceptable to aggregate patients for all zip codes with less than 10 patients and to report them on the “other zip codes” line. An example of a patient who 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 someplace far away, and it wouldn’t make sense to assume that that location is 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.

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Slide 5 - Table 3A Patients by Age & Gender

We now know how many patients you have and where they live, next, we want to know the age and gender of that same group of patients. Age and gender of patients is reported on Table 3A. The total number of patients reported on Table 3A Line 39 columns a and b must equal the number of patients reported by zip code.

Slide 6 - Table 3B: Race and Hispanic / Latino Identity

Next, we want to know the race and Hispanic/Latino identity of your patients. On table 3B, as has been required in past years, you will report this information. The format of this table has changed from previous years with race and ethnicity being combined into a single table with race listed by row and Hispanic or Latino identity listed in columns.

In addition to columns for Hispanic or Latino Identity, there are columns for unreported or refused to report and total patients. For patients for whom race is unknown, you will use line 7. The unreported or refused to report column should only be used if both ethnic identity and race are unknown. The total column and row will be automatically calculated in the EHB.

As a general rule of thumb, race and Hispanic or Latino identity must be self-reported by patients.

Slide 7 - Table 3B: Race

This slide shows a picture of the newly formatted table 3B. As stated previously, race is self-reported by patients. It is recommended that health centers ask patients to indicate their race as part of a routine registration process. Patients must be able to indicate more than one race, if appropriate. Again, for patients for whom race is unreported, use line 7.

While there is a choice available for more than one race, line 6, there is no choice for “other” on the table. Health centers must use the “unreported / refused” line to report patients who report a race not provided in this list.

Slide 8 - Table 3B: Hispanic/Latino Identity

Ethnicity is also self-reported by patients. It is recommended that health centers ask patients to indicate their ethnicity as part of a routine registration process. For the purposes of the UDS, only Latino ethnicity is reported; all other ethnicities are included as Not Hispanic or Latino in column b. If a patient does not indicate Latino or Hispanic, they are to be counted as Not Hispanic or Latino.

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 sex on Table 3A Line 39 columns a and b, and patients by zip code.

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Slide 9 - Table 3B: Patients by Language

On line 12, report the number of patients who are best served in a language other than English. This includes patients who are not fluent in medical English and need interpretative services or patients who are served by a bilingual provider. Additionally, it includes people who use sign language to communicate. 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 entire UDS where estimation is acceptable.

Slide 10 - Table 4: Patients by Income

Report total patients by income on Part 1 of Table 4. Again, we're looking at the same group of patients, so the total number of patients by income reported on Table 4 Line 6 must equal the number of patients reported by race, ethnicity, age and gender and patients by zip code. Income may be self-reported by patients as part of a routine registration process or confirmed as part of income eligibility for a sliding fee discount. If income information is not known, the patient should be reported as having "unknown" income. Insurance, including Medicaid or Other Public insurance should not be used as a proxy for income, make sure that you ask the patient.

Obtaining income information from patients is very important. You want to accurately report to the Bureau what proportion of your patients are low income as this is a population that is a target of the 330 program. The number of low income patients served is a really important number for the Bureau, and also for you as it's a number that will be useful in pursuing additional grant funding.

Slide 11 - 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 full picture. Next, we want to know about the patients' primary medical insurance. You will need to report this information on Part 2 of Table 4. The total number of patients by insurance reported on Table 4 Line 12 must equal the number of patients reported by income, race, ethnicity, age and gender, and patients by zip code. All patients are reported by principal 3rd party payor for medical care (even if a patient is not a medical patient). Be sure that you ask the patient 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 don't know what type of medical insurance a dental patient has, do not assume that they are uninsured. To complete this table, use patients' insurance as of the end of the year.

Slide 12 - 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 should be reported on Line 7. Similarly, Workers

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Compensation is not insurance belonging to the patient since it doesn't provide broad coverage, only coverage for work related injuries or illness. If a patient is seeking services that are covered by worker's comp, that patient's medical insurance may be private insurance or they may be uninsured or have another form of insurance. SCHIP or State Children's Health Insurance Program should be reported as Medicaid on Line 8b if the program is operated by the Medicaid program in your state. It is reported as Other Public on Line 10b if the program is operated by a commercial carrier in your state.

Please note that there is no unknown category. 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 the information!

Slide 13 - Table 4: Managed Care Utilization

Only health centers with managed care complete this section of Table 4. In order to complete this part of the table, you need to be able to get a monthly enrollee list from the Managed Care organization. On the managed care section of the table, the number of member months are reported for capitated and fee-for-service managed care contracts. 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 12. 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.

Slide 14 - Table 4: Target Populations

The last section of table 4 looks at special populations being 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. 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. Similarly, health centers receiving Farmworker funding must complete Lines 14 and 15. The number of health center patients who are veterans is reported on Line 25. A veteran is defined as an individual who completed service in the Uniformed Services of the United States, discharge status does not matter. Patients reported in this section of table 4 are a subset of your total patient population.

Slide 15 - Cross Table Issues

The total number of patients is an unduplicated count of patients. That means that every patient is counted once and only once no matter how many visits they have to the health center during the reporting year. The same patients are described by residence, ethnicity, race, income and medical insurance. Thus the total number of patients reported by zip code, and on tables 3A, 3B and 4 must be equal.

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If the health center completes a grant table, no cell on the grant table can be greater than that cell on the universal table. In other words, you can't report more homeless male patients age 34 than total male patients age 34 on the same line on the universal report.

Slide 16 - Thank You

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.

Slide 17 – Module 2 Quiz/Survey

Now that you've viewed module 2, let's see how much you've learned! Please take a few moments to complete a short quiz. To access the quiz, click on the link on this slide. Your participation will help to show how well you understand the content of this module, and will help us to improve our training program for next year.