

SLIDE #1: INTRODUCTION:

Welcome to Module 2 of the Bureau of Primary Health Care's 2008 Uniform Data System training. This is the second in a series of 7 modules which describe the reporting requirements and step-by-step instructions for completing your 2008 UDS Report.

SLIDE #2: Patient Profile

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: Patients Defined

330 funded programs must report the total number of patients served by their program for the UDS. For the purposes of the UDS, a patient is defined as an individual who has at least one encounter during the reporting year. Encounters are defined in Module 3 and are reported on Table 5. Thus any patient for whom an encounter is documented on Table 5 will be included as a health center patient.

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.

SLIDE #4: Patients by Zip Code

Total patients are reported by zip code of residence. 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.

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, the local address should be used as the residence for reporting patient origin.

SLIDE #5: Table 3A: Patients by Age and Gender

Report total patients by age and gender on Table 3A. The total number of patients reported on Table 3A Line 39 columns and b must equal the number of patients reported by zip code.

SLIDE #6: Table 3B: Patients by Ethnicity

Report total patients by ethnicity on Part 1 of Table 3B. The total number of patients reported by ethnicity on Table 3B Line 4 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. Ethnicity is 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 Other on Line 2.

SLIDE #7: Table 3B: Patients by Race

Report total patients by race on Part 2 of Table 3B. The total number of patients reported on by race on Table 3B Line 11 must equal the number of patients reported by ethnicity, age and gender, and patients by zip code. 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. Patients who select more than one race are reported on Line 9. Patients for whom race is not known are reported on Line 10.

Please note the change in line numbers on Table 3B from last year's reporting.

SLIDE #8: Table 3B: Patients by Language

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. It is acceptable to estimate the number of patients if an exact count is not available.

SLIDE #9: Table 4: Patients by Income

Report total patients by income on Part 1 of Table 4. 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 should not be used as a proxy for income.

SLIDE #10: Table 4: Patients by Insurance

Report total patients by their medical insurance 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). Insurance is reported as of the last visit.

SLIDE #11: Table 4: Insurance

Medical insurance includes Medicaid, Medicare 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 are reported on Line 7. Similarly, Workers Compensation is not insurance belonging to the patient. The patient's medical insurance may be private insurance or they may be uninsured. SCHIP or State Children's Health Insurance Program should be reported as Medicaid on Line 8a if the program is operated by the Medicaid program in your state. It is reported as Other Public on Line 10a if the program is operated by a commercial carrier in your state.

SLIDE #12: Table 4: Managed Care

Only health centers with managed care complete this section of Table 4. As of 2008, grantees no longer complete Table 9C. Instead, only 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.

SLIDE #13: Table 4: Target Populations

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.

SLIDE #14: Patients by Zip Code & Tables 3A, 3B, 4: Tips for Success

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.

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

SLIDE #15: Information

Thank you. If you are interested in learning more about the UDS reporting requirements and step-by-step instructions for completing the UDS tables, please visit the other

modules available online. In addition, the UDS helpline is available to answer questions at 1866-UDS-HELP.