

## **Online UDS Trainings**

### **Module 3 – Staffing and Utilization**

#### **Slide 1 – Welcome**

Welcome to Module 3 of the Bureau of Primary Health Care's 2009 Uniform Data System training. This is the third in a series of 9 modules which describe the reporting requirements and step-by-step instructions for completing your 2009 UDS Report.

#### **Slide 2 - Table 5: Staffing and Utilization**

Table 5 reports health center staffing, visits, and patients by service category. This module includes definitions of full-time equivalents, clinical visits, and service category patients for reporting on the UDS, and step-by-step instructions for completing Table 5.

#### **Slide 3 – Table 5: Staffing and Utilization**

Table 5 lists staff positions by cost center including medical, dental, mental health, substance abuse, other professional, enabling, and administrative. For each position, the health center will report the full-time equivalent in column a, and total visits performed by each position in column b. The number of patients receiving medical, dental, mental health, substance abuse, other professional and enabling services is reported in column c. Definitions for full-time equivalents, encounters and service patients are provided on the following slides.

#### **Slide 4 – Col (a): FTEs Defined**

Full time equivalents are reported by position in column a. A full-time equivalent is defined as one person working full-time for a full year. To calculate the full-time equivalent, divide worked hours for each person by the total number of hours the health center considers to be full-time employment for a year period. For example, if the health center considers 36 hours a week full-time, staff who work 36 hours per week are reported as 1.0 FTE. As a second example, a person who works 20 hours per week for the entire year is reported as a .5 FTE based on a 40 hour full-time work week.

In calculating FTEs, be sure to adjust for part-time work and part-year employment. Total worked hours should be divided by total full time hours for staff. Do not use staffing as of December 31 since this may not include staff that left during the year or began employment during the year.

#### **Slide 5 - Col (a): FTEs Reported**

The FTE column captures the staff that it takes for your health center to deliver the services provided during the reporting year. Report the FTE for each position on the line corresponding to the work performed by the individual. In other words, a family practitioner's FTE is reported on Line 1. A nurse who works as a case manager is reported on Line 24 whereas a nurse who performs clinical work is reported on Line 11. Staff FTEs can be divided across more than one type of position if the individual performs various functions such as nursing and case management. The titles provided on table 5 are what we call the various staff positions, we recognize that your official titles might vary slightly. Appendix A provided in the back of the UDS reporting manual is a very useful tool for determining where staff should be reported.

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When reporting staff FTEs be sure to include employees as well as contract personnel that are paid on an hourly basis, volunteers and residents. For all personnel, calculate worked hours for the year and divide by full-time hours to calculate the full-time equivalent.

Do not allocate a portion of staff time to an administrative FTE for time spent on administrative tasks. It's expected that clinical FTEs will spend some time on non-clinical functions. Also, do not reduce FTEs for vacation, sick, holidays and continuing education. Leave time and professional development as well as administrative time should be included as part of a person's job function and reported based on their position. Only a small portion of a medical director's time can be allocated to administrative overhead for work performed related to the corporate activities of the organization such as grant writing and executive meetings. Charting and other administrative functions associated with the clinical practice performed by a Medical Director should be included as clinical activities not administrative.

#### **Slide 6 - Col (b): Visits Defined**

Now that you've put your staff in the correct category, it's time to capture the corresponding visits with patients. The UDS defines a visit as a face-to-face meeting between the patient and the provider during which the provider acts independently and exercises professional judgment and which is documented in the medical record. Email, telemedicine and phone interactions do not count as visits for the purpose of the UDS; however, there is one exception to this rule. Behavioral health telemedicine encounters can be counted assuming that they meet the criteria of the provider exercising independent judgment and the encounter being documented in the patient's record.

#### **Slide 7 - Col (b): Visits Reported**

Visits are reported in column b on the same line as the FTE who performed the service. For example, the visits performed by a family physician are reported on Line 1. Only physicians can perform physician visits, and dentists and dental hygienists can perform dental visits. If a nurse functions as a case manager, their FTE is included on Line 24 in column a and any visits they perform as a case manager that meet the criteria are included on Line 24 in column b. If the nurse divides their time between case management and clinical services, a portion of their FTE may be included on Line 11 and the balance on Line 24 and the visits performed for each function are reported on the corresponding lines.

In reporting visits, be sure to include all visits provided by health center staff as well as visits performed by volunteers, residents and contracted staff. Also include visits paid for by the health center which may be provided by a third party provider and visits performed by staff rounding on health center patients in the hospital.

#### **Slide 8 - Col (b): Visits Reported**

Additional rules apply when determining whether a visit should be reported on the UDS. You may count only one visit per patient per day per provider type. In other words, you can count

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only one medical visit for a patient per day. If for example, a patient sees a nurse, a nurse practitioner, a family practitioner and an obstetrician during her visit to the clinic, you may only count one medical visit for the day. The exception to this rule is if the patient is seen in two service locations during the same day. If for example, a patient is seen in a satellite clinic by a nurse practitioner and then is seen in the health center by a family practitioner, you can count two medical visits for that patient for that day. Please note that this UDS rule is not consistent with the rules of each and every third party payor.

#### **Slide 9 - Col (b): Visits per Provider**

Another rule of the UDS is that you can count only one visit per patient per provider per day regardless of the number of services performed. In other words, a physician may perform a routine physical on a patient as well as provide fluoride drops and a brief mental health intervention. Although a number of services were performed as part of the visit, a single medical visit is reported.

#### **Slide 10 - Col (b) Visits: Interactions that are not visits**

There are a variety of other interactions between providers and patients that do not count as visits for the UDS. No group visits other than mental health counseling visits can be counted on the UDS. These visits fail to meet the definition of an visit because they are not face-to-face between the provider and the patient. Behavioral health group counseling sessions must be individually documented in the medical record to be counted.

Other types of interactions which are not visits include health education classes and community meetings which are group meetings. Health fairs and mass screenings should not be counted, as individuals participating in these activities are not health center patients and may never present to the health center for care. Counting these types of visits and patients would drive down your average number of visits per patient for the year which would impact how the health center looks in terms of continuity of care. Other types of visits that are not reported on the UDS are immunization and lab only visits as these visits are considered to be follow-up activity resulting from a routine medical visit. Finally pharmacy visits and outreach visits are not reported on the UDS.

#### **Slide 11 - Col (c): Patients Defined**

The third column of this table reports patients who receive services in each of the various service categories. Patients were defined in Module 2 as individuals who have one or more visit that is reported on Table 5. While on other tables of the UDS, patients are reported in an unduplicated count, there is some duplication in the reporting of patients on table 5. While each patient can be counted once and only once per service category, it's expected that there might be some overlap between service categories. For example, some of your medical patients might also receive dental services. This should be reflected on the UDS by reporting that patient in each of the 2 separate categories. Services include medical, dental, mental health, substance abuse, other professional and enabling services.

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#### **Slide 12 - Col (c): Patients Reported**

As stated previously, Table 5, Column c reports the number of patients who received services in each of the categories listed. For example, a patient who received medical, mental health and case management services will be included in the count on Lines 15, 20 and 29, respectively. Since the same patient receives multiple services and is reported 3 times on Table 5, it is expected that the total number of patients reported on Table 5 Col c will be greater than the Total number of patients reported on Tables 3A, 3B, and 4 where every patient counts once and only once regardless of the number of encounters or services received. Remember that an individual is reported as a service patient only if they have a reportable encounter. Since only case management and patient education encounters are reported for enabling services, an individual who only receives a non-reportable service such as transportation will not be counted as an enabling patient.

#### **Slide 13 - Table 5 - Grant Tables**

If you receive more than one type of 330 grant funding, you will be required to complete Table 5 columns b and c for each special population including migrant, homeless and public housing. You should report all patients who are served by the special population grant program and all services the patient receives whether or not those services are specifically funded by the special population grant program. For example, if a health center receives both Community Health Center and Health Care for the Homeless funding, a universal and Health Care for the Homeless grant report will be completed for Table 5. The universal report will report all patients served by all funding streams including the homeless population. The Health Care for the Homeless grant report will report only those patients served by the homeless program. If a patient receives any services from the homeless program, the health center must report all activity associated with that patient even if some services are funded by the Community Health Center grant. For example, the patient may receive medical and substance abuse services funded by the homeless grant and enabling services funded by the Community Health Center grant. The patient will be reported on the grant report as receiving medical, substance abuse and enabling services to document the comprehensive services provided to the patient independent of the funding source.

#### **Slide 14 - Cross Table Issues**

Tables 5 and 8A are interrelated and must be prepared in coordination. The full-time equivalents reported by cost center on Table 5 must align with costs reported by cost center on Table 8A. In other words, a nurse reported as a case manager on Table 5 Line 24, should have their personnel costs included in the case management cost center on Table 8A line 11a. Failure to coordinate reporting across tables will result in editing errors when costs are compared with staffing and production.

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 medical patients than total medical patients on Line 15 of the Universal report.

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Also, tables 5 and 9D are interrelated. Billable visits reported on table 5 should relate to patient charges reported on table 9D.

**Slide 15 - 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 16 – Module 3 Quiz/Survey**

Now that you've viewed module 3, 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.