



Successful Submission Strategies Uniform Data System (UDS) Reporting

November 3, 2022, 1:00-2:30 p.m. ET

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Vision: Healthy Communities, Healthy People



Opening Remarks

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Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)





Objectives of the Webinar

By the end of this webinar, participants will be able to

- Understand the importance of UDS data collection and reporting.
- Identify at least three data checks to conduct before submitting a UDS Report.
- Describe at least one Electronic Handbooks (EHBs) report and tool that can assist with successful UDS submission.
- Describe one tip for working through a UDS review and/or working with your reviewer.
- Identify at least one way to access UDS reporting support.





Agenda

- Review the importance of UDS data
- Identify steps to prepare for a successful UDS submission
- Learn how to navigate the EHBs and key EHBs tools
- Review steps to manage the UDS review process
- Questions and answers





Poll #1

How do you or your health center use UDS data? (Select all that apply.)

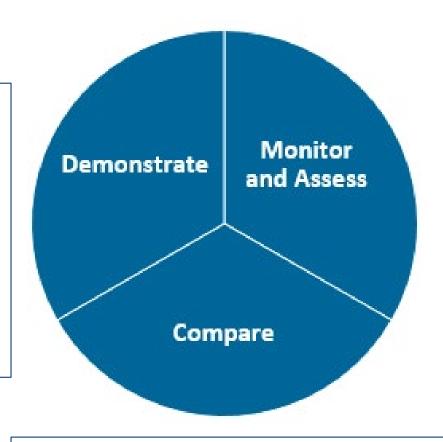
- Share data with the Board of Directors
- Monitor year to year trends
- Include data in grant or funding reports and applications
- Share with stakeholders in our community
- Inform quality improvement efforts
- Other: Please describe





Importance of UDS Reporting

Demonstrate the patients served by your health center, the services they received, outcomes they had, and the costs and revenues supporting those patients and services



Monitor and assess your patient population and clinical, operational, and financial performance.
Support continuous quality improvement

Compare your data with your peers locally, within the state, or nationally





Let's Hear from You

Why is your UDS data important?

Chat in your response







Preparing for a Successful Submission

Key Data Checks for UDS Submission





Success Strategies for UDS Sections

Overview of the relevant tables in the section of the UDS Review of the likely data source(s) and collection times for each area of the section

Review of key data checks for each UDS table in the section

Sections and their tables include

Patient Demographics	Staffing and Utilization	Clinical Services and Performance	Operational and Financial	Forms
ZIP Code; Tables 3A, 3B, and 4	Tables 5	Tables 6A, 6B and 7	Tables 8A, 9D, and 9E	Appendix D, E, and F





Three-Tiered Process

Quality Control: address outliers with national and priority area impacts

UDS Reviewers: Vet the overall accuracy of health center UDS reports

Tools: Template, Comparison Metrics, and EHBs tools

Health centers: Submit timely, accurate, and complete UDS

Tools: UDS Reporting Manual, EHBs System Edits, EHBs tools

April 1 – April 31

February 15 – March 31

January 1 – February 15





Patient Demographic Tables

ZIP Code, 3A, 3B, and 4

Table	Description
ZIP Code	Patients by ZIP Code and Insurance
3A	Patients by Age and Sex at Birth
3B	Patients by Race, Ethnicity, Language, and Sexual Orientation and Gender Identity (SOGI)
4	Patients by Income, Insurance, Managed Care Enrollment, and Special Population Status







Table 4: Selected Patient Characteristics Data Collection

	Data Sources		When Data Are Collected			
EHR or Internal System	Other Sources (e.g., Payers)	External Providers, Labs, etc.	Patient Registration	Payer Enrollment Data	Visit, Encounter	
✓			√			
✓			√	√	Confirm at visit	
	✓			√		
√			√		Confirm at visit	
	Internal System	EHR or Other Internal Sources (e.g., Payers)	EHR or Other External Internal Sources Providers, System (e.g., Payers) Labs, etc.	EHR or Internal Sources (e.g., Payers) External Providers, Labs, etc. Patient Registration	EHR or Internal Sources (e.g., Payers) External Providers, Labs, etc. Patient Registration Enrollment Data	

Key Data Checks for Patient Demographic Tables



Unknown ZIP codes: If there is a large increase in unknown ZIP codes from prior year, review data to be sure only health center patients who have gone through registration/intake and have a countable visit during the calendar year are included.



Unknown race/ethnicity: Similar checks as unknown ZIP code.

SOGI: Unknown lines tend to be larger than Other and Don't know. It is not expected that all patients will be reported as Male or Female. There are likely patients for whom the data are not collected, who choose not to disclose, who are transgender, or who select something else.



CHIP: If greater than 10% are adults 18+, review and explain.

Special Populations: Confirm public housing is reported based on site, not based on patient characteristics.

Confirm that school-based health center patients are only reported if you have an in-scope school-based service site.



Staffing and Utilization

Table 5 and Selected Service Detail Addendum



Table	Description
5	Staffing, Visits, and Patients by Service Category
Addendum	Integrated Behavioral Health Services





Table 5 and Selected Service Detail Addendum Data Collection

		Data Sources	When Data Are Collected		
Section of Table 5	EHR	Other System (Internal)	External Providers, Labs, etc.	Visit, Encounter	Year-End Admin/ Financial Data
Staffing and Utilization					
FTEs		✓			✓
Clinic Visits and Virtual Visits	✓	✓	✓	✓	
Patients	✓		✓	✓	
Selected Service Addendum					
Personnel		✓			✓
Clinic Visits and Virtual Visits	✓			✓	
Patients	✓			✓	



Key Data Checks for Staffing and Utilization



Virtual visits may be comparable to 2021 virtual visits unless a new program or service line has been added.

Productivity (defined as visits per 1.0 full-time equivalent [FTE]) may be higher than in 2020 and 2021 due to pandemic-related changes during those years, but it is not expected to exceed 3,500 per provider.



Mental health visits on the addendum cannot exceed medical visits on the main part of Table 5. The sum of mental health visits on the addendum and mental health visits on the main part of Table 5 (Line 20) should not exceed mental health visits on Table 6A.

Substance use disorder (SUD) visits on the addendum cannot exceed total medical and mental health visits on the main part of Table 5. The sum of SUD visits on the addendum and SUD visits on the main part of Table 5 (Line 21) should not exceed total SUD visits on Table 6A.

Compare personnel on addendum to FTEs. 🚳



Clinical Services and Quality of Care Indicators

Tables 6A, 6B, and 7

Table	Description
6A	Diagnoses and Services
6B	Quality of Care Measures
7	Health Outcomes and Disparities







Table 6A: Selected Diagnoses and Services Data Collection

	Data So	ources	When Data A	When Data Are Collected		
Section of Table 6A	EHR	External Providers*, Labs, etc.	Visit, Encounter	Year-End Admin/Financial Data		
Visits	✓	✓	✓			
Patients	✓	✓	✓			

^{*}External providers includes services paid for by health center and/or results read and provided to patient.





Key Data Checks for Services Rendered



All reporting on Table 6A is specific to **health center patients**.

- Patient must have a countable visit on Table 5 and be included on demographic tables to be counted on Table 6A.
- UDS reporting does not include mass testing/screening, tests done for the community, etc.

Generally, visits per patient for each line on Table 6A will not exceed 2.0, with some exceptions.

Total medical visits on Table 6A average 50% of total medical visits on Table 5.

Total dental visits on Table 6A tend to exceed dental visits on Table 5.



Tables 6B and 7 Clinical Services and Performance Data Collection

		Data Sources	When Data Are Collected		
Section of Tables 6B and 7	EHR	Other System (Internal)	External Providers, Labs, etc.	Patient Registration	Visit, Encounter
Table 6B: Quality of Care Measures					
Prenatal Patient Age and Entry into Care	✓	✓	✓	✓	✓
Clinical Quality Measures	✓	✓	✓	✓	✓
Table 7: Health Outcomes & Disparities					
Deliveries and Birthweights: Section A	✓	✓	✓	✓	✓
Hypertension and Diabetes	✓	✓	√	✓	✓





Key Data Checks for Clinical Quality Measures



The number of patients who meet the criteria for inclusion in a measure, known as the **denominator**, may change year over year. The portion of patients who meet performance, known as the **numerator**, may vary year over year. These variations may be due to changes in your services or sites and/or changes to the measure by the measurement steward.

Explain large changes from 2021 UDS data, such as changes to your services or how the data were validated.



Deliveries and birth outcomes for prenatal patients must be reported, whether those were provided in-house or by referral.

Consider the number of hypertension and diabetes diagnoses on Table 6A compared to the denominators of the **hypertension and diabetes** reporting on this table. The numbers should not be the same on the two tables because they have different parameters.





Operational and Financial Tables

Tables 8A, 9D, and 9E



Table	Description
8A	Financial Costs
9D	Patient Service Revenue
9E	Other Revenue





Operational Costs and Revenue Data Collection

		Data S	ources		When Data Are Collected			
Section of Tables 8A, 9D, and 9E	EHR	Pharmacy	Other Systems (Internal)	Other Sources (e.g., Payers)	Patient Registration	Payer Enrollment Data	Visit, Encounter	Year-End Admin, Financial Data
8A: Financial Costs		√	✓					✓
9D: Patient-Service Revenue	✓	✓	✓	✓	✓	√	√	✓
9E: Other Revenue			√					✓





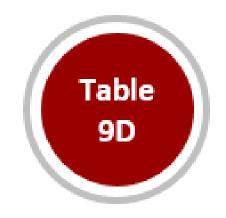
Key Data Checks for Operational and Finance Tables



Review Table 8A and Table 5 together to verify they are reported consistently.

Notable changes on Table 5, such as significant decreases in FTEs or visits, are likely to appear on Table 8A as well.

Report donations on Line 18.



Confirm **charges** (Column A) are reported based on fee schedule for services provided (e.g., CPT codes), not based on reimbursement.

An increase in visits on Table 5 often results in an increase in charges on Table 9D; and vice versa.



Be sure to report money drawn down in 2022 only.

Confirm that no **loans or 340B pharmacy** revenue are reported on this table.

Grant revenue received from **BPHC are reported on lines 1a-1q**. All other federal grant revenue are reported on lines 2-3b.

Other Forms in the UDS

Form

Appendix D: Health Information

Technology (HIT) Form

Appendix E: Other Data Elements Form

Appendix F: Workforce Form







Key Data Checks for Form



Many questions on this form can be answered **sooner rather than later** (except for social determinants of health screening).

If you are doing social risk screening, select "Yes," identify the screener, and report the count of total patients who were screened and total who screen positive in each category.



In the MAT section, report physicians, psychiatrists, certified nurse practitioners, physician assistants, and certified nurse midwives who have a Drug Addiction Treatment Act (DATA) Waiver to treat opioid use disorder. Compare to provider FTE reported on Table 5 for each categories.

Telehealth reporting should include all services provided via telehealth in the calendar year.



Do not report activities not related to health professional development education/training.

Do not include professional development, continuing medical education, or internal staff training.

Note that this is satisfaction of personnel, not patient satisfaction surveys.



Overview of Data Life Cycle



Accurate and complete
UDS reporting is an OUTCOME of a
well-executed and well-maintained
data life cycle within each health
center.



Table 3B: Example of Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting

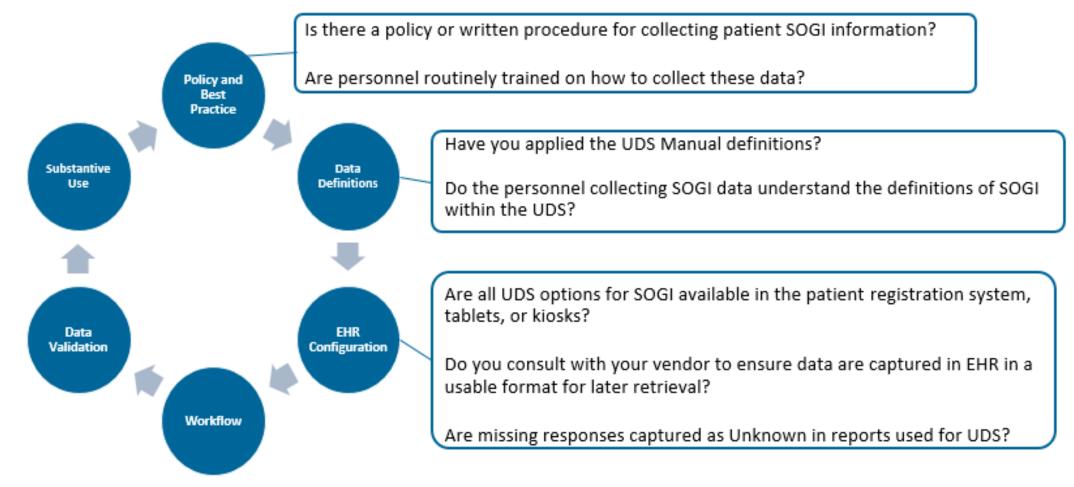




Table 3B: Example of Demographic Characteristics: Sexual Orientation and Gender Identity (SOGI) Reporting (continued)

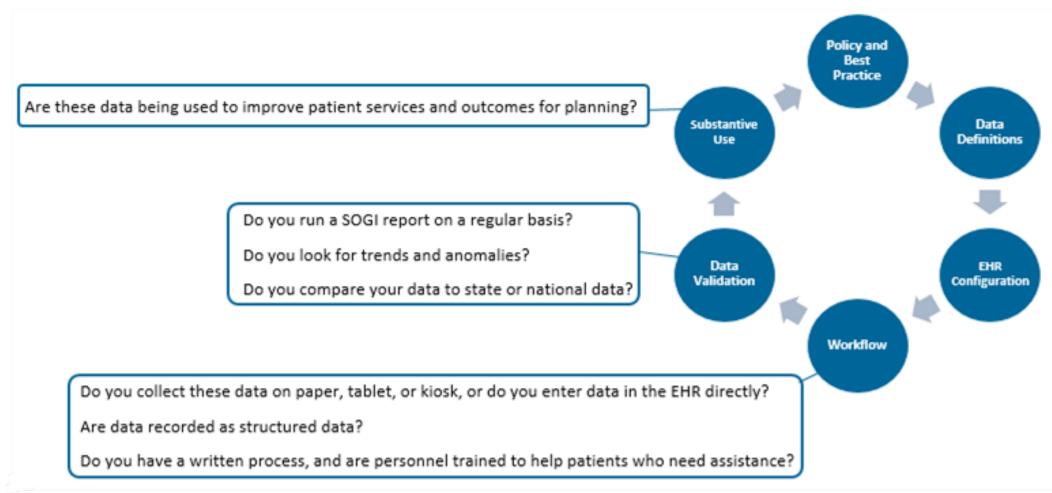






Table 7 Example of Clinical Quality Measure: Controlling Hypertension

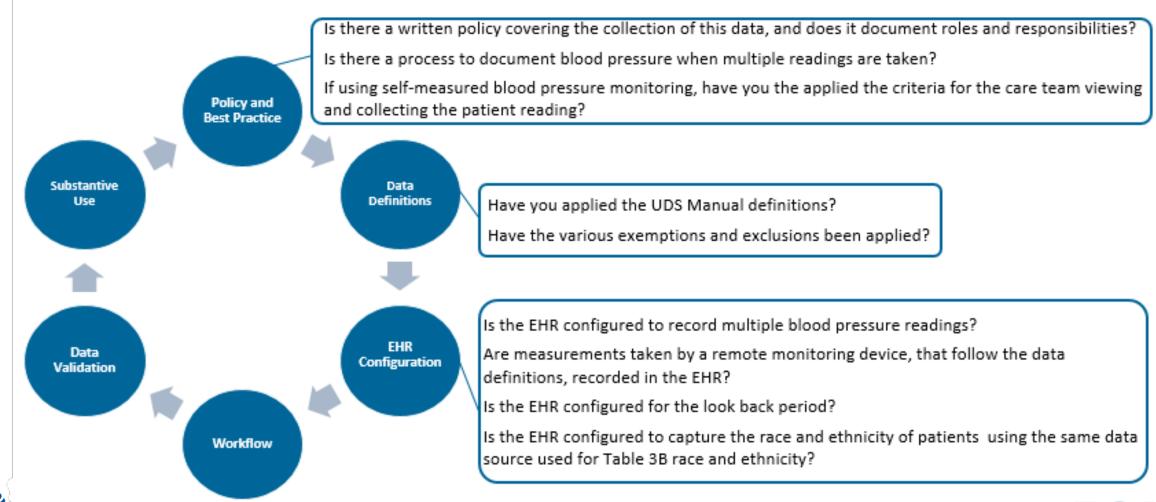


Table 7 Example of Clinical Quality Measure: Controlling Hypertension

Policy and **Best Practice** Is the data used proactively to inform clinical quality improvement efforts? Substantive Data Is the data used to identify disparities in patient clinical outcomes based on Definitions Use race and ethnicity? Is the data compared with local, state, or national data? Is data by race and ethnicity consistent with health center patient population, and can anomalies be easily identified? EHR Data Validation Configuration Have the workflows been clearly articulated and documented? Workflow E.g. Is there a clear process for staff to document blood pressure readings? Have personnel been appropriately trained to input the data?





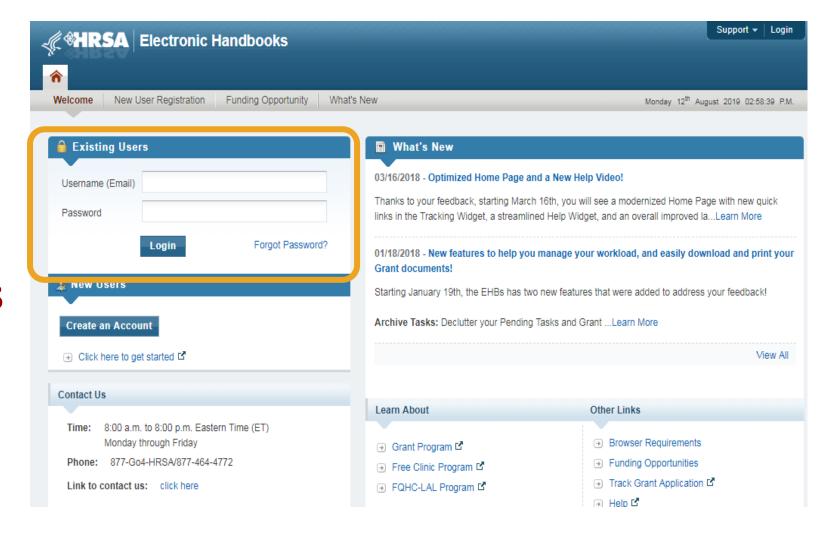
Navigating the EHBs Successfully

Demonstration of EHBs Features and Tools





Everyone working on the UDS needs an EHBs login!

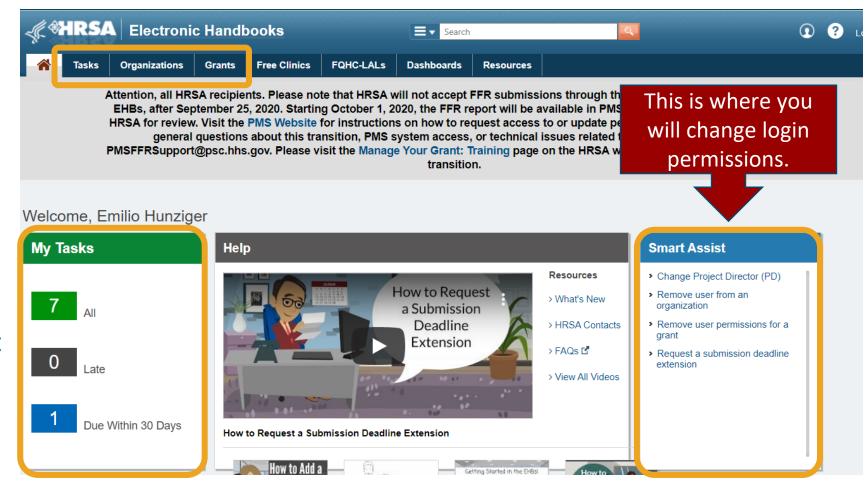






EHBs Landing Page

- At the **top** are tabs you will use to navigate.
- On the **left side**, you'll see your tasks.
- On the right side, you can change permissions and roles (provided you have a role, such as CEO or Project Director, that permits this).

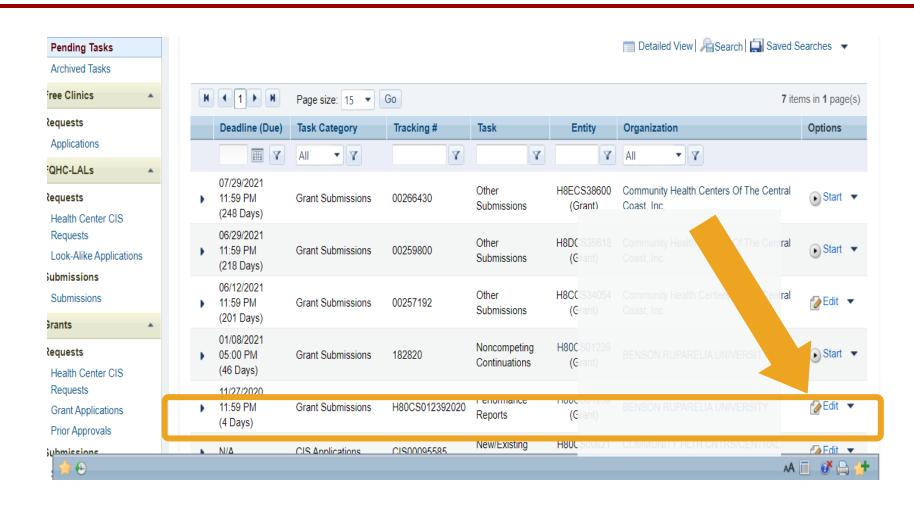






Navigate to Your UDS Report

- The UDS is the
 Performance Report
 for your H80 grant.
- Click on Tasks, then find the Performance
 Report with Tracking # and Entity that starts with H80 (or LAL for look-alikes).
- Click **Edit** to go to your UDS Report.







Preliminary Reporting Environment

- Health centers can access the UDS Report each fall.
- The system opens in late October as the Preliminary Reporting Environment (PRE).
- Follow the same steps to access either the PRE (before January 1) or the "live" UDS Report (after January 1).

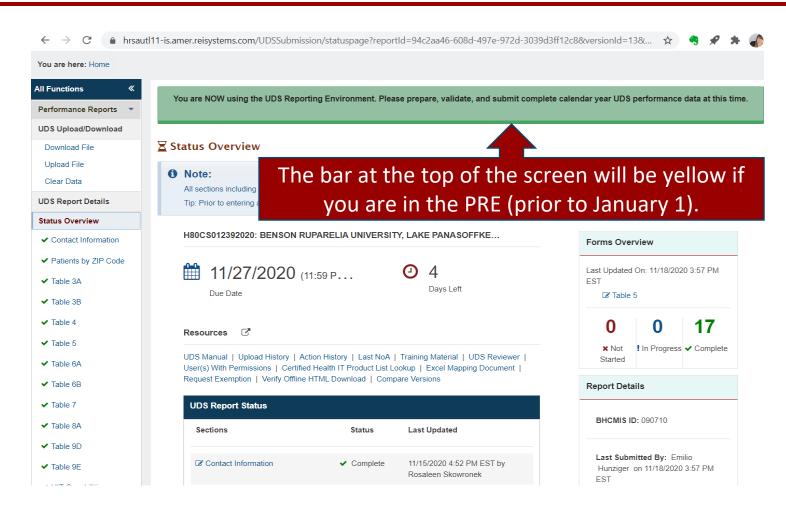






UDS Report Home Page

- The left-hand navigation panel includes tools, tables, and forms.
- The rest of the page will show status, progress, and other report details.
- There are links to a number of resources in the middle of the page.







Key EHBs Tools for Successful Reporting

Upload/Download File

Offline Templates

Comparison Report

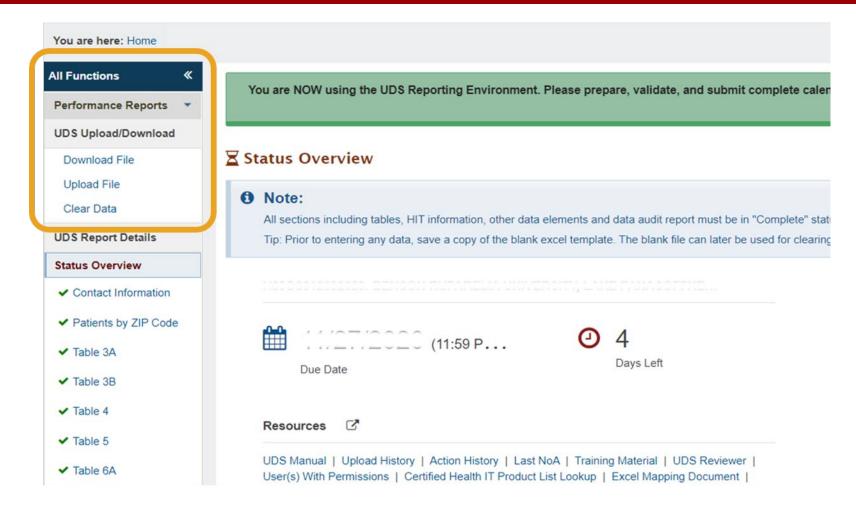
Accessing Prior Year Reports

Other Helpful Reports



UDS Report Home Page: Tools

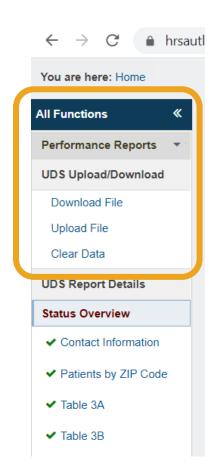
- Let's look at the tools available in the upper left corner.
- Note: If you do not see this menu, click the arrows next to "All Functions" in the upper left corner.

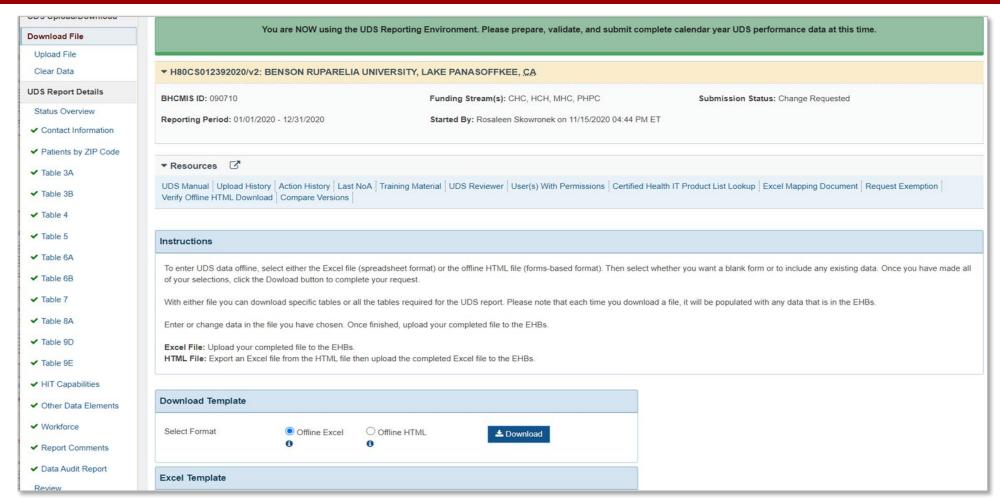






UDS Upload/Download: Download File





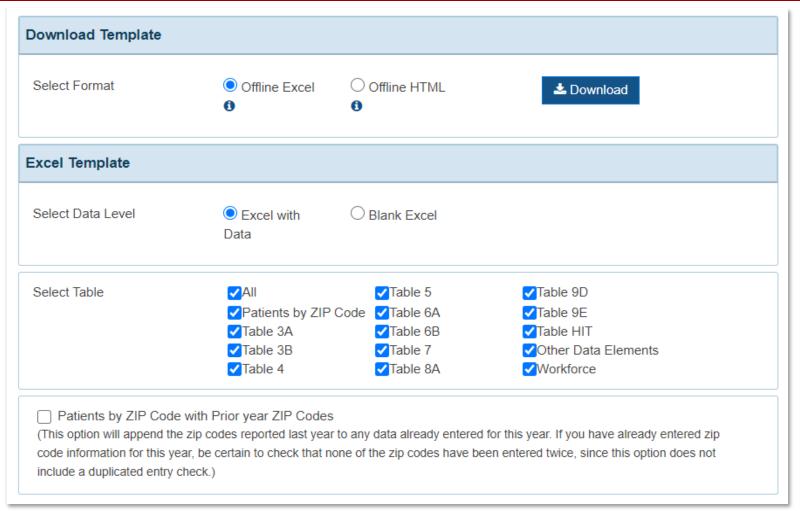




UDS Upload/Download: Download File (continued)

Three decisions to make:

- Do you want to use Excel or HTML format?
- 2. Do you want the file to include data currently in the UDS?
- 3. Do you want to do all tables at once or just a selected set?







Considerations to Guide Formatting Decisions

Excel vs. HTML?

Including Data or Not?

All Tables or a Select Set?

Excel format may feel more familiar, but it's important to know that the Excel file cannot be modified structurally. If modified, it cannot be uploaded.

HTML looks like the UDS tables and does not allow modification.

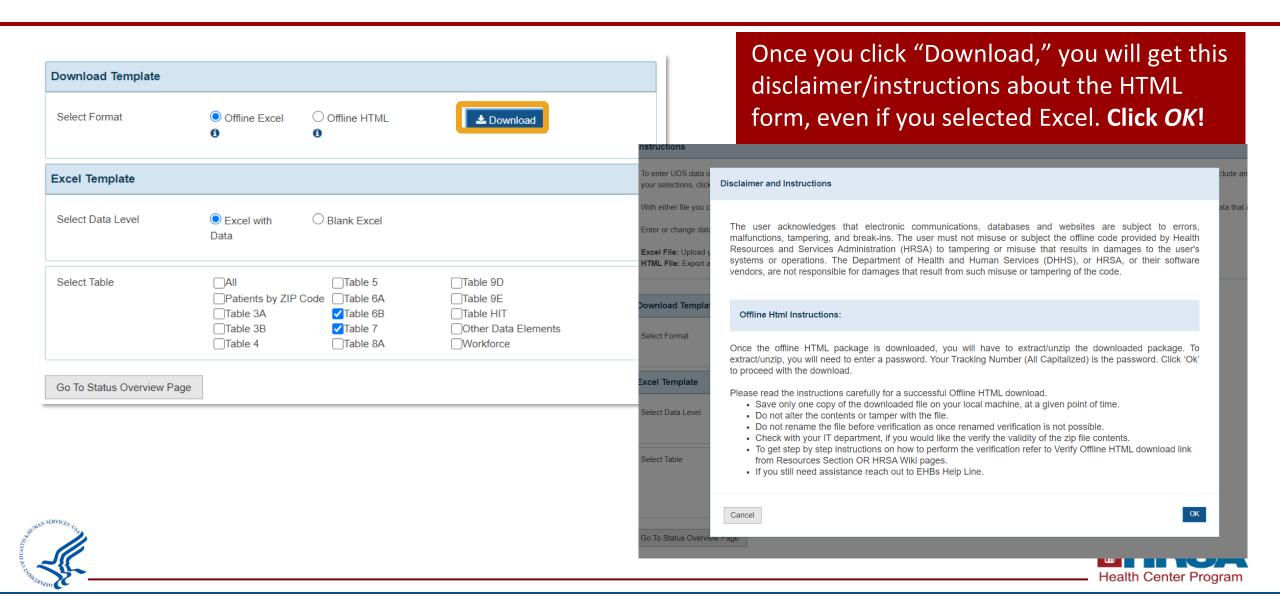
If no data or only test
data have been entered,
then blank is better.
If data are present,
include these data in the
EHBs so data are available.

Typically, you should select just the set of tables you are currently working on. If you download all tables and do not use all of them, you risk uploading blank tables over existing data.



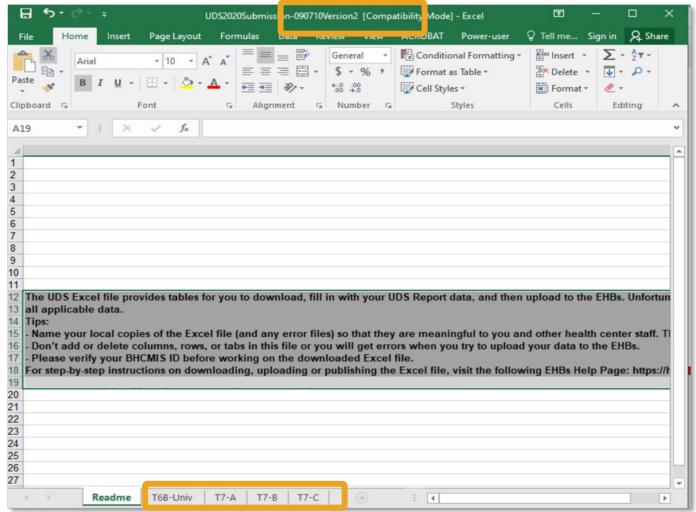


Downloading Offline Templates



Using Offline Excel

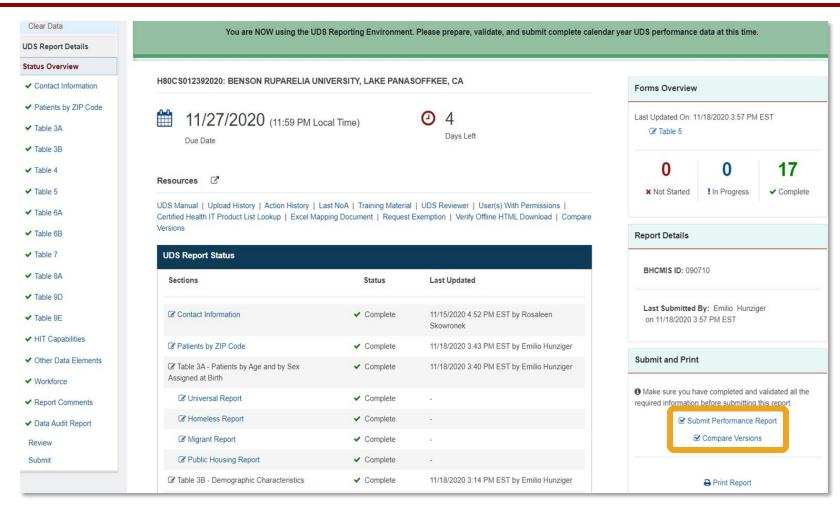
- The first tab has tips for success.
 - When it says to verify your BHCMIS ID, it means to verify that in the filename. Your BHCMIS ID does NOT start with H80 (It may be 6 numbers or 6–7 numbers with an E in it).
- Table 7: Each section/ measure has its own tab.





Accessing Comparison Report

- From the UDS Home Page or Status
 Overview Page, you can access your
 Comparison Report.
- Here, you can view last year's and this year's UDS reports side by side.

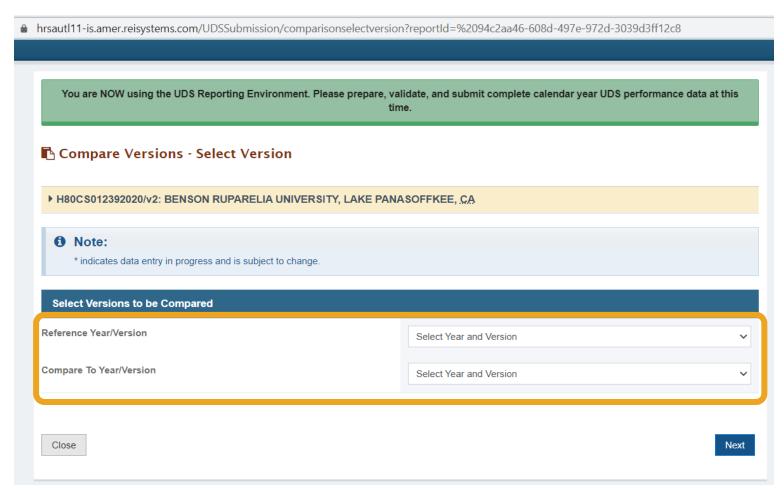






Running the Comparison Report

- Select your reference and comparison year.
- You can compare different versions of your report to see notable changes.







Poll #2

What changes can you identify from the Comparison Report? (Select all that apply.)

- Staffing
- Insurance mix
- Special populations served
- Clinical quality measure outcomes
- Revenue related to non-patient service receipts





Poll #2: Answer

What changes can you identify from the Comparison Report? (Select all that apply.)

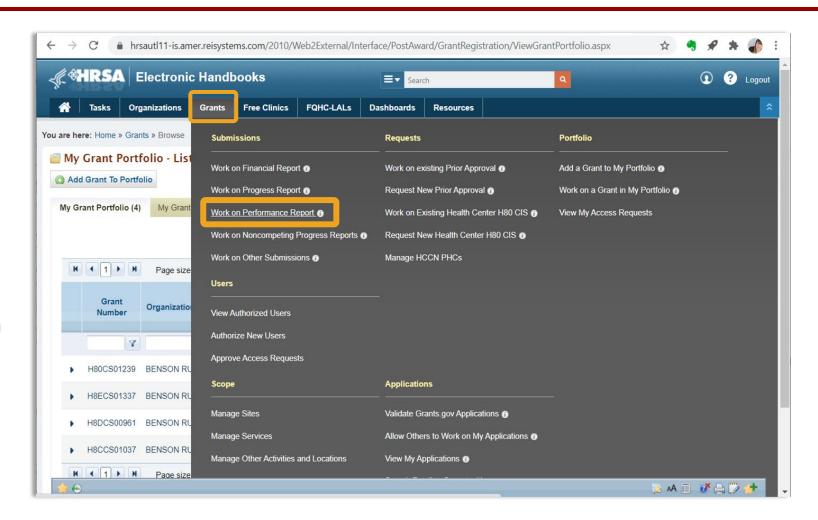
- Staffing
- Insurance mix
- Special populations served
- Clinical quality measure outcomes
- Revenue related to non-patient service receipts





Accessing Prior UDS Reports

- The UDS is the Performance Report for your H80 grant.
- Click on the Grants tab, then under Submissions, click on Work on Performance Report.
- The next page will have a Performance Report for each year.
- Click on the Performance Report, then see reports available in the subsequent screen.





Using Available UDS Data and Reports

Standard reports and publicly available UDS data:

• Standard Reports in the EHBs: Health Center Trend Report (sample below), Summary Report, Health Center Performance Comparison Report, Rollup Reports

Health Center Program Data are available on HRSA's site, including rollup data, comparison data, and

health center profile data.

	2019	2020	2021	2020 - 2021		2019 - 2021	
				Change	%	Change	%
Access							
Quality of Care Indicators/Health Outcomes							
Preventive Health Screenings and Services							
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	71.21%	65.13%	68.72%	3.58%	5.50%	-2.49%	-3.50%
Body Mass Index (BMI) Screening and Follow-Up Plan ¹	72.43%	65.72%	61.32%	-4.41%	-6.71%	-11.12%	-15.35%
Tobacco Use Screening and Cessation Intervention ¹	87.17%	83.43%	82.34%	-1.09%	-1.30%	-4.83%	-5.54%
Cervical Cancer Screening ¹	56.53%	51.00%	52.95%	1.95%	3.82%	-3.59%	-6.34%
Breast Cancer Screening	-	45.34%	46.29%	-	-		-
Colorectal Cancer Screening	45.56%	40.09%	41.93%	1.83%	4.58%	-3.63%	-7.98%
HIV Screening	-	32.29%	38.09%	-	-		-
Screening for Depression and Follow-up Plan	71.61%	64.21%	67.42%	3.21%	5.00%	-4.20%	-5.86%





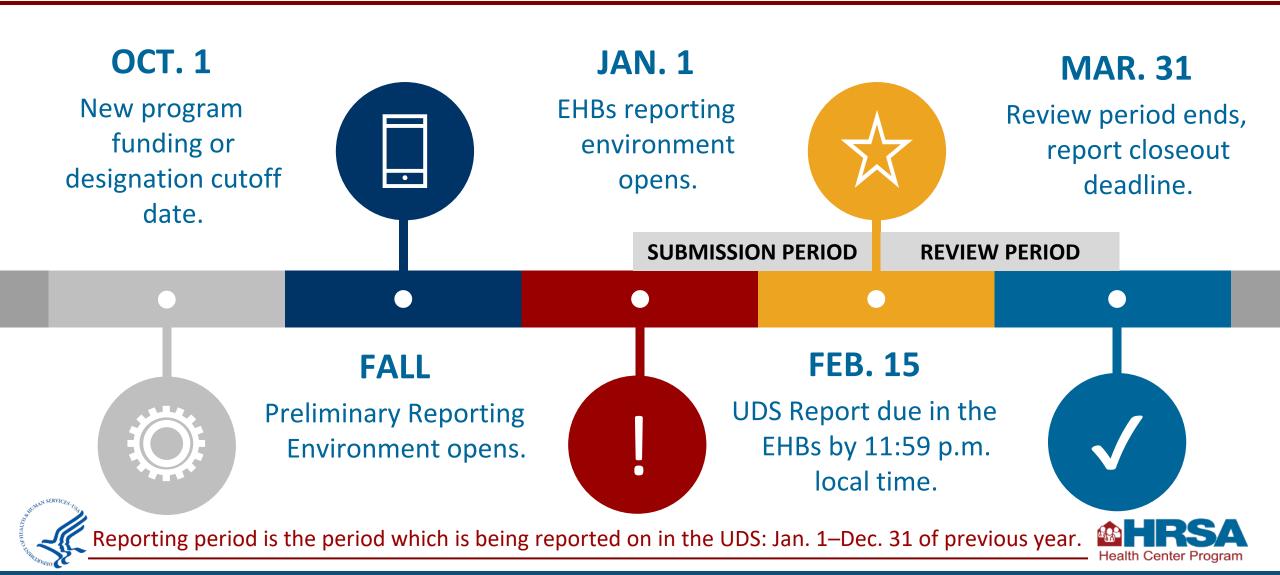
Managing the Review Process

Remember, initial submission is not the end of the process!





Reporting Timeline



Managing the Review Process



- Information is not complete until the **end of the calendar year**; don't start entering data into tables yet.
- Other information can be entered as soon as the PRE opens! Some information can be entered on the HIT, ODE, and Workforce forms. You can download offline data tools now to practice.
- Submit your report through the EHBs by February 15. Be sure to allow time to address edits!
- When addressing edits, if you have added notes on the tables, direct the reviewer to these comments in your edit responses. Otherwise, provide detailed responses on the edits in the Data Audit Report.
- If you have not heard from your reviewer by March 1, either with review questions or that your report has been accepted, email them!
- Reviewers send emails through the EHBs, and sometimes those get caught in spam filters. You can also go into the EHBs to check the status.
- If you are not able to meet the dates set by your reviewer or have limitations that the reviewer needs to know about, let them know!



Understanding Your Data and Responding to Edits

- Work together to understand and resolve edits and reviewer questions.
 The key data checks discussed earlier will set you up for success!
- Edits are an opportunity to consider your data from a broader perspective, resolve issues, revise data, or provide meaningful explanations.
- All personnel involved in UDS data collection and submission should be prepared to respond to edits and reviewer questions.



If you do not understand what an edit on the Data Audit Report is asking, contact the UDS support line (866-UDS-HELP or udshelp330@bphcdata.net).



Download the **Summary Report** to view national averages from the prior year that are often referenced by edits.





Resources, Questions, and Answers





NEW: UDS Training and Technical Assistance Microsite



- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance
- Organized by UDS topic areas, such as:
 - Reporting guidance
 - Patient characteristics
 - Staffing and utilization
 - Clinical care
 - Financials

Visit the BPHC UDS Training and Technical Assistance Page

Check out the <u>UDS Submission Checklist</u>—a reference tool to help ensure a complete, accurate, and on-time UDS submission.





Available Assistance

- UDS content support
 - Support line 866-837-4357
 - udshelp330@bphcdata.net
- Technical assistance materials, including local trainings, are available online:
 - UDS Training and Technical Assistance Page
- Health Center Program Support for questions about the Health Center Program.
- EHBs support
 - UDS Report and Preliminary Reporting Environment access (in <u>EHBs</u>)
 - EHBs system issues: 877-464-4772, Option 1
 - EHBs account access and roles: 877-464-4772, Option 3
- National Training and Technical Assistance Partners





Resources for the Electronic Handbooks

- <u>EHBs Overview Video</u> explains the importance of UDS reporting and the permissions required to access the UDS report and provides an overview of UDS tables and appendices.
- <u>HRSA EHBs Knowledge Base</u> is a wiki that introduces the electronic submission system, EHBs, PRE, and <u>system</u> enhancement resources.

Reporting Guidance Located on the Electronic Handbooks (EHBs)

- <u>Accessing UDS Reporting Guidance Resources on the Electronic Handbooks</u> provides steps to find resources on the EHBs that help Health Center Program awardees and look-alikes (LALs) access UDS reports and the PRE.
 - UDS EHBs User Guide: A step-by-step guide of the process to access, prepare, submit, and revise UDS reports and access standard UDS reports in the EHBs.
 - Accessing Standard UDS Reports: Quick reference sheets that describe how to access standard UDS reports from the EHBs.
 - Offline Excel Mapping Tool: A companion file to the offline UDS data Excel template. This tool helps streamline
 reporting by providing mapped cell locations to data fields. The offline Excel and mapping documents should be used
 with an Electronic Health Record (EHR) or data system to help in automating the UDS Report.
- <u>2021 EHBs Reports Formula Reference Guide</u> explains the calculation formulas used for statistics included in standard UDS reports.





Training Webinar Series for 2022 UDS Reporting

- UDS Basics: Orientation to Terms and Resources
- The Foundation of the UDS: Counting Visits and Patients
- UDS Clinical Tables Part 1: Screening and Preventive Care Measures
- UDS Clinical Tables Part 2: Maternal Care and Children's Health
- UDS Clinical Tables Part 3: Chronic Disease Management
- Reporting UDS Financial and Operational Tables
- Successful Submission Strategies





Preliminary Reporting Environment Launch Delayed



- The launch of the 2022 Uniform Data System (UDS) Preliminary Reporting Environment (PRE) has been rescheduled to November 4, 2022.
- Learn more about the PRE at this upcoming technical assistance webinar:

UDS Training: PRE Webinar
November 10, 2022
1:00 – 3:00 PM ET
Register





Community Health Quality Recognition





Community Health Quality Recognition (CHQR) Badge Eligibility Criteria

- CHQR badge eligibility criteria have been established for clinical quality measures (CQMs) that do not currently have established national benchmarks.
 - Criteria will be used to award CHQR badges for the 2021–2022 UDS reporting periods
 - Provides health centers with clear targets to shape quality improvement strategies
- Benchmarks, new badges, and criteria changes will take effect for the 2021 UDS reporting period, including:
 - Incorporating Look-Alikes (LALs) into Adjusted Quartile Rankings. As a result, LALs will be
 eligible for Health Center Quality Leader badges.
 - Adding new CHQR badge categories: HIV, maternal and child health, and addressing social risk factors to health.
 - Awarding one COVID-19 response badge using UDS-reported data on COVID-19 testing and vaccinations.
 - Adopting updated criteria for the Health Disparities Reducer badge.



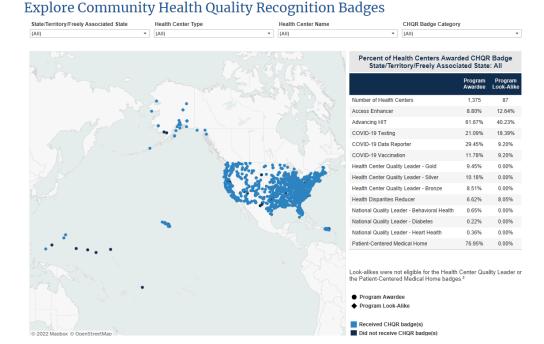
Access CHQR Overview and CHQR FAQ



Access Community Health Quality Recognition Data

Community Health Quality Recognition (CHQR) Dashboard

- Dashboard available publicly on the data.hrsa.gov website.
- Provides visualization, national-level summary, state-level summaries of CHQR badges awarded.
- Identifies program awardees and lookalikes that have made notable quality improvement achievements.
- Updated annually with UDS data release.







Questions and Answers





Thank You!

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)



udshelp330@bphcdata.net or Health Center Program Support



1-866-837-4357

bphc.hrsa.gov



Sign up for the *Primary Health Care Digest*





Connect with HRSA

Learn more about our agency at: www.HRSA.gov



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