UDS: UNIFORM DATA SYSTEM

Table 5: Staffing and Utilization

PURPOSE:

Table 5 identifies staff full-time equivalents (FTEs), patient visits, and total patients by service category.

CHANGES:

- There are no changes to the Table 5 reporting requirements for 2018.
- Many of the requirements have been further clarified in this version of the UDS Manual.

KEY TERMS:

FTEs:

- "1.00 FTE" is defined as being the equivalent of one person working full-time for one year.
- Each health center defines the number of hours for "full-time work" for each position.
- FTEs are based on employment contracts for clinicians and exempt employees.
- FTEs are calculated based on paid hours as a percentage of full time hours for non-exempt employees (e.g., 2,080 hours/year or 1,820 hours/year).
- FTEs are adjusted for part-time work or for part-year employment.

VISITS:

To qualify as a visit, the following criteria must be met:

- Must be face-to-face between the patient and the provider (an exception is provided for behavioral health telemedicine);
- Medical and dental providers must be licensed;
- Provider must be acting independently;
- Provider must be exercising professional judgment;
- Service must be documented in the patient's chart.

PATIENTS:

- An individual who receives one or more documented "visits" of any service type: Medical, Mental Health, Dental, Substance Use, Other Professional, Enabling, and Vision. Patients may be counted once per service category.

HOW DATA ARE USED:

Table 5 is part of the Staffing & Utilization Profile for the UDS Report. The data are used to evaluate staffing of key health center leadership, clinical staff, and providers:

STAFFING RATIOS: FTEs are used to calculate staffing ratios per provider FTE.

PROVIDER PRODUCTIVITY: Visits per provider FTE.

CONTINUITY OF CARE: Visits per patient.

PERFORMANCE MEASURES:

- Service cost per service patient
- Service cost per service visit
- Charges per visit
- Collections per visit
- Average costs per FTE by type

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TABLE TIPS:

Table 5 is completed for the Universal Report and for grant-specific reports. However, grant reports include only visits (Column b) and patients by service category (Column c); FTEs are not reported on the grant report. Appendix A of the UDS Manual contains a list of personnel categorized as providers and non-providers.

FTEs:

- Report FTEs on lines corresponding with work performed and licensure, not by job title.
- Include as FTEs: employees, contracted personnel (not paid by unit of service), volunteers, and residents based on hours worked.
- Do not reduce clinical FTEs for vacation, continuing education, meetings, paid leave, holidays, etc.
- Do not allocate a portion of MDs' and mid-level practitioners' time to non-clinical functions, except for the medical director.

PATIENTS:

A patient is counted only once in each category in which they receive services (e.g., medical, dental, substance use, etc.) regardless of the number of visits received.

VISITS:

- Report visits on lines corresponding with staff performing the service.
- Medical visits are provided by physicians and mid-level practitioners only.
- Dental visits are provided by dentists, dental therapists, and dental hygienists only.
- Mental health visits can be provided by psychiatrists, licensed clinical psychologists, licensed clinical social workers, other licensed mental health providers and other mental health staff.
- Substance use service providers do not require licenses or credentials for visits to be included on the UDS.
- Include visits provided by paid and volunteer staff; provided by a third party and paid for in full by health center, including paid managed care referrals or voucher program visits; and those performed by staff rounding on health center patients in the hospital.
- One visit per patient, per service category, per day. (exception: two visits of the same type with two different providers at two different locations within one service category may both be counted).
- A provider counts only one visit with a patient per day regardless of the number of services provided to that patient.

CROSS TABLE CONSIDERATIONS:

- **Tables 5 and 8A:** Costs associated with staff (FTEs) reported on Table 5 must be included in the corresponding cost center on Table 8A (example shown on next page).
- Visits and patients reported in any cell of the grant tables cannot exceed the number reported in the same cell on the Universal table.
- **Tables 5 and 9D:** Billable visits reported on Table 5 should relate to patient charges reported on Table 9D. However, non-billable visits can also be counted assuming they meet the visit criteria.
- Total patients on Table 5 should be greater than total number of patients reported on Table 3A (unless only one type of service is offered).
- All medical patients on Table 5 are eligible for inclusion in clinical quality measures on Tables 6B and 7.

Table 5: Staffing and Utilization

FTEs reported on Table 5, Line:	Have costs reported on Table 8A, Line:
1-12: Medical (e.g., physicians, mid-level providers, nurses)	**1:** Medical staff
13-14: Lab and X-ray	**2:** Lab and X-ray
16-18: Dental (e.g., dentists, dental hygienists, etc.)	**5:** Dental
20a-20c: Mental Health	**6:** Mental Health
21: Substance Use	**7:** Substance Use
22: Other professional (e.g., nutritionists, podiatrists, etc.)	**9:** Other professional
22a-22c: Vision Services (e.g., ophthalmologist, optometrist, optometric assistants, other vision care)	**9a:** Vision
23: Pharmacy	**8a:** Pharmacy
24-28: Enabling (e.g., case management, outreach, eligibility) – relationship of the detail follows. Note the cost categories on Table 8A are not in the same sequential order as they appear on Table 5.	**11a–11g:** Enabling
24: Case Managers	**11a:** Case Management
25: Patient/Community	**11d:** Patient and Community Education
26: Outreach Workers	**11c:** Outreach
27: Transportation Staff	**11b:** Transportation
27a: Eligibility Assistance Workers	**11e:** Eligibility Assistance
27b: Interpretation Staff	**11f:** Interpretation Services
27c: Community Health Workers	**11h:** Community Health Workers
28: Other Enabling Services	**11g:** Other Enabling Services
29a: Other programs/services (e.g., non-health related services including WIC, job training, housing, child care, etc.)	**12:** Other related services
29b: Quality Improvement Staff	**12a:** Quality Improvement
30a-30c and 32: Non-Clinical Patient Support (e.g., corporate, intake, medical records, billing, fiscal, and IT staff)	**15:** Administration
31: Facility (e.g., janitorial staff, etc.)	**14:** Facility

Table 5: Staffing and Utilization

SELECTED CALCULATIONS:

Dividing total cost/service by FTEs, visits, and patients for that service yields average costs:

- Average cost per FTE: $5,757,876/26.59 = $216,543
- Average cost per visit: $5,757,876/25,499 = $226
- Average cost per patient: $5,757,876/10,616 = $542

TABLE 5 — STAFFING AND UTILIZATION

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
16	Dentists	8.70	21,455	
17	Dental Hygienists	2.45	4,044	
17a	Dental Therapists			
18	Dental Assistants, Aides, Techs	15.44		
19	SubTotal Dental Services (Lines 16–18)	26.59	25,499	10,616

TABLE 8A — FINANCIAL COSTS

Line	Financial Costs for Other Clinical Services	Accrued Costs (a)	Allocation of Facility and Non-Clinical Support Services (b)	Total Cost After Allocation of Facility and Non-Clinical Support Services (c)
5	Dental	3,986,773	1,771,103	5,757,876
6	Mental Health	1,356,455	652,157	2,008,612
7	Substance Abuse	446,473	217,386	663,859