

# UDS Overview

Hi, welcome and thanks for joining me today to learn about the Uniform Data System (or UDS).

Please click the **START** button to begin.

## Welcome

I'm Kelly, your UDS Report expert, and I am here to help orient you to the UDS reporting requirements.

## Introductions

Let's start with introductions.

- If you'd like, please let me know who you are by typing your name in the box. This information is just used as we interact during this session and is not saved.
- If you don't want to enter your name, just click **Sign In**.

## Get Started or View Navigation

If you've been here before and know how to use the navigational features, you can go straight to the training by clicking on the **LET'S GET STARTED** button.

If you'd like to learn more about our training's navigation - click on the **HOW TO NAVIGATE** button to continue.

## Navigation: Table of Contents & Transcript

Before I go on - if you are interested in hearing the audio narration, please be sure to adjust your computer speakers so that you can hear me. If you would like to read the transcript, you can see it over here in the "TRANSCRIPT" tab on the LEFT of your screen.

Also ON THE LEFT of the screen, you'll see a tab that says "TABLE OF CONTENTS." You can use this tab to go anywhere you want within this course. You may find it useful if you want to review something specific about the UDS. In that case, you can just click on any of the topics listed and jump to that particular section of the course. If you would like an overview that covers all the topics, just stick with me.

## Navigation: Play, Previous, Next

AT THE BOTTOM of the screen, you'll see a control bar with navigation controls and buttons that will let you adjust your viewing experience:

- If you want to stop the video, just hit the play button once (to pause), then hit it again to resume.
- You can also slide the progress bar to the left if you would like to repeat some of the material, or slide it to the right to jump ahead.
- To go to the slide just before or to proceed to the next slide, use the buttons to the right of the control bar labeled "PREVIOUS" and "NEXT."

## **Navigation: Resources, Main Menu, Exit**

There are several links AT THE TOP RIGHT of your screen:

- If you click on the RESOURCES link, you will see additional files and links to websites that will help you in completing your Report. You can also download a copy of the Transcript here;
- If you click on the MAIN MENU link, you can return to the UDS Learning Center's library; and

When you're done, click on the EXIT link, and you will exit the course entirely.

## **Navigation: Icons**

Throughout the course you will see icons that you can click on to:

- View or print the UDS tables;
- Refer to the UDS Manual;
- See helpful hints that should help you with your UDS Report; or
- Take you to a Case Study example to see how all of the UDS data works together.

One last thing before we begin - if you need to leave this training early and return to it later, you can do that. When you come back next time, we will remember where you left off and ask you whether you want to continue from there or start again from the beginning.

I think that covers the details about how to move through the course. Let's get started!

## **What is the UDS?**

So, what exactly is the UDS?

## **What is the UDS?**

The UDS is a core, standardized data set that is used to review the operation and performance of health centers. It is used to collect data annually from federally-supported programs, including Section 330 grantees [those health centers who receive funding through any of the Bureau of Primary Health Care (BPHC) Community Health Center programs including:

- Community Health Center (CHC);
- Health Care for the Homeless (HCH);
- Migrant Health Care (MHC); and
- Public Housing Primary Care Program (PHPC).

There are other health centers who complete the report as well, including look-alikes and Bureau of Health Workforce (BHW) primary care clinics. Urban Indian Health programs submit a separate, but similar UDS Report - different than the one we'll talk about here today.

The UDS reports provide a comprehensive picture of all activities within the scope of BPHC-supported projects. It enables BPHC and BHW to track data on patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. Data is also used to help individual health centers and the broader Health Center Program to conduct performance and quality improvement activities.

## **Why are these data important?**

The BPHC has a long tradition of collecting program data from funded programs and more recently, the BHW has joined in those efforts. The UDS is a valuable tool for several reasons.

- UDS data are reported annually to Congress and the White House Office of Management and Budget (OMB) to demonstrate how federal dollars are used to meet programmatic mandates. This information has been invaluable in documenting the effectiveness of these programs to funders and other stakeholders over time.
- HRSA and health centers can use these data to demonstrate their accomplishments, evaluate performance, and identify opportunities for program improvement.
- It can also be used to set baselines and goals and to track performance improvement over time. And, for that reason, it is particularly important that UDS data are reported accurately to support these program monitoring and quality improvement activities.

## **What are these data important?**

These data are also used to help identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations.

UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health center programs for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by health centers.

## **Why are these data important?**

The UDS also serves a very practical purpose for grantees and look-alikes. UDS data are directly linked to the grant application and look-alike designation processes; health centers are required to include select clinical and financial measures in their Service Area Competition (SAC), Budget Period Renewal (BPR), and look-alike designation applications. BPHC uses data reported in UDS Reports to monitor progress in achieving the goals set out in those applications.

## **How can this training help me?**

We hope to provide you a high-level overview of key issues related to your UDS Report.

## **How can this training help me?**

Specifically, during this training we will:

- Introduce you to the UDS and the importance of the data;

## **How can this training help me?**

- Talk about expectations for submitting your UDS Report including dates that are important to the data submission and review process;

## **How can this training help me?**

- And, be sure to share strategies for successfully completing your UDS Report, with the interrelatedness of the UDS tables in mind.

At the end of the training, I'll review the types of assistance and resources available to help you with this very important reporting requirement.

## **Let's talk more about the UDS Report**

OK, so let's talk a little more about the UDS Report itself.

## Snapshot of Patients & Performance

The UDS is made up of twelve tables that provide a snapshot of your center's patients and performance. We'll quickly mention the information covered in each table here, but for a more in-depth look at any of the UDS tables, please access our table-specific training modules.

Briefly, the data you report in each of the UDS tables are grouped together to develop "profiles" for four important areas; more specifically:

A **Patient Profile**, which provides an overview of the patients served by the health center program including number of patients served and socio-demographic characteristics:

- Patient origin and third party medical insurance (in the Zip Code Table)
- Age/sex assigned at birth (in Table 3A)
- Demographic characteristics, such as Hispanic or Latino Ethnicity, Race, Language, Sexual Orientation, and Gender Identity (in Table 3B); and
- Income, primary third party medical insurance (including managed care member months) and identification as a member of a "special population" (e.g., agricultural worker, homeless status) in (Table 4).

A **Staffing & Utilization Profile**, that describes your staffing model and the quantity of services you provide, including:

- The types and quantities of services provided to health center patients and the staff who provide these services; including information about full-time equivalents (FTEs), visits, and patients (in Table 5) and
- The length of time specific staff have been in their respective roles (in Table 5A).

A **Clinical Profile**, that reports about:

- The number of visits by selected diagnoses (in Table 6A)
- Quality of care measures, such as access to prenatal care; childhood immunizations; health screenings; treatment for health issues; and identification of and follow-up care for newly-diagnosed HIV patients (in Table 6B); and
- Health outcome measures for birth weight, hypertension, and diabetes by race and ethnicity (in Table 7).

And, a **Financial Profile**, that describes the cost of delivering services and amount of income generated by health centers, including:

- Financial costs accrued by cost center (in Table 8A)
- Patient-related revenue; including charges, collections, allowances, sliding discounts, and bad debt by payer type (in Table 9D); and
- Other (or non-patient generated) income such as grants and contracts (in Table 9E).

## Electronic Health Records (EHR) Capabilities & Quality Recognition

And, lastly, you will be asked to answer a series of questions about your health information technology (HIT) capabilities including:

- The adoption of Electronic Health Records (EHRs);
- The certification of the systems;
- The degree to which the use of EHRs and other HIT systems have been adopted by health center providers; and
- National and/or state quality recognition (accreditation or Patient Centered Medical Home (PCMH) recognition).

## Universal & Grant Reports

Let's move to a more detailed look at what's inside the UDS Report.

It includes two components:

- The **Universal Report** - completed by all health centers. The Universal Report consists of one copy of each of the UDS tables. This report provides data on patients, services, staffing, and financing across all programs. The data reflect all activities that are considered “in scope” for the reporting agency; and
- **Grant Reports** - completed by **grantees who receive multiple 330 grants** from the BPHC Health Center Program. The Grant Report consists of additional copies of Tables 3A, 3B, 4, 6A, and part of Table 5 only. Grant Reports provide comparable data for the portion of the program that falls within the scope of a project funded under a particular funding stream. Separate Grant Reports are required for each funding stream for grantees funded through the Migrant Health Center, Health Care for the Homeless, and Public Housing Primary Care programs, unless a grantee is funded under only one of these programs, in which case they would only complete a Universal Report. It should be noted that the data that is reported in Grant Reports are also included in the Universal Report.

## Scope of Project

For your UDS Report, you will report on your scope of project **for the 12-month period from January 1<sup>st</sup> to December 31<sup>st</sup>.**

For many of you, your scope of project is likely your entire program. However, for some of you, your scope of project may not include all of your activity. To determine which activities are within your scope of project - you can look to your grant application and your Notice of Grant Award.

If you are part of a larger organization such as a health department or medical center, your scope of service is not defined by your organization. Similarly, you may have one or more service sites that have not been approved in your scope. For these organizations, you will only report on that portion of your program that is approved in-scope. It is critical that you consistently report your activity across all tables when you are reporting only a portion of your program.

## Who needs to report?

As we mentioned earlier, all Section 330 grantees, look-alikes, and Bureau of Health Workforce primary care clinics submit the 12 tables and EHR Capabilities and Quality Recognition Form that, together, make up the Universal Report.

**Health centers funded or designated in whole or in part before October 1 are required to submit a UDS Report. Those funded or designated for the first time on or after October 1 are not required to submit a UDS Report.**

OK, so we've mentioned a couple of times that what you'll report will vary depending on your funding and type of organization. Let's summarize that next.

## Health Center Program: single grant

This one is the easiest one - Health Center Program (Section 330) grantees that receive **only one BPHC 330 grant** will submit a Universal Report (the 12 tables plus the EHR Capabilities and Quality Recognition Form).



## Health Center Program: multiple grants

Now, if you're a Health Center Program (Section 330) grantee that receives **multiple 330 grants** (i.e., CHC, HCH, MHC, or PHPC)- then you will **also** file **separate** Grant Reports for each funding stream. Grant Reports include only Tables 3A, 3B, 4, part of 5, and 6A, and they cover only those patients served by the special population program. So, the Grant Reports provide specific information about only a subset of your patients and services funded by each of the individual grants. By separately reporting your special population activity, the BPHC is able to aggregate and report national activity for the Homeless, Migrant, and Public Housing programs to funders.

Because Grant Reports comprise a subset of data from the Universal Report, it is expected that data will be counted in both the Universal and Grant Reports. One important note-once you have identified a patient's care is supported by a funding stream other than the 330 grant, you'll need to report all data for that patient in all of the corresponding Grant tables, regardless of whether services they received (e.g., dental) fall under the additional funding.

## Look-alike Programs

Look-alike programs report all twelve tables, similar to Section 330 grantees; data fields that do not apply to look-alike agencies will be grayed out (that is your cue that you will not complete those fields). For example:

- Look-alikes do not need to provide detailed information about agricultural workers or homeless patients on Tables 3A, 3B, and 4; and
- Do not need to report 330 grant information on Table 9E.

## BHW Primary Care Clinics

Bureau of Health Workforce primary care clinics will submit UDS Reports that exactly mirror the Universal Reports submitted by Section 330 grantees. In other words, BHW primary care clinics will submit a Universal Report (the 12 tables plus the EHR Capabilities and Quality Recognition Form) but not the separate Grant Reports that we talked about just a bit ago.

## Let's talk more about how & when to report

Great. Now that you know what the UDS Report is, and who needs to report what, let's talk about **how** you'll go about reporting this information.

## How do I report?

Health Center Program grantees, look-alikes, and Bureau of Health Workforce primary care clinics will submit their data through a web-based reporting system that is a part of the Electronic Handbook (or EHB). Using the address you see here, you will use your EHB username and password to log into the EHB to complete and submit your UDS Report. The EHB will present you with electronic forms that will guide you through completion of your report. Some important things to know about the EHB data collection/submission process are that:

- The EHB opens to health centers on January 1<sup>st</sup>;
- You will be able to work on the tables in sections and save as you go along. So, you do not have to complete the entire report in one session. Feel free to return to complete or correct them later, as needed. Make sure you save your work as you go!
- As you move through your report, automated edits will check for inconsistent or questionable entries and notify you when there's a problem. The EHB will provide you with a summary of which tables are complete and, once complete, list the "EHB edits" with questions to help you in clearing possible errors.
- Your report **will not be filed** until the person responsible for submitting the report actually SUBMITS it.

Training on the EHB is available through an online training module (click on the Online EHB training link on this screen to access that training); and includes a HELP function which you can access in the application for assistance.

## When do I report?

Let's talk about some of the critical dates associated with your UDS Report. Starting with one of the most important dates - the **due date**.

- Your UDS Report is due February 15<sup>th</sup> (and, yes, that does mean that if the 15<sup>th</sup> falls on a weekend day, it's due on that day, not the following Monday). Now, even though the report is ultimately due on February 15<sup>th</sup>, you **can** submit your report BEFORE February 15<sup>th</sup>. You will be able to start entering your data into the Electronic Handbook or EHB as of January 1<sup>st</sup>. So, you can see, that if you start early enough, you could potentially submit your report earlier than February 15<sup>th</sup> (which can be to your benefit - I'll explain why in just a moment).
- From February 15 through March 31, Reviewers and health centers work together to ensure accuracy in reporting. Reports are reviewed in the order in which they are received. So, now you can see why it is to your benefit to submit sooner; the sooner your completed report is submitted, the more opportunity you will have to work with your Reviewer to make sure your report is complete and accurate! A late submission may result in your Reviewer not having enough time to provide assistance and feedback before the final deadline; in which case, your Reviewer may have to downgrade table ratings (e.g., rate your table "questionable") due to the compressed timeframe (I'll explain more about this when we discuss the review process in detail).
- Your UDS Report needs to be finalized and closed out **by March 31<sup>st</sup>**.

## Let's talk more about the review process

OK, so that was a brief overview - let's give you a little more information about the review process itself (along with some tips to help make the review go as smoothly as possible)!

## Review Process

As I mentioned, you will be working with your Reviewer to make sure that your UDS Report is complete and accurate. It is very important that your initial submission is as complete and accurate as possible so you do not waste your and your Reviewer's time having to reanalyze your data.

For the most part, a Reviewer is assigned to work with each state - so that means that they will be knowledgeable about unique reporting differences for your state. After you submit your report, your Reviewer will analyze your data and perform calculations to consider the reasonableness of your reported data. They'll look for inconsistencies in your report, consider data trends, and review your EHB comments during this initial pass through. This is where your **thoughtful comments** in the EHB will save your Reviewer from spending time looking at issues for which you have reasonable explanations.

Within a few weeks of your report submission, your Reviewer will prepare and email you a summary of possible problems with your report. You will review the list and address all issues identified by your Reviewer. We realize that not all issues will necessarily be errors with your data:

- Sometimes it may be that you just need to confirm that your data are correct or provide an explanation for why the data appear inconsistent or are drastically different from what you reported in previous years;
- Other times you will need to go back and review your data source and correct the data that you have submitted.

Your Reviewer will work with you by phone and email to finalize your report **by March 31<sup>st</sup>**. If you submit your data late (after February 15<sup>th</sup>) you will have **less time** to work with your Reviewer to correct your data. Your Reviewer's final task will be to rate your data; so, if you have not corrected data or provided explanations for issues raised by your Reviewer, they may have to conclude that your data are not complete and may rate your data as "questionable." Rating data "questionable" means that your Reviewer is not confident that the data accurately reflect your operations.

## Reporting Tips

The review process is a collaborative one during which you and your Reviewer work to make sure that what you are reporting is a clear and accurate reflection of the hard work that you and your staff do every day. Here are a few tips that might help make the review process a bit easier for you:

- Remember, the EHB opens on January 1<sup>st</sup> - plan ahead and start your data entry early so you have time to review your submission and address problems before the deadline.
- Please do not submit a partially vetted report on February 15th just to meet the deadline. Please do not enter notes in the EHB that say you'll complete the data during the review process. The review period should be used to ensure that the data you submitted are accurate and complete - not viewed as a way to extend the due date. If you do submit a partial report, it will be returned to you for completion and the assistance from your Reviewer will be delayed.
- Over 1,000 edits are built into the EHB system to assist you with making sure that your report is complete and accurate. The edits are designed to flag when there appear to be problems with your data. Use these edits to your advantage - review them, and address them by either correcting the data error or entering a comment in the EHB about why you believe the data is correct as reported. Now, that does not mean simply commenting, "data correct as reported." Rather, it means that you will provide a clear explanation as to **why** the data is correct as reported. For example, "dental visits declined significantly since last year because we closed a dental clinic." Failing to correct erroneous data or provide thoughtful explanations for your data on initial submission results in more work for you later.

## Let's talk more about cross-table issues

Another thing that might help you provide an accurate UDS Report is to understand how the UDS tables are interrelated. So, let's take a moment and talk about some of the cross-table issues that you'll want to pay attention to as you complete your report.

## **Strategies for Successful Reporting**

Again, realize that the twelve tables that make up the UDS Report are interrelated and, together, provide a holistic picture of your organization. This is an especially important point because, since the tables are interrelated, staff should not complete them in isolation. For most organizations, multiple people (i.e., IT, finance, and clinical staff) will be involved in completing the tables. To successfully complete your report accurately, clinical, administrative, and financial staff will need to work as a team to complete the report.

Let me see if I can explain why:

- Let's say your CFO prepares the financial tables, your IT staff completes the patient demographic tables, and your clinical staff completes the clinical tables and they never check in with one another. Since how you report data on one table affects how the data looks when compared with what is reported on other tables - you could inadvertently encounter a number of inconsistencies resulting in EHB edits (for example, costs you've reported on Table 8A are inconsistent with the number of visits you reported on Table 5). It's important to understand that the tables draw from one another and need to be consistent to reflect an accurate picture of your health center, our ultimate goal with this process.

## **Strategies for Successful Reporting**

We offer a number of resources to help you complete this report accurately - take advantage of them. We'll be sure to tell you where to access these resources before we end; for now, just realize that there are very detailed instructions about how to complete your UDS Report in the UDS Manual. Familiarize yourself with the manual or have it with you as you prepare your report or as questions arise. Be sure to use other supporting materials (like the Quick Fact Sheets) for refreshers, contact us via the Helpline (throughout the reporting year), or speak with your Reviewer (during the review process) with specific questions about your site.

## Strategies for Successful Reporting

And, finally, take the time to review your report before you submit it. Make sure your data is complete and accurate.

- Submit on time, but **do not submit** an incomplete report just to make the deadline.
- Address all EHB edits and provide thoughtful explanations. Remember, comments like “the data are correct as reported” just because it came from your system, are not sufficient. Your Reviewer will simply need to ask you to follow-up with that issue. The true test of your understanding of your data is whether the data are consistent with your expectations and you can explain it to your Reviewer in a way that helps us properly interpret your data (tell us what you looked at to convince you the data are correct as reported).
- If you submitted a UDS Report last year, look at what tripped you up. Look over your Reviewer's letters - check to make sure the same problems are not occurring this year; if they are, fix them before you submit the report.
- Consider your data across years, across tables, and in comparison to state and national averages. Is there anything you see that **you** would flag if you were someone reviewing your data? Does it fit with how you reported last year? Are the data consistent across tables? Are you significantly out performing (or under-performing) compared to other centers in your state or nationally? If so, make sure what you're reporting is correct/accurate and provide an explanation where an outsider would need help understanding what you are reporting.

## Cross-checking data

As you go through each of the training modules, we will point out to you places where you can cross-check your data on specific tables. Let me give you a few ideas. While this is not an exhaustive list, it alerts you to the types of relationships that you should consider.

- **Patient tables** - check to be sure that total patients on the Zip Code Table and Tables 3A, 3B, and 4 are consistent, and that the total number of patients makes sense relative to the number of patients reported by service category on Table 5.
- **On clinical tables** - check to see if the universes you report on Table 6B are reasonable compared with your patient population by age, sex and race on Tables 3A and 3B and medical patients on Table 5. In other words, you should question when your data reports more women in the universe for a Pap test than total number of women within the corresponding age range you've served, or if only half of your female patients within the corresponding age range were included in the universe count.

## Cross-checking data

- **On staffing & utilization tables** - staff full-time equivalents (FTEs) on Table 5 should relate to costs reported on Table 8A; and visits on Table 5 should relate to charges reported on the patient revenue table (Table 9D).
- **On financial tables** - check total costs on Table 8A against total income reported on Tables 9D and 9E to see if you are reporting a cash surplus or deficit. For example, if you are reporting \$5 million in costs and \$2 million in revenues, you should be able to confirm a serious cash flow problem! If this is inconsistent with what you had expected to see, review your data before submitting. Similarly, charges and collections reported on Table 9D should reflect your payer mix reported on Table 4 and your visit volume reported on Table 5.

## Cross-checking data

- And, since Grant Reports are subsets of Universal Reports, no field on the Grant Report table can exceed the number reported in that field on the Universal Report table.

## Available Resources

As I mentioned earlier, we provide a number of resources to help you complete an accurate UDS Report. In addition to this training module, we offer:

- An entire series of on-demand online training modules that address each of the UDS tables in great detail; and cover various special topics related to your UDS Report (e.g., Sampling, Enhancements for the Reporting Year, UDS Case Study);
- A UDS Manual that provides step-by-step instructions for completing your UDS tables;
- Quick Fact Sheets that are very helpful when you need a quick refresher about a particular UDS table or topic; and
- Program Assistance Letters (or PALs) which provide you with information about approved changes to the UDS reporting requirements. To access the PALs that cover the HRSA-approved changes to the UDS for the current reporting year, click on the links on this screen.



## Available Assistance

With these resources, we also provide a range of technical assistance to help you with the reporting and submission process. In addition to the one-on-one technical support your Reviewer provides to you during the review process, we also offer:

- Webinars - e.g., UDS for New Submitters, UDS Clinical Measures, Sampling Methods, & Reporting Enhancements. Please refer to the BPHC training website for a listing of scheduled webinars and access to previously-recorded webinars and transcripts;
- Regional in-person trainings - held in 45 states in partnership with State Primary Care Associations. Please refer to the BPHC training website for a complete list of training dates and locations; and
- Telephone and email Helplines available to you year-round.
  - The BPHC UDS Support Center/Helpline to assist you with questions about where to report your data, clarification of UDS definitions, and interpretation of edits, is available by email at: [udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net) or by telephone at: 866-UDS-HELP or 866-837-4357.
  - The HRSA Call Center (to help you if you are having trouble accessing the EHB) available by telephone at 877-464-4772; and
  - The BPHC Helpline (if you're having problems using the EHB system) available by email at: [BPHCHelpline@hrsa.gov](mailto:BPHCHelpline@hrsa.gov) or by telephone at: 877-974-2742.

## Congratulations!

### Congratulations! You've completed the UDS Overview training!

Thank you for taking the time today to learn more about the UDS reporting requirements.

## Review & Additional Resources

You can review any topic that we just covered by clicking on the hyperlinks in the Table of Contents on the left of your screen, but if you would like to do something else, click the **NEXT** button to see your options.

Please remember to access and download additional training resources by clicking on the RESOURCES LINK in the upper right-hand corner of your screen.

## Review & Additional Resources

These resources allow you to access National- and State-level UDS data; and, other reporting resources such as Quick Fact Sheets, training webinars, and the in-person regional training schedule. For ongoing questions, you can also email: [UDSHelp330@BPHCDATA.NET](mailto:UDSHelp330@BPHCDATA.NET) or call the UDS Helpline toll-free at 866-UDS-HELP.

## **Next Steps**

Now that you have completed this training - what would you like to do next?

- If you would like to return to the UDS Learning Center and choose from a listing of all of the training sessions, you can click on the "Return to the UDS Learning Center" button

### **OR**

- You can also choose to continue to learn more about the UDS, starting with the first table - the Zip Code Table by clicking on the CONTINUE button on this screen.