

UDS Training Case Study

Hi and welcome to the UDS Online Training Case Study. In this module, we will present a case study using an example from North Side (our fictitious health center) to give you the opportunity to apply what you have learned about the UDS. Please click START to begin.

Welcome

I'm Steve, your UDS Report expert, and in this training case study, I'll tell you about Nicole's experiences at the North Side Health Center and ask you questions that will test your ability to report her story on the UDS Report. Since you will need a basic understanding of the UDS reporting requirements and each of the UDS tables to answer questions in this case study, I would suggest that you complete the other UDS training modules before continuing with this case study.

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 navigational features - 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 within the course. In that case, you can just click on any of the links in the Table of Contents to jump to that particular section. But, since this is a case study, and we'll be asking you questions as we go through the story - you may want to 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!

Case Study Overview

As I mentioned, in this Case Study, we're going to use an example of a patient from North Side - her name is Nicole. As I tell you Nicole's story and ask you questions about how you would report Nicole on your UDS report - it might be helpful for you to have a copy of her story to refer back to. Click on the RESOURCES link in the UPPER RIGHT corner of the screen to access and print a copy. You may also find it helpful to have a copy of the UDS tables as well - you can also access those through the RESOURCES link on this screen.

OK - with that out of the way - let's start.

Nicole's First Visit to North Side

Our story begins with Nicole going to North Side for the first time on January 3, 2014 - during the center's mass flu-shot drive.

Before she gets her flu shot - Julie, at the front desk - asks her to complete a registration form. On that form she reports:

- Her birth date as July 8, 1983;
- That she is a married woman; and
- Her race as African American but does not report an ethnicity.

Knowledge check: Table 3A

Based on how Nicole completed her registration form - **click on the line you would use to report Nicole on Table 3A (Patients by Age and Gender)?**

- Line 27 (30 to 34 years old); or
- Line 28 (35 to 39 years old)

If you need to reference the manual click on the VIEW THE MANUAL icon at the bottom of the screen; if you want to view Nicole's completed registration form to refresh your memory click on the VIEW EXAMPLE icon (also at the bottom of your screen).

Age group (CORRECT)

That's right! You will calculate age for Table 3A, using a cut-off date of June 30th (of the reporting year). Nicole's birth date is July 8, 1983. As of June 30th, she will have been 30 years old and would, therefore, be reported on Line 27, with other female patients age 30 - 34.

Age group (INCORRECT)

Sorry, no. You will calculate age for Table 3A, using a cut-off date of June 30th (of the reporting year). Nicole's birth date is July 8, 1983. As of June 30th, she will have been 30 years old and would, therefore, be reported on Line 27, with other female patients age 30 - 34.

Knowledge check: Table 3B

And, **given how she reported her race and ethnicity on the registration form (she reported her race as African American and did not respond to the ethnicity question) - click on where would you report Nicole on Table 3B.**

- Line 3 (Black/African American), column b (Not Hispanic/Latino),
- Line 7 (Race Unreported/Refused to Report), column b (Not Hispanic/Latino), or
- Line 7 (Race Unreported/Refused to Report), column c (Ethnicity Unreported/Refused to Report)

Race/ethnicity (CORRECT)

That's correct! At registration, Nicole identified herself as African American race, and did not report her ethnicity. Patients who self-report race but do not separately indicate if they are "Hispanic or Latino" are presumed to be non-Hispanic/Latino for purposes of the UDS. Therefore, Nicole would be counted on Line 3, column b of Table 3B.

Race/ethnicity (INCORRECT)

Sorry, that's wrong. At registration, Nicole identified herself as African American race, and did not report her ethnicity. Patients who self-report race but do not separately indicate if they are "Hispanic or Latino" are presumed to be non-Hispanic/Latino for purposes of the UDS. Therefore, Nicole would be counted on Line 3, column b of Table 3B.

Second appointment: February 2014

During the second week in February, Nicole starts getting terrible headaches. She also recently took a home pregnancy test and thinks she may be expecting. So, she figures it may be time to schedule an appointment at North Side. She calls and is able to be seen right away!

On February 15th, she goes to North Side to see Dr. Verde - a general practitioner she has chosen as her Primary Care Provider through her HMO. When she arrives, Julie (remember her - the receptionist at the front desk?) makes a copy of her insurance card and notes that she has a private fee-for-service managed care plan.

February 15th Appointment

During her appointment Dr. Verde confirms that Nicole is indeed expecting, with a due date of November 1st. She also diagnoses her with hypertension and prescribes medication to control her blood pressure.

Nicole indicates that she would like to see an OB/GYN at the health center for her prenatal care. So, Dr. Verde refers Nicole to one of North Side's OB/GYNs - Dr. Greene - for ongoing prenatal care, but informs her that though North Side provides prenatal care, they do not offer delivery services.

Prenatal exam: March 7

Winter passes - spring approaches - and Nicole returns to North Side on March 7th for her first prenatal exam with Dr. Greene, OB/GYN.

Prenatal exam: March 7

Once in the exam room - a nurse measures her height and weight and calculates and records her BMI. Her weight is within normal range. The nurse also takes Nicole's blood pressure - which, today, is 130/84 (indicating that the prescribed medication is working). During her appointment, Dr. Greene asks her about her tobacco use. She tells him that she used to smoke, but quit in January. Dr. Greene also performs a Pap test, which is normal, and an HIV test, which is negative - and once results are received, documents them in Nicole's record.

Since North Side does not perform deliveries - he discusses other options with Nicole and, based on her preferences, they agree on a plan for her delivery to take place at nearby West Side Hospital.

March 7: check out

For the appointment on March 7th - when Nicole checks out - she gets a receipt showing:

- The charge for the exam was \$100;
- That she paid \$10;
- The charge for the Pap and HIV tests was \$40 but with no co-pay (other than the one she paid for the visit); and
- The balance - \$130 - would be billed directly to her insurance.

Dental appointment: October 4

Nicole is in good health and her pregnancy is progressing normally. But, she returns to North Side again on October 4th for a scheduled dental visit.

When Nicole checks in, she tells Julie that she was laid off from her job on August 31st and is now on Medicaid. Julie makes a copy of her Medicaid card and tells Nicole that dental services are covered, with a \$10 co-pay. Nicole asks Julie if she can be billed for the co-pay since she forgot to bring money with her.

Julie asks Nicole to fill out the sliding fee information form and determines that her family income is at 130% of the Federal Poverty Level, which entitles her to a 50 percent discount for services.

Knowledge check: Table 4 (income)

Let's take a moment and see where you report Nicole on Table 4 - click on the line to indicate **on which income line you would report Nicole on Table 4 (Selected Patient Characteristics)**.

- Line 1 (100% and below)
- Line 2 (101-150% of the poverty level)
- Line 5 (Unknown)

Remember, if you'd like to review Nicole's story click on the VIEW EXAMPLE icon at the bottom of your screen.

Income (CORRECT)

Yes, that's correct. For the UDS, the most current household income is used for each individual. At her most recent visit her income information was collected (on the sliding fee form) and her income level was determined to be 130% of the Federal Poverty Level. Nicole would therefore be reported on Line 2, column a.

Income (INCORRECT)

Sorry, that's incorrect. For the UDS, the most current household income is used for each individual. At her most recent visit her income information was collected (on the sliding fee form) and her income level was determined to be 130% of the Federal Poverty Level. Nicole would therefore be reported on Line 2, column a.

Knowledge check: Table 4 (insurance)

And, on which line of Table 4 (Selected Patient Characteristics) would you report Nicole for Insurance?

- Line 7 (None/Uninsured)
- Line 8a (Regular Medicaid)
- Line 11 (Private Insurance)

Insurance (CORRECT)

Yes, that's correct! For the UDS, you should report the patient's primary medical insurance at the time of their last visit, regardless of whether or not that insurance was billed or paid for any services. For insurance, patients are also reported by their age; and, as of her most recent visit Nicole was 30 years old, so she would be reported on Line 8a (Medicaid), column b (18 & older).

Insurance (INCORRECT)

No, sorry, that's wrong. Remember, for the UDS, you should report the patient's primary medical insurance at the time of their last visit, regardless of whether or not that insurance was billed or paid for any services. For insurance, patients are also reported by their age; and, as of her most recent visit Nicole was 30 years old, so she would be reported on Line 8a (Medicaid), column b (18 & older).

Dental appointment: October 4

During her dental visit on October 4th, she gets a cleaning by the dental hygienist and a dental exam from the dentist.

October 4: check-out

And, when she checks out, Julie gives Nicole a receipt that shows:

- She received a dental exam, cleaning, and bite-wing x-rays totaling \$175 in services;
- \$165 will be billed to Medicaid; and
- Her co-pay balance was \$10; \$5 of which was granted as a sliding fee discount and the remaining \$5 remains due by the patient.

The BIG DAY: November 7, 2014

The happy day arrives and Nicole delivers a healthy baby girl on November 7th - at the nearby West Side Hospital (as planned). She names her baby Christina; Christina weighed 3,118 grams (for the rest of us - that's 6 pounds, 14 ounces) at delivery.

Knowledge check (patients & visits)

OK - on that happy note - let's stop and see if you can answer some questions about how North Side should report information based on Nicole's story so far.

Knowledge check: Nicole becomes a patient

Let's start with this first question: **At what point did Nicole become a health center patient?**

- January 3, 2014 (when she received her flu shot)
- February 15, 2014 (when she visited for her headaches)
- March 7, 2014 (when she came in for her prenatal exam)
- July 8, 2014 (on her birthday)

Click on the VIEW EXAMPLE icon (at the bottom of your screen) to view the details about Nicole's story to help you answer this question.

Answer: February 15, 2014

Feedback when correct: Yes, that's correct! For purposes of UDS reporting, an individual becomes a patient the first time they have a UDS-reportable visit. That is, a documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services. Nicole became a patient on February 15, 2014 when she came to the clinic for headaches.

Feedback when incorrect: Sorry, no. For purposes of UDS reporting, an individual becomes a patient the first time they have a UDS-reportable visit. That is, a documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services. Nicole became a patient on February 15, 2014 when she came to the clinic for headaches.

Knowledge check: Table 7, Section A

On which lines would you report data for Nicole and her baby on Table 7, Section A?

- Lines 0 (HIV positive pregnant women), 2 (deliveries performed by health center providers), and 1c (Black/African American, Hispanic/Latino ethnicity);
- Lines 0 (HIV positive pregnant women), 2 (deliveries performed by health center providers), and 2c (Black/African American, not of Hispanic/Latino ethnicity);
- Line 2c only (Black/African American, not of Hispanic/Latino ethnicity); or
- None of the above

Again, if you need to refresh your memory about Nicole and her baby - click on the VIEW EXAMPLE icon to view the case study details.

Answer: Line 2c only

Feedback when correct: Yes, that's correct! Nicole had an HIV test but the result was negative, so she will not be reported on Line 0; and North Side's providers do not perform deliveries, so she would not be counted on Line 2.

North Side Health Center will need to report:

Nicole as a prenatal patient who delivered during the year, in column 1a; with her race and ethnicity placing her on Line 2c (Black/African American, not Hispanic/Latino); and Nicole's baby girl, Christina, who weighed 3,118 grams at delivery, in column 1d (live births => 2500 grams). And, since Nicole reported Christina's race as Black/African American and her ethnicity as non-Hispanic/Latino - Christina would be reported on line 2c (Black/African American, not Hispanic/Latino).

Feedback when incorrect: Sorry, that's incorrect! Nicole had an HIV test but the result was negative, so she will not be reported on Line 0; and North Side's providers do not perform deliveries, so she would not be counted on Line 2.

North Side Health Center will need to report:

Nicole as a prenatal patient who delivered during the year, in column 1a; with her race and ethnicity placing her on Line 2c (Black/African American, not Hispanic/Latino); and Nicole's baby girl, Christina, who weighed 3,118 grams at delivery, in column 1d (live births => 2500 grams). And, since Nicole reported Christina's race as Black/African American and her ethnicity as non-Hispanic/Latino - Christina would be reported on line 2c (Black/African American, not Hispanic/Latino).

Reporting Nicole's visits

OK, good. Now let's see if you can answer some questions about reporting Nicole's visits on UDS tables.

1.28 Knowledge check: Table 5 (visits)

Let's start with visits reported on Table 5 (Staffing & Utilization). If you'd like to review the details about Nicole's visits - click on the VIEW EXAMPLE icon in the bottom right of the screen.

Based on Nicole's story, how many visits should be reported for her on Line 2 (general practitioners) on Table 5?

- 1 visit
- 2 visits
- 3 visits
- 4 visits

Answer: 1 visit

Feedback when correct:

Yes, that's correct! For the UDS, a visit is defined as a documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the patient. Nicole had one interaction with Dr. Verde (the General Practitioner) on February 15th which qualified as a UDS-reportable visit; and this was her only visit with a General Practitioner during the reporting period.

Feedback when incorrect:

Sorry, that's incorrect. For the UDS, a visit is defined as a documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the patient. Nicole had one interaction with Dr. Verde (the General Practitioner) on February 15th which qualified as a UDS-reportable visit; and this was her only visit with a General Practitioner during the reporting period.

Knowledge check: Table 5 (visits)

And, how many visits should be reported for Nicole on Line 4 (obstetrician/gynecologists) on Table 5?

- 1 visit
- 2 visits
- 3 visits
- 4 visits

Answer: 1 visit

Feedback when correct:

Yes, that's correct! Nicole had one interaction with Dr. Greene (the OB/GYN) on March 7th which qualified as a UDS-reportable visit.

Feedback when incorrect:

Sorry, that's incorrect. Nicole had one interaction with Dr. Greene (the OB/GYN) on March 7th which qualified as a UDS-reportable visit.

Knowledge check: Table 5 (visits)

How many visits should be reported for Nicole on Line 16 (dentists) on Table 5?

- None
- 1 visit
- 2 visits
- 3 visits

Answer: 1 visit

Feedback when correct:

Yes, that's correct! On November 4th Nicole was seen by both the dental hygienist (for a cleaning) and the dentist (for an oral exam). Only the interaction with the dentist would be considered a visit; the interaction with the hygienist does not involve independent professional judgment and, therefore, does not count as a UDS visit.

Feedback when incorrect:

Sorry, that's incorrect. On November 4th Nicole was seen by both the dental hygienist (for a cleaning) and the dentist (for an oral exam). Only the interaction with the dentist would be considered a visit; the interaction with the hygienist does not involve independent professional judgment and, therefore, does not count as a UDS visit.

Knowledge check: Table 5 (visits)

Great, now let's talk about reporting Nicole and her visits on Table 6A (Selected Diagnoses & Services Rendered).

On which of these lines (Selected Diseases & Other Medical Conditions) would you report Nicole and her visits?

- Line 1-2 (symptomatic/asymptomatic HIV);
- Line 11 (hypertension); or
- Line 14a (overweight/obesity).

Answer: Line 11

Feedback when correct:

That's right! Nicole was diagnosed with hypertension during one of her visits - so, she would be reported on Line 11 (hypertension). Each time hypertension is listed as a diagnosis on a visit/billing record, she will be counted in column A (number of visits) on Line 11; however, she will only be counted once in column B (number of patients with diagnosis) regardless of the number of hypertension visits that are reported for her.

Since she was not diagnosed with HIV nor identified as overweight or obese - she would not be reported on either of the other two lines.

Feedback when incorrect:

Sorry, no. Nicole was diagnosed with hypertension during one of her visits - so, she would be reported on Line 11 (hypertension). Each time hypertension is listed as a diagnosis on a visit/billing record, she will be counted in column A (number of visits) on Line 11; however, she will only be counted once in column B (number of patients with diagnosis) regardless of the number of hypertension visits that are reported for her.

Since she was not diagnosed with HIV nor identified as overweight or obese - she would not be reported on either of the other two lines.

Knowledge check: Table 6A

Let's try another:

On which of these lines (Selected Diagnostic Tests, Screenings, & Preventive Services) would you report Nicole and her visits?

- Line 21 (HIV test);
- Line 23 (Pap test);
- Both Lines 21 and 23; or
- Lines 21, 23, and 24 (Selected Immunizations).

Answer: Lines 21 and 23

Feedback when correct:

That's right! Nicole had both an HIV test and a Pap test. One visit would be reported in column A (number of visits) for each line - Line 21 (HIV test) and Line 23 (Pap test); and Nicole would be counted once on each line (Lines 21 and 23) in column B (number of patients with diagnosis).

While Nicole did get a flu shot from North Side - it would not be reported on this table because the shot did not occur in the context of a reportable visit.

Feedback when incorrect:

Sorry, no. Nicole had both an HIV test and a Pap test. One visit would be reported in column A (number of visits) for each line - Line 21 (HIV test) and Line 23 (Pap test); and Nicole would be counted once on each line (Lines 21 and 23) in column B (number of patients with diagnosis).

While Nicole did get a flu shot from North Side - it would not be reported on this table because the shot did not occur in the context of a reportable visit.

Knowledge check: Table 6A

Here's one more question about how to report Nicole and her visits on Table 6A.

On which of these lines (Selected Dental Services) would you report Nicole and her dental visits?

- Line 27 only (emergency services);
- Line 28 only (oral exams);
- Both Lines 27 and 28; or
- Neither Line 27 nor 28.

Answer: Line 28 only

Feedback when correct:

That's right! Nicole had one dental visit - an oral exam, that was not an emergency dental service. So, her visit would be reported on Line 28, column A (number of visits); and she would be counted once in column B (number of patients) on Line 28.

Feedback when incorrect:

Not quite. Nicole had one dental visit - an oral exam, that was not an emergency dental service. So, her visit would be reported on Line 28, column A (number of visits); and she would be counted once in column B (number of patients) on Line 28.

Knowledge check: Table 6B

Nice job. Now let's continue and see where Nicole would be reported on Table 6B (Quality of Care Indicators).

On Table 6B, Nicole would be included in the universe for each of the following clinical measures, except which one?

- Prenatal patients (in Sections A & B);
- Cervical cancer screening (Section D);
- Adult weight screening and follow-up (Section F); or
- Tobacco use assessment (Section G).

Answer: Adult weight screening & follow-up

Feedback when correct:

That's right! Nicole would be included in the universes for all but the adult weight screening & follow-up measure. While she does meet the inclusion criteria of: 1) being age 18 or older as of December 31st; 2) having had at least one medical visit during the year; and 3) having been seen since turning 18 years old. She would have to be excluded from the universe for this measure since she was pregnant at the time that her BMI was assessed.

Feedback when incorrect:

Sorry, no. Nicole would be included in the universes for all but the adult weight screening & follow-up measure. While she does meet the inclusion criteria of: 1) being age 18 or older as of December 31st; 2) having had at least one medical visit during the year; and 3) having been seen since turning 18 years old. She would have to be excluded from the universe for this measure since she was pregnant at the time that her BMI was assessed.

Knowledge check: Table 7, Section B

Let's cover one more table - Table 7 (Health Outcomes & Disparities) - before we continue on with our story. This one is a true or false question.

As a hypertensive patient, Nicole would be reported in the universe for Table 7, Section B (Hypertension by Race and Hispanic/Latino Ethnicity).

Answer: False

Feedback when correct:

That's correct! While Nicole does have hypertension, and she meets the three inclusion criteria for the measure; as a pregnant patient, she also meets one of the two exclusion criteria. So, she would not be reported here.

Feedback when incorrect:

Sorry, no. While Nicole does have hypertension, and she meets the three inclusion criteria for the measure; as a pregnant patient, she also meets one of the two exclusion criteria. So, she would not be reported here.

Payment for Nicole's Medical Services

OK - let's keep going with Nicole's story.

By the end of December, HMO Green has sent the health center a payment for \$240:

- \$100 for the sick visit, which the remittance indicates is the maximum their contract permits as agreed upon by the contract with the health center;
- \$100 for the prenatal visit (based on a contractual agreement); and
- \$40 for the Pap test.

Payment for Nicole's Dental Services

Also by the end of December:

- Medicaid has not yet sent payment for Nicole's October dental visit; and
- Nicole does not pay the outstanding \$5 co-pay that she owes within the health center's 30-day policy for writing off outstanding amounts.

Knowledge check: Tables 4 & 9D (member months)

Based on this information - what amounts would you report in columns a (full charges), e (sliding discounts), and f (bad debt write off) on Table 9D, Line 13 (self-pay)?

- \$175.00 (full charges), \$5.00 (sliding discount), \$5.00 (bad debt)
- \$165.00 (full charges), \$5.00 (sliding discount), \$5.00 (bad debt)
- \$10.00 (full charges), \$5.00 (sliding discount), \$0.00 (bad debt)
\$10.00 (full charges), \$5.00 (sliding discount), \$5.00 (bad debt)

Answer: \$10, \$5, \$5

Feedback when correct:

That's right! Although the costs for the dental services were \$175.00, we are told that \$165.00 was billed to Medicaid, and Nicole was responsible for only the \$10.00 balance.

While the \$165.00 charge will be reported on the Medicaid line, only \$10.00 would be reported in column a of the self-pay charges line. The sliding fee discount of \$5.00 would be reported in column e (sliding discount), and, since Nicole did not pay the \$5.00 co-pay and the health center wrote it off as bad debt, it would be reported in column f (bad debt).

Feedback when incorrect:

Sorry, no. Although the costs for the dental services were \$175.00, we are told that \$165.00 was billed to Medicaid, and Nicole was responsible for only the \$10.00 balance.

While the \$165.00 charge will be reported on the Medicaid line, only \$10.00 would be reported in column a of the self-pay charges line. The sliding fee discount of \$5.00 would be reported in column e (sliding discount), and, since Nicole did not pay the \$5.00 co-pay and the health center wrote it off as bad debt, it would be reported in column f (bad debt).

More about North Side

Now, let's talk a little more about North Side, its staff and revenue; then we'll ask you how to report about them on various UDS tables.

HMO Green sent North Side a \$500 bonus check for controlling hospitalizations of their patients. Along with the check came a summary report of HMO Green patients enrolled at the North Side health center. In total, they reported six patients enrolled with North Side in December:

- Two patients who were only enrolled for two months each;
- Three patients who were enrolled for the entire year; and
- Nicole who was enrolled from January through September.

Knowledge check: Tables 4 & 9D (member months)

Based on the details provided about HMO Green's six patients (including Nicole) enrolled at North Side, how many member months would you report on Tables 4 and 9D?

- 26 member months
- 40 member months
- 49 member months

Answer: 49 member months

Feedback when correct:

Very good! You would report a total of 49 member months:

2 patients enrolled for 2 months = 4 member months +

3 patients enrolled for 12 months = 36 member months +

Nicole enrolled for 9 months = 9 member months

Feedback when incorrect:

Sorry, that's incorrect. You would report a total of 49 member months:

2 patients enrolled for 2 months = 4 member months +

3 patients enrolled for 12 months = 36 member months +

Nicole enrolled for 9 months = 9 member months

Knowledge check: Table 9D (bonus check)

And, in which columns on Table 9D (Patient-Related Revenue) would you report the \$500 bonus check from HMO Green?

- Line 11b (Private Managed Care - fee-for-service), columns b and c3
- Line 11b (Private Managed Care - fee-for-service), column c3 only
- Line 11a (Private Managed Care - capitated), column c3 only
- Line 11a (Private Managed Care - capitated), columns b and c3

Answer: Line 11b – columns b & c3

Feedback when correct:

That's right! HMO Green is a Private Managed Care Fee-for-Service payor - so the \$500 check would be reported on Line 11b, in column c3 (Other Retroactive Payments including Risk Pool/Incentive/Withhold). And, don't forget to include that amount in the total amount collected this period in column b on the same line.

Feedback when incorrect:

No, that's incorrect. HMO Green is a Private Managed Care Fee-for-Service payor - so the \$500 check would be reported on Line 11b, in column c3 (Other Retroactive Payments including Risk Pool/Incentive/Withhold). And, don't forget to include that amount in the total amount collected this period in column b on the same line.

North Side's Staffing

Next, we'll consider North Side's staffing:

- First thing that you should know is that, in order to be considered full-time staff at North Side, you need to work a 40-hour work week.
- Dr. Verde worked full time throughout the reporting year, except when she took 2 months of paid maternity leave. She earned \$95,000. The health center pays \$7,000 per year for her health insurance. At the end of December 2014, she has been at North Side for 3 years and 2 months.

Knowledge check: Table 5 (FTEs)

Answer: 1.00 (full time for the entire year)

Feedback when correct:

Yes, that's correct! 1.0 FTE is the equivalent of one full-time position for one year. Staff who were hired as full-time are still considered full time, even when they take paid leave. Dr. Verde worked as a full-time practitioner during the year, except for the 2 months of paid maternity leave she received as part of her full-time benefits. Therefore, her status remains full-time for the entire year, and her annualized FTE would be reported as 1.0 on Line 2 (General Practitioner) of Table 5.

Feedback when incorrect:

Not exactly. 1.0 FTE is the equivalent of one full-time position for one year. Staff who were hired as full-time are still considered full time, even when they take paid leave. Dr. Verde worked as a full-time practitioner during the year, except for the 2 months of paid maternity leave she received as part of her full-time benefits. Therefore, her status remains full-time for the entire year, and her annualized FTE would be reported as 1.0 on Line 2 (General Practitioner) of Table 5.

Given that bit of information - **how many FTEs would you report for Dr. Verde on Line 2 (General Practitioners) of Table 5 (Staffing and Utilization)?**

- 0.83 FTEs (10 months divided by 12 months)
- 1.00 FTEs (full-time for the entire year)
- 0.00 FTEs (Dr. Verde is not reported on Table 5)
- None of the above.

Knowledge check: Table 8A (salary & benefits)

And, on which line (or lines) would you report Dr. Verde's salary and cost of her insurance benefits on Table 8A (Financial Costs)?

- Salary plus cost of medical insurance on Line 1 (Medical Staff)
- Salary on Line 1 (Medical Staff) and cost of medical insurance on Line 15 (non-clinical support)

Salary only on Line 1 (Medical Staff), cost of medical insurance not reported

Answer: Salary & insurance on Line 1 (medical staff)

Feedback when correct:

Yes, that's correct! \$102,000 (Dr. Verde's salary + cost of her medical insurance) would be reported on Line 1 (Medical Staff).

Feedback when incorrect:

No, sorry. You would report Dr. Verde's salary + cost of her medical insurance (\$102,000) on Line 1 (Medical Staff).

North Side's Staffing

Now let's talk about Julie - the woman at the front desk. She started out at the health center working 20 hours per week (January through June of this year); then had her hours increased to 40 hours a week as of July 1st in response to an increase in the patient population. As of the end of December, she has worked in her position at North Side since July 1, 2013.

Knowledge check: Table 5 (staff type)

With that information - let's see on which line you would report Julie on Table 5 (Staffing and Utilization)?

- Line 12 (other medical personnel)
 - Line 9b (physicians assistants)
 - Line 32 (patient support staff)
- None of the above

Answer: Line 32 (patient support staff)

Feedback when correct:

Yes, that's correct! We learned that Julie works "at the front desk" and from her activities with Nicole (registering her, scheduling her appointments, handling insurance, and payment interactions) we would identify Julie as a Patient Services Support Staff, and report her on Line 32 of Table 5.

Feedback when incorrect:

Sorry, no. We learned that Julie works "at the front desk" and from her activities with Nicole (registering her, scheduling her appointments, handling insurance, and payment interactions) we would identify Julie as a Patient Services Support Staff, and report her on Line 32 of Table 5.

Knowledge check: Table 5 (FTEs)

And, how many FTEs would you report for Julie on Line 32 of Table 5?

- 1.00 FTE (Julie was full-time as of the last day of the reporting year).
- 0.50 FTEs (Julie was half-time as of June 30th of the reporting year).
- 0.75 FTEs (Julie was half-time for the first half of the year, and full-time for the second half of the year).

Answer: 0.75 (she was half-time for half of the year; full-time for the other half of the year)

Feedback when correct:

Yes, that's correct. FTEs reported on Table 5 are annualized FTEs. We know that she worked half-time (or 0.50 FTEs) for half of the year; and full-time (1.00 FTEs) for the second half of the year. So her annualized FTE for the full year would be calculated as: $(0.5 \times 0.50 \text{ FTE}) + (0.5 \times 1.0 \text{ FTE}) = 0.75 \text{ FTEs}$. Therefore, 0.75 FTE would be reported for Julie on Line 32 of Table 5.

Feedback when incorrect:

Sorry, no. FTEs reported on Table 5 are annualized FTEs. We know that she worked half-time (or 0.50 FTEs) for half of the year; and full-time (1.00 FTEs) for the second half of the year. So her annualized FTE for the full year would be calculated as: $(0.5 \times 0.50 \text{ FTE}) + (0.5 \times 1.0 \text{ FTE}) = 0.75 \text{ FTEs}$. Therefore, 0.75 FTE would be reported for Julie on Line 32 of Table 5.

Knowledge check: Table 5A

OK, so let's summarize - from the information we've provided - it seems that North Side staff would be reported on each of the following lines on Table 5A (Tenure for Health Center Staff), except one. Click on the line that should not have staff reported on it.

- Line 2 (general practitioners);
- Line 3 (internists);
- Line 4 (OB/GYNs);
- Line 11 (nurses);
- Line 16 (dentists); or
- Line 17 (dental hygienists).

Answer: Line 3 (internists)

Feedback when correct

That's right. Based on what we've learned about North Side, we can say that one staff person will be reported on each of the following lines:

- Dr. Verde on Line 2 (General Practitioners);
- Dr. Greene on Line 4 (OB/GYNs);
- The nurse on Line 11 (Nurses);
- The dentist on Line 16 (Dentists); and
- The dental hygienist on Line 17 (dental hygienists).

In this story, we were not told that Nicole saw an Internist, nor were we told that North Side has an Internist on staff. So, based on this information, we would not enter any staff on Line 3 (Internists).

Feedback when incorrect

Sorry - that's wrong. Based on what we've learned about North Side, we can say that one staff person will be reported on each of the following lines:

- Dr. Verde on Line 2 (General Practitioners);
- Dr. Greene on Line 4 (OB/GYNs);
- The nurse on Line 11 (Nurses);
- The dentist on Line 16 (Dentists); and
- The dental hygienist on Line 17 (dental hygienists).

In this story, we were not told that Nicole saw an Internist, nor were we told that North Side has an Internist on staff. So, based on this information, we would not enter any staff on Line 3 (Internists).

Knowledge check: Table 5A (tenure)

Let's continue with reporting staff on Table 5A (Tenure for Health Center Staff).

How many total months do you think should be reported for Dr. Verde on Line 2 (column b)?

- 18 months
- 38 months
- 22 months
- 41 months

Answer: 38 months

Feedback when correct:

Yes, that's correct! We were told that Dr. Verde has been at the clinic for 3 years and 2 months (a total of 38 months).

Feedback when incorrect:

Sorry, that's incorrect. We were told that Dr. Verde has been at the clinic for 3 years and 2 months (a total of 38 months).

Grant Award!

OK - one last part to our story - this one is about revenue received by North Side. Then we'll ask you how you would report this information on the UDS tables.

- In February, North Side received a notice of grant award for a \$500,000 State government grant. As of December, they drew down all but \$50,000 of that award and will use the remainder of the funds in the next reporting year.

Knowledge check: Table 9E (grant award)

Given that information - what value do you think should be reported on the State Government Grant line (Line 6) on Table 9E?

- \$50,000 (the amount left over for next year)
- \$450,000 (the amount they drew down this year)
- \$500,000 (total amount of the grant)

Answer: \$450,000 (amount drawn down)

Feedback when correct:

Exactly right. North Side should report the draw down amount on the grant funds during the year. Since the total award was \$500,000, and North Side drew down (or used) \$450,000 during the reporting year - that is the amount that should be reported on Line 6.

Feedback when incorrect:

Not exactly. North Side should report the draw down amount on the grant funds during the year. Since the total award was \$500,000, and North Side drew down (or used) \$450,000 during the reporting year - that is the amount that should be reported on Line 6.

Congratulations!

Great job and congratulations! You've completed the training Case Study!

Thank you for taking the time today to learn about Nicole and the North Side Health Center and for testing your knowledge. We appreciate your efforts to give us the data we need to support you in your important work.

Review

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.

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 or call the UDS Helpline toll-free at 866-UDS-HELP.

Next Steps

Now that you have completed the Case Study 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 continue to the next session in our training series - 2014 Reporting Changes - by clicking on the **CONTINUE** button.

You can also choose to exit the course and Learning Center by clicking on the **EXIT** link in the top right of your screen.