Novel Coronavirus Disease (COVID-19): Uniform Data System (UDS) Office Hour

November 2, 2020, 1:00–2:00 pm ET

Amanda Baker and Diane Lewis, John Snow, Inc. (JSI)
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Opening Remarks

Daniel Duplantier

Team Lead, Data Production, Data and Evaluation Division

Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Agenda

- Welcome
- Administrative Uniform Data System (UDS) clarifications
- Visit reporting in the UDS
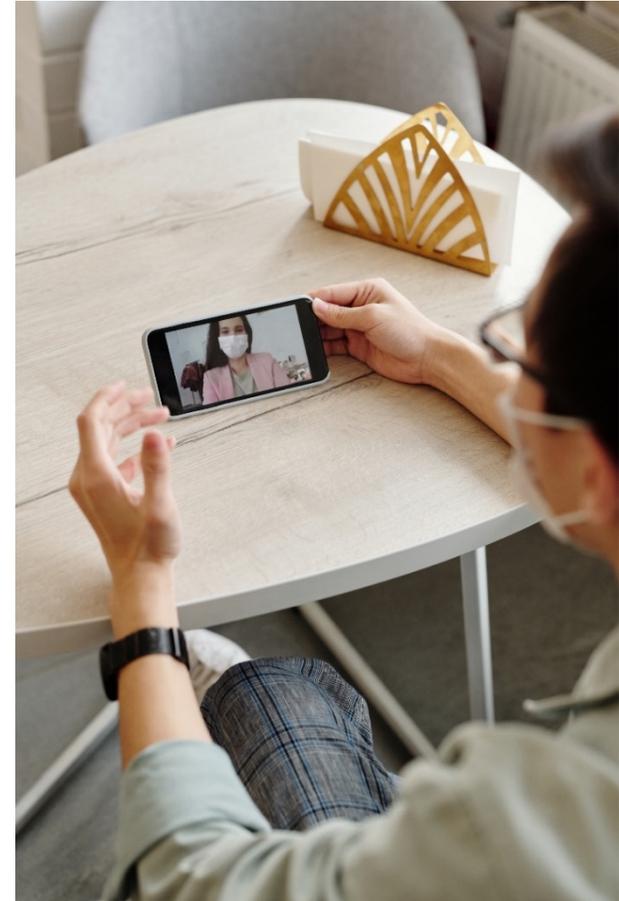- UDS clinical measures
- UDS staffing and financials

Source: iStock
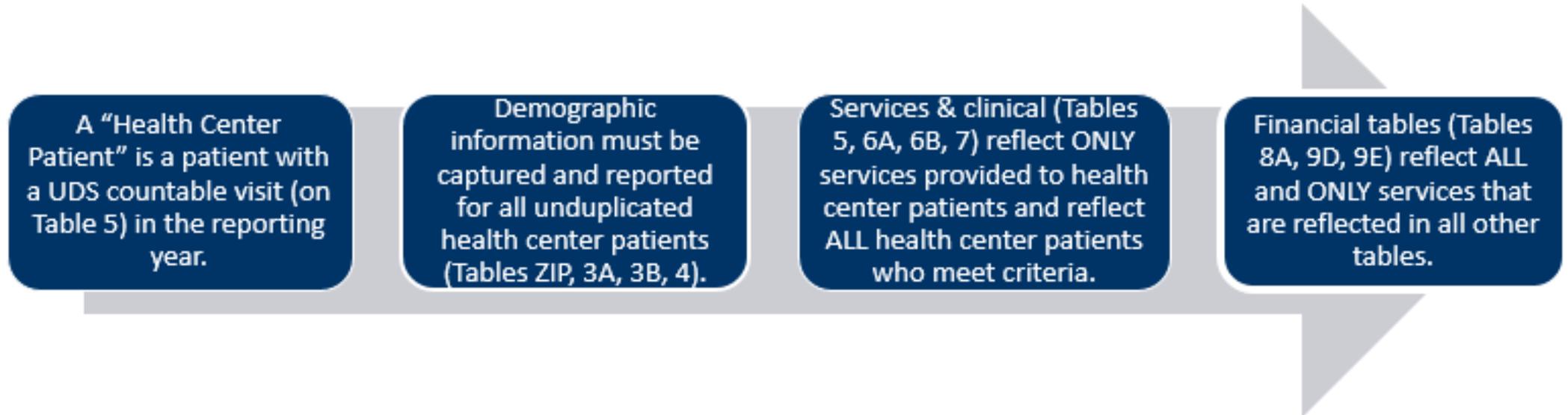
Administrative Clarifications

Resources for COVID-19 Reporting

- [COVID-19 Frequently Asked Questions](#) (FAQ)
- [COVID-19 Resource Guide for UDS Reporting](#)
- [Telehealth Impacts on Clinical Measures](#)
- [BPHC Webpage](#)
- [Annual Trainings](#)
- [UDS Technical Assistance Webinar Series](#)

Tables are Interrelated

A "Health Center Patient" is a patient with a UDS countable visit (on Table 5) in the reporting year.

Demographic information must be captured and reported for all unduplicated health center patients (Tables ZIP, 3A, 3B, 4).

Services & clinical (Tables 5, 6A, 6B, 7) reflect ONLY services provided to health center patients and reflect ALL health center patients who meet criteria.

Financial tables (Tables 8A, 9D, 9E) reflect ALL and ONLY services that are reflected in all other tables.

Step 1: Determine what sites/locations and services are in-scope (sites: Form 5B, services: Form 5A).

Step 2: Determine which patients had visits for in-scope services that were real-time, documented in the patient record, with a provider exercising independent professional judgement at those in-scope sites/locations.

Step 3: Report all in-scope patients, services, full time equivalents (FTEs), costs, and revenues on the UDS.

Administrative Question and Answer Section

- Questions on this topic submitted through registration and the questions pod

- Additional questions may be addressed at end of office hour, as time permits

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Visit Reporting in the UDS

Defining Visits

Telehealth

Patient Profile
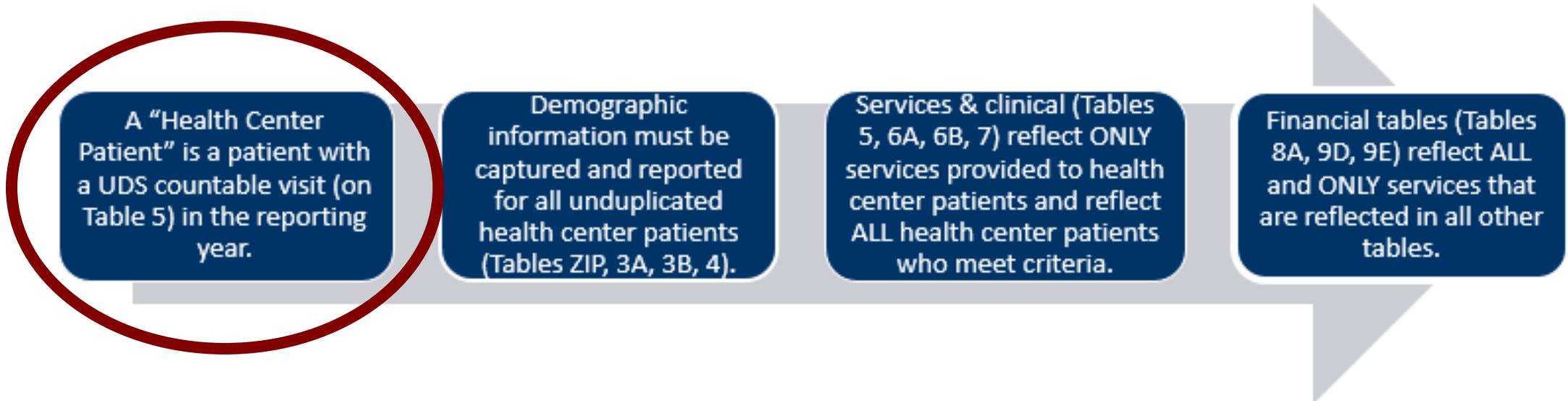
HRSA
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UDS Patients

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Defining a Visit
Table 5

- Documented
- One-on-one *(either in-person or virtual)*
- Licensed/credentialed provider
- With a provider who exercises independent and professional judgement

Contacts That Do Not, ALONE, Count as Visits

Screenings or Outreach
- Information sessions for prospective patients
- Health presentations to community groups
- Immunization drives

Group Visits
- Patient education classes
- Health education classes
- *Exception: behavioral health group visits*

Tests/Ancillary Services
- Drawing blood
- Laboratory or diagnostic tests
- COVID-19 tests

Dispensing/ Administering Medications
- Dispensing medications from a pharmacy
- Giving injections
- Providing narcotic agonists or antagonists or a mix

Health Status Checks
- Follow-up tests or checks (e.g. patients returning for HbA1c tests)
- Wound care
- Taking health histories

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Locations of Visits
Table 5

- Visits must be provided at the health center site or at another approved location.
  - Count visits provided by both paid and volunteer staff.
  - Count in-person, clinic visits (column b) and virtual visits (column b2).
  - Include paid referral visits.
  - Count when following current patients in a nursing home, hospital, or at home.
    - ✓ Do not count if patient is first encountered at these locations unless the site is listed on Form 5B as being in your approved scope.

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)				

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Two Telehealth Situations That May Be New

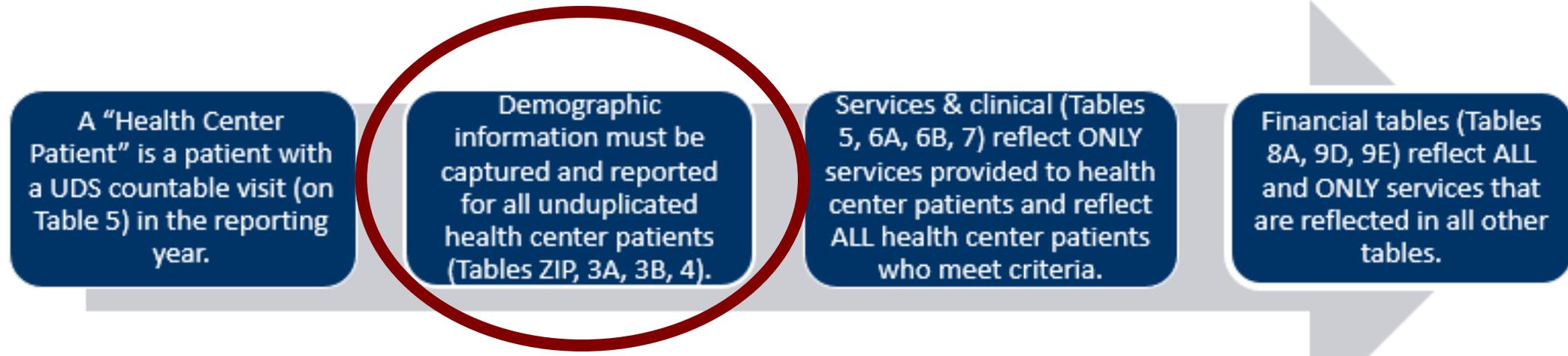| Virtual Visits: Health center is not the originating site	Virtual Visits: Audio-only visits
Example: For the telehealth visit, patient is at home while the provider is in the clinic or at their own home. The visit is for in-scope services.	**Example:** Patient has flu symptoms and has an initial telehealth assessment scheduled, but does not have broadband at home, so needs a telephone visit. The provider has an audio-only phone visit with the patient.

- To be counted as a virtual visit, the interaction must **be real-time video <u>and/or</u> audio**.
- It is important to note that reporting also **requires proper coding** of telehealth (e.g., use of 95 modifier or Place of Service 02).
- Providers need to have **access to patient records** (EHR) and document in the patient record.
- The patient must be registered and **all relevant demographic, insurance, clinical, and other data about the patient must be collected**.
  - The patient must be included on clinical tables, if measure population criteria is met.

Patient Profile
Tables ZIP Code, 3A, 3B, and 4

| A "Health Center Patient" is a patient with a UDS countable visit (on Table 5) in the reporting year. | Demographic information must be captured and reported for all unduplicated health center patients (Tables ZIP, 3A, 3B, 4). | Services & clinical (Tables 5, 6A, 6B, 7) reflect ONLY services provided to health center patients and reflect ALL health center patients who meet criteria. | Financial tables (Tables 8A, 9D, 9E) reflect ALL and ONLY services that are reflected in all other tables. |

- **Patient:** A person who has at least one *countable* visit in one or more service category during the reporting year.
- In the patient **demographic profile** tables (ZIP Code Table and Tables 3A, 3B, and 4), each person counts once regardless of the number of visits or services received.
  - **ZIP** Code, medical insurance
  - **Table 3A:** Age, sex at birth
  - **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
  - **Table 4:** Income, medical insurance, special population

Health Center Program

Visits Question and Answer Session

- Questions on this topic submitted through registration and the questions pod

- Additional questions may be addressed at end of office hour, as time permits

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Reporting Diagnosis and Services
Table 6A

- Table 6A provides data on selected diagnosis and selected services rendered as part of reportable visits with select staff.

- Tests and treatments captured on Table 6A may be reported as visits when they meet the criteria of a reportable visit *and* are either:

  - Performed by the health center

  - Not performed by the health center, but paid for by the health center

  - Not performed or paid for by the health center, but the results are returned to the health center provider to evaluate and provide results to the patient

Line	Service Category	Applicable ICD-10-CM, CPT-4/II, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/ Screening/Preventive Services			
21	HIV test	**CPT-4:** 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4:** 86704 through 86707, 87340, 87341, 87350		
21b	Hepatitis C test	**CPT-4:** 86803, 86804, 87520 through 87522		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4:** 87426, 87635 **HCPCS:** U0001, U0002, U0003, U0004 **CPT PLA:** 0202U, 0223U, 0225U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4:** 86328, 86408, 86409, 86769 **CPT PLA:** 0224U, 0226U		

Excerpt from Table 6A

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Example: Reporting Diagnosis and Services
Table 6A

- Example 1: A person who received a COVID-19 test then receives subsequent treatment for a COVID-19 diagnosis:
  - The test, treatment, patient, and visit are reported on Table 6A **and**
  - The patient and visit are reported on all appropriate UDS tables

- Example 2: A person only receives a COVID-19 test from the health center and has no other reportable visits with the health center:
  - *This encounter and person are not reported anywhere in the UDS Report*

Review page 62 of the UDS Manual for additional information.

Line	Service Category	Applicable ICD-10-CM, CPT-4/II, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
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Excerpt from Table 6A

Telehealth Impacts on 2020 UDS Clinical Measures

- Telehealth as it relates to UDS clinical measure reporting
- CMS telehealth guidance for eCQMs

Telehealth Impacts on 2020 UDS Clinical Measures

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on Tables 6B and 7, Column A, Denominator?	Can service, test, or procedure be done by telehealth to meet Tables 6B and 7, Columns C or F, Numerator, requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in Tables 6B and 7, Columns C or F, Numerator?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	• OB/GYN routine check up • Physical with primary care provider (PCP)	No. Prenatal patients are defined based on a comprehensive in-person prenatal physical exam.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v8, Table 6B, Line 10	• Well-child visits for newborns • Acute pain or illness	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v8, Table 6B, Line 11	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Cervical cytology/HPV testing are not acceptable in this way.	Yes

Resource: *Telehealth Impacts on 2020 UDS Clinical Measures*

Clinical Measures Question and Answer Session

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Staffing and Financial Reporting in the UDS

Staffing Considerations

COVID-19-Related Revenues
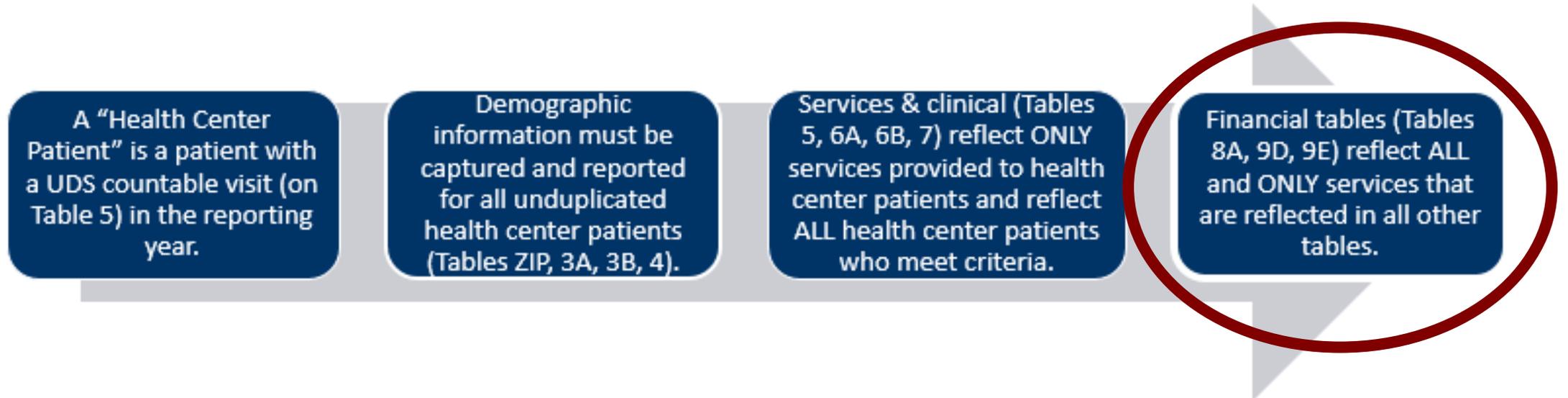
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Financial Tables

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Reporting FTEs During COVID-19
Table 5

- **Scenarios related to reporting FTE on Table 5**
  - Furlough
  - Family and Medical Leave Act (FMLA)
  - Disability
  - Volunteer

Source: Pexels

Potential Impacts of COVID-19
Table 8A

There may be staffing changes such as furloughs or addition of positions such as contact tracers or telehealth coordinators.

- Any service area that shows a notable change in FTEs or services on Table 5 should show change in related cost center on Table 8A.

Health center received donations of testing supplies, personal protective equipment (PPE), space for testing, or volunteer time.

- Any donations of good, supplies, services, or staff time should be valued and reported on Line 18 of Table 8A.
- Do not report cash donations on Table 8A, those are reported on Table 9E.
- [Resource outlining how to report donation types](#) is available.

Health center may have purchased telehealth platforms or additional communication tools (e.g., iPads, web cams) to reach patients and staff at home.

- If system is used by just one cost center, then the system or tool will be reported as an accrued cost for that cost center (Column a).
- If system or tool is used across the clinic (e.g., by medical and behavioral health), then allocate across those cost centers.

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Potential COVID-19 Impact
Table 9D

Health center is required to submit their bill to payer using payer specific codes.

- Record associated CPT-related codes with visits, even if payer-specific codes are required for billing.

- Reflect health center fee schedule rates as charges **only**, column a. This may require a report to remove payer rates/codes from charges.

- Report what the health center received for payment, column b.

- Report the contractual adjustment, column d.

Health centers may have limited in-person contact for some of 2020, thereby limiting patients' ability to come in and pay their bill.

- Health Center Program requirements specify that health centers must provide sliding fee and make every effort to be reimbursed for services to cover their costs.

- Self-pay charges are recorded in Line 13, Column a, regardless of whether patient has the ability to pay (logistical or financial).

- If the patient qualifies for Sliding fee, then it is applied based on board approved policy, and reported on Line 13, Column e.

- Uncollected portion of the charge could remain outstanding (and not reported anywhere) and **be paid after the public health emergency _or_ written off as Bad Debt later**, per health center policy.

Health center patients may have lost their insurance coverage if they were laid off or lost their job, thereby shifting charges from what would have been Private (employer health insurance) to Self-Pay (uninsured).

- Self-pay charges are recorded in Line 13, Column a, based on the health center's fee schedule.

- Sliding fee is applied as appropriate based on income and family size, in accordance with board approved policy, and reported on Line 13, Column e.

- Any uncollectable portion of the charge would be written off as Bad Debt (Line 13, Column f), per health center policy.

HRSA Health Center Program

COVID-19 Uninsured Program Reporting
Table 9D

Federal Funding	Other Names	Statute	Date Issued	Reported on UDS
Reimbursement for costs of uninsured patients from HRSA	HRSA Uninsured Claims Program (administered by United Health/ Optum Pay)	Families First and PPHCE Acts each appropriated funding to reimburse for testing uninsured; also, a portion of the Provider Relief Fund is for this purpose, including to reimburse for COVID-19 treatment costs for uninsured.	Claims have been submitted as early as May 2020.	**Table 9D, Line 8c: Other Public Including COVID-19 Uninsured Program** Report full charges in Column A, collections in Column B, etc., as with all other lines.

- Only HRSA's COVID-19 Claims Reimbursement to health care providers and facilities for testing and treatment of the uninsured patients is reported.
- *Do not report write offs or costs to treat or test uninsured patients that are not reimbursed through HRSA's COVID-19 Claims Reimbursement program on this line.*

COVID-19 Funding Lines
Table 9E

- New COVID-19 Supplemental lines (Lines 1l-1p) capture monies received from BPHC which may have included:
  - H8C funding from the COVID Supplemental Appropriations
  - H8D funding from Coronavirus, Aid, Relief, and Economic Security (CARES) Act
  - H8E funding from the Paycheck Protection Program and Health Care Enhancement Act (PPHCEA)
  - Provider Relief Fund (Line 3b)

Line	Source	Amount (a)
	BPHC Grants (Enter Amount Drawn Down—Consistent with PMS 272)	
1k	Capital Development Grants, including School-Based Health Center Capital Grants	
1l	Coronavirus Preparedness and Response Supplemental Appropriations Act (H8C)	
1m	Coronavirus Aid, Relief, and Economic Security Act (CARES) (H8D)	
1n	Expanding Capacity for Coronavirus Testing (ECT) (H8E and LAL ECT)	
1o	Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES)/Health, Economic Assistance, Liability Protection and Schools Act (HEALS)	
1p	Other COVID-19-Related Funding from BPHC (specify ____)	
1q	**Total COVID-19 Supplemental** (Sum of Lines 1l through 1p)	
1	**Total BPHC Grants** (Sum of Lines 1g + 1k + 1q)	

Line	Source	Amount (a)
	Other Federal Grants	
3b	Provider Relief Fund (specify ____)	
5	**Total Other Federal Grants** (Sum of Lines 2 through 3b)	

Potential COVID-19 Considerations
Table 9E

- Do not report the proceeds of any **loan** received for operations, a mortgage, or other purposes as revenue on the UDS.
  - This includes Paycheck Protection Program (PPP) loans which are forgivable and therefore may be converted to 'grants'. That is not reported on the UDS. There may be other similar programs at the state level, the rules are the same for that.

- Be sure that individual **cash donations** or fundraising receipts are reported on Line 10 of this table.
  - Any donations of supplies, materials, or time are reported on Table 8A, Line 18, Value of Donated Facilities, Services, and Supplies.
  - Donations or grants from foundations or private organizations are reported on Line 8, not Line 10.

Staffing and Financials Question and Answer Session

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