

# Using Bridgelt to Report the UDS Demographic and Financial Tables

---

BY BENJAMIN FOUTS MPH

REDWOOD COMMUNITY HEALTH COALITION

DECEMBER 19, 2017

# AGENDA

---

Introduction and Available Materials

Steps to Obtaining the Data

1. Set-up

✓ Mapping

2. Clean-up

✓ Alerts

3. Sum-up

✓ Outputs of reports

# Introduction and Available Materials

---

# Generation of Valid and Consistent UDS Data

---

- Assumption for this presentation: you understand the UDS measures and how to report them to the Bureau
- Don't just run the reports and enter the first set of literal results into the EHB
- There is a process of examining and validating the data before it is reported
- So, don't wait until the a week before it is due to start looking at your data

# Live Data

---

- Data in eCW will be somewhat dynamic, so you might see the 2017 data change if reports are run on different days
- Start looking at your data now but don't gather the final results until later in January or early February.
- Try to run the various reports for the “final” results on the same date or close to the same date.
- Also run them around the time that the “final” clinical reports are run.
- I will tell the clinical folks the same thing.

# Main Manuals

---

BPHC 2017 UDS Instructions

<http://bphc.hrsa.gov/datareporting/reporting/index.html>

Draft Heckman Consulting instructions for running the Bridgelt demographic and financial reports

<http://www.heckmanconsulting.com/training/udsnotes.htm>

# Schedule a BridgeIT “Upgrade”

---

- May have already been done (?), so check with your IT folks.
- See the e-mail on November 17, 2017 from Heckman Consulting (subject line “BridgeIT UDS 2017 training and updates CRM:0007689”)
- You need the new versions of the reports (in the Warehouse)
- Report version numbers are in the Heckman instructions

# Import the 2017 Reports

---

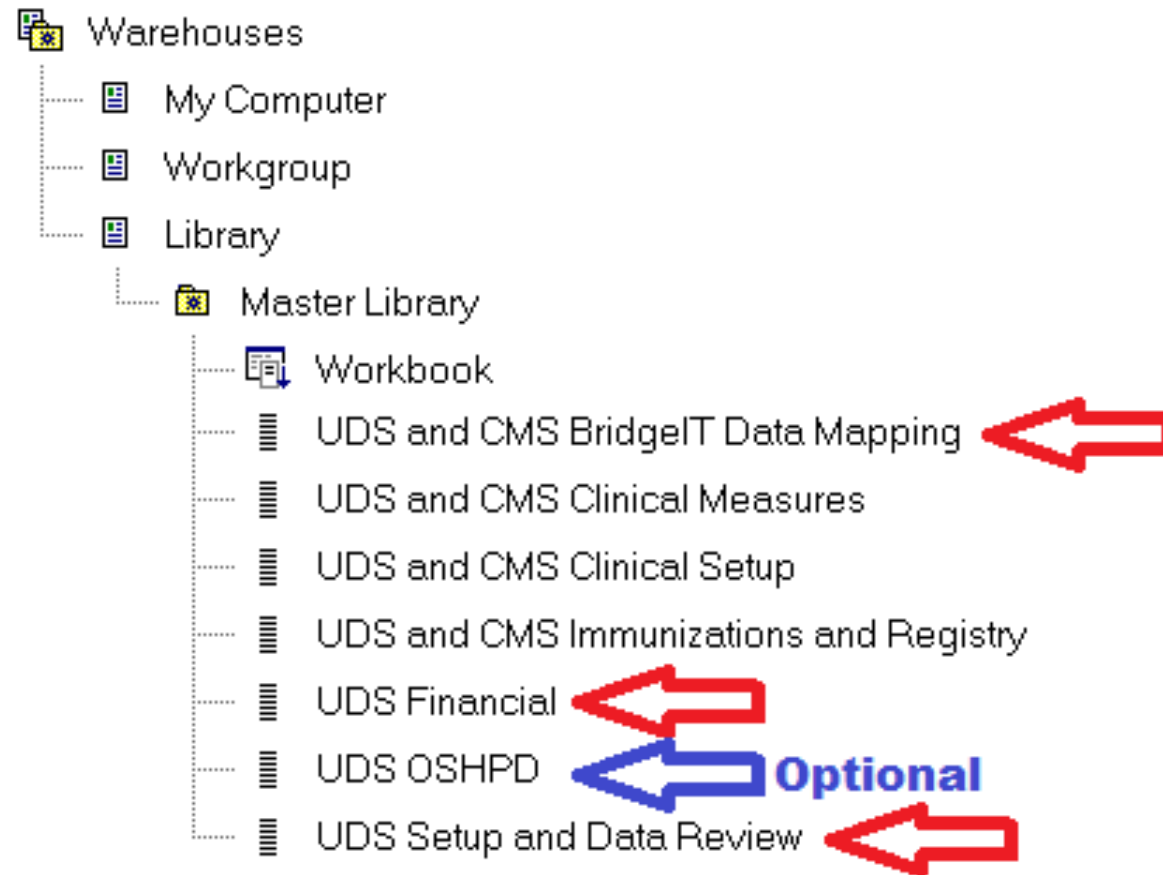
Three methods:

1. Import entire folders (fastest way)
2. Left-click on a report in Bridgelt, you will get a message if there is a new version
3. Visit the BridgelT Information Center (button at the top of the window) to see the reports with new versions that are not in your Toolbox



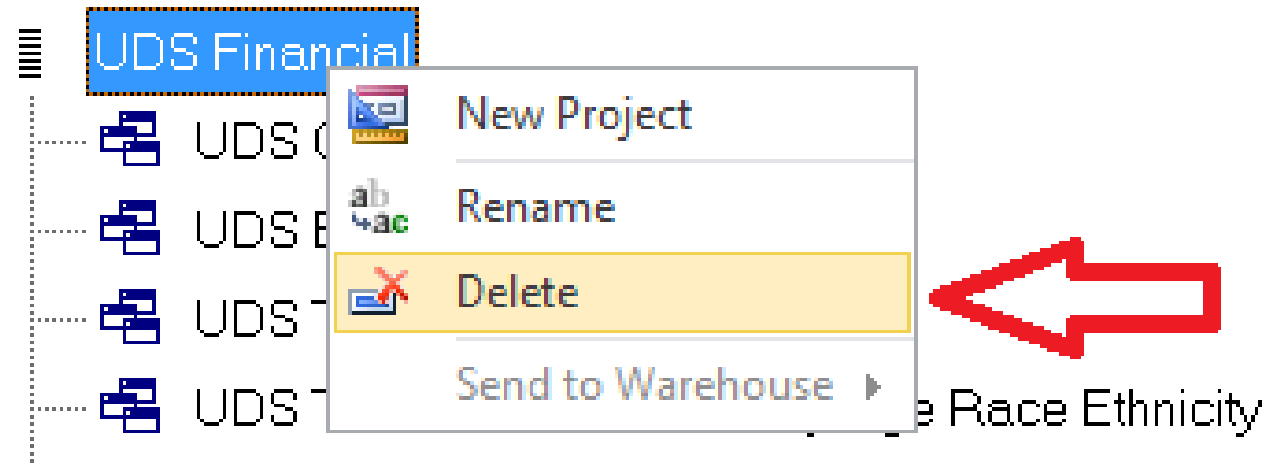
# Importing Entire Folders

---



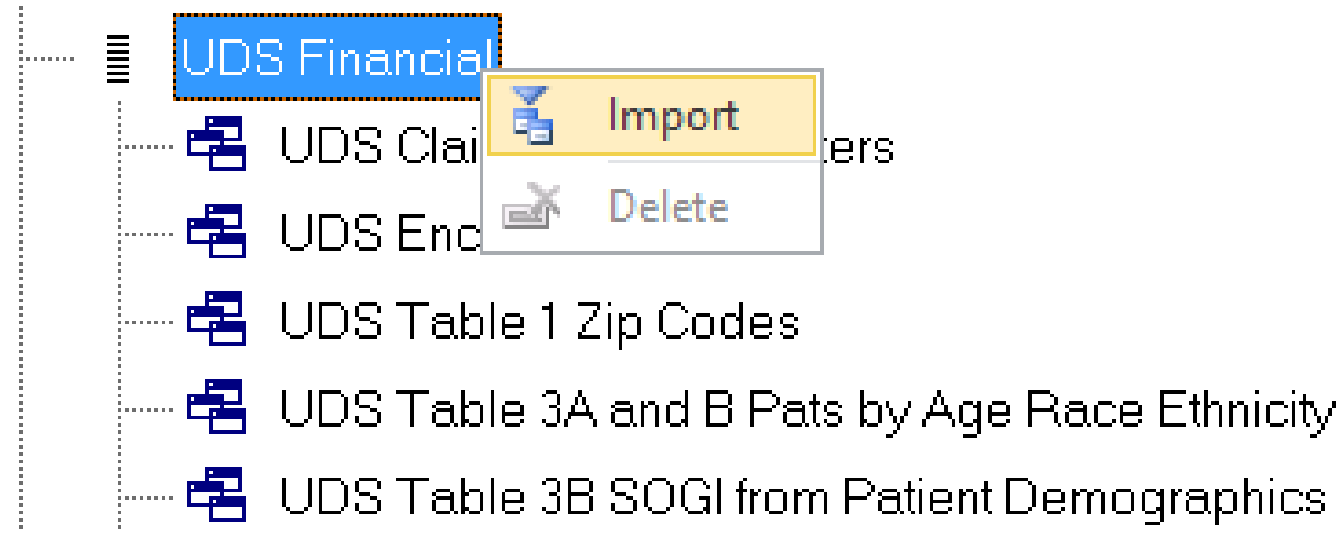
# Right-Click on Toolbox Folder and Choose “Delete”

---



# Right-Click on Warehouse Folder and Choose “Import”

---



# Option: Import New Versions Individually

*Right-click on Report name in Warehouse and choose "Import"*

**Click**

Importing: UDS Table 1 Zip Codes

Cancel Ok Help

**Project Description**  
UDS Table 1 Zip Codes

**Place In** **Categories**  
 Workbook  Task Manager UDS Financial

**Available Objects/Settings**

Prompted criteria  Hidden column settings  
 Filters  Reports  
 Excel workbook

Result Set  
 None  Import  Link



BridgeIT® Solutions

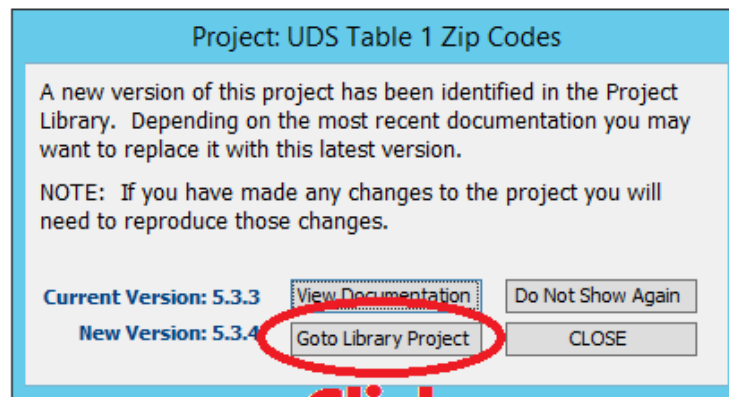
The Project Description 'UDS Table 1 Zip Codes' is already used for project(s) in the following locations.  
Workbook Category: UDS Financial

Do you want to delete the old project(s) and import this new project?

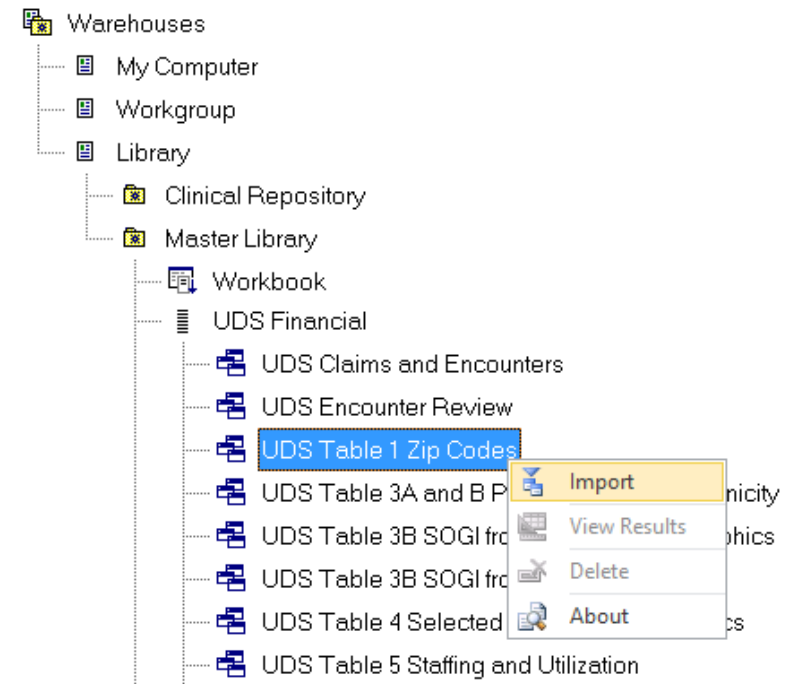
**Click** Yes No

# New Versions in the Future

If a new version becomes available in the Warehouse, BridgeIT will display an alert when you left-click the report in your Toolbox



**Click**



# Steps to Obtaining the Data

---

# Steps to Demographic and Financial Reporting

---

1. Set-up (mapping providers, insurance and adjustments)
2. Clean-up (investigating and fixing records that have missing or mistaken information)
3. Sum-up (running the actual summary reports)

# Step 1: Setting up the Reports

---



# Step 1. Set-up

---

- The major set-up is the mapping
- You have to map in a separate database
- Search for the Access database “BridgeITUDSMapping” in Windows Explorer or browse in the BridgeIT folders (look for a folder named “UDS”)
- You can immediately run your reports after changing the mapping
- There should be mapping already in the database from last year

# The Mapping Database

---

- Three different tables to complete:
  1. Insurance
  2. Providers
  3. Two types of adjustments
- One person should do the mapping
- Run the reports in the “UDS and CMS BridgeIT Data Mapping” folder first

# Mapping Process

---

1. Run the BridgeIT mapping report and copy the results to Excel
2. In Excel, check the accuracy of the mapped items from last year.
3. In Excel, decide how the unmapped items should be mapped
4. Document all mapping in the Excel file so you can reference it when using the mapping database. You can also make notes in Excel so you can remember your reasoning for next year
5. Go into the database and make the changes

# Mapping Insurance

---

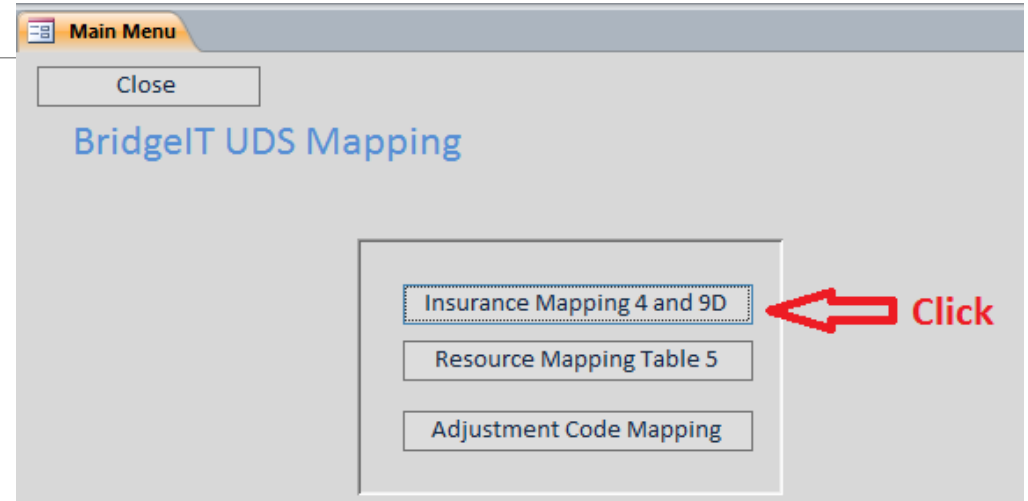
- See page 7 of the Heckman instructions for the section Map and Review Table 4 and 9D Insurance Mapping.
- Use the report Table 4 and 9D Insurance Mapping to show current mapping and unmapped insurance plans.
- If you haven't used the insurance in 2017, don't map it

# Mapping Insurance, continued

---

- Two UDS Tables with insurance: TABLE 4 and TABLE 9D
- The mapping is a little different for each UDS insurance table:
  1. TABLE 4: unmapped insurance (i.e., blanks) defaults to PRIVATE INSURANCE.
  2. TABLE 9D: no unmapped insurance allowed (so map everything and don't leave blanks)

# Example: Using the Mapping Database for Insurance



Main Menu Insurance Mapping

Close UDS Insurance Mapping

Blank entries for Table 4 will default to Commerical. There are no defaults for Table 9.

Ins. ID	Insurance Name	Table 4 Line	Medical Insurance	Table 9 Line	Payor Category
1721	Bakers Health and Welfare	▼	▼	10 ▼	Private Non-Managed Care ▼
1660	Bankers Life & Casualty Comp	▼	▼	10 ▼	Private Non-Managed Care ▼
1754	Bay Area Painter&Taper HF	▼	▼	10 ▼	Private Non-Managed Care ▼
1779	Bay Area Roofers Health Fund	▼	▼	10 ▼	Private Non-Managed Care ▼
1800	BC Healthy Families OAHC	8b ▼	CHIP Medicaid ▼	7 ▼	Other Public including Non-Medicaid CHIP (Non Managed Care) ▼
1798	BC Healthy Families RRHC	8b ▼	CHIP Medicaid ▼	7 ▼	Other Public including Non-Medicaid CHIP (Non Managed Care) ▼

Right-click on columns to sort

# Mapping Providers and other Resources

---

- See page 9 of the Heckman instructions for the section Map and Review Table 5 Provider and Resource Mapping.
- This report (Table 5 Provider and Resource Mapping) will show current mapping and unmapped resource providers.

# Mapping Providers, continued

---

NOT ALL staff members should be mapped.

- See page 10 of the Bridgelt instructions for lines that should NOT be mapped.
- See page 22 of the UDS instructions for a definition of a provider. Also see page 47 for definitions of staff by major service category
- See Appendix A of the UDS instructions for a list of staff who are consider providers or not.



# Example: Using the Mapping Database for Providers

**Also** make sure there is a **specialty** listed for each provider in their eCW record

First Name	Table 5	Personnel Category
Lorraine	LCSW	20a2 Licensed Clinical Social Workers
Rebekah	RN	11 Nurses
Matthew	MD	
		1 Family Physicians
		2 General Practitioners
		3 Internists
		4 Obstetrician/Gynecologists
		5 Pediatricians
		7 Other Specialty Physicians
		9a Nurse Practitioners
		9b Physician Assistants
		10 Certified Nurse Midwives
		11 Nurses
		16 Dentists
		17 Dental Hygienists
		20a Psychiatrists
		20c Other Mental Health Staff
		20b Other Licensed Mental Health Providers
Michelle	LCSW	20a2 Licensed Clinical Social Workers

# Mapping Two Adjustment Codes

---

- See page 11 of the Heckman instructions
- The BridgelT report is Table 9D Financial Adjs Posted in UDS Year
- ONLY Bad Debt and Sliding Fee Codes should be mapped for Table 9D

# Example: Using the Mapping Database for Adjustment Codes

Main Menu Adjustment Mapping

**Close** UDS Table 9 Adjustment Mapping

Adj Code	Adj Name	gD Line	Table gD Category
SC	Sliding Scale	14	Sliding Fee Adjustment Codes (Line 13, Column E)
UC	Uncompensated Care	15	Personal Bad Debt Adjustment Codes (Line 13, Column E)

14 Sliding Fee Adjustment Codes (Line 13, Column E)  
15 Personal Bad Debt Adjustment Codes (Line 13, Column E)

# Other Set-Up Procedures

---

- Once you have made changes in the mapping database, run the set-up reports again and double-check your mapping. Also, respond to any to alerts that come up.
- Review Default Race Codes (see page 12 of the BridgelT instructions)  

Report: 1 Races codes in eCW Drop Down list
- Test Patients: see Appendix C of the BridgelT instructions (pg 109) for set-up of test patients and page 16 for the report itself  

Report: 1 Test Patient Accounts

# Step 2: Cleaning the Data

---

## Step 2. Clean-up

---

- Identify records with missing or faulty information.
- Investigate these records and change them (if possible) or document how to adjust the final results.
- These reports have built-in alerts that will display records that need to be examined.
- Be aware of your work-flow and normal practice. Some of the alerts show records to consider, and you might conclude they are okay.

# Review UDS Demographics

---

- See page 13 of the BridgeIT instructions
- Report: 1 Patient Age Race Ethnicity Review *<example>*

## Alerts

- ❖ Age Range Check
- ❖ Deleted Patients Exist
- ❖ Race and or Ethnicity Missing
- ❖ Race Mismatch
- ❖ Sliding Scale Review
- ❖ Zip Codes Missing or Invalid

# Note on Race and Ethnicity

---

- You should make sure that the race drop-down list is composed of “standard” categories
- You should “clean” the data in eCW for individual patients so that you do not have to manually re-classify the summary table each time you look at it. Race and ethnicity is also used on the UDS Table 7.



# Note on Sliding Scale

---

- If the sliding scale form is not completed (i.e., it is blank), then the PovertyLevel column on the report UDS Table 4 Selected Patient Characteristics will display “-1” and the PovertyLevelGroup column will display “Unknown.”

# Note on Zip Codes

---

- The report will take the first 5 digits of the zip code, so ZIP + 5 is okay
- Check for non-standard zip codes by sorting the Zipcode column and looking at the top records and bottom records

# Review Encounters that May not be Completed

---

See page 16 of the BridgelT instructions

Report: 1 Encounters Without Claims UDS Review *<example>*

## Alerts

Encounters with Vitals and Assessments

Note: depending on when you run the report, some encounters might be very recent and not yet processed

# Review Claim Creation and Charge Entry

---

- See page 15 of the BridgeIT instructions
- Report: 1 Claims without CPT Codes or Charges *<example>*

## Alerts

- Claim with Applied Pmts or Adjs and zero charges
- Claims without CPT Codes

Note: sometimes, these are by design

# Double-Check the Clean-up

---

- Some of the reports that summarize the data also have alerts built into them
- After the initial clean-up, run the summary reports and review those alerts as well

# General Appointment Browsing

---

- UDS Med Visits Appointment Review (in the UDS Setup and Data Review folder) *<example>*
- If you want to see a big list of appointments (one appointment per row), use this report. Don't use the reports UDS Encounter Review or UDS Claims and Encounters for this purpose.
- Once you get more comfortable with BridgeIT, you can use the filters on this report to find visits that might need further investigation
- For example, visits without a claim that possibly should have a claim

# Step 3: Summarizing the Data

---

## Step 3. Sum-up

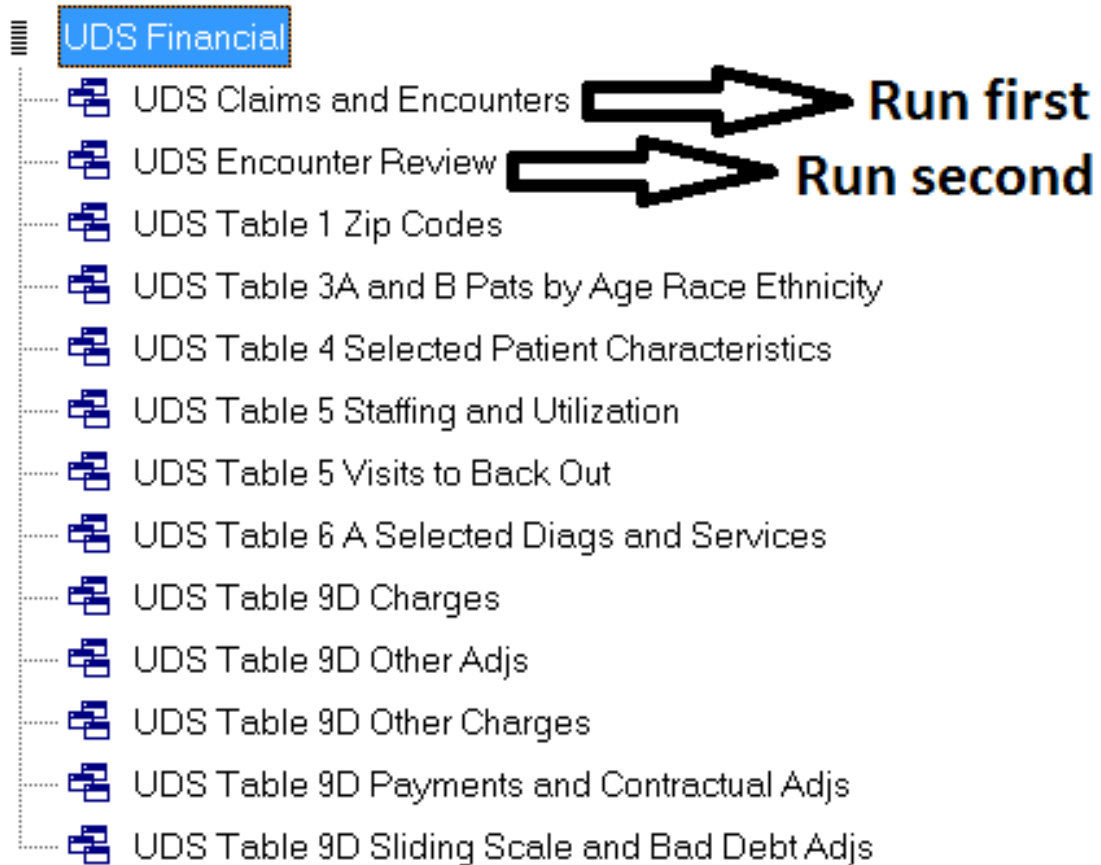
---

- Run the reports and compare ‘cleaned’ but still preliminary results to other sources of data (eg, monthly or cumulative reports)
- The UDS Reviewer will compare the data in the demographic and financial sections to the clinical sections of the report and to your results from prior years. Therefore, you should do the same.
- Investigate any large differences. If the difference is true, enter an explanation into the table notes (optional) or at least prepare to eventually explain it to the reviewer.
- Check reviewer’s comments from last year. Do they also apply to the 2017 data?



# First Reports to Run

---



- The other reports in this folder are based on the data in these two
- The report UDS Claims and Encounters shows everything
- UDS Encounter Review narrows them down to UDS-reportable visits, according to the rules: mapped provider with a claim or CHK status

# Zip Code Report

---

- Standard procedure for all demographic reports: run the report, open the output and click refresh
- Report: UDS Table 1 Zip Codes *<example>*
- Suggestion for Zip Codes: copy the output table into Excel. Scroll down until you reach zip codes with 10 or fewer in the Grand Total column. The total patients in these rows for each column will need to be summarized to the “Other ZIP Codes” row of the UDS Table.
- There is also an output table for city. This is for your information only.

# Age, Race, Ethnicity and Language

---

- Report: UDS Table 3A and B Pats by Age Race Ethnicity (page 83)
- Patients best Served in a Language Other Than English <example>
- Output table shows language in rows (text field) and interpreter needed in the columns
- Generally, we count those patients who need an interpreter as best served in another language. But it is a good idea to check the languages
- For example, I have seen English-speaking patients who “need” an interpreter

# Reports for Table 3B: Gender Identity and Sexual Orientation

---

- Does your health center record Gender Identity and Sexual Orientation in Patient Demographics (more common) or Social History? (See page 85 of the Heckman instructions)
- Report name: UDS Table 3B SOGI from Patient Demographics
- Report name: UDS Table 3B SOGI from Social History
- Each report has two outputs: one output for gender identity and one for sexual orientation

# Table 4: Patient Characteristics

---

Report: UDS Table 4 Selected Patient Characteristics (page 91 of the Heckman instructions) *<example>*

Output sheets for:

- Poverty category
- Medical Insurance
- Migrant/Seasonal Worker
- Homeless
- Veterans
- Public Housing

# Table 5: Staffing and Utilization

---

- Report: UDS Table 5 Staffing and Utilization (page 95 Heckman)
- Output shows the visit count for each row of Table 5 (column b) and the unduplicated patient count for the staff categories (column c)
- FTE (column a) and also tenure (Table 5A) does not come from eCW/BridgeIT

# Table 5 and Visits to Back Out

---

- UDS Rule: Only one visit per Major Service Category per day
- So, if a patient had two visits in one day to providers in the same category, you will need to assign the visit to one of the providers
- Use the report UDS Table 5 Visits to Back Out and see page 96 of the Heckman instructions *<example>*
- Look at what the common types of pair are, for example Nurse-Family Physician, or Dentist-Dental Hygienist
- You decide how to split them, e.g., assign all of them to one or the other category, assign by a ratio like 50/50, etc.

# Table 6A

---

- Run the report UDS Table 6 A Selected Diags and Services (see Heckman instructions on page 98)
- Note that where there are lines with visits/patients in BOTH the diagnosis and CPT columns, choose to report one or the other. Do NOT add them together because you will duplicate.



# Table 6B, 7 and 8

---

- Clinical tables: 6B and 7. Training webinar on how to use the BridgeIT clinical reports is next Thursday
- Use the RCHC reports and instructions, not the Heckman reports and instructions
- Table 8: Financial Costs. This information does not come from eCW/BridgeIT

# Table 9D: Charges (Column a)

---

- Report is: UDS Table 9D Charges (page 99 Heckman). There is an alert for unmapped insurance.
- If there was a charge, but you never intended to get paid for it, do not report it in Column a. Therefore, there is a column on the datasheet and the output that shows if there was a full write-off the same day the claim was created or on the date of service.
- You should investigate the full-write offs to see if that was indeed the intention. There is a column on the datasheet that shows the code used for the adjustment

# Table 9D: Charges (Column a), continued

---

- Charges on a “Claim without Encounter” are excluded from the charges report, but you should review them
- Report: UDS Table 9D Other Charges (Heckman page 101)
- Should some of these charges be included in Column (a) of Table 9D? For example, split claims

# Table 9D: Payments (Column b) and Allowances (Column d)

---

- See page 102 of the BridgelyT instructions
- Report: UDS Table 9D Payments and Contractual Adjs *<example>*

## Alerts

- Unmapped insurance
- Payment from source different than the one charged. This is probably okay if from same category. Check those that might be a bit weird (eg, claim charges private insurance but Medicaid paid). We do not want too many differences in the sources of charges and payments.

# Table 9D: Payments (Column b) and Allowances (Column d)

---

- The output for this report groups payments and allowances by Encounter Type. This is done so you can review the different types and decide if they should be included in the total or not
- Open the output with “View for Editing.” Then, in the pivot table, you can remove the Encounter Type column (if you are including all Encounter Types and do not want to group any more), or move it above the table to the filters (and then filter for the types you want).
- You can drag the field directly from the Pivot Table or work with the fields from the Pivot Table list on the right-hand panel

# Other Adjustments

---

- See page 104 of the Heckman instructions
- Report: UDS Table 9D Other Adjs
- Review these adjustments for possible addition to Table 9D, Column D – Allowances
- Use to identify other contractual adjustments that were not posted using the EOB / ERA process.
- NOTE: there might not be any of these!

# Table 9D: Sliding Discounts (Column e) and Bad Debt Write Off (Column f)

---

- See page 105 of the Heckman instructions
- Report: UDS Table 9D Sliding Scale and Bad Debts
- Table 9D, Line 13 only (Self-pay line)
- Gives the total for these two kinds of adjustments, as mapped in the Mapping Database

# Other Tips

---

- Don't wait until the end of the year to start “cleaning” your data.
- The process takes time and may even identify some claims that could be submitted or resubmitted
- Set up a system that makes sense to you for examining and cleaning the data on an ongoing/frequent basis in 2018



# Questions?

---