

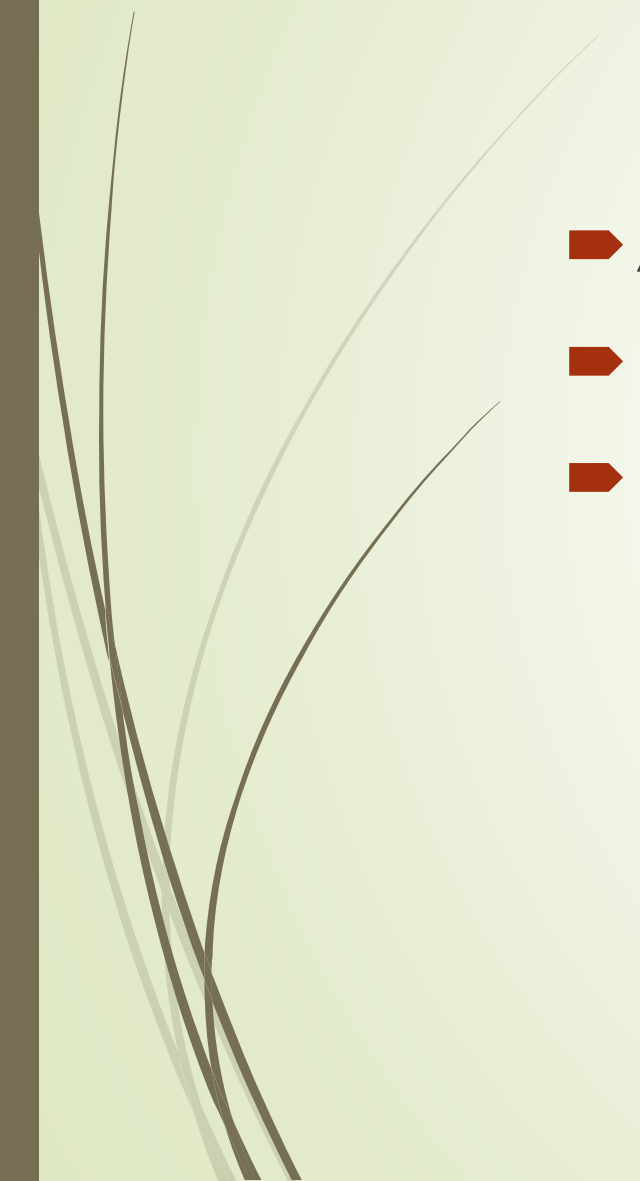


Early Start to UDS Data Validation

By Ben Fouts, Data Analyst, Redwood Community Health Coalition
Data Workgroup, October 11, 2022



Agenda

- Available Resources From the HRSA Website
 - RCHC Resources From Previous Years
 - First Step to UDS Preparation: Counting Visits and Patients
- 

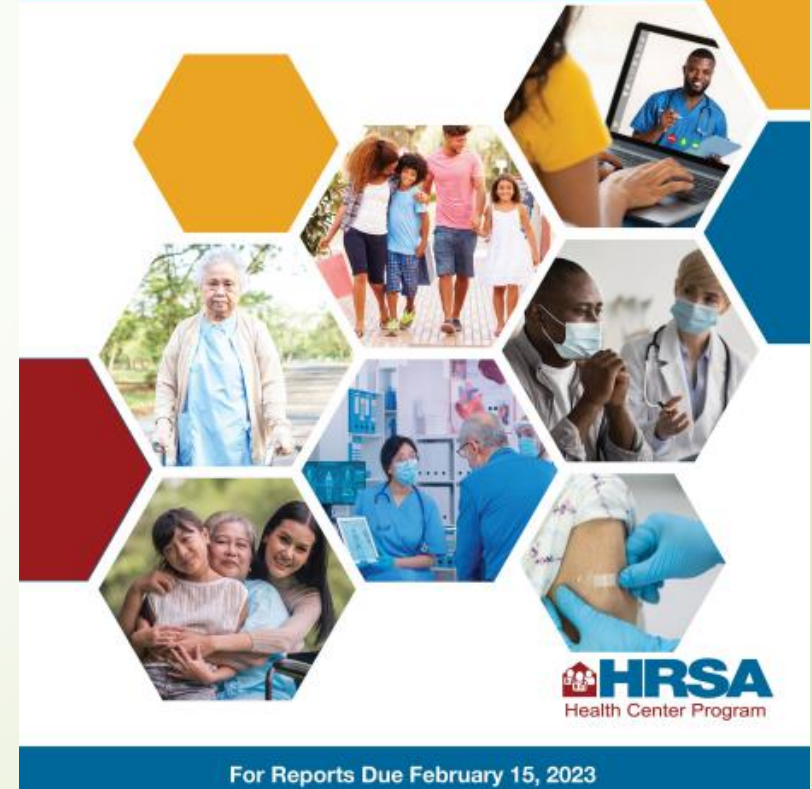
Available Resources

From the HRSA Website

Uniform Data System

2022 MANUAL

Health Center Data Reporting Requirements



HRSA Website

<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>

“Access resources to support complete, accurate, and timely submission of annual UDS reports.”



HRSA UDS Featured Resources

Featured Resources

- [2023 UDS Proposed Program Assistance Letter \(PAL\)](#) (PDF - 541 KB)

An overview of proposed updates to the CY 2023 UDS reporting

- [2022 UDS Program Assistance Letter \(PAL\)](#) (PDF - 675 KB)

An overview of updates to the CY 2022 UDS reporting

- [2022 UDS Manual](#) (PDF - 3 MB)

UDS reporting instructions manual for CY 2022 UDS reporting

- [2022 UDS Tables - PDF](#) (PDF - 1 MB) and [Excel](#) (XLSX - 984 KB)

UDS reporting tables for CY 2022 UDS reporting

- [2022 UDS Reporting Webinar Series](#) (PDF - 125 KB)

An overview of dates, times, and registration information for TA webinars

- [2022 UDS Annual State-Based Training Presentation Schedule](#) (PDF - 409 KB)

An overview of the dates, modes, and contacts for the annual state-based trainings

- [2021 UDS Now Available](#)

View the 2021 data on the HRSA Data Warehouse



Changes since last year



The 2022 manual ****ESSENTIAL****



Quick reference for the tables



List of HRSA webinars



CA training webinar (\$)

Upcoming HRSA Webinars (As of Today)



UDS Clinical Tables Part 3: Chronic Disease Management

October 13, 2022, 1:00 PM – 2:30 PM (ET)

[Register](#)

Objectives: Discuss reporting requirements for clinical quality measures related to disease management across the UDS clinical tables, including depression remission, HIV linkage to care, hypertension, diabetes, statin therapy, and ischemic vascular disease. The webinar will discuss reporting strategies and opportunities for quality improvement.

Intended Audience: ✓ Intermediate



Reporting UDS Financial and Operational Tables

October 20, 2022, 1:00 PM – 2:30 PM (ET)

[Register](#)

Objectives: Review reporting requirements for UDS Tables 8A (and FTE on Table 5), 9D (and insurance and managed care on Table 4), and 9E, and discuss common reporting errors including 340(B) pharmacy and managed care reporting. The webinar will also review the Workforce Form, Appendix F.

Intended Audience: ✓ Intermediate

Calendar Year (CY) 2022 Uniform Data System (UDS) In-Person and Webinar Training Opportunities
Annual State-Based Primary Care Association (PCA) Trainings

REGION IX

State/Territory	PCA	Training mode	Training date(s)	Training contact	Contact email
CA	California Primary Care Association	Webinar series	11/16/2022 11/27/2022	Kokaale Amissah-Aido	kaidoo@cpca.org

EVENT INFORMATION

'22 Uniform Data Systems (UDS) Annual State-Based Training 1



DATE: Wednesday, November 16th, 2022

TIME: 9 AM - 12 PM

Registration closes 11/15/22

The annual training will be conducted virtually in a series of 2 trainings as follows. Participants should plan to attend all sessions for a full and comprehensive understanding of the complete UDS report.

Register for the second session+ Q&A [here](#).

Session 1: Wednesday, November 16th , 9 AM - 12 PM

Session 2: Thursday, November 17th, 9 AM - 12 PM *(separate registration required)*.

Q&A: Thursday, November 17th, 12 PM - 12:30 PM *(included in session 2 registration)*.

HRSA Website

<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>

Contents

[Introduction](#)

[Financials](#)

[Special Topics](#)

Has some slide presentations

[Additional Reporting Topics](#)

[Reporting Guidance](#)

[Technical Assistance Contacts](#)

[Patient Characteristics](#)

Example on the next slide

[UDS Data](#)

[Staffing and Utilization](#)

[Archived Resources](#)

[Clinical Care](#)

Date Last Reviewed: October 2022

Uniform Data System (UDS) Training and Technical Assistance

[Introduction](#)[Special Topics](#)[Reporting Guidance](#)

Patient Characteristics

[Table Descriptions](#)[Resources](#)[Training](#)[Staffing and Utilization](#)[Clinical Care](#)[Financials](#)[Additional Reporting
Topics](#)[Technical Assistance
Contacts](#)[UDS Data](#)[Archived Resources](#)

Patient Characteristics

In this section:

- [Table Descriptions](#)
- [Resources](#)
- [Training](#)

Access resources to complete the Uniform Data System (UDS) patient characteristics and demographics tables (ZIP Code Table, Table 3A Patients by Age and by Sex Assigned at Birth, Table 3B Demographic Characteristics, and Table 4 Selected Patient Characteristics).

Table Descriptions

The patient characteristics and demographics tables provide information about the patients served, including their ZIP code of residence, age, sex assigned at birth, race, Hispanic or Latino ethnicity, language barriers, sexual orientation, gender identity, income, and primary third-party medical insurance. The tables also provide the number of patients from special population groups who receive services and managed care enrollment, if any.

Resources

Table Fact Sheets define key terms, highlight changes from the prior year, explain how UDS data are used, provide helpful hints for completing the UDS tables, and outline the importance of cross-table relationships and considerations.

- [Patients by ZIP Code Table Fact Sheet](#) (PDF - 1005 KB)
- [Table 3A Fact Sheet](#) (PDF - 236 KB)
- [Table 3B Fact Sheet](#) (PDF - 790 KB)
- [Table 4 Fact Sheet](#) (PDF - 239 KB)

Training

[Self-Paced Learning Module: Patient Characteristics](#)^{df} explains the purpose of the patient characteristics data, defines key terms, and reviews the fields within the Patients by ZIP Code Table, Table 3A, Table 4B, and Table 4. *Estimated length: approximately 1 hour.*

Other HRSA Resources

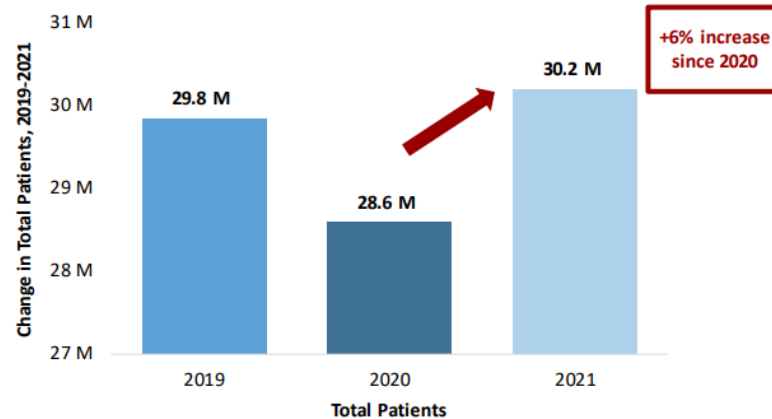
<https://bphc.hrsa.gov/data-reporting>

Look for “2021 UDS Trends Webinar Slides”

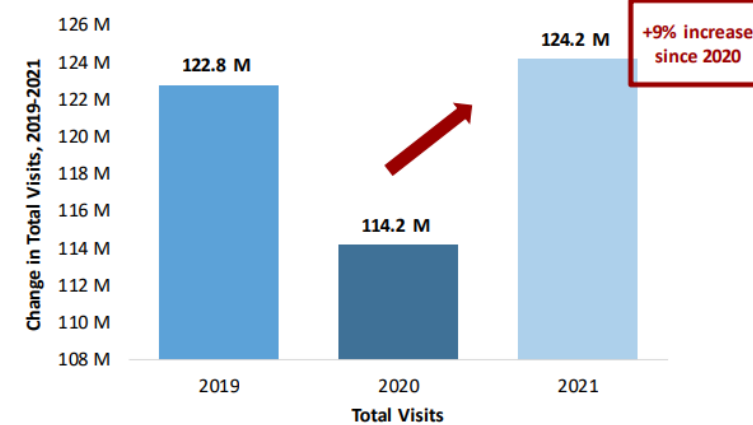
Health Center Program Recovery

Health centers are rebounding from the effects of COVID-19, with the total number of health center patients and visits returning to pre-pandemic levels.

Three Year Trends in Total Patients



Three Year Trends in Total Visits



Source: Uniform Data System, 2019-2021 – Table 3B, Table 5

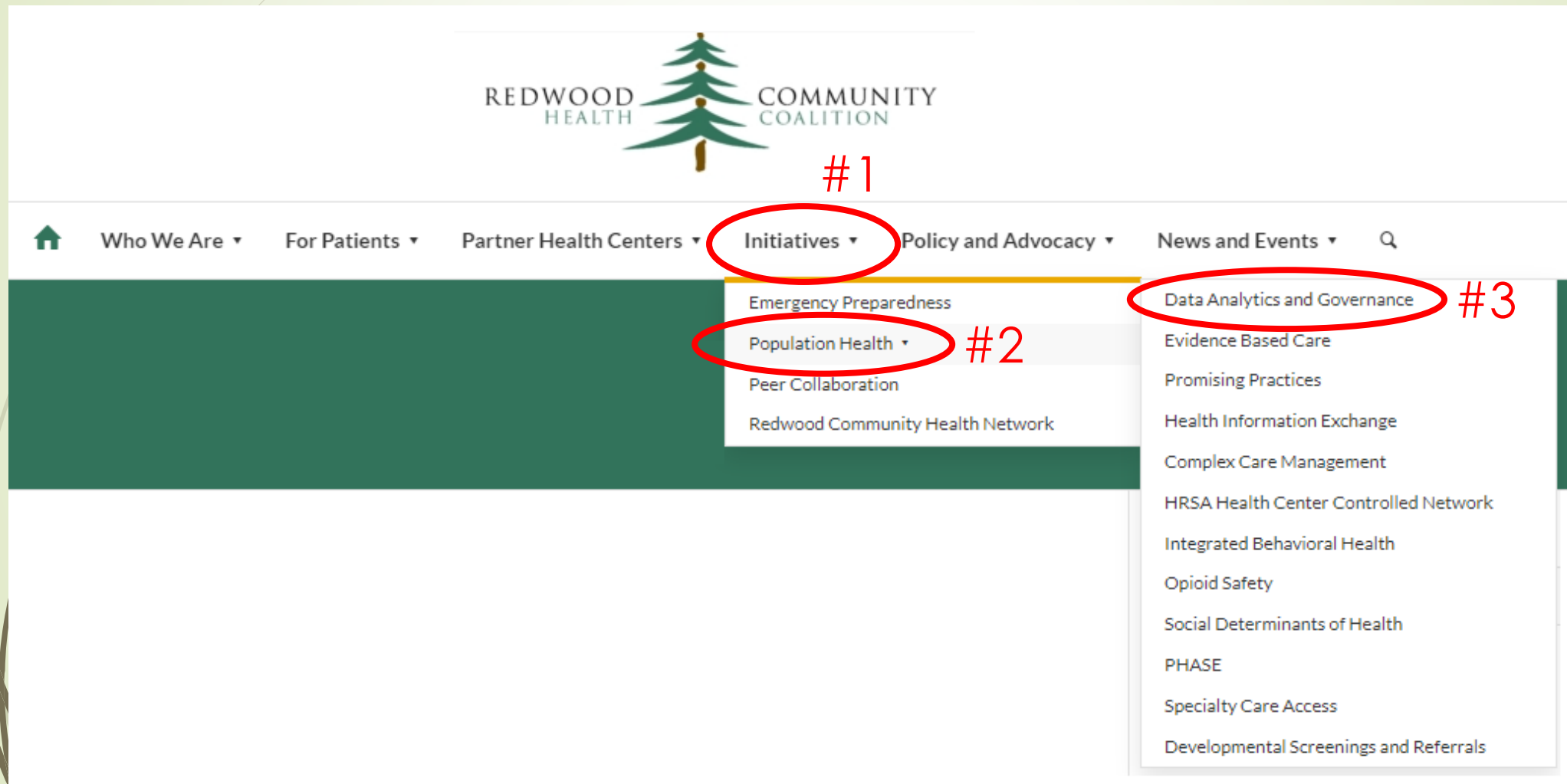




RCHC Resources

From Previous Years


rchc.net, Data Analytics and Governance



On the Data Analytics and Governance Page, scroll down to Data Workgroup and Report Documentation

Data Workgroup and Report Documentation:

This is RCHC's longest running data peer group and historically is the forum where RCHC has shared measure documentation, how to use new standard reports, validation practices, benchmarking and assistance with questions around standard report sets such as the Uniform Data System (UDS Federal Reporting) and Office of Statewide Health Planning and Development (OSHPD State of California Reporting), as well as other shared standardized reports.


 Additional Resources and Companion Documents

Click to expand

- UDS Federal Reporting (2022)
 - UDS Manual 2022: 2022 UDS Manual (hrsa.gov)
 - UDS PAL - dated 11/2021: Uniform Data System 2022 Health Center Data Reporting Requirements (hrsa.gov)
- UDS Federal Reporting (2021)
 -  Early Steps to Prepare for 2021 UDS Reporting in Relevant (recording 10/2021)
 - UDS_Early_Steps_10-12-21(slides, 10/2021)
 -  Validation Report Set instructions and reports(recording 11/2021)
 - Data_Transformation_Relevant_UDS_Summary(slides 11/2021)
 - UDS_Record_Level_Validation(slides 12/14)
 -  UDS Record Level Validation(recording 12/14)
- UDS Federal Reporting (2020)
 -  Gearing Up for the Year-End Reporting Season (recording, 10/2020)
 - Gearing Up for the Year-End Reporting Season (slides, 10/2020)
 - BPHC - UDS Manual 2020
 - BPHC - Program Assistance Letter (2/2020)
 - BPHC - Program Assistance Letter (PAL) (7/2019)
 -  UDS Aggregations 2020 One Year High Low
 -  UDS Aggregation 2020 Ten Year Comparison High Low

Many of the UDS Resources (2020 to 2021) are still applicable

Data Workgroup presentations come in pairs:

1. The Powerpoint slides
2. The recording (get password from Malea for links with a )

- UDS Federal Reporting (2021)
 - UDS_Early_Steps_10-12-21(slides, 10/2021)

Early Steps to Prepare for 2021 UDS Reporting in Relevant

BY BEN FOUTS, DATA ANALYST, REDWOOD COMMUNITY HEALTH COALITION
DATA WORKGROUP WEBINAR, OCTOBER 12, 2021

- Assign a Data Tracker
- Looking for errors on the Relevant UDS tables
- Verifying the UDS Universe
- Data Tracing

- UDS Federal Reporting (2021)
 - [Data_Transformation_Relevant_UDS_Summary\(slides 11/2021\)](#)

CONFIRMING PROPER DATA TRANSFORMATION FROM THE RAW EHR TABLES TO THE UDS SUMMARY TABLES

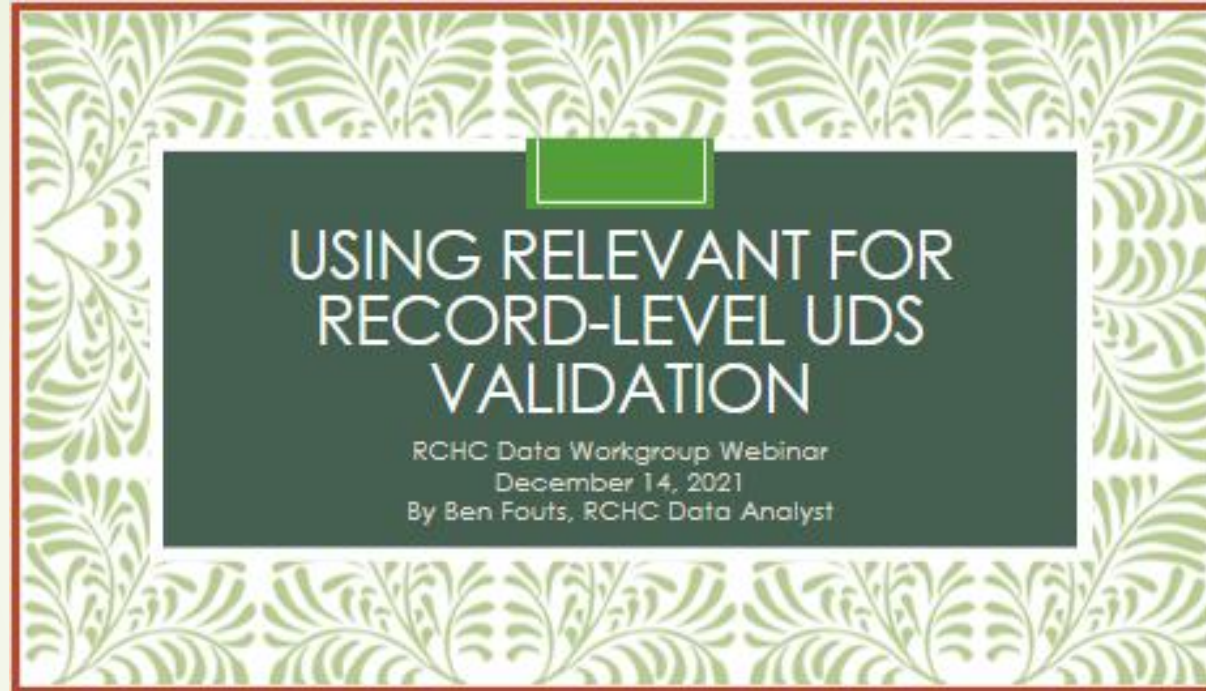
BY BEN FOUTS, DATA ANALYST

REDWOOD COMMUNITY HEALTH COALITION

DATA WORKGROUP WEBINAR, NOVEMBER 9, 2021

- Verifying the mapping of providers, resources and staff
- Vaccine, lab and medication validation

- UDS Federal Reporting (2021)
- UDS_Record_Level_Validation(slides 12/14)



- See section #3
- Lists reports from RCHC and Relevant creators that can be used to show records with potential issues
- Demographics, labs, images, chronic disease diagnosis codes, cancer measure exclusions, OB patients



First Step to UDS Preparation

Counting Visits and Patients



Start With the Most Fundamental Aspect

- Use the UDS visit definitions to directly test the logic and outcomes of the Data Elements
- Check the definitions of a UDS Visit in Relevant
- Verify Provider Mapping
- Assign a Data Tracker. This person should be a programmer (or work closely with a programmer) who can go through the SQL code in the Transformers and Data Elements in order to understand them and test them

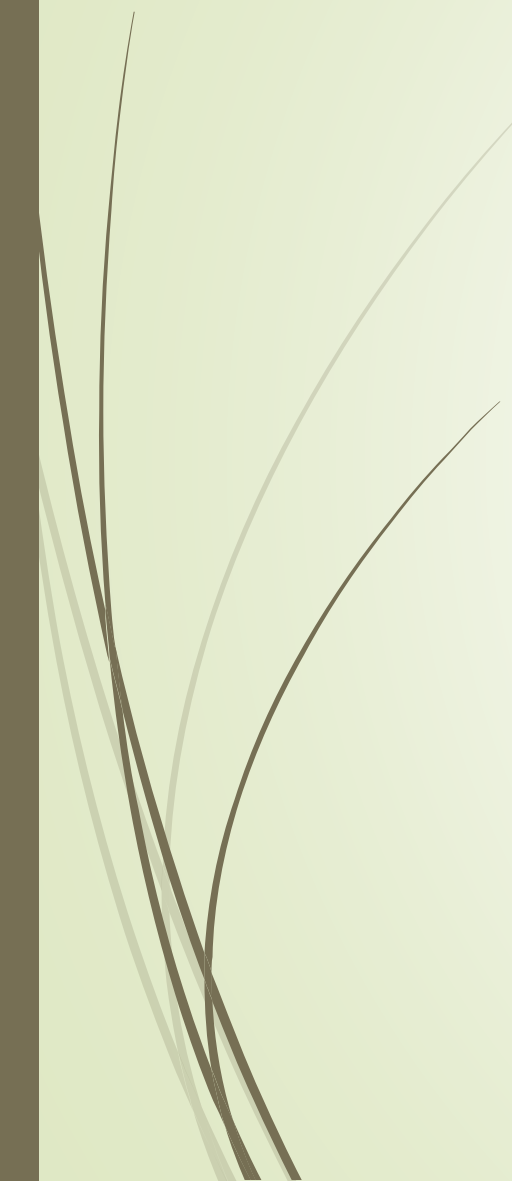


Use a “Beginner’s Mind”

- The idea is to look at the Transformer logic and resulting data to see if all countable visits (definition upcoming) are being counted and classified appropriately
- Using a “Beginner’s Mind” means that you approach this task as though it is the first time you are involved with it. In other words, you do not have any expectations, preconceived notions, or past experiences to limit the view of the data



Four Specific Resources for Table 5 (Staffing and Utilization)

- 2022 UDS Manual
 - Table 5 Fact Sheet (Document)
 - UDS Countable Visit Guidance and FAQ (Document)
 - The Foundation of the Uniform Data System (UDS): Counting Visits and Patients (Slide Show)
- 

<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/staffing-utilization>



Health Resources & Services Administration

 **HRSA**
Health Center Program

[Home](#) [About Health Centers](#) [Compliance](#) [Funding](#) [Initiatives](#) [Data & Reporting](#)

[Home](#) » [Data & Reporting](#) » [Uniform Data System \(UDS\) Training and Technical Assistance](#) » Staffing and Utilization

Staffing and Utilization

In this section:

- [Table Descriptions](#)
- [Resources](#)
- [Training](#)

Resources are available to help complete the Uniform Data System (UDS) staffing and utilization tables (Table 5 Staffing and Utilization and Table 5 Selected Service Detail Addendum).



Resources

Table 5 Fact Sheet (PDF - 318 KB) defines key terms relating to staffing and utilization, highlights changes from the prior year, explains how UDS data are used, provides helpful hints for completing this UDS table and addendum, and outlines the importance of cross-table relationships and considerations.

Table 5: Mental Health/Substance Use Disorder (SUD) Selected Service Detail Addendum Guidance (PDF - 379 KB) provides instructions on how to complete the Table 5 addendum to capture information on mental health services provided by medical providers and SUD-related services provided by medical and mental health providers.

Virtual Visit Reporting Guide (PDF - 172 KB) offers guidance on counting virtual visits and explains how to complete the Table 5 virtual visits column (column b2).

Nurse Visit Guide (PDF - 108 KB) explains how and when to report nursing visits, including examples of visit types that may count and types of activities that nurses may perform that do not count on the UDS report.

UDS Countable Visit Guidance and FAQ (PDF - 189 KB) details the components of a countable visit, describes the types of services that do not qualify as a countable visit, and provides answers to health centers' frequently asked questions.



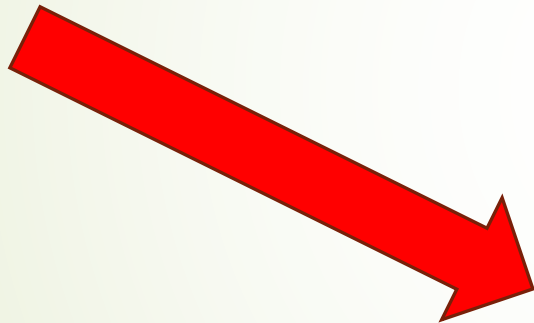
Training

The Foundation of the Uniform Data System (UDS): Counting Visits and Patients

September 14, 2022

[Presentation](#) (PDF - 2 MB)

This webinar addresses what counts as a visit (in-person and virtual), how a visit defines a patient, common questions around reporting visits, and reporting of treatment and other services provided to health center patients.




The Foundation of the Uniform Data System (UDS): Counting Visits and Patients

September 14, 2022, 1:00–2:30 p.m. ET

Jillian Maccini, MBA
Training and Technical Assistance Specialist, John Snow, Inc. (JSI)
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



ALL VISITS TO HEALTH CENTER IN 2022

UDS Countable Visits

On Table 5, these visits are summarized by:

- Clinic visit vs. virtual visit
- Service category (e.g., medical, dental, etc.)
- Provider category (e.g., Pediatricians, Dentists, etc.)

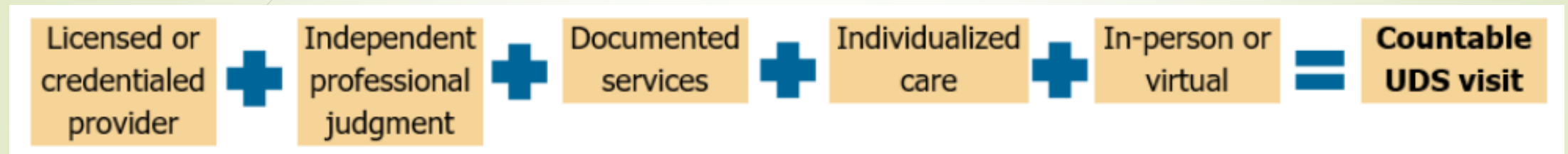
Non-countable
visits

Specific types
may be counted
on Table 6B for
health center
patients only

UDS Health Center Patients

On the Zip Code Table through Table 4, unduplicated
patients with at least one UDS visit are summarized
By demographic characteristics

Definition of a Countable Visit



“Provider” defined in Appendix A of the 2022 UDS Manual

UDS SUPPORT CENTER, 866-UDS-HELP, UDSHELP330@BPHCDATA.NET

Appendix A: Listing of Personnel

All line numbers in the following table refer to Table 5. Not all services delivered by a “provider” count as visits. DO NOT count encounters with “non-providers” as countable visits. Use the [Provider](#) definitions to classify personnel as a “provider” or “non-provider.”

Personnel by Major Service Category	Provider	Non Provider
Physicians		
Family practitioners (Line 1)	X	

Example: Appendix A of UDS Manual

Personnel by Major Service Category	Provider	Non Provider
Dentists (Line 16)		
General practitioners	X	
Oral surgeons	X	
Periodontists	X	
Endodontists	X	
Dental Hygienists (Line 17)		
Dental hygienists	X	
Dental Therapists (Line 17a)		
Dental therapists	X	
Other Dental Personnel (Line 18)		
Dental assistants, advanced practice dental assistants		X
Dental technicians		X
Dental aides		X
Dental students (including hygienist students)		X

Corresponds to UDS Table 5

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16–18)				

Example: Appendix A of UDS Manual

Personnel by Major Service Category	Provider	Non Provider
Dentists (Line 16)		
General practitioners	X	
Oral surgeons	X	
Periodontists	X	
Endodontists	X	
Dental Hygienists (Line 17)		
Dental hygienists	X	
Dental Therapists (Line 17a)		
Dental therapists	X	
Other Dental Personnel (Line 18)		
Dental assistants, advanced practice dental assistants		X
Dental technicians		X
Dental aides		X
Dental students (including hygienist students)		X

Corresponds to UDS Table 5

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16–18)				

Did Your Health Center Provide Any of These Services?

Personnel by Major Service Category	Provider	Non Provider
Other Professional Health Services Personnel (Line 22)		
Audiologists	X	
Acupuncturists	X	
Chiropractors	X	
Community and behavioral health aides and practitioners	X	
Herbalists	X	
Massage therapists	X	
Naturopaths	X	
Registered dietitians, including nutritionists/dietitians	X	
Occupational therapists	X	
Podiatrists	X	
Physical therapists	X	
Respiratory therapists	X	
Speech therapists/pathologists	X	
Traditional healers	X	

Examples of Services That *Alone* Are Not Counted in the UDS

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



Refer to page 20 of the [UDS Manual](#) for additional examples and detail.



Check in Relevant

Once you have reviewed all of the definitions, it is time to start looking at the 2022 UDS data in Relevant

Sources of data:

- Relevant UDS Tile (Table 5 summary tab)
- Relevant Visit Calendar
- RCHC List All Providers, Resources and Staff (Relevant report)

Relevant UDS Tile (Table 5 Summary Tab)

- Scan down table and note any rows or columns with zero or obviously low numbers that look unrealistic to you


Table 5: Staffing and Utilization

A profile of health center personnel and services rendered.

Line	Personnel by Major Service Category	FTES (a) ⓘ	Clinic Visits (b) ⓘ	Virtual Visits (b2) ⓘ	Patients (c) ⓘ
1	Family Physicians	0.0	1,336	236	
2	General Practitioners	0.0	972	178	
3	Internists	0.0	0	0	
4	Obstetrician/Gynecologists	0.0	1,624	0	

- Even though the numbers on this table will change day-to-day during the year, document results before a major SQL change to test the outcome

Note the Blue Symbol in Table Columns

Clinic Visits (b) 	
<p>Clinic visits are mapped based on the <code>staff_member_type_id</code> column of the Visits data element.</p> <p>Here's how it works: the visit's <code>staff_member_type_id</code> references the Staff Member Types data element, which provides a list of personnel types (for example, "Dental Hygienists"). These personnel types are then matched to the various lines in Table 5.</p> <p>To be counted here, visits must:</p> <ul style="list-style-type: none">• Contain a valid <code>staff_member_type_id</code>• Have the <code>uds_universe</code> column be true• Not have an entry in the Virtual Visit Set Memberships data element <p><i>Note:</i> If desired, a single provider's visits may be split among multiple lines of Table 5. This is accomplished by adjusting the mapping of the <code>staff_member_type_id</code> column in the Visits data element or the code in an underlying transformer.</p> <p><i>Note:</i> Per the UDS manual, only one visit per patient per service category per provider per location per day is counted. (See "Counting Multiple Visits by Category of Service" in the UDS manual for additional details.)</p>	

Relevant Visit Calendar

DATES

Start date

End date

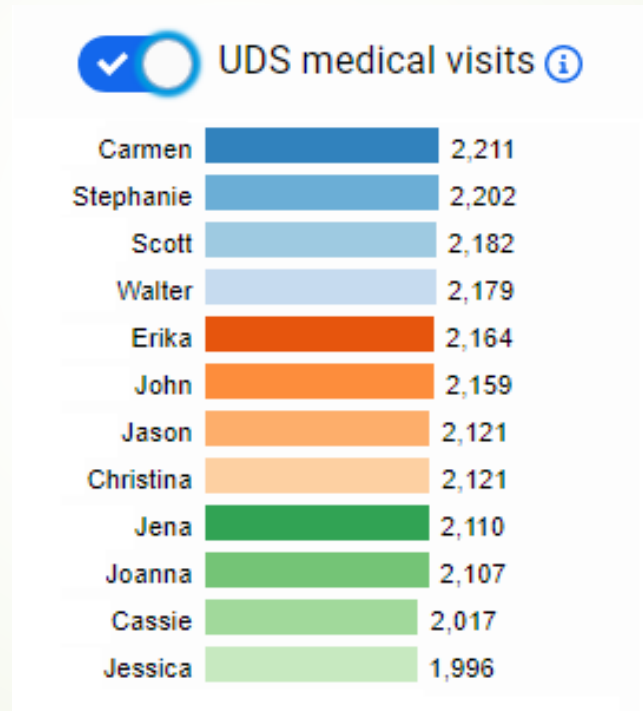
VISIT UNIVERSE

- ☒ All visits ⓘ
- ☐ Billable visits ⓘ
- ☐ Location productivity visits ⓘ
- ☐ Panel visits ⓘ
- ☐ Phone visits
- ☐ Provider productivity visits ⓘ
- ☐ UDS dental visits ⓘ
- ☐ UDS medical visits ⓘ
- ☐ UDS mental health visits ⓘ
- ☐ UDS preventive medical visits ⓘ
- ☐ UDS virtual visits ⓘ
- ☐ UDS visits ⓘ
- ☐ Video visits

Start date should be 1/1/2022
and end today, or if in 2023, end
on 12/31/2022

Toggle to see the providers in
each of these categories

Check Down the List For Providers Who May Be In the Wrong Category





Relevant Report: RCHC List All Providers, Resources and Staff

- This report available on the RCHC Aggregate for eCW and NextGen health centers
- Displays all Providers, Resources and Staff with at least one visit in the measurement period, whether or not they have countable visits
- Once configured (Staging Database), the report will show countable visits and which Table 5 category the provider is mapped to (along with HCAI category)
- Displays credentials and specialty, and even FTE (if that is put into the EHR)

RCHC List All Providers, Resources and Staff

- Export the results and use the Excel filter and sort functions to isolate groups of providers.
- The idea is that groups of providers with similar credentials and specialties should generally be in the same Table 5 provider group
- New providers may be missing the credential or specialty field
- Any provider can have a non-standard entry
- Add or fix entries in your EHR

	D	E	F	
	First name	Credentials	Specialty	Is res
	Natalia	DDS	Dental	
	Christine		Dental	
	Liza	DDS	Dental	
	Giuliana	DDS	Dental	
	David	DDS	Dental	
	Farnaz	DDS		
	Victor	DDS	Dental	
	Rajesh		Dental	
	Oksana	DDS	Dental	
	Cynthia	DDS		
	Carly	DDS	Dental	

RCHC List All Providers, Resources and Staff

- Also look for providers who should be mapped to a UDS category but are not. What does their data look like?
- What could be the problem in the examples below?

	E	F	G	H	I	J	K
	▼ Credentials	▼ Specialty	▼ Is resident	▼ Primary facility	▼ FTE	▼ UDS line number	▼ UDS staff member type
		Dermatology	FALSE	VALLEY HEALTH CENTER	0.1		

Missing

	E	F	G	H	I	J	K
	▼ Credentials	▼ Specialty	▼ Is resident	▼ Primary facility	▼ FTE	▼ UDS line number	▼ UDS staff member type
	PsyD	Mental Health	FALSE	OCEAN VIEW	0.7	20a1	Licensed Clinical Psychologists
	Psy.D	Mental Health	FALSE	MOUNTAIN VIEW	0.6		

Missing

Where Does Staff Member Type Come From?

- Data Element visits.staff_member_type_id (when UDS_universe is TRUE) is used to count visits by Table 5 category
- To see all of the id numbers and staff member types, use **SELECT * FROM staff_member_types**
- In DataGrip (Production Database), you see

	id	key	name	major_service_category_id
1	1	family_physicians	Family Physicians	medical
2	2	general_practitioners	General Practitioners	medical
3	3	internists	Internists	medical
4	4	ob_gyn	Obstetrician/Gynecologists	medical
5	5	pediatricians	Pediatricians	medical

Trace the Origin of the Staff Member Type

- Data Element “visits” → Transformer “relevant_visits”
- What is the source of `relevant_visits.staff_member_type_id`
- Does it come from `relevant_uds_staff_mappings`? Or `relevant_uds_provider_list`? Or `relevant_uds_table5_mapping`?
- Look at that source mapping Transformer and test the code (in DataGrip, for example)
- At many health centers, a combination of credential and specialty is used to determine which UDS category the provider belongs to. But confirm what is used in your instance of Relevant

Transformer That Maps Staff Member Type

- If you found providers that are missing UDS mapping or have mistaken mapping (from the Visit Calendar or mapping report), check the logic in the SQL
- It is easier to have a data entry standard for the Credential and Specialty fields and make modifications to the EHR when you come across non-standard data
- Modify and test the Transformer code as necessary
- Compare the new summary on Table 5 to the archived summary
- Re-run the Relevant report to confirm mappings



Questions

