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# Preparing for a Successful UDS Submission

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# Agenda

1. You Do / We Do
2. UDS Resources
3. UDS Submission Checklist
4. Report Library Reports
5. UDS Edit Codes
6. Cross-table Considerations
7. UDS+ Update

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# We strive to provide your organization with support to help you reach your UDS goals, use this co-sourcing model as a guide

| | Work Category | You Do | We Do |
|---|---|---|---|
| Enrollment | Automatically enroll each FQHC in a new UDS QM program for each reporting year. | | ✓ |
| | Contact the CSC to requires enrollment and enable practice settings.<br>Assign ‘UDS Admin’ to any users responsible for UDS reporting. | ✓ | |
| UDS Tables | Table 4: Rows 13a, 13b, 13c<br>Table 5/Addendum: Column FTE(a)<br>Table 7: Section A – Row O<br>Table 8A: All fields<br>Table 9D: Columns C1, C2, C3, C4<br>Table 9E: All fields<br>Appendices: All questions | ✓ | |
| | Patients by Zip Code: All fields<br>Tables 3A/B: All fields<br>Table 4: All fields, except Rows 13a, 13b, 13c<br>Table 5/Addendum: All fields, except Column FTE(a)<br>Tables 6A/B: All fields<br>Table 7: All fields, except Section A – Row O<br>Table 9D: All fields, except Columns C1, C2, C3 and C4 | | ✓ |
| Reporting | Automatically determine the UDS visit type based on procedure code and provider.<br>Update UDS reports to comply with HRSA requirements.<br>Assign ‘UDS Admin’ to any users responsible for UDS reporting. | | ✓ |
| | Contact the CSC to enable UDS reporting service type add-on to manually include/exclude a claim on a UDS visit type.<br>Set up FQHC department in the Department Government Designations table.<br>Review Success Community Guide for additional UDS information and tip sheets. | ✓ | |

https://success.athenahealth.com/s/article/000008713

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# UDS Resources

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# Success Community is your athena landing page for UDS information, resources, and engagement

**UDS Program Information**
Guides to Success & Table Tip Sheets

**Quality Resources**
Quality Help Center & Measure Satisfaction Appendix

**Important Updates & Communications**
Blogs & Known Issues

**Engagement with Peers & Product**
User Groups & Product Feedback

**New! Office Hours**
Join live or watch recordings

https://success.athenahealth.com/s/quality

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# HRSA UDS resources you should know about as you prepare for UDS submission on February 15, 2023

- Featured resources on **HRSA UDS Training and Technical Assistance** website, including the 2022 UDS Manual, 2022 UDS Tables, and approved 2022 PAL.
- HRSA's **2022 UDS Changes Technical Assistance** webinar and presentation
- The **eCQI Resource Center** which contains measure information, specifications, data elements and release notes. You can also compare versions from year to year with highlighted changes. e.g. Cervical Cancer Screening (2021 vs 2022).

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# UDS Submission Checklist

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# Consider developing your own UDS checklist for UDS activities, communications, document retention, and available HRSA and athena resources.

**Running Reports:** Schedule your UDS reports to run monthly or quarterly throughout the program year.

**UDS Calendar**: Create a UDS calendar containing dates for key UDS activities.

**UDS Kickoff:** Assemble your team in December to review roles and due dates on the UDS calendar you've created.

**UDS Repository:** Utilize a shared folder containing all UDS training materials, UDS report copies, backup documentation etc. Organize by program year.

**UDS Distribution List:** Create an internal UDS email account called UDS@yourcompany.org. Add key UDS stakeholders. Use for all UDS communications both internally and with HRSA.

**Other Checklists**: Add athena's UDS Data Submission Checklist to your checklist.

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# HRSA has a UDS submission checklist with tips to help ensure complete, accurate, and on-time UDS submission.

## Prior Year UDS

- ✓ Review comments and questions that your UDS Reviewer sent last year to avoid making the same mistakes year after year.
- ✓ Pull your health center's prior year UDS Report from the Electronic Handbooks (EHBs). Be sure to pull the final report that includes all corrections, not the initial submission.
- ✓ Review year to year table changes, they can be viewed using the Comparison Tool within EHBs.

## Current Year UDS

- ✓ Compare key metrics across years. Investigate large increases or decreases for accuracy. At minimum, review:

  Tables 3A, 3B, 4 and PBZC: Patient demographics, income, and insurance shifts, and special population counts.

  Tables 5, 6A, and 8A: Patients, visits, services, and costs by service category.

  Tables 6B and 7: Denominator and compliance for each clinical quality measure.

  Tables 8A, 9D, and 9E: Ratio of total costs to total cash revenues.

Adapted from UDS Submission Checklist https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/uds-submission-checklist.pdf

# Report Library Reports

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# Report Library

## Understanding ‘Type of Report’ Options

1

### Rolled Up Data

Presents data in the format for HRSA Reporting

2

### Filtered Data

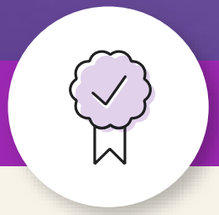
Presents the complete data used to produce the Rolled-Up view, grouped up by whatever level of specificity HRSA requires for each table

3

### Filtered By Patient

Presents the complete data used to produce the Rolled-Up view, grouped up at the Patient level

4



### Filtered By Visit

Presents relevant details at the level of the UDS visit

5

### Raw Data

Presents all data from FQHC departments, including non-UDS visits

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# Report Options: What the report does and when to use it

| Type of report | What the report does | When to use it | Applicable UDS tables |
|---|---|---|---|
| **Rolled-up data** | Presents data in the format for HRSA reporting | Use this report type to preview or pull your report for submission | Patients by Zip Code, 3A, 3B, 4, 5, 5 Addendum, 6A, 6B, 7A, 7B, 7C, 9D |
| **Filtered data** | Presents the complete data used to produce the Rolled-Up view, grouped up by whatever level of specificity HRSA requires for each table | Use this report type if you prefer to roll up your own data or if you are conducting QA on the data contained within the Rolled-Up view | Patients by Zip, 3A, 3B, 5, 5 Addendum, 6B, 7A, 7B, 7C, 9D |
| **Filtered by patient** | Presents the complete data used to produce the Rolled-Up view, grouped up at the patient level | Use this report type if you prefer to roll up your own data or if you are conducting QA on the data contained within the Rolled-up view | 4, 6A |
| **Filtered by visit** | Presents relevant details at the level of the UDS visit | Use this report type to understand how patient characteristics such as insurance coverage update across multiple visits | 4 |
| **Raw data** | Presents all data from FQHC departments, including non-UDS visits | Use this report type if you are conducting QA to determine discrepancies in your rolled up/filtered data | Patients by Zip Code, 3A, 3B, 4, 5, 6A, 6B, 7A, 7B, 7C, 9D |

# UDS Edit Codes

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# Do you know these HRSA resources?

- ✓ HRSA has an Archived Resources page where you can see prior year UDS PALs, UDS Manuals, UDS Tables, webinars and more.
- ✓ In 2017, HRSA provided two files that may assist you in some of your research of edit codes.
  - ✓ Complete Validation Rules List
  - ✓ Overview of Top 20 Validation Rules
- ✓ In 2022, HRSA released its UDS Clinical Quality Measures 2022 handout. Use this file to benchmark prior year National Averages for comparison to your center's performance.

athenahealth is not responsible for the maintenance, update or accuracy of HRSA resources. Please contact HRSA directly with questions or for more information.

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# There are three themes for the most common frequently fired edit codes FQHCs encounter during UDS submission

## Patient Numbers Don't Agree

**Cross-table considerations**

Review the cross-table considerations in both the UDS Manual or UDS Tables PDFs for information on tables and lines that break down the information in similar ways and should agree, like patients by age group or patients by insurance status.

## Inter-year Changes

**Significant Increases / Decreases**

Year to year comparisons are done using percentages. Small denominators or numbers can make small changes look large. Also, large changes for number of patients or visits could be the result of misclassification or the health center added or removed facilities or services.

## Financial Tables Reporting

**HRSA Calculations**

Normally, expenditures, average costs per visit generally remain stable. Charges and collections are expected to go up or down at roughly the same rate or in the same direction. Large changes in Accounts Receivable, grant funding, cost per visit may indicate an error in classifying or reporting.

Adapted from HRSA's 2017 Overview of Top 20 Validation Rules https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/frequently-fired-edits.pdf

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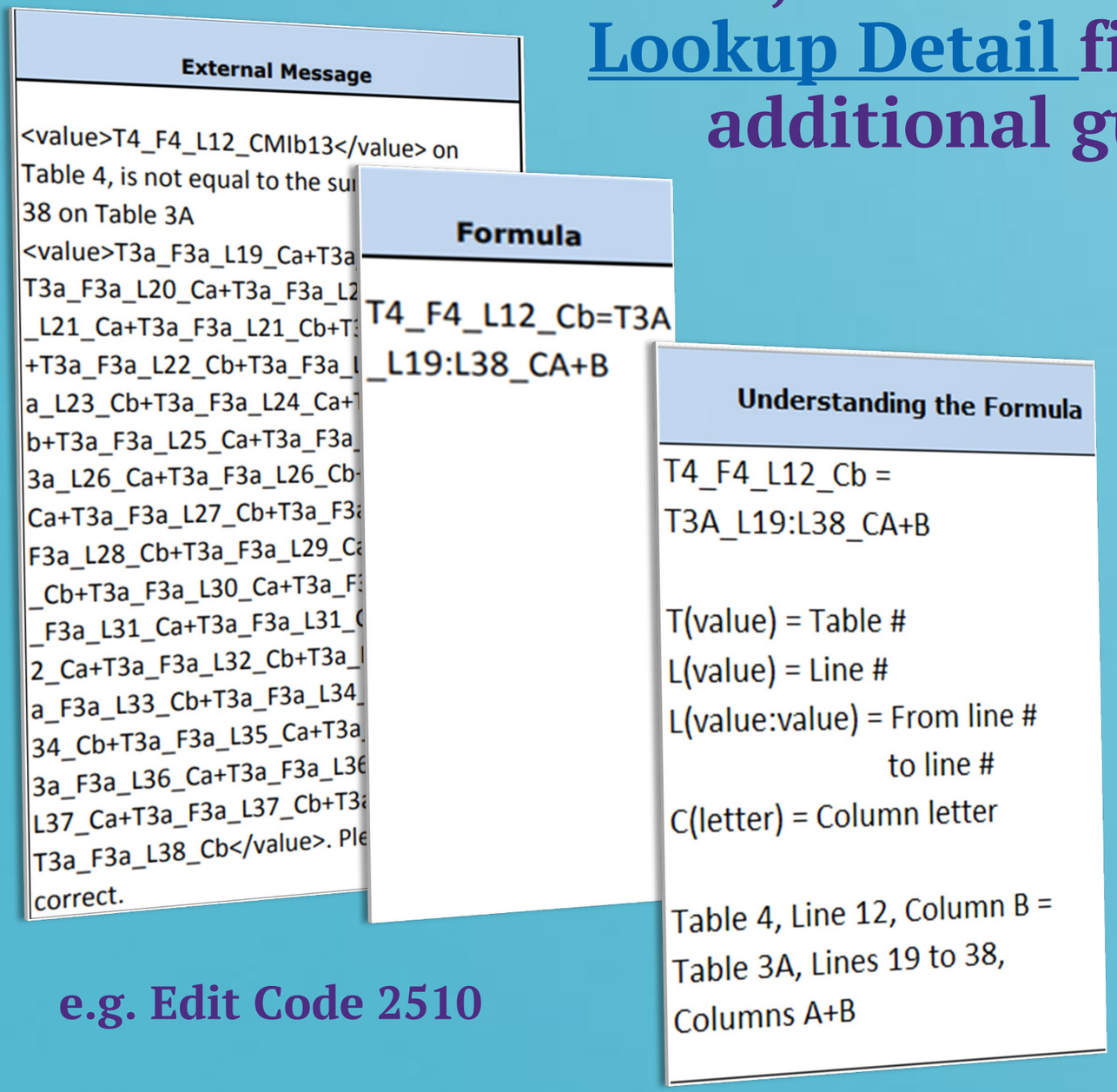
# In 2017, HRSA made this 2017 UDS Validation Lookup Detail file available that provides additional guidance on edit codes.




e.g. Edit Code 2510

1. The file simplifies the edit code external message into the formula column.
2. The file contains over 3,700 edit codes.
3. The file also provides other valuable information such as short description, base table, related table(s), category and funding stream information.

Adapted from the 2017 UDS Validation Lookup Detail file https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2017-uds-validation-lookup-detail.pdf

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# Cross-table Considerations

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# In 2021, HRSA Added Cross-table considerations to the UDS Manual and Tables to Assist in Your UDS Review

## Incorporate cross-table considerations as part of your UDS review process.

Completing a cross-table review can reduce the number of edits you'll encounter when entering UDS data.  Tip!  Add cross-table consideration to your UDS Submission Checklist.

## Consider creating a cross-table consideration matrix.

Create a matrix by table that lists that table's related tables and fields.  This resource can be used as its own checklist to maintain and update each year to ensure accurate reporting.  Note: see Appendix for an example.

## Use the cross-table consideration matrix to collaborate between clinical and financial UDS stakeholders.

Use the cross-table considerations matrix to identify UDS reporting pain points and facilitate coordination between UDS stakeholders.

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# UDS+ Update

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# UDS+ is Coming!
# HRSA's Need to Access Data is Not Currently Supported Through the Existing UDS Format

## UDS+ GOALS
## (Required for PY 2023, due Feb '24)

1. **De-identified data:** Enable de-identified patient data submission from health centers to HRSA using FHIR APIs.
2. **Patient Level Data**: Enable patient specific data submission from health centers to HRSA using FHIR APIs.
3. **FHIR QM Submission:** Enable quality measure data submission from health centers to HRSA using FHIR APIs.
4. **Non-FHIR Submission optionality:** Enable submission of data using XML file uploads.

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# athena and UDS+ Support for FQHCs

## 21st Century Cures Act

athena will be compliant with the FHIR API capability by December 31, 2022, as required by the Act.

## UDS+ Costs

UDS and UDS+ reporting is included in existing service fees.

## UDS+ Reporting

athena is awaiting the draft implementation guide (IG) to begin UDS+ development plans.

## UDS+ Submission

HRSA has indicated that submission will be accepted either by FHIR or a flat file, like XML.

## UDS+ Testing Cooperative

athena is a member of the UDS Testing Cooperative (UTC) and attends all meetings.

## UDS+ Testing

athena will be asking for volunteers for early UDS+ testing as part of our normal UDS support plan for plan year 2023.

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# Thank you

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# Questions?

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# Email us!

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# Appendix

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# Cross-table Consideration Example: Patients by Zip Code

| Table | Cross Table(s) | Description | Notes |
|---|---|---|---|
| **Patient by Zip Code** | 3A | Column F, total patients, equals Table 3A Line 39, Column A + Column B | |
| | 3B | Column F, total patients equals Table 3B Line 8, Column D | |
| | | Column F, total patients, equals Table 3B, Lines 19 and 26 | |
| | 4 | Column F, total patients, equals Table 4, Line 6 | |
| | | Column F, total patients, equals Table 4, Line 12, Column A + Column B | |
| | | Columns B, C, D, E, insurance categories, equals Table 4, primary third-party medical insurance | PBZC B = Table 4 Line 7, Col A+B<br>PBZC C = Table 4 Lines 8 and 10, Col A+B<br>PBZC D = Table 4 Line 9, Col A+B<br>PBZC E = Table 4 Line 11, Col A+B |

Adaptef from 2022 UDS Manual https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf

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# Cross-table Consideration Example: Tables 3A/3B

| Table | Cross Table(s) | Description | Notes |
|---|---|---|---|
| **3A** | | Grant reports | If you submit Grant Reports, the total number of patients reported on each grant table must be less than or equal to the corresponding number on the Universal Report for each cell. |
| | PBZC, 3B, 4 | See Patient by Zip Code section | |
| | 5 | Total patients for Table 5 > Table 3A. See note for exception. | Total patients on Table 5, Column C, should be greater than the total number of patients on Table 3A (***unless only one type of service is offered at the health center***). |
| | 6B | Denominators | The relationship between the denominators on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5. |
| | 7 | | The relationship between the denominators on Table 7 should be verified as reasonable when compared to the total number of patients by age on Table 3A, patients by race and ethnicity on Table 3B, and the proportion of medical patients on Table 5. |
| **3B** | | Grant reports | If you submit Grant Reports, the total number of patients reported on each grant table must be less than or equal to the corresponding number on the Universal Report for each cell. |
| | PBZC, 3A, 4 | See Patient by Zip Code section | |
| | 7 | Data sources and patient count | Both tables report by race and Hispanic or Latino/a ethnicity. The data sources should be the same, and the number of patients reported on Table 7 by race and ethnicity cannot exceed the number of patients in the same category on Table 3B. |
| | | Denominators | The relationship between the denominators on Table 7 should be verified as reasonable when compared to the total number of patients by age on Table 3A, patients by race and ethnicity on Table 3B, and the proportion of medical patients on Table 5. |

Adapted from 2022 UDS Manual https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf

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# Cross-table Consideration Example: Table 4

| Table | Cross Table(s) | Description | Notes |
|---|---|---|---|
| **4** | | Grant reports | If you submit Grant Reports, the total number of patients reported on each grant table must be less than or equal to the corresponding number on the Universal Report for each cell. |
| | PBZC, 3A, 3B | See Patient by Zip Code section | |
| | 9D | Insurance enrollment on Table 4 relates to charges and collections on Table 9D | For example, dividing Medicaid revenue on Table 9D, Line 3, Column B by Total Medicaid Patients on Table 4, Line 8 equals the average collection per Medicaid patient.<br><br>See below for crosswalk from Appendix B in the UDS manual. |
| | | Table 4 Line 7, uninsured, has revenue reported on Table 9D, Self-Pay, Line 13 | Table 4: No medical insurance at last visit (includes patients whose service is reimbursed through grant, contract, or indigent care funds).<br>Table 9D: Includes co-pays and deductibles, state and local indigent care programs (do not include revenues from programs with limited benefits. See Other Public, Lines 7-9). |
| | | Table 4, Lines 8a and 8B, Medicaid and Medicaid CHIP has revenue reported on Table 9D, Lines 1-3 Medicaid | Table 4: Includes Medicaid managed care programs and all forms of state-expanded Medicaid.<br>Table 9D: Includes Medicaid expansion. |
| | | Table 4, Line 9, Medicare, has revenue reported on Table 9D, Lines 4-6 Medicare | Table 4: Includes Medicare Advantage.<br>Table 9D: Medicare. |
| | | Table 4, Line 9a, dually eligible Medicare and Medicaid, has revenue reported on Table 9D, Lines 4-6 Medicare | Table 4: Medicare and Medicaid<br>Table 9D: Medicare, initially, with balance reallocated to Medicaid |
| | | Table 4, Line 10a, Other Public non-CHIP, has revenue reported on Table 9D, Lines 7-9 | Table 4: State and local government insurance that covers primary care<br>Table 9D: Other Public, include patient service revenue from programs with limited benefits, such as family planning (Title X), EPSDT, BCCCP, etc. |
| | | Table 4, Line 10b, Other Public CHIP, has revenue reported on Table 9D, Lines 7-9 | Table 4: Private carrier outside Medicaid<br>Table 9D: Other Public |
| | | Table 4, Line 11, Private, has revenue reported on Table 9D, Lines 10-12 | Table 4: Private (commercial) insurance, including insurance purchased from state or federal exchanges (do not include workers' compensation coverage as health insurance- it is a liability insurance). |

| Table | Cross Table(s) | Description | Notes |
|---|---|---|---|
| 4 | 9D | Insurance enrollment on Table 4 relates to charges and collections on Table 9D | For example, dividing Medicaid revenue on Table 9D, Line 3, Column B by Total Medicaid Patients on Table 4, Line 8 equals the average collection per Medicaid patient.<br><br>See below for crosswalk from Appendix B in the UDS manual. |
| | | Table 4 capitated managed care enrollees have revenue reported on Table 9D "a" line | Reporting of managed care revenue on Table 9D relates to member months on Table 4. Dividing managed care capitation revenue by member months equals average capitation per member per month (PMPM). For example, dividing Medicaid capitated revenue (Table 9D, Line 2a, Columns B-(c1+c2+c3-c4)) by Table 4, Line 13a, Column A equals Medicaid PMPM. |
| | | Table 4 Fee-for-service managed care enrollees have revenue reported on Table 9D "b" lines | |

Adapted from 2022 UDS Manual https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf

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# Cross-table Consideration Example: Table 5

| Table | Cross Table(s) | Description | Notes | |
|---|---|---|---|---|
| 5 | | Grant reports | If you submit Grant Reports, the total number of patients and visits reported on the grant table must be less than or equal to the corresponding number on the Universal Report for each cell. | |
| | 3A | See section 3A | | |
| | 6B, 7 | eCQM inclusion | Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Tables 6B and 7.<br><br>The relationship between the denominators on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5. | |
| | 8A | Table 5 personnel compared to costs on Table 8A | See below for crosswalk from Appendix B in the UDS manual. | |
| | | | Table 5 Line(s) - Personnel | Table 8a Line(s) - Cost |
| | | | 1–12: Medical Personnel | 1: Medical Personnel |
| | | | 13–14: Medical Lab and X-ray | 2: Medical Lab and X-ray |
| | | | 16–18: Dental | 5: Dental |
| | | | 20a–20c: Mental Health | 6: Mental Health |
| | | | 21: Substance use disorder | 7: Substance use disorder |
| | | | 22: Other Professional | 9: Other Professional |
| | | | 22a–22c: Vision | 9a: Vision |
| | | | 23: Pharmacy | 8a: Pharmacy |
| | | | 24–28: Enabling | 11a–11h: Enabling |
| | | | 24: Case Managers | 11a: Case Management |
| | | | 25: Patient and Community Education Specialists | 11d: Patient and Community Education |
| | | | 26: Outreach Workers | 11c: Outreach |
| | | | 27: Transportation Personnel | 11b: Transportation |
| | | | 27a: Eligibility Assistance Workers | 11e: Eligibility Assistance |
| | | | 27b: Interpretation Personnel | 11f: Interpretation Services |
| | | | 27c: Community Health Workers | 11h: Community Health Workers |
| | | | 28: Other Enabling Services | 11g: Other Enabling Services |
| | | | 29a: Other Programs and Services | 12: Other Program-Related Services |
| | | | 29b: Quality Improvement Personnel | 12a: Quality Improvement |
| | | | 30a–30c and 32: Non-Clinical Support Services | 15: Non-Clinical Support Services |
| | | | 31: Facility Personnel | 14: Facility |
| | 9D | Billable visits relate to patient charges | Billable visits reported on Table 5 should relate to patient charges reported on Table 9D. | |

Adapted from 2022 UDS Manual https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf

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# Cross-table Consideration Example: Tables 5 Addendum, 6A/B, 7, 8A, 9D/E

| Table | Cross Table(s) | Description | Notes |
|---|---|---|---|
| **5 Addendum** | 5 | Visits and patients | Visits and patients reported on the Table 5 addendum must also be included in the main part of Table 5, medical plus mental health lines. |
| | 6A | Substance use disorder and mental health treatment | Table 6A activity reported for substance use disorder and mental health treatment are compared to the Table 5 addendum and the main part of Table 5 mental health and substance use lines. |
| **6A** | | Grant reports | If you submit Grant Reports, the total number of patients and visits reported on the grant table must be less than or equal to the corresponding number on the Universal Report for each cell. |
| | | Sources of codes | • ICD-10-CM (2022)–National Center for Health Statistics (NCHS) • CPT (2022)–American Medical Association (AMA) • Code on Dental Procedures and Nomenclature CDT Code (2022)–Dental Procedure Codes–American Dental Association (ADA) "X" in a code: Denotes any number, including the absence of a number in that place. Dashes (-) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect whether or |
| | 6B, 7 | Patient counts | The count of patients by diagnosis reported on Table 6A will not be the same count as on Tables 6B and 7, due to differences in criteria that must be met for inclusion on Tables 6B or 7. |
| **6B** | 3A | See section 3A | |
| | 5 | See section 5 | |
| | 6A | See section 6A | |
| **7** | 3A | See section 3A | |
| | 3B | See section 3B | |
| | 5 | See section 5 | |
| | 6A | See section 6A | |
| **8A** | 5 | See section 5 | |
| | 9E | Cash donations | Report only non-monetary donations and in-kind services on Table 8A. Report cash donations on Table 9E. |
| | | Retail public pharmacy | Only retail, public pharmacy revenue for non-health center patients is reported on Table 9E, Line 10, and the related cost is reported on Table 8A, Line 12. |
| **9D** | 4 | See section 4 | |
| | 5 | See section 5 | |
| **9E** | 8A | See section 8A | |

Adapted from 2022 UDS Manual https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf

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