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Executive Briefing

UDS Reporting - Where 1 + 1 = 1

By David Moise, Decide Consulting

Summary

UDS reporting is a late winter ritual for FQHCs around the country. Many healthcare clinics use these reports with the expectation they will match each other as well as match patient and encounter counts coming from their operational systems. The reality is they do not and should not.

The Health Resources and Services Administration (HRSA) collects data every February from Federally Qualified Health Centers (FQHCs) who receive grant money. The data collection is done via the Uniform Data System, aka UDS Reporting.

The grant money the FQHCs receive is used to care for the under-served and uninsured. The data HRSA collects ensures the clinics comply with legislative mandates and justifies the grant budgets for upcoming years. One can debate the merits and constitutionality of programs likes this, regardless they are here now and are not going anywhere anytime soon.

UDS reporting is a late winter ritual for FQHCs around the country. One can expect changes every year about what to report and the rules in which to do so. The software companies that commit to providing UDS report have a mad scramble to update and release their code bases. Part of the yearly ritual is the different parties trying to understand the fuzzy math involved in UDS reports and how these numbers match up to the rest of the applications they have.

The UDS report FQHCs need to turn in is made up of the following tables

- Table 2 - Services Offered and Delivery Method
- Tables 3A and 3B - Patients by Age, Gender, Race/Ethnicity, Linguisitic Preference
- Table 4 - Socioeconomic Characteristics
- Table 5 - Staffing and Utilization
- Table 6 - Selected Diagnoses and Services Rendered
- Table 7 - Perinatal Profile
- Table 8A - (Financial Costs) and Table 8B - (Enabling Services)
- Table 9C - Managed Care
- Table 9D - Patient-Related Revenue (Scope of Project only)
- Table 9E - Other Revenue

The tables ask for some very specific items that are not always completely understood in the FQHC market. This leads to great deals of confusion between the clinics, their software vendors and HRSA. Let's examine a few scenarios.

Tables 3A/3B - Patients by Age, Gender, Race/Ethnicity, Linguisitic Preference - This report counts un-duplicated visits. If a patient came in once this year, they show once on the report. If they came in 60 times, they show once on the report.

Table 4 - Socioeconomic Characteristics - Line 7 counts the uninsured. Line 11 counts the insured. It seems simple enough. Line 11 is intended to count the medical insured since the report is targeted for a medical perspective. Not everyone agrees with this. What if a patient

came in for a dental encounter but they have medical insurance? Which line should they be counted on - line 7 or line 11? The answer depends on whom you ask.

Table 5 - Staffing and Utilization - we count encounters on this report using the following criteria:

- Was this a face-to-face visit
- Did a licensed provider participate in the visit
- Was a billable procedure used
- The provider must make some type of judgment during the visit
- What was the visit Type (medical, dental or mental health)
- Only count one visit per day per visit type

Given these parameters here are some counts that may appear on a report

Description: A patient came in to see a doctor for an office visit.
Count: 1
Comment: Simple visit.

Description: A patient came in to see a doctor for a shot.
Count: 0
Comment: This does not pass the judgment test. The provider just gave a shot.

Description: A patient came in to see a doctor for an office visit in the morning and a dental visit in the afternoon.
Count: 2
Comment: Two different visit types – medical and dental.

Description: A patient came in to see a doctor for an office visit in the morning and had a follow-up with a Nurse Practitioner the next day.
Count: 2
Comment: Two different days.

Description: A patient came in to see a doctor for an office visit in the morning and had a follow-up with a Nurse Practitioner the same day.
Count: 1
Comment: Although this is counted as two encounters and probably generated two claims, since they were both on the same day, UDS counts this as a single visit because of the same day rule.

As with most regulatory documents, the guidelines for UDS reporting are open to some interpretation. Think about how many accountants are employed to keep up with the IRS laws. The guidelines are also lengthy and complex at times. In some respects they rival the tax laws in their descriptions of what to do.

We routinely see healthcare clinics compared the results of the different UDS tables and attempt to compare them to each other. We see the same clinics compare the UDS tables to actual counts generated by their appointment system or practice management system. There is often an expectation that all of these should match. The reality is they do not match nor should they. They have different rule sets behind them.

A healthcare clinic needs to know how many people have come through the door and what they came through for. Let's not confuse this number with the compliance report to HRSA and what they do with it. HRSA has their apple reporting needs and the clinic has their orange reporting needs.

Healthcare clinics, and the software providers that serve them, do need to be aware that there are differences and should expect them. The differences can only be rationalized if staff on both the clinic and software side spends the time to understand the guidelines and how the other interprets them.

About the Author

David Moise is the founder and president of Decide Consulting. Started in 2002, Decide Consulting has been servicing multiple healthcare companies since then. Healthcare has continued pressing needs to expand access and care and still control costs. Decide Consulting understands that increased efficiency is the answer. For more information on Decide Consulting, please visit http://www.decideconsulting.com