Look-Alike UDS Reporting

Moderator: Jennifer Joseph
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Coordinator: Thank you for standing by. All participants will be in a listen-only mode for today's conference. After the presentation, we will conduct a question and answer session. To ask a question, please press star 1, unmute your line, and record your name. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I

I would now like to turn the call over to Ms. Tonya Bowers. Ma'am, you may begin.

Tonya Bowers: Thank you very much and good afternoon everyone. My name is Tonya Bowers. I am the director of the Office of Policy and Program Development here at HRSA's Bureau of Primary Health Care.

I am certainly pleased to welcome you to today's call regarding the FQHC Look-Alike Program and the annual data reporting through the UDS or the Uniform Data System. As we have shared through past program assistance letters, submission of data to HRSA through the Electronic Handbooks, rather than through paper applications, will allow a person to more effectively use

this data to monitor Look-alikes, record program changes and track program performance in one centralized system. It's certainly understandable that many organizations are anxious to learn more about how to access the system and input the required data. Therefore, today's call will provide an overview of what will be involved in Look-Alike reporting data for 2012 in the UDS including how to access the system in the EHB. More information about the required tables and the available technical assistance resources, all of which you'll hear about in greater detail throughout the call today.

If you have not already received information about in-person UDS trainings in your area, we encourage you to contact our office, the Office of Policy and Program Development, at the following email address fqhclal@hrsa.gov. Again, that's fqhclal@hrsa.gov or by calling us at 301-594-4300. As always, I encourage you to reach out to us with any potential questions that you have and to continue to access the related UDS resources regarding annual data reporting that will be available through our website and other locations.

Thank you for, again, for all of the hard work that you do everyday in your communities and underserved populations that you serve. I will now turn the call over to Jen Joseph who will walk through some of the additional details regarding today's presentation.

Jennifer Joseph: Good afternoon everyone. I'm Jennifer Joseph, also from the Office of Policy and Program Development in the Bureau of Primary Health Care. Happy to be with you today. Today's -- and most of you are aware of this, but just to make sure in case people are away from their computers or in a different location and want to access the slides, I'm going to repeat the location for where they can be located. They are at https://hrsa.connectsolutionsconnectsolutions.com/r32051748.

Alternatively, you can download the slides at http://bphc.hrsa.gov/about/lookalike/index.html. This is also the location where you will find the recording for today's call.

So you have - I believe everyone's looking at the goals and objectives for our time together today. Our goal is to provide technical assistance to support FQHC look-alike electronic data reporting for the calendar year 2011. That reporting will take place beginning in January 2012. At the end of the call, our intention is that participants will be able to describe the importance of the UDS system reporting, summarize the required UDS data tables for FQHC Look-Alike data reporting, describe the process for completing and submitting the UDS report, understand the key steps and procedures in the reporting process and identify additional resources that are available to you.

The presentation is divided into three parts. First, will be an overview of the UDS data reporting and related resources. That will be provided by a presenter from John Snow, Inc. The next section of the presentation will be an overview of the access to the HRSA) electronic handbook and the UDS within that handbook and related resources there which and that presentation will be provided by our colleagues at REI. And finally we'll have a question answer period that will address questions that could be addressed to either presenter.

So now I will hand the presentation over to Susan Friedrich from John Snow, Inc. to take us through the first part of the presentation.

Susan Friedrich: Thank you very much. Good afternoon everyone. My name is Suze Friedrich. I'm with JSI. The Bureau of Primary Health Care contracts with JSI to assist

with data collection and reporting of the UDS and one of the functions that we perform under that contract is to provide training and assistant services to reporting organizations. My purpose for this overview this afternoon is really to give you a brief introduction to the Look-Alike UDS, why it's important, when and how you'll be reporting and some general instructions on the actual reporting requirements.

I need to let you know that the typical UDS training is a day-long event so obviously we won't be covering this in the level of detail that you would be able to get in a more detailed training. We encourage all of you to participate in a training that is co-sponsored by the Bureau of Primary Health Care and the Primary Care Association in your state or if you're unable to make that one, you may attend any of the trainings in any of the states that are holding UDS trainings.

So, again, this is really meant to be a brief introduction to the UDS and we encourage you to get a more detailed level of instruction through some of the resources that I will describe later.

There -- sorry. The UDS is a standardized data set. It's been around for a long time. It's evolved time and become more and more complex and complete. But the 330 Grantees have been reporting the UDS for over 15 years and before that the Bureau of Primary Health Care had a reporting system that was completed by Section 330 Grantees. So we have a long history of collecting data.

As of this year for the first time the Look-Alikes will be reporting the UDS and it's the same UDS that the Section 330 Grantees report with some small modifications which I'll cover as we go through the presentation. The UDS is

really a snapshot of your performance for the entire year for the period January 1 to December 31. The data that is collected through the UDS is used by HRSA really to perform various program monitoring and improvement activities. We certainly also encourage all the programs to use the UDS data for your own internal program improvement for the ultimate goal obviously is strengthening the program overall.

This snapshot really describes your program activities for the course of the year across a broad range of activities. It describes the patients that you serve, the services you provide, what it takes to provide those services in terms of staffing, the costs and revenues to support your program and, most importantly, information about the quality of the care that you provide to the patients that you serve.

The report is due February 15. It will be submitted through the Electronic Handbook and as was mentioned, the second half of this session will provide you with instructions on how to use the electronic handbook to enter your UDS data and to submit it. Built into the handbook are a lot of data tests - built in testing tools to allow for the accuracy of the data, to verify some of your math and your consistencies. But we certainly anticipate that you will be able to submit an accurate report to make sure that the data that is aggregated nationally is complete.

As I mentioned, there are a number of resources that are available to you to assist with reporting your UDS. There are regional trainings that are held out throughout the country. There are some 45 trainings held in states throughout the country that are hosted by the Primary Care Association in that state in partnership with the Bureau. You are able to attend any one of those trainings. For a list of those, you can go to the help line. There's a UDS

help line 1-866-UDS-HELP and they can provide you specific information if you haven't already signed up for a training.

In addition, we have a series of online training modules that focus on specific tables. So if you are looking for more detailed information on a particular table and the reporting requirements for that table, I encourage you to go to that website. Those modules have not been posted yet for the 2011, but they should be posted relatively soon. Currently the 2010 modules are available which are similar, but obviously not updated for the current year.

And there is an email help line as well as the telephone help line which we encourage you to use as well.

So as I said, I'm going to provide really a brief overview of the tables and some of the key definitions just to give you some perspective on the UDS reporting requirements. This isn't intended to be a comprehensive review so you'll want to refer to the UDS manual which is also available on the training website or a more detailed training to be able to fully understand your reporting requirements.

There are 11 tables over all that are part of the UDS report. Of those 11, 10 of them are completed by Look-Alike programs. The first set of tables we refer to as the patient profile. It describes the patients that you serve and it describes those patients in a number of different ways. It describes them by zip code in terms of where they live, where they come from, the age and gender mix of your patients, the race and ethnicity mix of your patients, language barriers that your patients may have that service various access to care and then additional information about your patients in terms of their income level, their insurance and some special population characteristics.

In order to understand how to correctly report on the patient profile tables, you really need to understand what we mean by a patient. It's not the case that any individual who you have contact with during the course of the year necessarily counts as a patient as far the UDS is concerned. To be a patient of the UDS, the individual has to have received a specific type of service, one or more of those services, since we are sort of first and foremost a health care program, those services are specific to particular medical services. They include visits with a physician or a mid-level provider, some nursing visits, visits with a dentist or a hygienist, behavioral health, vision, mental health, substance abuse visit, other professional visits -- those are visits for example with a nutritionist or a dietician, podiatrist, other types of other professionals services and selected enabling services.

In order to truly understand what services are included for accounting as far as a patient is concerned in the UDS, we refer you to Table 5 and if a patient has a visit that counts on Table 5, then that individual counts as a patient for the UDS.

What you're looking for is being able to generate a unduplicated count of patients that you serve. So a total number of individuals who are served by your program that meet the criteria. Every patient is counted once and only once in the unduplicated count regardless of how many services they may get or how many times they may come to your health center.

In addition to the patient profile, the next table is Table 5 and it basically describes some of the staffing and utilization involved in providing services to those patients. It asks you to provide information about what staff operate your program and what visits are performed by your staff. Again, to correctly

report this table, you need to understand how to define FTEs, who you should include in the UDS in terms of staff FTEs and how you're calculating them. Some basic instructions and obviously there's more detail for all of these, but when you're defining your staff to report on Table 5, you include all employees, paid staff as well as staff who are volunteer or contracted staff. We're really looking for you to share the full staffing that was required to deliver the services to the patients in your program regardless of whether you paid them or not. You're calculating a full time equivalent which basically is pro rated based on how much of the year individual works, at the health center where, again, whether they're paid or not, you don't use your staffing as of the end of the year, you need to look at the hours worked for every person during the course of the whole year because some staff may leave sometime during the year, others may be hired, some staff may have expanded hours during the year. So you're really looking for a calculation of the full time equivalent based on the work they performed during the course of the entire year.

Full time is defined as full time for the entire year and it's based on the number of full time hours that you use in your program for full time. If you define a full time worker as someone who works 40 hours a week, for example, that would be how you calculate your full time equivalent. If, on the other hand, full time for you, for example, is only 36 hours a week, you use that as your full time equivalent.

And, you know, it does incorporate vacation, holiday and sick in those full time paid hours, recognizing that we don't expect people to work five days a week, 52 weeks a year, you know, 40 hours a day.

Table 5 also reports the visits performed by the staff. So after you've identified your full time equivalence, you're then documenting what visits were performed. Visits have specific definitions as well. We limit for reporting in the UDS visits to be face to face between a patient and a provider. The only exception to that is behavioral health. So behavioral health visits due permit group visits and telemedicine visits. But all other visits are required to be face to face, one on one, between the patient and the provider.

You can only count one visit per patient per provider type per day per service. That would mean, for example, that I could have one medical, one dental, one mental health, one substance abuse visit, but I can't have two medical visits in one day even if I saw two medical providers in the same day. The exception to that being if you happen to have patients being seen in two different service sites with two different providers of the same type. But it helps to make sure that we're not over counting visits. It's assumed that in a single visit, a patient may have multiple contacts with different providers in that service, but it still constitutes one full visit.

You should include obviously all visits with staff that meet these criteria as well as any paid referral visits. If you, for example, refer patient to an outside dentist and pay for that visit, you want to capture that visit and include it in the UDS count. It also includes nursing home visits and hospital visits performed by your staff if they're rounding. And as I mentioned, group visits do not count with the exception of behavioral health and various other kinds of visits are not counted on the UDS -- screenings, immunization and lab only visits are not counted on the UDS. So if the only activity that a patient or an individual may have had with your program is, for example, influenza shot,

vaccine by itself is not sufficient to count that patient as a patient of the health center or to count that activity as a visit.

The third part of Table 5 asks what services patients have received, so in the patient profile, we identified the total number of unduplicated individuals who have received a service that identifies them as a patient of the health center. On Table 5, we want to know of those patients how many received medical services, how many received dental, how many received mental health or substance abuse services. Obviously the intent here is a comprehensive delivery of services so ideally the same patient receives more than one type of service. They may be a medical and a dental and an enabling patient. So they're going to be counted multiple times on Table 5, but once for each service that they receive. It gives us a sense of the comprehensiveness of the services that the patients receive.

The next group of tables are referred to as the clinical profile. There are three tables, Table 6A, 6B, and 7, and these tables provide a proxy for quality of care. They give us some indicators of the quality of care that's delivered to patients. In addition to these tables, there is a short addendum -- a series of questions that you will need to complete about your EHR if you have one. If you don't have an electronic health record, obviously you'd be answering the questions in the negative, but if you have an EHR, it provides some simple questions to answer in terms of how broadly implemented your EHR is and what kinds of data you're able to extract through your EHR.

The clinical tables, as I said, are - really provide a proxy for quality of care. Ultimately, what we are looking for is a healthy patient, a long-term relationship with a patient that results in a long healthy life. So we're not able to wait that long to get some data back in terms of the quality of the

care we provide, so we use some proxies in the case of Table 6B, we use what are referred to as process measures. These measures look at a service that you provide in the short-term that has implications for a positive long-term health outcome or a more positive outcome in the future. These process measures basically are routine and preventative services that you maybe providing to your patients and we know that patients who receive timely, routine and preventative services are more likely to have good health outcomes later in life.

The process measures, the specific ones that are captured on the UDS, are not comprehensive. They don't cover all the services you provide. They're, again, sort of a short list of route and preventative services. They include early entry into prenatal care. They include childhood immunizations -- all 2 year olds being immunized by the age of 2. Pap tests for woman aged 21 to 64. Weight assessment and counseling for children and for adults and tobacco assessment and tobacco cessation for adults. And then the final one is asthma intervention.

Table 7 provides some additional proxies and we look at intermediate outcome measures for Table 7. In this case, we're looking at sort of short-term health outcomes which, again, are predictors of longer term good health status. We know, for example, that children who are born with normal birth weight are more likely to have less health issues as they grow older as opposed to children we were born with low birth weight. Similarly, controlled hypertension, ensuring that patients who have their hypertension under control are less likely to develop various adverse health outcomes as a result of poor controlled hypertension. And similarly with controlled diabetes.

For all but the prenatal measures, the trimester entry and the birth weight, all the other clinical measures allow you to report either on the universe of patients who meet the criteria or on a sample of a patients and the sample is pulled for each individual performance measure based on the criteria that is required for reporting that measure. For each measure that you use a sample, the sample size is 70 regardless of how many service sites you have, how many providers you may have. It's a sample of 70 randomly drawn from the universe of the patients in that particular -- meeting the criteria for that particular performance measure.

The last set of tables are a financial profile and these tables look at the cost of the program -- of your program -- what it takes to deliver the services to the patients in the program. And two tables, Table 9D and 9E, capture the revenue sources for your program. Table 9D and 9E are exclusive. There's no duplication across those two table. Together they equal the revenues for the program. Table 9D captures revenues from patient services and Table 9E captures all other revenues like grants and contracts, interest income and fundraising as well as other types of non-patient related income.

Table 8A is done on a crude cost basis. It includes depreciation, but it excludes bad debt. Tables 9D and 9E are reported on a cash basis and we do ask that you complete 9E, the grants and contracts table, using the last party rule which basically means who provided those funds directly to you. You may, for example, have a CDC grant -- you know it comes from CDC ultimately, but you receive it through the health department the funder that gets -- that the funds are reported are defined through the local health department as the last party that passed the funds on to you.

The eleven tables as I mentioned for the 330 program and the Look-Alike are exactly the same and there was a rationale in doing that to simplify the reporting, the training and potentially in the future if you seek additional 330 funding, being able to use the same reporting requirements that you've become familiar with. There are some simplifications to the reporting of the tables to make it a little easier for the Look-Alikes to complete the tables. Table 4 doesn't require you to report managed care data or special populations data. Table 6A has been eliminated. It's one of the clinical tables. You do not complete that table. Table 7 is simplified so that you don't need to report data by race and ethnicity. Table 9D is simplified so you don't need to report data separately for managed care and non-managed care payer types and Table 9E has a number of fields blanked out that are not applicable.

When you look at the UDS tables for the Look-Alike, you can tell which fields have been shaded and those are the ones that you will not be required to complete, but all the other definitions and rules for completing the UDS apply.

And that is a brief summary. Again, I thoroughly encourage you to contact your PTA and attend a local training to get a much more in-depth review of the specific reporting requirements and you are encouraged to contact the health line if you have any questions as you go through the process of completing and reporting your UDS.

Jennifer Joseph: Thank you Suze. Now I'd like to introduce Daniel Maramba of REI to take us through the next part of the presentation. Daniel.

Daniel Maramba: Thank you. And again, welcome callers. Good to have you here. My name is Daniel of REI Systems, the people who brought you the electronic handbook and I have the relatively easy job this afternoon of you taking through the UDS report in the Electronic Handbook.

So we're going to take a look first of all at some preliminary matters -- some things that you have to have straightened out before you can actually complete the report in the electronic handbook. A few notes about the Electronic Handbook and then we're going to just take a look at the forms and, again, I'll show you some resources that you can turn to if you need help.

So the UDS report will be available in the electronic handbook starting January 1st and what you will do is go into the Electronic Handbook, you'll navigate to the UDS report and I will show you how. You'll complete and submit the report. Completing the report is basically a three step process.

First, complete the tables. Now there are certain checks built into the system that will ensure or make it easier for you to do this properly and there are also validations built into the system that will catch errors if you should make any errors.

So the first thing you would do is complete the tables and then we're going to ask you to run a data audit report on what you have completed and that data audit report again will check for inconsistencies in the data or inconsistencies between tables or questionable numbers, that kind of thing, and what you will do is you'll address whatever the data audit report presents to you and finally you'll review and submit the report. HRSA may

return the report to you for rework. If that's the case, just do it again and resubmit.

Now before you can work on the UDS report in the HRSA Electronic Handbook, you have to be a registered user because, of course, this is a secure government system. So you have to be a registered user. If you registered before for any reason, you don't have to register again. You can just use the username and password. Now those of you who are registered users and who are familiar with the HRSA Electronic Handbooks, you know that you always work within the contact of an organization. So you may have worked for some other organization before and now you're working for another organization. If that's the case, you don't have to create a new user account. Simply associate your existing user account with the new organization. If you don't remember your username or password, contact the HRSA call center and you can create a user account by going to the url that you see on the slide. That's https://grants.hrs.gov/webexternal/login.asp.

Now a few more prerequisites. Your Look-Alike designation has to be a part of your portfolio and I'll show you what that's all about -- I'll show you the actual screens in just a few minutes. If you happen to be the project director, then adding the designation to your portfolio is a very process. All you have to do is go through the onscreen process and you are good to go. You will have immediate access to the designation. You will have all of the access privileges that you need. If you are anyone other than the project director, it's a little bit more involved. You'll have to go through the process and then the project director will have to give you permission to access the designation as well as any access privileges that you'll need.

This basically says the same thing I said a minute ago. This slide is primarily for the benefit of project directors. It shows the different levels of access privileges that you can grant to users. As the project director you would automatically have all the privileges that are in the table at the bottom of this slide and you can grant these same privileges to any other individual in your organization who will work on the UDS report. Again, it is a performance report in the HRSA electronic handbook.

The electronic handbook allows you to work on the report in parts because you probably won't finish it all in one setting. So you will be able to pull up the report, work on it, save what you've done, go do something else and then come back and complete it later. Also, multiple users can work on the report at the same. So different users can work on the report at the same. So different users can work on different tables at the same time in the electronic handbook. There is one table, Table 7, that has three separate parts to it and different users can work on the three separate parts of Table 7 at the same time.

There are two kinds of views in the HRSA electronic handbook. There's a view for data entry and there's a view for review -- for looking at what you've entered. The data entry screens are standard web based type forms where you just fill in the blanks on screen. The ones that are for viewing kind of look like the paper form. You'll be able to tell very easily the difference between the two.

Okay. Here we go. There's that url again. That's where you log in. That's the screen where you log in. So you will enter your username and password. You will click the log in button and the next thing you will see is the welcome page. On the welcome page, you will go to your Look-Alike handbook. On the

Look-Alike handbook, you will go to the left side menu and you will select view portfolio to view your portfolio.

If you do what I just said and you don't see anything on the right side of the screen, that means the portfolio has not been -- or the designation has not been added to your portfolio. So if you would look again on the left side of the screen and I don't know if you can see my cursor or not. Well, you can't see my cursor, but on the left side of the screen on that menu it says add to portfolio. So that's what you would click to go through the onscreen process -- the online process of adding the designation to your portfolio and when it is there, as you can see, you would go over the right and you would click open designation handbook.

When you click open designation handbook, you come to this welcome page where for the designation handbook and, again, on the left side menu on the left side of the screen, you will choose performance reports. Again, remember the UDS report is a performance report in the electronic handbook. That will open the performance reports page in which you will see an entry for every performance report you owe HRSA. In this case, that performance report is the UDS report.

Now if you look toward the middle of this slide, you will see the list item for the UDS report. Just to take a little detour from our discussion, going forward in future years, you will be able to see all the reports that you submit through the Electronic Handbook. From this same page where we are -- where we were, you can click the search button there in the upper right and you can search for previously reports. Also after you submit this report, if you don't see it on this page, just click this search button so you can search for it.

After you submit a report, of course, you can no longer do anything with it, but you will be able to view it in a read-only format.

Again, just to take a little detour off the main line of things, among the information that's presented on the performance reports list page, there is the schedule status. Schedule status can be not started, in progress, submitted, change requested. Of course, when you first come to the report, it will be not started. As soon as you open the report for editing, it goes into in progress and it remains in progress until you submit it. Once you submit it, you will still see in the Electronic Handbook, but it will show that it has been submitted and you will no longer be able to edit it. Should HRSA return the report to you for rework, then that schedule status will go to change requested. All of this is summarized on the table at the bottom of the slide.

The submission status is probably of less importance than the schedule status. The submission status is right now data entry in progress and submitted. This information is also presented on the performance reports list page.

Now, let's go back to the main line of what we were doing. We have gone into the HRSA Electronic Handbook. We have navigated to this performance reports list page. We see our UDS report here. We are ready to start our UDS report and so we will go down to the bottom of this list item and we will click start report and the UDS report will open in a separate window. Feel free to maximize this window. Feel free even to close out of the other window. But your report will be in a separate window which I have just maximized for you and this is the first page of the UDS report -- the process information page. What I want to bring to your attention is that menu that runs up and down the left side of the screen, the UDS report is divided into different sections.

There are the different tables. There's that data audit report. There's the review page. There's the submit page and all of that is accessible to you from the left side menu. That left side menu will always be visible on the left side of the screen and you can use it to jump to any portion of the report that you care to go to.

What we're pointing out on this slide is a little button at the top of the left side menu that you can click to hide that menu. You can hide that menu and you can yourself a little more screen real estate left to right across the screen. That little button will never disappear and you can click it to bring back a left side menu.

At the top of the screen, you will see this three step chart that mirrors that three step process that I described earlier where first you will complete and validate the tables. Then you will run the data audit report. Then you will review and submit your report. This just kind of gives you a visual reminder of where you are in that three step process.

There are useful resources that are available to you and you will find them at the top of this page as well as at the top of the status overview page under links. And so there are certain training materials that are available to you that you can access by clicking the related documents under view.

If you want to see a list of users who have permission to work on the UDS report and what kid of permission they have via simply view or edit or submit, then you can click the show details here on the process information page and the page will expand to show you who has access to the report and what level of access they have. You'll find buttons like this one at the bottom of every page. Typically those buttons will allow you to save changes that

you've made to the page or to proceed to the next page or to mark a table as complete. In this case, the button simply takes you to the next page which is the status overview page in the report.

The status overview page shows all the sections of the report and shows the completion status of each section. Again, you can see there's that left side menu running up and down the left side of the screen and way down at the bottom of the slide you can see the top of that status overview table which, again, shows each section of the report -- each section of the report and the completion status of that section.

I've highlighted Table 7 for you because Table 7 is the one that has three parts to it. And so you can see for our Table 7 in this example, Table 7 is shown as being in progress. We have completed the first part of Table 7 and we have at least looked at each of the other two parts of Table 7 because they are in progress. Because at least one part of Table 7 is in progress, then the whole of Table 7 is in progress. If you look a little bit higher, you can see that Table 3B has been validated. That is to say we have completed the data entry on Table 3B and marked it as complete so the system has run its validations and found no problems with it and so that Table is validated. The object of the game is get everything in that status column to say validated -- everything except the data audit report which never says validated, it only says complete. But this will give you -- by looking at this Table on the status overview page, that will give you a quick overview of how you're doing as far as completing the report is concerned.

So, again, you can see in this column it shows the completion status of the report -- I think I went one too far. This Table summarizes the completion statuses -- not started, in progress, complete and validated. Again, the object

of the game is to get everything to go from not started to validated except the data audit report which only goes to complete.

To access any section of the report, just click update way over on the right. You can open up any portion of the report for editing by clicking update even those sections of the report that you have previously marked as completed or validated. You can still access them. You can still make changes to them, but be advised that if you make changes to a table that has been validated or marked complete, the status will probably revert to in progress until you have completed your data entry and marked it as complete again so the system can run its validation.

Now let's take a quick nickel tour of the tables. The first one is the contact information form. The report will ask for some names and contact information for a UDS contact for a clinical director and other individuals. You will find that the project director information should be prepopulated from your user account information, but you will have to supply a UDS contact. So just click the add button under UDS contact and then fill in the information that appears that asked for on the screen, save and continue, mark it as complete and that's all you need to do for that portion of the report.

For patients by zip code, when you come to this page what you will want to do is click the add button to add in the information. That will bring you to a screen that looks like this and on this screen over on the left, enter the zip codes. Over on the right, enter the number of patients for each zip code. You can enter up to 20 sets of zip code and patient information at a time. There's a save button. There's an add to zip code button that you can click and that will save everything that you've done so far.

The ones that you have added and saved so far will appear at the bottom of the page and when you have finished adding all zip codes, you can click the button in the lower right that says finished adding zip codes. When you have clicked that finished adding zip codes button, that will return you to this screen and you will see the information, the zip codes and the patient numbers that you have entered. You can add more by clicking the add button. You can update the information by selecting one or more zip codes by checking the boxes on the left side and then clicking the update button. Or you can delete information that you've entered by checking one or more zip codes and clicking the delete button.

There are two other pieces of information that are asked for. First of all, you may have a lot of patients or a lot of patients from a lot of different codes where you have just small numbers of patients, (onsies) and (twosies) from a zip code and what you can do is collect them all together and just do one number under other zip codes. Similarly, you have may patient s where you don't have zip code information for them. Again, you can simply give an aggregate number here under unknown residence. So you would enter that information right here on this screen. Having entered that information, then you would mark that screen as complete.

Now I want to talk about some of the validations and the error messages that the system will show you and I just want to do this very briefly. This slide shows that we have tried to enter some data on this screen -- whatever screen that is -- and we have not supplied all the data that the system needs and so we are shown this error message at the top of the screen when we attempt to mark the page complete or when we attempt to save the data

and continue. And so it advises us that there is an error and it shows us where that error is.

Now up at the top of the screen it says Error 1 and you can click where it says Error 1 and that will take you to the part of the screen where Error 1 is. If you look on the lower part of this screenshot, you can see that that Error 1 is under UDS contact because UDS contact is a required bit of information for this screen and when we attempted to save this screen and leave it without supplying that information, the system advises us that there's an error. The fields where the error occurs are highlighted.

This table summarizes the different kinds of errors. The first one is a critical error. About the only real critical error there is during data entry is if you enter the wrong type of data in a field. So, for example, if a field calls for a number and you type in text, then that's a critical error and you will not be able to save the page with a critical error. Again, the system will point out that there is a critical error and you can fix it right then and there.

A regular error is something that does not prevent you from saving the data on a page, but it does prevent you from marking that page as complete and so no table will ever move to the validated state if there are errors on that page.

The rest of them are pretty much self-explanatory. The third one, an exception, actually only occurs in the data audit report so I'll talk about that in just a moment.

We're going to continue our nickel tour and speeding up a bit, we're just going to take a look at the remaining tables. Note that for each table there

are instructions at the top of the page and only the first line or so of the instructions is presented to you and there is a link that says view all or show full instruction that you can click to see the full instruction.

Well, what we're looking at now is Table 3A and if you look toward the bottom of the slide, you can see that Table 3A asks for patient numbers by age and gender. So just put in the numbers, then mark the table as complete.

Table 3B calls for patients by race, ethnicity and language. And, again, if you look at the bottom part of the slide, you can see that it's a simple onscreen form. Just put in the numbers, again, mark it as complete.

Table 4, selected patient characteristics -- I'm going to sound like a broken record. Put in the numbers. Mark it as complete.

Table 5, staff and utilization, is a rather long form and if you don't like to scroll long distances up and down, what you can do is click those links there to expand or contract individual sections of the form just so you can save some time scrolling.

Table 6, quality of care indicators, again, it's a standard form, but at the top of this form there's a check box and for those designees who do not provide perinatal or prenatal services, you can simply check that box and click update and data entry in the relevant fields will be disabled so you won't be able to enter anything in those fields. If you make a mistake by checking that box and clicking update, just uncheck it and click update again and data entry will be re-enabled in those fields.

Table 7, same thing -- standard online form. Again, if you don't provide the relevant services, check the box, click update. That disables data entry. Table 7 as I say has three parts to it and to access the three parts, use the drop down list that you see on this slide, the one that's in the upper right portion of the form. Just access the drop down list, selection the portion of the table you want to go to, click the go button on the right and you will be taken to that portion of the form. So Table 7 starts with deliveries and low birth weight. As you can see, most of this table is grayed out for you. The only part where you actually enter anything is that one line at the bottom -- the totals. So it starts out with deliveries and low birth weight, continues to hypertension and diabetes. All three parts of Table 7 look pretty much the same.

Table 8A, financial costs -- very simple, very straightforward. 9D, same thing. 9E, same thing. As you can see, a lot of it is grayed out, but there are parts for you to fill in.

The data audit report -- when you have finished all the tables, when you have marked the tables complete and when the system says they are validated, when all of that is done, what you will want to do is run the data audit report. The data audit report goes through all -- everything that you've entered and it throws out any discrepancies or errors and shows them to you in a list -- shows them to you in a list that looks something like this. Now, each of these are collectively called edit -- the errors, the discrepancy, they're called edit. And an edit will either be pending or reviewed and explained. What we're looking at here are three edits where their status is pending. In the upper left at the top of the list you'll see that there are -- you can chose to view all the edits or only the ones that are pending or only the ones that have been explained.

Woman: Not again.

Daniel Maramba: Each edit has a code. If you need to communicate with HRSA about an edit, please use the code. This edit is an example of an error. It's a discrepancy between the two tables where the numbers are supposed to be the same, but they are, in fact, different and so this is something that must be corrected and you can go to the lower left, you will see there is a link to each of the two tables. You can go to either one and you can address this discrepancy there. But errors must be corrected. What you would do is correct this error and then you can run the data audit report again. That error should disappear. The values that you have entered will appear in the error - in the edit and you can go to either of the tables to correct it. This one is an exception. An exception may be corrected or it may be explained. An exception is usually a number that's either very high or very low or very much at variance with the national average -- something like that. It's a number that the system has questioned for some reason and of course the number may be perfectly correct so there may be nothing to correct. It may simply be that you have to explain what's there. So you can either correct the data if it's incorrect or you can explain the data if it is correct.

If you need to explain the exception, then you can click this add explanation link and that will take you to a screen where you can enter your explanation. Now what you would want to do as I say is address the errors and the exceptions in the data audit report and then run the data audit report again and each time you run it, you should get fewer and fewer errors or exceptions until eventually you will run it and you'll get no errors or exceptions. When that happens, then you are ready to submit to UDS report.

Before you submit it, you will come to this screen. This is the review screen. This one allows you to review in read only format any or all sections of the report. So it gives you an opportunity to look again at what have you entered to make sure that what you have entered is what you wanted to enter. Those who have submit -- the submit privilege will then be able to go to the submit page, where they will be able to sign electronically and submit the UDS report. It's a very simple process and all you have to do is follow what's on the screen.

And note that will be done in the electronic handbook system and as I say, even after you submit your report, you'll still be able to view it in the electronic handbook but, of course, you'll no longer be able to edit it - it will be read only.

Well, that concludes my portion.

Jennifer Joseph: Thanks Daniel. Now it's time to open up the phone lines for questions.

Coordinator: Thank you. If you would like to ask a question, please press star 1, unmute your line and record your name. To withdraw your question, press star 2. Once again, to ask a question, please press star 1, unmute your line and record your name. One moment while we wait for our first question.

Our first question comes from (Dr. Zeller). Your line is open.

(Dr. Zeller): Again about the sampling -- this is the first time that I've done this. You said 70 and that it was a random sample for each quality measure. In terms of all the demographic measures, how do you -- you choose a different sample for that? I didn't understand that connection.

Susan Friedrich: If you're referring to demographic data on Table 3A, 3B or 4.

(Dr. Zeller): Yes.

Susan Friedrich: There's no sampling involved there. That's reporting all of your patients...

(Dr. Zeller): All of the patients.

Susan Friedrich: ...come from your registration system. The sampling is only applicable to Tables 6B and 7 -- the two clinical tables and it's only applicable to the non-prenatal measures. So children 2 year olds immunized, a woman with a pap test, the tobacco, the weight and the asthma measures and then the hypertension and diabetes measures. So for those specific measures, you need to be able to identify your universe of all the patients who meet the criteria, for example, all of your 2 year olds -- all your children who turned 2 during the reporting year who were medical patients and then from that list, you are extracting a random sample of 70 patients to report compliance rate.

(Dr. Zeller): Oh, okay. Now I understand. Thank you.

Susan Friedrich: Okay. And obviously it's important to look at the manual to know exactly what the criteria are for identifying your universe because it's not always just age and sex or -- for the specific measures so.

Coordinator: Your next question comes from (Lori Barren). Your line is open.

(Lori Barren): Hi. I actually have two questions. We have both a 330 E-grant and Look-Alike status designation. When we do our chart pull, will we do the 70 chart pull for each of the designations or is that going to be 70 across both types?

Susan Friedrich: Are you submitting a Section 330 UDS for your 330 E?

(Lori Barren): Correct.

Susan Friedrich: And that should only be for your scope of projects that covered for your 330 E-grant.

(Lori Barren): Okay.

Susan Friedrich: And then your Look-Alike activity is not in scope for the 330, so you're going to end up having to do two samples -- one for your Section 330 E and that's within the scope defined by the patients who are served by that funding stream. And then the Look-Alike would be for -- the 70 sample would be for the patients who are in those programs that are in the sites or services that are out of scope.

(Lori Barren): Okay. That's what I thought, but I just wanted to ask the question.

Susan Friedrich: You only have to do it twice, but not for each separate site, but yes, they should be two distinct data sets.

(Lori Barren): Okay. That's what I was - that's what I anticipated, but I had the questions asked so I wanted to verify that. The other question is if we have a patient that goes to both our 330 -- like a 330 E site and then they also go to a Look-Alike site, because they're going to be now two separate reports for my

understanding, that patient would be able to be included in both counts for patients.

Susan Friedrich: Correct. Correct.

(Lori Barren): All right. Great. Thank you very much.

Susan Friedrich: You're welcome.

Coordinator: Once again, if you would like to ask a question, please press star 1, unmute your line, and record your name. We did have a question queue up. They did not record their name. If you queued up to ask a question, your line is now open. Please check your mute button.

(John Ruiz): Hello. This is (John Ruiz). Does HRSA plan to provide regional trainings for the Look-Alikes as it does for the FQHCs?

Susan Friedrich: Can I start by answering that. HRSA has shared the mailing list with -- of all the Look-Alike programs with the Primary Care Association and the UDS training that's being done in all of the states that are hosting a UDS training - and there's I think 44 or 45 of those cover the Look-Alike reporting requirements and how they differ from the Section 330 reporting. It's a day-long training and it basically covers the reporting requirements with all the tables or the reporting instructions and the definitions and it does address both Look-Alike and Section 330 differences.

(John Ruiz): Thank you very much.

Susan Friedrich: Sure.

Coordinator: (Dan Dennis), your line is open.

(Dan Dennis): Hi. My name is (Dan Dennis) and I'd like to know what should we do if we -- our systems don't capture all the types of information, especially demographic information that's required on these reports. Is there another way of pulling them out?

Susan Friedrich: There are -- it depends on what demographic information is missing. Hopefully you have age and gender.

(Dan Dennis): (Unintelligible)

Susan Friedrich: Race and ethnicity there are unknown boxes on those tables, so if you are unable to identify your patient's race and ethnicity, there is a place to account for all of the missing -- the patient's with missing data using the unknown fields. That is also true for income. It is not true for insurance. So the expectation is that that you do get your medical insurance on all of your patients. And then zip code, hopefully you have an address for all of your patients and your system is able to extract that but, again, there is an unknown option for that one if you are missing data. Obviously, the more missing data you have, the less we're able to really capture a complete profile of your patients so it's not ideal in the long term to continue to report data as unknown, but in the short-term, at least for this reporting year, you will need to make sure that your total number of patients by residence, by age and gender, by race and ethnicity, by income and by insurance is fully accounted for and that may mean filling in some of the missing data as -- in the unknown fields.

(Dan Dennis): Also the due date is February 15th?

Susan Friedrich: Correct.

(Dan Dennis): Now for the financial information, we won't even be close probably by then.

Susan Friedrich: Yes. It is a bit of a challenge...

(Dan Dennis): You can say that again.

Susan Friedrich: ...after the new year. But, unfortunately, this is tradition. Its -- we've done it February 15th for, you know, almost two decades now and it can be done and obviously it is a little bit of a tight schedule.

Coordinator: We do have another question queued up. The did not record their name. Your line is now open. Please check your mute feature. If you pressed star 1 to ask a question, your line is now open.

(Ms. Gerald), your line is open.

(Ms. Gerald): Hi. I'm an HR partner with the community health clinic and I am very interested in -- specifically in this presentation, the Slides number 14, 15, 13 as it pertains to human resources and personnel information. How can I partner with someone to get - to make sure we are as a Look-Alike ready in the HR part of our business?

Susan Friedrich: Well, I would encourage you to get a copy of the UDS manual and if you want to call the UDS help line, you'd - 866-UDS-HELP, we can email you a copy of the manual. That does provide all the definitions for defining your full time

equivalent and appropriate reporting of your staff FTEs. In addition, you may want to attend one of the trainings because we do cover how FTEs are calculated and defined in detail in the trainings.

Did you have another specific way that you were looking to get some assistance on how to report that?

(Ms. Gerald): Would it be feasible to partner with a current FQHC or a newly appointed FQHC in the area or -- and also a second part of that question, the volunteers were mentioned on Slide 14. Are these paid volunteers or unpaid volunteers that we should be capturing there?

Susan Friedrich: Both.

(Ms. Gerald): Both.

Susan Friedrich: I mean, usually, paid volunteers I would assume aren't really volunteers, but yes. You will be calculating the full time equivalent for all individuals that, you know, you had working in your program during the course of the 12 month period, January through December, whether they were paid employee, contracted staff or volunteer, including residents if you actually have medical residents also working in the program. You're really trying to capture the full staffing that it took to perform the work of the program. So we're counting everybody.

In terms of matching you up with a local program that has experience reporting with this, is that what you're asking for?

(Ms. Gerald): Yes.

Susan Friedrich: We don't have any formal mechanism for doing that. We can certainly, if you called the help line, we could tell you a FQHC or a 330 program that's located close to you or you can go on the HRSA web site and do a search to find out what health centers are close to you and contact them and ask for their assistance, but there's no formal linking arrangement that we have. We're certainly willing to help you on the help line. If you want to call, we can walk through the process with you on the UDS help line.

(Ms. Gerald): Right. Thank you.

Susan Friedrich: Sure.

Jennifer Joseph: Another resource for you, this is (Jen) for HRSA, is to explore working with your PCA to identify someone who might be able to partner with you.

Coordinator: (Mr. Mackie) your line is open.

(Mr. Mackie): Yes. I am -- we are a health services core site for, I guess, it's the loan repayment program. We are a behavioral health provider and we were told that we would have to fill out a UDS. Is this UDS we're going to have to fill out?

Susan Friedrich: I have to defer to the Bureau in terms of whether you have a reporting requirement. Certainly the UDS accommodates capturing behavioral health patients and visits, so there's no reason that the UDS wouldn't support the reporting. Whether or not you need to report, is a Bureau issue. So I will defer to them.

(Mr. Mackie): Okay. Thank you very much.

Jennifer Joseph: Hi. So this call is specific to FQHC Look-Alikes. So the UDS reporting that we're speaking to in terms of requirements is for the Look-Alike organizations and then for the health center program grantee organizations that have been doing this for many years prior. So those are the only two entities or types of entities that are currently required through the Bureau to report through UDS.

(Mr. Mackie): We also do have a planning grant so that's the way I guess I got this information so a Planning Grant, 330.

Jennifer Joseph: If you like, on the slide in front of you, if you send us an email, we can address your question specifically.

(Mr. Mackie): Okay. Thank you.

Jennifer Joseph: So that's fqhclal@hrsa.gov.

(Mr. Mackie): Great. Thank you very much.

Jennifer Joseph: And that works for anyone.

Coordinator: Once again, if you would like to ask a question, please press star 1, unmute your line and record your name. We have no further questions at this time.

Jennifer Joseph: Thank you. So I want to thank everyone, all of our participants and presenters for participating in today's call. Please don't hesitate to contact the resources that are summarized on the last slide that's presented now and will be part of the presentation. You can also download from the site I

referenced at the beginning of the presentation. We look forward to hearing from you and have resources that are ready to help you as you move into this brave new world of electronic data reporting.

Thank you very much.

Coordinator: Thank you for participating in today's conference. You may disconnect at this time.

END