

Module 1: Basic Concepts and Definitions

Slide #1 - Introduction

Hi, and welcome to the NHSC UDS modular training. This module covers basic concepts and definitions contained within the UDS.

Slide #2 – Help is available

If at any point during this training, you feel that you need additional help, please pause the training and dial 1-888-459-1080 to receive assistance from the UDS Support Line, which is operated between 8:30 am and 5:00 pm EST. You may also send an email to udshelp@nhscdata.net. If you have questions that pertain to the NHSC program, but not the UDS specifically, please contact NHSC directly at 1-800-221-9393.

Slide #3 – Contents

This module covers the scope of the UDS report, the reporting process, and several core definitions that define the scope of the UDS, including users, encounters, and providers. We'll also briefly touch on the user survey tool, which may help you complete some of this information.

Slide #4 – Reporting period

The reporting period for the UDS is a full calendar year – from January 1 through December 31 regardless of when your association with NHSC began or ended. Even if your provider was not in place during the full calendar year, we ask that the report cover the full calendar year scope for your site in order to provide consistency across reporting sites. Partial year reports are not an option.

Slide #5 – Scope of report

In terms of the scope of the UDS, all services at a given site are reported, regardless of the type of NHSC provider in place. That is, if the NHSC has provided a Family Practitioner, but the site also provides dental services under the scope of its direct service division, you would report on both the dental and medical services. You would also report on all medical services provided, not just those of the NHSC clinician. Approved off-site locations may also have countable activity. These include rounding on patients in hospitals, visiting patients in nursing homes, and other types of community or home care contact with your patients. Paid referred care, which is care provided by other clinicians, not within the scope of your site, but paid for by your site, are also countable.

Slide #6 – Site Specific Reporting

The NHSC UDS report is site-specific. This means that there is one report submitted for each site that has a relationship with the NHSC and a provider in place during the calendar year. If you're part of a larger organization that operates multiple sites in which more than one site has a NHSC clinician, each of those sites will submit a separate report. If you have a provider that has an official assignment at multiple sites, each of those sites will be asked to report separately. If your NHSC provider has responsibility at other sites that the NHSC has not signed off on, please contact NHSC immediately.

SLIDE#7 – Who submits?

Your obligation to submit the NHSC UDS is triggered by having a clinician at your site for at least one quarter of the calendar year. Put another way, if you have a clinician in place at any time between April 1st and September 30th, you would have a reporting requirement for the calendar year. Also, this reporting system is for sites that do not receive support from the Bureau of Primary Health Care in terms of Federally Qualified Health Center or Section 330 grants. If you feel that your site falls within the scope of a FQHC grantee, please contact the support line.

SLIDE #8 – Reporting software

Shortly after the beginning of the calendar year, your reporting software and other materials will be mailed to your site. The NHSC UDS reporting software can be installed on your computer, allowing you to enter your data. Please do not use prior year software if you have submitted a UDS report in prior years. Each year's software is an independent reporting system, and cannot be used for future reports.

This reporting software aids in your data entry and validation, using a series of edits which check the information before you submit it to the NHSC. Also, the software is user friendly and designed to be self-explanatory, meaning that training on the software should not be necessary. However, if you do have any questions about using the software, please call the support line.

SLIDE #9 – Submission process

The NHSC UDS report is due on March 20th for calendar year 2008 data. Electronic submission is the preferred submission method, and should be possible for virtually all sites. If you have difficulty with the software, please contact the support line before deciding not to use the software, as most problems are easily resolved.

The software provides multiple methods of submission. The preferred method is through an online upload directly from the UDS reporting software to the internet. This method can be used if your computer has internet connectivity. You may also attach the data file to an e-mail, or, if you do not have internet access, you may burn the file on a disc, and submit through the mail, which would also constitute electronic reporting. Manual submission is an alternative only if all other options are not functional. However, please contact the support line before sending a manual submission.

SLIDE #10 – Editing process

All sites submitting a NHSC UDS report will be contacted by an editor after submitting your data. An editor checks all submitted reports and may contact you with questions even if you have resolved all the electronic checks in the software before submission. Editors review the data in more detail and rely on a series of subjective tests to determine whether the numbers submitted appear to be correct. There may be situations where the site has an unusual profile for the UDS, but the data may be correct. This would be resolved with the editor. The editor can provide extensive technical assistance to you during the resolution of problems, which may require revisions sent electronically to the editor.

At the end of the process, the editor is given the task of determining whether or not the tables have come into compliance with the NHSC UDS reporting requirements. Any changes made during the process of working with the editor will be reflected in the final evaluation of your data.

SLIDE #11 – Documentation and retention

Please keep all of your supporting documentation with your UDS report, and make sure that someone at your site knows how to get that information. This information is useful in not only working with your editor, but also for reporting on the UDS in future years.

SLIDE #12 - Encounters

Now we'll take a look at some of the definitions you'll see in the UDS. The core definitions revolve around the definition of an encounter. An encounter may be different than what you would see as a visit with a patient at your site. In order for a visit to qualify as an encounter, the following criteria must be met: the provider must have face to face contact with the patient, they must exercise independent judgment, and the services provided must be recorded in the patient's chart. Because the encounter must be face to face, phone call referrals and emails should not be counted. Only one provider can exercise independent judgment at a time. For example, if a nurse practitioner is with a patient, and asks a physician to come in for an opinion, only the nurse practitioner would be exercising independent judgment.

SLIDE #13 – Encounters continued

There may only be one encounter reported for each patient for each provider type at each site per day. Provider type depends on the category defined within the UDS. That means that you could have both a medical and dental encounter reported on the same day because they are different provider types. However, if you saw a nurse practitioner and a physician in the same day, you could not count two encounters, even if the visits were for separate issues. Additional encounters in the same day at approved off-sites, including rounding on a patient after they were seen in a clinic are countable.

SLIDE #14 – Encounters continued

Not all individuals on your staff that have contact with patients generate encounters. Encounters are generated by providers as defined within the UDS. Appendix A defines which staff are providers, and on what line on table 3 they'll be reported.

Group encounters are only counted within the mental health setting. Medical group encounters are not recognized individually. To count as a group mental health encounter, each of the individual participants must be a patient of the provider, each patient's issues must be addressed, and each patient's progress must be recorded in the patient's record. There are also other types of visits to your clinic that would not be counted as an encounter. Health education classes, such as smoking cessation and weight loss would not be counted. Community events such as health fairs, even if an assessment was made, would not be counted. Mass screenings or mass immunizations such as flu clinics are also not counted because the level of interaction is not sufficient, and independent

judgment is usually not rendered. Lastly outreach events in the community designed to bring patients into the clinic are not counted.

SLIDE #15 - Users

The definition of a user depends on the definition of an encounter, which we've already discussed. An individual becomes a user when they've had at least one countable encounter with a provider at your site during the reporting year.

Users are reported in multiple places within the UDS. On table 2, the total number of users for your site are reported, whether they had a countable encounter or not. Table 2 reports on your patients in four different ways: by age and gender, race and ethnicity and language, income level, and insurance type. The total number of users on table 2 should be an actual count from the system, however the user *distribution* may be estimated using a valid sampling method, such as the sampling tool included in the software. The module on table 2 will discuss this in greater detail. The total user count on table 3 may be duplicated because you may have patients who are users of multiple service categories, such as medical and dental.

SLIDE #16 – Thank you

Thank you. If you are interested in learning more about the UDS reporting requirements and step-by-step instructions for completing the UDS tables, please visit the other modules available online. In addition, the UDS helpline is available to answer questions at 1-888-459-1080, or via e-mail at udshelp@nhscdata.net.