

Module 2: Cover Sheet and Table 1

SLIDE #1 - Introduction

Welcome to the NHSC modular training. This module will discuss the cover sheet and table 1.

SLIDE #2 – Cover sheet sections

The cover sheet is broken up into several sections covering descriptive information about your site.

The different sections of the cover sheet include practice site address information, sponsoring site information, UDS preparer and other site contact information, site reimbursement status, and site description.

SLIDE #3 – Cover sheet sections continued...

When you select your site from the available list in the software, some default information about the site will automatically load. You may change or update this information if current information has changed. If the default address that pops up is incorrect, please make sure it is at least relevant to your site's address in the past. If not, you may be reporting under the wrong UDS number. Fill out all the fields in this section: please do not leave any blank.

The sponsoring agency is a parenting organization to which your site belongs. If you are an outpatient clinic for a hospital, then your sponsoring agency is the hospital. If you are a stand-alone site, then leave this portion blank.

Next is the Contacts section. Please fill out the needed information for your CEO or Executive Director, Clinical Director, Governing Board Chair, and UDS Report Preparer. If any of these positions are vacant, or not relevant to your site, then please leave blank or fill in N/A. The UDS Preparer information is particularly important because it is how we will contact your site with any questions.

The site reimbursement status and the site description are multiple choice drop-down menus.

SLIDE #4 – Site reimbursement status

Site reimbursement status reflects your status as a certified rural health clinic, or as a federally qualified health center look-alike. These are both official statuses assigned through the Centers for Medicare and Medicaid Services that provide cost-based reimbursement. You may be a rural health clinic without participating in the Certified Rural Health Clinic program. You may also resemble a federally qualified health center look-alike but unless you are officially participating in either of these programs, you would say no to these questions.

SLIDE #5 – Site description

The site description offers a range of choices to describe your site and sponsoring agency.

Choose the appropriate description from the drop-down menus on the Site Description tab. There is an option for “Other”. Choose this, and describe your site if it does not fall into one of the listed categories.

SLIDE #6 – Table 1

Now we’ll discuss table 1.

SLIDE #7 – Table 1 description

Table 1 provides descriptive information about your organization regarding the services you provide and the way in which they’re provided. As you can see, numerous types of services are listed, and there are three ways in which each service can be provided.

SLIDE #8 – Services offered and delivery methods

You may choose any one, or multiple ways of delivering a particular service. For each row, you must choose the applicable delivery method or methods. If you do not provide a service, please check the fourth column.

SLIDE #9 – Delivery method

Column a: “ Provided by Site” is the first delivery method option. This means that the service is provided at your site, with your providers, typically it's a billable service that you'd be responsible for billing for. Services may be provided within the physical building you're located in, without being provided by your site if you are co-located with other sites or clinics. Again, “Provided by Site” means only services provided by your providers within your site.

Column b, “Provided by Referral site pays” is typically called paid-referred care. It generally only refers to services covered by a managed-care agreement where you're responsible for the payment of services beyond what you provide directly, or, instances where you have a fund to pay for necessary care in the community when patients need them.

Lastly, Column c refers to services that are provided by referral, but not paid. This does not mean an open-ended referral, but rather an agreement with another provider in your community with which you have a relationship and who agrees to see your patients. They do not need to give a sliding fee discount to those patients, but must see those patients with no barriers.

If you do not provide the service, select column d.

SLIDE #10 – Points of clarification

A few points of clarification on table 1.

Lines 2 and 3 cover the technical components of radiology and laboratory services. This means the actual conduct of those testing or imaging services. The professional components of these services reported on line 4, is the actual reading of those services. So if you have the equipment on-site, you would be providing the technical component of those services. However, if you send the patient off-site to have the x-rays or lab tests

done, and you only read the results, then you only provide the professional components of radiology and lab services. Just to clarify, lines 2 through 4 refer to medical care only. A dental clinic with dental x-ray machinery would not check off on this section. Line 8, family planning: This is a medical service provided by a medical provider. It is not simply educational services.

For line 20, directly observed tuberculosis therapy does not mean simply dispensing the medication, it means observing the patient to make sure the medication was taken.

And Lastly, dental care preventive services on line 22 must be provided by dental care providers, either dentist or dental hygienist. Although medical providers may tend to a patient's dental status, or provide information on good dental care, they are not considered dental preventive care providers.

SLIDE #11 – Points of clarifications continued...

On line 35, pharmacy services may be directly provided, even if a full-staff pharmacy is not in place, or if the drugs that are being dispensed are coming from samples, as long as you have a defined formulary that is both controlled and stocked. A closet with medical drug samples would not constitute pharmaceutical services. However, if those services are controlled, AND they are dispensed to all patients, OR dispensed on a limited basis under a written policy as to which patients would get them, then that qualifies as pharmaceutical services.

SLIDE #12 – Points of clarifications continued...

“Case management” on line 38 requires the active direction of a patient's care through the medical system. It's not simply a referral service or adhering to the rules of managed care providers. It must be an active management of a patient's contact with the medical system.

“Child care” on line 39 are services provided allowing patients to speak with their providers without children in the room. This would be a staff service or someone who is available to provide that service on a limited basis. It is not constituted by a play-area or by full-time paid childcare during the day.

Eligibility assistance on line 41 relates to a patient's enrollment in various programs which provide access to medical services. Enrolling patients in compassionate care programs, Medicaid, or other low or no-cost insurance programs would constitute eligibility assistance.

Lastly, line 53, Other, allows you to provide information on any additional services which you feel are relevant. You are not required to fill out line 53, but make sure that the services you describe on line 53 do not fall within the scope of any of the other services reported on in table 1.

SLIDE #13 – 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.