

Module 3: Table 2

SLIDE #1 - Introduction

Welcome to the NHSC modular training. This module will discuss table 2, users by key characteristics. Prisons, Indian Health Service, Section 638, and Immigration and Nationalization Service sites do not report parts C and D of this table.

SLIDE #2 - Sections

Table 2 consists of several components, each of which describe users by different characteristics.

SLIDE #3 - Users

Patients are reported on in four different parts of table 2. Part A describes patients by age and gender, part B describes patients by race, ethnicity and language, part C describes patients by income level, and part D describes patient by payment source.

The number of total users should be pulled from patient records, and cannot be estimated. However, distribution of patients in the different sections may be based on estimated numbers based on the sampling method discussed later in this module, or on actual numbers.

SLIDE #4 – User definition

The user definition was covered in the basic concepts and definitions module. A user is defined as an individual with at least one reportable, or countable encounter during the calendar year.

SLIDE #5 – Part A: Users by age & gender

We will now looking at the various parts of table 2.

The first section is Part A: Users by Age and Gender.

Age is not counted as the age of the patient when seen by the provider, but the age of the patient as of June 30 of the calendar year. There is also a sub-section of table 2 where prenatal users are reported by age. The total of prenatal users is a subset of the total user count, and does not need to match any other count.

SLIDE #6 – Part B: Users by race

The second section of table 2 relates to users by race, ethnicity, and language.

Column a describes patients by race. There are 5 racial classifications listed on lines 1 through 5. These classifications are the same as those recognized by the US census system. Line 7 is where patients who consider themselves multi-racial are reported. You may still have patients who refuse to report themselves as any of these races. Those patients are reported on line 8, “Unreported/Refused to Report”. Line 9 is where the number of total users are reported. The value on line 9 should be equal to the total patients reported on part A of table 2 (line 12 columns a + b).

SLIDE #7 – Part B: Users by ethnicity

Column b at the top of the table reports users by ethnicity. The only ethnicity acknowledged by the census system is Hispanic/Latino. For this section patients should identify themselves as Hispanic/Latino, or non-Hispanic. If they report Hispanic/Latino, include those patients on line 6, if the patients report non-Hispanic, count those patients on line 7, and if you have patients who refuse to identify themselves as either Hispanic/Latino or non-Hispanic, include them on line 8. Again, the total number of users listed on line 9 will equal the total number of users reported by age and gender, and race.

SLIDE #8 – Part B, column a: Users by language

Another related concept illustrated in table 2 is users by language, reported on line 10. This line is intended to designate users who receive interpretive services, or users who would benefit from interpretive services but may not have received them while at your site. These users include patients who were seen by a bilingual provider, received or were offered interpretive services, or who brought in a family member to interpret for them during their visit. Users better served in a second language also include patients who communicate through sign language. It is acceptable to estimate the number of patients included on line 10.

SLIDE #9 – Part C: Users by income

Part C of table 2 looks at patients by income level, as defined by the federal poverty level. The table asks for users to be reported on 4 lines. Line 1 reports users whose incomes qualify as 100% and below the federal poverty level. Line 2 reports users whose incomes qualify between 101% and 200% of the federal poverty level. Line 3 reports patients whose income is 200% and above the federal poverty level, and line 4 includes patients who choose not to report their income. Patients may not report their income, however it is expected that the health center does due diligence to collect this data.

As mentioned earlier, Prisons, Indian Health Service, Section 638, and Immigration and Nationalization Service sites do not need to report this part of table 2.

SLIDE #10 – Part D: Users by primary insurance

Part D, which is the last section of table 2 is patients described by Primary insurance type.

This part of table 2 is intended to describe users by their Primary Insurance as of their last visit during the year. The primary payer is the entity to which the bill is initially submitted, regardless of the proportion that entity pays, or if there is another payer source with which the primary payer shares payment responsibility.

There are 5 types of insurances.

Medicare is the single federal program.

Medicaid is a program which falls under many names depending on the state.

Other Public usually constitutes free care or indigent care. Other public also includes CHIP programs that are not part of Medicaid. Programs such as breast and cervical cancer screening, where patients can have screening tests done for free, paid for by the program, do not constitute as other public on table 2, because it is a program, and not insurance. Most likely, the patients receiving these services are uninsured or underinsured.

Private insurance is either bought commercially by the patient, or provided to the patient through their place of employment. Even if services provided to the patient are not covered by the private insurance, the patient is still considered privately insured because the site must submit a bill to the company, even if it will be rejected or denied.

Self-pay covers a whole range of patients from those who either can fully pay for their own services, to those who can't fully pay for their own medical services, or are eligible to participate in the sliding fee schedule, and either a proportion or no portion of their services. These patients are most likely uninsured.

You'll see there is no unknown line. It is expected that every user accounted for in the report would be separated into one of those lines.

Again, Prisons, Indian Health Service, Section 638, and Immigration and Nationalization Service sites do not report this part of table 2.

SLIDE #11 – Total user count

There are several ways to obtain an actual user count.

First, you may query your computer system, using either your billing records or your patient registration records. If you use your billing system, make sure that the range of codes identified includes services that constitute a countable encounter according to the UDS, which means independent professional judgment was made by the provider on site. If you use your patient registration system, make sure there is a mechanism to determine whether their visits were countable encounters.

Another option is to randomly sample your medical records. You can take a range of randomly sampled medical records, and based on those records, can determine what proportion of patients would have had at least one encounter during the reporting year.

Looking forward, if it is not easy to collect this count, different options include keeping a daily log of patients verbally confirming that they have not had an encounter yet during the year, or flagging patient charts with removable flags that can be easily collected and counted at the end of the year.

SLIDE #12 – User distribution methods

In terms of user distribution methods, you may have an actual count for all or some parts of table 2, which is preferred, as long as the categories offered to the patients fit the

definitions within the UDS. You may estimate this data using a valid estimation method, or you can estimate from a sample survey and sampling method available to you through the software to determine the distribution.

If you're using an estimation method other than the software, it is very important that the method be valid.

An example of an unacceptable method is estimating income from insurance status, such as making a determination that all Medicaid patients are below the poverty level.

Considering that many Medicaid programs today go way above the poverty level, it isn't valid to assume all patients on Medicaid are below poverty.

It's also not permissible to use census demographic information for your service area as it's likely that your patients may be substantively different from the average distribution of race, ethnicity, income, and age in your community.

SLIDE #13 – Patient survey tool

The patient survey tool can be used to fill out any and all parts of table 2. The tool is a combination of both the survey that is administered to your patients, and a sampling routine in the software that allows for the data from the surveys to be easily entered and distributions calculated and automatically used to complete table 2.

You must be using a valid method for sampling your user population. It's important that each patient fills out the survey only one time, and random sampling should guarantee that no unusual circumstance are taking place at the clinic, such as a flu shot drive that would cause an unusual distribution. An added value of using the survey is that it asks income in ranges, rather than specific income for each individual, and can be done using a much smaller group of patients.

The survey is a simple one page form, available in English or Spanish, and is distributed with the software. It does not ask the patient for their name, but only age, gender, race, ethnicity, income levels, and how they'll be paying for their visit. You'll notice that each response is coded with a number in parentheses after the response. This code will be used when entering the data into the software.

SLIDE #14 – 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.