

## UDS Training: Participant Q & A/Discussion at New York State Trainings

### Table 3A (pg. 8)

- What should a health center do with a patient who does not claim to be a specific gender (M/F)?
  - *Since there is no unknown option, you will need to assign a gender. If the number of unknown gender patients is small there will likely be little impact on the demographic profile.*

### Table 4 (pg. 11)

- Where do you record market place garnered insurance?
  - *Private/commercial insurance – Line 11*
  - *Medicaid – Line 8A*
- How should patients who are dual-insured be recorded (e.g. Medicare and Medicaid)?
  - Always document the primary payer which would be Medicare

### Table 6A (pg. 15)

- If high risk patients for a condition, such as HIV, are tested 3-4 times a year, how does this frequent testing impact reporting?
  - Report actual data. Provide a brief explanation in the EHB to explain high repeat testing rates.

### Table 6B (pg. 17)

- If a patient came in only once, and never returned for follow-up, how does this impact reporting?
  - Even if a patient came in only once in the year for a countable service they should be included in the patient count. The center may not have data needed for reporting a specific metric, but the patient cannot be excluded from the universe if they meet the inclusion criteria.
- *Adult weight*  
How should patients not pregnant at the beginning of the year, yet noted to be pregnant at the end, be documented?
  - If patient is pregnant, take them out of the panel for that year. Also remove terminally ill patients
- *Childhood immunizations*  
A discrepancy exists between NYC and NYS recommendations
  - Health centers must report using UDS reporting criteria regardless of different reporting standards for the state.
  - Patients for whom the health center is unable to get documentation of their vaccination history are still included in the universe if they meet the criteria for inclusion.

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## Stand-alone questions

- *Clarification needed on new rule when using EHR*
  - 80-100% is a universe of patients in column B OR a sample of 70 patients as an alternative
  - If a universe other than 100% is used, the 80%+ group must be representative of the entire population.
  - In January, measures will align with CMS' standards
- Asthma – anti body inhibitor? Clarification on verbiage used
  - Call the UDS helpline for any clarification on unclear medical terms used
- BMI for peds – if record height and weight at different times, how far apart can these be for BMI calculation?
  - Recommended to record height and weight at every visit

## Tables 6B & 7 (pg. 29)

- Transgender patients who request to be reported as women are not eligible for PAPs or other such screenings (e.g. mammograms) for women. There is no exclusion, but document in EHB reporting tool why a particular patient/sub-set are not eligible for a particular screening

## Table 6B (pg. 33)

- Can colonoscopies be self-reported?
  - A provider can get a verbal result over the phone and document the date and results in the chart; a patient cannot self-report

## Table 7 (pg. 36)

- Diabetes – A1c levels of <8% vs. < 9% - what is acceptable reporting?
  - The revised Table removes the column for reporting <8-<9. Other A1c Levels are reported. No A1c test result in the reporting year is reported as >0.
- BMI reporting year
  - Table is mislabeled to say 2013; should say 2014

## Table 5 (pg. 40)

- How does a health center document a jack-of-all-trades?
  - Individuals performing multiple can have their FTE divided over multiple positions on Table 5.

## Table 5: Staffing and Utilization (pg. 41)

- *Healthy Start* – enabling line designation
- *Basic needs* – Line 29A
- *Other medical personnel, includes support of clinical staff but not licensed (eg QA/QI staff, CHWs)*– Line 12
- *Nurses (LPNs, RNs) unless WIC or performing non-medical clinical role* – Line 11
- *Front desk, patient support staff, IT staff* – Line 32

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### Calculating FTE (pgs. 40-41)

- How do health centers calculate FTE for hourly staff?
  - Calculate work hours, and remove benefits
  - Exempt staff cannot be reported with an FTE >1
  - Not exempt staff working over time may have an FTE >1

### Table 9E – Funds by Source (pg. 56)

- DSRIP related revenue should be documented on line 8 provided they are coming from a private source (network)