

UDS PREPARATION: RESOURCES FOR MAPPING AND RECORD-LEVEL VALIDATION

RCHC Data Workgroup Webinar
December 13, 2022

By Ben Fouts,
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AGENDA

Upcoming Webinars

Other Relevant Resources

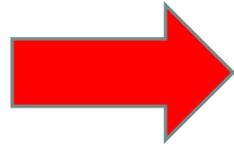
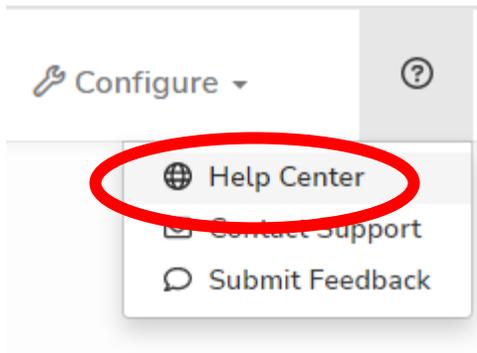
Idea Incubators:

1. Inspect demographics: Reports that display race and insurance information
2. Two reports that display pregnancy/birth information
3. Make sure all staff and visits are in the right category
4. Finding and correcting unattached labs and images

UPCOMING WEBINARS (NON-UDS)

- ❖ MCAS Data Element Set-up
- ❖ HCAI Report Set (Relevant is providing new reports)

RELEVANT UDS HELP ARTICLES AND WEBINARS



RELEVANT UDS ARTICLES

UDS 2022

[UDS in Relevant: An Overview](#)

[Frequently Asked Questions for UDS](#)

[About UDS Insurance Groupings](#)

[UDS 2022 Changes](#)



[Relevant Healthcare](#) > [UDS Report](#) > [UDS 2022](#)

Articles in this section

[UDS in Relevant: An Overview](#)

[Frequently Asked Questions for UDS](#)

[About UDS Insurance Groupings](#)

[UDS 2022 Changes](#)

UDS 2022 Changes

1 day ago · Updated

The following reflect areas where Relevant's logic has been updated from 2021.

General changes

For Tables 3A, 4, and 6B Section A, age is now calculated as of the end of the reporting period, rather than the beginning.

Changes to Table 6A

Many code lists have been updated; for details see [HRSA's list of Table 6A code changes](#).

RELEVANT UDS WEBINARS

Look for this page



[Relevant Healthcare](#) > [Webinars and Training](#) > [Upcoming Trainings](#)

Articles in this section

Upcoming Webinars and
Trainings

Upcoming Webinars and Trainings

20 days ago · Updated

UPCOMING RELEVANT UDS WEBINARS

Last Webinar in the series will take place in January, so bring your questions

UDS Webinar #4: UDSQ&A with Relevant

Bring your questions! We'll have an open forum to address any and all UDS-related issues.

UDS Q&A with Relevant

Tuesday, 1/10/23 at 1 p.m. ET

[Register here](#)

RELEVANT RECORDED UDS WEBINARS

Look for this page



[Relevant Healthcare](#) > [Webinars and Training](#) > [Recorded Webinars](#)

RELEVANT RECORDED UDS WEBINARS

UDS

Currently Posted

Webinar #1: Jump-start Your 2022 UDS Season ([slides](#) | [recording](#))

A tour of UDS resources, both within Relevant and from HRSA. Plus, a demo new features of our UDS module and suggestions about how to get a head start addressing data quality issues.

The following trainings were conducted as part of a series of user groups to support health centers in preparing and submitting 2021 UDS reports.

UDS Basics ([slides](#) | [recording](#))

An introduction to using Relevant for UDS submission, with information about navigating Relevant, validating data, and engaging stakeholders to ensure a timely submission.

Quality Measures and Demographics ([slides](#))

Instructions for submitting the Demographics Tables and Quality-focused tables using Relevant, including a mapping refresher.

Zip Codes and Table 4 ([slides](#) | [recording](#))

Instructions for submitting the Zip Codes Table and Table 4 using Relevant, including a Q&A and tips for validation.

Table 5 ([slides](#) | [recording](#))

A guide to submitting UDS Table 5 using Relevant, including recommendations for validating staff type mapping and a Q&A focused on best practices.

Table 6A ([slides](#) | [recording](#))

A guide to submitting UDS Table 6A using Relevant, including recommendations for best practices.

Others Coming Soon

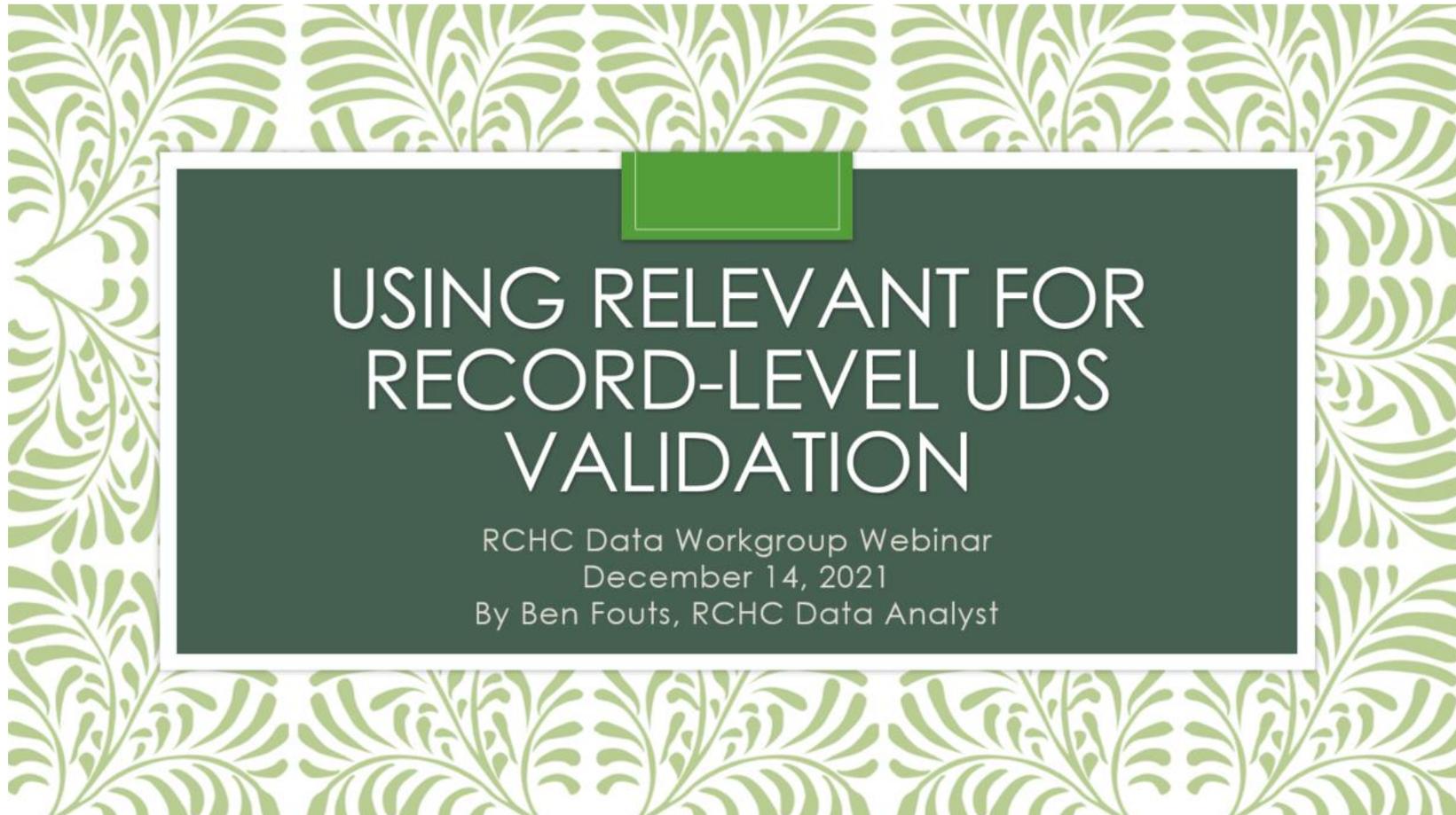
UDS Webinar #2: Troubleshooting Issues in the UDS Module

In this webinar, we'll discuss strategies for correcting mapping errors and share tips on addressing data quality issues.

UDS Webinar #3: Focus on Tricky UDS Tables

In this webinar, we'll take a deep dive into Tables 4, 5, and 6A, and review how Relevant implements these complex tables.

RCHC WEBINAR LAST YEAR



Like all webinars, available on the RCHC website

UDS SECTIONS IN LAST YEAR'S PRESENTATION

Five RCHC Patient-Level Validation Reports

- ❖ Incomplete or Non-Standard Demographic Data
- ❖ Incomplete Labs
- ❖ Problem List
- ❖ Cancer Exclusions
- ❖ Incomplete OB Records (eCW)

RELEVANT UDS REPORTS

Welcome to the Relevant library

Explore, import, and use reports written just for Relevant - [Read the documentation](#) 

Search reports



Search by name and description

Tags ▾
UDS

EHR ▾
All

Imported status ▾
All

Data source ▾
All

Displaying 13 of 13 rows



LIST OF RELEVANT UDS REPORTS

No Primary Insurance

Primary Insurance Missing Start Date

Payer Assignments

Payer Categorization

UDS Validation: Insurance Enrollments
without Payer record

Zip Codes, Table 3 & 4

Table 5 Provider Specialty, Staff Type, Visit
Type, and Visit Billing Codes

Table 5 (Visit Attribution of UDS visits)

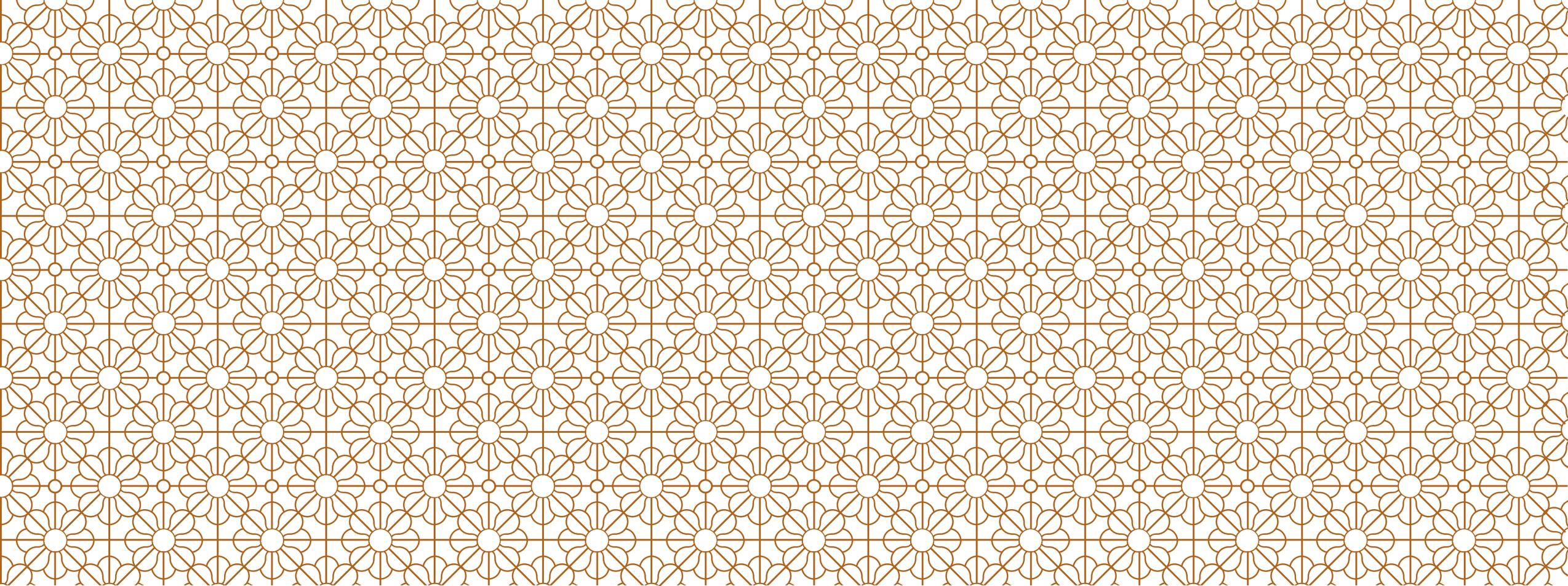
UDS Universe and Table 5 Visits

Prenatal Data - Potential Issues

Depression Remission Detail

Unattached colonoscopy scanned documents
and lab orders without result or attached
document

CQM Value Sets



IDEA INCUBATOR #1

Inspect demographics: Reports that display race and insurance information

UNMAPPED RACES

- ❖ Is this happening because there are race categories in your system that are not mapped to UDS categories? Should you modify the Transformer to recognize them?
- ❖ Are front desk staff typing non-standard text into the Race field? Should you change the text in the EHR?

Line	Patients by Race How we map this section	Hispanic or Latino/a (a)	Non-Hispanic or Latino/a (b) i	Unreported/Chose Not to Disclose Ethnicity (c) i	Total (d)
Not a UDS category	Unknown/Race not mapped i	27	48	0	75

LOOK FOR PATTERNS IN THE DATA

- ❖ RCHC Demographics Validation Report
- ❖ Column Action needed agg = “Non-standard race”

L	M	N	E
Race	Race text transf	Race raw	
999999	Unknown/Race not mapped	African	
999999	Unknown/Race not mapped	Indian Township	
999999	Unknown/Race not mapped	Latino	

- ❖ Note that some health centers have a category “Other Race” or “Other (Please Specify).” This should be reported on the UDS line “Unreported/Chose Not to Disclose Race” and so it can be mapped there in Relevant

RELEVANT REPORT: ZIP CODES, TABLE 3 & 4

Displays records with an issue (for most of them, the issue is “missing”)

Results	DOB Issue	Zip Code Issue	Sex Assigned at Birth Issue	Ethnicity Issue	Race Issue	Language Issue
Sexual Orientation Issue	Gender Identity Issue	Income Issue	Payer Assignment Issue	Payer Categorization Issue		

language_issue	Totals
Missing	
No issue	
Totals	

income_issues	Totals
Never recorded	
No issue	
Outdated	
Totals	

But it does not display actual non-standard data in the EHR so you can tell what is going on

UNMAPPED INSURANCE

Unmapped insurance will display on the line Other Public Insurance Non CHIP, which is very rare in California

Line	Primary Third-Party Medical Insurance How we map this section	0-17 years old (a)
7	None/Uninsured	1,811
8a	Medicaid Title XIX	0
8b	CHIP Medicaid	0
8	Total Medicaid (Line 8a + 8b)	0
9a	Dually Eligible Medicare and Medicaid	0
9	Total Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0
10a	Other Public Insurance Non CHIP	9,393
10b	Other Public Insurance CHIP	0
10	Total Public Insurance (Line 10a + 10b)	9,393
11	Private Insurance	0



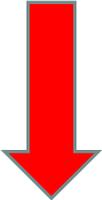
RCHC REPORT: RCHC LIST ALL INSURANCE

- ❖ For each insurance name, you can see the EHR insurance group and the UDS category
- ❖ Look for any missing a UDS category or with a wrong assignment
- ❖ There is an article on insurance grouping calculations in Relevant Help or from a link in the UDS table



Relevant Healthcare > UDS Report > UDS 2022

About UDS Insurance Groupings



Line	Primary Third-Party Medical Insurance How we map this section
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STAGING DATABASE: RELEVANT_PAYERS PRODUCTION DATABASE: PAYERS

Look at the raw payers table for any columns missing mapping or with non-standard mapping

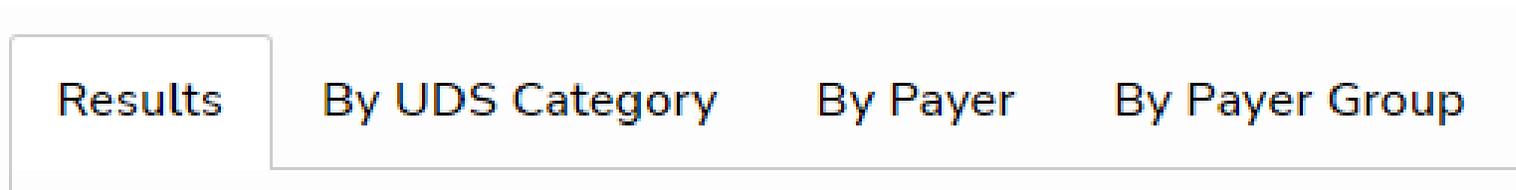
name	private_insurance	medicaid	chip	medicare	uninsured
BLUE CROSS OF CALIF - NON MEDICAID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KAISER - MEDICARE RISK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KAISER PARTNERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIMA MED GROUP - PARTNERSHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRIWEST WPS-VAPC3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELEVANT REPORT: PAYER CATEGORIZATION

Description: Returns all (if they exist) payers where a mapping issue (for example, the payer is listed as both Private and Medicaid, etc) makes it impossible to correctly categorize the payer for UDS reporting. This will cause errors in the UDS report if not fixed. If the report returns no results, your payers are mapped correctly for the purposes of UDS categorization.

RELEVANT REPORT: PAYER ASSIGNMENTS

- ❖ View current UDS payer assignments for each patient for the selected calendar year
- ❖ Summarizes patients in tabs:



- ❖ Not as helpful to uncover questionable mapping

CONNECTION BETWEEN TABLE 4 AND TABLE 9D

TABLE 4: SELECTED PATIENT CHARACTERISTICS

Calendar Year: January 1, 2022, through December 31, 2022

Line	Primary Third-Party Medical Insurance
7	None/Uninsured
8a	Medicaid (Title XIX)
8b	CHIP Medicaid
8	Total Medicaid (Line 8a + 8b)
9a	Dually Eligible (Medicare and Medicaid)
9	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)
10a	Other Public Insurance (Non-CHIP) (specify ___)
10b	Other Public Insurance CHIP
10	Total Public Insurance (Line 10a + 10b)
11	Private Insurance
12	TOTAL (Sum of Lines 7 + 8 + 9 + 10 + 11)

Essentially the same insurance categories

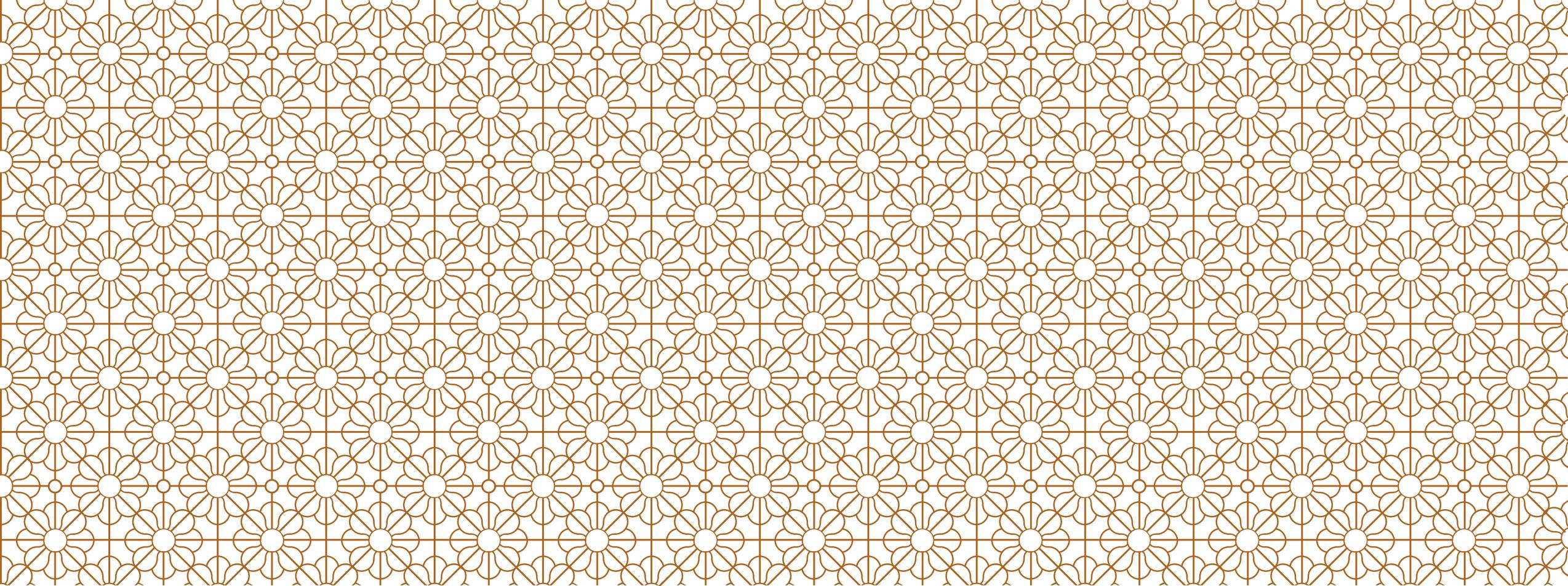


TABLE 9D: PATIENT SERVICE REVENUE

Calendar Year: January 1, 2022, through December 31, 2022

Line	Payer Category
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)
6	Total Medicare (Sum of Lines 4 + 5a + 5b)
9	Total Other Public (Sum of Lines 7 + 8a + 8b + 8c)
12	Total Private (Sum of Lines 10 + 11a + 11b)
13	Self-Pay
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)

- The data extraction platform and method might be different for the two tables
- Recommendation: once the insurance names have been properly mapped and approved, the teams creating each table should work off of the same “master list”



IDEA INCUBATOR #2

Two reports that display
pregnancy/birth information

DELIVERY DATE

- ❖ It is very important to enter the delivery date for as many patients as possible
- ❖ It is used on the UDS Report and also several Quality Measures (including new MCAS measures)
- ❖ Recommendation: Have a procedure to review records missing delivery date throughout the year so that it can be entered before the pregnancy record is “closed”

RCHC INCOMPLETE OB RECORD VALIDATION REPORT

- ❖ eCW Health Centers
- ❖ Must customize report to OB flowsheet fields (ID different for different health centers)
- ❖ Shows all patients with an OB visit and several columns of OB-related data

RCHC INCOMPLETE OB RECORD VALIDATION REPORT

- ❖ “Action Needed” column can be filtered for patients missing trimester of entry into care, missing delivery date and missing birth weight
- ❖ Once filtered, you can also see if there was a reason no delivery was recorded (i.e., transfer of care, etc.) or if there were two OB flowsheets for the same pregnancy (to avoid double-counting)
- ❖ You can also export a copy into Excel and use it for summarizing the OB data. If there are records that cannot be modified in the EHR because they are closed, the data can be entered into the spreadsheet and summarized there

RELEVANT REPORT: PRENATAL DATA - POTENTIAL ISSUES

Description: Lists patients with potential issues with prenatal data. Includes all patients who qualify for the UDS Trimester of Entry and Birth Weight measures who have one or more of the following data quality issues:

1. Trimester of entry is missing or not 1, 2, or 3
2. The pregnancy is listed as ended or it has been at least 10 months since the start date and no delivery is present, or
3. There is a delivery but with a missing birth weight.

TABS: PRENATAL DATA - POTENTIAL ISSUES

Results

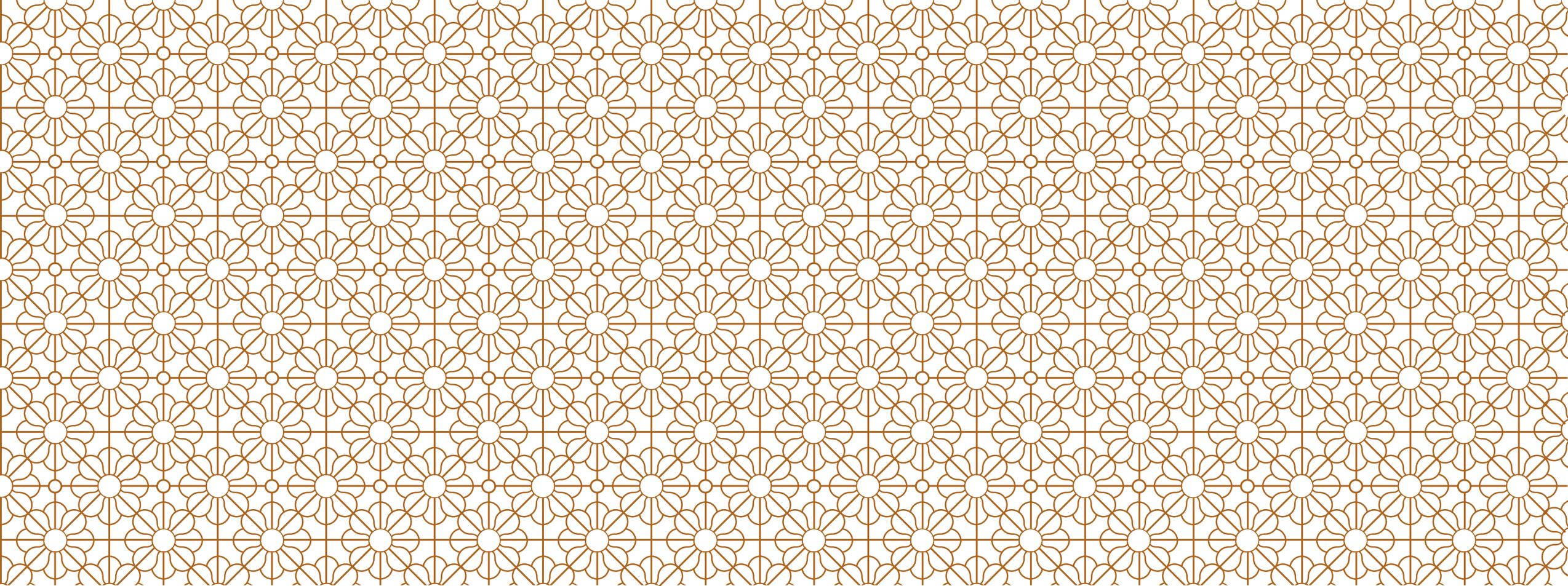
Trimester of Entry

Initiated at health center

Delivery missing

Birth Weight missing

delivery_missing	Totals
false	
true	
Totals	



IDEA INCUBATOR #3

Make sure all staff and visits are
in the right category

TABLE 5: COUNTING VISITS BY MAJOR SERVICE CATEGORY

- ❖ Some rows are trickier than others. See UDS Instruction Manual

TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2022, through December 31, 2022

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	Total Mental Health Services (Lines 20a–c)				
21	Substance Use Disorder Services				
22	Other Professional Services (specify ___)				
24	Case Managers				
25	Patient and Community Education Specialists				

- ❖ You may need to use combinations of credentials and specialty names to classify these rows.
- ❖ There should be standard text for credentials/specialties entered into the EHR for new staff so the Transformer can recognize them

SAME STAFF FOR THE SAME ROW

- ❖ Sometimes different people prepare numbers for the different columns

TABLE 5: STAFFING AND UTILIZATION
Calendar Year: January 1, 2022, through December 31, 2022

Line	Personnel by Major Service Category	HR	Data Department		
		FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	Total Physicians (Lines 1-7)				

- ❖ Both groups should work off the same list of staff names who belong to the specific categories in the rows
- ❖ Data from Relevant only counts staff with visits. The FTE column is for all staff who fit in that row regardless of counted visits

RCHC REPORT: STAFF AND PROVIDERS

- ❖ Displays individual providers, resources and staff members with visits recorded in the measurement period (casts a wide net)
- ❖ Shows name, credential, specialty fields from EHR as well as the UDS staff category from Relevant
- ❖ Can be exported to Excel where you can manage a final or official list

RCHC REPORT: STAFF AND PROVIDERS

- ❖ Look for individuals with visits but no UDS category. Are they missing a credential or specialty that the Transformer needs in order to properly classify them? Or is the Transformer not picking up an appropriate/standard credential or specialty from the EHR?
- ❖ Look for individuals with the wrong UDS category. Individuals with similar credentials and specialties should probably be in the same UDS category (e.g., sort the list by credential and check)
- ❖ Scrutinize staff in the “tricky” categories mentioned previously
- ❖ Become familiar with the Transformer that is used to populate the Data Element field `visits.staff_member_type_id`

RELEVANT: TABLE 5 (VISIT ATTRIBUTION OF UDS VISITS)

Description: Lists UDS visits in the selected date range where the Staff Member Type necessary for grouping by service category is missing or invalid, or FTE is missing. Use this to validate missing staff_member_type_id on the visit_level for Table 5 columns b, b2, c.

RELEVANT: UDS UNIVERSE AND TABLE 5 VISITS

Description: Lists all UDS visits in the selected date range with a staff member type (UDS Table 5) that cannot have reportable visits according to the UDS Manual (Visits columns are grayed out). This is likely a result of visits incorrectly categorized as UDS visits and/or providers' staff member types incorrectly categorized at the visit or provider level.

TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2022, through December 31, 2022

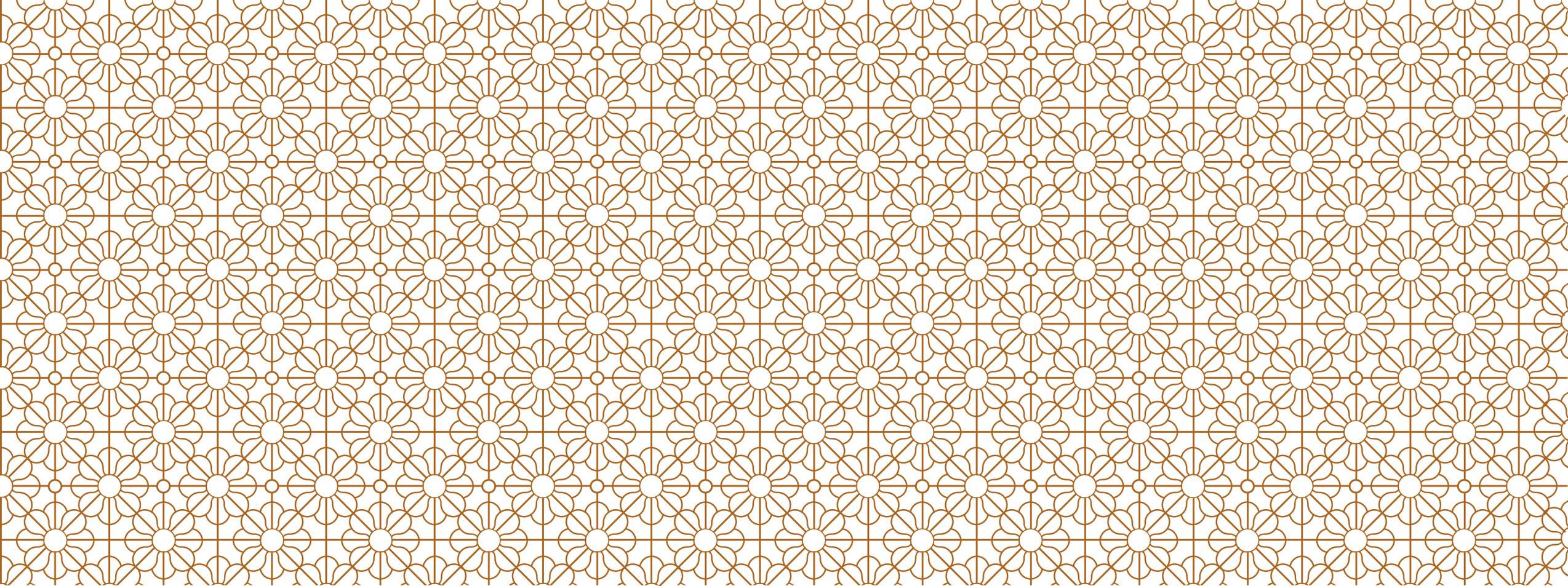
Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				

Not reportable categories- therefore should not show up in Relevant as a “UDS Visit”

RELEVANT REPORT: TABLE 5 PROVIDER SPECIALTY, STAFF TYPE, VISIT TYPE, AND VISIT BILLING CODES

Description: Displays different combinations of visit and provider types to surface any mapping issues. Staff type in staff_member_fte_segments importer might differ from staff type mapped to visit. The staff_member_type_id on the visits table will often have a one-to-one relationship with the visit provider, but you can also account for providers acting in different capacities (e.g. nurse/case managers). Includes UDS universe visits from UDS year.

Shows visits in rows, with the visit type and program, along with the provider name, specialty and staff type. A programmer could add a pivot table to summarize provider-associated information similar to RCHC report



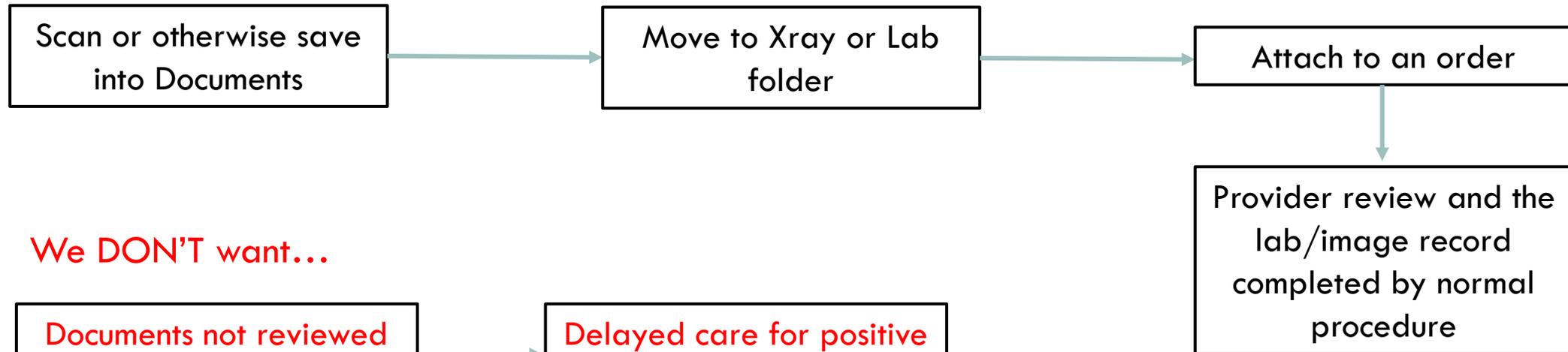
IDEA INCUBATOR #4

Finding and correcting
unattached labs and images

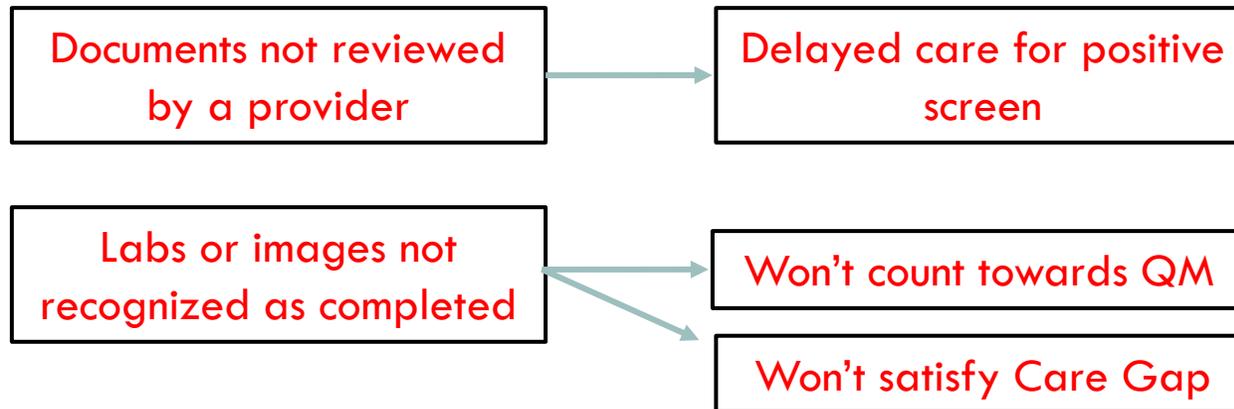
WHAT DOES “UNATTACHED” MEAN?

- ❖ Unattached documents in eCW for mammograms, colonoscopies and paps done by outside providers
- ❖ These have been scanned or otherwise entered into the patient record but have not been attached to an order and completed in normal fashion
- ❖ Many times, these count for patients in the denominator of the cancer screening Quality Measures. So, those you complete could be directly counted in the numerator.

GENERAL IMAGE/LAB DOCUMENT FLOW



We DON'T want...



RCHC: UNATTACHED DOCUMENTS

- ❖ Shows category (pap, mammo, colonoscopy)
- ❖ When the document was scanned and who scanned it
- ❖ If the document was reviewed
- ❖ If there was an order for the lab/image and if that order has associated reviewed dates
- ❖ Folder Status Column: where to move the document
- ❖ Action needed column: what the patient record is showing (patient needs such a lab/image, patient has a similar document entered recently, etc.)

RELEVANT: UNATTACHED COLONOSCOPY SCANNED DOCUMENTS AND LAB ORDERS WITHOUT RESULT OR ATTACHED DOCUMENT

This report is meant to assist with auditing the UDS Colorectal Cancer Screening measure. It contains a list of patients who have an entry in DI for a colonoscopy that was received, but the record does not have a result or a scanned document attached. A result is needed by the UDS manual in order for the colonoscopy to be considered valid. It also contains scanned documents of colonoscopies that were performed but never attached to a lab order.

Note: Staging Database (eCW)



QUESTIONS?