



Aliados Health

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Relevant Reports That Help Validate and Configure UDS Data

December 10, 2024

Aliados Health Data Workgroup Webinar

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Agenda

- Value Set Reports (Continued from Last Meeting)
- Insurance Report
- Provider Report
- Pregnancy Report



Report Sources

Health Centers can request a copy of these Aliados Health reports by e-mail or at the end of this presentation

- QM Value Set Codes [2024 Edition]
- QM Medicine Value Set Codes [2024 Edition]
- QM Lab Names and Attributes in EHR [2024 Edition]
- QM Vaccines in EHR [2024 Edition]
- QM Medications in EHR [2024 Edition]
- UDS Validation Report: List Insurance
- UDS Validation Report: List Providers

The Prenatal Tracking Data Report In Relevant Report Library



Value Set Reports

Continued from Last Meeting



Value Set Reports

- Discussed last meeting
- Final design of reports have been “upgraded”
- Display details about the Value Sets used by all CQM, HEDIS and CMS Quality Measures maintained by Relevant and Aliados Health. Therefore, it covers UDS, QIP, MCAS and PHMI measures
- All are “2024” editions meaning they are specific to the Value Sets referenced in the 2024 measure specifications
- Delete any old Value Set reports in your instance



Group 1: Reports That List All Value Set Codes

QM Value Set Codes [2024 Edition]

- Diagnosis (ICD10CM, ICD9CM)
- Procedure (CPT, HCPCS)
- Lab (LOINC)
- Vaccine (CVX)

QM Medicine Value Set Codes [2024 Edition]

- NDC and RxNorm



2024 Value Sets

QM Value Set Codes

- For 30 Relevant Quality Measures
- 125 unique Value Sets
- 6,264 unique codes

value_set_authority	Totals
CMS	2
CQM	83
HEDIS	40
Totals	125

code_system_name	Totals
CPT	457
CVX	52
HCPCS	110
ICD9CM	302
ICD10CM	4,985
LOINC	358
Totals	6,264

QM Medicine Value Set Codes

- For 14 Relevant Quality Measures
- 44 unique Value Sets
- 36,221 unique codes

code_system_name	value_set_authority			Totals
	CMS	CQM	HEDIS	
NDC	13,525		21,827	34,370
RXNORM		453	1,569	1,851
Totals	13,525	453	23,396	36,221



Report Objectives (List All Codes)

- These reports are for reference
- You may have a situation where you need to list all of the diabetes diagnosis codes, or hemoglobin A1c lab LOINC, etc.
- They list the Value Set ID number (“OID”) so you can check the join in the Transformers/Data Elements
- You can also reference them when doing validation. For example, let’s say you received a discrepancy where the provider thinks a patient should be excluded because of an advanced illness diagnosis. You can check the patient’s diagnosis codes versus the official Value Set for Advanced Illness to verify if this is true



Report Design (List All Codes)

- All Value Sets displayed have latest = TRUE (from original Value Set table). This condition should also be used in your queries
- Shows one Value Set for one Data Element for one Quality Measure
- Some Quality Measures have more than one Data Element
- Some Data Elements use more than one Value Set
- BUT some Value Sets are used by more than one Quality Measure. All combinations are not displayed by the report. Simply refer to the common Data Element (where column “more than one qm” will be TRUE). Many of these are for the standard exclusions



Columns on the Reports (List All Codes)

- general measure name
- value set authority → CQM, HEDIS or CMS
- relevant data element → Where the value set should be used
- value set name
- value set oid → The recommended identification of the Value Set
- code system name → The type of code (ICD, LOINC, etc.)
- code value
- code description → As it appears in the Value Set (not provided for all codes)
- value set version → Where latest = TRUE
- more than one qm → TRUE if the Value Set-Data Element combination is used by more than one Quality Measure



Report Use (List All Codes)

Value_set_name	Value_set_oid	Code_system_name	Code_value	Code_description	Value_set_version	More_than_one_qm
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F01.511	[F01.511] Vascular dementia, u...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F01.518	[F01.518] Vascular dementia, u...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F06.4	[F06.4] Anxiety disorder due t...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F10.180	[F10.180] Alcohol abuse with a...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F10.280	[F10.280] Alcohol dependence...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F10.980	[F10.980] Alcohol use, unspeci...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F11.188	[F11.188] Opioid abuse with ot...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F11.288	[F11.288] Opioid dependence ...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F11.988	[F11.988] Opioid use, unspecifi...	2024-04-01	TRUE
Depression or Other Behavioral Health Condition	2.16.840.1.113883.3.464.1004.1501	ICD10CM	F12.180	[F12.180] Cannabis abuse with...	2024-04-01	TRUE



Click on Filters



Filter the Report (List All Codes)

The image displays a report configuration interface. On the left, a table lists columns and filters. The 'Columns' section includes: Search..., General_measure_name, Value_set_authority, Relevant_data_element, Value_set_name, Value_set_oid, Code_system_name, Code_value, Code_description, Value_set_version, and More_than_one_qm. The 'Filters' section is currently empty. Three red arrows point from the 'General_measure_name', 'Relevant_data_element', and 'Value_set_name' rows in the 'Columns' section to their respective filter panels on the right.

General_measure_name Filter Panel:

- Search...
- (Select All)
- Adult Access to Preventive /
- Antidepressant Medication M
- Asthma Medication Ratio
- Body Mass Index (BMI) Scree
- Breast Cancer Screening

Relevant_data_element Filter Panel:

- Search...
- (Select All)
- A1c Labs
- ASCVD Cases
- Advanced Illness Visits
- Asthma Cases
- BMI Followup Plans

Value_set_name Filter Panel:

- Search...
- (Select All)
- Advanced Illness
- Ambulatory Visits
- Asthma
- Atherosclerosis and Peripher
- Behavioral Health Encounter



Example of Output (List All Codes)

Value_set_authority	Relevant_data_element ▾	Value_set_name	Value_set_oid	Code_system_name	Code_value	Search...
CQM	A1c Labs	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12...	LOINC	17855-8	> General_measure_name
CQM	A1c Labs	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12...	LOINC	17856-6	> Value_set_authority
CQM	A1c Labs	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12...	LOINC	4548-4	▾ Relevant_data_element ▾
CQM	A1c Labs	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12...	LOINC	4549-2	Search...
CQM	A1c Labs	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12...	LOINC	96595-4	<input type="checkbox"/> (Select All)

Click on Filters →

- A1c Labs
- ASCVD Cases
- Advanced Illness Visits
- Asthma Cases
- BMI Followup Plans



Group 2: Reports That List Value Set Codes Used in the EHR Within a Period of Time

- QM Lab Names and Attributes in EHR [2024 Edition]
- QM Vaccines in EHR [2024 Edition]
- QM Medications in EHR [2024 Edition]

- These reports have a similar design and will be discussed together



Report Objectives (List Codes in EHR)

- Displays all of the codes from the Value Set that were used in the EHR within a period of time
- The previous “All Codes” reports show the codes in the Value Set, whether or not they appeared or were used in the EHR. The “List Codes in EHR” reports show the codes that were *actually* utilized.
- For example, you might want to check a list of Hemoglobin A1c lab names from the EHR that are defined by the Hemoglobin A1c Value Set



Report Design (List Codes in EHR)

- All Value Sets displayed have latest = TRUE (from original Value Set table).
- Uses the same Value Sets as the reports for All Codes and Medication Codes
- Not all codes in a Value Set are used in the EHR
- There may be more than one lab name in your system that uses a single LOINC
- There may be more than one vaccine name in your system that uses a single CVX code



Medicine Report Design (List Codes in EHR)

- Because of the sheer number of NDC and RxNorm codes for medications, the codes themselves are not displayed on the report.
- These reports display medications picked up by HEDIS Value Sets, which contain both NDC and RxNorm codes. Therefore, some medication names will appear duplicated (i.e., the same medication is picked up by both Value Sets). There is a column for the code system so you can filter one or the other
- Counts of medications are for one medication name for one patient on one date



Columns on the Reports (List Codes in EHR)

Common columns

- general measure name
- value set authority → CQM, HEDIS or CMS
- value set name
- value set oid → The recommended identification of the Value Set
- code system name
- code value → Lab and vaccine report only
- code description → As it appears in the Value Set (not provided for all codes)
- value set version → Where latest = TRUE



Columns on the Reports (List Codes in EHR)

Unique columns

Data in Column	Lab Report	Vaccine Report	Medication Report
(Unique column)	lab_test_name		
Name corresponding to the Value Set code	lab_component_name	vaccine_name	medication_name
(Unique column)			code_system_name
Last time used	last_lab_performed_on	last_vaccine_applied_on	last_med_started_on
Number of uses (row)	number_labs	number_vaccines	number_med_dates
Unduplicated patients (row)	number_undup_pts_lab	number_undup_pts_vaccine	number_undup_pts_meds
Number of uses (value set)	number_labs_entire_value_set	number_vaccines_entire_value_set	number_med_dates_entire_value_set
Unduplicated patients (value set)	number_undup_pts_entire_value_set	number_undup_pts_entire_value_set	number_undup_pts_entire_value_set



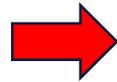
Example of Output (List EHR Lab Codes)

Value_set_name ▾

Search...

Filters

- HPV Test
- HbA1c Laboratory Test
- LDL Cholesterol
- LDL-C Lab Test
- Lead Tests
- Pao Test



General_measure_name ↑	Value_set_authority	Value_set_name	Value_set_oid
Hemoglobin A1c Control for Patients With Diabetes	CQM	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12.1013

Row

Value Set

Code_value	Lab_test_name	Lab_component_name	Last_lab_performed_on	Number_labs	Number_undup_pts_lab	Number_labs_entire_value...	Number_undup_pts_entire...
17856-6	HEMOGLOBIN A1C IMMUNOA...	Hemoglobin A1c	2024-07-02	1	1	2227	1806
4548-4	HEMOGLOBIN A1C IMMUNOA...	HEMOGLOBIN A1C	2024-11-20	12	12	2227	1806
4548-4	HEMOGLOBIN A1C IMMUNOA...	Hemoglobin A1c	2024-07-20	4	4	2227	1806
4548-4	HEMOGLOBIN A1C IMMUNOA...	HEMOGLOBIN A1C*	2024-11-30	2210	1803	2227	1806



$$1+12+4+2210 = 2227$$



Insurance Report



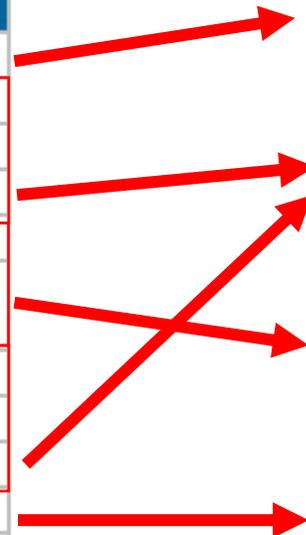
Sections of the UDS Where Insurance Categories are Reported

Table 4: Primary Third-Party Medical Insurance

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

Patients by Zip Code

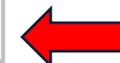
None/ Uninsured (b)
Medicaid/ CHIP/ Other Public (c)
Medicare (d)
Private (e)



Sections of the UDS Where Insurance Categories are Reported

- Table 9D: Patient Service Revenue
- Does not use Relevant but should be mapped in the same way
- Major payor categories are the same (red arrows) but sub-categories of managed and non-managed care are reported

Line	Payer Category
1	Medicaid Non-Managed Care
2a	Medicaid Managed Care (capitated)
2b	Medicaid Managed Care (fee-for-service)
3	Total Medicaid (Sum of Lines 1 + 2a + 2b)
4	Medicare Non-Managed Care
5a	Medicare Managed Care (capitated)
5b	Medicare Managed Care (fee-for-service)
6	Total Medicare (Sum of Lines 4 + 5a + 5b)
7	Other Public, including Non-Medicaid CHIP, Non-Managed Care
8a	Other Public, including Non-Medicaid CHIP, Managed Care (capitated)
8b	Other Public, including Non-Medicaid CHIP, Managed Care (fee-for-service)
9	Total Other Public (Sum of Lines 7 + 8a + 8b)



Line	Payer Category
10	Private Non-Managed Care
11a	Private Managed Care (capitated)
11b	Private Managed Care (fee-for-service)
12	Total Private (Sum of Lines 10 + 11a + 11b)
13	Self-Pay
14	TOTAL (Sum of Lines 3 + 6 + 9 + 12 + 13)

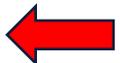


Table 4 of UDS Module



Line	Primary Third-Party Medical Insurance	How we map this section
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)	
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)

Private Insurance The private_insurance column is true, and all the other columns are false

How we map Primary Third-Party Medical Insurance

Relevant assigns UDS insurance categories based on the `medicaid`, `medicare`, `chip`, `private_insurance`, or `uninsured` columns in the Payers data element, and the `medicare_dually_eligible` column from the Insurance Enrollments data element.

UDS category	What Relevant looks for
None/Uninsured	The <code>uninsured</code> column is true, and all the other columns are false
Medicaid Title XIX	The <code>medicaid</code> column is true, and all the other columns are false
CHIP Medicaid	The <code>medicaid</code> and <code>chip</code> columns are true, and all the other columns are false
Dually Eligible Medicare and Medicaid	The <code>medicare_dually_eligible</code> column (from Insurance Enrollments) is true, and all the other columns (from Payers) are ignored
Medicare	The <code>medicare</code> column is true, and all the other columns are false
Other Public Insurance Non CHIP	All the columns are false
Other Public Insurance CHIP	The <code>chip</code> column is true, and all the other columns are false
Private Insurance	The <code>private_insurance</code> column is true, and all the other columns are false

Per the UDS manual, the insurance reported here should be the patient's primary medical insurance as of their latest visit in 2024, which may differ from the patient's current medical insurance.

See our help article [About UDS Insurance Groupings](#) for additional details.



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Relevant Help page



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About UDS Insurance Groupings

1 year ago · Updated

Introduction

Both the UDS Zip Codes Table and Table 4 classify patients by insurance. In each case, the UDS manual specifies that patients should be classified based on their *primary medical insurance at the time of the patient's last visit* during the UDS year.

In Relevant, patient insurance for UDS purposes is controlled by the "Insurance Enrollments" data element. If you're looking to see how this works, we recommend examining the mapping for this data element. Its logic can be configured by your health center, with or without assistance from Relevant.



The "Insurance Enrollments" Data Element

Table *rdm.insurance_enrollments*

	id	patient_id	payer_id	year	medicare_dually_eligible
1	446818	161	133	2020	<input type="checkbox"/>
2	446819	161	881	2021	<input type="checkbox"/>
3	446820	161	881	2022	<input type="checkbox"/>
4	446821	161	892	2023	<input type="checkbox"/>
5	446822	161	68	2024	<input type="checkbox"/>

JOIN to rdm.payers.id
One insurance per patient per year

Determined per patient
(not by insurance mapping)



The "Payers" Data Element

Field	Comment
id	Joins to other tables with payer_id
payer_key	
name	Name of insurance
created_at	
updated_at	
payer_group_id	JOIN rdm.payer_groups ON payer_groups.id = payers.payer_group_id
private_insurance	BOOLEAN (TRUE/FALSE)
medicaid	BOOLEAN (TRUE/FALSE)
chip	BOOLEAN (TRUE/FALSE)
medicare	BOOLEAN (TRUE/FALSE)
uninsured	BOOLEAN (TRUE/FALSE)
payer_class_key	JOIN ?
finance_payer_group_id	JOIN rdm.finance_payer_groups ON finance_payer_groups.id = payers.finance_payer_group_id



The “Payers” Data Element

- One insurance type should be mapped per record (in other words, only one should be TRUE)
 - ✓ private_insurance
 - ✓ medicaid
 - ✓ medicare
 - ✓ uninsured
- CHIP should be TRUE along with Medicaid (in California)
- Best practice: all insurance names should belong to an Insurance Group and these groups should correspond generally to the mapping above (groups are defined in the EHR)



“UDS Validation Report: List Insurance”

- Designed by Aliados Health using SQL from the Relevant UDS Module
- Summarizes patients by insurance name for all UDS insurance groups (for Table 4 and the Zip Code table)
- Has measurement period start and stop date parameters. However, the measurement period cannot span parts of two or more years
- When the parameters are set for the UDS calendar year, the total number of patients in each group and the total number of patients overall should correspond to Table 4 and the Zip Code table in the Relevant UDS module



Report Insurance Groupings

Table 4: Primary Third-Party Medical Insurance

Primary Third-Party Medical Insurance	
None/Uninsured	uds_category_table4 1. None Uninsured
Medicaid (Title XIX)	2. Medicaid Title XIX
CHIP Medicaid	3. CHIP Medicaid
Total Medicaid (Line 8a + 8b)	4a. Dually Eligible Medicare and Medicaid
Dually Eligible (Medicare and Medicaid)	4b. Medicare (not dually eligible)
Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	5. Other Public Insurance Non CHIP
Other Public Insurance (Non-CHIP) (specify ___)	6. Other Public Insurance CHIP
Other Public Insurance CHIP	7. Private Insurance
Total Public Insurance (Line 10a + 10b)	8. Error
Private Insurance	
TOTAL (Sum of Lines 7 + 8 + 9 +10 +11)	

The sum of these groups equals the Medicare Total

Patients by Zip Code

uds_category_zip_table	
None/ Uninsured (b)	1. None/Uninsured
Medicaid/ CHIP/ Other Public (c)	2. Medicaid/CHIP/Other Public
Medicare (d)	3. Medicare
Private (e)	4. Private
	5. Error



Text in Report Column 'check_if_true'

"Insurance has no mapping and is going into a default category"

uds_category	payer_id	payer_name	payer_group_name	medicare_dually_eligible	private_insurance	medicaid	chip	medicare	uninsured	check_if_true	undup_pts
5. Other Public Insurance Non CHIP	459	Anthem Blue Cross	OTHER	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	Insurance has no mapping and is going into a default category	231

"Mapped to more than one UDS group"

uds_category	payer_id	payer_name	payer_group_name	medicare_dually_eligible	private_insurance	medicaid	chip	medicare	uninsured	check_if_true	undup_pts
5. Other Public Insurance Non CHIP	438	Cca Blue Shield	PRIVATE	FALSE	TRUE	TRUE	FALSE	FALSE	FALSE	Mapped to more than one UDS group	59

"CHIP marked but not Medicaid"

uds_category	payer_id	payer_name	payer_group_name	medicare_dually_eligible	private_insurance	medicaid	chip	medicare	uninsured	check_if_true	undup_pts
6. Other Public Insurance CHIP	1275	CHIP Medi-Cal	MEDICAID	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE	CHIP marked but not Medicaid	136



Report Column 'check_if_true' (Continued)

“Dually eligible but not also Medicaid or Medicare (patient-specific issue)”

uds_category	payer_id	payer_name	payer_group_name	medicare_dually_eligible	private_insurance	medicaid	chip	medicare	uninsured	check_if_true	undup_pts
4a. Dually Eligible Medicare and Medicaid	103	Providence Med	PRIVATE	TRUE	TRUE	FALSE	FALSE	FALSE	FALSE	Dually eligible but not also Medicaid or Medicare	11
4a. Dually Eligible Medicare and Medicaid	256	HealthNet Medicare	MEDICARE	TRUE	FALSE	FALSE	FALSE	TRUE	FALSE		42

“Other error causing insurance to be unmapped”

Will display if there is some other reason why an insurance cannot be mapped to any category



“Payer Assignments” Report

- In the Report Library. Designed by Relevant
- Can only be run by year
- Lists individual patients with their insurance name and UDS Table 4 insurance grouping using the same logic as the last report
- If this report is not available on your instance, it can be added by an administrator with the "Manage Reports" ability via the Report Library.



Columns on the “Payer Assignments” Report

- patient_id,
- patient_name,
- mrn,
- date_of_birth,
- payer_id,
- payer,
- payer_group,
- private_insurance,
- medicaid,
- chip,
- medicare,
- uninsured,
- uds_category



Provider Report



TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2024, through December 31, 2024

Line	Personnel by Major Service Category	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)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	Total NPs, PAs, and CNMs (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	Total Medical Care Services (Lines 8 + 10a–14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	Total Dental Services (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
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 ___)				



Table 5 Mapping

Table 5: Staffing and Utilization

A profile of health center personnel and services rendered.

Line	Personnel by Major Service Category	FTES (a) ⓘ	Clinic Visits (b) ⓘ
1	Family Physicians		
2	General Practitioners		
3	Internists		

Clinic visits are mapped based on the `staff_member_type_id` column of the Visits data element.

Here's how it works: the visit's `staff_member_type_id` references the Staff Member Types data element, which provides a list of personnel types (for example, "Dental Hygienists"). These personnel types are then matched to the various lines in Table 5.



UDS Validation Report: List Providers

- The report allows you to check which providers are being counted on which lines of Table 5
- Different health centers may have different ways that provider mapping is done within the Transformers
- If you find that the mapping is not correct, a programmer will have to trace the data through the Transformer logic. No single approach exists for this process
- The main assumption with this report is that on the `rdm.visits` table, the `staff_member_type_id` assigned to the visit corresponds to the staff member type of the `provider_id` assigned to the visit



Report Design

- The report displays all providers for all visits in the measurement period. These include providers not mapped to Table 5 so you can confirm that they should remain unmapped.
- The report has columns that display the counts of all visits, UDS visits, and visits by major category (medical, dental, etc.). This includes non-UDS visits so you can confirm the providers do not have reportable UDS visits.
- Although visit counts on the report are not intended for “official” reporting, the major category, UDS line visit and individual provider totals should be the same or nearly the same as in the Visit Calendar and the Relevant UDS module



Report Totals Should Correspond to the Visit Calendar

Report columns for individual providers

- All_system_visits
- Uds_universe_visits
- Uds_dental_visits
- Uds_medical_visits
- Uds_mental_health_visits
- Uds_substance_use_disord...
- Uds_vision_visits

Visit Calendar

VISIT UNIVERSE

- All visits ⓘ
- Billable visits ⓘ
- UDS visits ⓘ
- Provider productivity visits ⓘ
- Location productivity visits ⓘ
- Panel visits ⓘ
- Phone visits ⓘ
- UDS dental visits ⓘ
- UDS medical visits ⓘ
- UDS mental health visits ⓘ
- UDS preventive medical visits ⓘ
- UDS substance use disorder visits ⓘ
- UDS virtual visits ⓘ
- UDS vision visits
- Video visits ⓘ

Report Output Tab

Visits_Service_Category

major_category_order	uds_service_category	Totals
1	Medical	
2	Dental	
3	Mental Health	
4	Substance Use	
null	null	
Totals		

Report Output Tab

Visits_UDS_Line

uds_line_order	uds_service_category	uds_line	uds_line_text	Totals
1	Medical	1	Family Physicians	
7	Medical	9a	Nurse Practitioners	
8	Medical	9b	Physician Assistants	
10	Medical	11	Nurses	
14	Dental	16	Dentists	
15	Dental	17	Dental Hygienists	
19	Mental Health	20a1	Licensed Clinical Psychologists	
20	Mental Health	20a2	Licensed Clinical Social Workers	
22	Mental Health	20c	Other Mental Health Personnel	
23	Substance Use	21	Substance Use Disorder Services	
null	null	null	Not recognized because staff_member_type_id is missing or invalid	
Totals				

Columns Displayed in the Output (Slide #1)

- uds_service_category
- uds_line
- uds_line_text
- uds_reportable_visits
- provider_id
- provider_last_name
- provider_first_name
- provider_specialty
- provider_credentials
- staff_member_type_id
- relevant_uds_staff_member_type

19 Total Dental Services (Lines 16–18)

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)
1	Family Physicians			
2	General Practitioners			
3	Internists			

TRUE
or FALSE

Line	Personnel by Major Service Category	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
11	Nurses			
12	Other Medical Personnel			

Provider info

Suggests possible UDS category (source of truth?)

Current UDS category



Columns Displayed in the Output (Slide #2)

- relevant_raw_fte → If FTEs appear in Relevant
- all_system_visits → Count of any visit (UDS and non-UDS)
- uds_universe_visits → Count of UDS visits
- uds_medical_visits
- uds_dental_visits
- uds_mental_health_visits
- uds_substance_use_disorder_visits
- uds_vision_visits

Counts of visits by UDS
major service category*

* Unduplicated within each category,
but not between categories



Report Use

- The report is ordered so that similar providers are grouped together by UDS line, specialty and credential
- Export the list to Excel to you can add notes, highlight cells, re-order the list, etc.
- The 2024 UDS instructions state, “NOT all individuals, encounters, and health center personnel are reported in the UDS Report” (page 18)
- Unmapped providers are at the bottom of the list
- If mapped in your system, the report can also show providers with unreported visits
- See provider list example



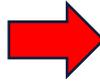
Refer to the UDS Manual for Definitions

[UDS SUPPORT CENTER, 866-UDS-HELP, UDSHELP330@BPHCDATA.NET, BPHC CONTACT FORM](#)

Instructions for Tables That Report Visits, Patients, and Providers

Health centers serve many individuals in different ways. NOT all individuals, encounters, and health center personnel are reported in the UDS Report. The following section defines countable visits, patients, and providers for the UDS.

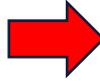
Page 18



COUNTABLE VISITS

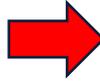
Visits determine who to count as a patient on the Patients by ZIP Code Table and Tables 3A, 3B, 4, 5, 6A, 6B, and 7. Report visits by type of provider on Table 5 and for selected diagnoses and selected services on Table 6A.

Page 22



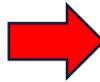
PROVIDER

Page 55



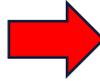
Instructions for Table 5: Staffing and Utilization

Page 57



Personnel by Major Service Category

Page 178



Appendix A: Listing of Personnel



Pregnancy Report



Prenatal Tracking Data Report In Relevant Report Library

Report Library

Import reports into your instance of Relevant. Use as-is, or tweak them to meet your needs.

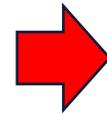
Search reports

Displaying 24 of 24 rows

Tags

Tags

- HCAI
- Operations
- Outreach
- PCMH
- Quality improvement
- Relevant administration
- Ryan White
- Social determinants
- UDS



Import

Prenatal Data Tracking UDS Data validation

This report returns all patients who, during the selected Measurement Period,:

- Were referred for OB care OR
- Received OB care OR
- Delivered

Use this report to ensure you have captured all the data required for UDS:

- Table 6B Section B (Early Entry into Prenatal Care)
 - All patients on this list must have an entry for:
 - prenatal_treatment_initial_trimester
 - prenatal_treatment_initiated_at_health_center
- Table 7 Section A (Deliveries and Birth Weight).
 - Patients whose ended_on date is in the past must have an entry for:
 - delivered_on
 - delivered_at_health_center
 - live_birth
 - birth_weight_grams

Notes for Admin:

- Mapping for these concepts are in the Data Elements:
 - Pregnancies
 - Pregnancy Deliveries
 - Fetuses
- This report uses custom.relevant_pregnancies instead of rdm.pregnancies because rdm.pregnancies filters out pregnancies with missing data.

Report 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
3. There is a delivery record but is missing the birth weight



Report Design

- Patients displayed on the report have one or more potential data problems. Therefore, the report shows a mix of patients
- Page 127 of the 2024 UDS Instructions: “Report all health center prenatal care patients who delivered during the calendar year who were either provided direct care at the health center or referred for care by the health center”
- Health centers are expected to make an effort to complete delivery information (even for patients who might have transferred care)
- The UDS Editor might question you if the number of deliveries is out-of-proportion to the number of prenatal patients



Table 6B: Quality of Care Measures

Section A—Age Categories for Prenatal Care Patients:
Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15–19	
3	Ages 20–24	
4	Ages 25–44	
5	Ages 45 and over	
6	Total Patients (Sum of Lines 1–5)	

Section B—Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Pregnancies with any of the following in the measurement year:

- A prenatal visit
- A prenatal care referral
- A delivery (with a prenatal visit or referral at any time)

Trimester of entry

Initiation at health center

Report Columns

Trimester_of_entry
Prenatal_treatment_initiated_at_health_center
Initiated_at_health_center_issue

→ Should be a number between 1 and 3. Will display “Not entered” if missing

→ True or false

→ Will display “Missing who initiated treatment” if initiated field is missing



Table 7: Health Outcomes and Disparities

Section A: Deliveries and Birth Weight

Line	Description	Patients (a)			
0	HIV-Positive Pregnant Patients				
2	Deliveries Performed by Health Center's Providers				
Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)

→ Delivery date needed to place it in the measurement year

→

Live birth & birth weight

Report Columns

Delivered_on
Delivery_missing
Birth_weight_grams
Live_birth
Birth_weight_missing

→ The date of delivery

→ True or false

→ The weight in grams

→ True or null

→ True or false

TRUE

No delivery record but there is a date in the Preg_ended_on field

No delivery record and Preg_started_on is at least 10 months ago



Example of Output (PHI Not Displayed)

	A	B	C	D	E	F	G	H	I	J	K
1	Preg started on	Preg ended on	Trimester of entry	Prenatal treatment initiated at health center	Initiated at health center issue	First prenatal visit or referral in period	Delivered on	Delivery missing	Birth weight grams	Live birth	Birth weight missing
2	2024-02-13	2024-12-03	Trimester: 1	TRUE		2024-04-12		TRUE			FALSE
3	2023-11-09	2024-07-01	Trimester: 1	TRUE		2024-06-07	2024-07-01	FALSE			TRUE
4	2023-12-25	2024-10-14	Trimester: 1	TRUE		2024-01-31		TRUE			FALSE
5	2023-12-19	2024-10-08	Not entered		TRUE	2024-01-24		TRUE			FALSE
6	2024-02-28		Trimester: 1	TRUE		2024-05-01		TRUE			FALSE

In the above screenshot...

- Orange highlighting with TRUE point to records with missing data (so these columns can be sorted or filtered)
- Yellow highlighting shows the missing data



Questions?

Report copy requests?

