

IMPORTANT INSTRUCTIONS FOR NYS GRANTEES TO ENSURE ACCURATE UDS REPORTING

REMINDER: UDS DUE FEBRUARY 15, 2019

Each year, all grantees of BPHC-administered Section 330 primary care programs (including Community Health Center, Migrant Health Center, Health Care for the Homeless and Public Housing Primary Care) are required under the terms of their grant to report on their performance using the measures defined in the Uniform Data System (UDS). The data are analyzed by HRSA to ensure compliance with legislative mandates, report program accomplishments, and justify budget requests to the U.S. Congress. The UDS data also help HRSA to identify trends over time and establish and/or expand targeted programs and identify effective services and interventions to improve access to primary health care for vulnerable populations.

The purpose of this document is to clarify questions raised during CHCANYS hosted UDS Trainings and to provide tips for New York State grantees to ensure information is consistently reported for analysis.

Essential Health Plan: Table 4, #1 & 2 are reported as private insurance (line 11); #3 & 4 as Medicaid (Line 8a)

DSRIP Reporting: Over the past five years, dollars have transitioned from pay-for-reporting (which was reported as grants on table 9E) to pay-for-performance which should be reporting as Medicaid incentive payments reported on table 9D cols b and c3.

Table 9D: Report the net of cols c1-c4 in col b AND subtract this amount from col d, Allowances.

Table 9D Capitated Managed Care ("a" line): Allowances (col d) = Col a (Charges) - col b (Collections) - it is the rule.

Indigent care program: NY often sees a flag in the EHB that indigent care dollars are greater than sliding fee discounts, this is okay because the indigent care payments are one year delayed. The answer for the edit is "indigent care payment is not related to the current reporting year".

Wrap payments on Table 9D: NY often sees a flag in the EHB that retro payments are greater than 50% of collections. If you have included wrap payments in col b, the edit flags because NY reimburses a large portion of the charge as a wrap and the result is expected. The answer for the edit is "NY!"

Health Coaches: On reconsideration, the description of the role of chronic care health coaches suggests that FTEs should be reported as medical assistants (Table 5, Line 12) since they function as part of the care team rather than care coordinators. Medical assistants do not generate visits.

Qualifying for QI Awards: The guidance we have received from BPHC is that you must report the universe on all measures to qualify for any QI Award. You are advised to contact HRSA directly to confirm eligibility at BPHCQI@hrsa.gov

Dental and HIV measures: While it certainly is not 100% finalized, HRSA anticipates the dental and HIV measures will not be included in the set of measures requiring EHR full reporting. Contact the Helpline for assistance.

Contact the Health Center Program Support Line
877-464-4772
7 a.m. – 8 p.m.
Monday – Friday except Federal Holidays