



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Uniform Data System (UDS) Reporting System for CY 2006 (BUD)**

## **User Manual**

Version 2.0 Patch 3  
January 2007

Office of Information Technology (OIT)  
Division of Information Resources  
Albuquerque, New Mexico

## PREFACE

This manual contains the user's guide for the RPMS Uniform Data System (UDS) Reporting System for calendar year 2006.

RPMS UDS Reporting is intended for use by tribal or urban health facilities receiving grant funds for primary care system development programs administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The RPMS UDS Reporting System provides passive extraction of patient and visit data from the IHS Resource and Patient Management System (RPMS) to produce four UDS reports.

<b>Note:</b> UDS reports are due to BPHC on or before February 15, 2007.
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RPMS UDS Reporting System software will be reviewed annually and updated as needed as BPHC reporting requirements change.

Additional information about BPHC grants and BPHC UDS reporting can be found at the following Web site: [www.bphc.hrsa.gov/uds/](http://www.bphc.hrsa.gov/uds/).

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## 1.0 About This Manual

This manual provides user instructions for the RPMS UDS Reporting System for CY 2006. The chapters included in the manual cover the main components of this system:

- System set up, including taxonomies and site parameters
- Reports and patient lists, including descriptions of report logic used and sample output.
- Relevant excerpts from the BPHC UDS Instruction Manual

## 1.1 Key Changes for Version 2.0 Patch 3

### 1.1.1 Table 6 – Selected Diagnoses and Services Rendered

- Added ICD-9 code for Symptomatic HIV (Line 1) because this code was added to the CRS logic.
- Added CPT codes for HIV Test (Line 21) because these codes were added to the CRS logic.
- Per BPHC UDS Manual, revised codes for Mammogram (Line 22) from V76.1x to V76.11, V76.12.

<b>Note:</b> This may decrease the counts from last year, since last year additional codes were included.
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- Add CVX code for Selected Immunizations (Line 24) because this code was added to the CRS logic and this is one of the types of immunizations reported.
- Added V code for Fluoride Treatment (Line 31) because this code is used in the CRS logic.

### 1.1.2 Other Changes

- Removed the Wisewoman clinic (code B4) from the list of excluded clinic codes for definition of an encounter.
- Revised logic when user chooses to run either all reports or all user lists to list the User/Patient by Zip Code table first instead of last.

## 2.0 Introduction

RPMS UDS Reporting is intended for use by tribal or urban health facilities receiving grant funds for primary care system development programs administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The RPMS UDS Reporting System provides passive extraction of patient and visit data from the IHS Resource and Patient Management System (RPMS) to produce five of the 12 UDS reports. For each of the five reports, RPMS UDS also produces lists of all patients and related visits that are counted in the reports.

**Note:** RPMS UDS Reporting System software will be reviewed annually and updated as needed as BPHC reporting requirements change.

### 2.1 About the BPHC Uniform Data System (UDS)

The BPHC Uniform Data System (UDS) is an integrated reporting system used by all grantees of the following primary care programs administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA):

- **Community Health Center**, as defined in Section 330(e) of the Health Centers Consolidation Act
- **Migrant Health Center**, as defined in Section 330(g) of the Health Centers Consolidation Act
- **Health Care for the Homeless**, as defined in Section 330(h) of the Health Centers Consolidation Act
- **Public Housing Primary Care**, as defined in Section 330(I) of the Health Centers Consolidation Act
- **Any Section 330-funded Health Center**

BPHC collects data on its programs to ensure compliance with legislative mandates and to report to Congress, Office of Management and Budget (OMB), and other policy makers on program accomplishments. To meet these objectives, BPHC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and for reporting on annual trends. UDS is the vehicle used by BPHC to obtain this information.

UDS reports provide a comprehensive picture of all activities within the scope of BPHC-supported projects; grantees report on the total unduplicated number of users and activities within the scope of projects supported by any of the five BPHC primary care programs covered by the UDS.

See Appendix A: Quick Reference Guide for relevant excerpts from the BPHC Uniform Data System Manual. Additional information can be obtained from the following Web site: <http://www.bphc.hrsa.gov/uds/>

## 2.2 RPMS UDS Reporting System Overview

The RPMS UDS Reporting System is a software tool that produces five of the 12 reports required annually by BPHC grantees. These reports provide an overview of patients (users) and visits (encounters) at a grantee facility, including number, age, gender, and race/ethnicity of patients and number of visits by provider type and by key diagnoses. The system produces the following reports:

- Center/Grantee Profile: User/Patient by Zip Code
- Table 3A Users by Age and Gender
- Table 3B Users by Race/Ethnicity
- Table 5 Staffing and Utilization (columns B and C)
- Table 6 Selected Diagnoses and Services Rendered

Additionally RPMS UDS will provide the following lists to assist in verifying data:

- All Users with Visits by Zip (Center/Grantee Profile)
- User (Patient) List with age, gender, ethnicity and visit information, used with Tables 3A and 3B
- Staffing List categorized by BPHC-defined categories to assist in manual calculations of Table 5 column A (Staffing FTEs)
- User (Patient) List categorized by primary provider type, used with Table 5, columns B (Encounters) and C (Users)
- User (Patient) List of visits for patients to whom the provider was uncategorized (i.e. did not map to the BPHC-defined categories), used with Table 5, columns B (Encounters) and C (Users)
- User (Patient) List categorized by selected diagnoses (primary POV) and other services, used with Table 6

You can run reports for individual quarters as well as for the entire calendar year.

<p><b>Note:</b> BPHC reporting is based on calendar year (January through December) rather than fiscal year (October through September).</p>
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See section 4.2 Report Definitions for a description of the detailed logic for each report.

## 2.3 BPHC UDS Definitions Used by RPMS UDS

### 2.3.1 Definition of Patients

RPMS UDS Reporting defines a patient as having one or more visits during the time period specified (quarter or full year). In order to be counted, the patient's visit must meet all of the following criteria (see Section 2.3.2 Definition of Encounters (Visits) for more detailed explanation):

- Must be to a location specified by the site in the Setup option (see section 3.1.1 Site Parameters: Locations)
- Must be one of the following RPMS Service Categories: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing Home Visit (R), Historical Event (E), or In-hospital (I)
- Must *not* have an excluded clinic code
- Must have a primary provider and a coded purpose of visit

#### 2.3.1.1 BPHC UDS Manual Definition

**“...Users are individuals who have at least one encounter during the year...”** As described in the BPHC definition of a patient: “The Universal Report includes as patients all individuals who have at least one encounter during the year within the scope of activities supported by **any** BPHC grant covered by the UDS. In any given category (e.g. medical, dental, enabling, etc.) in the Universal Report, each patient is counted once and only once, even if s/he received more than one type of service or receives services supported by more than one BPHC grant ...”

“Persons who only receive services from large-scale efforts such as immunization programs, screening programs, and health fairs are not counted as patients. Persons whose only service from the grantee is a part of the WIC program are not counted as patients...”<sup>1</sup>

### 2.3.2 Definition of Encounters (Visits)

BPHC refers to patient visits as *Encounters*. The definition of an encounter (visit) determines whom the system counts as a user (patient) for the following UDS Tables: 3A Users by Age and Gender; 3B Users by Race/Ethnicity; 5 Staffing and Utilization; and 6 Selected Diagnoses and Services Rendered.

Based on the BPHC UDS definition, *all* RPMS visits must meet the following criteria. Additional logic may apply for each Table.

1. Must be a **complete PCC visit**, i.e., have a primary provider and a coded purpose of visit. This meets the BPHC definition, “...documented, face-to-face contact

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<sup>1</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 8.



between a patient and a provider who exercises independent professional judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented...”<sup>2</sup>

2. Must be to a location specified by the site in the Setup option (see section 3.1.1 Site Parameters: Locations). The System Manager will identify in the Site Parameters Setup all the location codes that should be included in the definition of a visit, including Home, satellite clinics, school, or other appropriate locations. The BPHC UDS Manual states, “...An encounter may take place in the health center or at any other site or location in which project-supported activities are carried out. Examples of other sites and locations include mobile vans, hospitals, patients' homes, schools, homeless shelters, and extended care facilities. Encounters also include contacts with patients who are hospitalized, where health center medical staff member(s) follow the patient during the hospital stay...”<sup>3</sup>
3. Must be one of the following RPMS Service Categories:
  - Ambulatory (A)
  - Hospitalization (H)
  - Day Surgery (S)
  - Observation (O)
  - Nursing Home Visit (R)
  - Historical Event (E)
  - In-hospital (I)

The following Service Categories do not fit the BPHC definition and are *not* included:

- Chart Review (C)
- Telephone Call (T)
- Not Found (N)
- Daily Hospitalization Data (D)
- Ancillary Package Daily Data (X)

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<sup>2</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 5.

<sup>3</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 6.

4. Must *not* have an excluded clinic code. The following RPMS clinic codes do not fit the BPHC definition of an encounter.

Clinic Code	Clinic Description
A3	Ambulance
77	Case Management Services
52	Chart Rev/Rec Mod
98	Diabetes Education-Group
A1	Diabetes Education-Individual
95	Dialysis Laboratory Services
60	Education Classes
68	Employee Health Un
53	Follow-Up Letter
09	Grouped Services
41	Indirect
42	Mail
B1	Maternity Case Mgmt Supp Serv
78	OTC Medications
25	Other
A9	PH Preparedness (Bioterrorism)
39	Pharmacy
B6	Phone Triage
B2	Radiation Exposure Screening
54	Radio Call
B3	SANDS (Stop Atherosc in Native Diab Study)
51	Telephone Call
94	Tobacco Cessation Clinic

### 2.3.2.1 BPHC UDS Manual Definition<sup>4</sup>

“Encounter definitions are needed both to determine who is counted as a patient (Tables 3A, 3B, 4 & 6) and to report total encounters by type of provider staff (Table 5). **Encounters are defined to include a documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented.** ... Encounters which are provided by contractors, **and paid for by the grantee**, such as Migrant Voucher encounters or out-patient or in-patient specialty care associated with an at-risk managed care contract, are considered to be encounters to the extent that they meet all other criteria...”

<sup>4</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 5.

1. To meet the criterion for “independent judgment”, the provider must be acting on his own when serving the patient and not assisting another provider. For example, the system does not credit a nurse assisting a physician during a physical examination by taking vital signs, taking a history, or drawing a blood sample with a separate encounter.
2. To meet the criterion for “documentation,” the service (and associated patient information) must be recorded in written form. The patient record does not have to be a full and complete health record in order to meet this criterion. For example, if an individual receives services on an emergency basis and these services are documented, the documentation criterion is met even though a complete health record is not created. Mass screenings at health fairs or mass immunization drives for children or elderly do not result in encounters.
3. When a provider renders services to several patients simultaneously, the system will credit the provider with an encounter for each person only if the provision of services is noted in **each** person's health record. Examples of "group encounters" include: family therapy or counseling sessions and group mental health counseling during which several people receive services and the services are noted in each person's health record. In such situations, **each** patient is normally billed for the service. Medical visits must be provided on an individual basis. The system does not credit patient education or health education classes (e.g., smoking cessation) as encounters.
4. An encounter may take place in the health center or at any other location in which project-supported activities are performed. Examples of other locations include mobile vans, hospitals, patients' homes, schools, homeless shelters, and extended care facilities. Encounters also include contacts with patients who are hospitalized, where health center medical staff member(s) follow the patient during the hospital stay, as physician of record or where they provide consultation to the physician of record. A provider may not generate more than one inpatient encounter per patient per day.
5. Such services as drawing blood, collecting urine specimens, performing laboratory tests, taking X-rays, and filling/dispensing prescriptions, *in and of themselves*, do not constitute encounters.
6. A patient may have more than one encounter with the health center per day. The number of encounters per service delivery location per day is limited as follows:
  - One medical encounter (physician, nurse practitioner, physicians assistant, certified nurse midwife, or nurse)
  - One dental encounter (dentist or hygienist)
  - One “other health” encounter for each type of “other health” provider (nutritionist, podiatrist, speech therapist, acupuncturist, optometrist, etc.)
  - One enabling service (case management or health education) encounter

- One mental health encounter
  - One substance abuse encounter
7. The system will not credit a provider with more than one encounter with a given patient during that patient's visit to the center in a single day, regardless of the type or number of services provided.
8. The encounter criteria *are not* met in the following circumstances:
- When a provider participates in a community meeting or group session that is *not* designed to provide clinical services. Examples of such activities include information sessions for prospective users, health presentations to community groups (high school classes, PTA, etc.), and information presentations about available health services at the center.
  - When the only health service provided is part of a large-scale effort, such as a mass immunization program, screening program, or community-wide service program (e.g., a health fair)
  - When a provider is primarily conducting outreach and/or group education sessions, not providing direct services
  - When the *only* services provided are lab tests, x-rays, immunizations, Tb tests and/or prescription refills...”

### 2.3.3 Definition of Providers

A provider is defined as “the individual who assumes primary responsibility for assessing the patient and documenting services in the patient's record”.<sup>5</sup> Providers include only individuals who exercise independent judgment in providing patient services, i.e., acting on their own. The BPHC UDS Manual contains a chart listing typical health facility staff with Provider/Non Provider categories designated.

For RPMS UDS, the system uses only the provider type for the *primary* provider for each visit to categorize Table 5 Staffing and Utilization. See section Appendix C: RPMS Provider Codes Mapping to UDS Service Category for Table 5 for further information.

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<sup>5</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 8.

### 3.0 Manager Utilities (MU) for System Setup

This section will describe the steps that you will need to follow for setup functions and to run patient list reports.

You *must* perform the following two functions before the software is used:

- SET Site Parameters Setup, includes defining one or more sites with associated BPHC UDS identification number and locations (see section 2.3.2 Definition of Encounters (Visits) to identify all visit locations that are eligible).
- TAX Taxonomy Setup, to add your site-specific terminology for two lab tests that are used by Table 6 Selected Diagnoses and Services Rendered (see section 3.2.1 Taxonomy Setup for detailed instructions on adding entries to a taxonomy).

The Manager Utilities menu also includes the option to run User (Patient) Lists that are associated with the summary Table Reports. This option is included here to discourage casual users from accidentally running User Lists with the Table Reports that may be hundreds of pages long. User Lists are intended to be used for detailed data quality checks on the RPMS database and are not a part of normal UDS reporting.

Menu options to perform these activities are located under the Manager Utilities option on the main RPMS UDS menu.

**Note:** After typing each command, you must press the Enter key.

1. From the main RPMS menu, type **UDS** at the “IHS Core Option:” prompt.

**Note:** Each user will have a different list of RPMS application options to choose from on their RPMS main menu.

If “UDS - RPMS Uniform Data System Reporting” does *not* appear as a menu option on your screen, ask your Site Manager to provide you with appropriate security keys.

```

PCC    Patient Care Component ...
AS      Asthma Register ...
CHR     Community Health Representative System ...
CHS     Contract Health System ...
GPRA    IHS Clinical Reporting System (CRS)...
IMM     Immunization Menu ...
LAB     Laboratory Menu ...
MH      Behavioral Health Information System ...
RAD     Rad/Nuc Med Total System Menu ...
RCIS    Referred Care Information System ...
SCH     Scheduling Menu ...
BILL    Third Party Billing System ...
UDS     RPMS Uniform Data Systems (UDS) Reporting System ...
WH      Women's Health Menu ...

Select IHS Core Option: UDS  RPMS Uniform Data Systems (UDS) Reporting System

```

Figure 3-1: Accessing the Manager Utilities menu, Step 1

2. The UDS main menu displays (Figure 3-2).
3. Type **UD06** at the “Select RPMS Uniform Data Systems (UDS) Reporting System Option:” prompt to access the 2006 version of the software.

```

*****
**      RPMS UNIFORM DATA SYSTEM (UDS)      **
*****
                DEMO INDIAN HOSPITAL
                Version 2.0

UD06    UDS 2006 ...
UD05    UDS 2005 ...
UD04    UDS 2004 ...
UD03    UDS 2003 ...

Select RPMS Uniform Data Systems (UDS) Reporting System Option: UD06  UDS
2006

```

Figure 3-2: Accessing the Manager Utilities menu, steps 2 and 3

4. The UDS 2006 main menu displays (Figure 3-3).
5. Type **MU** at the “Select UDS 2006 Option:” prompt.

```

*****
**      RPMS UNIFORM DATA SYSTEM (UDS)      **
**                      2006                      **
*****
                        DEMO INDIAN HOSPITAL
                        Version 2.0

REP      Reports ...
MU       Manager Utilities ...

Select UDS 2006 Option: MU Manager Utilities

```

Figure 3-3: Accessing the Manager Utilities menu, steps 4 and 5

6. The Manager Utilities menu displays (Figure 3-4).

```

*****
**      RPMS UNIFORM DATA SYSTEM (UDS)      **
**      2006 Manager Utilities                **
*****
                        DEMO INDIAN HOSPITAL
                        Version 2.0

SET      Update/Review Site Parameters
LST      User (Patient) and Provider Lists ...
TAX      Update Taxonomies for Use with UDS 2006

Select Manager Utilities Option:

```

Figure 3-4: Manager Utilities menu

## 3.1 Site Parameters Setup (SET)

Before running any reports, the site must identify its site parameters. Site parameters include:

- Identifying the site name (multiple site names can be set up for multi-facility databases)
- Entering the site's UDS identification number
- Identifying all locations for the site that are eligible for UDS reporting, e.g. main facility, home location, satellite facilities, schools, etc. (See section 2.3.2 Definition of Encounters (Visits) to identify all visit locations that are eligible)

### 3.1.1 Locations

In RPMS, each site has a series of locations (facilities) associated with it, identified by a 6-digit code generally referred to as the ASUFAC (Area/Service Unit/Facility) code. For example, the ASUFAC code for Sells Hospital is 000101, representing Tucson Area (00), Sells Service Unit (01), and Sells Hospital (01).

Not all RPMS site locations can be used to count toward UDS reporting. For example, “Ambulance” or “Other” locations cannot be counted.

The BPHC UDS Manual states, “An encounter may take place in the health center, or at any other location in which project-supported activities are carried out. Examples of other locations include mobile vans, hospitals, patients' homes, schools, homeless shelters, and extended care facilities. Encounters also include contacts with patients who are hospitalized, where health center medical staff member(s) follow the patient during the hospital stay, as physician of record or where they provide consultation to the physician of record.”<sup>6</sup>

Typical site locations are included in the following table. “Y” denotes site locations that should *not* be included.

[Site Name] Health Center	Exclude?
XYZ Clinic	
ABC Hospital	
XYZ High School	
School Unspecified	
Ambulance	Y
CHS Hospital	
[Site Name] A/SA Program	
Regional Treatment Center	
Office	
CHS Physician Office	
Home	
Nursing Home	
CHS Other	Y
Other	Y
Undesignated Locations	Y

### 3.1.2 Adding New Parameters

Follow these steps to set up your site parameters.

1. Type **SET Update/Review Site Parameters** at the “Select Manager Utilities Option:” prompt on the 2006 Manager Utilities menu (Figure 3-4). An explanation of the Site Parameters function displays (Figure 3-5).

---

<sup>6</sup> BPHC UDS User Manual, 200 Revision, p. 9.



\*\*\* Update/Review UDS 2006 Site Parameters \*\*\*

This option is used to set up your site's parameters for UDS reporting, including entering your BPHC UDS id no. and defining visit (encounter) locations to be "counted" toward the report. "An encounter may take place in the health center or at any other location in which project-supported activities are carried out. Examples... mobile vans, hospitals, patients' homes, schools, homeless shelters, and extended care facilities..."

Visits will not be counted toward the report if the visit location does not match the locations on the UDS Visit Locations list.

Multiple site names can be designated with associated locations. Each site name must have locations designated.

Select UDS 06 SITE PARAMETERS SITE NAME:

Figure 3-5: Site Parameters screen

2. Type the name of your site location at the "Select UDS 06 Site Parameters Site Name" prompt.
3. If multiple names match what you typed, a list displays. Type in the corresponding number of the correct site name.
4. If you enter a site name that has not been previously entered, the system will prompt you, "Are you adding '[SITE NAME]' as a new UDS 06 SITE PARAMETERS (the 5TH)?" Type **Y** (Yes) if you want to add the new site or **N** (No).
5. Type in the site UDS Identification Number (assigned by BPHC) at the "UDS NO. :" prompt, if you know it; otherwise, press the Enter key to skip this prompt.
6. The Update UDS Visit Locations screen displays. If this is a new site, the Locations list will be blank.

```

Select UDS SITE PARAMETERS SITE NAME: san carlos
      1  SAN CARLOS                PHOENIX          SAN CARLOS          01
      2  SAN CARLOS TRIBE          PHOENIX TRIBE/638      SAN CARLOS      80
CHOOSE 1-2: 1  SAN CARLOS                PHOENIX          SAN CARLOS          01
      ...OK? Yes//      (Yes)

Are you adding 'SAN CARLOS' as a new UDS 06 SITE PARAMETERS (the 1ST)? No// y
      (Yes)

UDS NO.: 57811

Update UDS Visit Locations      Oct 23, 2006 16:57:55      Page:  0 of  0
-----
Site Name: SAN CARLOS
Enter all locations to be included in the UDS report.

      ?? for more actions  + next screen  - prev screen
A      Add Visit Location to the list      S      Add All of this SU's locations
R      Remove Visit Location from List      Q      Quit

Select Item(s): Quit//

```

Figure 3-6: Site Parameters Setup, steps 2-5

7. You can 1) add individual locations one at a time or 2) add the entire group of locations associated with the site and refine the list by deleting individual locations. See section 3.1.1 Locations for a more detailed description about site locations.

The *recommended approach* to populate a blank Visit Locations list is to first add *all* the locations associated with the site and then delete any that do not belong on the list.

8. Type **S** Add All of this SU's Locations at the "Select Item(s)" prompt. The system adds all locations listed in the RPMS database that are associated with the site.

```

Select Item(s): Quit// s   Add All of this SU's locations

Hold on while I gather up all of SAN CARLOS's locations and add them....
SAN CARLOS   added
BYLAS        added
YAC          added
UNDESIG LOCS added
AMBULANCE    added
SCHOOL UNSPECIFIED added
CHS HOSPITAL  added
OFFICE        added
CHS PHYSICIAN OFFICE added
HOME          added
NURSING HOME added
CHS OTHER     added
OTHER         added
SAN CARLOS    added
SCHOOL UNSPECIFIED added
UNDESIG LOCS  added
YAC           added
MOBILE UNIT   added

Press enter to continue.....:

Update UDS Visit Locations
Oct 24, 2006 13:21:33          Page:    1 of    1
-----
Site Name: SAN CARLOS
Enter all locations to be included in the UDS report.

1) AMBULANCE
2) BYLAS
3) CHS HOSPITAL
4) CHS OTHER
5) CHS PHYSICIAN OFFICE
6) HOME
7) NURSING HOME
8) OFFICE
9) OTHER
10) SAN CARLOS
11) SCHOOL UNSPECIFIED
12) UNDESIG LOCS
13) YAC
14) MOBILE UNIT

A   Add Visit Location to the list      S   Add All of this SU's locations
R   Remove Visit Location from List     Q   Quit
Select Item(s): Quit//

```

Figure 3-7: Adding All SU Locations

9. Type **R** (Remove Visit Location from List) at the “Select Item(s):” prompt to delete a location.

10. Type the number(s) corresponding to the location name(s) you want to remove at the “Which item(s):” prompt. To delete multiple locations, type individual

numbers separated by commas or hyphens. To delete location numbers 1, 3 and 7 through 9, type **1,3,7-9**. Do not use spaces between the comma separators.

11. When the location list is complete, type **Q** (Quit) at the “Select Item(s)” prompt.

```
Select Item(s): Quit// R   Remove Visit Location from List

Which item(s):  (1-13): 1,4,9,12
AMBULANCE removed from list
CHS OTHER removed from list
OTHER removed from list
UNDESIG LOCS removed from list
Press enter to continue....:

Update UDS Visit Locations
Oct 24, 2006 13:22:15          Page:    1 of    1
-----
Site Name: SAN CARLOS
Enter all locations to be included in the UDS report.

1) BYLAS
2) CHS HOSPITAL
3) CHS PHYSICIAN OFFICE
4) HOME
5) NURSING HOME
6) OFFICE
7) SAN CARLOS
8) SCHOOL UNSPECIFIED
9) YAC
10) MOBILE UNIT

      Enter ?? for more actions
Oct 24, 2006 13:22:15

A      Add Visit Location to the list      S      Add All of this SU's locations
R      Remove Visit Location from List     Q      Quit

Select Item(s): Quit//
```

Figure 3-8: Update Visit Locations screen, Steps 8-10

12. You will return to the Update/Review Site Parameters screen. If you want to add or edit another site, with associated UDS identification number and locations, type **Y** (Yes) at the “Do you want to add/edit another site?” prompt.

**Note:** This feature is useful for sites with multiple facilities running on an integrated database. Each site and its related locations can be identified. The report options will ask for the appropriate site name.

13. If you enter a site name that has not been previously entered, the system will prompt you, “Are you adding ‘[SITE NAME]’ as a new UDS 06 SITE PARAMETERS (the 6TH)?” Type **Y** (Yes) or **N** (No).
14. If you are adding another new site, follow steps 5-12 to add the UDS identification number and locations associated with the new site.

```

Do you want to add/edit another site? N// y  YES
Select UDS 06 SITE PARAMETERS SITE NAME: kanakanak HOSPITAL
ALASKA
TRIBE/638          BRISTOL BAY          01
...OK? Yes// y  (Yes)

Are you adding 'KANAKANAK HOSPITAL' as a new UDS 06 SITE PARAMETERS (the
5TH)? No// y  (Yes)
UDS NO.:

```

Figure 3-9: Entering another site name

### 3.1.3 Updating Locations or Other Site-related Data

You can review or edit location or other data that you have previously entered for a site name.

1. Type the site name at the “Select UDS 06 Site Parameters Site Name” prompt.
2. To change the UDS ID number, type in a different number at the “UDS No. :” prompt. If the ID number is correct as displayed in the default, press the **Enter** key to accept the default value.
3. The current site location list displays. Type **A** (Add) or **R** (Remove) to add or delete a location.
4. When you have finished updating the locations, type **Q** to Quit.

## 3.2 Taxonomies

You can use taxonomies to find data items in PCC or other RPMS applications in order to determine if a patient or visit meets the criteria for which the software is looking.

On UDS Table 6 Selected Diagnoses and Services Rendered, BPHC defines standard national codes (ICD-9, CPT, and ADA) to identify the diagnoses and services provided to a grantee site’s users. Using standard national codes ensures comparable data within the agency as well as to external organizations.

For some of the services requested on Table 6, RPMS UDS uses additional definitions. According to the BPHC UDS Manual, this is allowed<sup>7</sup>. For example, for HIV Test (Line 21) and for Pap Smears (Line 23), RPMS UDS uses standard national LOINC codes to identify these tests, in addition to site-populated lab test names and CPT codes.

RPMS UDS also uses lab taxonomies for these two tests that need to be populated by each individual site, BGP HIV TEST TAX and BGP PAP SMEAR TAX. Taxonomies are used to mitigate the variations in RPMS medical terminology that is not standardized across each facility, such as lab tests or medications. This means that you can compare one site's Pap smear data to another site, even though the same term is not used for the Pap smear lab test.

For example, one site's Lab table might contain the term "Glucose Test" while another site's table may contain the term "Glucose" for the same test. RPMS PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application will look for a specific taxonomy name that is standard at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use the DM AUDIT GLUCOSE TESTS TAX taxonomy. The individual facility will enter all varieties of spelling and punctuation for Glucose Tests used at that particular facility.

Other RPMS software, including the Diabetes Management System and the Clinical Reporting System (CRS), uses taxonomies. If your site is using CRS, then the HIV Test and Pap Smear taxonomies are most likely already populated with your site's lab test names.

<p><b>Note:</b> System Managers must work with Lab staff to identify all the different terms in the lab file that describe the lab test.</p>
--

### 3.2.1 Taxonomy Setup (TAX)

Taxonomy Setup (TAX) is a menu option that transfers the user to the RPMS Taxonomy Setup software. Taxonomy Setup allows you to review, add to, or edit members in the required taxonomies used in any RPMS software, including RPMS UDS.

RPMS UDS uses two lab taxonomies originally defined for the Clinical Reporting System (CRS) software: BGP HIV TEST TAX and BGP PAP SMEAR TAX. If your site does not currently run CRS, the RPMS UDS software will load the two taxonomies, but it will not populate them, i.e., they will not contain any members. Therefore, you will need to work with your Lab staff to identify and assign tests to these two taxonomies.

---

<sup>7</sup> Draft BPHC UDS User Manual, 2006 Revision, p. 47.

**Note:** You should review both taxonomies for completeness before running the first UDS report.

1. Type **TAX** at the “Select Manager Utilities Option:” prompt from the 2006 Manager Utilities menu.
2. The UDS Taxonomy Update menu displays with the two taxonomies used by UDS (Figure 3-10).

```

UDS TAXONOMY UPDATE          Nov 17, 2006 14:53:59          Page:    1 of    1
TAXONOMIES TO SUPPORT UDS REPORTING
* Update Taxonomies

1)  BGP PAP SMEAR TAX
2)  BGP HIV TEST TAX

Enter ?? for more actions
S   Select Taxonomy          Q   Quit
Select Action:+//

```

Figure 3-10: UDS Taxonomy Update menu

3. Type **S** to select the lab test taxonomy you want to review or populate.
4. Type the number of the lab test taxonomy you want to review or populate, either **1** (BGP PAP SMEAR TAX) or **2** (BGP HIV TEST TAX).

If this is a new taxonomy, an empty Lab Taxonomy screen displays; otherwise, the lab tests included in the taxonomy are displayed.

```

UDS LAB TAXONOMY UPDATE      Nov 17, 2006 15:11:35          Page:    1 of    1
Updating the BGP PAP SMEAR TAX taxonomy

Enter ?? for more actions
A   Add Lab Test              R   Remove Lab Test          Q   Quit
Select Action:+//

```

Figure 3-11: UDS Lab Taxonomy Update screen

5. Type **A** to add a lab test to the taxonomy.

6. Type the name of the lab test at the “Which Lab Test:” prompt. Depending on the test name, several types of lab tests specific to your site may display.

```

Enter ?? for more actions
A    Add Lab Test          R    Remove Lab Test          Q    Quit
Select Action: +// A    Add Lab Test

Which LAB Test: CYTO
1    CYTO ANCA    CYTOPLASMIC ANCA
2    CYTO ASP. FINE NDLE    FINE NEEDLE ASP. 1
3    CYTO PAP, GYN 1
4    CYTO THIN PREP PAP    THIN PREP PAP
5    CYTOGEN INTERP/REPORT    CYTOGENETICS REPORT
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:

```

Figure 3-12: Adding Tests to a Lab Taxonomy

7. Type the number of the test you want to add. To add more than one test at a time, type the individual numbers separated by commas or hyphens, such as 1,3,5-7. Do not use spaces between the comma separators.
8. The added tests will be displayed in the taxonomy.

```

UDS LAB TAXONOMY UPDATE          Nov 17, 2006 15:19:33          Page:    1 of    1
Updating the BGP PAP SMEAR TAX taxonomy

1)  CYTO PAP, GYN 1
2)  THIN PREP PAP

Enter ?? for more actions
A    Add Lab Test          R    Remove Lab Test          Q    Quit
Select Action: +//

```

Figure 3-13: Completed Lab Taxonomy

9. When all tests have been added to the taxonomy, type **Q** to quit and return to the UDS Taxonomy Update menu.
10. To add to or review tests for another taxonomy, repeat steps 3-9. Otherwise, type **Q** to return to the Manager Utilities menu.



## 4.0 UDS Reports for Zip, 3A/3B, 5, and 6

The RPMS UDS Reporting System is a reporting tool that provides five required BPHC UDS reports about users (patients) and encounters (visits) from local RPMS databases (see section 2.0 for description of BPHC and their Uniform Data System (UDS)). For data quality checking for each of the four reports, RPMS UDS can also produce lists of all patients and related visits that are counted in the reports (see section 5.0).

The following reports are produced:

- Center/Grantee Profile: User/Patient by Zip Code
- Table 3A Users by Age and Gender
- Table 3B Users by Race/Ethnicity
- Table 5 Staffing and Utilization (columns B and C)
- Table 6 Selected Diagnoses and Services Rendered

Additionally RPMS UDS will provide the following lists to assist in verifying data:

- User (Patient) List with patients' zip codes
- User (Patient) List with age, gender, ethnicity and visit information, used with Tables 3A and 3B
- Staffing List categorized by BPHC-defined provider categories to assist in manual calculations of Table 5 column A (FTEs)
- User (Patient) List categorized by primary provider type, used with Table 5, columns B (Encounters) and C (Users)
- User (Patient) List of visits for patients to whom the provider was uncategorized (i.e. did not map to the BPHC-defined categories), used with Table 5, columns B (Encounters) and C (Users)
- User (Patient) List categorized by selected diagnoses (primary POV) and other services, used with Table 6

Reports can be run for individual quarters as well as for the entire calendar year.

This chapter describes the logic for each of the five reports and how to run the reports from the Reports menu option on the RPMS UDS Reporting System main menu.

**Note:** It is strongly recommended that sites run the Staff List (option ST from the 2006 Reports menu) first and review and edit providers and related provider codes for accuracy prior to running any other reports.

## 4.1 General Definitions and Logic for All Reports

RPMS UDS reporting defines a patient as having one or more visits (encounters) during the time period specified (quarter or full year). Encounters are documented face-to-face contacts between a user and a provider who exercises independent judgment in providing services to the user. Section 2.3 provides detailed citations from the BPHC UDS Manual.

Based on the UDS definition, *all* RPMS visits (BPHC encounters) must meet the following criteria.

1. Must be a “complete” PCC visit, i.e., have a primary provider and a coded purpose of visit. This meets the BPHC definition, “...documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented...”<sup>8</sup>
2. Must be to a location specified by the site in the Setup option (see section 3.1.1 Site Parameters: Locations). The System Manager will identify in the Site Parameters Setup all the location codes that should be included in the definition of a visit, including Home, satellite clinics, school, or other appropriate locations. The BPHC UDS Manual states, “...An encounter may take place in the health center or at any other site or location in which project-supported activities are carried out. Examples of other sites and locations include mobile vans, hospitals, patients' homes, schools, homeless shelters, and extended care facilities. Encounters also include contacts with patients who are hospitalized, where health center medical staff member(s) follow the patient during the hospital stay...”<sup>9</sup>
3. Must be one of the following RPMS Service Categories: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing Home Visit (R), Historical Event (E), or In-hospital (I). The following Service Categories do not fit the BPHC definition and are NOT included: Chart Review (C), Telephone Call (T), Not Found (N), Daily Hospitalization Data (D), and Ancillary Package Daily Data (X).
4. Must *not* have an excluded clinic code. See section 2.3.2.1 for more the BPHC definition of eligible clinics. The following RPMS clinic codes do not fit the BPHC definition of an encounter.

---

<sup>8</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 5.

<sup>9</sup> Draft BPHC Uniform Data System Manual, 2006 Revision, p. 6.

<b>Excluded Clinic Codes and Clinic Description</b>			
A3	Ambulance	B1	Maternity Case Mgmt Supp Serv
77	Case Management Services	78	OTC Medications
52	Chart Rev/Rec Mod	25	Other
98	Diabetes Education-Group	A9	PH Preparedness (Bioterrorism)
A1	Diabetes Education-Individual	39	Pharmacy
95	Dialysis Laboratory Services	B6	Phone Triage
60	Education Classes	B2	Radiation Exposure Screening
68	Employee Health Un	54	Radio Call
53	Follow-Up Letter	B3	SANDS (Stop Atherosc in Native Diab Study)
09	Grouped Services	51	Telephone Call
41	Indirect	94	Tobacco Cessation Clinic
42	Mail		

#### 4.1.1 RPMS UDS Logic Example

The following example demonstrates how RPMS UDS selects Users and Encounters for calendar year 2006 for all Tables and associated User Lists.

The site has the following visit locations documented in the site parameters:

- OUR HOSPITAL
- SATELLITE A
- SATELLITE B
- HOME

1. Each patient on the RPMS computer is reviewed.
2. All visits for the patient in the report date range specified are found and tabled in Visit List 1.

**Visits found for patient Jones, Mary in the time period:**

Visit Date	Location	Service Cat	Clinic	Prov Disc	Dx	Services
1/5/2006@9am	Our Hospital	Amb	01-General	71-Internist	381.01	
1/5/2006@4pm	Our Hospital	Amb	01-General	71-Internist	293.01	
3/1/2006@12pm	IHS Clinic ABC	Amb	30-Emergency Medicine	00-Physician	692.02	
4/1/2006@3pm	Satellite A	Chart review	01-General	01-Nurse	250.00	
4/5/2006@12pm	Our Hospital	Tele. Call	01-General	01-Nurse	250.00	
6/1/2006@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap
6/4/2006@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	V76.12	Mammogram
8/1/2006@1pm	Other	Event				Flu shot given at Costco
9/20/2006@2pm	Our Hospital	Amb	39-Pharmacy	09-Pharmacist	V25.2	Given BCP's

Figure 4-1: Visit List 1 for Mary Jones

This patient has 9 visits in RPMS for calendar year 2006 included in Visit List 1.

3. The above list of visits is reviewed, and all visits that would not be used in ANY table calculation are removed from the list. The visits must meet all of the following criteria:
  - a Must be to a location specified in the site parameter file.
  - b Must have a Service Category value of: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing Home (R), Historical Event (E), or In-hospital (I).
  - c Must *not* have one of the following clinic codes, which are excluded from UDS reporting:

Excluded Clinic Codes and Clinic Description			
A3	Ambulance	B1	Maternity Case Mgmt Supp Serv
77	Case Management Services	78	OTC Medications
52	Chart Rev/Rec Mod	25	Other
98	Diabetes Education-Group	A9	PH Preparedness (Bioterrorism)
A1	Diabetes Education-Individual	39	Pharmacy
95	Dialysis Laboratory Services	B6	Phone Triage
60	Education Classes	B2	Radiation Exposure Screening
68	Employee Health Un	54	Radio Call
53	Follow-Up Letter	B3	SANDS (Stop Atherosc in Native Diab Study)
09	Grouped Services	51	Telephone Call
41	Indirect	94	Tobacco Cessation Clinic
42	Mail		

4. After applying this criteria, the following four visits were removed:

- 3/1/2006 visit due to location (IHS Clinic ABC) not included in the Site Parameters
- 4/1/2006 visit due to Chart Review service category
- 4/5/2006 visit due to Telephone Call service category
- 8/1/2006 visit due to location (Other) not included in the Site Parameters

**Patient Mary Jones now has five visits, which comprise Visit List 2. This list is used in calculating the Services section (Lines 21-34) of Table 6.**

Visit Date	Location	Service Cat	Clinic	Prov Disc	Dx	Services	Tables
1/5/2006@9am	Our Hospital	Amb	01-General	71-Internist	381.01		3A, 3B, 5, 6
1/5/2006@4pm	Our Hospital	Amb	01-General	71-Internist	293.01		6
6/1/2006@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap	3A, 3B, 5, 6
6/4/2006@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	V76.12	Mammogram	6-services only
9/20/2006@2pm	Our Hospital	Amb	39-Pharmacy	09- Pharmacist	V25.2	Given BCP's	6-services only

Figure 4-2: Visit List 2 for Mary Jones – Used in Calculating Table 6, Services (Lines 21-34)

5. Visit List 2 is now reviewed to ensure there is at least one visit that is eligible to be counted in **Tables 3A, 3B, 5, and 6 – Diagnoses section**. This assures the patient meets the definition of a patient, as defined by UDS. **The following additional criteria are applied:**

- Visit must *not* have one of the following clinic codes: 76 Laboratory Services, 63 Radiology, or 91 Teleradiology.

- b Visit must have a primary provider with a non-blank discipline code.
  - c Visit must have a POV and POV must not be equal to .9999 (un-coded).
  - d If there are 2 visits to the same provider on the same day, the second one is removed. **This logic applies only to Tables 3A, 3B, and 5.**
6. After applying this criteria, the following three visits were removed:
- 1/5/2006 visit because patient already had a visit on the same day to the same clinic and same provider.
  - 6/4/2006 visit due to clinic Radiology.
  - 9/20/2006 visit due to clinic Pharmacy.

**Patient Mary Jones now has two visits for Tables 3A, 3B, and 5, which comprise Visit List 3.**

Visit Date	Location	Service Cat	Clinic	Prov Disc	Dx	Services	Tables
1/5/2006@9am	Our Hospital	Amb	01-General	71-Internist	381.01		3A, 3B, 5
6/1/2006@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap	3A, 3B, 5

Figure 4-3: Visit List 3 for Mary Jones – Used in Calculating Tables 3A, 3B, and 5

7. Since this patient has at least one visit meeting the UDS criteria, she is considered a patient in all tables.

If this patient had no visits on Visit List 3, then she would not be considered a patient and all processing stops for this patient. None of her visits would be counted in any UDS Report.

8. For processing encounters by diagnoses in Table 6, 2 visits to the same provider can be counted. Therefore, Visit List 4, seen below, is the list used when calculating the encounter count for Table 6 – Diagnoses.

Visit Date	Location	Service Cat	Clinic	Prov Disc	Dx	Services	Tables
1/5/2006@9am	Our Hospital	Amb	01-General	71-Internist	381.01		3A, 3B, 5, 6
1/5/2006@4pm	Our Hospital	Amb	01-General	71-Internist	293.01		6
6/1/2006@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap	3A, 3B, 5, 6

Figure 4-4: Visit List 4 for Mary Jones – Used in Calculating Table 6, Diagnoses (Lines 21-34)

9. To recap:

- Visit List 3 is used in calculating Tables 3A, 3B, and 5.
- Visit List 4 is used in calculating the Diagnoses section of Table 6 (Lines 1-20c and Lines 27034).
- Visit List 2 is used in calculating the Services section of Table 6 (Lines 21-34).

## 4.2 Report Descriptions

### 4.2.1 Table Center/Grantee Profile: User/Patient by Zip Code

This table reports the number of users by their zip code as entered in patient registration.

**Logic for User/Patient by Zip Code Table:** The patient's zip code is categorized by the following logic:

1. This report includes all patients who have at least one visit for the specified time period that meets the visit definition criteria. The total number of patients on this table should equal the total number of patients on Tables 3A and 3B.<sup>10</sup>
2. The patient's zip code is obtained from patient registration.
3. The table will be sorted in ascending order by zip code, with the total number of patients having an address with that zip code.
4. Zip codes with a count of patients less than 0.1% (0.001) of the total population will be included in the Other Zip Codes category.
5. Patients who do not have a zip code value in patient registration will be included in the Unknown Residence category.
6. Since there is no way of determining if a patient is homeless or a migrant, all patients without a zip code will be placed in the Unknown Residence category.

---

<sup>10</sup> Draft BPHC UDS Manual, 2006 Revision, p. 17.

Reporting Period: January 1, 2006 through December 31, 2006

## CENTER/GRANTEE PROFILE COVER SHEET

### USER/PATIENT BY ZIP CODE

Zip Code	Patients/Users
Other Zip Codes	
Unknown Residence	
TOTAL	

Figure 4-5: BPHC UDS User/Patient by Zip Code

#### 4.2.2 Tables 3A Users by Age and Gender and 3B Users by Race/Ethnicity

Tables 3A and 3B provide demographic data on BPHC grantee site users (patients), including age, gender and race/ethnicity. The patient's age is calculated on June 30 of the reporting period. "... [I]nclude as patients all individuals receiving at least one face-to-face encounter for services ... within the scope of any of the programs covered by UDS. Each patient is to be counted only once on Table 3A and once in each section of Table 3B, regardless of the number or types of services received."<sup>11</sup>

**Logic for Table 3A:** The report categorizes all patients on the VISIT LIST 3 table (see section 4.1.1 RPMS UDS Logic Example). The patient's age as of June 30, 2006 is calculated. If the patient was born after June 30, the age is 0. The patient's gender is determined. The patient is placed in the appropriate line of Table 3A (see Figure 4-6).

**Logic for Table 3B:** The patient's Race/Ethnicity is categorized by the following logic:

1. The patient's classification/beneficiary value is examined. If it is a 01 – Indian/Alaskan Native, the patient is placed on Line 3 – Indian Alaskan Native.
2. If the classification is *not* 01, then the RACE value in Registration is examined:
  - a If RACE = "A," Line 1a – ASIAN

<sup>11</sup> Draft BPHC UDS Manual, 2006 Revision, p. 27.



- b If RACE = "H," Line 1b – Native Hawaiian
  - c If RACE = 5, Line 1c – Other Pacific Islander
  - d If any of the above, calculate total on Line 1 (Total Asian)
  - e If RACE = "B" or 4, Line 2 – Black
  - f If RACE = 3, Line 3 – AI/AN
  - g If RACE = 6 or "W," Line 4 – White
  - h If RACE = 1 or 2, Line 5 – Hispanic or Latino
  - i If RACE = "D", 7 or "U," Line 6 – Unreported/Refused to Report
3. If there are no values in any of the above, then the patient is placed on Line 6 – Unreported.

Reporting Period: January 1, 2006 through December 31, 2006

**Table 3A – Users/Patients by Age and Gender**

AGE GROUPS		MALE USERS/PATIENTS (a)	FEMALE USERS /PATIENTS (b)
NUMBER OF USERS/PATIENTS			
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		
13	Age 12		
14	Age 13		
15	Age 14		
16	Age 15		
17	Age 16		
18	Age 17		
19	Age 18		
20	Age 19		
21	Age 20		
22	Age 21		
23	Age 22		
24	Age 23		
25	Age 24		
26	Ages 25 – 29		
27	Ages 30 – 34		
28	Ages 35 – 39		
29	Ages 40 – 44		
30	Ages 45 – 49		
31	Ages 50 – 54		
32	Ages 55 – 59		
33	Ages 60 – 64		

<b>AGE GROUPS</b>		<b>MALE USERS/PATIENTS (a)</b>	<b>FEMALE USERS /PATIENTS (b)</b>
<b>NUMBER OF USERS/PATIENTS</b>			
34	Ages 65 – 69		
35	Ages 70 – 74		
36	Ages 75 – 79		
37	Ages 80 – 84		
38	Age 85 and over		
39	<b>TOTAL USERS/PATIENTS (SUM LINES 1-38)</b>		

Figure 4-6: BPHC UDS Table 3A Users by Age and Gender

Reporting Period: January 1, 2006 through December 31, 2006

**Table 3B – Users / Patients by Race / Ethnicity / Language**

<b>RACE/ETHNICITY/LANGUAGE</b>		<b>NUMBER (a)</b>
<b>NUMBER OF USERS / PATIENTS</b>		
1a.	Asian	
1b.	Native Hawaiian	
1c.	Other Pacific Islander	
1.	<b>TOTAL ASIAN/PACIFIC ISLANDER (SUM LINES 1A + 1B + 1C)</b>	
2.	Black/African American (not Hispanic or Latino)	
3.	American Indian/Alaska Native	
4.	White (not Hispanic or Latino)	
5.	Hispanic or Latino (all races)	
6.	Unreported / Refused to report	
7.	<b>TOTAL USERS/PATIENTS (SUM LINES 1 - 6)</b>	
8.	Users/patients best served in a language other than English	

Figure 4-7: BPHC UDS Table 3B Users by Race/Ethnicity

Asian, Native Hawaiian and Pacific Islander users should be reported separately in lines 1a, 1b and 1c. The total of Asian, Native Hawaiian and Pacific Islander users should equal the sum of lines 1a, 1b and 1c. This should be reported on line 1.

### 4.2.3 Table 5 Staffing and Utilization

Table 5 Staffing and Utilization provides a profile of grantee staff, characterizing staff by type (column A), by number of encounters provided (column B), and the number of users (patients) served (column C). "...Table 5 is designed to report the number of unduplicated patients *within each of six major service categories*: medical, dental, mental health, substance abuse, other professional services, and enabling. The staffing information in Table 5 is designed to be compatible with approaches used to describe staff for financial/cost reporting, while ensuring adequate detail on staff categories for program planning and evaluation purposes."<sup>12</sup>

BPHC defines different types of provider and facility staff for each of the six major staff service categories. For example, Medical Care Services includes physicians, nurse practitioners, physician assistants, nurses, certified nurse midwives, laboratory and X-ray personnel and other medical personnel. See Appendix B: BPHC Service Category Definitions for Table 5 for more detailed definitions.

RPMS UDS can produce a completed report containing columns B and C (Encounters and Users). Column A (Staff) must be derived manually; an RPMS Staff List report can be produced to assist sites.

Reporting Period: January 1, 2006 through December 31, 2006

**Table 5 – Staffing and Utilization**

Personnel by Major Service Category		FTEs (a)	Clinic Encounters (b)	Users/Patients (c)
1	Family Practitioners			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6	Psychiatrists now reported on line 20a			
7	Other Specialty Physicians			
8	<b>Total Physicians (Lines 1 - 7)</b>			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	<b>Total Medical Care (Lines 8 – 14)</b>			

<sup>12</sup> Draft BPHC UDS Manual, 2006 Revision, *Instructions for Table 5*, p. 37.

Personnel by Major Service Category		FTEs (a)	Clinic Encounters (b)	Users/Patients (c)
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	<b>Total Dental Services (Lines 16 - 18)</b>			
20a	Psychiatrists			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	<b>Mental Health Services (Lines 20a-c)</b>			
21	<b>Substance Abuse Services</b>			
22	<b>Other Professional Services</b>			
23	<b>Pharmacy Personnel</b>			
24	Case Managers			
25	Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
28	Other Enabling Services			
29	<b>Total Enabling Services (Lines 24-28)</b>			
29a	<b>Other Programs and Services (specify: _____)</b>			
30	Administrative Staff			
31	Facility Staff			
32	Patient Support Staff			
33	<b>Total Admin &amp; Facility (Lines 30 - 32)</b>			
34	<b>Total (Lines 15+19+20+21+22+23+29+29a+33)</b>			

Figure 4-8: BPHC UDS Table 5, Staffing and Utilization, page 1

#### 4.2.3.1 ST Staffing List (Column A)

Table 5 Column A reports all facility staff in terms of full-time equivalents (FTEs).

RPMS *cannot* provide this information directly. However, a Staff List can be produced from RPMS that categorizes all staff by their Provider Code. Sites can use the Staff List:

- To review assigned provider codes to ensure that all providers are coded correctly; and
- To manually calculate the FTE for each active staff listed.

RPMS UDS software has mapped the RPMS Provider Codes to the BPHC UDS definitions (see Appendix C: RPMS Provider Codes Mapping to UDS Service Category for Table 5). Any staff members with associated Provider Codes that are not included in the BPHC service categories are identified at the bottom of the report as “Unidentified Provider Category”. The system does not count visits with unmapped provider codes toward encounters or users for Table 5 column B or C.

In Figure 4-9, “Nurse Assistant, Larry” is currently categorized as Provider Code 15 Other. He should be recoded to code 22 Nurse Assistant.

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****		
ADAM	Dec 15, 2006	Page 1
*** BPHC Uniform Data System (UDS) *** Personnel List for Table 5 Column A, By Service Category DEMO HOSPITAL Reporting Period: Jan 01, 2006 to Dec 31, 2006		
-----		
List of all Active Provider Personnel sorted by Major Service Category.		
PROVIDER NAME	PROVIDER CODE	FTE
-----		
Line 1 Family Practitioners		
PROVIDERA,MARION	80 FAMILY MEDICINE	
PROVIDERB,MICHAEL M	80 FAMILY MEDICINE	
PROVIDERC,SALLY B	80 FAMILY MEDICINE	
Line 2 General Practitioners		
PROVIDERD,SUSIE	18 PHYSICIAN (CONTRACT)	
PROVIDERE,BARBARA	18 PHYSICIAN (CONTRACT)	
PROVIDERF,SHIRLEY	18 PHYSICIAN (CONTRACT)	
Line 3 Internists		
PROVIDERG,JANE	71 INTERNAL MEDICINE	
PROVIDERH,KATHERINE	71 INTERNAL MEDICINE	
PROVIDERI,WILLIAM	71 INTERNAL MEDICINE	
Line 35 Unidentified Provider Category		
<b>NURSE ASSISTANT,LARRY</b>	<b>15 OTHER</b>	

Figure 4-9: Sample Staff List by BPHC Categories

#### 4.2.3.2 Table 5 Staffing and Utilization (Columns B and C)

Columns B and C document the number of encounters provided and users (patients) served, as categorized by BPHC service categories. There are six major service categories:

- Medical care services (Line 15)
- Dental services (Line 19)
- Mental health services (Line 20)
- Substance abuse services (Line 21)

- Other Professional services (Line 22)
- Enabling services (Line 29)

Some of these categories have additional subcategories.

BPHC UDS Manual defines encounters (RPMS visits) as “a documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the individual”.<sup>13</sup> The blocked out areas in Column B (see Figure 4-8, BPHC UDS Table 5 Report) indicate staff categories whose encounters are NOT counted.

Column C displays the unduplicated number of users who received the encounters displayed in Column B. A patient is defined as “an individual who has had at least one encounter during the year”.<sup>14</sup> (Section 4.1 discusses definitions and logic in more detail.)

For Table 5, the system counts users for each of the six separate service categories. An individual can be counted only once as a user for each service, even if he/she has multiple encounters.

The system does not count visits with primary providers whose RPMS provider code cannot be mapped to the BPHC UDS provider service categories toward column B. You can produce a detailed list of visits with uncategorized providers by running List UCP from the List menu option within the Manager Utilities (MU/LST/UCP) (see section 5.1 User List Definitions).

**Table 5 Logic:** RPMS UDS reviews every visit previously tabled in Visit List 2 (see section 4.1.1 RPMS UDS Logic Example). Based on the PRIMARY PROVIDER discipline code, the visit is tabled according to the RPMS UDS to BPHC UDS Mapping logic (see Appendix C: RPMS Provider Codes Mapping to UDS Service Category for Table 5). E.g., a visit with primary provider code 70 Cardiologist is counted toward Line 7 Other Specialist Physicians. If the primary provider discipline code does not fit into any of the BPHC categories, a separate line at the bottom of the report is listed with the number of visits that did not map to a category.

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<sup>13</sup> Draft BPHC UDS Manual, 2006 Revision, p. 5.

<sup>14</sup> Draft BPHC UDS Manual, 2006 Revision, p. 8.

SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 1	
UDS No.	000001	Date Run:	Dec 11, 2006	
Reporting Period: Jan 01, 2006 through Dec 31, 2006				
TABLE 5 - STAFFING AND UTILIZATION				
PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	ENCOUNTERS (b)	USERS (c)
1.	Family Practitioners		3,462	*****
2.	General Practitioners		75,585	*****
3.	Internists		1,613	*****
4.	Obstetrician/Gynecologists		8,354	*****
5.	Pediatricians		1,083	*****
7.	Other Specialist Physicians		4,267	*****
8.	TOTAL PHYSICIANS (Total Lines 1 through 7)		94,364	*****
9A.	Nurse Practitioners		22,036	*****
9B.	Physician Assistants		6,974	*****
10.	Certified Nurse Midwives		8,404	*****
11.	Nurses		16,901	*****
12.	Other Medical Personnel		*****	*****
13.	Laboratory Personnel		*****	*****
14.	X-Ray Personnel		*****	*****
15.	TOTAL MEDICAL CARE SERVICES (TOTAL LINES 8 THROUGH 14)		148,679	34,268
16.	Dentists		11,450	*****
17.	Dental Hygienists		0	*****
18.	Dental Assistants, Aides, Technicians		*****	*****
19.	TOTAL DENTAL SERVICES (TOTAL LINES 16 THROUGH 18)		11,450	6,021

Figure 4-10: Sample RPMS UDS Table 5, page 1



SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 2	
UDS No.	000001	Date Run:	Dec 11, 2006	
Reporting Period: Jan 01, 2006 through Dec 31, 2006				
TABLE 5 - STAFFING AND UTILIZATION				
PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	ENCOUNTERS (b)	USERS (c)
20A.	Psychiatrists		1,181	*****
20B.	Other Licensed Mental Health Providers		2,418	*****
20C.	Other Mental Health Staff		0	*****
20.	MENTAL HEALTH SERVICES (TOTAL LINES 20A + 20B +20C)		3,599	863
21.	Substance Abuse Services		1,418	621
22.	Other professional services		14,459	7,271
23.	Pharmacy Personnel		*****	*****
24.	Case Managers		1	*****
25.	Education Specialists		0	*****
26.	Outreach Workers		*****	*****
27.	Transportation Staff		*****	*****
28.	Other Enabling Services		*****	*****
29.	TOTAL ENABLING SERVICES (TOTAL LINES 24 THROUGH 28)		1	1
29A.	Other Programs and Services		*****	*****
30.	Administrative Staff		*****	*****
31.	Facility Staff		*****	*****
32.	Patient services support staff		*****	*****
33.	TOTAL ADMINISTRATION AND FACILITY (TOTAL LINES 30+31+32)		*****	*****
34.	GRAND TOTAL: (TOTAL LINES (15+19+20+21+22+23+29+29A+33)		179,606	*****
869 encounters did not fit into any of the above categories				

Figure 4-11: Sample RPMS UDS Table 5, page 2

#### 4.2.4 Table 6 Selected Diagnoses and Services Rendered

Table 6 reports the number of encounters and users for 23 selected diagnoses and 14 services rendered, e.g., lab tests, mammograms. The system reports encounters where the requested diagnosis is the **primary** diagnosis only. For services, all requested

diagnostic or procedure codes are counted, even when more than one test or preventive service was documented during the same encounter. For example, if an HIV test and a pap smear were conducted during the same visit, each would be counted in the appropriate report line. Additionally for services only, tests or services found on both completed and “orphan” visits (encounters) are counted

Table 6 does not reflect the full range of diagnoses and services offered by a BPHC grantee facility, but rather those that are prevalent among BPHC users and/or are considered key indicators.

**Diagnoses Include:**

HIV (symptomatic and asymptomatic)	Exposure to heat or cold
Tuberculosis	Otitis media and Eustachian tube disorders
Syphilis and other venereal diseases	Selected perinatal medical conditions
Asthma	Lack of expected normal physiological development
Chronic bronchitis and emphysema	Alcohol and other substance related disorders
Abnormal breast and cervical findings (female)	Depression and other mood disorders
Diabetes mellitus	Anxiety disorders including PTSD
Heart disease (selected)	Attention deficit and disruptive behavior disorders
Hypertension	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)
Contact dermatitis and other eczema	
Dehydration	

**Services Include:**

- HIV tests
- Mammogram
- Pap smear
- Selected immunizations
- Contraceptive management
- Health supervision of infant or child (age 0 through 11)
- Dental
  - Emergency Services
  - Oral Exams
  - Prophylaxis – adult or child
  - Sealants
  - Fluoride Treatment
    - Restorative Services
    - Oral Surgery (Extractions Only)
    - Rehabilitative Services (Endo, Perio, Prostho, Ortho)

**Logic for Diagnoses**

For the 23 diagnostic categories (Table 6 Lines 1-20d), BPHC has identified specific ICD-9 codes. See Figure 4-12 for list of BPHC-defined diagnosis codes. RPMS UDS searches the **primary** POV field in visits listed in VISIT LIST 4 for the codes listed below (see section 4.1.1 RPMS UDS Logic Example). For column A (Number of Encounters), counts the total number of encounters (visits) during the calendar year with a **primary** diagnosis (POV) matching the BPHC-defined codes for each diagnosis. For Column B (Users), count each user (patient) who had at least one visit during the calendar year where the primary diagnosis matches the BPHC description; users are counted only once in each diagnostic category, even if they had multiple visits with the same primary diagnosis.

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM Code(s)
<b>Selected Infectious and Parasitic Diseases</b>		
1	Symptomatic HIV	042.xx
2	Asymptomatic HIV	V08
3	Tuberculosis	010.xx – 018.xx
4	Syphilis and other venereal diseases	090.xx – 099.xx
<b>Selected Diseases of the Respiratory System</b>		
5	Asthma	493.xx
6	Chronic bronchitis and emphysema	490.xx – 492.xx, 496.xx
<b>Selected Other Medical Conditions</b>		
7	Abnormal breast findings, female	174.xx, 198.81, 233.0x, 793.8x
8	Abnormal cervical findings	180.xx, 198.82, 233.1x, 795.0x
9	Diabetes mellitus	250.xx, 775.1x, 790.2
10	Heart disease (selected)	391.xx – 392.0x, 410.xx – 429.xx
11	Hypertension	401.xx – 405.xx
12	Contact dermatitis and other eczema	692.xx
13	Dehydration	276.5x
14	Exposure to heat or cold	991.xx – 992.xx
<b>Selected Childhood Conditions</b>		
15	Otitis media and Eustachian tube disorders	381.xx – 382.xx
16	Selected perinatal medical conditions	770.xx 771.xx, 773.xx, 774.xx – 779.xx (excluding 779.3x)

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM Code(s)
17	Lack of expected normal physiological development—does not include sexual or mental development, nutritional deficiencies	260.xx – 269.xx, 779.3x, 783.3x – 783.4x
18	Alcohol related disorders	291.xx, 303.xx, 305.0x, 357.5x
19	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x, 304.xx, 305.2x – 305.9x, 357.6x, 648.3x
20a	Depression and other mood disorders	296.xx, 300.4, 301.13, 311.xx
20b	Anxiety disorders including PTSD	300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3, 309.81
20c	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx
20d	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 300.4, 301.13) 306.xx – 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)

Figure 4-12: BPHC Diagnosis Codes for Table 6<sup>15</sup>

**Warning:** If the link to pass data from the Behavioral Health System to PCC is set to the “off” position at your facility, then none of your behavioral data will be included in the UDS reports. If you want this data to be included and counted in the UDS, you must have this link set to the “on” position.

Facilities can also identify other logic to meet service category definitions. RPMS UDS has expanded the logic for Line 1, Symptomatic HIV, as shown below.

Diagnostic Category	RPMS Logic
Symptomatic HIV	<b>V POV:</b> 042.xx (BPHC-defined) <b>V POV:</b> 042.

### Logic for Diagnostic Tests, Screening and Preventive Services

For column A (Number of Encounters), count the total number of encounters (visits) from Visit Table 2 for the specific listed tests/screening/preventive services. In addition, counts any flagged “orphan” visits from Visit Table 1 with specified services (i.e. visits do not require a primary provider and POV). Services should be those provided at the facility, *not* any off-site services (e.g., immunizations done at the Costco); this is ensured by appropriate selection of Location codes in the Site Setup.

<sup>15</sup> Draft BPHC UDS Manual, 2006 Revision, pp. 49-50.

For column B (Number of Users), count each user (patient) who had at least one visit during the calendar year for the specified tests/screening. If the patient had two or more different tests during the same visit, the patient would count once for *each* separate test/screening/service. For service categories, BPHC identifies CPT, ICD-9, and ADA codes. See Figure 4-13, which follows, for BPHC-defined codes.

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM OR CPT-4 Coed(s)
<b>Selected Diagnostic Tests/Screening/Preventive Services</b>		
21	HIV test	<b>CPT-4:</b> 86689, 86701-86703, 87390-87391
22	Mammogram	<b>CPT-4:</b> 76090-76092 <b>ICD-9:</b> V76.11, V76.12
23	Pap Smear	<b>CPT-4:</b> 88141-88155, 88164-88167 <b>ICD-9:</b> V72.3, V72.31, V76.2
24	Selected Immunizations	<b>CPT-4:</b> 90633-90634, 90645-90648, 90657-90660, 90669, 90700-90702, 90704-90716, 90718, 90720-90723, 90743-90744, 90748
25	Contraceptive Management	<b>ICD-9:</b> V25.xx
26	Health Supervision of infant or child (ages 0 through 11)	<b>CPT-4:</b> 99391-99393, 99381-99383, 99431-99433 <b>ICD-9:</b> V20.xx, V29.xx
27	I. Emergency Services	<b>ADA:</b> 9110
28	II. Oral Exams	<b>ADA:</b> 0120, 0140, 0150, 0160, 0170, 0180
29	Prophylaxis – adult or child	<b>ADA:</b> 1110, 1120, 1201, 1205
30	Sealants	<b>ADA:</b> 1351
31	Fluoride Treatment	<b>ADA:</b> 1201, 1203, 1204, 1205
32	III. Restorative Services	<b>ADA:</b> 21xx, 23xx, 27xx
33	IV. Oral Surgery	<b>ADA:</b> 7111, 7140, 7210, 7220, 7230, 7240, 7241, 7250, 7260, 7261, 7270, 7272, 7280
34	V. Rehabilitative Services	<b>ADA:</b> 3xxx, 4xxx, 5xxx, 6xxx, 8xxx

Figure 4-13: BPHC Codes for Tests and Preventive Services, Table 6<sup>16</sup>

Facilities can also identify other logic to meet service category definitions. RPMS UDS uses both LOINC codes as well as two site-populated taxonomies to define lab tests for HIV tests and Pap smears (Lines 21 and 23) (see section 3.2.1 Taxonomy Setup for more detailed explanation of how to use taxonomies). BGP HIV TEST TAX and BGP PAP SMEAR TAX from CRS software will be distributed with the UDS software. If these taxonomies already exist on the site RPMS, UDS will NOT

<sup>16</sup> Draft BPHC UDS Manual, 2006 Revision, p. 51.

replace the existing taxonomies, as they may already be populated. However, it is strongly recommended you review the taxonomy with your lab staff to see if any new tests should be added to the taxonomy. Sites not running the CRS software will have to populate these two taxonomies for UDS.

RPMS UDS has expanded the logic for each test/service category as defined in the table below.

Test/Service	RPMS Logic
HIV TEST:	<b>V LAB:</b> any lab test contained in site-populated BGP HIV TEST TAX lab taxonomy. <b>V CPT:</b> CPT code 86689; 86701-86703; 87390-87391 (BPHC-defined). <b>V CPT:</b> CPT code 87534-87539. <b>V LAB:</b> any lab test with a LOINC code found in the BGP HIV TEST LOINC CODES.
MAMMOGRAM:	<b>V RADIOLOGY:</b> CPT codes 76090, 76091, 76092 (BPHC-defined). <b>V CPT:</b> CPT codes 76090, 76091, 76092 (BPHC-defined). <b>V CPT:</b> CPT codes G0202, G0204, G0206. <b>V POV:</b> ICD V76.11, V76.12 (BPHC-defined). <b>V PROCEDURE:</b> ICD 87.36, 87.37. <b>Women's Health:</b> Any procedure called SCREENING MAMMOGRAM, MAMMOGRAM DX BILAT, or MAMMOGRAM DX UNILAT.
PAP SMEAR:	<b>V LAB:</b> any lab test contained in site-populated BGP GPRA PAP SMEAR TAX lab taxonomy, any test called PAP SMEAR, or LOINC taxonomy BGP PAP LOINC CODES.. <b>V CPT:</b> CPT codes 88141-88155; 88164-88167 (BPHC-defined). <b>V CPT:</b> 88160, 88161, 88162, 88174, 88175, Q0091. <b>V POV:</b> ICD V72.3, V72.31, V76.2 (BPHC-defined) <b>V POV:</b> ICD V72.32, V76.47, V76.49. <b>V PROCEDURE:</b> ICD 91.46.
SELECTED IMMUNIZATIONS	<b>V CPT:</b> 90633-90634, 90645-90648; 90657-90660; 90669; 90700-90702; 90704-90716; 90718; 90720-90723, 90743-90744; 90748 (BPHC-defined) <b>V IMMUNIZATION:</b> CVX codes 48 ACTHIB; 28 DT PED; 20 DTaP; 110 DTaP-HepB-IPV; 50 DTaP-Hib; 1 DTP; 22 DTP-HIB; 115 TDAP; 83 HEP A PED; 84 HEP A PED; 43 HEP B ADLT; 51 HepB-Hib; 46 HIB; 47 HIBTITER; 8 HPE B PED; ; 15 INFLUENZA PED; 10 IPV; 5 MEASLES; 3 MMR; 94 MMRV; 4 MR; 7 MUMPS; 2 OPV; 49 PEDVAXHIB; 100 PNEUMO PED; 6 RUBELLA; 9 Td-ADULT; 21 VARICELLA; 111 INTRANASAL INFLUENZA
CONTRACEPTIVE MANAGEMENT	<b>V POV:</b> V25.xx (BPHC-defined)
HEALTH SUPERVISION OF INFANT OR CHILD (0-11)	For any visit for users aged 0-11 as of June 30: <b>Clinic code:</b> 24 Well Child or 57 EPSDT <b>V POV:</b> primary or secondary diagnoses, V20.xx or V29.xx (BPHC-defined) <b>V CPT:</b> 99381 – 99383, 99391 – 99393, 99431 – 99433 (BPHC-defined)

Figures 14 through 18 (which follow) show a sample RPMS UDS Table 6 report.

SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 1
UDS No.	000001	Date Run: Dec 11, 2006	
Reporting Period:	Jan 01, 2006 through Dec 31, 2006		
TABLE 6- SELECTED DIAGNOSES AND SERVICES RENDERED			
DIAGNOSTIC CATEGORY	Applicable icd-9-cm code	Number of Encounters by prim dx (a)	# of Users w/this prim Diagnosis (b)
SELECTED INFECTIOUS AND PARASITIC DISEASES			
1. Symptomatic HIV	042.,042.xx	17	9
2. Asymptomatic HIV	V08	0	0
3. Tuberculosis	010.xx-018.xx	5	5
4. Syphilis and other venereal diseases	090.xx-099.xx	57	45
SELECTED DISEASES OF THE RESPIRATORY SYSTEM			
5. Asthma	493.xx	2,341	1,444
6. Chronic bronchitis and emphysema	490.xx-492.xx 496.xx	2,304	1,616
SELECTED OTHER MEDICAL CONDITIONS			
7. Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8x	154	56
8. Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	903	605
9. Diabetes mellitus	250.xx; 775.1x 790.2	12,487	2,558
10. Heart disease (selected)	391.xx-392.0x 410.xx-429.xx	2,146	967
11. Hypertension	401.xx-405.xx	6,440	2,797
12. Contact dermatitis and other eczema	692.xx	1,335	1,143
13. Dehydration	276.5x	149	129

Figure 4-14: Sample RPMS UDS Report for Table 6, Page 1

SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 2	
UDS No.	000001	Date Run: Dec 11, 2006		
Reporting Period:	Jan 01, 2006 through Dec 31, 2006			
TABLE 6- SELECTED DIAGNOSES AND SERVICES RENDERED				
DIAGNOSTIC CATEGORY		Applicable icd-9-cm code	Number of Encounters by prim dx (a)	# of Users w/this prim Diagnosis (b)
14.	Exposure to heat or cold	991.xx-992.xx	21	20
SELECTED CHILDHOOD CONDITIONS				
15.	Otitis Media and other eustachian tube disorders	381.xx-382.xx	5,847	3,846
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx 774.xx-779.xx excluding 779.3x	280	181
17.	Lack of expected normal physical development...	260.xx-269.xx; 779.3x 783.3x-783.4x	164	57
SELECTED MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS				
18.	Alcohol related disorders	291.xx; 303.xx; 305.0x, 357.5x	199	113
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x-292.8x 304.xx, 305.2x-305.9x 357.6x, 648.3x	153	101
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx	3,561	964
20b.	Anxiety disorders including PTSD	300.0x, 300.21, 300.22 300.23, 300.29, 300.3 308.3, 309.81	980	400
20c.	Attention Deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx	638	182

Figure 4-15: Sample RPMS UDS Report for Table 6, Page 2



SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 3
UDS No.	000001	Date Run:	Dec 11, 2006
Reporting Period:	Jan 01, 2006 through Dec 31, 2006		
TABLE 6-			
SELECTED DIAGNOSES AND SERVICES RENDERED			
-----			
	Applicable icd-9-cm code	Number of Encounters by prim dx (a)	# of Users w/this prim Diagnosis (b)
DIAGNOSTIC CATEGORY			
-----			
	290.xx		
	293.xx - 302.xx		
	(excluding 296.xx		
	300.0x, 300.21, 300.22		
20d. Other mental disorders,	300.23, 300.29, 300.3,		
excluding drug or alcohol	300.4, 301.13);		
dependence	306.xx-319.xx excluding 308.3,		
(includes mental retardation)	(309.81, 311.xx, 312.8x		
	312.9x, 313.81,		
	314.xx	906	443

Figure 4-16: Sample RPMS UDS Report for Table 6, Page 3

SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 4
UDS No.	000001	Date Run: Dec 11, 2006	
Reporting Period:	Jan 01, 2006 through Dec 31, 2006		
TABLE 6-			
SELECTED DIAGNOSES AND SERVICES RENDERED			
-----			
	Applicable icd-9-cm or CPT-4 codes	Number of Encounters	# of Users
SERVICE CATEGORY		(a)	(b)
-----			
SELECTED DIAGNOSTIC TESTS/SCREENING/PREVENTIVE SERVICES			
21. HIV Test	CPT-4: 86689; 86701-86703 87390-87391; 87534-87539 LOINC & site- defined taxonomies	1,042	1,004
22. Mammogram	CPT-4: 76090-76092, G0202, G0204, G0206 ICD-9: V76.11, V76.12 VProc 87.36-.37 WH Screening Mammogram WH Mammogram DX Bilat WH Mammogram DX Unilat	1,377	982
23. Pap Smear	CPT-4: 88141-88155, 88164-88167 88160-88162, 88174, 88175, Q0091 ICD-9: V72.3, V72.31, V76.2, V72.32, V76.47, V76.49; VLab Pap Smear; WH Pap Smear; VProc 91.46; LOINC & site defined taxonomies	5,632	4,628
24. Selected immunizations	CPT-4: 90633-90634 90645-90648, 90657-90660 90669, 90700-90702 90704-90716, 90718 90720-90723 90743-90744, 90748 CVX: 83-84, 46-49, 15, 111, 100, 20, 01, 28 02-07, 09-10, 21, 94, 115 22, 50, 110, 43 08, 51	5,128	3,988
25. Contraceptive Management	ICD-9: V25.xx	4,422	2,424
26. Health supervision of infant or child (ages 0 - 11)	Clinic code 24, 57; ICD-9: V20.xx; V29.xx CPT-4: 99391-99393; 99381-83; 99431-33	4,260	1,775

Figure 4-17: Sample RPMS UDS Report for Table 6, Page 4

SK	UDS 2006	DEMO INDIAN HOSPITAL	Page 5	
UDS No.	000001	Date Run: Dec 11, 2006		
Reporting Period: Jan 01, 2006 through Dec 31, 2006				
TABLE 6- SELECTED DIAGNOSES AND SERVICES RENDERED				
		Applicable icd-9-cm or CPT-4 codes	Number of Encounters	# of Users
SERVICE CATEGORY			(a)	(b)
-----				
SELECTED DENTAL SERVICES				
27.	I. Emergency Services	ADA: 9110	223	214
28.	II. Oral Exams	ADA: 0120, 0140, 0150 0160, 0170, 0180	6,929	5,218
29.	Prophylaxis - adult or child	ADA: 1110, 1120, 1201, 1205	560	541
30.	Sealants	ADA: 1351	469	407
31.	Fluoride treatment	ADA: 1201, 1203, 1204 1205, ICD-9 V07.31	1,086	923
32.	III. Restorative Services	ADA: 21xx, 23xx, 27xx	1,653	1,204
33.	IV. Oral Surgery	ADA: 7111, 7140, 7210, 7220 7230, 7240, 7241, 7250, 7260, 7261 7270, 7272, 7280	1,594	1,452
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: 3xxx, 4xxx, 5xxx 6xxx, 8xxx	1,881	1,337

Figure 4-18: Sample RPMS UDS Report for Table 6, Page 5

## 4.3 How to Run Reports

**Note:** Before any reports are run, the System Manager must identify all visit locations that should be counted toward your site's UDS reporting in the Site Parameters Setup. Your report will have no values if no locations are defined. (See section 2.3.2 Definition of Encounters (Visits) to identify all visit locations that are eligible.)

To begin:

1. From the UDS 2006 Main Menu, type **REP** at the "Select UDS 2006 Option:" prompt.

```

*****
**      RPMS UNIFORM DATA SYSTEM (UDS)      **
**              2006                          **
*****
                DEMO INDIAN HOSPITAL
                Version 2.0

REP      Reports ...
MU       Manager Utilities ...

Select UDS 2006 Option: REP Reports

```

Figure 4-19: UDS 2006 Main Menu

- The UDS 2006 Reports menu displays (Figure 4-20).

```

*****
**      RPMS UNIFORM DATA SYSTEM (UDS)      **
**              2006 Reports                  **
*****
                DEMO INDIAN HOSPITAL
                Version 2.0

Z      Center/Grantee Profile:  User/Patient by Zip Code
3A     Table 3A: Users by Age and Gender
3B     Table 3B: Users by Race/Ethnicity&Linguistic Pref
ST     Table 5 (a): Staffing List only (column A)
5      Table 5 (b&c): Staffing and Utilization (cols b&c)
6      Table 6: Selected Diagnoses and Services Rendered
M      Multiple/ALL UDS Tables

Select Reports Option:

```

Figure 4-20: RPMS UDS 2006 Reports Menu

- Type the number or letter corresponding to the Table that you want to run a report for at the “Select Reports Option:” prompt.

4. A description of the report you have requested displays (Figure 4-21).

```

                                DEMO INDIAN HOSPITAL
                                UDS 2006

UDS searches your database to find all visits (encounters) and related users
during the time period selected. Based on the UDS definition, to be
considered
a user the patient must have had at least one visit meeting the following
criteria:
- must be to a location specified in your visit location setup
- must be to Service Category Ambulatory (A), Hospitalization (H), Day
  Surgery (S), Observation (O), Nursing home visit (R), Historical
  Event (E) visit or In-Hospital (I) visit
- must NOT have an excluded clinic code (see User Manual for a list)
- must have a primary provider and a coded purpose of visit

TABLE 5 (b&c):  STAFFING AND UTILIZATION
This report will produce UDS Table 5 that itemizes encounters and users
(columns b and c only) by primary provider discipline.

```

Figure 4-21: Running UDS Reports, steps 3-4, selecting one report

5. If you select the M Multiple/ALL UDS Tables option, a second menu of report choices displays. Type the numbers of the reports you want to run at the “Include Which Tables” prompt, separated by commas or hyphens. E.g., to select Tables 1, 3 and 4, type 1, 3-4 with no spaces between entries.

```

UDS Table Selection

1  Center/Grantee Profile:  User/Patient by Zip Code
2  Table 3A: Users by Age and Gender
3  Table 3B: Users by Race/Ethnicity & Linguistic Pref
4  Table 5 col b&c: Staffing and Utilization (columns b & c)
5  Table 6: Selected Diagnoses and Services Rendered
6  Staff List for Table 5 col a
7  ALL Tables
Include which Tables:  (1-7): 1// 1,3-4

```

Figure 4-22: Running UDS Reports, step 5, selecting multiple reports

6. Enter your site name at the “Enter your site:” prompt.
7. The system will check to see if all taxonomies are present and will display a message. If all taxonomies are present, press the Enter key to continue. If all taxonomies are not present and you want to cancel the report, press the “^” key and then follow the steps in section 3.2.1 to edit the taxonomies.
8. Enter the calendar year for the report, e.g., 2006.
9. Type in the number corresponding to the time period (quarter or full year) for the report.

10. Type in the name of the printer or electronic file to which you want the report to print.

```
Enter your site: DEMO INDIAN HOSPITAL

Checking for Taxonomies to support the 2006 UDS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:

Enter the Calendar Year.  Use a 4 digit year, e.g. 2003, 2006
Enter Calendar Year:  2006  (2006)

    Select one of the following:

        1          1st Quarter (January 1 - March 31)
        2          2nd Quarter (April 1 - June 30)
        3          3rd Quarter (July 1 - September 30)
        4          4th Quarter (October 1 - December 31)
        F          Full Calendar Year (January 1 - December 31)

Choose the time period to report on: F// 1st Quarter (January 1 - March 31)

Your report will be run for the time period: Jan 01, 2006 to Mar 31, 2006

DEVICE: HOME//    VT    Right Margin: 80//
```

Figure 4-23: Running UDS Reports, steps 6-10, selecting the Time Period

## 5.0 User (Patient) Lists

For each report, RPMS UDS can also produce a corresponding list of users (patients) and encounters (visits) that are counted in the report. These lists can be used by a site to verify data for accuracy and to use as report backup for an auditor. Lists include:

- User (Patient) List with patients' zip codes
- User (Patient) List with age, gender, ethnicity and visit information, used with Tables 3A and 3B
- Provider/Staff List categorized by UDS primary provider type, used with Table 5, column A (FTEs)
- User (Patient) List categorized by primary provider type, used with Table 5, columns B (Encounters) and C (Users)
- User (Patient) List of visits for patients to whom the provider was uncategorized (i.e. did not map to the BPHC-defined categories), used with Table 5, columns B (Encounters) and C (Users)
- User (Patient) List categorized by selected diagnoses (primary POV) and other services, used with Table 6

The Visits with Uncategorized Primary Providers list report produces a list of visits that are *not* counted toward Table 5 column B (Encounters), allowing sites to re-categorize the provider code, if necessary.

User Lists are run from the Manager Utilities menu option. Because user lists may be hundreds or even thousands of pages long, depending on the size of a site's patient population, the menu options are "hidden" where casual users will not run them by accident.

**Note:** It is strongly recommended that Patient Lists be printed to an electronic file since they may be hundreds or thousands of pages long.

### 5.1 User List Definitions

#### **ZIP All Users w/Visits by Zip (Center/Grantee Profile)**

This reports lists all patients who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by zip code, community, gender, and name, this report lists all patients that fit the definition.

#### **USV All Users W/ Visits, By Age, Gender & Race (Tables 3A and 3B)**

This report lists all patients who have at least one visit for the specified time period that meets the visit definition criteria. Sorted by community, age, and gender, this report lists all visits that fit the definition. Age is calculated as of June 30<sup>th</sup> of the report year.

**PROV Provider/Staff List (Table 5 column A)**

This report provides a list of all providers and other facility staff who are documented in RPMS, categorized by BPHC-UDS-defined service categories. Use this list to manually calculate FTEs for each staff category to document in Table 5 column A (FTEs).

**SER All Users By Service Category (Table 5, columns B and C)**

This report lists all patients and related eligible visits, categorized by BPHC UDS-defined service categories (primary provider code) and sorted by community, age, and gender. See Appendix C: RPMS Provider Codes Mapping to UDS Service Category for Table 5 for how UDS disciplines are mapped to RPMS provider codes.

**UCP Visits w/Uncategorized Primary Provider (Table 5, columns B and C)**

This report lists all visits that are *not* counted toward Table 5 because the primary provider code could not be categorized into one of the UDS-defined service categories. See Appendix C: RPMS Provider Codes Mapping to UDS Service Category for Table 5 for details of how RPMS provider codes are mapped to UDS service categories.

**DIAG All Users by Primary Diagnosis (Table 6)**

This report lists all patients and related eligible visits, categorized by specific BPHC UDS-defined primary diagnoses or tests/screenings, and sorted by community, age, and gender.

## 5.2 How to Run User Lists

RPMS UDS will produce *both* the summary Table Report and the corresponding User List. This will enable software users to directly compare summary results with the RPMS data that is current at the time the report is run.

1. From the main RPMS UDS 2006 main menu, type **MU** (Manager Utilities).
2. From the Manager Utilities menu, type **LST** at the “Select Manager Utilities Option” prompt.

```

*****
**  RPMS UNIFORM DATA SYSTEM (UDS)  **
**          2006 Manager Utilities      **
*****
          DEMO INDIAN HOSPITAL
          Version 2.0

SET      Update/Review Site Parameters
LST      User (Patient) and Provider Lists ...
TAX      Update Taxonomies for Use with UDS 2006

Select Manager Utilities Option: LST  User (Patient) and Provider Lists ...

```

Figure 5-1: Manager Utilities menu



- The User List options are displayed. Type the letters corresponding to the individual User List you want to produce, or type **M** to select more than one list.

```

*****
**  RPMS UNIFORM DATA SYSTEM (UDS)  **
**          2006 User Lists          **
*****

          DEMO INDIAN HOSPITAL
          Version 2.0

ZIP    All Users w/Visits by Zip (Center/Grantee Profile)
USV    All Users w/Visits, by Age, Gender, Race (3A & 3B)
PROV   Provider/Staff List (Table 5 col A)
SER    All Users by Service Category (Table 5 col B&C)
UCP    Visits w/Uncategorized Primary Prov (Table 5 B&C)
DIAG   All Users by Selected Primary Diagnosis (Table 6)
M      Multiple/ALL Lists

Select User (Patient) and Provider Lists Option:

```

Figure 5-2: User List menu

- A message is displayed (Figure 5-4) advising you that the list may be very long and that it is best to print the list to a file. Press the Enter key to continue.
- A User List description and definition displays (Figure 5-4).
- If you selected M Multiple/All Lists, another list will be displayed (Figure 5-3). Type in the numbers corresponding to the User Lists you want to produce, using commas or hyphens to separate the entries. For example,, to select Lists 1, 2, 3 and 5, type 1-3,5.

**Note:** Do NOT use spaces between entries.

```

UDS User List Selection

1  Center/Grantee Profile:  User/Patient by Zip Code
2  Users by Age, Gender, Race (Tables 3A & 3B)
3  All users by Service Category (Table 5 col B&C)
4  Provider/Staff List (Table 5 col A)
5  All visits with Uncategorized Providers (Table 5)
6  All Users by Selected Primary Diagnosis (Table 6)
7  ALL Tables

Include which Lists:  (1-7): 1// 1-3,5

```

Figure 5-3: Selecting Multiple User Lists

- Enter your site name at the “Enter your site:” prompt.

Select User (Patient) and Provider Lists Option: USV All Users w/Visits, by Age, Gender, Race (3A & 3B)

DEMO INDIAN HOSPITAL  
UDS 2006

NOTE: User lists may be hundreds of pages long, depending on the size of your patient population. It is recommended that you run these reports at night and print to an electronic file, not directly to a printer.

Press Enter to Continue:

The User List option documents the individual users (patients) and encounters (visits) that are counted and summarized on each Table report (main menu option REP). The summary Table report is included at the beginning of each List report.

UDS searches your database to find all visits (encounters) and related users during the time period selected. Based on the UDS definition, to be considered a user the patient must have had at least one visit meeting the following criteria:

- must be to a location specified in your visit location setup
- must be to Service Category Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing home visit (R), Historical Event (E) visit or In-Hospital (I) visit
- must NOT have an excluded clinic code (see User Manual for a list)
- must have a primary provider and a coded purpose of visit

ALL USERS BY AGE, GENDER & RACE (Tables 3A and 3B)

This report lists all patients who have at least on visit for the specified time period that meet the above criteria. Sorted by community, age and gender. Lists all visits that fit the definition. Age is calculated as of June 30th of the report year.

Enter your site:

Figure 5-4: User List, Steps 3-7

8. The system will check to see if all taxonomies are present and will display a message. If all taxonomies are present, press the Enter key to continue. If all taxonomies are not present and you want to cancel the report, press the “^” key and then follow the steps in section 3.2.1 to edit the taxonomies.
9. Type the Calendar Year at the “Enter Calendar Year:” prompt.
10. Type the number or letter corresponding to the time period for the report (quarters or full calendar year) at the “Choose the time period to report on:” prompt.
11. RPMS UDS will provide a final reminder that the reports may take time to run and include several hundred pages. To exit from the menu now, type **Y** (Yes) at the “Do You Want to Exit This Program Now?” prompt. To proceed with the report, Enter or type **N** (No).
12. Type in the name of the printer or electronic file at the “Device:” prompt.

**Note:** It is recommended that User Lists be printed to electronic files, as they may be several hundred or thousands of pages long, depending on the size of the facility's patient population.

```
Checking for Taxonomies to support the UDS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:

Enter the Calendar Year.  Use a 4 digit year, e.g. 2003, 2006
Enter Calendar Year:  2006  (2006)

    Select one of the following:

        1          1st Quarter (January 1 - March 31)
        2          2nd Quarter (April 1 - June 30)
        3          3rd Quarter (July 1 - September 30)
        4          4th Quarter (October 1 - December 31)
        F          Full Calendar Year (January 1 - December 31)

Choose the time period to report on: F// Full Calendar Year (January 1 -
December 31)

Your report will be run for the time period: Jan 01, 2006 to Dec 31, 2006

Depending on the size of your database, this report may take 2-4 hours to run
and produce user reports that are hundreds of pages long.  It is recommended
that these reports be run at night and printed to an electronic file, rather
than directly to a printer.

Do you want to exit this program now? N// O

DEVICE: HOME//    VT    Right Margin: 80//
```

Figure 5-5: User List, Steps 8-12

## 6.0 Glossary

Term	Definition
AI/AN	Abbreviation for American Indian and Alaska Natives.
ASUFAC Number	Area Service Unit Facility; a unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text with a user's name and domain.
CPT Codes	One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. UDS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
CRS	The Clinical Reporting System (CRS) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical performance measures from local RPMS databases.
CY	The abbreviation for calendar year, January through December.
Device	A device that either displays or prints information.

Term	Definition
Enter Key	Used interchangeably with the Return key. Press the <b>Enter</b> key to show the end of an entry such as a number or a word. Press the Enter key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Enter key without entering a response. This will take you back to the previous menu screen. The Enter key on some keyboards is shown as the Return Key. Whenever you see [ENT] or the Enter key, press the Enter or Return Key.
Entry Point	Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
FY	Abbreviation for fiscal year. The fiscal year for the federal government is October 1 through September 30.
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
Health Record Number (HRN)	Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification “ASUFAC” make a unique identifier within all of IHS.
ICD Codes	One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. UDS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Term	Definition
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.
I/T/U	Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to.
Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
Logic	The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.
LOINC	Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.
Mandatory	Required. A mandatory field is a field that must be completed before the system will allow you to continue.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word “Select” and followed by the word “option” as in Select Menu Management option: (the menu’s select prompt).
Mnemonic	A short cut that designated to access a particular party, name, or facility.

Term	Definition
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.
Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.
Performance Measure	Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in the strategic and/or performance plans of an organization. An example of a performance measure is: Maintain at the previous year's level the proportion of eligible women who have had a pap smear documented within the past three years.
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Receipt Dates	The date that the party received the information
Receiving Party	The person or organization that is receiving the information.
Return key	Press the Return key to show the end of an entry such as a number or a word. Press the Return key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Return key without entering a response. This will take you back to the previous menu screen. The Return key on some keyboards is shown as the Enter Key. Whenever you see [RET] or the Return key, press the Return or Enter Key.
Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
Sequential	Arranged in a particular order
Site Specific	Particular to a specific site
STAT	Immediately

Term	Definition
Tagged	Marked with a specific identifier
Taxonomy	Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much UDS logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, UDS uses taxonomies that can be populated by each individual facility with its own codes.
UCI	User Class Identification: a computing area.
Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.



## 7.0 Appendix A: Quick Reference Guide

Follow these steps to implement RPMS UDS Reporting System. The section numbers listed in parentheses refer to appropriate sections in the *RPMS UDS User Guide*.

1. Load software on your RPMS server.
2. To open the software on your computer, type UDS at your RPMS main menu prompt.
3. Review the BPHC definitions of “encounter” and determine which RPMS location codes should be included in your UDS reporting. Most locations probably should be included; examples of locations NOT to include are “Ambulance” and “Other”. (Sections 2.3.2 and 3.1.1)
4. Consult with lab staff to identify lab tests that need to be included in the HIV Test and the Pap Smear taxonomies. (Section 3.2)
5. Set your site parameters: Enter site name, UDS identification number, if known; and associated location codes (MU/ SET menu options). (Section 3.1)

**Note:** It is recommended that you use the “S Add All SU locations” option to add all locations associated with the site, and then delete those few that you don’t need.

6. Set up lab taxonomies for HIV Test and Pap Smear (MU/ TAX menu options). (Section 3.2.1)
7. Run the Staff List (Table 5) first (REP/ ST menu option). Review the list of providers and ensure that all staff is coded correctly. (Section **Error! Reference source not found.**)
8. Update your Provider file in RPMS if necessary. Rerun the Staff List (Table 5) report again to ensure correct coding.
9. Run the five Reports (REP menu option.) (Section 4.3)
10. Review the results to identify any RPMS data issues. If you think the summary reports are substantially inaccurate (e.g., total users or encounters are too low or too high), run and review associated User (Patient) lists (MU/ LST menu options) to verify that the correct site is selected, and that all appropriate locations have been identified in the Site Parameters file (MU/ SET menu options).

**Note:** Depending on the size of your RPMS database, User Lists may take 1-2 hours to run and may print out hundreds or thousands of pages. It is recommended to print the reports to an electronic file and to run the report overnight. (Section 5.0)

11. Update RPMS as needed.
12. Ensure that data entry has completed entering all visit data through December 31, prior to running final reports.
13. For final reports, run the Reports only (not the User Lists) (REP menu option). (Section 4.3)
14. To complete column A on Table 5, run the Staff List report and manually calculate your FTEs by BPHC-defined provider categories. (Section **Error! Reference source not found.**)
15. Manually enter your summary data from the RPMS UDS reports into your BPHC UDS software.

## 8.0 Appendix B: BPHC Service Category Definitions for Table 5

### Personnel by Major Service Category

Staff are distributed into categories that reflect the types of services they provide. Major service categories include: medical care services, dental services, mental health services, substance abuse services, other professional health services, pharmacy services, enabling services, other program related services staff, and administration and facility. Whenever possible, the contents of major service categories have been defined to be consistent with definitions used by Medicare. The following summarizes the personnel categories; a detailed list is in Appendix A.

- **Medical Care Services**

- **Physicians** - M.D.s and D.O.s, except psychiatrists, pathologists and radiologists
- **Nurse Practitioners**
- **Physician Assistants**
- **Certified Nurse Midwives**
- **Nurses** - registered nurses, licensed practical and vocational nurses, home health and visiting nurses, clinical nurse specialists, and public health nurses
- **Laboratory Personnel** - pathologists, medical technologists, laboratory technicians and assistants, phlebotomists
- **X-ray Personnel** - radiologists, X-ray technologists, and X-ray technicians
- **Other Medical Personnel** - medical assistants, nurses aides, and all other personnel providing services in conjunction with services provided by a physician, nurse practitioner, physician assistant, certified nurse midwife, or nurse

- **Dental Services**

- **Dentists** - general practitioners, oral surgeons, periodontists, and pedodontists
- **Dental Hygienists**
- **Other Dental Personnel** - dental assistants, aides, and technicians

- **Mental Health Services**

- **Psychiatrists**
- **Other licensed clinicians** - psychiatric nurses, psychiatric social workers, clinical psychologists, clinical social workers, and family therapists

- **Other individuals** providing counseling, treatment or support services related to mental health professionals
- **Substance Abuse Services** - Psychiatric nurses, psychiatric social workers, mental health nurses, clinical psychologists, clinical social workers, and family therapists and other individuals providing counseling and/or treatment services related to substance abuse.
- **All Other Professional Health Services** - Occupational and physical therapists, nutritionists, podiatrists, optometrists, naturopaths, acupuncturists, and other staff professionals providing health services. Note: WIC nutritionists and others working in WIC programs are now reported on Line 29a, Other Program Related Staff. (A more complete list is included in Appendix A.)
- **Pharmacy Services** - Pharmacists, pharmacist assistants and others supporting pharmaceutical services. Note that effective 2005, individuals spending all or most of their time in assisting in applying for free drugs from pharmaceutical companies are to be classified as “other enabling workers.”.
- **Enabling Services**
  - **Case Managers** - staff who provide services to aid patients in the management of their health and social needs, including assessment of patient medical and/or social services needs, and maintenance of referral, tracking and follow-up systems. Case managers may provide eligibility assistance, if performed in the context of other case management functions. Staff may include nurses, social workers and other professional staff.
  - **Education Specialists** - health educators, family planning, HIV specialists, and others who provide information about health conditions and guidance about appropriate use of health services that are not otherwise classified under outreach.
  - **Outreach Workers** - individuals conducting case finding, education or other services to identify potential clients and/or facilitate access/referral of clients to available services.
  - **Personnel Performing Other Enabling Service Activities** - all other staff performing services listed in Appendix B as enabling services, such as child care, eligibility assistance, referral for housing assistance, interpretation and translation.
- **Other Program Related Services Staff**

Some grantees, especially “umbrella agencies,” operate programs which, while within their scope of service, are not directly a part of their medical or social health services. These include WIC programs, job training programs, head start or early head start programs, shelters, housing programs, etc. The staff for these

programs are reported under Other Related Services. The cost of these programs are reported on Table 8A on line 12.

- **Administration and Facility**

- **Administration** - executive director, medical director, physicians or nurses with corporate (not clinical) administrative responsibilities, secretaries, fiscal and billing personnel, all other support staff and staff with administrative responsibilities.
- **Facility** - staff with facility support and maintenance responsibilities, including custodians, housekeeping staff, security staff, and other maintenance staff.
- **Patient Services Support Staff** - intake staff and medical/patient records.

**Note:** The Administration and Facility category for this report is more comprehensive than that used in some other program definitions and includes all personnel working in a BPHC supported program, whether or not that individual's salary was supported by the BPHC grant.

## 9.0 Appendix C: RPMS Provider Codes Mapping to UDS Service Category for Table 5

Line	Personnel by Major Service Category	IHS Provider Code	Column B
1	Family Practitioners	80 Family Practice	Y
2	General Practitioners	00 MD 18 Contract Physician 44 Tribal Physician 45 Osteopathic Medicine  15 Other AND must have Location Name beginning with "CHS" (e.g. CHS Office)	Y
3	Internists	71 Internal Medicine	Y
4	Obstetrician/Gynecologists	72 OB/GYN 41 Contract OB/GYN	Y
5	Pediatricians	75 Pediatrician	Y
7	Other Specialist Physicians	82 Anesthesiologist 70 Cardiologist 86 Dermatologist 68 Emergency Room Physician B2 Endocrinologist B1 Gastroenterologist A9 Hepatologist 64 Nephrologist 85 Neurologist B6 Neurosurgeon B4 Oncologist - Hematologist 79 Ophthalmologist 73 Orthopedist 74 Otolaryngology B5 Pulmonologist B3 Rheumatologist A1 Sports Medicine Physician 77 Surgeon 78 Urologist	Y
9a	Nurse Practitioners	21 Nurse Practitioner 16 Pediatric Nurse Practitioner	Y
9b	Physician Assistants	11 Physician Assistant	Y
10	Certified Nurse Midwives	17 Nurse Midwife	Y

<b>Line</b>	<b>Personnel by Major Service Category</b>	<b>IHS Provider Code</b>	<b>Column B</b>
11	Nurses	01 Clinic RN 32 Contract Public Health Nurse 05 Licensed Practical Nurse 13 Public Health Nurse 14 School Nurse	Y
12	Other Medical Personnel (providing services in conjunction with services provided by physician, nurse practitioner, PC, nurse, nurse midwife)	47 CRNA 38 EMT/Paramedic 03 Health Aide 20 Medical Student 22 Nurse Assistant 27 Student Nurse	
13	Laboratory Personnel	A2 Medical Technologist 23 Laboratory Technician 83 Pathologist	
14	X-ray personnel	76 Radiologist 59 X-ray Technician 87 Ultrasound Technician	
16	Dentists	52 Dentist 84 Pedorthist	Y
17	Dental Hygienists	46 Dental Hygienist	Y
18	Dental Assistants, Aides and Technicians	60 Dental Assistant 61 Dental Lab 54 Dental Assistant (prenatal)	
20a	Psychiatrists	49 Contract Psychiatrist 81 Psychiatrist	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
20b	Other Licensed Mental Health Providers  <b>Note:</b> for Columns B & C, count only encounters (visits) and associated users for listed Provider Codes <u>that do NOT have</u> POV 303.*, 304.*; 305.* (i.e., any visits/users who are <i>not</i> included in Line 21 definition below).	06 Medical Social Worker 12 Psychologist 19 Mental Health 50 Contract Psychologist 62 Licensed Medical Social Worker 63 Contract Social Worker 92 Psychotherapist 95 Mental Health (Master only) 96 Family Therapist A6 In School Therapist	Y
20c	Other Mental Health Staff  <b>Note:</b> for Columns B & C, count only encounters (visits) and associated users for listed Provider Codes <u>that do NOT have</u> POV 303.*, 304.*; 305.* (i.e., any visits/users who are <i>not</i> included in Line 21 definition below).	94 Mental Health (BA/BS only) A7 Domestic Violence Counselor	Y



Line	Personnel by Major Service Category	IHS Provider Code	Column B
21	Substance abuse services  <b>Note:</b> For Columns B & C, count only encounters (visits) and associated users for listed Provider Codes and POV 303.*, 304.*; 305.* <b>EXCEPT FOR PROVIDER CODE 48, which does not require a specific POV.</b>	48 Alcoholism/Sub Abuse Counselor  50 Contract Psychologist 63 Contract Social Worker A7 Domestic Violence Counselor 96 Family Therapist A6 In School Therapist 62 Licensed Medical Social Worker 06 Medical Social Worker 19 Mental Health 94 Mental Health (BA/BS only) 95 Mental Health (Master only) 12 Psychologist 92 Psychotherapist	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
22	Other Professional Services	A3 Naturopath Doctor A4 Naturopath Physician A5 Acupuncturist 28 Audiologist 89 Audiology Health Technician 43 Audiometric Technician 69 Chiropractor 24 Contract Optometrist 25 Contract Podiatrist 99 Dietetic Technician 29 Dietitian 55 Disease Control Program 02 Environmental Health 36 Eye Care Specialist 26 Inhalation Therapist 97 Nutrition Technician 07 Nutritionist 90 Occupational Therapist 31 Optometric Assistant 08 Optometrist 65 Optometry Student 51 Papago Nutrition Program 10 Physical Therapist 33 Podiatrist 39 Speech Therapist 58 Speech Ther-Discontinue 42 Speech/Language Path 93 Traditional Medicine Practitioner 34 Tribal/Contract Nutritionist	Y
23	Pharmacy personnel	67 Clinical Pharmacy Specialist 09 Pharmacist 30 Pharmacy Practitioners A8 Pharmacy Tech	
24	Case Managers	66 Case Managers	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
25	Health Educators	04 Health Educator 37 Family Planning Counselor	Y
26	Outreach workers	53 Community Health Representative 35 Outreach Workers	
27	Transportation staff	40 Ambulance Driver	
28	Personnel performing other enabling service activities	91 PHN Driver/Interpreter	
29A	Other Program Related Services Staff	None	
30	Administration staff	57 Administrative	
31	Facility staff	98 Food Service Supervisor	
32	Patient services support staff (e.g., medical records, intake)	88 Coding/Data Entry 56 Health Records	
	Unassigned	15 Other Any Other Provider Code not mapped above	

## 10.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

**Phone:** (505) 248-4371 or  
(888) 830-7280

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [ITSCHelp@mail.ihs.gov](mailto:ITSCHelp@mail.ihs.gov)