RESOURCE AND PATIENT MANAGEMENT SYSTEM

Uniform Data System (UDS) Reporting System for CY 2007 (BUD)

User Manual

Version 2.0 Patch 4
January 2008

PREFACE

This manual contains the user's guide for the RPMS Uniform Data System (UDS) Reporting System for calendar year 2007.

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.

> **Note:** UDS reports are due to BPHC on or before February 15, 2008.

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/.

RULES OF BEHAVIOR

All RPMS users are required to observe HHS and IHS Rules of Behavior regarding patient privacy and the security of both patient information and IHS computers and networks. This document provides both RPMS and UDS Rules of Behavior.

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1.0   About This Manual

This manual provides user instructions for the RPMS UDS Reporting System for CY 2007. The chapters included in the manual cover these main system components:

1. System set up, including taxonomies and site parameters

2. Reports and patient lists, including descriptions of report logic used and sample output.

3. Relevant excerpts from the BPHC UDS Instruction Manual

1.1   Key Changes for Version 2.0 Patch 4

1.1.1   System Changes

- Patch Number Addition: Added patch number (4) to the version number that is displayed on all UDS menus.

- Menu Changes: See Table Name Changes section below.

1.1.2   Table Name Changes

To keep the table, column, and row names consistent with those used by BPHC, the table, column, and row names need to be revised as shown below. All table name changes need to be made to the reports and patient lists themselves and the UDS menus.

- Table Name Changes

  - **From:** Center/Grantee Profile, User/Patient by Zip Code
  - **To:**   Center/Grantee Profile, Patients by Zip Code
  - **From:** Table 3A – Users by Age and Gender
  - **To:**   Table 3A – Patients by Age and Gender
  - **From:** Table 3B – Users by Race/Ethnicity
  - **To:**   Table 3B – Patients by Ethnicity/Race/Language

- Column Changes

  - Center/Grantee Profile, Patients by Zip Code, Patients/Users Column
    - o **From:**   Patients/Users
    - o **To:** Patients

- Table 3A – Patients by Age and Gender, Male Users/Patients and Female Users/Patients Columns
  - o **From**: Male Users/Patients, Female Users/Patients
  - o **To**:Male Patients, Female Patients
- Table 3A – Patients by Age and Gender, Number of Users/Patients Row
  - o **From:** Number of Users/Patients
  - o **To:**   Number of Patients
- Table 3A – Patients by Age and Gender, Line 39
  - o **From:** Total Users/Patients
  - o **To:**   Total Patients
- Table 3B – Patients by Ethnicity/Race/Language, Number of Users/Patients **Rows**
  - o **From:** Number of Users/Patients
  - o **To:**   Number of Patients
- Table 3B – Patients by Ethnicity/Race/Language, Total Users/Patients Rows
  - o **From:** Total Users/Patients
  - o **To:**   Total Patients
- Table 3B – Patients by Ethnicity/Race/Language, Line 12
  - o **From:** Users/patients best served in a language other than English
  - o **To:**   Patients best served in a language other than English
- Table 5 – Staffing and Utilization, Column C
  - o From: Users
  - o To:Patients
- Table 6 – Selected Diagnoses and Services Rendered, Column B, Lines 1-20d
  - o **From:** # of Users w/this prim Diagnosis
  - o **To:**   # of Pts w/this prim dx
- Table 6 – Selected Diagnoses and Services Rendered, Column B, Lines 21-34
  - o **From:** # of Users
  - o **To:**   # of Pts

1.1.3   Changes Applicable to All Tables and Patient Lists

- RPMS Patient Definition

  - Excluded patients with a name of "PATIENT,DEMO" or "PATIENT,CRS" as these represent test patients.

  - Removed RPMS service category of Historical Event (E) as a valid service category when determining if a patient has at least one valid encounter.

- Added clinic code 12 Immunization as an excluded clinic code when determining if a patient has at least one valid encounter.

> **Note:** This may decrease the counts as compared to counts from last year, since last year the conditions were not included.

- RPMS Encounter Definition

  - Added RPMS service category of Historical Event (E) to be excluded for encounters included in Tables 5 and the Selected Diagnoses section (Lines 1-20d) of Table 6.
  - Added clinic code 12 Immunizations as an excluded clinic code for encounters included in Tables 5 and the Selected Diagnoses section (Lines 1-20d) of Table 6.

1.1.4   Center/Grantee Profile: Patients by Zip Code

On patient list, prefixed zip code value with an asterisk (e.g. *87015), which denotes these patients are reported in the Other Zip Codes category of the report.

1.1.5   Table 3B – Patients by Ethnicity/Race/Language

Split the table into three sections, as shown below.

- Patients by Hispanic/Latino Identity
- Patients by Race
- Patients by Language

1.1.6   Table 5 – Staffing and Utilization

- Revised list to display line number (e.g. Line 21 Substance Abuse Services) on all pages of the patient lists for (1) columns A, (2) B and C, and (3) uncategorized primary provider.
- Added new patient list for patients with multiple visits occurring on the same day within the same major service category that is reported on Table 5, column b.
- Added five new IHS provider codes and mapped them to the appropriate Major Service Category Group.
- Added Line 10a "Total Midlevel Practitioners," which sums the FTE for Nurse Practitioners (Line 9a), Physicians Assistants (Line 9b) and Certified Nurse Midwives (Line 10).
- Revised descriptions for Lines 15, 19, and 29.

- Added to Line 21 Substance Abuse Services, provider codes 49 Contract Psychiatrist and 81 Psychiatrist.

- In Line 22, revised name of provider code 26 from "Inhalation Therapist" to "Respiratory Therapist" to match the NPIRS Standard Code Book.

- Revised name of Line 25 from "Education Specialists" to "Patient and Community Education Specialists."

- Added Line 27a "Eligibility Assistance Workers."

- Revised name of Line 32 from "Patient Support Staff" to "Patient Services Support Staff" to match the UDS 2007 Manual.

- For Line 35, clarified logic is also including in visit with a primary provider code that is not included in the mapping table.

1.1.7   Table 6 – Selected Diagnoses and Services Rendered

- Revised list to display line number (e.g. Line 1 Symptomatic HIV) on all pages of the patient list.

- Line 1 Symptomatic HIV: Added ICD-9 079.53.

- Line 4: Renamed from "Syphilis and other venereal diseases" to "Syphilis and other sexually transmitted diseases."

- Line 9 Diabetes Mellitus: Deleted ICD-9 790.2.

- Line 17: Renamed title.

- Line 22 Mammogram: To BPHC definition, removed old codes 76090-76092 and added CPT codes 77055-77057 and to Other Codes to Check section, added 76090-76092 (as old codes) and 77058-77059.

- Line 23 Pap Smear: Added ICD-9 795.06 to Other Codes to Check section.

- Line 24 Selected Immunizations: Renamed title, revised in BPHC definition CPT range 90720-90723 to 90720-90721, 90723 and added CVX codes 16 and 113 to Other Codes to Check section.

- Line 28 Oral Exams: Added ADA code 0145 to BPHC definition.

- Line 29 Prophylaxis – Adult or Child: Removed ADA codes 1201 and 1205.

- Line 31: Renamed from "Fluoride Treatment" to "Fluoride Treatment – adult or child," from BPHC definition removed ADA codes 1201 and 1205, and to Other Codes to Check section, added codes 1201 and 1205 (as old codes) and 1206.

- Line 33: Renamed title.

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 13 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, Health Resources and Services Administration:

- Community Health Center, as defined in Section 330(e) of the Health Centers Consolidation Act as amended

- Migrant Health Center, as defined in Section 330(g) of the Act

- Health Care for the Homeless, as defined in Section 330(h) of the Act

- Public Housing Primary Care, as defined in Section 330(i) of the Act

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 grantees submit a core set of information annually that is appropriate for monitoring and evaluating performance and for reporting on annual trends. The 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 should report on the total unduplicated number of patients and activities within the scope of projects supported by any and all 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 13 reports required annually by BPHC grantees. These reports provide an overview of patients and visits (encounters) at a grantee facility, including number, age, gender, zip code of residence, and race/ethnicity of patients and number of visits by provider type and by key diagnoses and services. The system produces the following reports:

- Center/Grantee Profile: Patients by Zip Code

- Table 3A Patients by Age and Gender

- Table 3B Patients by Ethnicity/Race/Language

- 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:

- Patient list by zip code, used in the Center/Grantee Profile

- Patient list with age, gender, ethnicity, race, and language information about the patient and a list of all visits for the patient during the report period, used with Tables 3A and 3B

- Provider list categorized by BPHC-defined categories to assist in manual calculations of Table 5 column A (Staffing FTEs)

- Patient list categorized by primary provider type and showing all patients with visits to that provider type during the report period, used with Table 5, columns B (Encounters) and C (Patients)

- Patient list showing visits to whom the primary provider was uncategorized (i.e. did not map to the BPHC-defined categories), used with Table 5, columns B (Encounters) and C (Patients)

- Patient list showing patients who had more than one visit on a single day for any of the six BPHC Service Categories

- 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.

> **Note:** BPHC reporting is based on calendar year (January through December) rather than fiscal year (October through September).

See section 5.2 Report Definitions for a description of the detailed logic for each report.

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 3.1.1 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 patient lists that are associated with the summary Table Reports. This option is included here to discourage casual users from accidentally running patient lists that may be hundreds of pages long. Patient 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 4-1: Accessing the Manager Utilities menu, Step 1

2. The UDS main menu displays (*Figure 4-2*).

3. Type **UD07** at the "Select RPMS Uniform Data Systems (UDS) Reporting
    System Option:" prompt to access the 2007 version of the software.

```
                *********************************************
                **      RPMS UNIFORM DATA SYSTEM (UDS)     **
                *********************************************
                            DEMO INDIAN HOSPITAL
                            Version 2.0 Patch 4


   UD07   UDS 2007 ...
   UD06   UDS 2006 ...
   UD05   UDS 2005 ...
   UD04   UDS 2004 ...
   UD03   UDS 2003 ...

Select RPMS Uniform Data Systems (UDS) Reporting System Option: UD07
UDS 2007
```

Figure 4-2: Accessing the Manager Utilities menu, steps 2 and 3

4. The UDS 2007 main menu displays (Figure 4-3).

5. Type **MU** at the "Select UDS 2007 Option:" prompt.

```
                 *********************************************
                 **      RPMS UNIFORM DATA SYSTEM (UDS)      **
                 **                  2007                    **
                 *********************************************
                              DEMO INDIAN HOSPITAL
                              Version 2.0 Patch 4


   REP     Reports ...
   MU      Manager Utilities ...


Select UDS 2007 Option:  MU  Manager Utilities
```
Figure 4-3: Accessing the Manager Utilities menu, steps 4 and 5

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

```
                 **************************************
                 **   RPMS UNIFORM DATA SYSTEM (UDS)  **
                 **          2007 Manager Utilities    **
                 **************************************
                          DEMO INDIAN HOSPITAL
                          Version 2.0 Patch 4


   SET     Update/Review Site Parameters
   LST     Patient and Provider Lists ...
   TAX     Update Taxonomies for Use with UDS 2007


Select Manager Utilities Option:
```
Figure 4-4: 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 3.1.1 below 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 site or location at which project-supported activities are carried out. Examples of other sites and locations include mobile vans, hospitals, patients' homes, schools, nursing homes, 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."[i]

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.

---

[i] BPHC UDS User Manual, 2007 Revision, p. 6.

1. Type **SET Update/Review Site Parameters** at the "Select Manager Utilities Option:" prompt on the 2007 Manager Utilities menu (*Figure 4-4*). An explanation of the Site Parameters function displays (*Figure 4-5*).

```
***  Update/Review UDS 2007 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 07 SITE PARAMETERS SITE NAME:
```
Figure 4-5: Site Parameters screen

2. Type the name of your site location at the "Select UDS 07 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 07 SITE PARAMETERS (the XTH)?" 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 07 SITE PARAMETERS (the 1ST)?
No// y
  (Yes)

UDS NO.: 57811

Update UDS Visit Locations    Dec 23, 2007 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 4-6: 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
Dec 23, 2007 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 4-7: 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
Dec 23, 2007 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
Dec 23, 2007 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 4-8: 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 07 SITE PARAMETERS (the XTH)?" 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 07 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 07 SITE PARAMETERS (the
5TH)? No// y  (Yes)
UDS NO.:
```
Figure 4-9: 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 07 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[ii]. 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 "Pap Smear" while another site's table may contain the term "Thin Prep" 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 BGP PAP SMEAR TAX taxonomy. The individual facility will enter all varieties of spelling and punctuation for Pap smear 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.

> **Note:** System Managers must work with Lab staff to identify all the different terms in the lab file that describe the lab test.

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.

[ii] BPHC UDS User Manual, 2007 Revision, p. 49.

> **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 2007 Manager Utilities menu.

2. The UDS Taxonomy Update menu displays with the two taxonomies used by
   UDS (*Figure 4-10*).

```
UDS TAXONOMY UPDATE                  Nov 17, 2007 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 4-10: 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, 2007 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 4-11: 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 4-12: 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, 2007 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 4-13: 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   Report Definitions and Logic Example

In order to understand how the information is reported in the RPMS UDS application, it is necessary to understand how BPHC defines patients, encounters, and providers and how those definitions have been applied in the RPMS UDS application, as described below.

4.1   BPHC UDS Manual Definitions

4.1.1   Definition of Patients

"Patients 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.[3]

4.1.2   Definition of Encounters (Visits)

"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 documented, face-to-face contacts 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…"

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, a nurse assisting a physician during a physical examination by taking vital signs, taking a history or drawing a blood sample, or after the examination by providing educational or referral information **is not** credited with a separate encounter.

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[3] BPHC Uniform Data System Manual, 2007 Revision, pg. 9.

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. Screenings at health fairs, immunization drives for children or elderly and similar public health efforts **do not** result in encounters regardless of the level of documentation.

3. When a provider renders services to several patients simultaneously, the provider can be credited with an encounter for each person only if the provision of services is noted in **each** person's health record. Such visits are generally limited to behavioral health services. Examples of such non-medical "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. Patient education or health education classes (e.g., diabetes control or smoking cessation) are not credited 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 sites include mobile vans, hospitals, patients' homes, schools, nursing homes, 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, giving immunizations, and filling/dispensing prescriptions (including injected prescriptions) do not constitute encounters, regardless of the level or quantity of supportive services.

6. Under certain circumstances, a patient may have more than one countable encounter with the health center in a day. The number of encounters per service delivery location per day is limited as follows: Each patient may have, at a maximum:

    - 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 encounter for each type of enabling provider (case management or health education)

- One mental health encounter

- One substance abuse encounter

7. A provider may be credited with no more than one encounter with a given patient in a single day, regardless of the types or number of services provided or the number of locations where the services are 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 patients, 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…"

- Services performed under the auspices of a WIC program or a WIC contract.

4.1.3   Definition of Providers

"A provider is the individual who assumes primary responsibility for assessing the patient and documenting services in the patient's record. Providers include only individuals who exercise independent judgment as to the services rendered to the patient during an encounter. Only one provider who exercises independent judgment is credited with the encounter, even when two or more providers are present and participate."[4] The BPHC UDS 2007 Manual contains a chart listing typical health facility staff with Provider/Non Provider categories designated.

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[4] BPHC Uniform Data System Manual, 2007 Revision, pg. 9

4.2   RPMS General Definitions and Logic for All UDS Reports

4.2.1   Definition of Patients

RPMS UDS reporting defines "patients" as:

1. Any patient whose name is not "DEMO,PATIENT" or "PATIENT,CRS" AND who has one or more visits (encounters) during the time period specified (quarter or full calendar year). Encounters are documented face-to-face contacts between a patient and a provider who exercises independent judgment in providing services to the patient.

2. Each patient is to be counted only once, regardless of the number or types of services received.

   Based on the UDS definition, **a patient must have at least one RPMS visit** (termed by BPHC as "encounter") **that meets the following criteria in order to be counted as a patient.** If the patient does not have at least one visit meeting the criteria, the patient is not considered a patient for UDS reporting and all processing stops for the patient. None of the patient's visits would be counted in any UDS report.

1. Must be a "complete" PCC visit, i.e., have a primary provider with a non-blank discipline code and a coded purpose of visit (POV) and the POV must not be equal to .9999 (un-coded). This meets the BPHC definition: "Encounters are documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the patient. To be included as an encounter, services rendered must be documented in the patient's record."[5]

2. Must be to a location specified by the site in the Setup option (see section 3.1). 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, schools, 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 at which project-supported activities are carried out. Examples of other sites and locations include mobile vans, hospitals, patients' homes, schools, nursing homes, 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…"[6]

3. Must be one of the following RPMS Service Categories:

   - Ambulatory (A)
   - Hospitalization (H)
   - Day Surgery (S)

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[5] BPHC Uniform Data System Manual, 2007 Revision, pg. 5.
[6] BPHC Uniform Data System Manual, 2007 Revision, pg. 6.

- Observation (O)
- Nursing Home Visit (R)
- In-hospital (I)

4. <u>Must not have an excluded clinic code.</u> The following RPMS clinic codes do not fit the BPHS definition of an encounter.

Excluded Clinic Codes and Clinic Description	
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
12	Immunization[7]
41	Indirect
76	Laboratory Services
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
63	Radiology
B3	SANDS (Stop Atherosc in Native Diab Study)
51	Telephone Call
91	Teleradiology
94	Tobacco Cessation Clinic

5. <u>Must not be to the same provider on the same day.</u> If a patient has two visits to the same provider on the same day, the second visit is removed.

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[7] Per BPHC Uniform Data System Manual, 2007 Revision, pg. 6, item 5.

4.2.2   Definition of Visits (Encounters)

4.2.2.1   Definition of All Visits (Encounters) for a Qualified Patient

Once it has been determined the patient has at least one qualifying visit, <u>all of the patient's visits must meet the criteria shown below.</u> NOTE: For the Services Rendered section of Table 6 (Lines 21-34), this represents all of the criteria the visits must meet in order to be counted. However, <u>for Tables 5 and the Selected Diagnoses section of Table 6 (Lines 1-20d), additional criteria must also be met</u>, as described in section 4.2.2.2 below.

1. <u>Must be to a location specified by the site in the Setup option (see section 3.1.1).</u>
    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, schools, 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 at which project-supported activities are carried out. Examples of other sites and locations include mobile vans, hospitals, patients' homes, schools, nursing homes, 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…"[8]

2. <u>Must be one of the following RPMS Service Categories:</u>

    - Ambulatory (A)
    - Hospitalization (H)
    - Day Surgery (S)
    - Observation (O)
    - Nursing Home Visit (R)
    - Historical Event (E)
    - In-hospital (I)

3. <u>Must not have an excluded clinic code.</u> The following RPMS clinic codes do not fit the BPHS definition of an encounter.

    > **Note**: Clinic codes 12 Immunization, 63 Radiology, 76 Laboratory Services, and 91 Teleradiology are not included in this table because qualifying visits to those clinics <u>are</u> included in the Services Rendered section of Table 6 (i.e. Lines 21-34). However, for Tables 5 and the Selected Diagnoses sections of Table 6 (Lines 1-20d), visits to those clinics are excluded, as shown below in section 4.2.2.2.

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[8] BPHC Uniform Data System Manual, 2007 Revision, pg. 6.

Excluded Clinic Codes and Clinic Description	
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

4.2.2.2   Definition of All Visits (Encounters) for Tables 5 and 6–Selected Diagnoses Section for a Qualified Patient

In addition to the criteria listed above in section 4.2.2.1, visits must also meet the criteria below in order to be counted in column b of Table 5 and column A of Table 6-Selected Diagnoses section (Lines 1-20d).

1. Must be a "complete" PCC visit, i.e., have a primary provider with a non-blank discipline code and a coded purpose of visit (POV) and the POV must not be equal to .9999 (un-coded). This meets the BPHC definition: "Encounters are documented, face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the patient. To be included as an encounter, services rendered must be documented in the patient's record."[9]

2. Must not have an RPMS Service Category of Historical Event (E).

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[9] BPHC Uniform Data System Manual, 2007 Revision, pg. 5.

3. <u>Must not have an excluded clinic code.</u> The following RPMS clinic codes do not fit the BPHS definition of an encounter.

Excluded Clinic Codes and Clinic Description	
Clinic Code	Clinic Description
12	Immunization
63	Radiology
76	Laboratory Services
91	Teleradiology

4. <u>Must not be more than one visit to the same provider on the same day.</u> If a patient has two or more visits to the same provider on the same day, the first is kept and the subsequent visits are removed. **NOTE: This logic applies only to Table 5; two visits to the same provider on the same day can be counted in the Selected Diagnoses section (Lines 1-20d) of Table 6.**

4.2.3   Definition of Providers

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 the mapping table in Appendix C for further information and the BPHC Service Category Definitions for Table 5 in Appendix B.

4.3   RPMS UDS Logic Example

The following example demonstrates how RPMS UDS selects patients and visits (encounters) for calendar year 2007 for all tables and associated patient lists.

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

- Our Hospital
- Satellite A
- Satellite B
- Home

4.3.1   Determine if Patient Meets RPMS Definition of a Patient

1. Each patient on the RPMS computer is reviewed. Any patient whose name is "DEMO,PATIENT" is excluded and all processing stops for that patient. For all other patients, processing continues with step 2.

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 Category	Clinic	Prov Disc	Dx	Services
1/5/2007@9am	Our Hospital	Amb	01-General	71-Internist	381.01	
1/5/2007@4pm	Our Hospital	Amb	01-General	71-Internist	293.01	
3/1/2007@12pm	IHS Clinic ABC	Amb	30-Emergency Medicine	00-Physician	692.02	
4/1/2007@3pm	Satellite A	Chart review	01-General	01-Nurse	250.00	
4/5/2007@12pm	Our Hospital	Tele. Call	01-General	01-Nurse	250.00	
6/1/2007@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap
6/4/2007@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	V76.12	Mammogram
8/1/2007@1pm	Other	Event				Flu shot given at Costco
9/20/2007@2pm	Our Hospital	Amb	39-Pharmacy	09-Pharmacist	V25.2	Given BCP's

Figure 4-14: Patient Determination: Visit List 1 for Mary Jones

This patient has 9 visits in RPMS for calendar year 2007 included in Visit List 1.

3. The above list of visits is reviewed, and all visits that do not meet the criteria for inclusion in <u>all</u> table calculations are removed from the list. The visits must meet <u>all</u> of the following criteria:

   a) Must be a complete visit (have a primary provider with a non-blank discipline code and coded purpose of visit [POV], where the POV is not equal to .9999).

   b) Must be to a location specified by the site in the Setup option.

   c) Must be one of the following RPMS Service Categories: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing Home (R), or In-hospital (I).

   d) 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	63	Radiology
09	Grouped Services	B3	SANDS (Stop Atherosc in Native Diab Study)
12	Immunization	51	Telephone Call
41	Indirect	91	Teleradiology
76	Laboratory Services	94	Tobacco Cessation Clinic
42	Mail		

e) Must not be more than one visit to the same provider on the same day.

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

- 1/5/2007 @4pm visit because the patient already had a visit on the same day to the same provider

- 3/1/2007 visit due to location (IHS Clinic ABC) not specified in the Setup option

- 4/1/2007 visit due to Chart Review service category

- 4/5/2007 visit due to Telephone Call service category

- 6/4/2007 visit due to clinic code of Radiology

- 8/1/2007 visit due to location (Other) not included in Setup and also due to Historical Event service category

- 9/20/2007 visit due to clinic code of Pharmacy

Patient Mary Jones now has two visits, which comprise Visit List 2.

Visit Date	Location	Service Category	Clinic	Prov Disc	Dx	Services	Visit Date
1/5/2007@9am	Our Hospital	Amb	01-General	71-Internist	381.01		1/5/2007@9am
6/1/2007@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap	6/1/2007@3pm

Figure 4-15: Patient Determination: Visit List 2 for Mary Jones

5. Because this patient has at least one visit meeting the UDS encounter criteria, she is considered a patient in all tables. If this patient had no visits on Visit List 2, 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. Next, all of the visits for patient Mary Jones are reviewed, as described below.

4.3.2   Determine if Patient's Encounters Meet the RPMS Definition of Encounters

1. All visits for the patient in the report date range specified are found and tabled in Visit List 1.

   Patient Mary Jones has nine visits that were found in RPMS for calendar year 2007, which comprise <u>Visit List 1.</u>

Visit Date	Location	Service Category	Clinic	Prov Disc	Dx	Services
1/5/2007@9am	Our Hospital	Amb	01-General	71-Internist	381.01	
1/5/2007@4pm	Our Hospital	Amb	01-General	71-Internist	293.01	
3/1/2007@12pm	IHS Clinic ABC	Amb	30-Emergency Medicine	00-Physician	692.02	
4/1/2007@3pm	Satellite A	Chart review	01-General	01-Nurse	250.00	
4/5/2007@12pm	Our Hospital	Tele. Call	01-General	01-Nurse	250.00	
6/1/2007@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap
6/4/2007@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	V76.12	Mammogram
8/1/2007@1pm	Other	Event				Flu shot given at Costco
9/20/2007@2pm	Our Hospital	Amb	39-Pharmacy	09-Pharmacist	V25.2	Given BCP's

Figure 4-16: Encounter Determination: Visit List 1 for Mary Jones

2. 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 <u>all</u> of the following criteria:

   a) Must be to a location specified by the site in the Setup option.

   b) Must be one of the following RPMS Service Categories: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing Home (R), Historical Event (E), or In-hospital (I).

   c) Must be one of the following RPMS Service Categories: Ambulatory (A), Hospitalization (H), Day Surgery (S), Observation (O), Nursing Home (R), Historical Event (E), or In-hospital (I).

   d) 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		

3. After applying this criteria, the following five visits were removed:

- 3/1/2007 visit due to location (IHS Clinic ABC) not specified in the Setup option
- 4/1/2007 visit due to Chart Review service category
- 4/5/2007 visit due to Telephone Call service category
- 8/1/2007 visit due to location (Other) not included in the Site Parameters
- 9/20/2007 visit due to clinic code of Pharmacy

Patient Mary Jones now has four visits, which comprise <u>Visit List 2</u>.

Note: This list is used in calculating the visits included in the Services Rendered section (Lines 21-34) of Table 6.

Visit Date	Location	Service Category	Clinic	Prov Disc	Dx	Services
1/5/2007@9am	Our Hospital	Amb	01-General	71-Internist	381.01	
1/5/2007@4pm	Our Hospital	Amb	01-General	71-Internist	293.01	
6/1/2007@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap
6/4/2007@4pm	Our Hospital	Amb	63-Radiology	76-Radiologist	V76.12	Mammogram

Figure 4-17: Encounter Determination: Visit List 2 for Mary Jones – Used in Calculating Services Rendered Section of Table 6 (Lines 21-34)

4. Visit List 2 is now reviewed for the visits that are eligible to be counted in **Table 5 and in the Selected Diagnoses section (Lines 1-20d) of Table 6. The following <u>additional</u> criteria are applied:**

a) Must be a complete visit (have a primary provider with a non-blank discipline code and coded purpose of visit [POV], where the POV is not equal to .9999).

b) Must not have an RPMS Service Category of Historical Event (E).

    c) Visit must *not* have one of the following clinic codes:

- 12 Immunization

- 63 Radiology

- 76 Laboratory Services

- 91 Teleradiology

    d) Must not be to the same provider on the same day. If there are 2 visits to the same provider on the same day, the second one is removed. **This logic applies only to Table 5.**

5. After applying this criteria, the following two visits were removed:

- 1/5/2007 @4pm visit because patient already had a visit on the same day to the same clinic and same provider.

- 6/4/2007 visit due to clinic code of Radiology.

Patient Mary Jones now has two visits, which comprise <u>Visit List 3</u>.

Note: This list is used in calculating the visits included in column B of Table 5.

Visit Date	Location	Service Category	Clinic	Prov Disc	Dx	Services
1/5/2007@9am	Our Hospital	Amb	01-General	71-Internist	381.01	
6/1/2007@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap

Figure 4-18: Encounter Determination: Visit List 3 for Mary Jones – Used in Calculating Table 5

6. For processing encounters by diagnoses in Table 6 (lines 1-20d), two visits to the same provider on the same day can be counted. Therefore, Visit List 4, seen below, is the list used when calculating the encounter count for the Selected Diagnoses section (Lines 1-20d) of Table 6.

Visit Date	Location	Service Category	Clinic	Prov Disc	Dx	Services
1/5/2007@9am	Our Hospital	Amb	01-General	71-Internist	381.01	
1/5/2007@4pm	Our Hospital	Amb	01-General	71-Internist	293.01	
6/1/2007@3pm	Our Hospital	Amb	01-General	00-Physician	V72.3	Pap

Figure 4-19: Encounter Determination: Visit List 4 for Mary Jones – Used in Calculating Selected Diagnoses Section of Table 6, Diagnoses (Lines 1-20d)

7. To recap:

- Visit List 2 is used in calculating encounters included in the Services Rendered section of Table 6 (Lines 21-34).

- Visit List 3 is used in calculating encounters included in column B of Table 5.

- Visit List 4 is used in calculating the Selected Diagnoses section of Table 6 (Lines 1-20d).

5.0   UDS Reports for Zip Code 3A/3B, 5, and 6

5.1   Overview

The RPMS UDS Reporting System is a reporting tool that provides five required BPHC UDS reports about 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 five reports, RPMS UDS can also produce lists of all patients and related visits that are counted in the reports (see section 6.0).

The following reports are produced:

- Center/Grantee Profile: Patient by Zip Code
- Table 3A Patients by Age and Gender
- Table 3B Patients by Ethnicity/Race/Language
- 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:

- Patient list by zip code, used in the Center/Grantee Profile
- Patient list with age, gender, ethnicity, race, and language information about the patient and a list of all visits for the patient during the report period, used with Tables 3A and 3B
- Provider list categorized by BPHC-defined categories to assist in manual calculations of Table 5 column A (Staffing FTEs)
- Patient list categorized by primary provider type and showing all patients with visits to that provider type during the report period, used with Table 5, columns B (Encounters) and C (Patients)
- Patient list showing visits to whom the primary provider was uncategorized (i.e. did not map to the BPHC-defined categories), used with Table 5, columns B (Encounters) and C (Patients)
- Patient list showing patients who had visits to more than one visit on a single day for any of the six BPHC Service Categories
- 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 2007 Reports menu) first and review and edit providers and related provider codes for accuracy prior to running any other reports.

5.2   Report Descriptions

5.2.1   Table Center/Grantee Profile Patient by Zip Code

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

Logic for Patients by Zip Code Table: The patient's zip code is categorized by the following logic:

- 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.10

- The patient's zip code is obtained from patient registration.

- The table will be sorted in ascending order by zip code, with the total number of patients having an address with that zip code.

- 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.

- Patients who do not have a zip code value in patient registration are included in the Unknown Residence category.

- 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.

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[10] BPHC UDS Manual, 2007 Revision, p. 18.

CENTER/GRANTEE PROFILE
COVER SHEET

PATIENTS BY ZIP CODE

Zip Code	Patients
Other Zip Codes	
Unknown Residence	
TOTAL	

Figure 5-1: BPHC UDS Patients by Zip Code

5.2.2   Tables 3A Patients by Age and Gender and 3B Patients by Race/Ethnicity

Tables 3A and 3B provide demographic data on BPHC grantee site 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. Regardless of the number or types of services received, each patient is to be counted only once on Table 3A, once in ethnicity section of Table 3B…"[11]

Logic for Table 3A: The report categorizes all patients who met the RPMS definition of a patient by age and gender. The patient's age is calculated as of June 30, 2007 by subtracting the date of birth from June 30, 2007. If the patient was born after June 30, the age is 0. The patient's gender is also determined. The patient is placed in the appropriate line of Table 3A (see Figure 5-2).

Logic for Table 3B: The report categorizes all patients who met the RPMS definition of a patient by race, ethnicity, and language. The report uses the logic described below. (See Figure 5-3).

---

[11] BPHC UDS Manual, 2007 Revision, p. 28.

The patient's race/ethnicity (Lines 1-11) is categorized by the following logic:

1. <u>The patient's classification/beneficiary value is examined.</u> If it is a "01" (Indian/Alaska Native), in the Hispanic/Latino Identity section, the patient is included in the count for Line 2 - All Others and in the Race section of the table, the patient is included in the count for Line 7 – American Indian/Alaska Native.

2. <u>If the classification/beneficiary is not 01</u>, then the Race value in Registration is examined and mapped as shown in the table below.

Map to Table 3B, Line #	Race Value/Race Name
PATIENTS BY HISPANIC/LATINO IDENTITY	
Line 1 – Hispanic or Latino	1 – Hispanic, White (old code)
	2 – Hispanic, Black (old code)
Line 2 – All Others (including Unreported)	A – Asian
	H – Native Hawaiian or Other Pacific Islander
	5 – Asian or Pacific Islander (old code)
	B – Black or African American
	4 – Black, Not of Hispanic Origin (old code)
	3 – American Indian or Alaska Native
	Z – American Indian or Alaska native-Old (old code)
	W – White
	6 – White, Not of Hispanic Origin (old code)
	D – Declined to Answer
	U – Unknown by Patient
	7 – Unknown (old code)
Line 3 – Not Used	Leave blank
Line 4 – Total Patients	Total of patients for Lines 1 – 2. Must equal Line 11.
PATIENTS BY RACE	
Line 5a – Asian	A - Asian
Line 5b – Native Hawaiian	H - Native Hawaiian or Other Pacific Islander
Line 5c – Other Pacific Islander	5 - Asian or Pacific Islander
Line 5 – Total Asian/Hawaiian/Pacific Islander	Total of patients for Lines 5a – 5c
Line 6 – Black/African American	B - Black or African American
	4 - Black, Not of Hispanic Origin
	2 - Hispanic, Black
Line 7 – American Indian/Alaska Native	3 - American Indian or Alaska Native
	Z - American Indian or Alaska Native-Old (old code)
Line 8 – White	W - White
	6 - White, Not of Hispanic Origin
	1 - Hispanic, White
Line 9 – More than one race	Leave blank since there is no such Race code in RPMS
Line 10 – Unreported/Refused to Report	D - Declined to Answer

Map to Table 3B, Line #	Race Value/Race Name
	U - Unknown by Patient
	7 - Unknown
Line 11 – Total Patients	Total for Lines 5 – 10. Must equal Line 4.
PATIENTS BY LANGUAGE	
Line 12 – Patients best served in a language other than English	Leave blank as currently there is no such data element in Patient Registration.

TABLE 3A – PATIENTS BY AGE AND GENDER

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

Figure 5-2: BPHC UDS Table 3A Patients by Age and Gender

TABLE 3B –
PATIENTS BY RACE/ETHNICITY/LANGUAGE

PATIENTS BY HISPANIC/LATINO IDENTITY	NUMBER (a)
NUMBER OF PATIENTS	
1. Hispanic or Latino	
2. All others (including Unreported)	
3. < not used >	
4. **TOTAL PATIENTS** (SUM LINES 1–2 MUST = LINE 11)	

Note: Line 4 must = table 3a, Line 39 Column a + b

PATIENTS BY RACE	NUMBER (a)
NUMBER OF PATIENTS	
5a. Asian	
5b. Native Hawaiian	
5c. Other Pacific Islander	
5. Total Asian/Pacific Islander (Sum Lines 5a + 5b + 5c)	
6. Black/African American (including Blacks or African Americans of Latino or Hispanic Descent)	
7. American Indian/Alaska Native (including American Indians or Alaska Natives of Latino/Hispanic Descent)	
8. White (including Whites of Latino/Hispanic Descent)	
9. More than one race	
10. Unreported / Refused to report	
11. Total Patients (Sum Lines 5 – 10 must = line 4	

PATIENTS BY LANGUAGE	NUMBER (a)
NUMBER OF PATIENTS	
12. Patients best served in a language other than English	

Figure 5-3: BPHC UDS Table 3B Patients by Race/Ethnicity/Language

5.2.3   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 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. Thus, the same patient may be counted in column C on line 15 (unduplicated medical patients) and line 19 (unduplicated dental patients) if they received both medical and dental services during the year. 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."[12]

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 Patients). Column A (Staff) must be derived manually; an RPMS Staff List report can be produced to assist sites.

---

[12] BPHC UDS Manual, 2007 Revision, *Instructions for Table 5*, p. 39.

TABLE 5 – STAFFING AND UTILIZATION

	Personnel by Major Service Category	FTEs (a)	Clinic Encounters (b)	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	**Total Physicians (Lines 1 - 7)**			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	**Total Midlevel Practitioners (Lines 9a-10)**			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	**Total Medical Care (Lines 8 – 14)**			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	**Total Dental Services (Lines 16 - 18)**			
20a	Psychiatrists			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	**Mental Health Services (Lines 20a-c)**			
21	**Substance Abuse Services**			
22	**Other Professional Services**			
23	**Pharmacy Personnel**			
24	Case Managers			
25	Patient and Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
28	Other Enabling Services			
29	**Total Enabling Services (Lines 24-28)**			
29a	**Other Programs and Services (specify:_____)**			

30	Administrative Staff			
31	Facility Staff			
32	Patient Services Support Staff			
33	**Total Admin** & **Facility (Lines 30 - 32)**			
34	**Total (Lines 15 + 19 + 20 + 21 + 22 + 23 + 29 + 29a + 33)**			

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

5.2.3.1   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.

This option lists all providers with whom patients had encounters and the provider was noted as the primary provider in RPMS. RPMS UDS software has mapped the RPMS provider discipline 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 discipline 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 discipline codes toward encounters or patients for Table 5 column B or C.

In Figure 5-5, "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 *****
   SK                             Dec 15, 2007                         Page
1

                    ***  BPHC Uniform Data System (UDS)  ***
           Personnel List for Table 5 Column A, By Service Category
                              DEMO HOSPITAL
                Reporting Period: Jan 01, 2007 to Dec 31, 2007
-----------------------------------------------------------------------------
-----


List of all Active Provider Personnel sorted by Major Service Category.

PROVIDER NAME                          PROVIDER CODE
FTE
-----------------------------------------------------------------------------
-----


Line 1   Family Practitioners
RROVIDERA,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)
PROVIDERF,SHIRLEY                   18 PHYSICIAN (CONTRACT)

Line 3   Internists
PROVIDERG,JANE                      71 INTERNAL MEDICINE
PROVIDERI,WILLIAM                   71 INTERNAL MEDICINE

Line 35   Unidentified Provider Category
NURSE ASSISTANT,LARRY               15 OTHER
```

Figure 5-5: Sample Staff List by BPHC Categories

5.2.3.2   Table 5 Staffing and Utilization (Columns B and C)

Columns B and C document the number of encounters provided and patients served, as categorized by BPHC service categories. There are six major service categories and the limits for column B (encounters) as defined by BPHC are described below.[13]

- Medical Care Services (Line 15). A patient may have one medical encounter per day (e.g. encounter with a physician, nurse practitioner, physicians assistant, certified nurse midwife, or nurse).

- Dental Services (Line 19). A patient may have one dental service encounter per day (encounter with a dentist or hygienist).

- Mental Health Services (Line 20). A patient may have one mental service encounter per day (e.g. encounter with a psychiatrist, psychologist, or medical social worker)

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[13] BPHC UDS Manual, 2007 Revision, p. 6.

- Substance Abuse Services (Line 21). A patient may have one substance abuse service encounter per day (e.g. encounter with an alcoholism/substance abuse counselor, family therapist, or mental health).

- Other Professional Services (Line 22). A patient may have one "other health" encounter *for each type of "other health" provider* (e.g. encounter with a nutritionist AND an encounter with a podiatrist AND an encounter with a speech therapist, all on the same day as long as the person providing the services is not the same provider).

- Enabling Services (Line 29). A patient may have one enabling service encounter per day *for each type of "enabling service" provider* (e.g. encounter with a case manager AND an encounter with a family planning counselor, both on the same day as long as the person providing the services is not the same provider).

BPHC UDS Manual defines encounters (RPMS visits) as ". . . documented, face-to-face contacts between a patient and a provider who exercises independent professional judgment in the provision of services to the individual".[14] The blocked out areas in Column B (see Figure 5-4, BPHC UDS Table 5 Report) indicate staff categories whose encounters are NOT counted.

> **Note**: The RPMS UDS definition limits the number of visits to one visit per patient per provider (i.e. person) per day. For example, if Dr. Jones saw patient Jane Doe twice on 10/25/07, only one visit would be counted. However, the RPMS UDS definition does <u>NOT</u> apply the limits described above with the reasoning that the computer should not be left to decide which visit to count since it could affect the diagnosis information that is reported in Table 6, Column A. In RPMS UDS 2007, a new patient list is included (MUL menu option) that lists all patients who exceeded the maximum number of visits in a single day, thereby enabling you to review the visits, decide which visits are to be counted, and adjust the RPMS UDS counts accordingly.

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 6.1 Patient List Definitions).

Column C displays the unduplicated number of patients 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".[15]   (Section 4.2 discusses definitions and logic in more detail.)

---

[14] BPHC UDS Manual, 2007 Revision, p. 5.
[15] BPHC UDS Manual, 2007 Revision, p. 42.

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

Table 5 Logic: RPMS UDS reviews every visit (see section 4.2.2) for patients who meet the RPMS UDS definition of a patient. Based on the <u>PRIMARY PROVIDER</u> 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 Specialty 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.

```
  SK    UDS 2007          DEMO INDIAN HOSPITAL                    Page 1
UDS No.  000001                                 Date Run: Dec 26, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                     TABLE 5 - STAFFING AND UTILIZATION
-------------------------------------------------------------------------------
                                           FTEs  ENCOUNTERS PATIENTS
PERSONNEL BY MAJOR SERVICE CATEGORY        (a)      (b)       (c)
-------------------------------------------------------------------------------
 1.   Family Practitioners                          3,461    ********
_____
 2.   General Practitioners                        75,590    ********
_____
 3.   Internists                                    1,612    ********
_____
 4.   Obstetrician/Gynecologists                    8,355    ********
_____
 5.   Pediatricians                                 1,083    ********
_____
 6.   Psychiatrists now reported on line
      20a                                          ********   ********
_____
 7.   Other Specialist Physicians                   4,267    ********
_____
 8.       Total Physicians
          (Lines 1 - 7)                            94,368    ********
_____
 9A.  Nurse Practitioners                          22,023    ********
_____
 9B.  Physician Assistants                          6,973    ********
_____
10.   Certified Nurse Midwives                      8,403    ********
_____
10a.      Total Midlevel Practitioners
          (Lines 9a - 10)                          37,399    ********
_____
11.   Nurses                                       16,956    ********
_____
12.   Other Medical Personnel                     ********   ********
_____
13.   Laboratory Personnel                        ********   ********
_____
14.   X-Ray Personnel                             ********   ********
_____
15.       Total Medical Care
          (Lines 8 - 14)                          148,723    34,292
_____
16.   Dentists                                     11,456    ********
_____
17.   Dental Hygienists                                 1    ********
_____
18.   Dental Assistants, Aides, Technicians       ********   ********
_____
```

Figure 5-6: Sample RPMS UDS Table 5, page 1

```
  SK    UDS 2007         DEMO INDIAN HOSPITAL                    Page 2
UDS No.  000001                              Date Run: Dec 26, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                     TABLE 5 - STAFFING AND UTILIZATION
--------------------------------------------------------------------------
                                          FTEs  ENCOUNTERS PATIENTS
PERSONNEL BY MAJOR SERVICE CATEGORY       (a)      (b)       (c)
--------------------------------------------------------------------------
19.      Total Dental Services
         (Lines 16 - 18)                         11,457     6,024
--------------------------------------------------------------------------
20A.  Psychiatrists                               1,167    ********
--------------------------------------------------------------------------
20B.  Other Licensed Mental Health Providers      2,419    ********
--------------------------------------------------------------------------
20C.  Other Mental Health Staff                       0    ********
--------------------------------------------------------------------------
20.      Mental Health Services
         (Lines 20a - c)                          3,586       860
--------------------------------------------------------------------------
21.   Substance Abuse Services                    1,437       626
--------------------------------------------------------------------------
22.   Other professional services                14,463     7,274
--------------------------------------------------------------------------
23.   Pharmacy Personnel                         ********  ********
--------------------------------------------------------------------------
24.   Case Managers                                   1    ********
--------------------------------------------------------------------------
25.   Patient and Community Education
      Specialists                                     3    ********
--------------------------------------------------------------------------
26.   Outreach Workers                           ********  ********
--------------------------------------------------------------------------
27.   Transportation Staff                       ********  ********
--------------------------------------------------------------------------
27a.  Eligibility Assistance Workers             ********  ********
--------------------------------------------------------------------------
28.   Other Enabling Services                    ********  ********
--------------------------------------------------------------------------
29.      Total Enabling Services
         (Lines 24 - 28)                              4         3
--------------------------------------------------------------------------
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)                  ********  ********
--------------------------------------------------------------------------
```

Figure 5-7: Sample RPMS UDS Table 5, page 2

```
 SK    UDS 2007            DEMO INDIAN HOSPITAL                      Page 3
UDS No.  000001                                     Date Run: Dec 26, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                        TABLE 5 - STAFFING AND UTILIZATION
-----------------------------------------------------------------------------
                                                FTEs   ENCOUNTERS PATIENTS
PERSONNEL BY MAJOR SERVICE CATEGORY             (a)       (b)      (c)
-----------------------------------------------------------------------------
34.      GRAND TOTAL: (TOTAL LINES
         (15+19+20+21+22+23+29+29A+33)                  179,670   ********


_____
869 encounters did not fit into any of the above categories
```

Figure 5-8: Sample RPMS UDS Table 5, page 3

5.2.4   Table 6 Selected Diagnoses and Services Rendered

Table 6 reports the number of encounters and patients 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 specified 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 and so are services documented as historical events.

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 patients and/or are considered key indicators.

Diagnoses Include:

- HIV (symptomatic and asymptomatic)
- Tuberculosis
- Syphilis and other sexually transmitted diseases
- Asthma
- Chronic bronchitis and emphysema
- Abnormal breast and cervical findings (female)
- Diabetes mellitus
- Heart disease (selected)
- Hypertension
- Contact dermatitis and other eczema
- Dehydration
- Exposure to heat or cold
- Otitis media and eustachian tube disorders

- Selected perinatal medical conditions
- Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive) – does not include sexual or mental development; nutritional deficiencies
- Alcohol related disorders
- Substance abuse disorders (excluding tobacco use disorders)
- Depression and other mood disorders
- Anxiety disorders including PTSD
- Attention deficit and disruptive behavior disorders
- Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)

Services Include:

- HIV tests
- Mammogram
- Pap smear
- Selected immunizations
- Contraceptive management
- Health supervision of infant or child (ages 0 through 11)
- Dental
- Emergency Services

- Oral Exams
- Prophylaxis – adult or child
- Sealants
- Fluoride Treatment – adult or child
- Restorative Services
- Oral Surgery (extractions and other surgical procedures)
- 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 5-9 for list of BPHC-defined diagnosis codes. RPMS UDS searches the **primary** POV field in visits for the codes listed below (see section 4.3 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 (Patients), counts each patient who had at least one visit during the calendar year where the primary diagnosis matches the BPHC description; patients 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)
SELECTED INFECTIOUS AND PARASITIC DISEASES		
1	Symptomatic HIV	042.xx, 079.53
2	Asymptomatic HIV	V08
3	Tuberculosis	010.xx – 018.xx
4	Syphilis and other sexually transmitted diseases	090.xx – 099.xx
SELECTED DISEASES OF THE RESPIRATORY SYSTEM		
5	Asthma	493.xx
6	Chronic bronchitis and emphysema	490.xx – 492.xx, 496.xx

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM Code(s)
SELECTED OTHER MEDICAL CONDITIONS		
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
10	Heart disease (selected)	391.xx – 392.0x, 410.xx – 429.xx

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM Code(s)
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
SELECTED CHILDHOOD CONDITIONS		
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)**
17	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive) - 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 5-9: BPHC Diagnosis Codes for Table 6[xvi]

> **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.

[xvi] BPHC UDS Manual, 2007 Revision, pp. 51-52.

Diagnostic Category	RPMS Logic
Symptomatic HIV	**V POV:** 042.xx (BPHC-defined)
	V POV: 042.

Logic for Diagnostic Tests, Screening and Preventive Services

For column A (Number of Encounters), count the total number of encounters (visits) for the specific listed tests/screening/preventive services. In addition, the logic counts any flagged "orphan" visits 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 received at Costco); this is ensured by appropriate selection of Location codes in the Site Setup.

For column B (Number of Patients), the logic counts each 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 5-10 below for the BPHC-defined codes.

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM OR CPT-4 Coed(s)
SELECTED DIAGNOSTIC TESTS/SCREENING/PREVENTIVE SERVICES		
21	HIV test	**CPT-4:** 86689, 86701-86703, 87390-87391
22	Mammogram	**CPT-4:** 77055-77057
		ICD-9: V76.11, V76.12
23	Pap Smear	**CPT-4:** 88141-88155, 88164-88167
		ICD-9: V72.3, V72.31, V76.2
24	Selected Immunizations	**CPT-4:** 90633-90634, 90645-90648, 90657-90660, 90669, 90700-90702, 90704-90716, 90718, 90720-90721, 90723, 90743-90744, 90748
25	Contraceptive Management	**ICD-9:** V25.xx
26	Health Supervision of infant or child (ages 0 through 11)	**CPT-4:** 99391-99393, 99381-99383, 99431-99433
		ICD-9: V20.xx, V29.xx

Line #	Diagnostic Category	BPHC-Specified Applicable ICD-9-CM OR CPT-4 Coed(s)
SELECTED DENTAL SERVICES		
27	I. Emergency Services	**ADA:** 9110
28	II. Oral Exams	**ADA:** 0120, 0140, 0145, 0150, 0160, 0170, 0180
29	Prophylaxis – adult or child	**ADA:** 1110, 1120
30	Sealants	**ADA:** 1351
31	Fluoride Treatment – adult or child	**ADA:** 1203, 1204
32	III. Restorative Services	**ADA:** 21xx, 23xx, 27xx
33	IV. Oral Surgery (extractions and other surgical procedures)	**ADA:** 7111, 7140, 7210, 7220, 7230, 7240, 7241, 7250, 7260, 7261, 7270, 7272, 7280
34	V. Rehabilitative Services (Endo, Perio, Prostho, Ortho)	**ADA:** 3xxx, 4xxx, 5xxx, 6xxx, 8xxx

Figure 5-10: BPHC Codes for Tests and Preventive Services, Table 6[xvii]

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 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.

[xvii] BPHC UDS Manual, 2007 Revision, p. 53.

Test/Service	RPMS Logic
HIV TEST:	**V LAB**: any lab test contained in site-populated BGP HIV TEST TAX lab taxonomy. **V CPT**: CPT code 86689; 86701-86703; 87390-87391 (BPHC-defined). **V CPT**: CPT code 87534-87539. **V LAB**: any lab test with a LOINC code found in the BGP HIV TEST LOINC CODES.
MAMMOGRAM:	**V RADIOLOGY**: CPT codes 77055-77057 (BPHC-defined). **V CPT**: CPT codes 77055-77057 (BPHC-defined). **V CPT:** CPT codes 77058-77059, 76090-76092, G0202, G0204, G0206. **V POV**: ICD V76.11, V76.12 (BPHC-defined). **V PROCEDURE**: ICD 87.36, 87.37. **Women's Health:** Any procedure called SCREENING MAMMOGRAM, MAMMOGRAM DX BILAT, or MAMMOGRAM DX UNILAT.
PAP SMEAR:	**V LAB**: 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.. **V CPT**: CPT codes 88141-88155; 88164-88167 (BPHC-defined). **V CPT:** 88160, 88161, 88162, 88174, 88175, Q0091. **V POV**: ICD V72.3, V72.31, V76.2 (BPHC-defined) **V POV:** ICD V72.32, V76.47, V76.49, 795.06 **V PROCEDURE**: ICD 91.46.
SELECTED IMMUNIZATIONS	**V CPT:** 90633-90634, 90645-90648; 90657-90660; 90669; 90700-90702; 90704-90716; 90718; 90720-90721; 90723; 90743-90744; 90748 (BPHC-defined) **V IMMUNIZATION**: CVX codes 83 HEP A PED; 84 HEP A PED; 46 HIB; 47 HIBTITER; 48 ACTHIB; 49 PEDVAXHIB; 15 INFLUENZA PED; 16 INFLUENZA, WHOLE; 111 INTRANASAL INFLUENZA; 100 PNEUMO PED; 20 DTaP; 1 DTP; 28 DT PED; 2 OPV; 3 MMR; 4 MR; 5 MEASLES; 6 RUBELLA; 7 MUMPS; 9 Td-ADULT; 10 IPV; 21 VARICELLA; 94 MMRV; 113 TD (ADULT) PRESERVATIVE FREE; 115 TDAP; 22 DTP-HIB; 50 DTap-Hib; 110 DTaP-HepB-IPV; 43 HEP B ADLT; 8 HEP B PED; 51 HepB-Hib
CONTRACEPTIVE MANAGEMENT	**V POV:** V25.xx (BPHC-defined)
HEALTH SUPERVISION OF INFANT OR CHILD (0-11)	For any visit for patients age 0-11 as of June 30: **Clinic code**: 24 Well Child or 57 EPSDT **V POV:** primary or secondary diagnoses, V20.xx or V29.xx (BPHC-defined) **V CPT**: 99381-99383, 99391-99393, 99431-99433 (BPHC-defined)

Figures 5-11through 5-15 (which follow) show a sample RPMS UDS Table 6 report.

```
   SK    UDS 2007          DEMO INDIAN HOSPITAL                    Page 1
UDS No.   000001                              Date Run: Dec 27, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                            TABLE 6-
                SELECTED DIAGNOSES AND SERVICES RENDERED
-----------------------------------------------------------------------------
                               Applicable      Number of    # of Pts
                               icd-9-cm        Encounters by w/this prim
                               code            prim dx       Dx
DIAGNOSTIC CATEGORY                                  (a)           (b)
-----------------------------------------------------------------------------

SELECTED INFECTIOUS AND PARASITIC DISEASES
 1.   Symptomatic HIV          042.,042.xx,079.53    18           10
_____
 2.   Asymptomatic HIV              V08               0            0
_____
 3.   Tuberculosis             010.xx-018.xx          5            5
_____
 4.   Syphilis and other sexually
        transmitted diseases   090.xx-099.xx         57           45

_____
SELECTED DISEASES OF THE RESPIRATORY SYSTEM
_____
 5.   Asthma                     493.xx           2,342        1,445
_____
 6.   Chronic bronchitis and   490.xx-492.xx
        emphysema                496.xx           2,304        1,616

_____
SELECTED OTHER MEDICAL CONDITIONS
_____
 7.   Abnormal breast findings, 174.xx; 198.81;
        female                 233.0x; 793.8x       155           57
_____
 8.   Abnormal cervical findings 180.xx; 198.82;
                                233.1x; 795.0x       904          606
_____
 9.   Diabetes mellitus        250.xx; 775.1x    12,441        2,532
_____
10.   Heart disease (selected) 391.xx-392.0x
                               410.xx-429.xx      2,148          969
_____
11.   Hypertension             401.xx-405.xx      6,440        2,798
_____
12.   Contact dermatitis and      692.xx
        other eczema                             1,335        1,143
_____
13.   Dehydration                276.5x             149          129
_____
14.   Exposure to heat or cold 991.xx-992.xx        21           20
_____
```

Figure 5-11: Sample RPMS UDS Report for Table 6, Page 1

```
  SK    UDS 2007          DEMO INDIAN HOSPITAL                    Page 2
UDS No.  000001                                  Date Run: Dec 27, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                                 TABLE 6-
                   SELECTED DIAGNOSES AND SERVICES RENDERED
------------------------------------------------------------------------------
                               Applicable       Number of   # of Pts
                               icd-9-cm         Encounters by  w/this prim
                               code             prim dx       Dx
DIAGNOSTIC CATEGORY                                 (a)           (b)
------------------------------------------------------------------------------

SELECTED CHILDHOOD CONDITIONS
_____
15.  Otitis Media and other eustachian tube
        disorders              381.xx-382.xx       5,848         3,847
_____
16.  Selected perinatal medical  770.xx; 771.xx; 773.xx
         conditions              774.xx-779.xx
                                 excluding 779.3x    280          181
_____
17.  Lack of expected normal    260.xx-269.xx; 779.3x
      physical development       783.3x-783.4x
      (such as delayed milestone;
      failure to gain weight; failure to
      thrive)-does not include sexual
      or mental development;
      Nutritional deficiencies                       165           58
_____

SELECTED MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS
_____
                                291.xx; 303.xx;
18.  Alcohol related disorders  305.0x, 357.5x       200          114
_____
19.  Other substance related    292.1x-292.8x
      disorders (excluding tobacco 304.xx, 305.2x-305.9x
      use disorders)            357.6x, 648.3x       154          102
_____
20a. Depression and other mood  296.xx, 300.4
        disorders               301.13, 311.xx      3,563         965
_____
                                300.0x, 300.21, 300.22
20b. Anxiety disorders including 300.23, 300.29, 300.3
       PTSD                     308.3, 309.81        981          400
_____
20c. Attention Deficit and      312.8x, 312.9x,
        disruptive behavior disorders 313.81, 314.xx  638         182
_____
```

Figure 5-12: Sample RPMS UDS Report for Table 6, Page 2

```
  SK    UDS 2007           DEMO INDIAN HOSPITAL                    Page 3
UDS No.  000001                                     Date Run: Dec 27, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                                TABLE 6-
                   SELECTED DIAGNOSES AND SERVICES RENDERED
-------------------------------------------------------------------------------
                              Applicable       Number of    # of Pts
                              icd-9-cm         Encounters by w/this prim
                              code             prim dx       Dx
DIAGNOSTIC CATEGORY                                 (a)           (b)
-------------------------------------------------------------------------------

                              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 5-13: Sample RPMS UDS Report for Table 6, Page 3

```
  SK    UDS 2007            DEMO INDIAN HOSPITAL                   Page  4
UDS No.  000001                               Date Run: Dec 27, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                               TABLE 6-
                    SELECTED DIAGNOSES AND SERVICES RENDERED
------------------------------------------------------------------------------
                                 Applicable      Number of       # of Pts
                                 icd-9-cm or     Encounters
                                 CPT-4 codes
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    1,049        1,009
_____
22.  Mammogram                   CPT-4: 76090-76092, G0202, G0204, G0206
                                 77055-77057, 77058-77059
                                 ICD-9: V76.11, V76.12
                                 VProc 87.36-.37
                                 WH Screening Mammogram
                                 WH Mammogram DX Bilat
                                 WH Mammogram DX Unilat   1,347        972
_____
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; 795.06;
                                 VLab Pap Smear; WH Pap Smear;
                                 VProc 91.46; LOINC & site
                                 defined taxonomies    5,344        4,557
_____
24.  Selected immunizations;     CPT-4: 90633-90634
      Hepatitis A, Hemophilius   90645-90648, 90657-90660
      Influenza B (HIB),         90669, 90700-90702
      Influenza virus,           90704-90716, 90718
      Pneumococcal, Diphtheria,  90720-90721, 90723
      Tetanus, Pertussis (DTap)  90743-90744, 90748
      (DTP)(DT), Mumps, Measles, CVX: 83-84, 46-49, 15, 16
      Rubella, Poliovirus,       111, 100, 20, 01, 28
      Varicella,                 02-07, 09-10, 21, 94, 113, 115
      Hepatitis B Child          22, 50, 110, 43
                                 08, 51                 5,141        3,996
_____
25.  Contraceptive Management     ICD-9: V25.xx         4,425        2,426
_____
```

Figure 5-14: Sample RPMS UDS Report for Table 6, Page 4

```
  SK    UDS 2007          DEMO INDIAN HOSPITAL                    Page 5
UDS No.  000001                               Date Run: Dec 27, 2007
Reporting Period:  Jan 01, 2007 through Dec 31, 2007

                              TABLE 6-
                   SELECTED DIAGNOSES AND SERVICES RENDERED
--------------------------------------------------------------------------
                             Applicable       Number of      # of Pts
                             icd-9-cm or       Encounters
                             CPT-4 codes
SERVICE CATEGORY                                   (a)           (b)
--------------------------------------------------------------------------

26.  Health supervision of infant Clinic code 24, 57;
       or child (ages 0 - 11)    ICD-9: V20.xx; V29.xx
                                 CPT-4: 99391-99393;
                                 99381-83; 99431-33      4,259         1,774
_____

SELECTED DENTAL SERVICES
_____
27.  I. Emergency Services       ADA: 9110                   223           214
_____
28.  II. Oral Exams              ADA: 0120, 0140, 0145, 0150
                                 0160, 0170, 0180      6,930         5,219
_____
29.      Prophylaxis - adult     ADA: 1110, 1120,
           or child                                         465           449
_____
30.      Sealants                ADA: 1351                   471           407
_____
31.      Fluoride treatment -    ADA: 1201, 1203, 1204, 1205
           adult or child        1206, ICD-9 V07.31    1,090           927
_____
32.  III. Restorative Services   ADA: 21xx, 23xx, 27xx  1,653         1,204
_____
33.  IV. Oral Surgery            ADA: 7111, 7140, 7210, 7220
        (extractions and other   7230, 7240, 7241, 7250, 7260, 7261
        surgical procedures)     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 5-15: Sample RPMS UDS Report for Table 6, Page 5

5.3   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 3.1.1 Locations to identify all visit locations that are eligible.)

To begin:

1. From the UDS 2007 Main Menu, type **REP** at the "Select UDS 2007 Option:" prompt.

```
                  *********************************************
                  **      RPMS UNIFORM DATA SYSTEM (UDS)     **
                  **                  2007                   **
                  *********************************************
                              DEMO INDIAN HOSPITAL
                              Version 2.0 Patch 4


   REP     Reports ...
   MU      Manager Utilities ...

Select UDS 2007 Option: REP  Reports...
```
Figure 5-16: UDS 2007 Main Menu

2. The UDS 2007 Reports menu displays (*Figure 5-17*).

```
                  **************************************
                  **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                  **          2007 Reports            **
                  **************************************
                          DEMO INDIAN HOSPITAL
                          Version 2.0 Patch 4


   Z       Center/Grantee Profile:  Patients by Zip Code
   3A      Table 3A: Patients by Age and Gender
   3B      Table 3B: Patients by Ethnicity/Race/Language
   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 5-17: RPMS UDS 2007 Reports Menu

3. 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 5-18*).

```
                         DEMO INDIAN HOSPITAL
                            UDS 2007

UDS searches your database to find all visits (encounters) and related patients
during the time period selected. Based on the UDS definition, to be considered
a patient 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),
      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 patients
(columns b and c only) by primary provider discipline.
Enter your site:
```

Figure 5-18: 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:  Patients by Zip Code
     2    Table 3A: Patients by Age and Gender
     3    Table 3B: Patients 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 5-19: 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., 2007.

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 2007 UDS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:

Enter the Calendar Year.  Use a 4 digit year, e.g. 2003, 2007
Enter Calendar Year:  2007  (2007)

     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, 2007 to Mar 31,
2007

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

Figure 5-20: Running UDS Reports, steps 6-10, selecting the Time Period

6.0   Patient Lists

For each report, RPMS UDS can also produce a corresponding list of 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:

- Patient List by zip code
- Patient List with age, gender, ethnicity and visit information, used with Tables 3A and 3B
- Staffing (Provider) List categorized by BPHC-defined categories to assist in manual calculations of Table 5 column A (FTEs)
- Patient List categorized by primary provider type, used with Table 5, columns B (Encounters) and C (Patients)
- 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 (Patients)
- Patient List for patients with multiple visits occurring on the same day within the same major service category that is reported on Table 5, column B
- 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.

Patient lists are run from the Manager Utilities menu option. Because patient 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.

6.1   Patient List Definitions

ZIP All Patients w/Visits by Zip (Center/Grantee Profile)
This report 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 Patients 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 30th 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 and with whom patients had encounters during the report period where the provider was the primary provider, categorized by BPHC-UDS-defined service categories. You should use this list to manually calculate FTEs for each staff category to document in Table 5 column A (FTEs).

SER All Patients 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.

MUL All Patients w/Multiple Visits in Service Categories (Table 5, columns B and C)
This lists all patients who had more than one encounter on a single day for any of the six major BPHC Service Categories.

DIAG All Patients by Selected 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.

6.2   How to Run Patient and Provider Lists

RPMS UDS will produce *both* the summary table report and the corresponding patient list. This will enable you 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 2007 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)  **
                    **       2007 Manager Utilities     **
                    ***************************************
                              DEMO INDIAN HOSPITAL
                              Version 2.0 Patch 4


   SET    Update/Review Site Parameters
   LST    Patient and Provider Lists ...
   TAX    Update Taxonomies for Use with UDS 2007

Select Manager Utilities Option:  LST  Patient and Provider Lists ...
```
Figure 5-21: Manager Utilities menu

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

```
                    ***************************************
                    **  RPMS UNIFORM DATA SYSTEM (UDS)  **
                    **  2007 Patient and Provider Lists **
                    ***************************************
                              DEMO INDIAN HOSPITAL
                              Version 2.0 Patch 4


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

Select Patient and Provider Lists Option:
```
Figure 5-22: Patient and Provider Lists menu

4. A message is displayed (*Figure 5-23*) 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.

5. A patient list description and definition displays (*Figure 5-23*).

```
Select Patient and Provider Lists Option: USV  All Patients w/Visits by Age, Gen


                          DEMO INDIAN HOSPITAL
                              UDS 2007
NOTE: Patient 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 Patient List option documents the individual 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 patients
during the time period selected. Based on the UDS definition, to be counted
as a patient, 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),
      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 PATIENTS 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.
```

Figure 5-23: Patient List, Steps 3-5

6. If you selected M Multiple/All Lists, another list will be displayed (*Figure 5-24*). Type in the numbers corresponding to the patient 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 Patient and Provider List Selection

     1    Center/Grantee Profile:  Patients by Zip Code
     2    Patients by Age, Gender, Race (Tables 3A & 3B)
     3    All patients 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 patients w/Multiple Visits in Svc Cats (Table 5 col B&C)
     7    All Patients by Selected Primary Diagnosis (Table 6)
     8    ALL Tables
Include which Lists:  (1-8): 1// 1-3,5
```

Figure 5-24: Selecting Multiple Lists

7. Enter your site name at the "Enter your site:" prompt.

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 patient 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.

```
Enter your site:     DEMO INDIAN HOSPITAL

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, 2007
Enter Calendar Year:  2007  (2007)

     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, 2007 to Dec 31, 2007

Depending on the size of your database, this report may take 2-4 hours to run
and produce patient 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 5-25: Patient List, Steps 8-12

7.0   Rules of Behavior Overview

7.1   Background

The Indian Health Service (IHS) Information Technology (IT) Rules of Behavior (RoB) summarize the laws and guidance from various IHS, Department of Health and Human Services (HHS), and other Federal requirements. All users of IHS IT resources should be fully aware of, and abide by, IHS security policies as well as related federal policy contained in the Office of Management and Budget (OMB) Circular A-130, the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, the Freedom of Information Act (FOIA), and IHS Records Management Policy and procedures. These guidelines should be used by all IHS organizational components as a basis for their own security plans and procedures.

These RoBs are founded on the principles described in the IHS published security policies and other regulatory documents such as the Code of Ethics for Government Employees, Office of Personnel Management regulations, OMB regulations and Standard of Conduct for Federal Employees, HHS policy and procedure and NIST Special Publications. Therefore, these RoBs carry the same responsibility for compliance as the official documents.

7.2   Purpose

The purpose of this SOP is to establish the RPMS RoBs. The RPMS RoBs are part of a comprehensive program to provide complete information security. These guidelines were established to hold users accountable for their actions and responsible for information security. The RPMS RoBs establish standards of behavior in recognition of the fact that knowledgeable users are the foundation of a successful security program. Users need to understand that taking personal responsibility for the security of their computer and the data it contains is an essential part of their job.

IHS has many computer systems to which IHS, Tribal, or Urban (I/T/U) employees must be given access in order to accomplish their jobs. As each user processes into an organization upon initial employment, changes jobs within the organization, or leaves the organization, there is an opportunity and responsibility for the organization to give or take away access to IT systems. It is at these junctions in the employment process that the rules pertaining to this access should be explained to and agreed upon by the employer and the employee. It is the responsibility of the users, supervisors, and computer systems administrators to follow the policies, regulations, and procedures to protect and assure that IT resources are appropriately protected when authorizing access of IHS automated information and systems.

7.3   Scope

This SOP applies to all IHS organizational components including, but not limited to, IHS headquarters offices and functions; all IHS area office locations and functional areas; all IHS service units and functions; all IHS funded or direct supported health facilities or locations; also to be included are all IHS partners' facilities as described below. The term *facilities* includes all Indian Health Urban locations where health care is provided or managed; and all IHS or Tribally owned or operated hospitals, clinics or all other locations where the health care services are provided, managed or otherwise supported.

- Facilities managed by Tribes or Tribal organizations that have retained IT shares with the IHS shall follow this SOP in accordance with their contracts or compacts.

- It is recommended that facilities managed by Tribes or Tribal organizations that have taken their Information Technology shares follow this SOP.

- Contractors' facilities shall follow this SOP in accordance with their interconnection agreements with IHS.

- For the purposes of this document, the use of the term *IHS* is intended to include any of the above facilities and employees of same.

- These RoB procedures apply to all IHS facilities and are in accordance with HHS reporting requirements and directives.

- This also includes individuals conducting business on behalf of the IHS through contractual relationships, unless they are specifically excluded under the terms of their contract.

The policies contained in this SOP apply to all RPMS IT activities including the equipment, procedures, and technologies that are employed in managing these activities. The policy includes work performed while tele-working, on travel, at other off-site locations, and at all IHS office locations.

8.0   Specific RPMS Rules of Behavior

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the rules of behavior (RoB) and will have to acknowledge them in accordance IHS policy prior to being granted access to a RPMS system. The RPMS system is a United States Department of Health and Human Services, Indian Health Service information system that is FOR OFFICIAL USE ONLY. The system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

RPMS users must follow these RoB in addition to the RoB listed in the IHS General User Security Handbook and, if a privileged user, the RoB listed in the IHS Technical and Managerial Handbook.

> **IMPORTANT**: The RoBs listed in this document are specific to RPMS. For a listing of general RoB for all users, please see the IHS General User Security Handbook and for a listing of system administrators/managers rules, the IHS Technical and Managerial Handbook located at http://home.ihs.gov/ITSC-CIO/security/secpgm/ITproced.cfm.

8.1   All RPMS Users

In addition to these rules, each application may include additional RoBs, which may be defined within the individual application's documentation (e.g., PCC, Dental, Pharmacy).

8.1.1   Access

RPMS Users Shall:

√   Only use data for which you have been granted authorization.

√   Only give information to personnel who have access authority and have a need to know.

√   Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer *before* providing any type of information system access, sensitive information, or non-public agency information.

√   Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Chapter 6 OMS Limited Personal Use of Information Technology Resources TN 03-05," August 6, 2003.

Users Shall Not:

X   Retrieve information for someone who does not have authority to access the information.

X   Access, research, or change any user account, file, directory, table, or record not required to perform your OFFICIAL duties.

X   Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.

X   Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their job or by divulging information to anyone not authorized to know that information.

8.1.2   Logging On To The System

RPMS Users Shall:

√   Have a unique User Identification/Account name and password.

√   Be granted access based on authenticating the account name and password entered.

√   Be locked out of an account after 5 successive failed login attempts within a specified time period (e.g., one hour).

8.1.3   Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

Users Shall:

√ Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the function they perform such as system administrator or application administrator.

√ Acquire a written preauthorization in accordance with IHS polices and procedures prior to interconnection to or transferring data from RPMS.

8.1.4   Accountability

Users Shall:

√ Behave in an ethical, technically proficient, informed, and trustworthy manner.

√ Logout of the system whenever they leave the vicinity of their PC.

√ Be alert to threats and vulnerabilities in the security of the system.

√ Report all security incidents to their local Information System Security Officer (ISSO)

√ Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.

√ Protect all sensitive data entrusted to them as part of their government employment.

√ Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes.

8.1.5   Confidentiality

Users Shall:

√ Be aware of the sensitivity of electronic and hardcopy information, and protect it accordingly.

√ Store hardcopy reports/storage media containing confidential information in a locked room or cabinet.

√ Erase sensitive data on storage media, prior to reusing or disposing of the media.

√ Protect all RPMS terminals from public viewing at all times.

√ Abide by all HIPAA regulations to ensure patient confidentiality.

Users Shall:

√ Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the function they perform such as system administrator or application administrator.

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√ Erase sensitive data on storage media, prior to reusing or disposing of the media.

√ Protect all RPMS terminals from public viewing at all times.

√ Abide by all HIPAA regulations to ensure patient confidentiality.

Users Shall Not:

X   Use common words found in any dictionary as a password.

X   Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).

X   Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.

X   Reuse passwords. A new password must contain no more than five characters per 8 characters from the previous password.

X   Post passwords.

X   Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

X   Give a password out over the phone.

8.1.8 Backups

Users Shall:

√ Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.

√ Make backups of systems and files on a regular, defined basis.

√ If possible, store backups away from the system in a secure environment.

8.1.9 Reporting

Users Shall:

√ Contact and inform your ISSO that you have identified an IT security incident and you will begin the reporting process by providing an IT Incident Reporting Form regarding this incident.

√ Report security incidents as detailed in IHS SOP 05-03, *Incident Handling Guide*.

Users Shall Not:

X   Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

8.1.10   Session Time Outs

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

Users Shall:

√   Utilize a screen saver with password protection set to suspend operations at no greater than 10-minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on your screen after some period of inactivity.

8.1.11   Hardware

Users Shall:

√   Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).

√   Keep an inventory of all system equipment.

√   Keep records of maintenance/repairs performed on system equipment.

Users Shall Not:

X   Do not eat or drink near system equipment.

8.1.12   Awareness

Users Shall:

√   Participate in organization-wide security training as required.

√   Read and adhere to security information pertaining to system hardware and software.

√   Take the annual information security awareness.

√   Read all applicable RPMS Manuals for the applications used in their jobs.

8.1.13   Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

a) Are in writing;

b) Provide authentication of the remote user through the use of ID and password or other acceptable technical means;

c) Outline the work requirements and the security safeguards and procedures the employee is expected to follow;

d) Ensure adequate storage of files, removal and non-recovery of temporary files created in processing sensitive data, virus protection, intrusion detection, and provides physical security for government equipment and sensitive data; and

e) Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote Users Shall:

√   Remotely access RPMS through a virtual private network (VPN) when ever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote Users Shall Not:

X   Disable any encryption established for network, internet and web browser communications.

8.2   RPMS Developers

Developers Shall:

√   Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.

√   Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.

√   Only access information or code within the namespaces for which they have been assigned as part of their duties.

√   Remember that all RPMS code is the property of the U.S. Government, not the developer.

√   Shall not access live production systems without obtaining appropriate written access, shall only retain that access for the shortest period possible to accomplish the task that requires the access.

√   Shall observe separation of duties policies and procedures to the fullest extent possible.

√   Shall document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change and reason for the change.

√   Shall use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.

√   Shall follow industry best standards for systems they are assigned to develop or maintain; abide by all Department and Agency policies and procedures.

√   Shall document and implement security processes whenever available.

Developers Shall Not:

X   Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.

X   Grant any user or system administrator access to RPMS unless proper documentation is provided.

X   Not release any sensitive agency or patient information.

8.3   Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators have added responsibilities to ensure the secure operation of RPMS.

Privileged Users Shall:

√ Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.

√ Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.

√ Advise the system owner on matters concerning information technology security.

√ Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.

√ Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.

√ Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need to know basis.

√ Verify that users have received appropriate security training before allowing access to RPMS.

√ Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.

√ Document and investigate known or suspected security incidents or violations and report them to the ISSO, CISO, and systems owner.

√ Protect the supervisor, superuser or system administrator passwords.

√ Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).

√ Watch for unscheduled, unusual, and unauthorized programs.

√ Help train system users on the appropriate use and security of the system.

√ Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.

√ Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.

√ Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and back up files.

√   Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.

√   Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.

√   Shall follow industry best standards for systems they are assigned to; abide by all Department and Agency policies and procedures.

Privileged Shall Not:

X   Access any files, records, systems, etc., that are not explicitly needed to perform their duties

X   Grant any user or system administrator access to RPMS unless proper documentation is provided.

X   Not release any sensitive agency or patient information.

9.0   Specific UDS RoBs

There are no specific RoBs that are applicable to UDS.

10.0   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.
Enter Key	Used interchangeably with the Return key. Press the **Enter** 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.

Term	Definition
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).
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.

Term	Definition
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.
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.

Term	Definition
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
Tagged	Marked with a specific identifier

Term	Definition
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.

11.0   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 Manual*.

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 4.1.2 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

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 6.2)

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 5.3)

10. Review the results to identify any RPMS data issues. If you think the summary reports are substantially inaccurate (e.g., total patients or encounters are too low or too high), run and review associated 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, patient 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 6.0)

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 patient lists) (REP menu option). (Section 5.3)

14. Run the All Patients w/Multiple Visits in Srv Cats patient list to see if there are patients with multiple visits on the same day for the same service category. If there are, determine which visit will be kept and adjust the final report counts accordingly on Table 5 (column B Encounters) and Table 6 (column A Encounters).   This step is necessary since the UDS application does not disregard these visits. (Section 5.2.3.2)

15. To complete column A on Table 5, run the Staff List report and manually calculate your FTEs by BPHC-defined provider categories. (Section 6.2)

16. Manually enter your summary data from the RPMS UDS reports into your BPHC UDS software.

12.0   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 (Lines 1 – 15)

  - Physicians - M.D.s and D.O.s, except psychiatrists, pathologists, radiologists, naturopaths, and chiropractors
  - 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. Medical records and patient support staff are not reported here.

- **Dental Services (Lines 16 – 19)**

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

- **Mental Health Services (Lines 20a-20c and 20)**

  - Psychiatrists
  - Other licensed clinicians - psychiatric nurses, psychiatric social workers, clinical psychologists, clinical social workers, and family therapists
  - Other mental health staff providing counseling, treatment or support services related to mental health professionals

- **Substance Abuse Services (Line 21)** - 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 (Line 22)** - Occupational and physical therapists, nutritionists, podiatrists, optometrists, naturopaths, chiropractors, acupuncturists, and other staff professionals providing health services. Note: WIC nutritionists and others working in WIC programs are now reported on Line 29a, Other Programs and Services.

- **Pharmacy Services (Line 23)** – Pharmacists (including clinical pharmacists), pharmacist assistants and others supporting pharmaceutical services. Note that effective 2005, the time (and cost) of individuals spending all or part of their time in assisting patients to apply for free drugs from pharmaceutical companies are to be classified as "other enabling workers" on line 28.

- **Enabling Services (Lines 24 – 29)**

  - 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 as well as paraprofessionals and locally trained staff.
  - Patient and Community Education Specialists - health educators, community education specialists, family planning workers, 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. Note that virtually all medical staff provide health education at some point. Only count those individuals whose time is being dedicated exclusively to health education for the period being counted.
  - Outreach Workers - individuals conducting case finding, education or other services to identify potential clients and/or facilitate access/referral of clients to available services.
  - Eligibility Assistance Workers – all staff providing assistance in securing access to available health, social service, pharmacy and other assistance programs, including Medicaid, WIC, SSI, food stamps, TANF, and related assistance programs.
  - Personnel Performing Other Enabling Service Activities - all other staff performing services as enabling services, such as child care, referral for housing assistance, interpretation and translation.

- **Other Program Related Services Staff (Line 29a)**

  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 (Lines 30 – 33)**

  - Administration - executive director, the corporate administrative portion of the medical director, physicians or nurses with corporate (not clinical) administrative responsibilities, secretaries, fiscal and billing personnel, and 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 or other funds included in the scope of the project.

13.0 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 Otolaryngol B5 Pulmonologist B3 Rheumatologist A1 Sports Medicine Physician 77 Surgeon 78 Urologist	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
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
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 B8 Surgical Technician	
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) B7 Dental Health Aide Therapist	

Line	Personnel by Major Service Category	IHS Provider Code	Column B
20a	Psychiatrists **Note**: For Table 5, Columns B & C, count only encounters (visits) and associated patients for listed Provider Codes <u>that do NOT have</u> POV 303.*, 304.*; 305.*, or Behavioral Health System (BHS) Problem Codes 27-30 (i.e., any visits/patients who are *not* included in Line 21 definition below).	49 Contract Psychiatrist 81 Psychiatrist	Y
20b	Other Licensed Mental Health Providers **Note**: For Table 5, Columns B & C, count only encounters (visits) and associated patients for listed Provider Codes <u>that do NOT have</u> POV 303.*, 304.*; 305.*, or Behavioral Health System (BHS) Problem Codes 27-30 (i.e., any visits/patients who are *not* 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

Line	Personnel by Major Service Category	IHS Provider Code	Column B
20c	Other Mental Health Staff **Note**: For Table 5, Columns B & C, count only encounters (visits) and associated patients for listed Provider Codes <u>that do NOT have</u> POV 303.*, 304.*; 305.*, or Behavioral Health System (BHS) Problem Codes 27-30 (i.e., any visits/patients who are *not* included in Line 21 definition below.)	94 Mental Health (BA/BS only) A7 Domestic Violence Counselor	Y
21	Substance Abuse Services **Note**: **Except for provider code 48 Alcoholism/Sub Abuse Counselor,** for Table 5, Columns B & C, count only encounters (visits) and associated patients for listed Provider Codes <u>AND</u> any POV 303.*, 304.*; 305.*, or Behavioral Health System (BHS) Problem Code 27-30. **Provider code 48 does not require a specific POV.**	48 Alcoholism/Sub Abuse Counselor 49 Contract Psychiatrist 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) 81 Psychiatrist 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 97 Nutrition Technician 07 Nutritionist 90 Occupational Therapist 31 Optometric Assistant 08 Optometrist 65 Optometry Student 51 Papago Nutrition Program 10 Physical Therapist C2 Physical Therapy Technician 33 Podiatrist 26 Respiratory Therapist 39 Speech Therapist 58 Speech Ther-Discontinue 42 Speech/Language Path 93 Traditional Medicine Practitioner 34 Tribal/Contract Nutritionist B9 Chaplain	Y

Line	Personnel by Major Service Category	IHS Provider Code	Column B
23	Pharmacy personnel	67 Clinical Pharmacy Specialist 09 Pharmacist 30 Pharmacy Practitioners A8 Pharmacy Tech C1 Pharmacy Student	
24	Case Managers	66 Case Managers	Y
25	Patient and Community Education Specialists	04 Health Educator 37 Family Planning Counselor	Y
26	Outreach workers	53 Community Health Representative 35 Outreach Workers	
27	Transportation staff	40 Ambulance Driver	
27a	Eligibility Assistance Workers	None	
28	Other Enabling Services	91 PHN Driver/Interpreter	
29A	Other Programs and Services	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	
35	Unassigned	15 Other (if Location Name does not begin with "CHS") Any qualifying visit where the primary provider code is not included above	

14.0   Contact Information

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

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