

UDS Edits Review

Slide #	Edit	Edit Explanation	Considerations
17 Patient	Patient Numbers Do Not Agree by Insurance	Tables ZIP and 4: Total patients by insurance reported on the ZIP code table is not equal to the same insurance categories reported on Table 4.	
	SOGI Reporting Questioned	Table 3B: All patients by gender identity have been reported as male or female.	
	Patient Numbers Do Not Agree on Tables 3A/4	Tables 3A and 4: Total patients age 18 and older on Table 4, line 12, is not equal to the sum of Lines 19 - 38 on Table 3A.	
	Grant Count More than Universal	Tables 3A, 3B, and 4: The value reported on the Grant report, for line 1, column a, is greater than the number reported on the Universal report for the same line.	
26 Services	Tables 3A and 5 Patient Conflict	Tables 3A and 5: The total of medical patients reported on Line 15 Column c through enabling service patients reported on Line 29 Column c on Table 5 equals the total patients reported on Table 3A, line 39.	
	Medical Visits per Patient	Table 5: Medical visits per medical patient (4.75) varies substantially from national average. (<i>Note: 3.13 nationally</i>)	
	Inter-year Patients Questioned	Table 5: A large change in dental patients from the prior year is reported on Line 19 Column c.	
Slide 42 Clinical	Visits per Patient Questioned	Table 6A: Immunization visits per patient (2.91) on Line 24 is high compared with the national average. (<i>Note: 1.36 nationally</i>)	
	Universe of Patients in Question	Table 6B: You are reporting 64% of total possible medical patients in the universe for the Cervical Cancer Screening measure (line 11 Column A). This appears low compared to estimated medical patients in the age group being measured. (<i>Note: 93% nationally</i>)	
	Compliance Rate Questioned	Table 6B: A compliance rate of 100% is reported for the Colorectal Cancer Screening measure, Line 19. (<i>Note: 42% nationally</i>)	
	Universe in Question	Tables 3A, 5, and 7: Based on the universe for total patients with Hypertension reported on Line i Column 2a we estimate a prevalence rate of 43%. This appears high compared to national averages. (<i>Note: 27% nationally</i>)	
	Patients with Diabetes by Race or Ethnicity in Question	Tables 3B and 7: The total number of Asian patients with diabetes reported on Table 7 (100) is high compared to total Asian patients reported on Table 3B (200).	

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Slide 50 Prenatal	No First Prenatal Visit with Other Provider Reported	Table 6B: No prenatal patients are reported as beginning care with another provider.	
	Low Birthweight Questioned	Table 7: The total "Black/African American" (Line 1c+2c) LBW and VLBW percentage (25%) of births reported appears high (<i>Note: 12% nationally</i>)	
	Inter-year Patients Questioned	Table 7: The total number of Asian prenatal care patients who delivered reported on Table 7 (15) is high compared to total Asian patients reported on Table 3B (50).	
	Deliveries in Question	The total deliveries on table 7 Line i Column 1a is equal to the total babies delivered by birth weight in Columns. (<i>Note: 1 in 30 babies is born a twin, CDC</i>)	
	Number Delivering Questioned	Tables 6B and 7: The total women delivering (200) on Table 7 seems high when compared to the number of women in the prenatal program (260) on Table 6B. (<i>Note: 52% nationally</i>)	
Slide 65 Staff and cost	Productivity Questioned	Table 5: A significant change in Productivity (visits/FTE) of Family Physicians Line 1 (5982) is reported from the prior year (2958).	
	Quality Improvement in Question	Tables 5 and 8A: You report QI Costs in Table 8A, but no FTEs are reported on Table 5 (Line 29b).	
	Cost per Visit	Tables 5 and 8A: Mental health cost per visit is substantially different than the prior year. Current Year (\$118.26); Prior Year (\$85.64).	
	Overhead Costs Questioned on Line 12	Table 8A: You report direct costs on line 12, Other Related Services, but no overhead allocation has been made.	

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Slides 83 and 84 income, insurance , and payer	Member Months in Question	Table 4: A large number of Medicaid member months is reported compared with the total Medicaid enrollment served reported on Line 8.	
	Patients Unknown Income Questioned	Table 4: More than 50% of total patients are reported as having Unknown income.	
	Inter-year Change in Uninsured Patients	Table 4: The percentage of Uninsured patients to total patients has significantly increased when compared to prior year. Current Year 33%; Prior Year = 14%.	
	CHIP	Table 4: More than 25% of CHIP patients are adults.	
	Change in Collections in Question	Table 9D: A large change from the prior year in collections per medical+dental+mental health visit is reported.	
	Self-Pay Reporting in Question	Table 9D: More collections and write-offs are reported than charges for self-pay, Line 13.	
	FQHC Medicaid Non-Managed Care Retroactive Payments Questioned	Table 9D: FQHC Medicaid Non-Managed Care retros exceed 50% of collections.	
	Possible Material Reclassification Problem	Table 9D: The self pay collection rate 0.76 exceeds the combined collection rate for Medicare and Private Insurance 0.52.	
	Large change in accounts receivable for Total Medicaid is reported	Table 9D: Total Medicaid, Line 3: When we subtract collections (Column b) and adjustments (Column d) from your total Medicaid charges (Column a) there is a large difference 53%.	
Slides 83 and 84 income, insurance , and payer	Charge to Cost Ratio Questioned	Tables 8A and 9D: Total charge to cost ratio of 0.7 is reported which suggests that charges are less than costs.	
	Inter-year Capitation PMPM questioned	Tables 4 and 9D: The average Medicaid capitation PMPM reported on Line 2a \$56 is significantly different from the prior year \$24. Please correct or explain.	
	Patient Revenue Reported in Question	Tables 4 and 9D: Private Managed Care Collections are reported on Table 9D with no matching Private Managed Care Member months on Table 4, Line 13c Column d.	