## **UDS Submission Checklist**

2019

Use this checklist as a reference to ensure a complete, accurate, and on-time UDS submission. It is common for multiple people to contribute to reporting. The lead preparer should organize the team, the report and review activities, and the submission process early.

| <ul> <li>days before submission.</li> <li>Review comments and questions that your<br/>Reviewer sent last year.</li> <li>Pull your health center's prior year UDS<br/>Report from the Electronic Handbooks (EHB).</li> <li>Pull your health center's prior year UDS<br/>Report from the Electronic Handbooks (EHB).</li> <li>Compare key metrics across years.<br/>Investigate large increases or decreases for<br/>accuracy. At minimum, review:         <ul> <li>Tables 3A, 3B, 4, and ZIP: Patient<br/>demographic, income, and insurance<br/>shifts, and special population counts,</li> <li>Tables 5, 6A, and 8A: Patient, visits, and<br/>costs by service category,</li> <li>Tables 6B and 7: Universe and compliance<br/>for each measure, and</li> <li>Tables 8A, 9D, and 9E: Ratio of total costs<br/>to total cash revenues.</li> </ul> </li> <li>Check answers to flagged edits for adequacy.</li> <li>Edits help to identify potential issues with your<br/>data prior to submission and must be addresse<br/>through meaningful explanations. Explanations<br/>such as, "Looking into it," "This is what the dat<br/>say," or "Verified with our EHR vendor" are not<br/>acceptable.<br/><i>Note: If your program activity is not in line with</i></li> </ul>  |  |  |
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| <ul> <li>Report available for internal review at least 2 days before submission.</li> <li>Review comments and questions that your Reviewer sent last year.</li> <li>Pull your health center's prior year UDS Report from the Electronic Handbooks (EHB).</li> <li>Compare key metrics across years. Investigate large increases or decreases for accuracy. At minimum, review:         <ul> <li>Tables 3A, 3B, 4, and ZIP: Patient demographic, income, and insurance shifts, and special population counts,</li> <li>Tables 5, 6A, and 8A: Patient, visits, and costs by service category,</li> <li>Tables 6B and 7: Universe and compliance for each measure, and</li> <li>Tables 8A, 9D, and 9E: Ratio of total costs</li> </ul> </li> <li>Check answers to flagged edits for adequacy.</li> </ul>   | Activity   | Notes  |
| <ul> <li>Reviewer sent last year.</li> <li>Reviewer sent last year.</li> <li>after year. Reviewing the letter will help to identify common mistakes to avoid.</li> <li>Pull your health center's prior year UDS Report from the Electronic Handbooks (EHB).</li> <li>Compare key metrics across years. Investigate large increases or decreases for accuracy. At minimum, review:         <ul> <li>Tables 3A, 3B, 4, and ZIP: Patient demographic, income, and insurance shifts, and special population counts,</li> <li>Tables 5, 6A, and 8A: Patient, visits, and costs by service category.</li> <li>Tables 6B and 7: Universe and compliance for each measure, and</li> <li>Tables 8A, 9D, and 9E: Ratio of total costs to total cash revenues.</li> </ul> </li> <li>Check answers to flagged edits for adequacy.</li> <li>Edits help to identify potential issues with your data prior to submission and must be addresse through data changes (where appropriate) or through meaningful explanations. Explanations such as, "Looking into it," "This is what the dat say," or "Verified with our EHR vendor" are not acceptable. Note: If your program activity is not in line with</li> </ul>  | Report available for internal review at least 2  | yourself sufficient time to review the report for  |
| <ul> <li>Report from the Electronic Handbooks (EHB).</li> <li>Compare key metrics across years.<br/>Investigate large increases or decreases for<br/>accuracy. At minimum, review:         <ul> <li>Tables 3A, 3B, 4, and ZIP: Patient<br/>demographic, income, and insurance<br/>shifts, and special population counts,</li> <li>Tables 5, 6A, and 8A: Patient, visits, and<br/>costs by service category,</li> <li>Tables 6B and 7: Universe and compliance<br/>for each measure, and</li> <li>Tables 8A, 9D, and 9E: Ratio of total costs<br/>to total cash revenues.</li> </ul> </li> <li>Check answers to flagged edits for adequacy.</li> </ul> |  |  |
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| data prior to submission and must be addressed<br>through data changes (where appropriate) or<br>through meaningful explanations. Explanations<br>such as, "Looking into it," "This is what the dat<br>say," or "Verified with our EHR vendor" are not<br>acceptable.<br><i>Note: If your program activity is not in line with</i>  | <ul> <li>Investigate large increases or decreases for accuracy. At minimum, review:</li> <li>Tables 3A, 3B, 4, and ZIP: Patient demographic, income, and insurance shifts, and special population counts,</li> <li>Tables 5, 6A, and 8A: Patient, visits, and costs by service category,</li> <li>Tables 6B and 7: Universe and compliance for each measure, and</li> <li>Tables 8A, 9D, and 9E: Ratio of total costs</li> </ul> | substantial change in the service delivery model<br>(new services, change in number or type of<br>providers, or change in number of patients<br>served), year-to-year changes are generally<br>minor.<br><i>Note: If your program has experienced a</i><br><i>significant change in activity, it is advisable to</i><br><i>provide a brief explanation in the report</i>   |
| program's impact and variance from the comparison in the edit comment(s).   | Check answers to flagged edits for adequacy.   | data prior to submission and must be addressed<br>through data changes (where appropriate) or<br>through meaningful explanations. Explanations<br>such as, "Looking into it," "This is what the data<br>say," or "Verified with our EHR vendor" are not<br>acceptable.<br><i>Note: If your program activity is not in line with</i><br><i>state and/or national averages, explain the</i><br><i>program's impact and variance from the</i> |
| Check that all tables are marked as complete. All tables must be marked as complete. Tables that are complete are shown with a green check mark.  | Check that all tables are marked as complete.  | that are complete are shown with a green check   |
|   |  | The health center staff person with submission rights in the EHB is responsible for reviewing and approving the UDS Report before submission.  |

