Uniform Data System
Now part of Netsmart

UDS-PROi® Software

The UDS-PROi® software integrates IRF-PAI data completion with reporting tools and a wide array of subscriber resources. For more information, contact our sales department at 1-888-848-8111, option 7 or udsmr_sales@ntst.com.

Enhanced user security features

The UDS-PROi® software employs two levels of user identification sign-in. Additional security controls are available via our optional SSO, LDAP, and two-factor authentications.

HL7® interfacing

The software's HL7® interfacing options allow for seamless clinical application data exchange between it and any HIS, EMR, and/or billing system. Interfacing some or all IRF-PAI data elements relieves manual data entry, reduces errors, and transforms your data-flow processes. In addition to interfacing options, UDSMR provides optional automated nightly and weekly data extractions of your IRF PPS database to your hospital's data warehouse.

Customizable case listing options

End-users can customize the case listing to suit their needs. In addition to customizing savable filters, users can select columns for display, customize their sorting preferences, and set the number of case records on display in the patient listing. Multiple IRF-PAIs can be printed from the case listing at a single time, and single or multiple cases can be locked or unlocked at once.

Custom fields

The software allows users to create custom fields to store additional data not included on the IRF-PAI. End-users can label and configure these fields in an array of formats, including text boxes, dates, drop-downs, and checkboxes.

Reports

The UDS-PROi® software includes a comprehensive set of performance and operational reports focused on CMS's IRF PPS payment and quality initiatives. These reports—a combination of real-time and nightly aggregated data—provide precise feedback on key IRF variables, as well as national, state, and regional comparatives. IRFs can use these reports to compare their IRF PPS quality indicator (QI) performance, as well as their IRF Quality Reporting Program results, to that of their peers in real time. Where appropriate, the reports incorporate CMS's data exclusion criteria, risk-adjustment calculations, and observed-to-expected ratios. Operational reports such as the Case-Mix Index Report, Medicare Data Completeness Report, Comprehensive Performance Report, and Census Report round out the reporting library. The Medicare Presumptive Eligibility Estimation Report calculates a facility's estimated compliance with CMS's 60% rule. Subscribers have reported that our projections have given them an estimate within 1% of their actual percentage of qualifying cases reported by their FI or MAC.

Dashboard, flags, and warnings

The software's many tools, logic checks, and warning flags help optimize accuracy and compliance. Flags alert users to the overuse of dashes for quality measure data items and identify fields that need to be corrected before data is submitted to CMS. Additional data-entry logic is included for the BIMS, section GG items, and skin integrity items. In addition, the case listing dashboard provides predictive data for 60% compliance status, CMG, expected length of stay, and payment.

CMS risk-adjusted expectations

UDSMR is the only vendor that uses CMS's calculation methodology to provide CMS's risk-adjusted discharge self-care and mobility expected values at admission. These highly valuable discharge projections can be accessed as soon as certain IRF-PAI data elements are entered—in some cases, as soon as seventy-two hours after the patient's admission.

QI Profile Reports

The Patient Profile Report graphs section GG self-care and mobility codes for up to four separate patient assessments (admission, interim, discharge, and follow-up). Case-based goals can be counterplotted across the chosen assessments to indicate the patient's status.

Informatics data

Our informatics module allows users to compare individual patients with national and regional CMG peer groups and provides valuable goal and discharge planning information for team conferences and case management.

Preadmission features

In keeping with the requirements outlined in the *Medicare Benefit Policy Manual*, the preadmission module helps facilities demonstrate medical necessity, comply with required timelines, capture appropriate screener and physician signatures, and capture all required preadmission assessment elements, including the functional items in section GG. Built-in logic monitors timely signature capture before admission, and built-in email alerts quickly notify physicians of required signatures. Admitted patients can seamlessly be added to the case listing, with some data elements automatically populated into the case record for easy transition to the rehab unit. Assessments can be printed or scanned back to your patient documentation system and then saved in the patient's medical record.

Credentialing module

Our QI credentialing module lets subscribers reliably monitor their clinicians' QI coding proficiency. It comes with eight preset exam templates, but exam templates can be customized for clinicians based on discipline, credentials, and interdisciplinary team responsibilities.