Child & Adolescent
HEALTH CENTER PROGRAM

Report Checklist
Content Relevant to: Clinical and Alternative Clinical Models

Cross Check (CRT/GAS): Unduplicated Users

☐ Number of users should match between the CRT and GAS

☐ Count of users should be for the contracted age range
- CAHCs can count the 0-4 yr. old clients if they are children of adolescents
- Count for school-linked centers should not include 5-9 year olds
- CAHCs may count users 21-26 if clients are special needs students
- Evaluate progress toward PPOM and number of PCP and MH visits

Primary Care and Mental Health Visits

☐ Ensure the number of visits match between the CRT and GAS

Medicaid Outreach Area 1: Public Awareness

☐ Ensure the numbers match between the CRT and GAS

- Definition Reminder:
  The actual or estimated number of eligible or potentially eligible individuals informed about Medicaid, including how to access Medicaid services and what those services are.

Medicaid Outreach Area 2: Facilitating Eligibility Determination

☐ Ensure the numbers match between the CRT and GAS

- Definition Reminder for number of youth w/o insurance accessing center:
  The number of unduplicated clients without insurance who access the center. Each insured client should only be counted once during the fiscal year.

- Definition Reminder for number center assisted w/ enrollment:
  The number of unduplicated clients assisted onsite with completion of Medicaid application. Each client should only be counted once.

- Definition Reminder for number successfully enrolled in Medicaid:
  The number of unduplicated clients assisted onsite with application that were successfully enrolled in Medicaid. Each client should only be counted once.

Medicaid Outreach Area 5:
Medicaid Specific Training: Outreach and Services

☐ Ensure the numbers match between the CRT and GAS

- Definition Reminders:
  - Number of health center staff that participated in Medicaid-specific training e.g., benefits of the program, how to assist families in application process
  - Number participants reached by Medicaid-specific training provided by health center
  - Number of Medicaid-specific trainings provided by health center staff

Cross Check (CRT Items):
Quarterly Data Elements Report/Quality Measures Report

☐ Ensure the unduplicated count is lower than total visit number

☐ Ensure the number of immunizations billed to Medicaid is lower than total number provided

☐ The total number of immunizations provided reflects the number of shots provided (so this number should be greater than the number of unduplicated clients complete with immunizations, which is reported on the Quality Measures Report)

☐ Ensure the number of EPSDT/well-child checks billed to Medicaid is lower than total number provided

☐ Ensure the number of physical exams provided is lower than the number of unduplicated clients that have a documented comprehensive physical exam (EPSDT/well-child checks) regardless of where exam provided, which is reported on the Quality Measures Report

☐ For adolescent health centers/high school clients, ensure that *some* number of STI tests (including HIV) are occurring each quarter; while a small number of tests per year is typical for middle school clients. If there are no tests or an inadequate number of tests, ask why

- Anticipate GC/Ct testing mid-state and down-state, Ct-only in northern areas.
- Watch for spike in positivity % (~ 11-14% downstate and less upstate); and be particularly concerned with increases in positive GC over “usual”
- Watch for spikes/changes from previous years in number of pregnancy tests/positives

Health Education

- ☐ Health education counts include only presentations outside of focus area requirements

- ☐ Ensure some outside health education is occurring and that numbers are greater than 1 in any given category (i.e. individual education does not count here)

Quality Measures

- ☐ Ensure the number of clients that have a documented comprehensive physical exam (EPSDT/well-child checks) regardless of where exam provided, is equal to or greater than the number of physical exams provided by the health center - which is reported on the Quarterly Data Elements report.

- ☐ UTD with Risk Assessment may include clients seen in the current fiscal year who completed a risk assessment less than 1 year before in the previous fiscal year

- ☐ Ensure number of unduplicated clients seen with a diagnosis of asthma that have an individualized care plan (asthma action plan) **which includes annual medication monitoring** is equal to or less than the number of clients with a diagnosis of asthma

- ☐ Ensure number of unduplicated clients seen with a BMI at or above the 85th percentile who have evidence of nutrition AND physical activity counseling is equal to or less than the number of clients with a BMI at or above the 85th percentile. Clients must have evidence of BOTH nutrition AND physical activity counseling to be counted; this is NOT an EITHER/OR measure ~

- ☐ Ensure number of unduplicated clients seen who smoke/use tobacco (including electronic vapor products) that were assisted with cessation is equal to or less than the number of those clients seen who smoke/use tobacco (including electronic vapor products)

- ☐ Ensure number of unduplicated clients with an UTD depression screen as evidenced by a risk assessment or specific depression screening tool is equal to or greater than the number of unduplicated clients with an UTD risk assessment/ anticipatory guidance. In rare cases, elementary centers may have a larger number of risk assessments (anticipatory guidance) than depression screens because they may give guidance w/o a depression screen to younger kids ~

Annual Top Codes
Top 5 "Primary" Diagnosis from any/all providers

- ☐ Generally reflects a mix of medical and mental health diagnosis

- ☐ Well child/other similar codes representing comprehensive physical exam should usually be among the top 5 codes

- ☐ Total (frequency) of CPE codes should be close to number of physical exams provided as shown in CRT

Top 5 "Medical Problem Diagnosis (from medical provider/s), minus preventive codes such as well child, sports PEs, immunization, preventive counseling codes

- ☐ Reflects illness, injury, chronic disease

- ☐ May include counseling codes for STI/other reproductive health and other "problem" counseling codes

- ☐ If a mental health code appears in this list, clarify services were provided by medical provider

Billing

- ☐ Are the billed organizations diverse private and public insurance carriers?

- ☐ Is the CAHC receiving reimbursement from all plans? If not, why not?

- ☐ Look at the reimbursement rate for dollar amount of claims submitted vs. total payments

FSR

- ☐ Is the FSR dated correctly (Year and Period)?

- ☐ Do the FSR line items match the approved budget? (review against budget)

- ☐ Are line item expenditures within the cost deviation allowance? (15% or $10,000 per line, whichever is greater)

    - Flag line items that are getting close to cost deviation allowance

- Note any cost deviations over the allowed amount cannot be approved. If a health center believes it will exceed the cost deviation allowance, a request for a revised budget must be submitted to the assigned CAHC Agency Consultant by the stated MDHHS deadline~

☐ Are grant funds and local match being expended at the same rate?

☐ Is the FSR signed or checked off electronically?

Additional for Final FSR:

☐ Is the "Final Report" box checked?

☐ Has the minimum 30% match been expended? If not, FSR cannot be approved ~

☐ Have all grant funds been expended? If no, sponsoring agencies/health centers will be formally notified to return unexpended grant funds via check to MPCA~