# CHILD AND ADOLESCENT HEALTH CENTERS
# QUARTERLY REPORTING DATA ELEMENTS DEFINITIONS
# EFFECTIVE October 1, 2023

## Content Relevant to: Clinical and Alternative Clinical Models

**Number of Unduplicated Users** (clients) **by Demographic Designation** per quarter

**Definition of an Unduplicated User:**

An unduplicated user is an individual who has presented themselves to the health center for service with the main medical provider (Nurse Practitioner, Physician Assistant or Physician), or the main mental health provider (minimum Master's prepared and licensed mental health provider), and for whom a record has been opened. Opening a record includes documenting an assessment, diagnosis and treatment plan. Once per year, the user is counted to generate the number of unduplicated clients utilizing the health center services for that year.

| Age Range | Female | Male | Total |
|-----------|--------|------|-------|
| 0-4 | | | |
| 5-9 | | | |
| 10-17 | | | |
| 18-21 | | | |

**Number of Unduplicated Users** (clients) **by Race** per quarter

White
Black/African-American
Asian
Native Hawaiian or Pacific Islander
American Indian or Alaskan Native
More than One Race

**Number of Unduplicated Users** (clients) **by Ethnicity** per quarter

Middle Eastern
Hispanic or Latino

**Total Visits by Provider Type** per quarter

*Medical Provider includes NP, PA or Physician
*Mental Health Provider must be minimum Master's prepared and licensed
*Telehealth when the CAHC provides this service and user is established per definition
*Other Providers may include: RN, RD/Nutritionist, Health Educator, Oral Health and other providers. Visits with other providers can only be counted after the client has been established as a health center user.

**Definition of a Visit:**

A visit is a significant encounter between a health center provider and a new (unduplicated) user or established (duplicated) user. Each visit should be documented as appropriate to the visit and provider (i.e., medical visits with main medical provider include an assessment, diagnosis and treatment plan documented in the medical record and/or other documentation appropriate to the visit).  A user will likely have multiple visits per year.

**Note:** Telehealth visits should be counted only once, as a Telehealth visit.
Do not count as a visit with BOTH the main medical provider or main mental health provider AND a Telehealth visit.

## Specified Number of Tests and Positives: Medical Tests

- **Pregnancy Tests** – Overall number of pregnancy tests conducted during the quarter due to possible pregnancies; Number of positive pregnancy tests during the quarter.

- **Chlamydia and Gonorrhea** – Overall number of Chlamydia and Gonorrhea tests conducted during the quarter; Number of positive Chlamydia and Gonorrhea diagnoses during the quarter. Also, the number of positive Chlamydia cases treated onsite at the health center is reported (as a measure of quality).

- **HIV Tests** – Overall number of anonymous and confidential HIV tests conducted during the quarter; Number of positive HIV tests during the quarter.

## Number of Physical Exams and Immunizations Billed to Medicaid Health Plans

- **Physical Exams/EPSDTs/Well-Checks** – Number of physical exams, EPSDTs or well-checks billed to Medicaid Health Plans (MHPs) per quarter.

- **Immunizations** – Number of immunizations (shots) billed to MHPs per quarter.

## Overall Number of Physical Exams and Immunizations

- **Physical Exams/EPSDTs/Well-Checks** – Overall number of physical exams, EPSDTs (or well-checks) provided by the health center during the quarter, regardless of payor.

- **Immunizations** – Overall number of immunizations (shots) provided during the quarter, regardless of payor.

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*In addition, either MDHHS or the payor may request additional, specific information on clients, visits or services provided. Health centers will be provided as much advance notice and assistance, as reasonably possible, for any specific data requests beyond what is included in this report.*

# MEDICAID OUTREACH REPORT DEFINITIONS

**Area 1: Medicaid Outreach and Public Awareness** – Outreach activities include: 1) informing eligible or potentially eligible individuals about Medicaid and how to access Medicaid services; or 2) describing the services covered under a Medicaid program as part of a broader presentation e.g., within the context of a health education program. Examples include Medicaid literature distribution; using print or electronic media, school announcements to promote Medicaid covered services; and participating in health fairs where such literature is distributed.

**Area 2: Facilitating Medicaid Eligibility Determination** - activities that demonstrate facilitating Medicaid eligibility are those where the CAHC staff assists in the Medicaid enrollment process by enrolling uninsured clients onsite at the health center. **Report the following:** 1) unduplicated number of uninsured clients who access the center during the year, broken down by quarter; 2) unduplicated number of uninsured clients assisted onsite with completion of the Medicaid application; and 3) unduplicated number of uninsured clients that your health center assisted onsite with enrollment that were successfully enrolled.

Note: The number of uninsured clients assisted onsite with completion of the Medicaid application, should not be greater than the number of uninsured clients who access the center during the year. The number of clients that your health center assisted onsite with enrollment that were successfully enrolled, should not be greater than the number of clients that were assisted onsite with completion of the Medicaid application.

**Area 5: Medicaid Specific Training** – Training activities include events that CAHC staff participate in regarding: coordination and delivery of the Medicaid program and its benefits; how to assist families in accessing Medicaid services; how to refer children and adolescents for services; as well the coordination and delivery of such Medicaid-specific training to others. These trainings focus specifically on Medicaid eligibility requirements, application process, and how to increase outreach efforts and/or access to services. Report the following: 1) number of participants in Medicaid-specific training, which can include CAHC staff, and 2) number of Medicaid-specific trainings provided by the CAHC.

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***Although not reported on a regular basis, the following Medicaid Outreach Areas are CAHC requirements. CAHC's are expected to conduct activities in each of these areas and report on them if requested:***

**Area 3: Program Planning, Policy Development and Interagency Coordination Related to Medical Services** - the collaborative development of programs with other agencies that assure the delivery of Medicaid-covered medical, mental health and oral health services to children and adolescents.

**Area 4: Referral, Coordination and Monitoring of Medicaid Services** – activities in this area include targeting the Medicaid population in the CAHC by: developing appropriate referral sources for program-specific services; coordinating programs and services at the school or community level; monitoring the delivery and quality of Medicaid-covered services provided by the CAHC; and/or providing medically necessary administrative activities for which skilled professional medical knowledge is required in this population.

# HEALTH EDUCATION REPORT DEFINITIONS

Health Education includes group education experiences – not individual education, individual therapy or group therapy – delivered by the health center in any setting (classroom, health center, after school, assemblies, etc.). Health education programming is designed to help children and youth improve their health by increasing knowledge, influencing attitudes, and changing behaviors. Report the duplicated number of participants in group health education. The number of participants reported here are separate from those that participated in evidence-based programs included in the Goal Attainment Scaling report.

**General Medical / Chronic Disease** - focuses on the increased knowledge and management of chronic conditions (e.g., asthma, diabetes, food allergies, etc.) as well as general education around the management of acute illnesses, injuries, flu, infection and other medical conditions or diagnoses. Examples include education on asthma management, vaccine-preventable disease, oral health, sports injuries, etc.

**Health Promotion and Risk Reduction** - health education and behavior modification education for the purpose of promoting health and/or reducing risk behavior that is not specifically addressed in another area. This includes topics like smoking cessation, alcohol, tobacco and other drug prevention, stress management, personal hygiene, healthy diet (if not related to a chronic medical condition), etc.

**Mental / Social-Emotional Health** - education designed to facilitate the best possible social and emotional well-being of youth, including topics such as trauma. suicide prevention and bullying.

**Sexual / Reproductive Health** - education about sexual and reproductive health including sexually transmitted infections (including HIV), pregnancy prevention, reduction of sexual risk-taking behavior and healthy relationships.

# QUALITY INDICATORS REPORT DEFINITIONS

For each of the following Quality Measures, report the **YTD NUMBER** each quarter. Each quarter, your data should be at least equal to, but likely greater than, the previous quarter (with the exception of immunizations, which may fluctuate depending on client age and where clients are in a series). Note that this is different than the quarterly reporting elements, where data is reported **by quarter** for that specific quarter only.

**Number of Unduplicated Clients that have a Comprehensive Physical Exam, Regardless of Where Exam Provided**
Report the number of clients seen with record of a COMPREHENSIVE physical exam, regardless of where the exam was provided. This number should not include typical or traditional sports physicals. *This is distinct from the number of exams provided only by the health center, which is reported in the quarterly data reporting elements.* Therefore, this is NOT data you can run only from a billing system. You have to pull data from medical records or another tracking system as well.

The way exams are coded is a key consideration in determining an accurate number. For example, some providers have been instructed to use sports physicals or other codes for a CPE; that's fine, but be sure to count them as CPE's at the end of the fiscal year. However they are coded, make sure coding is consistent so the report is accurate.

**Number of Unduplicated Clients Complete with Immunizations on the Date of Service According to Current ACIP Recommendations for Age, *excluding COVID and Flu* (not immunizations required for school entry)**

Report the number of clients complete with ACIP recommended immunizations *excluding seasonal immunizations (COVID and flu);* **NOT** immunizations needed for school entry in Michigan (they are different). **Report immunization information on clients seen at the health center, not school-wide immunization rates**.

As this information can be difficult to extract from some electronic health records or other data collection systems, it's a good idea to maintain a MCIR roster of health center clients that have been seen so that you can more easily run reports to get this information, Complete immunizations can be a moving target for some clients depending on age and where they may be in an immunization series. Therefore, it is fine to make an assessment of "completeness" when the client is *seen*. This allows for the use of a dummy code "UTD," or one of the declination codes.

Additionally, report the number of clients seen at the health center between October 1- June 30 who are complete with seasonal immunizations for the year e.g., the number who are complete with COVID immunizations, and the number who are complete with flu immunizations. **This is reported once annually, after quarter 3 (report due July 30).** *This may include clients who were immunized in the previous fiscal year e.g., September, but seen in the health center in the current fiscal year.*

**Number of Unduplicated Clients with an Up-to-Date Risk Assessment / Anticipatory Guidance**
Report the number of clients that are complete with an annual risk assessment or anticipatory guidance, as appropriate for age and developmental level. *This may include clients that are UTD because they completed the risk assessment/anticipatory guidance in the previous fiscal year but* are seen in the health center in the current fiscal year.

**Number of Unduplicated Clients Seen with a Diagnosis of Asthma**
Report the unduplicated number of clients seen at the health center who have a diagnosis of asthma.

**Number of Unduplicated Clients Seen with a Diagnosis of Asthma who have an Individualized Care Plan (action plan) *which includes annual medication monitoring***
Report the number of clients with asthma that have an asthma action plan regardless of asthma severity.

**Number of Unduplicated Clients Seen with a BMI at or Above the 85th Percentile**
Report the unduplicated number of clients seen at the health center who have a BMI at or above the 85th percentile. Reminder: Use pediatric BMI diagnoses codes for clients under age 21.

**Number of Unduplicated Clients with a BMI at or above 85th Percentile who have Evidence of Counseling for Nutrition and Physical Activity**
Report the number of unduplicated clients seen at the health center with a BMI at or above the 85th percentile who *have evidence of BOTH nutrition AND physical activity counseling.*

**Number of Unduplicated Clients Seen who Smoke/Use Tobacco**
Report the unduplicated number of clients seen at the health center who reported current smoking or tobacco use. This includes the use of electronic vapor products, but not illicit substances which may be smoked.

**Number of Unduplicated Clients Seen who Smoke/Use Tobacco that were Assisted with Cessation**
Report the unduplicated number of clients seen at the health center who reported current smoking or tobacco use (including electronic vapor products) that were assisted with cessation.

**Number of Unduplicated Clients Ages 10 – 21 Years with an Up-to-Date Depression Screen Using Either Risk Assessment or a Specific Depression Screening Tool**
Report the number of unduplicated clients up-to-date with depression screening. This information could come directly from a risk assessment, so the number screened (flagged) for depression may equal or be very close to the number of risk assessments. (Note this is not the same as a depression **assessment** conducted by a provider.) Do not double count clients who were screened (flagged) for depression using a risk assessment, and who also completed a specific depression screening tool (e.g., Beck's, PHQ-9, etc).

# BILLING REPORT DEFINITIONS

**Reported on annual basis only, if requested:**

Enter the **dollar amount in claims submitted for services** provided during the current fiscal year (October 1- September 30), regardless of whether or not the claims were paid during the fiscal year.

Enter the **dollar amount received in revenue** during the current fiscal year (October 1- September 30), regardless of whether or not revenue resulted from claims filed during the fiscal year.

*For each of these entries, you will be entering data by:*

Medicaid Health Plan (from a drop-down menu)
Medicaid Fee for Service
Commercial
Self-Pay
Other

*Note that the Estimated Percent of Claims Paid and Unpaid (based on dollar amount, not on number of claims) and Payor Mix will be auto-totaled.*


**5 Most Common Reasons for Rejection of Submitted Claims**

Select the five most common reasons for rejection of submitted claims from the dropdown menu according to best-fit category.

# DIAGNOSES AND PROCEDURE CODES AND FREQUENCY

**Reported on annual basis only, if requested:**

**Primary Diagnoses** – Top 5 diagnoses from any and all providers

**Medical Problem Diagnoses** – Top 5 diagnoses from the medical provider - minus any preventive codes such as well child exams, immunizations, or counseling that is not related to a medical problem.

**Mental Health Problem Diagnoses** – Top 5 diagnoses from the mental health provider

**CPT codes** – Top 5 CPT codes - both the code and the name of procedure

**Revised 10/23**