

Child and Adolescent Health Centers: Reporting 101

Michigan Department of Health & Human Services





Helpful Resources

- Minimum Program Requirements
- Reporting Requirements
- GAS Template
- Narrative Report Templates
 - Spring/Summer
 - Fall



Definition of a User

- An individual who presents to the health center for service with the main medical provider (NP, PA or Physician) or the main mental health provider
- A clinical record is opened with assessment, diagnosis and treatment plan recorded as appropriate to visit
- Once per FISCAL year, the user is counted to generate the number of unduplicated clients utilizing the center services



User Demographics

○ Age

- 0-4
- 5-9
- 10-17
- 18-21

○ Race

- White
- Black/African-American
- Asian
- Native Hawaiian/
Pacific Islander
- American Indian/
Alaskan Native
- More than one race

- Not asking for MUDD



User Demographics


○ Ethnicity

- Hispanic/Latino
- Arab/Chaldean

- Not asking for MUDD

Note:

Total Number of:
Unduplicated Users,
Users by Race, and
Users by Ethnicity
***will likely NOT equal
each other***



Definition of a Visit

- A significant encounter between a health provider and new or established user
- A user will likely have multiple visits
- Visits with provider documented as appropriate to the visit



Total Visits by Provider Type

- The total number of visits by provider type
 - Primary Care Provider(s) e.g., NP, PA, Physician
 - Mental Health Provider(s)
 - Visits by “Other” providers ONLY IF CLIENT IS AN ESTABLISHED USER
- Duplicated Count
- Number of visits should be higher than the number of unduplicated clients



Quarterly Reporting Data Elements

- **Pregnancy Tests**
- Overall number of pregnancy tests conducted
- Number of positive pregnancies



Quarterly Reporting Data Elements

○ Chlamydia

- Overall number of tests conducted
- Number of positive diagnoses
- Number of cases treated onsite at the health center (quality measure)

○ Gonorrhea

- Overall number of tests conducted
- Number of positive diagnoses



Quarterly Reporting Data Elements

- **HIV Tests**
- Overall number of anonymous and confidential HIV tests conducted
- Number of positive HIV tests

Quarterly Reporting Data Elements Number Billed to Medicaid HP's

- **Physical Exams**
 - EPSDT's
 - Well-Checks
- **Immunizations**
(number of shots)
- The Medicaid Health Plans specifically ask for these reporting elements to measure level of service provided



Quarterly Reporting Data Elements

Overall Number Provided

- **Physical Exams**
- **Immunizations** (number of shots)
 - Overall number provided regardless of payer
 - Should be greater than or equal to number billed to MHP's



Medicaid Outreach

- Medicaid Outreach Areas 1, 2 and 5
 - 1: Medicaid Outreach Public Awareness
 - 2: Facilitating Medicaid Eligibility Determination and Enrollment
 - 5: Medicaid Specific Training



Medicaid Outreach Area 1

- Medicaid Outreach Public Awareness
- Informing eligible or potentially eligible individuals about Medicaid and how to access Medicaid services
- Describing the services covered under Medicaid as part of a broader presentation



Medicaid Outreach Area 2

- Facilitating Medicaid Eligibility Determination and Enrollment
- CAHC staff assists in Medicaid enrollment process by enrolling clients onsite at the health center
 - Unduplicated number of uninsured clients accessing center
 - Unduplicated number of uninsured clients assisted onsite with completion of application
 - Unduplicated number of uninsured clients that health center assisted onsite with enrollment that were successfully enrolled



Medicaid Outreach Area 5

- Medicaid Specific Training
 - CAHC staff participates in training on benefits, coordination and delivery of Medicaid services; how to refer/assist families to access Medicaid services
- Coordination and delivery of such training to members of the school and community
 - The focus is specifically on Medicaid eligibility requirements, application process, how to increase outreach and/or access services



Medicaid Outreach Areas 3 & 4

- Expected to provide these activities, but no reporting unless specifically requested
 - Area 3: Program Planning, Policy Development and Interagency Coordination Related to Medical Services
 - Area 4: Referral, Coordination and Monitoring of Medicaid Services



Health Education Report

- Group Health Education
- Separate from GAS
- Duplicated count
 - Number of participants
- Example
 - A six week program that meets 1x/week with 10 participants each week
 - 60 participants



Health Education Report

- General Medical/Chronic Disease
- Health Promotion and Risk Reduction
- Mental/Social-Emotional Health
- Sexual/Reproductive Health
- Best-fit category

Quality Measures

Quality
Measures /
Metrics

- For each quality indicator, report the cumulative or YTD number
- Each quarter, your data should be at least equal to, but likely greater than, the previous quarter

Note:

This is different than the quarterly reporting data elements, where data is reported by quarter for that specific time period



Quality Measures

- Number of unduplicated clients seen during the fiscal year that:
 - Have record of an annual comprehensive physical
 - Were complete with ACIP recommended immunizations
 - Have an UTD risk assessment or anticipatory guidance



Quality Measures

- Number of unduplicated clients seen with a diagnosis of asthma
 - Number of these clients that have an individualized care plan (action plan) which includes annual medication monitoring



Quality Measures

- Number of unduplicated clients seen with a BMI at or above the 85th percentile
 - Number of these clients who have evidence of BOTH nutrition AND physical activity counseling



Quality Measures

- Number of unduplicated clients seen who report current smoking or tobacco use
 - Number of these clients that were assisted with cessation



Quality Measures

- Number of unduplicated clients who have an up-to-date depression screen
 - Using either risk assessment or a specific depression screen
 - Do not double-count clients who were screened with a risk assessment and then subsequently screened with a specific depression screening tool or depression assessment



Diagnoses and Procedure Codes

- Of all data reported in the CRT, this is the **ONLY** subset of data that is reported on **annual basis only**
- Report both the code and the name of the diagnosis or procedure along with the frequency
- At the end of the year, MDHHS categorizes codes



Diagnoses and Procedure Codes

- Top 5 primary diagnoses from any provider
- Top 5 medical problem diagnoses
 - From the medical provider(s)
 - Minus any preventive codes
- Top 5 mental health problem diagnoses
 - From the mental health provider(s)
- Top 5 CPT codes



Annual Reports

CRT

- Data Elements
- Final FSR
- Billing Report

Two Templates

- Spring/Summer
- Fall



Spring/Summer Report Narrative

- Brief description of steps that the health center took to proactively remind clients and families of services needed:
 - Comprehensive Physical Exams
 - Immunizations



Spring/Summer Report Narrative

○ Risk Assessment

- Top three risks including percent of those assessed with each risk
- Stratify top three risks by payor type (private insurance, public insurance, uninsured), age, gender, race, etc.
- Use Risk Disparity Tool to identify any disparities
- Brief description of steps taken to proactively address risk disparities / top risks



Fall Report Narrative

- Percent of Projected Performance Output Measure (PPOM) reached, per the contract
- Factors that facilitated or barriers that prevented reaching PPOM
- Percent of Visits by Client Insurance Status
 - Public
 - Private
 - Uninsured



Fall Report Narrative CQI Summary

- Measures that were evaluated
- CQI team members
- Thresholds for each measure
- Summary of results e.g., graphic displays of data
- Steps taken to improve unmet thresholds



Fall Report Narrative Client Satisfaction Survey

- Number surveyed
- How survey conducted
- Frequency of administration
- State the overall percentage that reported overall satisfaction
- Describe your method for determining overall percent satisfied

Goal Attainment Scaling

Goal
Attainment
Scaling

- Tool for tracking and recording progress on 'work plan' completion and achievement of objectives throughout the year
- Used to determine if:
 - Work plan is being implemented
 - Evaluation is taking place
 - Resources need to be reallocated
 - New strategies or interventions needed



Goal Attainment Scaling

- A numeric value is assigned to the level of achievement for each outcome or process/activity:
 - Level +2: Much higher than anticipated outcome
 - Level +1: Higher than anticipated outcome
 - Level 0: Met anticipated outcome
 - Level -1: Less than anticipated outcome
 - Level -2: Much less than anticipated outcome



Goal Attainment Scaling

- For each anticipated outcome a criteria or target is set for each degree of achievement
- These are placed in a matrix and used for monitoring and reporting progress and achievement



As Always...

- *Please contact your
CAHC Consultant
for more information*