Division of Public Health Administrative Assessment SFY: 15-16
Health Department:
Date of Review:
Administrative Consultant:

A. Staff Time Documentation/Expenditure Reporting/Budget (All Items Funding Conditions except 10.)
Instructions: Review 1 month's Staff Time Documentation. Compare expenditure documentation with WIRM Monthly Expenditure Report requested for review.

1. Were the activity categories listed on the time records detailed enough to document the expenditures charged to each activity?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

2. Did direct service staff record time based on their actual work activity?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

3. Was the direct time spent by employees in each activity converted into a percentage of total salary expense?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

4. Was the amount of time documented in each activity applied to the employee's gross salary and fringe benefits by activity?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

5. Was all administrative time: (Choose the method being used)
   a. Allocated to the General Budget?
   b. Allocated to the actual time worked in each activity?
   c. Allocated in proportion to the time attributed to each activity by direct service staff?
      1. Was the appropriate staff being spread across all activities? □ Yes □ No

6. Was the salary expense reported on the DHHS WIRM Expenditure Report based on documentation from the Staff Time Equivalencies in review?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

A. Staff Time Documentation/Expenditure Reporting/Budget (continued)

7. Review (AC) support documentation for all DHHS program expenses reported on the DHHS WIRM Expenditure Report for the month of _____, 201_ _____ expenditures). Was there sufficient documentation to verify expenditures for the month in review?
   □ Yes □ No

   a. Were Women's Health Service Funds expended for the purchase of long term, reversible contraceptives? Expenditures were reviewed for SFY 15-16.
      □ Yes □ No
   b. Were Out of Wedlock Birth Prevention Funds (TANF) expended for an allowable purpose? Expenditures were reviewed for SFY 15-16.
      □ Yes □ No

8. Does the local agency balance their WIRM Expenditure Report with their monthly General Ledger?
   □ Yes □ No

9. Were Local expenditures entered in the WIRM for the fiscal year in review?
   □ Yes □ No

10. Do all local agency program managers participate in budget planning and review for the program they manage?
    □ Yes □ No

B. Program Income **(All Items Funding Conditions)**

1. Were fees collected deposited to the account of the agency to be expended for public health programs in accordance with the County Fiscal Act?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

2. Were records maintained of the amount of program income generated by payment source?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

B. Program Income (continued)

3. Were unexpended balances of all program income carried forward and available for expenditure in subsequent fiscal years?

Family Planning	□ Yes	□ No	Immunization	□ Yes	□ No
Maternal Health	□ Yes	□ No	STD	□ Yes	□ No
Child Health	□ Yes	□ No	TB	□ Yes	□ No

C. Patient Eligibility/Financial Policies and Procedures (All Items Funding Conditions)

1. Does any program have a Financial Eligibility requirement to determine client eligibility to receive program services? (WIC and BCCCP are examples of programs with a financial eligibility requirement).

Family Planning	□ Yes	□ No	Immunization	□ Yes	□ No
Maternal Health	□ Yes	□ No	STD	□ Yes	□ No
Child Health	□ Yes	□ No	TB	□ Yes	□ No

Response to 2. and 3. required only for programs with financial eligibility requirements.

- Local policy decision for MH and CH
- Not allowable for FP, STD, TB, and IM

2. Were financial requirements for this program documented in written policies?

Family Planning	N/A		Immunization	N/A
Maternal Health	□ Yes	□ No	STD	N/A
Child Health	□ Yes	□ No	TB	N/A

3. Did the financial eligibility scale meet the state program requirements?

Family Planning	□ Yes	□ No	Immunization	N/A
Maternal Health	□ Yes	□ No	STD	N/A
Child Health	□ Yes	□ No	TB	N/A

D. Medicaid Eligibility/ Residency (All Items Funding Conditions Except 3.)

1. Were persons requesting program services required to apply for Medicaid?

Family Planning	□ Yes	□ No	Immunization	□ Yes	□ No
Maternal Health	□ Yes	□ No	STD	□ Yes	□ No
Child Health	□ Yes	□ No	TB	□ Yes	□ No

2. Were Medicaid recipients eligible to receive program services?

Family Planning	□ Yes	□ No	Immunization	□ Yes	□ No
Maternal Health	□ Yes	□ No	STD	□ Yes	□ No
Child Health	□ Yes	□ No	TB	□ Yes	□ No

3. How does the local agency verify Medicaid eligibility?

_____

_____

D. Medicaid Eligibility/ Residency (continued)

4. Are program services available to county residents only?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

5. Was the local agency's residency policy in compliance with state program requirements?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	□ Yes □ No
Child Health	□ Yes □ No	TB	□ Yes □ No

E. Patient Fees (All Items Funding Conditions Except Items 5 & 21 are Recommendations. Items 1, 6,11,17,18, 19, 20 are FP related)

1. Is the Economic Unit the method of income collection used to determine financial eligibility?

Family Planning	□ Yes □ No	Immunization	□ Yes □ No
Maternal Health	□ Yes □ No	STD	N/A
Child Health	□ Yes □ No	TB	N/A

2. Were patients charged fees for program services?

Family Planning	□ Yes □ No	Immunizations/State Supplied	□ Yes □ No
Maternal Health	□ Yes □ No	Immunizations/Purchased	□ Yes □ No
Child Health	□ Yes □ No	TB/ Employment, School, etc.	□ Yes □ No
		TB/Disease Related	□ Yes □ No

3. Was the local agency schedule of fees approved by the Board of Heath and County Commissioners? □ Yes □ No

4. Did the patient fee policy include the statement that services will not be denied based on inability to pay? □ Yes □ No

5. Is the Patient Fee and Eligibility Policy reviewed and revised if necessary, on an annual basis? □ Yes □ No

6. Review the local agency fee schedule. How does the agency assure compliance with the requirements of 340B pricing for the Family Planning related contraceptive drugs/methods?

_____

_____

_____

a. Is Medicaid billed the actual cost of drugs/methods purchased through a 340B contract? □ Yes □ No

7. Were patient fees for program services equal to or greater than the Medicaid rate for services?
□ Yes □ No

E. Patient Fees (continued)

8. If patient fees were greater than those paid by Medicaid, was there a cost basis for higher fees? □ Yes □ No

a. Review the agency policy for setting fees. Is the agency policy an acceptable method of setting fees for services. □ Yes □ No

9. Were patient charges adjusted based on family size and income?
□ Yes □ No

10. Were fees for Family Planning services assessed using the sliding fee scale between 101-250%? □ Yes □ No

11. Were third parties that were authorized or legally obligated to pay for clients at or below 100% of the Federal Poverty Level Billed properly? □ Yes □ No

a. Did third party bills show charges without any discounts? □ Yes □ No

12. Were there policies in place that substantiate Family Planning clients are not being charged more in copayments, deductibles, or other fees, than they should pay according to the sliding fee scale?
□ Yes □ No

13. For the purpose of determining Family Planning charges, were all individuals requesting confidential services considered a household of one? □ Yes □ No

14. Was "Confidential Patient" documented on the financial eligibility forms of patients who requested confidential Family Planning services? □ Yes □ No

15. Were fees imposed on persons or their families whose incomes fall within the "no pay" category?
Maternal Health □ Yes □ No
Family Planning □ Yes □ No
Child Health □ Yes □ No

16. Were there minimum administrative or other flat rate fees applied without discrimination to all patients? □ Yes □ No

17. Does the agency policy demonstrate reasonable efforts to collect charges without jeopardizing client confidentiality? □ Yes □ No

18. Did the agency have a policy addressing client donations? □ Yes □ No

19. Was there a schedule of donations, bills for donations, or any other implied coercion for donations? □ Yes □ No

E. Patient Fees (continued)

20. Did the Patient Fee Policy state that the Health Director, or designee, has the right to waive fees for individuals who for a good cause are unable to pay? □ Yes □ No

21. Is client income re-evaluated on an annual basis? □ Yes □ No

22. Did the patient Fee Policy state that income information reported for Family Planning financial eligibility screening can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report? □ Yes □ No

23. Were the patient financial records reviewed in compliance with state program requirements? □ Yes □ No

F. Billing/Accounts Receivable (Items 2, 11, 12, & 13 are Funding Conditions. All others are Recommendations.

1. What accounts receivable system does the local agency use? _____

2. Did the local agency bill Medicaid and other third party payers for which the agency is a credentialed provider? □ Yes □ No
   a. Is the billing for Medicaid and other third party payers current? □ Yes □ No

3. Review the written policy for handling denied claims, Medicaid and all other. Is the procedure appropriate? □ Yes □ No

4. Who in the local agency (position title) is responsible for finalizing the record before billing is done? _____

5. Review one Medicaid denied claims report for SFY under review. Examine three denials on the report. Were denied claims rebilled when appropriate? □ Yes □ No

6. Who in the agency (position title) is responsible for interpretation of Medicaid bulletins and other Medicaid Billing policy? _____

7. Who is responsible (position title) for disseminating information related to Medicaid billing Policy and changes or updates? _____

8. Does the local agency mail monthly statements to self-pay clients, with the exception of clients that request Confidential Services? □ Yes □ No

9. Does the local agency review accounts receivable report(s) on a monthly basis?
□ Yes □ No

F. Billing/Accounts Receivable (continued)

10. Does the local agency make corrections based on the report(s) which are reviewed each month? □ Yes □ No

11. Does the local agency use a specific report to identify amounts due for bad debt write off?
□ Yes □ No

12. Does the local agency have a Bad Debt Write Off policy? □ Yes □ No

13. Does the agency policy include a method for aging client accounts? □ Yes □ No

14. Is the Bad Debt Write Off policy being followed? □ Yes □ No

15. Does the local agency use Debt Set Off as a means of collection of delinquent accounts?
□ Yes □ No

16. Does the local agency have a policy addressing utilization Debt Set Off?
□ Yes □ No