

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 Aid-To-County 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Immunization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maternal Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | STD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | TB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Details

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

- | | | | | | |
|-----------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Family Planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Immunization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maternal Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | STD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | TB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Details

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

- | | | | | | |
|-----------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Family Planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Immunization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maternal Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | STD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | TB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Details

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

- | | | | | | |
|-----------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Family Planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Immunization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maternal Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | STD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | TB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Details

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

Details

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

- | | | | | | |
|-----------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Family Planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Immunization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maternal Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | STD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | TB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Details

7. Review (AC) support documentation for all DHHS program expenses reported on the DHHS Aid-to-County Expenditure Report for the month of September, _____ August expenditures). Was there sufficient documentation to verify expenditures for the month in review?

- Yes No

Details

8. Does the local agency balance their Aid-to-County Expenditure Report with their monthly General Ledger?

Yes No

Details

9. Were Local expenditures entered into the Aid-To-County System for the fiscal year in review?

Yes No

Details

10. Do all local agency program managers participate in budget planning and review for the program they manage?

Yes No

Details

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Immunization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maternal Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	STD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TB	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details

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

Family Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Immunization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maternal Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	STD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TB	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details

C. Patient Eligibility/Financial Policies and Procedures

(All Items Funding Conditions)

1. Does any program have a requirement (VFC Eligibility, FP Requirements) to determine client eligibility to receive program services?

- Family Planning Yes No Immunization Yes No
- Maternal Health Yes No
- Child Health Yes No

Details

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

- Family Planning Yes No Immunization Yes No
- Maternal Health Yes No
- Child Health Yes No

Details

3. Did the financial eligibility scale meet the state program requirements? (must slide to \$0)

- Family Planning Yes No
- Maternal Health Yes No
- Child Health Yes No

Details

D. Medicaid Eligibility/ Residency

(All Items Funding Conditions Except 1 and 2)

1. Were persons requesting program services referred for assistance 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

Details

2. How does the local agency verify Medicaid eligibility?

Details

3. 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

Details

4. 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

Details

E. Patient Fees

(All Items Funding Conditions Except items 4,18)

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

Details

2. Were patients charged fees for program services?

Family Planning Yes No Immunizations/State Supplied Yes No

Maternal Health Yes No Immunization Administration Yes No

Child Health Yes No Immunizations/Purchased Yes No

TB/ Employment, School, etc. Yes No

TB/Disease Related Yes No

Details

3. Was the local agency schedule of fees reviewed/approved annually by the governing board and County Commissioners?

Yes No

Details

4. Did the patient fee policy include the statement that no one will be refused services solely because of an inability to pay.

Yes No

Details

5. Is the Patient Fee and Eligibility Policy reviewed and revised if necessary, on an annual basis?

Yes No (best practice)

Details

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 (acquisition cost)/methods purchased through a 340B contract? Yes No

Details

7. Were patient fees for program services based on related costs for services?

Yes No

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

Details

8. Were fees for Family Planning services assessed using the sliding fee scale between 101-250%?

Yes No

Details

9. 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 (Title X)

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

Details

10. 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 (Title X)

Details

11. For the purpose of determining Family Planning charges, were all adolescents requesting confidential services considered a household of one?

Yes No (Title X)

- Best practice for all individuals requesting confidential services

Details

12. Was "Confidential Patient" documented on the financial eligibility forms/EHR of patients who requested confidential Family Planning services?

Yes No (Title X)

Details

13. Were fees imposed on persons or their families whose incomes fall within the "no pay" category?

Maternal Health Yes No

(Title X)

Family Planning Yes No

Child Health Yes No

Details

14. Does the agency policy demonstrate reasonable efforts to collect charges without jeopardizing client confidentiality? Yes No (Title X)

Details

15. Did the agency have a policy addressing client donations? Yes No (Title X)

Details

16. Was there a schedule of donations, bills for donations, or any other implied coercion for donations?

Yes No

(Title X)

Details

17. 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

(Title X)

Details

18. Is client income re-evaluated on an annual basis? Yes No (Title X)

Details

19. Did the patient Fee Policy state that income information reported in other programs can be used for Family Planning financial eligibility screening rather than to re-verify income or rely solely on the client's self-report?

Yes No

Details

20. Were the patient financial records reviewed in compliance with state program requirements?

Yes No

(Title X)

Details

F. Billing/Accounts Receivable

(Item 2 is a Funding Condition. All others are Recommendations.)

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

Details

2. Did the local agency bill Medicaid and other third-party payers for which the agency is a credentialed provider?

Yes No

Details

3. Review the written policy for handling denied claims, Medicaid and all other. Is the procedure appropriate?

Yes No

Details

4. Review one Medicaid denied claims report for SFY under review. Examine three denials on the report. Were denied claims rebilled when appropriate?

Yes No

Details

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

Details

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

Details

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

Details

8. Does the local agency review accounts receivable report(s) on a monthly basis?

Yes No

Details

9. Does the local agency take action based on the report(s) which are reviewed each month?

Yes No

Details

10. Does the local agency use a specific report to identify amounts due for bad debt write off?

Yes No

Details

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

Details

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

Details

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

Details

14. Does the local agency use Debt Set Off as a means of collection of delinquent accounts (with the exception of confidential clients)?

Yes No

Details

15. Does the local agency have a policy addressing utilization Debt Set Off?

Yes No

Details