Division of Public Health Administrative Assessment SFY: 2023-2024
Health Department: **Date of Review:**
Financial 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 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	☐ Yes ☐ No	Immunization	☐ Yes ☐ No
Maternal Health	☐ Yes ☐ No	STD	☐ Yes ☐ No
Child Health	☐ Yes ☐ No	TB	☐ Yes ☐ No

Details *(Ensure time sheets are broken down by program)*

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

Details

3. 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

Details

4. Was all administrative time: (Choose all that apply)?
   a. Allocated to the General Budget?
   b. Allocated in proportion to the actual time worked in each activity?
      1. Was the appropriate staff being spread across all activities? ☐ Yes ☐ No

Details

5. 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	☐ Yes	☐ No	Immunization	☐ Yes ☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes ☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes ☐ No

Details

6. 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

7. Does the local agency balance their Aid-to-County Expenditure Report with their monthly General Ledger?
☐ Yes ☐ No

Details *(State expenditures on Internal County Ledger)*

8. 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	☐ Yes	☐ No	Immunization	☐ Yes	☐ No
Maternal Health	☐ Yes	☐ No	STD	☐ Yes	☐ No
Child Health	☐ Yes	☐ No	TB	☐ Yes	☐ No

Details *(Monthly Revenue Report)*

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

Details

C. Patient Eligibility/Financial Policies and Procedures

(All Items Funding Conditions)

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

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 *Although not required, this is best practice.*

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 *Maternal Health & Child Health may have county residency requirement per agency decision. Family Planning, STD, TB & Immunization cannot have residency requirement.*

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 *No charge for state supplied vaccine and TB/Disease related services.*

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 denied services nor subjected to variation in services solely because of an inability to pay? (Title X)
   ☐ 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 and devices?

   a. Is Medicaid billed the actual cost of drugs (acquisition cost)/devices purchased through a 340B contract? ☐ Yes ☐ No
   b. Is there an internal process in place to assure acquisition cost is billed? ☐ 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 or additional fees than they would otherwise 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)

Details *Best practice for all individuals requesting confidential services.*

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 pressure applied 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 reason, are unable to pay? Agency must have a policy/procedure/protocol that specifies how and where decisions to waive fees are documented.
☐ Yes ☐ No (Title X)

Details

18. Is client income collected and/or re-evaluated on an annual basis for ALL clients including Medicaid and Private Insurance? ☐ 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 Per CA, Section III Funding Stipulations, B-compliance ,3- LHD Charges/Billing, c. "Make every reasonable effort to collect charges for services through public or private third-party payors (except where prohibited by federal regulations or State law)"

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

Details

4. Review one Medicaid RA 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)(30, 60, 90) 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 of NC Debt Set Off?
☐ Yes ☐ No

Details