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DIVISION OF PUBLIC HEALTH

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2016 DPH Consolidated Contract Addendum

This contract addendum is specific to Rusk County Department of Health & Human Services whose principal business address is 311 Miner Avenue East Suite C220, Ladysmith, WI 54848. The contact for the GRANTEE'S Contract Administrator is:

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Section 6.D Funding Controls

Funding controls are summarized below. The 2016 Consolidated Contract Overview contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2016 are limited to 6/12th of the contract with the balance paid after July 1, 2016 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12th Funding Controls			
Profile ID	**Name**	**Profile ID**	**Name**
103010	Regional Radon Information Centers	157720	Childhood Lead
151734	Oral Health Supplement	159320	MCH
151735	Oral Health Mouth Rinse	159321	Reproductive Health
152002	Reproductive Health SLOH	159327	Family Planning
152020	Family Health-Women's	181005	TPCP-WIS-WINS

Payments through September 30, 2016 are limited to 9/12th of the contract with the balance paid after October 1, 2016 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The 2016 Consolidated Contract Overview contains current funding periods for all Profile IDs that are part of the consolidated contract.

2. Final Report Dates

The due date of the final fiscal report for the following Profile IDs shall be sixty (60) days after the Grant Agreement Period ending date.

- 157720 (Childhood Lead Consolidated)
- 155020 (Immunization Consolidated)
- 159320 (Maternal Child Health Consolidated)

Expenses incurred during the Grant Agreement period on these profiles, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement.

The 2016 Consolidated Contract Overview contains final report due dates for all Profile IDs that are part of the 2016 Consolidated Contract.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016

Program: Immunization

Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) a. Contractees must assure reported vaccine preventable diseases (VPD) are investigated and controlled as detailed in the most current edition Wisconsin Disease Surveillance Manual (EPINET) and/or written disease-specific guidance from DPH (e.g. Pertussis Guidelines). Local Health Departments (LHDs) should maintain regular contact with local required reporters of VPDs to encourage and assure prompt reporting. Contractees should solicit the help of the Wisconsin Immunization Program when needed to help assure that an adequate system is in place to report and investigate VPD.

    B) b. Contractees must annually formally evaluate immunization delivery and the use of vaccine preventable disease surveillance systems and improve the use of those systems in their jurisdictions where needed (e.g., the Wisconsin Electronic Disease Surveillance System (WEDSS).

    C) c. Contractees must work in collaboration with the Wisconsin Immunization Program to increase the use of existing electronic data collection systems for vaccine record keeping and vaccine preventable disease data systems

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) Contractees must assure the delivery of immunization services in a safe, effective and efficient manner as detailed in the Wisconsin Immunization Program Policies and Procedures Manual and in section 252, HFS 145, Wis. Admin. Code. Contractees must assure the immunization of children is consistent with Healthy People 2020 goals.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization population-based data system that links with the WIR. The data system must have a tracking and recall function to identify children whose immunization records are behind schedule according to the ACIP recommendations. Tracking and recall shall be conducted at least every other month as required by the Wisconsin "Policies and Procedures Manual for Immunization Programs".

    B) Contractees immunization practice must assure the immunization of children, and share children's immunization records with parents or guardians, schools and day care centers and other healthcare providers as provided by the Wisconsin School Immunization Law HFS 144 (section 252).

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) a. Contractees must engage in community partnerships to identify and address the needs of high-risk populations, reduce racial and ethnic health disparities, and to educate families and the community on the importance of immunizations.

b. Contractees should engage in improving health literacy for the public and for the healthcare personnel working with immunizations to better understand, evaluate, and communicate immunization information.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

A) Contractees must coordinate public and private immunization services with local child healthcare (service) providers: e.g., WIC projects, Medical Assistance programs, and other local public health programs to assess the immunization status of, refer, and provide immunization services to under-immunized children.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

A) Contractees must develop relationships among public and private healthcare providers to facilitate access by children and families to immunization services. Contractees should work with these providers to assure that current immunization guidelines are followed.

B) The LHD should promote the medical home concept by referring vaccine recipients to their medical home provider for subsequent immunizations and coordinate with this medical provider to assure adherence to the recommended immunization schedule.

C) LHDs should promote the exchange and sharing of immunization data using immunization registries.

D) The LHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. When prompt reporting of a vaccine preventable disease does not occur, the LPHD will formally address the issue with the reporting agency to assure that reports are made according to the latest EPINet Manual.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

A) Contractees will ensure program staff is competent in current immunization program policy and processes, including that provided through the Centers for Disease Control and Prevention (CDC) distance learning course and CDC updates.

B) The LHD will follow the Wisconsin "Policies and Procedures Manual for Immunizations" developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon; as well as Immunization Policy Memos s periodically issued from the Wisconsin Immunization Program. The LHD must have written policies on the proper handling and storage of state-supplied vaccine as required by the Vaccines for Children (VFC) Program. These policies must be reviewed with all immunization program related staff on at least an annual basis.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Billing for payment of childhood immunization services is not required under this section.

B) LHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services.

Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LHD for state supplied vaccines. The message must be given to the client in a way and in a language the client understands.

C) Grantees must screen for insurance eligibility in accordance with current DPH guidelines for state supplied vaccines.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractees must collect and analyze agency and available private provider immunization data for children 12-35 months of age, school immunization law reports and other available population-based information needed to identify strengths and weaknesses in local delivery systems and plan improvements. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.

B) LHDs will utilize the WIR for immunization level data analysis.

C) LHDs and Tribes will assure staff competence with the WIR system. LHD and Tribal health staff must attend at least one Regional WIR User Group Meetings or Wisconsin VFC Workshops where WIR is included in the agenda. Attendance at these meetings is necessary for staff to maintain a thorough working knowledge of the functionality of the WIR.

Contract Agreement Addendum: Exhibit I

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016

Program: Radon Outreach

Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

   A) Contractee must assess surveillance data (including their own data) for prevalence of

   homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

   A) Cultural competence and other qualifications of persons delivering radon services

   must be the same as those of employees of local health agencies, such as

   environmental sanitarians and public health nurses.

   Cultural competence and other qualifications of persons delivering radon services

   must be the same as those of employees of local health agencies, such as

   environmental sanitarians and public health nurses.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

   A) Contractee must maintain a database of measurements carried out by the public with

   agency assistance and, to the extent possible, follow cases of elevated exposures to

   promote appropriate interventions and outcomes. However, the ability to follow-up

   may be limited in some instances, since indoor radon is not regulated in Wisconsin

   and because detectors and mitigation services are available from the private sector.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

   A) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can¿t provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation

services where appropriate.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

A) Contractee must coordinate outreach with other public health programs in their

agency, adjusting services so as to fit into appropriate priorities among groups with

other health needs.

B) Contractee must participate in radon outreach training by their regional Radon

Information Center, and coordinate outreach for the Radon Action Month media

blitz in January with them.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is

www.lowradon.org.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA¿s booklets: Citizen¿s Guide to Radon, Consumer¿s Guide to Radon Reduction, and Home Buyers and Seller¿s Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.

B) Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab

depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.

B) Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016

Contract Source of Funds

Source	Program	Amount
Rusk County	Childhood Lead - Consolidated	$2,359
Rusk County	Family Planning - RH	$25,000
Rusk County	Immunization - Consolidated IAP	$6,295
Rusk County	Maternal Child Health - Consolidated	$15,723
Rusk County	Oral Health - Fluoride Mouthrinse	$868
Rusk County	Radon Outreach	$3,500
Rusk County	WIC USDA	$88,834
	Contract Amount	**$142,579**

Contract Match Requirements

Program	Amount
Childhood Lead - Con	$0
Immunization	$0
MCH	$11,792
Oral Health - Mouthrinse	$0
Radon Outreach	$0
Reproductive	$0
WIC	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead - Con	None Reported	$0
Immunization	None Reported	$0
MCH	None Reported	$0
Oral Health - Mouthrinse	None Reported	$0
Radon Outreach	None Reported	$0
Reproductive	None Reported	$0
WIC	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016

Childhood Lead - Con **Program Total Value $2,359**

1 Template Objective 1 - Blood Lead Testing $2,359

By December 31, 2016, 150 children at risk for lead poisoning who reside in Rusk County will receive an age-appropriate blood lead test.

Immunization **Program Total Value $6,295**

1 Template Objective 2 - LHD $6,295

By December 31, 2016, 86% children residing in Rusk County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday

MCH **Program Total Value $15,723**

1 Template Objective 5 - Adolescent Suicide $15,723

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy _1__ to decrease rates of adolescent suicides.

Oral Health - Mouthrinse **Program Total Value $868**

1 Template Objective 1 $868

School-Based Fluoride Mouthrinse Program: By December 31, 2016, 100 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Rusk County Health Department during the 2015-2016 school year.

Radon Outreach **Program Total Value $3,500**

1 Template Objective 1 $3,500

Fixed Radon Objective for $3,500 Funding, 2016

(Only the target numbers in the Deliverables are negotiable.)

Throughout calendar year 2016, residents, realtors and possibly home builders in the jurisdiction of the (LIST HEALTH DEPARTMENTS) will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

WIC **Program Total Value $88,834**

1 Template Objective 1 $88,834

During the contract budget period of January 1, 2016 through December 30, 2016, the Rusk County Health Department WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Total of Contract Objective Values	$0
Total of Contract Statement Of Work Values	$117,579

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Childhood Lead Consolidated **Objective #:** 1 of 1 **Objective Value:** $2,359

Objective: Primary Details

Objective Statement

Template Objective 1 - Blood Lead Testing

By December 31, 2016, 150 children at risk for lead poisoning who reside in Rusk County will receive an age-appropriate blood lead test.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

A report to document the number of unduplicated children at risk for lead poisoning residing in Rusk County who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $2,359

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

Baseline for Measurement

Context

Acceptable value for this objective is up to $18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ¿ ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (https://www.dhs.wisconsin.gov/publications/p00660.pdf, rev. 2014).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,295

Objective: Primary Details

Objective Statement

Template Objective 2 - LHD

By December 31, 2016, 86% children residing in Rusk County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in (insert health department) jurisdiction who turned 24 months of age in 2016 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

For your information the cohort of children for this objective is: Date of Birth 01/01/2014- 12/31/2014

Criteria for the 2016 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2014 - 12/31/2014 Evaluation date: 01/01/2017

Run date: 02/15/2017

Programs Providing Funds for this Objective

Immunization: $6,295

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2014 end of year population based standard benchmark report will be used to determine the baseline for the 2016 population based objective.

For the baseline the following parameters will be used to run the benchmark report: Birthdate Range: 01/01/2012 thru 12/31/2012

Evaluation Date: 01/01/2015

Run Date: After: 02/15/2015

Benchmark is 84%

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for

analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Guidelines for determining increase needed for progress towards 2016 goals: 2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

Agencies should consult with their Regional Immunization Program Advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

Context Continued

Input Activities

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories

- Tracking

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,295

- Coordination of immunization services with other LHD programs

- Sharing information with area physicians

- Requesting that information is entered into the WIR.

- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless

you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter

- Phone call

- Home visit

- Email

- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHD's may want to consider in order to achieve this objective.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016

Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $6,295

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $15,723

Objective: Primary Details

Objective Statement

Template Objective 5 - Adolescent Suicide

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy _1__ to decrease rates of adolescent suicides.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

1. A completed MCH Performance Measure Strategy Report to document: 1) strategy, 2) reach of the strategy, 3) partners engaged in the strategy, 4) change that occurred as a result of the strategy.

2. Documentation of agency participation in the 2016 MCH Summit.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $15,723

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Performance Measure Strategy Report

2. MCH Summit attendee list.

Baseline for Measurement

Baseline information as identified in the 2016 Supplement to GAC Objectives

Context

The MCH/CYSHCN Program Parameters apply to this objective. This work will address the Title V National Performance Measure for adolescent injury prevention: Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19.

Context Continued

Input Activities

1. Implement and evaluate the selected strategy with activity details identified in the 2016 Supplement to GAC Objectives.

Strategy 1: Coordinate and/or facilitate evidence-based suicide prevention practices with community groups.

Core Activities:

¿ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to promote QPR (Question, Persuade and Refer) training.

¿ Collaborate with law enforcement and other partners on strategies to restrict means such as distribution of firearm locks and access to medication drop boxes.

Strategy 2: Promote Zero Suicide principles and practices with health care providers and health care systems.

Core Activities:

¿ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to implement the Zero Suicide toolkit. (http://zerosuicide.sprc.org/toolkit) with health care providers and health care systems.

¿ Collaborate with local suicide coalitions and statewide organizations (e.g. Mental Health America of Wisconsin) to coordinate and/or provide training to Emergency Departments utilizing available resources (e.g. ED focused tools from Zero Suicide, CALM

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 1 **Objective Value:** $15,723

(Counseling on Access to Lethal Means) training) and include planning for continuity of care after an ED visit.

2. Collaborate with community partners including consumers/families.

3. Participate in quarterly Learning Community meetings/calls to support progress on the MCH National Performance Measure related to Adolescent Suicide Prevention.

4. Attend the 2016 MCH Summit.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Oral Health - Fluoride Mouthrinse **Objective #:** 1 of 1 **Objective Value:** $868

Objective: Primary Details

Objective Statement

Template Objective 1

School-Based Fluoride Mouthrinse Program: By December 31, 2016, 100 children in first grade and above from non-fluoridated communities will participate in a weekly school-based fluoride mouthrinse program administered by the Rusk County Health Department during the 2015-2016 school year.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

A report to document total enrollment per grade, total number of children participating per grade, and names of schools participating in a school-based fluoride mouthrinse program administered by the (insert name) Health Department during the 2015-2016 school year.

Programs Providing Funds for this Objective

Oral Health - Fluoride Mouthrinse: $868

Agency Funds for this Objective:

Data Source for Measurement

1. Wisconsin Oral Health Program (OHP) Fluoride Mouthrinse Program Annual Report must be completed and submitted to the OHP. The report will document total enrollment per grade, total number of children participating per grade, and names of schools participating during the 2015-2016 school year.

2. SPHERE Community Report to include the data from the following screens: Community Activity (all appropriate fields) and Fluoride Mouthrinse (no detail screen).

Baseline for Measurement

Context

A school-based fluoride mouthrinse program is an evidence-based prevention strategy that prevents dental caries (cavities). The children targeted by this objective must be in first grade or above. School-based fluoride mouthrinse programs are not indicated in fluoridated communities or where the natural fluoride level is at an appropriate level. Programs should follow the guidelines for implementation, training, record keeping, and safety outlined in the School Based Fluoride Mouthrinse Manual: A Guide and Training Manual for Mouthrinse Coordinators, Administrators, Teachers, and Volunteers. See the Wisconsin Oral Health Program Fluoride Mouthrinse Program Boundary Statement for details on the target population and acceptable use of funds.

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Radon Outreach **Objective #:** 1 of 1 **Objective Value:** $3,500

Objective: Primary Details

Objective Statement

Template Objective 1

Fixed Radon Objective for $3,500 Funding, 2016

(Only the target numbers in the Deliverables are negotiable.)

Throughout calendar year 2016, residents, realtors and possibly home builders in the jurisdiction of the (LIST HEALTH DEPARTMENTS) will be provided with outreach to facilitate reduction of residential exposures to indoor radon.

Deliverable Due Date: 01/31/2017

Contract Deliverable (Evidence)

A report, emailed by January 31, 2017 on agency letterhead to the radon contact, Bureau of Environmental and Occupational Health, documenting the number of home radon measurements completed by residents; number of presentations to realtor groups; and/or the proposed outreach to home builders. The report will be included in our report to the US Environmental Protection Agency, source of this funding, which requires all-electronic reporting.

Programs Providing Funds for this Objective

Radon Outreach: $3,500

Agency Funds for this Objective:

Data Source for Measurement

Local health department records.

Baseline for Measurement

(Number of tests completed in the most recent year funded for radon outreach.)

Context

Obtaining EPA radon measurement proficiency training is mandatory for funding at the $3,500 level. Outreach to realtors should be done only if agency staff has the prerequisite EPA radon measurement training and follow guidance in the US EPA ¿Home Buyers and Sellers Guide to Radon¿

Coordination and training for outreach is provided by the regional Radon Information Center serving the agency. The RIC will organize a meeting for this purpose. January is National Radon Action Month and is when the agency should do news releases and major outreach locally, for synergy with efforts by the US EPA, WI Division of Public Health, RICs and private sector groups.

Outreach to the general public must reflect the guidance in the EPA pamphlet, Citizen¿s Guide to Radon, specifying follow-up measurements when screening measurements are 4.0 pCi/L or above. (Radon screening tests in basements with windows closed throughout the house reflect the highest radon exposure possible and typically exaggerate actual average exposures of residents by a factor of two.) The agency should follow up with residents having screening measurement results 4.0 pCi/L and higher. The public may be referred to the DHS radon website, www.lowradon.org. Technical questions may be referred to the Wisconsin Radon Information Center serving your agency (see www.lowradon.org.) Radon detectors provided to the public can be ordered from the RIC. Names of homeowners, their addresses and the serial numbers of detectors provided must be recorded for tracking and obtaining results reports. Home owners needing follow-up measurements because their screening results are 4.0 pCi/L or higher should be so advised by the local agency, and may consult with the RIC

Optional additional radon proficiency training will be offered in 2016 in various locations across the state. Updates to classes and locations are kept at www.lowradon.org. The measurement and mitigation training has free registration for government personnel, by emailing the radon program manager at DPH (Jessica.maloney@wi.gov)

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Radon Outreach **Objective #:** 1 of 1 **Objective Value:** $3,500

Context Continued

Input Activities
(Provide examples of the outreach planned.)

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $88,834

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2016 through December 30, 2016, the Rusk County Health Department WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 12/31/2016

Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation counts and participation trends will be monitored by the State WIC Office; the contracted caseload may be adjusted as needed.

Programs Providing Funds for this Objective

Women, Infants, and Children (WIC) Supplemental Nutrition:

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 340 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: $88,834

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

WIC participation means the number of "total participating" on the monthly participation report maintained and monitored by the State WIC Program Office. It is defined as the number of WIC participants, who receive WIC food instruments for one calendar month,

including the number of exclusively breastfed infants.

Context Continued

Input Activities

Policies and procedures as outlined in the Wisconsin WIC Operations Manual.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 30559 **Agency:** Rusk County Department of Health & Human Services **Contract Year:** 2016

Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $88,834

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Division of Public Health (DPH)
Women's Health-Family Planning and Reproductive Health Program

Addendum 1: Service Framework and Agreement
January 1, 2016 through December 31, 2016

A grant award was offered and accepted by the Agency identified in the attached 2016 DPH Women's Health-Family Planning and Reproductive Health Program Contract Agreement.

By acceptance of the 2016 DPH WH-FP/RH Contract Agreement, the Agency understands and agrees to follow Wisconsin DPH WH-FP/RH Program guidelines, policies, and requirements agreed to in the Agency's 2011-2015 Application and Business Plan Agreement.

This document outlines the **framework and scope** of DPH WH-FP/RH Program "community-based" services, reviews **key grant contract requirements** (agreed to in the Agency's 2011-2015 Application and Business Plan Agreement), and summarizes **performance measurement and reporting requirements**.

This document is an integral part of the 2016 contract agreement.

This document is organized into five (5) Sections: **PAGE**

I.	Introduction and Overview	1
II.	Framework and Scope of Services	2
III.	Summary of Key Grant Service Requirements	5
IV.	Performance Measurement and Reporting Requirements	9
V.	Other	9

I. Introduction and Overview

The Division of Public Health-Family Planning and Reproductive (DPH WH-FP/RH) Program has the responsibility under Wisconsin statutes at s. 253.07 to develop and maintain a statewide system of community-based clinic services for quality, accessible, affordable, and confidential care.

Contraceptive, reproductive and sexual health, and early intervention care is available through this system of community-based clinics. These community-based clinics are available as a reproductive medical (health care) home for women (and couples) choosing to receive their family planning and related reproductive/sexual primary health care in a specialty care setting.

The DPH WH-FP/RH Program awards grants to enhance the quality, comprehensiveness, patient-responsiveness, and cost-effectiveness of FP/RH services in existing community-based clinics. Grant awards are made on the basis of competitive applications.

DPH WH-FP/RH Program Grant Awards are intended only to **supplement** funding in existing community-based health organizations to provide FP/RH services *as part of* the statewide system of services. Grant awards are **not** intended to fully fund the provision of services. Grant funds assist in supporting infrastructure costs.

II. Framework and Scope of Services

A. DPH WH-FP/RH Program Mission

1. Maintain a statewide system of community-based specialty clinic services to provide community access to contraceptive, reproductive/sexual health, and early intervention care.

2. Implement (and promote) standards of practice and quality improvement practice management guidelines to ensure quality, evidence-based, confidential, affordable, cost-effective, timely, and patient-responsive care.

3. Assure a medical (health care) home environment at community-based clinics for persons choosing to receive contraceptive and related-reproductive/sexual care in a specialty primary health care setting.

4. Increase community access to contraceptive, reproductive/sexual health, and preconception/inter-conception information and services to support optimal reproductive health and pregnancy planning.

The Agency must implement and maintain policies and practices that support the DPH WH-FP/RH Program's mission.

B. DPH WH-FP/RH Program Overarching Priorities

1. Increased knowledge and skills among women, men, couples, and families for optimal reproductive health and pregnancy planning. (A Wisconsin Maternal and Child Health Program Priority).

2. Normalization of reproductive/sexual health for recognition and inclusion of reproductive/sexual health as a core component of public health and primary health care services. (A Healthiest Wisconsin 2020 priority).

3. Ensuring reproductive justice*: that all people and communities have access to the information, resources and support they need to attain sexual and reproductive self-determination. (A HW2020 priority). * From Kansas University Law School Reproductive Justice Project description of reproductive justice.

The Agency must implement and maintain policies and practices that support these overarching DPH WH-FP/RH Program priorities.

C. DPH WH-FP/RH Program Goals

1. Reduce unintended pregnancy, particularly among population segments most vulnerable to the adverse consequences of mistimed, unplanned, or unprepared-for pregnancy.
2. Reduce the prevalence of STD within the patient population and community
3. Increase access to STD screening and assessment, testing and treatment services
4. Increase behaviors that reduce reproductive/sexual health risk exposure and promote optimal reproductive/sexual health
5. Increase early access to care to prevent unintended pregnancy, to obtain early and appropriate pregnancy-related care, to promote pregnancy planning, and to support healthy birth spacing.
6. Increase access to health care coverage and affordable contraceptive and related-reproductive/sexual health care

7. Increase access to Medical/Health Care Homes for contraceptive and related-reproductive/sexual health care
8. Increase access to health care Intervention and messages that promote planned and prepared-for pregnancy (for pregnancies that are intended and wanted at the time of conception) including Reproductive Life Planning and healthy birth spacing)

The Agency must implement and maintain policies and practices that support these overarching DPH WH-FP/RH Program goals.

D. DPH WH-FP/RH Program Objectives

1. Increase access to and availability of Emergency Contraception in advance of actual need (ECIA).
2. Increase STD screening and risk assessment, appropriate testing, and timely treatment
3. Increase STD Disease Intervention with partner treatment (partners of patients diagnosed with STD)
4. Increase access to and availability of condoms
5. Increase timeliness with initiation of contraception, particularly following negative pregnancy tests and after pregnancy (post-partum).
6. Increase access and timeliness with initiation of early intervention services.
7. Increase consistency with Reproductive Life Planning/Healthy Spacing messages, particularly coinciding with pregnancy test visits, and planning (as part of prenatal care) for post-partum contraception.
8. Increase correct and consistent condom use, particularly those at higher risk of STD and unintended pregnancy
9. Increase consistency with Dual Protection patient education and messaging
10. Increase FPW (and other Forward Health) enrollment among eligible patients
11. Establish medical (health care) home setting with continuity of care and linkages for other primary care needs
12. Increase post partum contraceptive practices and intervention

The Agency must implement and maintain policies and practices that support these DPH WH-FP/RH Program objectives.

E. DPH WH-FP/RH Program Core Services

1. **Contraceptive Services and Supplies**
2. **STD Detection and Treatment, and Prevention (Risk Reduction) Services**
3. **Reproductive/Sexual Health Screening and Assessment Services and Women's Preventive Health Services**
4. **Early Intervention (EI) Services*: Emergency Contraception; Pregnancy Tests; Postpartum Contraception; Preconception/Interception (Pregnancy Planning) Services**
5. **Health Care Coverage and Benefits Eligibility Screening and Enrollment/Re-enrollment) and Referral Services**
6. **Medical Home Screening and Referral Services**

***Early Intervention**. Early intervention, particularly when the risk of unintended pregnancy is higher, is critical to develop care plans for timely and appropriate care. Early intervention includes:

1. Early emergency contraception intervention following a contraceptive failure or no contraception to prevent an unintended pregnancy.

2. Early pregnancy testing with intervention to achieve timely and appropriate continuity of care, including pregnancy services or contraceptive services depending on a patient's pregnancy status and plans.
3. Early (third trimester) postpartum pregnancy (reproductive life) planning and contraceptive plans, supplies, and arrangements to ensure timely and successful initiation of contraception following delivery.
4. Early pregnancy planning and preparation favorable to healthy pregnancy and birth, and to ensure that pregnancy is planned and wanted at the time of conception.

The Agency must provide these DPH WH-FP/RH Program core services.

F. DPH WH-FP/RH Program Core Interventions

1. **Contraceptive/Dual Protection evaluation and prescription management**
2. **Contraceptive/Dual Protection supplies (including primary and dual protection methods, and Emergency Contraception)**
3. **STD screening and risk assessment, appropriate testing, treatment, and follow-up care (including re-testing)**
4. **STD Disease Intervention for patients and partners diagnosed with STDs**
5. **Reproductive/sexual health screening and assessment to identify health risks and needs, and to promote to promote women's health.**
6. **Early Intervention Pregnancy-related intervention (including early Emergency Contraception intervention, early pregnancy testing with timely and appropriate continuity of care, post-partum contraception plans and care, and preconception care and reproductive life plans for healthy pregnancy and birth spacing.**
7. **FPOS (and other Forward Health Program) eligibility screening and enrollment**
8. **Screening and referral to establish reproductive/sexual health care and primary care Medical Homes**

Intervention for identified needs and risks include includes patient information/messaging; motivation and support to reduce risks and adopt protective health behaviors; anticipatory guidance; treatment and/or referral; follow-up; and short-term care coordination.

The Agency must provide these DPH WH-FP/RH Program core interventions.

G. DPH WH-FP/RH Program Core Components

1. **Components of Care**: Maintain the capacity and competency of community-based clinics to provide the essential **components of care** for contraceptive and related-reproductive/sexual health care, including
   a. Screening and Assessment
   b. Diagnosis and Treatment
   c. Follow-up/Referral
   d. Short-Term Care Coordination
   e. Patient Education/Messaging and Anticipatory Guidance

2. **Community Engagement**: Establish and maintain a recognized role in the community with channels of communication to promote the mission, goals, and objectives of the program in the community. **The Agency must provide these DPH WH-FP/RH Program core components.**

III. Summary of Key Grant Service Requirements

The Agency must provide services and comply with policies and priority practices established by the DPH-Women's Health-Family Planning and Reproductive Health Program as agreed to in the original 2011-2015 Application and Business Plan Agreement.

DPH WH-FP/RH Program Guidelines were updated and distributed at the September, 2014 WH-FP/RH Program Business Meeting. A complete and current set of Guidelines are available on the Health Care and Education and Training (HCET) website.

The following is a summary of key grant service requirements organized under the following areas:

A. **Quality of Care**
B. **Financial Sustainability**
C. **Patient Responsiveness**
D. **Quality Practices**
E. **Quality Assurance: Performance Measurement and Quality Improvement**

A. Quality of Care

1. The Agency must **comply with DPH WH-FP/RH Program Guidelines**, and must ensure that local program staff to understand all **patient care guidelines and standards of care**.

2. The Agency must only use laboratory services through the **Wisconsin State Laboratory of Hygiene** (WSLH).

3. The local program Medical Director must agree to and support the DPH WH-FP/RH Program Guidelines, including ACOG cytology and STD guidelines (such as re-testing following positive Ct or GC test results).

4. *Staff Development*
    a. The local program must meet **personnel requirements** established by the DPH WH-FP/RH Program.

    b. The nursing supervisor and lead staff in each clinic within the Agency must complete the Family Planning **"Just The Basics" Orientation** and the post-review, **<u>or</u>** must review the "Just the Basic" series IF previously completed.

    c. New personnel assigned to the local program must register for and complete the **Family Planning 101" Program** developed by Health Care Education and Training, Inc. (HCET)**. (Contact HCET for information).**

    d. New personnel must complete the WH-FP/RH Program Guidelines orientation and testing modules to be developed by HCET, as part of new staff orientation. Existing staff must also document an annual review of the Guidelines.

e. ***[Clinics without on-site clinicians <u>on</u> <u>staff</u> (or "tele-medicine" clinician availability), including clinics with contract clinicians providing part time services on site].***
   i. The agency must have at least one clinic staff at each site that has completed or currently enrolled in the Reproductive Health Nurse (RHN) program for the didactic coursework *if available*.

   ii. The RHN course may be available through Northern Technical College. Contact HCET for information about availability and scholarships.

f. **Staff attendance at DPH-sponsored meetings, conferences, and symposiums** is required. (See DPH WH-FP/RH Program Personnel Requirements).

g. Local agency staff must participate in **training and technical assistance** identified by the DPH WH-FP/RH Program as high priority.

h. The Agency is responsible for **acquiring information available through DPH WH-FP/RH Program trainings and updates and** provider forums and workgroups, and subsequently sharing information among staff within the local program.

i. The Agency must **acquire information** presented at DPH WH-FP/RH Program trainings (through HCET) related to core services and interventions and priority practices, and subsequently share information with local program staff).

B. Financial Sustainability

1. Policies and practices must be in place to **maximize third party reimbursement** for services.

2. **Fee Exempt and other sources of payment** through the Wisconsin State laboratory of Hygiene (WSLH) must be used as the payment sources of last resort.

3. The Agency must manage **Program Generated Revenue (PGR)** in the following manner:
   a. Retain all PGR (including third party reimbursements, and patient fees and donations) within the FP/RH program supported with grant funds under this contract;
   b. Only use PGR to support FP/RH services supported with grant funds under this contract;
   c. Account for PGR when earned and expended;
   d. Maintain a PGR operating capital fund balance;
   e. Maintain excess PGR in Fund Balance account; and
   f. Establish and maintain a 3-6 month PGR operating capital Fund Balance.

4. All PGR must be retained within the local FP/RH Program to support and maintain services.

5. The Agency must ensure maximum "managed enrollment" performance for the Badger Care Family Planning Only Service Program (BC-FPOS).

6. An annual Cost Analysis report, using the standardized Relative Value Unit methodology, must be prepared.

7. Fee Schedules (including fees and discounts) must be updated at least annually to reflect the latest cost and revenue requirements. Costs must be determined (or verified) using the standard methodology for family planning clinics.

8. A process must be in place to routinely provide receipts to patients and explain fees, discounts, and charges for each visit, and an explanation that donations are accepted to support the services provided by the local program.

9. A patient financial system must be in place to maintain individual patient accounts.

10. *Forward Health Business Capacity*
    a. **The Agency must have ACCESS Enrollment, Express Enrollment (for prenatal care), and Forward Health Community Access Partner (CAP)** capacity is in place.

    b. **The Agency must have Forward Health Portal and/or PES Billing capacity** is in place.

11. The Agency must develop capacity to fully participate as provisions under the Affordable Care Act evolve, including negotiations to participate as providers in private insurance plans and to obtain reimbursement.

C. Patient Responsiveness

1. The Agency must develop and maintain an on-going process to improve patient-centered care: to maintain patient satisfaction and to increase patient recruitment and retention.

D. Quality Assurance: Performance Measurement and Quality Improvement

1. The Agency must maintain a quality assurance/quality improvement program and include quality and performance indicators identified by the DPH WH-FP/RH Program.

2. NOTE: The Agency must conduct and document an ***annual*** internal privacy review, and clinic personnel must review all confidentiality and privacy requirements. **Privacy protections and safeguards must be in place within the agency.**

3. The Agency must follow the chart selection methodology established by the DPH WH-FP/RH Program to ensure that record audits are randomly selected and represent the patient population and practice, and use the Record Audit Templates established to reflect the Program Guidelines.

4. The Agency must calculate performance measurements using the Quality Indicators/Performance Measurement template provided as part of the 2016 contract.

5. The Agency must update **local protocols and practices** to meet revised DPH-FP/RH Guidelines released in September, 2014. (A list of new policies that will require change in protocols and practices were distributed at the September, 2014, Annual DPH WH-FP/RH Program Business Meeting).

6. The Agency accepts responsibility to identify technical assistance needs and to communicate those requests directly to the DPH WH-FP/RH Program (including HCET).

Equality Practices

1. The Agency must ensure that priority practices are in place, including the following **core priority practices:**
    a. ECIA supplies
    b. Dual Protection supplies
    c. BCFPOS enrollment (TE and Continuous Application information obtained at the *same* visit) and Express Enrollment
    d. Care coordination with completion of Continuous Enrollment, including submitting application on behalf of patient
    e. STD screening and assessment and testing and re-testing (on-site)
    f. Primary contraceptive methods initiated for new patients (first visit), including Depo
    g. Standing orders/protocols in place for contraceptive methods in advance of physical examination at initial visit. (Initial visit not delayed for physical examination or nurse practitioner encounter).

2. **The Agency must use standard messaging** developed by the DPH WH-FP/RH Program, including:
    a. Emergency contraception (progestin only)
    b. Post-partum contraceptive recommendations. (Please contact HCET for "Factsheets" that provide the required messaging).

3. *Integration of Services with the Wisconsin Maternal and Child Health Program*.
A substantial part of the grant funds that support this contract are part of the Wisconsin Maternal and Child Health Program. Therefore, agencies have an obligation to participate in and improve community systems of care that support maternal and child health care.

    The Agency must continue coordination and integration of contraceptive intervention and services with PNCC and WIC services [and other appropriate community partners, such as home visitation] (in each county served) in 2016.
    a. **Under the 2016 DPH WH-FP/RH contract, and as part of responsibilities under Wisconsin Statutes s. 253.07, the Agency assumes increased accountability to increase PNCC participation (as part of its MCH "continuity of care" charge), to improve the content of PNCC intervention, to increase third trimester contraceptive intervention and supplies among PNCC and WIC clients), and to increase post partum primary contraceptive method intervention and supplies among PNCC and WIC clients.**

    b. Contraceptive intervention includes (*at a minimum*) development of post partum contraceptive plan in third trimester, delivery of dual protection kit contraceptive kit in third trimester, information for initiating a primary method following delivery, and early (within three (3) weeks following delivery) follow-up to address post-partum primary contraceptive method needs.

    c. The Agency is shares responsibility with other community partners to review PNCC Enrollment data. Agencies receiving grants under the DPH WH-FP/RH contracts must assess the need and feasibility of becoming PNCC certified and directly providing complete PNCC services based on

community access and patient needs. In some instances, providing early or initial prenatal care intervention may be another service needed to meet patient needs.

d. Regardless of specific plans, the Agency will have increased accountability to increase and quality improve access to and participation in PNCC, and post-partum contraceptive intervention. The Agency is expected to participate in PNCC meetings as needed promote integration.

e. The Agency must summarize plans and implementation progress in the year-end narrative performance report.

For more information, contact Katie Gillespie at 608-266-1538, or Kate.Gillespie@dhs.wisconsin.gov

IV. Performance **Measurement and Reporting Requirements**

A. The Agency must maintain a quality assurance/quality improvement system, including performance measurements, patient record audits, and internal program reviews as required by the WH-FP/RH Program.
   a. The Agency will maintain a process for "real-time" patient record review and quality control, including a **monthly review of 1-2 patient records** using patient record templates —to assure compliance with priority practices and guidelines and proper documentation. **(See Attachment B).**
   b. The Agency will schedule **at least one conference call with WH-FP Program staff**, which will include a review of 1-2 patient records (as part of agency's monthly review).
   c. The Agency will **organize and prepare for at least one program review/consultation visit** arranged by WH-FP/RH Program staff.

B. The Agency will enter ***summary*** WH-FP/RH information directly into SPHERE to meet quality indicator, service performance, and demographic reporting requirements. This information will be compiled from the agency's information system. **Note: SPHERE screens will no longer be available to enter individual WH-FP/RH patient information after CY2015.**

C. The Agency must submit performance measurement, demographic, and performance narrative reports to the DPH WH-FP/RH Program by January 31, 2017. See WH-RH Service Performance and Demographic Reports, WH-RH Quality Indicators-Reporting Requirements.

D. The Agency must conduct patient record audits in 2016, and submit report performance in relation to key quality indicators by August 31, 2016. See Quality Indicator-Performance Measurement.

E. The Agency must prepare a Cost Analysis Report in 2016 (based on 2015 cost and utilization reports) using the standardized Relative Value Unit methodology, and submit a report by August 31, 2016.

V. Other Grant Conditions

Any additional Agency-specific grant conditions and requirements – if needed - will be a separate addendum to the CY2016 Contract.

Patient Record Audit Templates: Negative Pregnancy Test

Review Criteria

FINANCIAL INFORMATION:		
At end of visit, did patient have a pay source (e.g. BadgerCare/FPOS or Private Insurance)?	Y	N
Prior to the visit, did the patient have (i.e., come to visit with) a pay source (BadgerCare, FPOS or Private Ins.)?	Y	N
IF NO: (IF Patient had NO pay source)		
Was the patient screened for eligibility for FPOS?	Y	N
Was the patient eligible for FPOS?	Y	N
Was the patient temporarily enrolled?	Y	N
Did you submit Continuous Enrollment application for the patient?	Y	N
Did you submit documentation for the patient?	Y	N
Did the patient obtain Continuous Enrollment?	Y	N
IF YES: IF FPOS or BC expired in next 3 months, was the patient advised?	Y	N
HISTORY:		
Was patient a new patient?	Y	N
Is there documentation indicating the pregnancy test was needed?	Y	N
Was pregnancy desired?	Y	N
Is the pregnancy test result documented?	Y	N
LABORATORY ASSESSMENT/TESTING:		
Was the patient assessed using the chlamydia/gonorrhea selective screening criteria?	Y	N
Did the patient meet one or more SSC for chlamydia?	Y	N
Was the patient tested at the visit for Chlamydia	Y	N
EDUCATION AND ANTICIPATORY GUIDANCE:		
Did the patient receive education/anticipatory guidance on the following?		
Test validity?	Y	N
Preconceptional Planning?	Y	N
CONTRACEPTION:		
Was the patient currently using a method of birth control at the time of the pregnancy test?	Y	N
Did the patient receive a prescription method at the time of the pregnancy test?	Y	N
Was Quick Start used?	Y	N
PLAN:		
A prescription/order in the chart for emergency contraception?	Y	N
A prescription/order in the chart for male condoms?	Y	N
A prescription/order in the chart for female condoms?	Y	N
A prescription/order for patient's method of birth control?	Y	N
SUPPLIES:		
Was Patient a NEW patient?	Y	N
Did the new patient receive the standard dual protection kit? (Skip to Line 53 IF patient is "Established")	Y	N
NOTE: A standard Dual Protection Kit contains 2 EC, 3 dozen male condoms, and 2-3 female condoms.		
NOTE: A self-pay patient can receive an EC prescription rather than supply.		
Was Patient and ESTABLISHED Patient?	Y	N
Was the patient's need for the following supplies assessed?		
Emergency Contraception?	Y	N
Male condoms?	Y	N
Female condoms?	Y	N
DOCUMENTATION:		
The **Dispensing Log** documents that supplies were given?	Y	N
The **Dispensing Log** includes prescription numbers as required?	Y	N
Are the results of laboratory test(s) in the chart?	Y	N
Is the face-to-face time and education/counseling time documented?	Y	N
Are all entries signed and dated by staff?	Y	N

BILLING:		
Does the billing sheet reflect the services/supplies documented in the patient chart?	Y	N
Does the chart documentation support the charges for the office visit?	Y	N
Did the patient receive an explanation of their charges?	Y	N
Did the patient receive a copy/receipt of their charges?	Y	N
Is the pay source documented on the billing sheet?	Y	N
Is documentation for the health professional shortage area (AQ modifier) on the billing sheet?	Y	N

Patient Record Audit Templates: Positive Pregnancy Test Result

Review Criteria

HISTORY:		
Documentation indicating the pregnancy test was needed?	Y	N
Is the pregnancy test result documented?	Y	N
Was the patient likely to proceed with the pregnancy?	Y	N
LABORATORY:		
Was the patient assessed using the chlamydia/gonorrhea selective screening criteria (SSC)?	Y	N
Did the patient meet one or more SSC for Chlamydia?	Y	N
Was the patient tested at the visit for Chlamydia?	Y	N
EDUCATION AND ANTICIPATORY GUIDANCE:		
Did the patient receive education/anticipatory guidance on the following?		
Test validity?	Y	N
Information on all options?	Y	N
After hours ER instructions?	Y	N
Prenatal vitamins?	Y	N
Nutrition?	Y	N
Smoking?	Y	N
Alcohol/drug use?	Y	N
Medication(s)/X-rays?	Y	N
Adolescent Sexual Abuse/Assault Assessment?	Y	N
PLAN:		
Was the patient offered proof of pregnancy?	Y	N
Did the patient receive a referral for prenatal care?	Y	N
Was the Prenatal Care Coordination Pregnancy Questionnaire (Form F1104) completed by the clinic?	Y	N
Did the patient receive a formal referral for PNCC services? ***(See Quality Indicator Notes on "formal referral", page 2)***	Y	N
A prescription/order in the chart for emergency contraception?	Y	N
A prescription/order in the chart for male condoms?	Y	N
A prescription/order in the chart for female condoms?	Y	N
Documentation that the patient was given prenatal vitamins, or a prescription for prenatal vitamins?	Y	N
SUPPLIES:		
Was patient a **NEW Patient**?	Y	N
Did the new patient receive the <u>standard</u> dual protection kit? ***(Skip to Line 47 IF patient is "Established").***	Y	N
Note: a standard kit includes the following? 2 EC, 3 dozen male condoms, and 2-3 female condoms.		
Note: a self-pay patient could receive a prescription for EC rather than a supply.		
Was patient an ESTABLISHED Patient?	Y	N
Was the patient's needs for the following supplies assessed:		
Emergency Contraception?	Y	N
Male condoms?	Y	N
Female condoms?	Y	N
DOCUMENTATION:		
The Dispensing Log documents that supplies were given?	Y	N

The Dispensing Log includes prescription numbers as required?	Y	N
Are lab tests performed documented and results in the chart?	Y	N
Is the face-to-face time and education/counseling time documented?	Y	N
Are all entries signed and dated by staff?	Y	N
FINANCIAL ASSESSMENT:		
Prior to the visit, did the patient have (i.e., come to the visit with) pregnancy coverage (pay source)?	Y	N
Was the patient eligible for Express Enrollment?	Y	N
Was Express Enrollment done at time of pregnancy test?	Y	N
Was the patient **informed** about BadgerCare+ Enrollment?	Y	N
At end of visit, did patient have a pay source (e.g. BadgerCare/FPOS or Private Insurance)?	Y	N
BILLING:		
Does the billing sheet reflect the services/supplies provided?	Y	N
Does the chart documentation support the charges for the office visit?	Y	N
Did the patient receive an explanation of their charges?	Y	N
Did the patient receive a copy/receipt of their charges?	Y	N
Is the pay source documented on the billing sheet?	Y	N
Is documentation for the health professional shortage area (AQ modifier) on the billing sheet?	Y	N
FOLLOW-UP/CARE COORDINATION:		
Was there a follow-up to determine status of PNCC referral? (See Quality Indicator Notes for #3.4)	Y	N
Did the PNCC patient receive a 3rd trimester intervention consultation through the clinic? (See QI Notes for # 3.4)	Y	N
Did the patient return to the clinic for contraceptive supplies post pregnancy?	Y	N

Patient Record Audit Templates: New Patient – First Visit

Review Criteria

FINANCIAL INFORMATION:		
At the End of the Visit, did the patient have a pay source (e.g. BadgerCare/FPOS or Private Insurance)?	Y	N
Prior to the visit, was the patient enrolled in (i.e., did patient come to visit with) BadgerCare/FPOS?	Y	N
IF NO: **Was the patient screened for eligibility for FPOS?**	Y	N
Was the patient eligible for FPOS?	Y	N
Was the patient temporarily enrolled?	Y	N
Did clinic submit Continuous Enrollment application for the patient?	Y	N
Did clinic submit documentation for the patient?	Y	N
Did the patient obtain Continuous Enrollment?	Y	N
IF YES: IF FPOS or BC expired in next 3 months, was patient advised?	Y	N
MEDICAL RECORD (MR):		
Do all the MR pages have the clinic name and address?	Y	N
Do all the MR pages have the patient identifier information?	Y	N
Does the medical record document confidentiality status and how to contact the patient with their results?	Y	N
FORMS:		
Is demographic information available?	Y	N
Is there a completed health history in the record?	Y	N
IF YES: Is the history form signed & dated by patient?	Y	N
Is the history form signed & dated by staff?	Y	N
Is a completed DPH Education, Counseling, Coordination of Care form in the record?	Y	N
IF YES: Is the Coordination of Care form completed, signed and dated by staff?	Y	N
Is a HIPPA consent form in the chart?	Y	N

IF YES: Is the HIPPA consent signed & dated by patient?	Y	N
Is the HIPPA consent signed & dated by staff?	Y	N
Is there a Consent for Services form in the chart?	Y	N
IF YES: Is the Consent for Services signed & dated by patient?	Y	N
Is the Consent for Services signed & dated by staff?	Y	N
LABORATORY ASSESSMENT/TESTING:		
Was the patient assessed using Selective Screening Criteria (SSC) for Chlamydia/Gonorrhea testing (at first visit)?	Y	N
Did the patient meet one or more SSC for chlamydia?	Y	N
Was the patient tested at the visit for Chlamydia?	Y	N
Per the DPH Liquid Based Cytology Screening Guidelines, did the patient require a pap?	Y	N
Was a pap done?	Y	N
Is pap result in the chart?	Y	N
EXAMINATION:		
Did the patient receive an exam?	Y	N
IF YES: Were the exam findings documented in the chart?	Y	N
Was the exam indicated by history/lab screening?	Y	N
PLAN:		
Was the patient currently using a method of birth control at the time of first visit?	Y	N
A prescription/order in the chart for emergency contraception for 1 year?	Y	N
A prescription/order in the chart for male condoms for 1 year?	Y	N
A prescription/order in the chart for female condoms for 1 year?	Y	N
A prescription/order in the chart for a birth control method?	Y	N
SUPPLIES: (NOTE - The Standard Dual Protection Kit is defined as 60="Y", 61="Y", and "Y"=62").		
Did the patient receive 2 packages of emergency contraception at the first visit (self-pay received EC prescription)?	Y	N
Did the patient receive 3 dozen male condoms at the first visit?	Y	N
Did the patient receive 2-3 female condoms at the first visit?	Y	N
Did the patient receive a new prescription method of birth control at the first visit?	Y	N
Was quick start used to start birth control?	Y	N
DOCUMENTATION:		
The Dispensing Log documents all supplies that were distributed?	Y	N
The Dispensing Log includes prescription numbers as required?	Y	N
IF patient received any care from another provider, does documentation show that records were requested and reviewed?	Y	N
Is a height, weight, Blood Pressure and BMI documented?	Y	N
Are all laboratory tests performed documented and results in chart?	Y	N
Documentation that patient received the package insert for their method of birth control?	Y	N
Did patient received “ACHES" information as appropriate?	Y	N
Is patient under the age 18?	Y	N
Is patient under the age 21?	Y	N
Documentation that Sexual Assault abuse assessment for reportable conditions was performed (on minor)?	Y	N
Does the chart indicate whether or not the patient can be contacted at home?	Y	N
Are face-to-face time and education & counseling time documented?	Y	N
Are all entries signed and dated by staff?	Y	N
BILLING?		
Does the billing sheet reflect the services/supplies documented in the patient chart?	Y	N

Does the chart documentation reflect the charges for the office visit?	Y	N
Did the patient receive an explanation of their charges?	Y	N
Did the patient receive a copy/receipt of their charges?	Y	N
Is the pay source documented on the billing sheet	Y	N
Is documentation for the health professional shortage area (AQ modifier) on the billing sheet?	Y	N

Patient Record Audit Templates: Returning Patient – Last 12 Months

Criteria

All Questions Address Services within the *Latest* 12 Months Unless Otherwise Noted. *Exclude* First 12 Months of Care.

FINANCIAL INFORMATION?		
Prior To Patient's Last Visit, did patient have (i.e., come to visit with) a pay source (e.g. Badger Care, FPOS or Private Ins)?	Y	N
IF NO: (IF Patient had NO pay source)? A		
Was the patient screened for eligibility for FPOS?	Y	N
Was the patient elibible for FPOS?	Y	N
Was the patient temporarily enrolled?	Y	N
Did you submit Continious Enrollment application for the patient?	Y	N
Did you submit documentation for the patient?	Y	N
Did the patient obtain Continious Enrollment?	Y	N
IF YES: IF FPOS or BC expired in next 3 months, was patient advised?	Y	N
VISITS WITHIN THE LATEST 12 MONTH--EXCLUDING THE FIRST 12 MONTHS AS A PATIENT		
Had this patient received services beyond the first 12 months of care? ***Dates for lastest 12 months of care:***	Y	N
Did the patient receive an Annual Health Assessment Visit within the past 12 months? (See Quality Indicator #20)	Y	N
LABORATORY ASSESSMENT/TESTING:		
Was the patient assessed using Selective Screening Citeria (SSC) for Chlamydia/Gonorhea testing?	Y	N
Did the patient meet one or more SSC for chlamydia?	Y	N
Was the patient tested at the visit for Chlamydia?	Y	N
Was the patient assessed for Chlamydia/Gonorrhea within the past 12 months?	Y	N
Per the DPH Liquid Based Cytology Screening Guidelines, did the patient require a pap?	Y	N
Was a pap done?	Y	N
Is pap result in the chart?	Y	N
EXAMINATION:		
Did the patient require an exam?	Y	N
Was an examination performed?	Y	N
PLAN:		
A prescription/order in the chart for emergency contraception for 1 year?	Y	N
A prescription/order in the chart for male condoms for 1 year?	Y	N
A prescription/order in the chart for female condoms for 1 year?	Y	N
A prescription/order in the chart for birth control method?	Y	N
SUPPLIES (AT LAST VISIT)		
Was the patient's need for the following supplies assessed at **last visit** for the following?		
Emergency contraception?	Y	N
Male condoms?	Y	N
Female condoms?	Y	N
Birth control method?	Y	N
DOCUMENTATION:		
The Dispensing Log documents that supplies were given?	Y	N
The Dispensing Log includes prescription numbers as required?	Y	N
IF patient received any care from another provider, documentation shows records were requested and reviewed?	Y	N

Is a height, wwight, Blood Pressure, and BMI documented?	Y	N
Is patient under the age 21?	Y	N
Are all lab tests that were performed documented & results in chart?	Y	N
Documentation that patient received the package insert for their method of birth control?	Y	N
Is there documentation for patient education interventions eg. smoking, STD, etc.	Y	N
If applicable, is face-to-face and education/counseling time documented?	Y	N
Are all entries signed & dated by staff?	Y	N
BILLING (AT LAST VISIT OR SERVICE)		
Does the billing sheet reflect the services/supplies provided?	Y	N
Does the chart documentation support the charges for the office visit?	Y	N
Did the patient receive an explanation of their charges?	Y	N
Did the patient receive a copy/receipt of their charges?	Y	N
Is the pay source documented on the billing sheet?	Y	N
Is documentation for the health professional shortage area (AQ modifier) on the billing sheet?	Y	N

CY2016 Addendum 3
Wisconsin Women's Health-Family Planning/Reproductive Health Program
Quality Assurance Performance Measurement

Audit Period: ____/____/____ to ____/____/____

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
Pregnancy Testing **Number of Charts Selected for Chart Audit:**					
[1]: *New* patients receiving prescription contraceptive services and supplies at the same visit following a negative pregnancy test. **Negative Pregnancy Test Audit** **Numerator:** Row 39 = **"Y"** **Denominator:** Negative Test Result, ***and*** **New Patient (Row 15 = "Y"), *and*** **Pregnancy Not Desired (Row 17 = "N"), *and*** **Prescription method not used at time of pregnancy test (Row 37 = "N")**	New patient; Pregnancy test; Negative test result; No current Rx method prior to pregnancy test visit; Pregnancy not desired	Percent: **[numerator]** # of patients who received a prescription method (at same visit as pregnancy test) ÷ **[denominator]** # of new patients with negative pregnancy test result (*and pregnancy not desired*)	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	95%	All new pregnancy test patients with negative pregnancy tests results (not desiring pregnancy) will receive a primary (prescription) method at the same visit. Quick start is recommended for method effectiveness.
[2]: *New* patients receiving a *standard* Dual Protection Kit following a pregnancy test.* **Negative Pregnancy Test Audit** **Numerator:** Row 50 = **"Y"** ***Denominator:*** *Pregnancy Test,* ***and*** **New Patient (Row 15 = "Y"), *and*** **Payment Source (Row 4 = "Y")** **[AND]** **Positive Pregnancy Test Audit** **Numerator:** Row 44 = **"Y"** ***Denominator:*** *Pregnancy Test,* ***and*** **New Patient (Row 43 = "Y"), *and*** **Payment Source (Row 63 = "Y")**	New patient; Pregnancy test; Patient with payment source;	Percent: **[numerator]** # of patients (*with payment source** for visit) who received a standard Dual Protection Kit ÷ **[denominator]** # of new patients (*with payment source for visit*). *payment source means a "third party" source such as Badger Care or private insurance.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	95%	All new patients receiving a pregnancy test will receive a standard Dual Protection Kit.* Supplies provided to patients with health care coverage (payment source). A prescription is provided for emergency contraception if patient is private pay (no payment source) and unwilling to purchase supplies. Use of regular OHCs for emergency contraception (with instructions) is acceptable for private pay patients without health care coverage.
[3]: Patients (new or established) with positive pregnancy test result and assessed as likely to proceed with pregnancy. **Receiving the following intervention:**	New patient; Established patient; Pregnancy test; Positive test result;				All pregnancy test patients with positive test results and likely to proceed with pregnancy will receive intervention and formal (actively assisted and managed) referrals to facilitate timely continuity of care into pregnancy services. Patients should have health care coverage with broadest benefits to support

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
	Likely to proceed or uncertain				pregnancy related care. Continuity of care is a core standard of practice within the WH-FP/RH Program. All family planning patients receive intervention to facilitate timely and appropriate continuity of care, including intervention that supports early entry into prenatal care and pregnancy support services, including PNCC.
See Quality Indicators Below: 3.1 – 3.8					
[3.1]: Receiving Badger Care Express Enrollment (*at the clinic visit)* for Forward Health prenatal care benefits **Positive Pregnancy Test Audit** **Numerator:** Rows 61 = **"Y"** ***Denominator:*** Positive test result, ***and*** **No payment source for pregnancy prior to visit (Row 59 = "N")**, and **Eligible for BC-EE** (**Row 60** = **"Y"**), and **Likely to proceed with pregnancy or uncertain (Row 12 = "Y")**	New patient; Established patient; Pregnancy test; Positive test result; No payment source for pregnancy prior to visit; Eligible for BC-EE; Likely to proceed or uncertain	Percent: **[numerator]** # of patients who received Express Enrollment at the clinic visit ÷ **[denominator]** # of patients meeting the selection criteria.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	95%	Pregnant patients are screened for Forward Health eligibility and provided the opportunity to complete (with assistance) Express Enrollment. Patients receive anticipatory guidance and assistance to complete the enrollment process. Patients will be assessed for health care coverage eligibility with broadest benefits to support pregnancy related care.
[3.2]: Receiving a formal referral (including written consent for PNCC follow-up)** ***Referral within or outside agency* **Positive Pregnancy Test Audit** **Numerator:** Row 36 = **"Y"** ***Denominator:*** Positive test result, ***and*** **Eligible for BC-EE** (**Row 60** = **"Y"**), and **Likely to proceed with pregnancy** (**Row 12** = **"Y"**)	New patient; Established patient; Pregnancy test; Positive test result; Eligible for BC-EE; Likely to proceed with pregnancy	**Percent: [numerator]** # of patients who received a formal referral for PNCC ÷ **[denominator]** # of patients meeting the selection criteria.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	To Be Determined	Coordination of services between family planning and pregnancy-related services, including PNCC and WIC, is critical for the Continuity of Care standard. Patients will be screened for PNCC eligibility. A "managed referral" to facilitate connection with PNCC is the standard of care: more than only patient information and recommendations and health teaching. A "formal" (or "managed") referral has the following components: the provider is actively involved in facilitating the connection with the referral source, provides anticipatory guidance and logistical assistance, and provides follow-up to determine if the referral connection was made.
[3.3]: Receiving a PNCC Pregnancy Assessment* by the clinic at same or subsequent visit **(PNCC Pregnancy Questionnaire)* **Positive Pregnancy Test Audit** **Numerator:** Row 34 = **"Y"**	New patient; Established patient; Pregnancy test; Positive test result; Eligible for BC-EE;	Percent: **[numerator]** # of patients who received PNCC Pregnancy Assessment by clinic ÷ **[denominator]** # of patients meeting the selection criteria.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator]	To Be Determined	Family planning providers are strongly encouraged to directly provide all or partial PNCC services to ensure patient access, convenience, and responsiveness. The pregnancy assessment is an important intervention for short-term care coordination into pregnancy related care.

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
Denominator: Positive test result, ***and*** **Eligible for BC-EE (Row 60 = "Y")**, and **Likely to proceed with pregnancy (Row 12 = "Y")**	Likely to proceed with pregnancy		Performance: _____%		
[3.4]: Receiving follow-up to determine status of Forward Health enrollment and PNCC connection **Positive Pregnancy Test Audit** **Numerator:** Row 73 = **"Y"** ***Denominator:*** Formal Referral for PNCC (Row 36 = **"Y"**)	Patients receiving a PNCC referral	Percent: **[numerator]** # of patients who received follow-up feedback to verify PNCC referral connection ÷ **[denominator]** # of patients eligible for PNCC.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	To Be Determined	Continuity of care requires actively managed referral and follow-up to support and motivate successful connections with pregnancy-related services. This is particularly important for patients eligible for PNCC and therefore considered at higher pregnancy risk. The WH-FP/RH Program is part of the Wisconsin Maternal and Child Health Program. Continuity of care throughout the life cycle of reproduction, growth and development is a key principle of practice.
[3.5]: PNCC patients receiving third trimester family planning intervention through the clinic (including post-partum contraceptive plans and supplies) **Positive Pregnancy Test Audit** **Numerator:** Row 75 = **"Y"** ***Denominator:*** *F*ormal Referral for PNCC (Row 36 = **"Y"**)	Patient referred for PNCC;	Percent: **[numerator]** # of PNCC patients who received third trimester family planning services ÷ **[denominator]** # of patients who received formal referral for PNCC	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	To Be Determined	Pregnant patients, eligible for PNCC, will receive actively managed referral and follow-up to support and motivate connections with a PNCC provider. anticipating pregnancy will
[3.6]: Patients returning to the clinic for contraceptive services and supplies post pregnancy test **Positive Pregnancy Test Audit** **Numerator**: Row 76 = **"Y"** ***Denominator:*** Patients with positive pregnancy test results	Patients with positive test results	Percent: **[numerator]** # of patients who returned to clinic for services and supplies ÷ **[denominator]** # of patients who received pregnancy test and positive test result at clinic	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	?%	Health birth spacing is a key maternal and child health/reproductive health practice. Continuity of care into and through prenatal care and delivery and into inter-conceptional care is essential for optimal reproductive health. Timely initiation of a primary contraceptive method following delivery requires coordination of care for post partum contraceptive plans and supplies (or service if method is provider initiated, such as depo). Patients will have the opportunity to develop a post partum contraceptive plan (initiated by a health care provider) in the third trimester, and have dual protection and patient initiated supplies on hand prior to delivery. Patients will receive Now and Beyond intervention and patient education. Patients will receive intervention following delivery to address initiation of a primary method.
[3.7]: Patients receiving a STD (SSC) risk assessment for Chlamydia *at same visit* as pregnancy test.	New or Established Patient;	Percent: **[numerator]** # of patients who received a STD risk assessment	Number of Charts that Met the **Quality Indicator**: ___ [Numerator]	95%	All pregnancy test patients will receive risk assessment for Chlamydia and testing as indicated. The need for a pregnancy test is a critical reproductive health event

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
Negative Pregnancy Test Audit **Numerator:** Row 27 = **"Y"** ***Denominator: Negative*** *Pregnancy Test* **[AND]** **Positive Pregnancy Test Audit** **Numerator:** Row 15 = **"Y"** ***Denominator: Positive*** *Pregnancy Test*	Pregnancy test	(SSC for Chlamydia) ÷ **[denominator]** # of patients receiving a pregnancy test.	Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		and opportunity for intervention to protect fertility and reproductive health. The need or request for a pregnancy test probably indicates sexual activity without a condom. The circumstances surrounding the need for a pregnancy test often involve a behavior placing patient at increased risk of STD exposure. A pregnancy test service in the WH-FP/RH Program is more than a laboratory procedure.
[3.8]: Patients receiving a Chlamydia test (based on the Chlamydia SSC risk assessment) *at same visit* as pregnancy test. **Negative Pregnancy Test Audit** **Numerator:** Row 30 = **"Y"** ***Denominator:*** **Patients meeting 1 or more Chlamydia SSC (Row 28 = "Y")** **AND** **Positive Pregnancy Test Audit** **Numerator:** Row 18 = **"Y"** ***Denominator:*** **Patients meeting 1 or more Chlamydia SSC (Row 16 = "Y")**	New or Established Patient; Pregnancy test; Meets 1 or more SSC	Percent: : **[numerator]** # of patients who received a Chlamydia test (based on SSC for Chlamydia) **÷ [denominator]** # of patients receiving a Chlamydia SSC risk assessment and test recommended.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	90%-95%	All patients meeting one of more of the established Selective Screening Criteria (SSC) for Chlamydia will be tested. Urine-based tests for Chlamydia at the time of pregnancy can be conveniently performed.
Number of Charts Selected for Chart Audit:					
Contraceptive Services and Supplies					
[4]: New female patients receiving a standard Dual Protection Kit. **New Patient Audit** **Numerator:** Rows 60, 61, <u>and</u> 62= **"Y"** ***Denominator:*** New Patients, and **Payment Source for visit** (Row 5 = **"Y"**)	New patient; With payment source for visit;	Percent: **[numerator]** # of patients (with payment source) who received a standard Dual Protection Kit ÷ **[denominator]** # of new	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator]	95%	Dual protection is a core standard of care. All new female patients will receive a standard Dual Protection kit and standard messaging on importance of dual protection, backup contraception, and benefits of female condoms. Supplies provided to patients with health care coverage

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
		patients (*with payment source for visit*).	Performance: _____%		(payment source) or prescription for emergency contraception if private pay and unwilling to purchase supplies. The use of regular OHC for emergency contraceptive use is an option for private pay patients for whom the cost of even discounted Plan B is not affordable. Use of regular OHCs for emergency contraception (with instructions) is acceptable for private pay patients without health care coverage. All family planning patients are offered and strongly encouraged to have condoms on hand, for back-up or "dual protection," as recommended by the DPH WH-FP/RH Program and ACOG. New patients received the standard dual protection kit.
[5]: Established female patients assessed for dual protection supplies on hand at last office visit or supply visit. **Returning Patient Audit** **Numerator:** Rows 55, 56, and 57 = **"Y", AND** Rows 61, 62, and 63 = **"Y"** ***Denominator:*** *Returning patients*	Established patient; With payment source for visit; Without payment source for visit	Percent: **[numerator]** # of patients with documentation of assessment of dual protection supplies on hand at last office (M/E) or supply visit ÷ **[denominator]** # of returning patients	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	100%	All family planning patients are offered and strongly encouraged to have condoms on hand, for back-up or "dual protection," as recommended by the DPH WH-FP/RH Program and ACOG. All established female patients will be assessed for supplies on hand and the need to replenish supplies. Supplies are provided as needed, unless refused. New prescription provided for emergency contraception if private pay and unwilling to purchase supplies.
[6]: Initiating new prescription contraceptive methods using Quick Start **New Patient Audit** **Numerator**: Row 64 = **"Y"** ***Denominator:*** **New prescription Method** (**Row 63** = **"Y"**) **initiating a new method*	New patient; New prescription method	Percent: **[numerator]** number of new patients initiating* prescription contraceptive methods at the clinic (Quick Start) ÷ **[denominator]** number of new patients receiving prescription methods of contraception	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	95**%**	WH-FP/RH providers will be responsive to patient contraceptive preferences (for initiating contraceptive methods). Quick start is an evidence-based approach of method management, is safe and effective, has demonstrated increased initial success with contraception. WH-FP/RH providers will provide patients the opportunity to initiate prescription methods using quick start.
[7]: New patients with no current method, initiating a new prescription method of contraception at first visit. **New Patient Audit** **Numerator:** Row 63 = **"Y"** ***Denominator:*** **New patients, AND** Row 53 = **"N"**	New patient; First visit; New prescription method	Percent: **[numerator]** number of new patients initiating new prescription methods at first visit ÷ **[denominator]** number of new patients	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	95**%**	WH FP/RH providers will not routinely require an examination prior to initiating a new primary method of contraception, i.e., will not routinely postpone or defer initiating a new primary method of contraception until an examination is completed. A physical examination will not routinely be a prerequisite for initiating a new method per WH-FP/RH Clinical Guidelines. Providing patients timely and convenient care and access to services is an important element of community-based services. When examinations are indicated but not immediately available, examinations

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
					will be deferred to accommodate the initiation of a contraceptive method. The intent of this standard is to enable the maximum percent of new patients to leave first visit with their chosen prescription method.
STD Screening, Testing, and Treatment					
[8]: New female patients receiving a risk assessment for Chlamydia using SSC **New Patient Audit** **Numerator:** Row 34 = **"Y"** ***Denominator:*** New patients and first visit	New patients; First visit	Percent: **[numerator]** # of new patients with documented Chlamydia risk assessment using SSC at first visit ÷ **[denominator]** # of new patients (at first visit)	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		Sexually transmitted disease (STD) services (including patient education, screening, testing, treatment, and re-testing) are essential components of community-based family planning/reproductive care accompanying contraceptive services. Epidemiologic-based screening criteria are used to identify patients at a higher relative risk of infection and a priority for testing. Throughout each STD service component, the goals are to: 1) Increase patient awareness of personal STD exposure risk, and 2) Motivate and support patients to adopt behaviors to reduce the risk of STD exposure. Dual Protection is a primary prevention goal toward maintaining reproductive health and protecting fertility.
[9]: Established female patients receiving a risk assessment using Chlamydia SSC within the most recent 12 month cycle of care. Note: NOT including a returning visit in the year in which patient became a New patient, i.e., NOT including the first 12 month cycle of care that included the initial visit. **Returning Patient Audit** **Numerator:** Row 28 = **"Y"** ***Denominator:*** **Established patients, at least 12 months since new patient first visit (Row 15** = **"Y"**)	Established patients; Returning visit. NOTE: Returning visit in the latest 12 month cycle of care as an established patient.	Percent: **[numerator]** # of established patients with documented Chlamydia risk assessment using SSC ÷ **[denominator]** # of established patients with returning visit (*excluding the 12 month cycle of care in which patient had initial visit)** **established patients beyond the first 12 month cycle of care in which they had their New*	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		Patients are assessed at least annually for potential risk of STD (Chlamydia) exposure. Patient are routinely asked at office visits if they have had any changes with "sex partners" that might have increased their risk of STD exposure.

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
		patient initial visit.			
[10]: Female patients meeting one or more Chlamydia SSC receiving a test at the same visit **New Patient Audit** **Numerator**: Row 36 = **"Y"** **Denominator: Patients meeting one or more SSC (Row 35 = "Y")** **Returning Patient Audit** **Numerator**: Row 30 = **"Y"** **Denominator: Patients meeting one or more SSC (Row 29 = "Y")**	All patients (new or established); Patients meeting one or more SSC	Percent: **[numerator]** number of patients tested ÷ **[denominator]** number of patients screened and meeting one or more Chlamydia SSC.	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	95%	
[11]: Female patients testing positive for Chlamydia receiving treatment (medications or prescription) through the clinic. ***Numerator:*** Female patients receiving treatment through the clinic ***Denominator:*** Female patients with a positive test through the clinic **Note: Performance data not from chart sample but actual universal performance during the audit period.**	All female patients (new or established); Positive test result through the clinic	Percent: **[numerator]** number of female patients* treated ÷ **[denominator]** number of female patients with positive test results* **who received a positive Chlamydia test result through the clinic*	Number of Patients who Met the **Quality Indicator**: ___ [Numerator] Number of Patients who Met **Selection Criteria**: ___ [Denominator] Performance: _____%	90%	
[12]: Female patients treated through the clinic receiving subsequent re-tests for Chlamydia ***Numerator:*** Female patients re-tested* following treatment ***Denominator:*** Female patients who received treatment through clinic **re-tested 30-120 days following treatment* **Note: Performance data not from chart sample but actual universal performance during the audit period.**	All female patients (new or established); Received treatment through the clinic;	Percent: **[numerator]** number of female patients re-tested following treatment at the clinic* ÷ **[denominator]** number of female patients treated at treated at the clinic **re-tested 30-120 days following treatment*	Number of Patients who Met the **Quality Indicator**: ___ [Numerator] Number of Patients who Met **Selection Criteria**: ___ [Denominator] Performance: _____%	80%-90%	Treated patients are re-screened. Reference: Region V Infertility Guidelines.
Health Care Coverage					

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
[13]: Verifying BC-FPOS status prior to *or* at each patient visit or service. **New Patient Audit** **Numerator:** Row 6 = **EITHER "Y" OR "N"** **Denominator: All patient charts selected for audit** **[AND]** **Returning Patient Audit** **Numerator:** Row 5 = **EITHER "Y" OR "N"** **Denominator: All patient charts selected for audit**	All patients (new and established); All office visits; All supply visits; Re-supply by mail	Percent: **[numerator]** number of patients whose BC-FPOS eligibility and/or status was verified at last visit or supply ÷ **[denominator]** number of patients with office visits, supply visits, or re-supply by mail.* **among charts selected for audit*	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	100%	Health Care Coverage and Benefits Eligibility Screening and Enrollment/Re-enrollment and Referral is a core WH-FP/RH service. Eligibility screening for Badger Care-Family Planning Only Services (and other sources of payment) is routinely performed and enrollment is initiated if patients are eligible. Patients are actively assisted with BC-FPOS enrollment. Temporary enrollment is performed at the same visit. Continuous Enrollment information is obtained and the application is submitted on behalf of patients as needed to complete their enrollment. Patients are assisted in submitting verification documents as needed.
[14]: Screening patients for BC-FPOS eligibility. **New Patient Audit** **Numerator: Row 7** = **"Y"** ***Denominator:*** **New patients**, **and** **Not enrolled in BC-FPOS prior to initial visit**: **(Row 6 = "N")**	New patients; Not enrolled prior to initial visit;	Percent: **[numerator]** number of patients screened for BC-FPOS eligibility ÷ **[denominator]** number of new patients	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	100%	
[15]: Completing BC-FPOS Temporary Enrollment for eligible patients **New Patient Audit** **Numerator**: **Row 9** = **"Y"** ***Denominator:*** **New patients**, **and** **Not enrolled in BC-FPOS prior to initial visit**: **(Row 6 = "N"),** and **Eligible for BC-FPOS** (**Row 8** = **"Y"**)	New patients; Not enrolled in BC-FPOS prior to initial visit; Eligible for BC-FPOS	Percent: **[numerator]** number of patients temporarily enrolled in BC-FPOS ÷ **[denominator]** number of new patients eligible for BC-FPOS	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	100%	
[16]: Obtaining BC-FPOS Continuous Enrollment information (when patient is Temporarily Enrolled) and submitting application on behalf of patient **New Patient Audit** **Numerator**: **Row 10** = **"Y"** ***Denominator:*** **New patients**, **and**	New patients; Temporarily enrolled in BC-FPOS at clinic	Percent: **[numerator]** number of patients for whom BC-FPOS Continuous Enrollment application was submitted ÷ **[denominator]** number of patients Temporarily Enrolled at clinic	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
Temporarily enrolled in BC-FPOS (**Row 9** = **"Y"**)					
[17]: Submitting BC-FPOS Continuous Enrollment Verification Documents on behalf of patients **New Patient Audit** **Numerator**: Row 11 = **"Y"** ***Denominator:*** New patients, and Temporarily enrolled in BC-FPOS (Row 9 = **"Y"**)	New patients; Temporarily enrolled in BC-FPOS at clinic	Percent: **[numerator]** number of patients for whom BC-FPOS Verification Documents were submitted ÷ **[denominator]** number of patients Temporarily Enrolled at clinic	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		
[18]: Patient receiving Continuous Enrollment approval **New Patient Audit** **Numerator: Row 12** = **"Y"** ***Denominator:*** **New patients**, **and** **Eligible for BC-FPOS** (**Row 8** = **"Y"**)	New patients; Eligible for in BC-FPOS	Percent: **[numerator]** number of patients who obtained BC-FPOS Continuous Enrollment approval ÷ **[denominator]** number of patients BC-FPOS eligible	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		
Other Health Care Services					
[19]: Sexual assault/abuse screening and assessment as part of the sexual history for minors. **New Patient Audit** **Numerator:** First visit and Row 77 = **"Y"** ***Denominator:*** **Female patients, under age 18 at initial new patient visit** (**Row 75** = **"Y"**)	New female; adolescent patient under age 18	Percent: **[numerator]** New female patients (*under age 18*) assessed for specific reportable conditions ÷ **[denominator]** new female patients	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	100%	All adolescents receiving family planning/reproductive health care services must be assessed for conditions of sexual abuse reportable under Wisconsin law. Family planning providers have an ethical and legal responsibility to assess for sexual assault. This is a specific standard of practice related to reportable sexual assault/abuse among minors. Family planning/reproductive health providers have specific responsibilities under the sexual abuse reporting statutes at s. 48.981 (2m), for care services to minors, and do *NOT* automatically report sexual abuse based *solely* on the minor's age and sexual activity so that minors can "obtain confidential health care services". Sexual abuse reports are to be based on specific facts and circumstances defined in law, and an assessment by the health care provider of these circumstances. Knowledge and skills to implement these responsibilities is essential.
Cytology					
[20]: Cytology screening initiated no	New patients;	Percent: **[numerator]**	Number of Charts that Met	100%	ASCCP/ACOG Guidelines for cytology screening,

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
earlier than age 21 **New Patient Audit** **Numerator**: **Row 40** = **"N"** ***Denominator:*** **Female patients, under age 21** (**Row 76** = **"Y"**) **[AND]** **Returning Patient Audit** Numerator: Row **35** = **"Y"** ***Denominator:*** **Female patients, under age 21** (**Row 70** = **"Y"**)	Established patients	number of patients under age 21 not receiving pap test ÷ **[denominator]** number of patients under age 21	the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		management, and follow-up are followed by WH-FP/RH providers.
Patient Privacy and Confidentiality					
[21]: "No-contact" patients records clearly and conspicuously flagged* according to agency policy to prevent unauthorized contact. **New Patient Audit** **Numerator:** **"No contact" patients. Patients not to be contacted at home address: Row 78 = "Y"** **Denominator: All patient charts selected for audit** *Prominent affirmative indication in patient chart whether or not patient can be contacted at home address	All patients	Percent: **[numerator]** number of no-contact patients with clear records flags ÷ **[denominator]** number of no-contact patients	Number of Charts that Met the **Quality Indicator**: ___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%	100%	**A health care provider *shall not* release, deliberately or inadvertently, *any* information** that reveals (directly *or* indirectly) the identity of *any* individual (including a minor patient) who has received family planning/reproductive health care services, to any third party *without prior written consent* of the patient who received the FP/RH/SH services. ***Exceptions* to the release of family planning/reproductive health care related information**, otherwise *only allowed with prior written consent of the patient receiving services*, are limited to circumstances explicitly identified in statute, or a lawful order from a court of record. All family planning patient information, whether or not in the form of a patient record, is protected from disclosure or release to third parties without prior written consent and release by the patient receiving services. Safeguards must be maintained.
Health Assessment Visit					
[22]: Established patients receiving periodic health assessment (wellness)	Established female patients;	Percent: **[numerator]** # of patients who received	Number of Charts that Met the **Quality Indicator**:	Baseline	An **annual health assessment visit**, with or without and exam, is a WH- FP/RH Program Standard of Care.

Quality Indicators	Selection Criteria	Measurement	Performance	Benchmark	Standard of Practice
visits **Numerator:** **Assessment Visit** (Row 25 = **"Y"**) **Denominator:** **Established Patient in last 12 month cycle of care** (Row 15 = **"Y"**)	Active patients; Patients beyond first 12 month cycle of care	a health assessment visit ÷ **[denominator]** number of patients meeting selection criteria	___ [Numerator] Number of Charts that Met **Selection Criteria**: ___ [Denominator] Performance: _____%		This is a prime opportunity to address a patient's reproductive life plan and health promotion behaviors. It is an appropriate time to discuss reduction of chronic disease risk(s).

8.1.15

NOTES

Patient Visits
Patient Status during audit period is based on the CPT definition of "new" and "established" patient:
- New patient during the audit period. **Patient's First Visit** is audited unless selection criteria specifies otherwise.

- Established patient prior to the audit period. **Patient's care within the last 12 months (excluding the first 12 months of services** unless selection criteria specifies otherwise.

Selection Criteria
Patients are assumed to be receiving contraceptive services unless otherwise noted by the selection criteria.

Patients are female unless otherwise specifically noted.

Measurement
Measurement is based on documentation of the intervention (quality or performance indicator) *for visit to be audited*.

Core Services
- Contraceptive Services and Supplies
- STD Screening, Testing, and Treatment
- Cytology
- Pregnancy testing
  - Pregnancy-related services
  - Post-partum services
- Health Care Coverage
- Other Health Related Services

Standard Dual Protection Kit
a. Emergency Contraception in advance of actual need is provided (2 cycles)
b. Condoms (3 dozen male and 2 female condoms) are provided
c. Basic information is provided: use of EC; use of condoms; re-supply instructions

OTHER
This document outlines performance measurement against quality and other performance indicators.

Other reports will address other capacity and performance issues, such as:
- New patients as percent of total unduplicated patients
- Established patients (established prior to audit period) as percent of unduplicated patients

Division of Public Health (DPH)
Women's Health - Family Planning and Reproductive Health Program

Addendum 4: Performance and Demographic Reporting Requirements
January 1, 2016 through December 31, 2016

I. Year-End Patient Services Report

NOTE Definition: *Unduplicated Female patients are those who received a Management and Evaluation Visit code and an ICD-9 V25 intervention (**excluding** education only patients).*

1. The **total unduplicated number** of *female* patients who received services in the 2016 contract year.
   a. The unduplicated number (sub-total) of *female* patients with **new** patient CPT coded Office Visits, and
   b. The unduplicated number (sub-total) of *female* patients with **established** CPT-coded Office Visits.

2. The **total unduplicated number** of *male* patients who received services in the 2016 contract year

3. The **unduplicated number** of patients who received pregnancy tests.
   a. The unduplicated number of new patients who received a *negative* pregnancy test.

4. The unduplicated number of *female* patients enrolled (*continuous enrollment*) in Badger Care Family Planning Only Services among (i.e., as a sub-set of) the total unduplicated number of patients reported under #1.

II. Quality Indicator Reports

1. Female patients utilizing moderate to highly effective contraception.
2. Established patients receiving annual preventive health visit.
3. Patients receiving a retest for STD/STI following treatment.
4. New female patients receiving a standard Dual Protection Kit at their first office visit.
5. All new female patients (eligible for BC-FPOS) receiving Express Enrollment at the first visit
6. All patients with abnormal cytology results for whom colposcopy is recommended receiving intervention.
7. Patients screened for future pregnancy plans and receiving appropriate information and intervention.

Note: See Quality Indicators-2016 Reporting Requirements for complete description.

III. Year-End Demographic Reports

Title V required demographic data by type of individual

1. Type of individual includes:
   A. Pregnant (includes CSHCN pregnant)
   B. CSHCN patients < 22 years (non-pregnant)
   C. Patients < 22 years (non-CSHCN or pregnant)
   D. Other patients (non-pregnant 22 years or older)
2. Number of unduplicated patients (male and female) by race by type of individual served
   Race includes: Total, American Indian, Asian, Black, Hawaiian/Pacific Islander, White, Other, Unknown, or More than One Race Reported

3. Number of unduplicated patients (male and female) by ethnicity by type of individual served:

Ethnicity includes: Total, Not Hispanic/Latino, Hispanic, Latino, or Unknown

4. Number of unduplicated patients (male and female) with Primary Health Care Coverage by type of individual served:
   Primary Health Care Coverage includes: Total, None, Medicaid, Forward Health family Planning Only Services, BadgerCare, Private, or Other.

5. Number of unduplicated patients (male and female) with Dental Coverage by type of individual served:
   Primary Health Care Coverage includes: Total, None, Medicaid, Forward Health family Planning Only Services, BadgerCare, Private, or Other.

6. Number of unduplicated patients (male and female) with Primary Care Provider and Dentist/Oral Health Provider by type of individual served:
   a. Primary Care Provider includes: Total, Yes, No, Unknown
   b. Dental/Oral Health Provider includes: Total, Yes, No, Unknown

7. Total number of CYSHCN patients (male and female) served:
   a. Number of CYSHCN patients < 22 years
   b. Number of CYSCHN patients < 16 years on SSI (0 to 16)
   c. Number of CYSHCN patients with a Primary Care Provider

NOTE: The above data are collected to meet Title V required demographic data reports. The Agency will enter these data directly into SPHERE Summary Data Tables. These SPHERE Summary Data Screens will be developed for 2016.

Definitions

1. Family Planning (FP): a patient with a CPT office visit code and an ICD-9 code of v25 (contraceptive management) as the primary or secondary diagnosis code within the current cycle of care.

2. Pregnant: a female from the time pregnancy is *confirmed* to 60 days after the birth, delivery, or expulsion of fetus. (MCH Block Grant definition for demographic data.)

3. Children and Youth with Special Health Care Needs (CSHCN): a child birth through 21 years of age with long term, chronic physical, developmental, behavioral, emotional illness or condition. The illness or condition meets the following criteria: severe enough to restrict growth, development, or ability to engage in usual activities; has been or is likely to be present or persist for 12 months to lifelong; and is of sufficient complexity to require specialized health care, psychological, or educational services of a type or amount beyond that required generally by children.

Addendum 5 2016 Women's Health-Reproductive Health Service Quality Indicator Reports
PRELIMINARY

Quality Indicator	Selection Criteria	Measurement	Performance Documentation	Benchmark	WH-RH Program Standard of Practice	Core Service
1) All Female patients utilizing moderate to highly effective contraception	Female patients (new or established); Using IUD, Injectable, pills, patch, or rings; for specified age groups; during specified time-period;	**Denominator:** The number of *female* patients (new or established): **unduplicated count** for the specified time period (calendar year). ➢ A New Patient M/E Visit code: · 99201,99202,99203,or 99204, · 99384 New ages 12-17, · 99385 New ages 18-39, or · 99386 New ages 40-54 OR ➢ An Established Patients M/E Visit code: · 99211,99212,99213, or 99214, · 99394 Established ages 12-17, · 99395 Established ages 18-39, or · 99396 Established ages 40-54 AND **Age groups: (<21 AND ≥21) separately** **Numerator:** Sub-set of patients above: unduplicated count meeting following criteria: ➢ Patients using a contraceptive method: · J1055, OR · J7304, OR · J7303, OR · J7307, OR · J7302, OR · J7300	Local Information System Entry into SPHERE Summary Table	Baseline established in 2016	Accurate Information on all FDA approved contraceptive methods is available. Patients receive information and support for making informed and voluntary decisions based on their individual reproductive plans. Patients receive information and anticipatory guidance to support successful use and effectiveness of their chosen methods. A range of contraceptive methods are available and provided, including moderate to highly effective methods. Chosen methods are provided and initiated with minimum time delays, consistent with established contraceptive management guidelines. Patients receive continuing contraceptive management and guidance to support successful use.	**Contraception**
2) Established patients receiving annual preventive health visit	Established female patients;	**Denominator:** The unduplicated number of established patients who received services beyond the first 12 months following their initial	Local Information System Entry into	Baseline in 2016 Goal 85%	Enrolled patients will receive an annual health visit.	**Preventive Health Services**

Addendum 5	**2016 Women's Health-Reproductive Health Service Quality Indicator Reports PRELIMINARY**					
Quality Indicator	**Selection Criteria**	**Measurement**	**Performance Documentation**	**Benchmark**	**WH-RH Program Standard of Practice**	**Core Service**
	active patients; patients beyond first 12 months of cycle of care	visit. ➢ Gender = Female ➢ Established patients: Patients with M/E visit Code: 99211-99215, or 99394, or 99395 ➢ Received services beyond the first 12 months following their initial visit ➢ **Age Groups (<21 AND ≥21) separately** (during the performance measurement period) **Numerator:** Sub-set of above patient groups. Unduplicated count meeting following criteria: ➢ A 99204 AND "Annual Visit" designation (meeting required elements), OR ➢ Record indicates 99394 OR 99395 Follow-up: CPT and ICD identifiers for selection	SPHERE Summary Table		Annual visits are available and provided. Visits include information and anticipatory guidance appropriate for a patient's health status and plans. Visits include health screenings and physical examinations consistent with established standards of care. Annual visits address health needs or potential health risks identified by the patient or the provider. Health areas include general health and wellness, and healthy pregnancy planning for any future pregnancy.	
3) Patients receiving a retest for STD/STI following treatment.	All patients (male and female) who received an STD test and	**Denominator:** The number of patients who received STD treatment through clinic ➢ Chlamydia test	Local Information System Entry into SPHERE	Baseline in 2016 Goal 85%	STD/STI Risk assessment, testing, treatment, and follow-up services are available and provided, and incorporated into all core	**STD Risk Reduction**

Addendum 5	**2016 Women's Health-Reproductive Health Service Quality Indicator Reports PRELIMINARY**					
Quality Indicator	**Selection Criteria**	**Measurement**	**Performance Documentation**	**Benchmark**	**WH-RH Program Standard of Practice**	**Core Service**
	treatment	AND ➢ Positive result, AND ➢ Treatment at the clinic. *Note: Not including EPT.* AND ➢ Separate gender counts separately: male and female **Numerator:** Sub-set of above patient groups. Unduplicated count meeting following criteria: ➢ patients who were retested >30 and <180 days post treatment Follow-up: CPT and ICD identifiers for selection	Summary Table		services. All patients receiving treatment for an STD will be retested following treatment. The recommended time period for retesting is 90 days post-treatment. An acceptable time period for re-testing is >30 and <180 days post treatment. WH-RH Program Guidelines and STD Standard of Care.	
4) New female patients receiving a standard Dual Protection Kit at their first office visit.	New patients	**Denominator:** Number of unduplicated new female patients within the specified time-period. ➢ Gender = Female	Local Information System Entry into SPHERE Summary Table	Baseline in 2016 Goal 90%	*Standard Dual Protection Kits are available and provided to patients. All new patients receive the standard dual protection kit*	**STD Risk Reduction** **Early Intervention**

Addendum 5	**2016 Women's Health-Reproductive Health Service Quality Indicator Reports PRELIMINARY**					
Quality Indicator	**Selection Criteria**	**Measurement**	**Performance Documentation**	**Benchmark**	**WH-RH Program Standard of Practice**	**Core Service**
		➢ Patients with a M/E visit code: 99201-99205 or 99384-99386 (during specified time period) **Numerator:** Sub-set of above patient groups. Unduplicated count meeting following criteria: ➢ Record indicates "standard dual protection" kit, OR ➢ 3 dozen A4267, AND ➢ 2 of A4268, AND ➢ 2 packages of EC.			at first visit. *3 dozen male condoms, 2-3 female condoms, and 2 EC packages.	
5) All new female patients (eligible for BC-FPOS) are TE/EE at the first visit	All new patients; BC-FPOS status	**Denominator:** **Unduplicated count** for the specified time period (calendar year). ➢ Gender – female AND	Local Information System Entry into SPHERE Summary Table	Baseline in 2016 Goal 90%	The health insurance status of all patients is reviewed and discussed at each visit. BC-FPOS enrollment assistance is available and provided, including authorization for TE/EE for	**Health Coverage**

Addendum 5	**2016 Women's Health-Reproductive Health Service Quality Indicator Reports PRELIMINARY**					
Quality Indicator	**Selection Criteria**	**Measurement**	**Performance Documentation**	**Benchmark**	**WH-RH Program Standard of Practice**	**Core Service**
		➢ Patients with M/E visit code: · 99201,99202,99203, or 99204, or · 99384 New ages 12-17, or · 99385 New ages 18-39, or · 99386 New ages 40-54 AND ➢ Screened and Eligible for BC-FPOS **Numerator:** Sub-set of above patient groups. Unduplicated count meeting following criteria: ➢ TE at initial visit Follow-up: CPT and ICD identifiers for selection, or local record identifiers			BC-FPOS and EE for Badger Care. Providers provide assistance and support (managed enrollment) as needed for successful BC-FPOS enrollment. The need for health coverage is managed as all other health care needs. All new patients are screened for FPOS eligibility. Patients eligible for BC-FPOS receive TE/EE at the same visit, and the Continuous Enrollment (EC) application is initiated. Assistance with CE is available and provided as needed, including assistance in submitting required documentation.	
6) All patients with abnormal cytology results for whom colposcopy is recommended receiving intervention.	All patients with an abnormal pap result in need of colposcopy	**Denominator:** **Unduplicated count** for the specified time period (calendar year). ➢ Gender = female ➢ abnormal cytology results in need of colposcopy	Local Information System Entry into SPHERE Summary Table	Baseline in 2016 Goal 95%	Cytology screening, including care coordination and follow-up, are available and provided. All patients for whom colposcopy is recommended will receive this intervention in a timely manner.	**Preventive Health Services**

Addendum 5	**2016 Women's Health-Reproductive Health Service Quality Indicator Reports PRELIMINARY**					
Quality Indicator	**Selection Criteria**	**Measurement**	**Performance Documentation**	**Benchmark**	**WH-RH Program Standard of Practice**	**Core Service**
		Numerator: Sub-set of above patient groups. Unduplicated count meeting following criteria: ➢ Colposcopy Follow-up: CPT and ICD identifiers for selection, or local record identifiers			Follow-up and care coordination according to established standards of care will be provided.	
7) Patients screened for future pregnancy plans and receiving appropriate information and intervention.	All female patients; Initial Visit; Annual Visit	**Denominator:** **Unduplicated count** for the specified time period (calendar year). Unduplicated count meeting following criteria: ➢ A New Patient M/E Visit code: · 99201,99202,99203,or99204, · 99384 New ages 12-17, · 99385 New ages 18-39, or	Local Information System Entry into SPHERE Summary Table	Baseline in 2016 Goal 80%	Patients are provided an opportunity to discuss their anticipated pregnancy plans. Patients are provided information and intervention to promote and support healthy pregnancy planning and birth spacing.	**Early Intervention**

Addendum 5	**2016 Women's Health-Reproductive Health Service Quality Indicator Reports PRELIMINARY**					
Quality Indicator	**Selection Criteria**	**Measurement**	**Performance Documentation**	**Benchmark**	**WH-RH Program Standard of Practice**	**Core Service**
		· 99386 New ages 40-54 **OR** ➢ An Established Patients M/E Visit code: · 99211,99212,99213, or 99214, · 99394 Established ages 12-17, · 99395 Established ages 18-39, or · 99396 Established ages 40-54 **Numerator:** Sub-set of above patient groups. Women screened for *"key pregnancy-related questions" = Yes.*			Healthy birth spacing and birth outcomes are a core MCH priority.	

8.1.15

Women's Health-Family Planning and Reproductive Health Program

Program Performance and Assessment in Key Program Areas
and
Calendar Year 2016 Service Plan and Agreement

Addendum 6

Introduction

Calendar Year 2015 is the fifth (5th) and final year of the original 2010-2015 Women's Health-Family Planning/Reproductive Health Program grant cycle.

Calendar Year 2016 has been added as an additional *transitional* year in the current grant cycle *prior to* the next WH-RH Program competitive grant period (2017-2021). A "transitional year" means that we will use 2016 to strengthen and position the statewide system of community-based services to remain relevant and viable in the next 5-year grant cycle (2017-2021).

For this reason, this 2016 contract planning document is more detailed than in the previous five (5) years. The additional detail consists of **questions intended to review and self-assess capacity and performance in *key program areas***:

1. 2015 Baseline Performance (YTD Performance 6/30/2015)
2. Patient Projections for 2016
3. Projected Program Generated Revenue (PGR) for 2016
4. Projected Program Grant Productivity (Return on Grant Expenditure) in 2016
5. Projected Expenses in 2016
6. Program Staffing
7. Patient Recruitment
8. Patient Retention
9. Capacity and Scope of Services
10. Program Partnership
11. Quality Assurance, Quality Control, and Performance Measurements
12. Privacy Audit/Review

The purpose of this "end of grant cycle" review is to look forward and assess how to maintain and strengthen each community-based program, and the statewide system of services to:

- Remain an integral and relevant part of community primary health care systems as a source of specialized primary reproductive health care;
- Remain a credible and important point of access into health care services;
- Continue to remain a reproductive health care home option;
- Model and promote evidence-based practices, and timely continuity of care; and
- Remain financially viable.

This assessment, along with the performance "metrics" you previously received, is intended to inform your 2016 program development plans and projections.

The goal is for each program to be positioned for maximum achievable performance.

This is a Form-Fill Document. Use the "Tab" key to navigate between fields.

Name of Agency: **RUSK COUNTY PUBLIC HEALTH**

2015 Baseline Performance: *YTD Performance 6/30/2015*

Patients

Note: List number of patient receiving services at each clinic if a multi county program

- **Number of total unduplicated female patients who received services through 6/30/2015:** ***95***
  - "New" patients as a percent of total unduplicated female patients through 6/30/2015: ***24*** "New" ÷ Total = ***25*** %
  - Percent of *new* patients BC-FPOS enrolled (Continuous Enrollment approved) ***20*** %
- **Number of total unduplicated pregnancy test patients through 6/30/2015:** ***10***
- **Number of total unduplicated male patients through 6/30/2015:** ***8***

Program Generated Revenue

Note: *Revenue from Third Party reimbursements and Patient Fees*

- **Total (Gross) Program Generated Revenue (PGR) received through 6/30/2015:** **$19610.72**

Patient Projections for 2016

Note definition: *female patients who received a Management and Evaluation Visit code and an ICD-9 V25 intervention (**excluding** education only patients).*

- By December 31, 2016, **115** *women* of reproductive age (*total unduplicated number*) are projected to receive contraceptive, reproductive health, and/or early intervention care through the agency's family planning and reproductive health clinic services in **RUSK** County (Counties).
  NOTE: In the following projections, list the number for each clinic *if* a multi county program
- **The *total* unduplicated number of female patients:** ***115***
- **The total unduplicated number of pregnancy test patients:** ***15***
- **The *total* unduplicated number of male patients:** ***11***

Projected Program Generated Revenue (PGR) for 2016

Note: *PGR includes projected third-party reimbursements, patient fees, and/or patient donations. This does not include other private grants or charitable donations. Use 2014 and 2015 YTD as basis for projection.*

- Projected Program Generated Revenue: $ **31000**
  - Projected Pharmacy PGR: $ **25000**
  - Projected Pharmacy PGR ÷ Total PGR = ***81*** %
- Does agency maintain a segregated PGR fund balance for unspent PGR?
  NO
- Does the agency have reserves (or plan) to support 3-4 months of operating expenses in the event of unanticipated PGR disruption?
  NO
  IF No, Explain: **OUR PROGRAM WORKS REALLY HARD TO CAPTURE ALLOWABLE REVENUE AND LIMITS UNECESSARY EXPENSES TO CONTINUE TO PROVIDE EXCELLENT, AND AFFORDABLE SERVICES TO OUR CLIENTS.**

Projected Program Grant Productivity (Return on Grant Expenditure) in 2016

- Program Generated Revenue (PGR) $**31000** ÷ *Grant Allocation $***25000**
  = $**1.24**

  Note*: PGR ÷ Grant Allocation = $PGR earned for each $1.00 of grant*

- Grant Expense per Patient (GEPP)
  Grant Allocation $**25000** ÷ Projected 2016 number of female patients **115**
  = $**217.40**

  Note: *Grant Allocation ÷ Unduplicated Female patients (who received a Management and Evaluation Visit code and an ICD-9 V25 intervention (excluding education only patients).*

Projected Expenses in 2016

- Direct Expenses: $**52264.58**
  Note: *These are direct program operating expenses, such as personnel, supplies, facility, etc. supported with Grant and/or PGR. This does NOT include any other expenses (such as indirect), or expenses supported with other sources of revenue.*

- Indirect Expenses: $**3849.42**
  Note*: These are indirect program expenses, such as agency administrative fees, indirect charges, or any other assessment or charges to Grant and/or GPR revenue.*

Explain: **ADMINISTRATIVE OVERHEAD**

- *Local Agency Funds*: $**0**
  ***Note**: These are local agency funds, which are specifically allocated to the program, and above and beyond (i.e., separate from) grant and/or PGR expenses. These funds include Local agency funds directly related to the operation and support of the WH-FP/RH Program that would meet the definition of and qualify as local agency match.*

Program Staffing

***Note:** Staff whose salaries are supported in whole or in part with the WH-FP/RH grant allocation and/or PGR (i.e., directly expensed to the WH-R/FP grant allocations and/or PGR OR through indirect expenses).*

- Total Full Time Equivalent (FTE) WH-FP/RH Program staff: **.5**

	FTE(s):	Female Patients ÷ FTE
Registered Nurse:	**.5**	**230**
Nurse Practitioner :	**Enter Number**	**Enter Number**
Other Direct Services Staff:	**.05**	**2300**
Business Support Staff :	**Enter Number**	**Enter Number**
Other FTE*:	**Enter Number**	

*Explain function: **Click here to enter text**

Patient Recruitment

- Briefly describe patient recruitment strategy and activities. **Education given in community forums about the need to have a strong Family Planning Program, educational presentations given at High School on Birth Control Options, interagency office information shared about program, Facebook posts on Public Health Page, ads in newspaper, encouraging clients to spread the word.**

- Are Get Yourself Tested (GYT) activities included as part of patient recruitment?
  YES
  IF Yes, Briefly describe: **WE OFFER FREE STD TESTING AND TRY TO EE/CE FPOS FOR ADDITIONAL SERVICES. Outreach during a music festival which included informational pamphlets, tear off tabs, posters, labels on products, business cards, and "like us on facebook" papers.**

- Is cervical cancer screening promotion included as part of patient recruitment?
  NO
  IF Yes, Briefly describe: **EXAM IS NOT OFFERED BUT WE DO REFER TO LOCAL CLINIC FOR TESTING and track status of pap tests.**

- Does the program have a website that specifically describes WH-FP/RH Services?
  YES
  IF Yes, What is the URL: **WWW.RUSKCOUNTY.ORG/DEPARTMENTS/HELATH-AND-HUMAN-SERVICES/PUBLIC-HEALTH**

- Does the program have a Facebook account specifically for WH-FP/RH Services?
  NO
  IF Yes, What is the Facebook name: **THE PROGRAM DOES POST ON THE RUSK COUNTY PUBLIC HEALTH FACEBOOK PAGE WHICH IS CALLED RUSK COUNTY PUBLIC HEALTH DEPARTMENT.**

Note: *IF WIC or PNCC services are provided within the agency in which the WH-FH/RH Program services are located, this section describes patient recruitment, service integration and performance measurement in providing services to persons enrolled in these services.*

- WIC
  - Are patient recruitment efforts coordinated with WIC Program staff?
    YES
    IF Yes, Briefly describe: **All female participants ARE GIVEN AN EXPLANATION OF THE PROGRAM AND IF INTERESTED, A WRITTEN REFERRAL IS MADE. Dual protection kits are discussed and made available to participants who are interested. MANY TIMES THE WIC CLIENT CAN BE SEEN THE SAME DAY FOR RH SERVICES IF THEY CHOOSE.**
  - Are on-going performance measurements in place and shared for enrollment-related monitoring and feedback. For example, on-going tracking and performance measurement of the percent of WIC adult clients receiving services through the WH-FP/RH Program.
    NO
    IF Yes, Briefly describe: **Click here to enter text**

- PNCC
  - Are patient recruitment efforts coordinated with PNCC staff?
    YES
    IF Yes, Briefly describe: **After positive pregnancy is confirmed, RH staff explain PNCC Program, client completes PNCC Questionnaire, and written referral is made. PNCC staff also schedules time with RH Staff during pregnant participant's third trimester and post partum to discuss dual protection and birth control needs.**

  - Are on-going performance measurements in place and shared for enrollment-related monitoring and feedback. For example, on-going tracking of the percent of PNCC clients receiving services through the WH-FP/RH Program?
    NO
    IF Yes, Briefly describe: **Click here to enter text**

  - Are third trimester post partum healthy birth spacing intervention *including* supplies (standard dual protection kit) provided?
    YES
    IF Yes, Briefly describe: **3RD TRIMESTER/POST PARTUM CLIENTS ARE GIVEN CONDOMS (MALE/FEMALE) AND EMERGENCY CONTRACEPTION AND POP'S IF DESIRED.**

  - Is post-partum follow-up for post-delivery primary contraception made available?
    YES

IF Yes, Briefly describe: **PNCC STAFF SCHEDULES CLIENT FOR A POST-PARTUM APPOINTMENT WITH RH STAFF USUALLY THE SAME DAY AS THE PNCC FOLLOW-UP. THIS ENSURES THAT THE CLIENT HAS ACCESS TO BIRTH CONTROL.**

Patient Retention

- Does the program have mechanisms for obtaining feedback from patients receiving services and input from prospective patients for making services more responsive?
  YES
  IF Yes, Briefly describe: **RH PROGRAM DISTRIBUTES AN ANONYMOUS SURVEY AND REVIEWS RESULTS QUARTERLY.**

- Does the program have practices to encourage patients to share information with others, such as Refer a Friend or similar efforts?
  YES
  IF Yes, Briefly describe: **THE RH PROGRAM STAFF VERBALLY ENCOURAGES CLIENTS TO REFER THEIR FRIENDS FOR SERVICES. WE ALSO HAVE "LIKE US ON FACEBOOK" INSERTS.**

Capacity and Scope of Services

- Does the program have the mechanisms and safeguards in place to ensure confidential clinical services for minor patients?

  Note: *This means no release or disclosure of any patient information- including identity as a person enrolled in the WH-FP/RH program patient - to any third party beyond the WH-FP/RH Program without the prior written consent of the minor patient themselves. This includes services provided by WH-FP/RH staff* <u>*or*</u> *through providers under contract or referral sources.*

  YES
  IF Yes, Briefly describe: **THE RH PROGRAM MAINTAINS STRICT CONFIDENTIALITY OF PATIENT INFORMATION. CLIENTS WHO WISH TO REMAIN COMPLETELY ANONYMOUS CAN BE SCHEDULED IN GROUPWISE AS PRIVATE SO ONLY THE RN CAN SEE THEIR NAME. WE HAVE A BACK DOOR STAIRWAY TO USE IF CLIENTS DO NOT WANT TO GO TO THE RECEPTION AREA. CHARTS ARE KEPT IN A LOCKED FILE CABINET BEHIND AT LEAST 2 LOCKED DOORS. CHARTS ARE ALSO CODED WITH A 4 DIGIT NUMBER THAT IS LOGGED IN AN EXCEL FILE THAT CORRESPONDS WITH THEIR NAME. THE EXCEL FILE IS KEPT IN THE RH FILE FOLDER THAT ONLY RH STAFF HAVE ACCESS TO. CHARTING IS ALSO COMPLETED IN SPHERE USING ONLY THE 4 DIGIT NUMBER ASSIGNED TO THE CLIENT. NO NAME IS VISABLE.**

- Does the program have the capacity to provide or ensure confidential contraceptive management (such as LARC), and cytology screening and management (including colposcopy services) following WH-FP/RH Guidelines If (or when) services are not provided by program staff on-site?
  YES
  IF Yes, Briefly describe: **WE HAVE A PARTNERSHIP WITH MARSHFIELD CLINIC AND RIVERSIDE CLINIC THAT ENSURES CONFIDENTIALITY FOR CLIENTS USING LARC METHODS**

AND OTHER EXAM TABLE SERVICES. We notify clients that we cannot guarantee confidentiality outside our agency and there is always a chance of notices, bills, or calls, being sent inadvertently by the clinics. We allow clients to weigh their options and make the final decision.

- Does the program's formulary (on-site) include a full-range of commonly used contraceptive supplies?

  YES
  IF Yes, List contraceptive formulary supplies for which an inventory is maintained or obtained for on-site distribution as needed: **WE MAINTAIN AN ADEQUATE SUPPLY OF COC'S (APRI, CRYSELLE, JUNEL FE, NIKKI, NORTREL, ORTHO-CYCLEN, ORTHO TRI-CYCLEN, ORTHO TRI-CYCLEN LO, SRONYX), POP'S (ORTHO MICRONOR), DEPO (DEPO PROVERA IM), NUVARING, XULANE PATCH, EMERGENCY CONTRACEPTION (FALLBACK SOLO), AND MALE/FEMALE CONDOMS.**

- Does the program actively manage and follow-up on patients due for annual visits?
  YES
  IF Yes, Briefly describe: **PATIENT'S ARE REMINDED OF ANNUAL VISITS ABOUT 3 MONTHS BEFORE THEY ARE DUE. A REMINDER IS PUT INTO THE GOUPWISE CALENDER TO SCHEDULE AN ANNUAL VISIT THE MONTH THEY ARE DUE.**

- Does the program provide care coordination and follow-up on (i.e., assume responsibility for) patients receiving routine cytology screening, management of abnormal test results, or intervention (such as colposcopy) whether services are provided by staff or outside the program?
  YES
  IF Yes, Briefly describe: **THE RN LOOKS AT THE MEDICAL HISTORY AND AGE OF PATIENT AND RECOMMENDS ROUTINE CYTOLOGY SCREENING STARTING AT AGE 21 AND EVERY 3 YEARS AFTER UNLESS A PHYSICIAN RECOMMENDS OTHERWISE. AN AUTHORIZATION TO RELEASE MEDICAL INFORMATION IS OBTAINED FROM THE PATIENT SO RESULTS CAN BE FAXED BACK FOR OUR RECORDS.**

- Does the program have staff with specialized training and education involving sexual assault/violence, such as SANE training?
  NO
  IF Yes, Briefly describe: **Click here to enter text**

Program Partnerships

- Does the program have an established and on-going working relationship with sexual assault/sexual violence advocates for timely consultations and patient intervention?
  YES
  IF Yes, Briefly describe: **WE HAVE A PARTNERSHIP WITH THE "TIME OUT SHELTER" WHO PROVIDES SERVICES TO SEXUAL ASSAULT/VIOLENCE CLIENTS. IT IS A 2-WAY REFERRAL SYSTEM**

- Briefly Describe the dissemination of WH-FP/RH evidence based practices and knowledge sharing with community health care providers. Briefly describe: **WE HAVE A PARTNERSHIP WITH MARSHFIELD CLINIC AND RIVERSIDE CLINIC TO PROVIDE CONFIDENTIAL SERVICES TO OUR CLIENTS. WE HAVE ALSO REACHED OUT TO THE PREGNANCY RESOURCE CENTER TO OFFER EVIDENCE BASED KNOWLEDGE TO THEIR STAFF. We forward emails with updates, new information, and training opportunities to local providers.**

Quality Assurance, Quality Control, and Performance Measurements

- Does the program manager(s) for WH-FP/RH program services receive monthly revenue and expense reports with sufficient detail to manage costs and revenue?
  YES
  IF Yes, Briefly describe: **FINANCIAL MANAGER SENDS MONTHLY REPORTS TO RH PROGRAM MANAGER TO TRACK EXPENSES AND REVENUE.**

- Are expense report details provided – at a minimum - to the budget category level, i.e., personnel, supplies, consultant/contractual, agency operations, indirect, etc.?
  YES
  IF Yes, Briefly describe: **THE EXPENSE REPORT PROVIDES DETAILS OF SEPARATED CATEGORIES.**

- Are line-item expense details made available to program managers?
  YES
  IF Yes, Briefly describe: **LINE-ITEM EXPENSE DETAILS ARE AVAILABLE FOR TRACKING.**

- Does the program manager receive feedback on denied or rejected claims and EOB explanations?
  YES
  IF Yes, Briefly describe: **THE ACCOUNTING MANAGER PROVIDES FEEDBACK FOR EXPENSES THAT ARE DENIED.**

- Are 2-3 patient records audited monthly as part of continuing quality control?
  YES
  IF Yes, Briefly describe: **PROGRAM MANAGER REVIEWS CHARTS MONTHLY AND PROVIDES FEEDBACK.**

  - Do all staff participate and receive feedback? **YES**

  - Are the audits documented and retained for reference and accountability?
    YES

- Are corrective actions reviewed during the subsequent audit? **YES**

- Is the agency/Program prepared for a CLIA audit/survey? Are procedures, controls, and proficiency documented commensurate for the level of laboratory tests?
  YES
  IF Yes, Briefly describe: **PROCEDURES, CONTROLS, AND PROFICIENCY IS DOCUMENTED FOR PREGNANCY TESTS.**

Privacy Audit/Review

Note: *This includes a review of privacy protection policies and practices to ensure the following patient privacy protections:*

Patient privacy protections for family planning services and provider obligations to protect and safeguard patient privacy are more specific and more stringent than privacy protections for other primary, preventive, or public health care.

All information gathered by any agency, entity or person conducting programs in family planning, other than statistical information compiled without reference to the identity of any individual or other information which the individual allows to be released through his or her informed consent, shall be considered a confidential medical record. There are no exceptions that would provide for the release of family planning information without the informed consent of the patient.

The identity of individual patients *as family planning patients* as well as all HIPAA Protected Health Information (PHI) is protected. Information will not be released or disclosed from the WH-FP/RH Program to any third person or persons – inside or outside the agency – without *prior written consent* that conforms to all the legally required elements for release, except as required by law or a lawful record from a court of record.

Information will not be *accessible* by any person except those formally authorized to provide services within the scope of the WH-FP/RH or business or financial support. Access to information will be limited only to the information necessary to perform those functions.

- Have information systems have been reviewed to ensure compliance with HIPAA/HITEC and other federal rules and state statutes specific to family planning services, and to safeguard against unauthorized access, or release or disclosure?
  YES

- Have staff, who have authorization and responsibility to provide direct or support services, reviewed privacy protection policies and protocols?
  YES

Agency Agreement and Attestation

***Note:* Please Mouse Click each of the following boxes to verify that agency agrees to:**

X Provide services and administrative support as described above.

X Maintain for all required core services, intervention, and components agreed to in its Wisconsin DPH WH-FP/RH Program 2011-2015 RFP application and Business Plan.

X Deliver services and provide care according to the standards of care, standards of practice, and other requirements in the Wisconsin DPH WH-FP/RH Program Guidelines.

X Meet all requirements and grant conditions as required by Wisconsin DPH WH-FP/RH Program and specified in the 2016 Framework and Service Agreement, and Attachments.

Failure to comply with the above requirements is basis for non-continuation (non-renewal) of the DPH WH-FP/RH Program grant contract.

Name(s) of Agency Staff Authorized to Submit the CY2016 WH-FP/RH Services Plan and Agreement:

This is to provide assurances that the above statements, descriptions, and projections are complete and accurate, and this organization understands and agrees to follow the WH-FP/RH Program Guidelines, and will support the mission, overarching priorities, goals and objectives of the WH-FP/RH Program.

Name: **DAWN BROST, RN ; ANITA ZIMMER, RN**
Date: **09/03/2015**

E-Mail Address: **DBROST@RUSKCOUNTYWI.US ; AZIMMER@RUSKCOUNTYWI.US**
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8.1.2015